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# Assessing the Health Effects of Police Violence on Black Communities in America: A Literature Review

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## **Abstract**

Police-related mortality rates are disproportionately higher among Black populations than among any other racial group in the United States. While official data on non-fatal encounters with police is lacking, current evidence suggests these encounters are more common among Black individuals and often result in signs of immediate psychological and physical damage, as well as triggering long-lasting physiological stress responses and psychological trauma among these individuals and their communities. The aim of this literature review is to assess if police interactions are associated with poor mental and physical health outcomes among Black Americans. Using scholarly electronic databases, 13 articles were analyzed and generally indicated higher prevalence of poor health among individuals who experienced negative interactions with police; these numbers were shown to be substantially higher among populations of Black Americans. Although more official and reliable data is needed to further assess these results, the findings included in this review suggest a relevant association between police interactions and negative overall health outcomes among Black Americans. Changes to law enforcement policies and practices, as well as further research into the effects of police violence among Black American populations could reduce the potentially detrimental health outcomes of police interactions with these minority populations.

Since its inception, the American system of law enforcement has been aimed at controlling and minimizing the rights of minorities (Alang et al., 2017). Beginning in the early 1700s, policing in the colonies was aimed at controlling southern slave populations in the form of slave patrols, designed to discipline Blacks and recapture those who had attempted to escape enslavement; formed from these slave patrols came early versions of what would eventually become modern police departments (Alang et al., 2017; Nodjimbadem, 2017). In northern cities, the first official police department was established in Boston in 1838 (Nodjimbadem, 2017). Under this new system, groups of first-generation immigrants were often the target of cruel treatment by police officers throughout the 1800s and early 1900s; eventually, as groups of Black Americans migrated north to escape the dangers of the Jim Crow South, they too became targets of brutal policing practices (Nodjimbadem, 2017).

### **Prevalence of Police Violence Towards Black Americans**

Unfortunately, the roots of American policing in racist and discriminatory ideals seem to have seeped their way into today's culture of law enforcement. While Black Americans make up approximately 13% of the total current U.S. population, data suggests they represent 40% of those killed by police officers (McLeod et al., 2019; Bor et al., 2018). It is estimated that at current rates, one in 1,000 Black men and between 2.4 and 5.4 Black women per 100,000 will be killed by the use of excessive police force in their lifetimes, making Black Americans the highest-risk racial group to experience police-related deaths (Edwards et al., 2019). Using these numbers, it can be concluded that while a greater overall number of White Americans are killed each year by police, when adjusted proportionately in terms of population percentage, Black men are nearly three times more likely—and Black women about 1.4 times more likely—than White Americans to be killed as a result of police violence (Edwards et al., 2019). More specifically, Black teenagers are 21 times more likely than White teenagers to be killed in this manner (Vitale, 2017). Notably, Blacks are also five times more likely than Whites to be killed unarmed, suggesting Black Americans face a higher risk of being subject to excessive use of

police force (Bor et al., 2018). Collectively, this information supports the idea that Black Americans are disproportionately killed by police violence, which may contribute to more significant health effects among these individuals as a result.

Due to recent police-related deaths of Black men and boys such as George Floyd, Michael Brown, Eric Garner, and Tamir Rice, greater levels of public attention are being paid to the prevalence of police-related deaths among Black Americans. However, police brutality does not only consist of fatal shootings and physical force; Black Americans may also be harmed by methods of emotional and sexual violence, as well as verbal assault and psychological intimidation (Goosby et al., 2018). The term “police brutality” used in this literature review conveys conduct that is not simply accidental but intended to dehumanize and degrade its victims, through the use of threatened and/or actual physical force or power, which either results in or has a high likelihood of resulting in physical or psychological harm (Alang et al., 2017). Therefore, deaths resulting from police contact are not the only issue causing emotional trauma among Black communities. In 2015, the Bureau of Justice Statistics Special Report surveyed U.S. residents about experiences with police. Results indicated that Black drivers were the most likely to be stopped in a traffic stop (9.8% compared to 8.6% of Whites and 7.6% of non-Black Hispanics) while also being the most common racial group to experience street stops (1.5% compared to 0.9% of Whites and Hispanics) (Davis et al., 2015). It should be noted here that approximately nine out of every ten residents who reported contact with police felt that they acted properly, and only about 2% of total survey respondents reported experiencing undue police force during those instances; however, of this percentage, Black Americans were three times more likely than White Americans to report having experiences where excessive force or threats were used in these encounters with law enforcement (Davis et al., 2015; McLeod et al., 2019). Additionally, New York City’s stop-and-frisk policies (which have since been ruled unconstitutional in a federal lawsuit) were shown to disproportionately target Black persons—who comprised 53% of the total number of those stopped due to this policy in 2011—suggesting that instances of police violence

