

Aggressive Policing and the Health of Young Urban Men

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Extended Abstract

One of the leading strategies for fighting crime in contemporary urban settings is proactive policing. In this regime, officers aggressively engage citizens at low levels of suspicion in attempts to deter serious criminal activity. As a result, city residents have faced rising rates of involuntary police contact over the past two decades, particularly in neighborhoods with higher rates of social isolation, crime and residential racial segregation. Proactive policing contacts are sanctioned constitutionally through *Terry* stops, where police temporarily detain, frisk, and perhaps search persons when an officer has “reasonable suspicion” that crime is afoot. Although arrests rarely result from *Terry* stops, they have the potential to be both stressful and physically invasive, raising concerns for the mental and physical health of individuals stopped by the police. Moreover, the distributional burden of police contact on black and Hispanic youth in disadvantaged neighborhoods threatens to exacerbate racial, ethnic, and neighborhood disparities in health. In this paper, we examine associations between involuntary police contact and both mental and physical health outcomes among young men in New York City, where police officers conducted more than 3.2 million *Terry* stops between 2004 and 2010.

Data

We use data from the first wave of a population-based longitudinal survey of (N=1,200) males 18-26 years of age in New York City. New York is an important

locale for the research given the longstanding and deeply embedded practice of conducting frequent *Terry* stops. The sample is neighborhood-stratified based on administrative data from the NYPD in order to oversample high-stop neighborhoods whose residents face elevated exposure to police contact. Respondents self-report whether they have had any contact with the NYPD in the past year. They also provide a variety of details related to their most salient police encounter, including whether the respondent was frisked or searched, and whether the officer used physical force or harsh language, as well as whether the encounter resulted in an arrest or a summons. Respondents also indicate a variety of physical and mental health conditions, including, but not limited to, standardized measures of physical injury, stigma, trauma, anxiety, and depression.

Analysis

We begin by estimating the prevalence and intensity of police contact among young men ages 18-26 in New York City. Although stop-level data are published quarterly by the NYPD, these administrative data say little about how *Terry* stops are distributed across population groups in the City, or how individual residents experience involuntary police contact. We therefore first document the prevalence of recent police contact among survey respondents, with particular attention to (a) the extent to which individuals report being stopped multiple times over the course of a year, (b) respondent reports of officer conduct throughout their encounters, and (c) respondent perceptions of the legitimacy of this conduct. Administrative data on NYPD stop activity indicates wide neighborhood variation in police practices; we therefore anticipate that young men in heavily-policed areas will face significantly

higher rates of contact and qualitatively more aggressive encounters with the police than those elsewhere in the city, controlling for both their own self-reported involvement in criminal activity, and for crime levels in their neighborhood.

We next examine individual experiences with the police as a potential determinant of health. We assess the extent to which health outcomes vary based on the extent and nature of respondents' experience with the police. We first run a series of OLS regression models to estimate disparities in physical and mental health outcomes based on whether respondents reported having been stopped by the police, net of differences tied to personal characteristics such as race, age, socioeconomic status, and history of criminal behavior. We next estimate the extent to which any observed disparities in health outcomes are moderated by officer behavior during the course of a stop. For example, we test whether reports of stress associated with having been stopped are exacerbated if respondents report that the officer had stopped them without a legitimate reason, or used physical force or harsh language. Likewise, we test whether stresses are mitigated if respondents report having been treated with respect throughout their encounter.

Third, we test the extent to which respondent health is predicted not only by their own experiences with the police, but also by conditions in their neighborhood of residence. We estimate a series of multilevel models, with respondents nested in their neighborhoods, and estimate the extent to which health outcomes vary by conditions such as neighborhood demographics and socioeconomic status, local crime conditions, and aggregate measures of police activity, such as stop and arrest rates. We also examine cross-level interactions to assess the extent to which health

disparities associated with personal experience with the police are exacerbated or mitigated in neighborhoods in which stops are more or less prevalent.

Anticipated Findings

We hypothesize that as young men in New York City, respondents will be exposed to a wide array of police contact, and that the extent of contact will vary widely by respondents' neighborhoods of residence, net of their personal characteristics and reported criminal activity. We also anticipate that respondents reporting higher levels of police contact, and greater degrees of aggressive police behavior, will suffer greater threats to their physical and mental health. Because the current analysis will use only the first wave of data from a two-wave study, we make no claims about the causal nature of these associations, as respondent health challenges could be driven by unobserved factors correlated both with their risk of police contact and with post-stop health outcomes. Nonetheless, we anticipate that the ongoing risk of police contact, particularly in light of other personal and neighborhood challenges, has the potential to exacerbate existing health risks.

Finally, we anticipate that the relationship between personal experience with the police and health will be moderated by neighborhood conditions. Specifically, we hypothesize that respondent anxiety, and the stresses associated with having been stopped, will be exacerbated in high-stop neighborhoods where respondents face a high risk of aggressive police contact. On the other hand, we anticipate that the links between police experience and some mental health outcomes, particularly those related to depression and stigma, will be attenuated in high-stop neighborhoods where the police are so prevalent that such contact is commonplace.