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Police violence among women in four U.S. cities

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ABSTRACT

Police violence has been identified as a public health concern in the U.S., yet few studies have assessed the prevalence and nature of police violence among women. Furthermore, increasing evidence suggests that women reporting intimate partner violence (IPV) and sexual violence (SV) to police are often met with harmful or neglectful police responses and thus, women's exposures to police violence may be associated with experiences of IPV and SV; however, this has not yet been empirically tested. This study assesses lifetime prevalence and sociodemographic correlates of police violence among women and investigates potential associations between IPV, SV, and police violence. A cross-sectional survey was administered in four Eastern U.S. cities in March and April 2016 (N = 932). Physical, sexual, and psychological police victimization and neglect by police were assessed. Logistic regression was used to examine the relationship between IPV, SV, and police violence, adjusting for sociodemographics. Lifetime prevalence of physical (4%), sexual (3.3%), and psychological (14.4%) police violence and neglect (17.2%), show that a notable proportion of women experience police victimization, with significantly higher rates among racial and ethnic minority women. Women with IPV and SV histories had increased odds of experiencing most forms of police violence compared to women without IPV and SV histories. Findings suggest the need for gender-inclusive community-centered policing initiatives and other preventive efforts aimed at eliminating police violence. Police violence and victimization among women should also be considered in IPV and SV intervention and treatment responses.

1. Introduction

Police violence has been increasingly identified as a public health concern in the U.S. (American Public Health Association, 2016; Cooper and Fullilove, 2016; Cooper et al., 2004). Despite calls for research to better understand its prevalence and nature (American Public Health Association, 2016; Cooper et al., 2004), empirical data on police violence remains insufficient. Recent findings suggest that men and racial and ethnic minorities experience disproportionately high rates of police victimization (DeVylder et al., 2016); however, the prevalence and nature of police violence specifically among women is largely unknown.

The World Health Organization (WHO) classifies police brutality as a form of violence and defines violence itself as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Krug et al., 2002, p. 5). The current study measures police violence among women using a recently developed and validated measure to assess police violence exposures based on the WHO four domains of violence: physical, sexual, psychological, and neglectful (DeVylder et al., 2016).

Women's exposures to violence documents high rates of intimate partner violence (IPV) and sexual violence (SV) (Black et al., 2011), including multiple and co-occurring interpersonal violence victimizations throughout the life course, which has particularly adverse health consequences (Campbell et al., 2008; Capaldi et al., 2012; Classen et al., 2005; Hamby and Grych, 2013). Women disproportionately experience IPV and SV compared to other types of crimes (Catalano et al., 2009) and a growing evidence supports widespread gender bias in policing of IPV and SV cases (U.S. Department of Justice, 2015). Women reporting IPV and SV to police may encounter inadequate, neglectful, or abusive responses from police following their report (Campbell et al., 2015; Cuevas et al., 2010; Du Mont et al., 2003; Jordan, 2004; Kasturirangan et al., 2004; Potter, 2010; Tasca et al., 2013). Thus, women's exposures to police violence may be associated with experiences of interpersonal violence; however, this relationship has not yet been empirically tested.

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The adverse health consequences associated with IPV and SV victimization may be further exacerbated by inadequate responses from police (Campbell et al., 2015).

This study aims to: 1) assess the prevalence and sociodemographic characteristics associated with police violence among women; and 2) examine associations between exposures to IPV, SV, and police violence, adjusting for sociodemographic factors. Given prior findings suggesting disparate rates of police violence (DeVylder et al., 2016) and IPV and SV (Black et al., 2011) among marginalized populations, we hypothesized that exposure to all forms of police violence (i.e. physical, sexual, psychological, and neglect) would be significantly higher among racial and ethnic minorities, sexual minorities, and women with lower levels of income and education. We also hypothesized that IPV and SV would be associated with police violence based on prior studies documenting women's multiple victimization exposures (e.g., Campbell et al., 2008; Capaldi et al., 2012) and inadequate, neglectful, and abusive police responses to IPV and SV reports (e.g., Campbell et al., 2015; Cuevas et al., 2010; Potter, 2010); however, due to a lack of prior empirical knowledge, we could not predict which specific forms of police violence would be associated with IPV and SV.

2. Methods

2.1. Study design

The Survey of Police-Public Encounters was administered between March and April 2016 in four U.S. cities: Baltimore, New York City, Philadelphia, and Washington, D.C. (DeVylder et al., 2016). Institutional Review Board (IRB) approval from the University of Maryland, Baltimore was obtained. Sampling procedures were administered by Qualtrics Panels, which has been increasingly used in epidemiological studies (Jensen et al., 2016; Johnson et al., 2015). Qualtrics maintains a database of several million U.S. residents who have provided written consent to participate in periodic survey research. An IRB waiver for written consent was granted, however, participants were provided with information on the study and informed consent was obtained by agreeing to begin the survey. Qualtrics achieves demographically representative samples (± 10% of 2010 census distributions for age, sex, and race/ethnicity in each city) by administering demographic screening questions and applying recruitment quotas, in which participants were not asked to complete the survey if limits had been met for their particular demographic group within each city's boundaries. Participants received $10 or less for pre-specified compensation at a rate determined by Qualtrics. At the conclusion of the survey, participants were provided with national crisis hotline information and resources.