are much more likely to occur throughout the lives of Black Americans (Krupanski et al., 2009; Kwate & Goodman, 2015). Furthermore, only 2% of these stops resulted in the discovery of contraband, meaning that over 90% of the Black men stopped by police were innocent and likely stopped unduly (Krupanski et al., 2009). Based on these statistics, it seems likely that the high levels of police brutality affecting Black American communities have harmful psychological and physiological consequences.

### **Health Effects of Trauma and Discrimination**

Subjection to traumatic events, which may include experiencing police brutality both personally or vicariously through members of a community, affects the human body and mind in various ways; when experiencing a traumatic event such as discrimination, the body naturally produces various physiological responses in order to effectively respond to the exciting stimulus, such as increased heart rate and blood pressure (Mental Health Foundation, 2017; Goosby et al., 2018). While such responses are normal and usually temporary, frequent and recurrent exposure to stressors can lead to serious mental-health problems such as post-traumatic stress disorder (PTSD), anxiety disorders, and depressive disorders (Mental Health Foundation, 2017), as well as accumulation of allostatic load (Borell, Dallo, & Nguyen, 2010). Allostatic load is defined here as the cumulative weathering of the body's systems as a result of repeated adaptation to stressors (Geronimus et al., 2006). Some studies have suggested that higher allostatic load scores are commonly associated with deterioration of organs and organ systems, which can lead to higher risk of dangerous medical conditions such as diabetes, ulcers, stroke, cognitive impairment, autoimmune disorders, accelerated aging, and premature death (Borell, Dallo, & Nguyen, 2010). Current research has often found higher allostatic load scores among Black individuals (McFarland et al., 2019), and the corresponding physiological symptoms have been observed in Black Americans in the months following media coverage of police-related deaths of unarmed Black men (Bor et al., 2018).

In this paper, I will be reviewing recent literature assessing the effects of police brutality on the health of Black citizens in the 120

United States, specifically the impact of the various ways in which the prevalence of police-related violence may affect individuals' psychological and physiological health. I will also be examining the limitations on these studies and possible policy implications as to how these issues could be improved.

### **Method**

The present study aimed to collect and review empirical studies, articles, and literature reviews published after the year 2005 concerning police interactions among Black Americans. A search was conducted using two online databases, EBSCOhost and Gale Academic Onefile. To identify appropriate studies, a variety of combinations of keywords were entered including "African American" or "black" and "mental health" or "health" or "health effects" or "psychological" or "allostatic load" and "police" or "police violence" or "police brutality." A total of 26 references were retrieved through the electronic database searches, and a total of seven references remained after removing studies that did not directly apply to the literature topic discussed in this review. Eligibility was determined based on screening of article titles, abstract, and presence of relevant information regarding topics discussed in this review. Hand searching the references of previous review articles or those of articles eligible for inclusion identified an additional 17 sources. A total of 24 reports addressing health effects of police violence remained and are listed in the References section.

### **Results**

The institutional racial discrimination (represented here through racial disparities in police violence) which Black populations experience in the United States may be a key risk factor for developing both mental and physiological health conditions (McLeod et al., 2019; Bor et al., 2018). While it is true that not every Black citizen in every location or socioeconomic level faces the same likelihood of encountering an unnecessarily violent interaction with police, it is important to understand that the effects of systematic racism have the potential to reach all Black Americans at some level. Scholars have discussed how heightened perceptions of threat and vulnerability

and lack of fairness, lower social status, lower self-esteem, advocacy of prior traumas, and identification with victims of police-related violence may contribute to health detriments in Black Americans (Bor et al., 2018). These health detriments may affect these populations both mentally and physically. The degree to which police brutality generally affects each dimension of Black health are reviewed in the following sections.

## **Mental Health**

### *Chronic Stress and Hypervigilance*

A growing body of evidence points to the idea that police abuse is associated with symptoms of distress, depression, anxiety, and trauma among Black American populations. In situations where individuals were stopped by police and treated aggressively, people were shown to exhibit greater levels of emotional trauma, stress responses, and depressive symptoms than those who had not had this experience (Geller et al., 2014). Landers et al. (2011) conducted a study examining reported levels of stress associated with police contact among African American college students. Researchers assessed various police-related stressors, including instances of personal contact with police, as well as witnessed police contact, police contact with a loved one, and a loved one telling of another's police contact. Results of this study found that while instances involving police contact did evoke measurable stress among Black college students, these instances were not found to be more distressing than many non-police related stressors, such as stress due to personal relationships, school, and other instances of discrimination not related to police (Landers et al., 2011). Landers et al. (2011) also found that Black men reported greater levels of stress related to police contact than did Black women. The authors admit that participants' stress levels varied due to how they determined whether contact with police was violent or benign, and pointed out that not all contact with police produces the same type of psychological response.

Similar results were found in a recent study conducted by Smith and colleagues (2019) assessing how neighborhood and police violence affects the health of residents in Chicago's South Side

using scores of hypervigilance. The authors define hypervigilance as a state of heightened awareness and watchfulness resulting from poor psychosocial circumstances, a phenomenon commonly seen in veteran populations with PTSD (Smith et al., 2019). The majority of participants surveyed in this study identified as non-Hispanic black (74.6%) or Hispanic (13.9%) (Smith et al., 2019). Scholars found that, consistent with current trends, Black participants reported significantly higher exposure to police violence, or having had experienced a police stop for any reason or a traumatic police stop, than White or Hispanic participants did (Smith et al., 2019). Additionally, exposure to police violence was associated with a 9.8% increase in hypervigilance scores, nearly twice the increase associated with neighborhood violence (5.8%) (a term which the authors define as “acts of interpersonal violence that generally take place in public spaces, such as gun violence, gang-related incidents, robberies, and sexual assaults”), a notable result indicating how violence from law enforcement may be significantly more harmful than other forms of community violence (Smith et al., 2019, p. 1662). A highly significant association between hypervigilance and traumatic police stops (defined as exposure to actual or threatened death or serious injury) was found as well; the authors speculate that heightened levels of hypervigilance—in both residents and police officers—during episodes of police contact may lead to dangerous escalation of events in such highly charged situations, due to research claiming that hypervigilance suppresses cognitive functions regulating attentional and emotional control (Smith et al., 2019). Correspondingly, one study from McFarland et al. (2019), evaluating whether personal and vicarious police contact was related to reports of health among American teenagers, also found that reports of vicarious experiences with police violence induce chronic worry and heightened vigilance about possible police encounters.

### *Psychiatric Disorders and Suicidal Behaviors*

Most studies reviewed here used self-reports to assess the mental-health effects of police violence on Black communities. In Geller et al.'s (2014) study on how violent policing practices affect the mental health of young urban men, researchers found that young men who

reported intrusive police contact display higher levels of anxiety and trauma associated with their experiences and significantly higher levels of PTSD. Concurring with these results, another recent study of 1,543 adults in ten diverse Chicago communities revealed that men who reported experiencing a high number of lifetime police stops were three times more likely to experience PTSD symptoms compared with men who did not experience such encounters, after adjusting for other variables which could also influence PTSD onset (e.g., age, education, race, prior diagnosis of PTSD, neighborhood violent crime rate, history of homelessness) (Hirschtick et al., 2019). Taking into consideration that levels of police involvement greatly increase in racial/ethnic minority communities, evidence would suggest that this ratio is even higher among populations of Black men (Oh et al., 2017).