Eligibility criteria for participation included English-speaking adults at least 18 years of age living within the geographical boundaries of each city. A total of 3518 respondents were initially screened to determine eligibility for participation, of which 1163 were excluded for reasons of living outside of the geographic boundaries (n = 1122) and being under the age of 18 (n = 41). Additional respondents were excluded for incorrectly answering attention checks throughout the survey (n = 322), discontinuing the survey (n = 417), and responding too quickly (i.e. 2 standard deviations below the average response time, which was 9 min and 25 s) (n = 1), resulting in a final sample size of N = 1615 (68.6% of eligible respondents). Female participants (N = 932) were included in the current study sample. Demographic differences (i.e. age, race, ethnicity) were assessed between completers and non-completers who provided demographic data (N = 220), which showed no significant differences. Detailed sampling procedures and sample characteristics can be found in DeVylder et al. (2016).

2.2. Measures

2.2.1. Sociodemographic data

Sociodemographic data included age, race/ethnicity, annual household income, educational attainment, sexual orientation, and foreign born. History of crime involvement and history of mental health diagnosis were also included as control variables to account for interactions with police due to criminal involvement and mental illness (DeVylder et al., 2016). Race/ethnicity was recoded to indicate mutually exclusive groups of non-Hispanic White, non-Hispanic Black or African American, Latina/Hispanic, or Other (i.e. Native American or American Indian, Asian/Pacific Islander, more than one race, and Other). History of criminal involvement was measured with the following indicators: 1) ever bought or sold illegal drugs, 2) used heroin or other injectable opiates, 3) stole, robbed, or burglarized another person's property, and/or 4) assaulted or otherwise acted violently toward another person, which were combined to indicate any criminal involvement. History of mental health diagnosis was measured with one dichotomous indicator assessing whether the respondent had ever been diagnosed with a mental illness such as depression, anxiety, schizophrenia, or bipolar disorder, which has been used in prior epidemiological research to assess mental illness diagnosis history (Lee et al., 2014).

Police practices inventory (PPI).

Lifetime self-report police violence exposures were measured using the Police Practice Inventory (PPI), which has demonstrated acceptable validity and test-retest reliability in this sample (DeVylder et al., 2016). The PPI consists of 6 dichotomous indicators based on the four WHO domains of violence: physical, sexual, psychological, and neglect (Krug et al., 2002). PPI indicators include: physical without a weapon (has a police officer ever hit, punched, kicked, dragged, beat, or otherwise used physical force against you?); physical with a weapon (has a police officer ever used a gun, baton, taser, or other weapon against you?); sexual (has a police officer ever forced inappropriate sexual contact on you, including while conducting a body search in a public place?); psychological (has a police officer ever engaged in non-physical aggression toward you, including threatening, intimidating, stopping you without probable cause, or using slurs?); and neglect (ever called or summoned the police for assistance and the police either did not respond, responded too late, or responded inappropriately?). Physical police violence indicators were combined to indicate any physical violence with or without a weapon. Positive policing was measured through one question asking whether police had ever provided assistance, protection, or any other service to the participant.

2.2.2. IPV and SV

Lifetime experiences of IPV and SV were assessed using modified measures from the National Intimate Partner and Sexual Violence Survey (Centers for Disease Prevention and Control, 2010). Intimate partner physical and sexual violence was measured with the following questions: 1) “Has a romantic or sexual partner ever made threats to physically harm you?”; 2) “Has a romantic or sexual partner ever shot at, stabbed, struck, kicked, beaten, punched, slapped, or otherwise physically harmed you?”; and 3) “Has a romantic or sexual partner ever forced or pressured you to engage in unwanted sexual activity that you did not want to do? Unwanted sexual activity includes vaginal, oral, or anal intercourse or inserting an object or fingers into your anus or vagina.” Items were collapsed to indicate any IPV (physical or sexual) based on research suggesting physical IPV frequently co-occurs with sexual IPV (Bagwell-Gray et al., 2015). Non-partner sexual violence was measured with the following question: “Has anyone else, other than a romantic or sexual partner (e.g., family member, acquaintance, or stranger) ever forced or pressured you to engage in unwanted sexual activity that you did not want to do? Unwanted sexual activity includes vaginal, oral, or anal intercourse or inserting an object or fingers into your anus or vagina.” Non-partner sexual violence was examined separately in the analyses apart from physical and sexual IPV given the distinct dynamics of sexual violence occurring outside of intimate relationships (Abrahams et al., 2014).