In their study, Bor et al. (2018) exposed participants to reports of police killings through word of mouth and various forms of media (e.g., social media, television, radio, etc.). The authors estimated that exposure to police killings of unarmed Black Americans could contribute 55 million excess poor mental-health days (days in which respondents reported their mental health as “not good”) per year among Black American adults in the U.S., making the mental-health burden from police killings of these individuals nearly as great as the mental health burden associated with diabetes. While reports of poor mental-health days among Black Americans were shown to increase due to police-related killings, no effects on mental health were found in White or any other non-Black respondents when exposed to deaths of unarmed White Americans or armed Black Americans (Bor et al., 2018). Another study regarding the health effects of police violence on pregnant African American women from Atlanta revealed that anticipation of harmful police interactions with youth were significantly associated with depression symptoms in these women (Jackson et al., 2017). Aligning with these results, McFarland et al. (2019) also found that personal and vicarious contact with police led to reports of worse mental health among American teenagers, and that positive associations between police-related violence and lower levels of self-reported health were stronger amongst Black and Hispanic

adolescents than White ones. Oh et al.'s (2017) study assessing African American adults' lifetime exposure to police brutality also found decreased levels of mental health due to police violence, specifically greater reports of suicidal ideation, plans, and attempts after just one or more experiences of police maltreatment. Overall, a strong amount of evidence suggests that experiencing at least one incident of police mistreatment is associated with a higher chance of experiencing psychiatric disorders and suicidal behaviors at some point in the lives of Black Americans (Oh et al., 2017). Collectively, such studies suggest that not only are the individuals who directly experience police violence affected, but the prevalence of police killings of Blacks also impacts Black mental health vicariously.

The literature presented here assessing the effects of police brutality on the mental health of Black Americans strongly suggests that overall, this community is exceptionally and uniquely vulnerable to experiencing hypervigilance and chronic stress—which have been linked to an increase in psychiatric disorders and suicidal ideation—due to police violence. Considering that police violence has been shown in multiple studies to affect the mental health of individuals, this evidence suggests that Black Americans suffer a greater risk of experiencing psychological trauma due to the disproportionate amount of Black Americans who have contact with police. Additionally, these results also suggest that police violence affects Black communities more broadly, as the findings show Black Americans who have not experienced police violence personally but are aware of its dangers also tend to suffer psychological detriment.

### **Physical Health**

#### *Bodily Injury from Police Contact*

While it has already been stated that Black Americans face a disproportionate risk of being killed during their encounters with police, police killings are not the only way Black bodies are subjected to physical harm during these encounters (Bor et al., 2018; Edwards et al., 2019; McLeod et al., 2019). Research from Feldman, Chen, Waterman, and Krieger (2016) revealed that from 2001 to 2014, emergency departments in hospitals treated 683,033 people for

injuries caused by police— of this number, 241,394 were Black, 194,331 were White, and 85,497 were Latino. These numbers indicate Black Americans were 4.9 times more likely to experience police-related injuries as compared to White Americans (Feldman et al., 2016). Research from Miller et al. (2017) on the causes for emergency room visits due to police interventions in 2012 reported that the majority of injuries were caused by blows (39,556), followed by blunt objects (2,160), tasers (1,639), and firearms (1,051); in 5,115 cases the cause of injury was unspecified. For men aged 15 to 34 years of age, the rate of emergency room visits due to law enforcement intervention is nearly equal to the number of pedestrians injured by cars in a given year (Feldman et al., 2016). Such statistics ought to be alarming, as we often assume the role of policing in our society is to protect and serve its citizens, yet tens of thousands are sent to the emergency room due to police violence each year (Feldman et al., 2016; Miller et al., 2017).

#### *Damage from Physiological Stress Responses*

Apart from physical injury resulting directly from police interactions, much of the link between police contact and detrimental health in Black individuals is assumed to operate primarily through chronic activation of physiological stress mechanisms. Research from studies such as those from Landers et al. (2011) and Smith et al. (2019) assessing levels of stress associated with police contact reveal that the prevalence of police violence evokes a considerable amount of stress in Black Americans which, as mentioned previously, can have harmful physiological consequences. In their study evaluating associations between invasive pedestrian stops and levels of poor health, Sewell and Jefferson (2016) measured five poor health indicators: self-perceptions of health, medically diagnosed diabetes or high blood pressure, recent asthma episodes, and weight problems like being overweight or obese. Interestingly, results of the study showed that living in neighborhoods where minorities are more likely to be stopped over whites was associated with better physical health for all citizens in four of the five categories; however, as the likelihood of a police stop where the individual was frisked in their neighborhood increased, so did the likelihood of reporting poor/fair physical

health, diabetes, high blood pressure, past year asthma episodes, and heavier body weights (Sewell & Jefferson, 2016). This discrepancy could likely be attributed to the fact that individuals who were frisked during their police stop were likely to experience more violence from police (Sewell & Jefferson, 2016). These results were found in minority populations but did not affect white populations; for example, Sewell and Jefferson (2016) found that Black participants experienced a 14.4% increase in high blood pressure diagnoses, and that these effects make high blood pressure approximately 25% more harmful for Black Americans than for White Americans. Concurring with these results, Smith et al. (2019) also found that high levels of hypervigilance were associated with higher levels of systolic blood pressure due to its effects on the same physiological stress-response pathways (Smith et al., 2019).

### ***Accumulation of Allostatic Load.***

Geronimus et al. (2006) attempted to determine whether Black Americans experienced early health deteriorations due to higher allostatic load scores using data from the National Health and Nutrition Examination Survey. In groups of both men and women, Black Americans were found to have a higher allostatic load score than White Americans, regardless of age or socioeconomic status; in particular, Black women were found to have the highest scores of any population, higher than Black men at all ages (Geronimus et al., 2006). This is likely due to the fact that Black women face multiple layers of systematic inequalities, being subject to both racial and sexual discrimination, therefore making it even more difficult to avoid high-stress situations during their lifetime (Thomas et al., 2019). Consistent with the hypothesis that higher allostatic load scores contribute to early health deterioration, researchers also found that the mean score for Black participants was similar to that of White participants who were 10 years older (Geronimus et al., 2006).

Two studies found a break in this trend; Borell, Dallo, and Nguyen (2010) discovered that while scores tended to increase the death rate of U.S. adults, these results occurred mostly regardless of the race/ethnicity of the individual. These authors state that though

these results displayed no direct association between race and higher mortality rates, the study found that the effect of allostatic load scores on mortality depends jointly on both race and age. Therefore, the evidence supports the idea that age variations exist within all racial/ethnic groups which result in higher rates of premature death. These results could be explained by the findings of Edwards et al. (2019)—that Black men between the ages of 20 years and 35 years face the highest risk of being killed by police, which may heighten allostatic load scores during this time but not continuously over the life course. Additionally, in their study of the association between racism and allostatic load among Black women, Thomas et al. (2019) found that though two-thirds (66.67%) of participants reported experiencing institutional racism (referring to racially adverse discriminatory policies and practices enacted by American police and justice systems), these women did not exhibit significantly higher allostatic load scores. The authors make several important points as to why this may be; first, everyday interpersonal exposures to racism—as opposed to racism in an institutional form—more consistently predict poor self-reported health than institutional experiences (Thomas et al., 2019). Second, it is possible that experiencing chronic racial discrimination since birth may promote a blunted stress-response in Black individuals, and therefore may account for the relatively unaffected allostatic load seen in these participants (Thomas et al., 2019). It is important to remember that while this may be the case, we should not consider this a success but rather an unfortunate result of a system that discriminates against its minority members, who must somehow become accustomed to their way of life in order to survive.

Research conducted concerning accumulation of allostatic load and its health effects have generally found higher scores among Black Americans, which therefore indicates the occurrence of more physical health issues in these populations. However, emerging studies continue to produce mixed results in regard to whether Black Americans exhibit significantly higher allostatic load scores due to institutional racism, and more research remains to be completed in order to make any sort of confident claim. At present, research also has yet to establish the relationship between allostatic load and episodes

of police contact; however, from the evidence currently available it could be logically assumed that recurring episodes of physiological stress resulting from police violence, or the looming threat of police violence, may contribute to higher allostatic load scores. While a substantial amount of evidence already supports the claim that experiences of perceived discrimination and racism is associated with reports of worse physical health, at present the connection between perceived interpersonal racism and police violence also remains somewhat unclear and is highly debated. However, due to the presented literature suggesting that Black Americans are disproportionately subjected to violent police interactions, and that such interactions are associated with higher risk of suffering negative physiological effects, it could logically be concluded that overall Black Americans are, at the very least, more vulnerable than their White counterparts to suffer physiological damage resulting from negative encounters with police.

## **Discussion**

This literature review provides insight into if and how current American law enforcement practices in the United States affect levels of physiological and psychological health in Black individuals. All eight studies reviewed regarding the psychological impact of police brutality found that those who reported experiencing negative interactions with police were associated with higher levels of poor mental-health symptoms among Black Americans, including significantly higher chances of experiencing psychiatric disorders and suicidal behavior. Four studies found that Black Americans were subject to a higher likelihood of psychological distress than other racial groups. Additionally, four of six studies reviewed found that police violence was associated with negative physiological symptoms and/or higher mortality rates resulting from long-term exposure to stress-related mechanisms in Black American populations.

## **Research Implications/Limitations**

Though the literature presented overwhelmingly supports the idea that police violence negatively affects the overall health of Black Americans, there are several limitations worth noting. First, when

law enforcement practices are conducted visibly, properly, and fairly, communities tend to benefit from police influence; both individual and population health are shown to be improved when police activity provides feelings of public safety and security, improving police-community relations (Geller et al., 2014). Additionally, those who perceived greater procedural justice from law enforcement reported fewer negative health symptoms (Geller et al., 2014).

Second, relationships between police violence and levels of health are complex and tend to vary by circumstance and population. While results from many studies show that levels of police mistreatment were associated with higher levels of psychiatric disorders in Black Americans (Oh et al., 2017), it cannot be ruled out that respondents who were already experiencing psychiatric disorders displayed mental-health symptoms which attracted suspicion, and therefore higher levels of contact from law enforcement (Geller et al., 2014). Likewise, it is possible that those who reported experiencing high levels of anxiety and stress may have exaggerated their experiences or the negative health symptoms following these events (Geller et al., 2014). The causal direction in these particular cases is uncertain; however, the substantial amount of evidence in other areas of health are too large to be accounted for by this discrepancy.

It should also be acknowledged that understanding police-related violence requires attention to both neighborhood context and local economic factors and not solely to race/ethnicity. Feldman, Gruskin, Coull, and Krieger (2019) found that numbers of police-related deaths are lower in concentrations of economic privilege and highest in the most deprived neighborhoods—where minority populations tend to be concentrated. While there are factors such as gang violence and related crime (which occur more often in economically-deprived neighborhoods) that may contribute to this finding, this likely indicates a special need for law enforcement reform in areas of socioeconomic deprivation.

Third, official data on the effects of police interactions on the health of Black Americans is extremely lacking, especially data concerning non-lethal encounters with police. A reliable database for collecting data on police-involved deaths does not currently exist,

limiting researchers to the data available, which is often sourced from news media outlets and therefore implies results may be subject to misleading information.

Finally, it is worth noting here that while it appears current research often favors the study of mental health effects of police violence on Black men, this should not necessarily indicate that Black women are not as susceptible to such damage, but rather that a need persists for more research aiming to protect and aid the mental health of Black women in America. The trend of more substantial negative health effects occurring in Black men as compared to their female counterparts is not an uncommon result in the literature reviewed here. It is possible that Black men and boys may be affected more strongly by police contact due to the higher prevalence of overall violence Black men endure at the hands of law enforcement, as well as the greater likelihood that males are immediately viewed by police as a greater threat in these situations. However, it is necessary to recognize that these effects impact Black women in their communities as well, likely to a greater extent than current research immediately indicates.

### ***Policy Implications***

The disproportionately higher levels of police contact among Black populations leads to the question of how current police practices ought to be altered so that the prevalence of poor health outcomes in Black Americans is minimized. Continuous exposure to undue harassment, searches, and/or deaths resulting from police encounters, as well as the failure of the American justice system to hold police accountable for these interactions, sends a message to Black communities that their mental and physical health are completely at the mercy of law enforcement practices, that the law enforcement policies designed to protect them actually leave them unprotected to abuse of authority, and that they are undeserving of dignity or justice (Alang et al., 2017; Staggers-Hakim, 2016). These attitudes contribute to a collective system in which Black Americans gain a general distrust and lack of respect for police authority, and which both White and Black Americans tend to become accustomed to these practices and

few measures are enacted to solve these problems.

Multiple scholars claim that the power imbalance between police officers and community members ought to be addressed through enacting adjustments to current law enforcement policies. For example, both Gilbert et al. (2016) and McLeod et al. (2019) mention that as long as the use of body cameras and community review boards are controlled by the law enforcement institutions themselves and not a third party, little headway will be made in improving these policies. Frequent federally mandated reviews of local police-department practices conducted by a third party may also prove beneficial in ensuring police institutions are operating fairly (McLeod et al., 2019). Additionally, Staggers-Hakim (2016) suggests that the Justice Department lower the requirements for proof of abuse when convicting officers who are accused of racial profiling and maltreatment of Black community members. Retraining of law enforcement officials is also necessary so that these individuals are aware of their own racial biases and are better able to understand how to deal with unfamiliar minority populations they are assigned to protect (Gilbert et al., 2016). To improve police-community relations, Smith et al. (2019) suggest advocating for more programs and activities such as police-youth baseball leagues, which would give police and residents more opportunity to interact in a less stressful environment. Additionally, restriction of armed officers as first-responders in combination with adequate funding to more preventative health services, such as community-based programs, would likely reduce the number of Blacks harmed by police violence (Gilbert et al., 2016; Edwards et al., 2019).

Further research ought to be conducted in order to find more effective strategies to prevent police-related deaths and negative health outcomes. With complete and accurate data, policymakers and advocates are better equipped to design strategies that will ensure the fairness of police institutions in America. Alang et al. (2017) suggest that further qualitative research in the form of ethnographies, case studies, and interviews are likely to also help researchers understand the extent to which poor health in Black Americans can be contributed to everyday experiences of police

intimidation, harassment, and violence. Furthermore, McLeod et al. (2019) recommend developing a standardized valid instrument to accurately measure police experiences; as police-involved deaths are made a mandated reportable health condition, professionals would be better able to demonstrate how certain police interactions create a climate of hostility and distrust that impacts the health of not only Black Americans but all Americans.

## **Conclusion**

The purpose of this literature review was to assess if and how the prevalence of police violence in America currently affects the psychological and physiological health of its Black citizens. The articles discussed in regards to the psychological effects of police brutality found that Black Americans face a significant risk of experiencing symptoms of hypervigilance, PTSD, depression, or suicide after exposure to violent or threatening police contact, often to a greater extent than other races. In regard to physical health effects, studies have found that Black Americans have sustained a greater number of bodily injuries from their contact with law enforcement than other races in recent years. This review also found that Black Americans, especially Black men, are at risk of experiencing increased activation of the body's physiological stress-response systems due to the disproportionate threat of police violence which they frequently face. Such conditions may cause higher allostatic load scores in these populations, making them at greater risk of experiencing health problems such as high blood pressure, diabetes, and premature death. Clearly, much work needs to be done to develop a more comprehensive and accurate understanding of the complex relationship between police contact and racism, and their health effects on Black Americans. Many different studies have researched how factors such as police contact, police violence, and perceived discrimination affect the health of Americans, yet the current lack of official data, as well as the lack of reliable methods to retrieve and analyze this data, make drawing official conclusions difficult. Nevertheless, the literature discussed here does suggest that episodes of police violence, whether experienced personally or vicariously,

can have harmful psychological and physiological consequences on African American bodies.

## References

- Alang, S., McAlpine, D., McCreedy, E., & Hardeman, R. (2017). Police brutality and black health: Setting the agenda for public health scholars. *American Journal of Public Health, 107*(5), 662–665.
- 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. *Lancet, 392*(10144), 302–310.
- Borrell, L. N., Dallo, F. J., & Nguyen, N. (2010). Racial/ethnic disparities in all-cause mortality in U.S. adults: The effect of allostatic load. *Public Health Reports, 125*(6), 810–816.
- Davis, E., Whyde, A., & Langton, L. (2018). Contacts between police and the public, 2015. U.S. Department of Justice. <https://www.bjs.gov/content/pub/pdf/cppl15.pdf>
- Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America, 116*(34), 16793–16798.
- Feldman, J. M., Chen, J. T., Waterman, P. D., & Krieger, N. (2016). Temporal trends and racial/ethnic inequalities for legal intervention injuries treated in emergency departments: U.S. men and women age 15–34, 2001–2014. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 93*(5), 797–807.
- 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.
- Geller, A., Fagan, J., Tyler, T., & Link, B. G. (2014). Aggressive policing and the mental health of young urban men. *American Journal of Public Health, 104*(12), 2321–2327.
- Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). “Weathering” and age patterns of allostatic load scores among blacks and whites in the United States. *American Journal of Public Health, 96*(5), 826–833.
- Gilbert, K., Ray, R., & Gilbert, K. L. (2016). Why police kill black males with impunity: Applying Public Health Critical Race Praxis (PHCRP) to address the determinants of policing behaviors and “justifiable” homicides in the USA. *Journal of Urban Health, 93*, 122–140.

- Goosby, B. J., Cheadle, J. E., & Mitchell, C. (2018). Stress-related biosocial mechanisms of discrimination and African American health inequities. *Annual Review of Sociology, 44*, 319–340.
- Hirschtick, J. L., Homan, S. M., Rauscher, G., Rubin, L. H., Johnson, T. P., Peterson, C. E., & Persky, V. W. (2019). Persistent and aggressive interactions with the police: Potential mental health implications. *Epidemiology and Psychiatric Sciences, 29*, E19.
- Jackson, F., James, S., Owens, T., Bryan, A., Jackson, F. M., James, S. A., Owens, T. C., & Bryan, A. F. (2017). Anticipated negative police-youth encounters and depressive symptoms among pregnant African American women: A brief report. *Journal of Urban Health, 94*(2), 259–265.
- Krupanski, M., Park, A.R., Melodia, L., Hamper, K., Paragas, B., Nessel, J., Dickerson, A.W., Jacobs, Q., & Warren, V. (2009). *Racial disparity in NYPD stops-and-frisks: The center for constitutional rights preliminary report on UF-250 data obtained for 2005 through June 2008*. New York City.
- Kwate, N. O. 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.
- Landers, A. J., Rollock, D., Rolfes, C. B., & Moore, D. L. (2011). Police contacts and stress among African American college students. *American Journal of Orthopsychiatry, 81*(1), 72–81.
- McFarland, M. J., Geller, A., & McFarland, C. (2019). Police contact and health among urban adolescents: The role of perceived injustice. *Social Science & Medicine, 238*, N.PAG.
- McLeod, M. N., Heller, D., Manze, M. G., & Echeverria, S. E. (2019). Police interactions and the mental health of Black Americans: A systematic review. *Journal of Racial and Ethnic Health Disparities*.
- Mental Health Foundation. (2016) *The impact of traumatic events on mental health*. <https://www.mentalhealth.org.uk/sites/default/files/the-impact-of-traumatic-events-on-mental-health.pdf>
- Miller, T. R., Lawrence, B. A., Carlson, N. N., Hendrie, D., Randall, S., Rockett, I. R., & Spicer, R. S. (2017). Perils of police action: A cautionary tale from U.S. data sets. *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention, 23*(1), 27–32.
- Nodjimbadem, K. (2017). The long, painful history of police brutality in the U.S. *Smithsonian*. [www.smithsonianmag.com/smithsonian-institution/long-painful-history-police-brutality-in-the-us-180964098/](http://www.smithsonianmag.com/smithsonian-institution/long-painful-history-police-brutality-in-the-us-180964098/).
- Oh, H., DeVylder, J., & Hunt, G. (2017). Effect of police training and accountability on the mental health of African American adults. *American Journal of Public Health, 107*(10), 1588–1590.
- Sewell, A. A., & Jefferson, K. A. (2016). Collateral damage: The health effects of invasive police encounters in New York City. *Journal of Urban Health, 93*, 42–67.

- Smith, N. A., Voisin, D. R., Yang, J. R., & Tung, E. L. (2019). Keeping your guard up: hypervigilance among urban residents affected by community and police violence. *Health Affairs*, *38*(10), 1662–1669.
- Staggers-Hakim, R. (2016). The nation's 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*(3/4), 390–399.
- Thomas, M. D., Michaels, E. K., Reeves, A. N., Okoye, U., Price, M. M., Hasson, R. E., Chae, D. H., & Allen, A. M. (2019). Differential associations between everyday versus institution-specific racial discrimination, self-reported health, and allostatic load among black women: Implications for clinical assessment and epidemiologic studies. *Annals of Epidemiology*, *35*, 20.
- Vitale, A.S. (2017). *The end of policing*. Brooklyn, New York.