

Key Points

- » Since the 1990s, law enforcement agencies across the United States have incorporated aggressive policing strategies into their operations.
- » An emerging empirical literature suggests that aggressive policing is associated both with a number of negative population health outcomes and with health inequity.
- » The relentless surveillance of communities, elevated risk for involuntary contact between civilians and officers, and strict punishment of low-level deviance observed under aggressive policing regimes can affect peoples' mental and physical health and welfare through multiple mechanisms. People need not experience direct contact with law enforcement to be affected by aggressive policing.
- » Communities of color—particularly Black communities—are overexposed to these policing strategies and, by extension, the health harms they engender. By adding to the hazards that racialized populations face, the overpolicing of Black and other communities of color serves to amplify health disparities.
- » More evidence is needed to understand how aggressive policing affects population welfare. Significant data limitations and confounding factors complicate our ability to characterize this relationship.
- » Broad, structural changes to “how we do policing” may be needed to eliminate the population health harms caused by law enforcement.

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AGGRESSIVE POLICING, HEALTH, AND HEALTH EQUITY

Aggressive policing (or aggressive order maintenance policing) is prevalent throughout the US, negatively affecting the health of those exposed to it. To address this public health issue, policy makers must promote greater data transparency and consider structural changes in the roles police institutions play in monitoring deviance.

In the United States, law enforcement is a means by which officials attempt to ensure public safety, minimize disorder, and exert social control. Although some researchers have drawn [salubrious](#) pathways between policing and population welfare, many health, legal, and social scholars argue that the negative health consequences of several US policing practices are [considerable](#). Indeed, aggressive policing strategies employed by law enforcement agencies across the country have been hypothesized to degrade health and well-being, even among people who themselves have not experienced contact with police. Perhaps even more important, aggressive policing is thought to contribute to significant population health inequities, as these practices are concentrated on—and thus [exacerbate the health challenges faced by](#)—racialized populations.

In this brief, we review what is known about aggressive policing and its impacts on population health and health equity. We discuss mechanisms through which aggressive policing might serve to diminish population welfare and review emerging empirical evidence for each mechanism. We also discuss recurring research challenges that scholars face when trying to precisely identify associations between aggressive policing practices and health. We end by discussing policy interventions that may help reduce the health harms currently inflicted by US law enforcement.

Definitions And Prevalence

We define aggressive policing (or aggressive [order maintenance](#) policing) as an expansive set of strategies used by law enforcement to proactively control disorder and strictly punish all levels of deviant behavior. Often [predicated on the belief](#) that even minor unaddressed disorder can blossom into more serious

“Aggressive policing [is a] set of strategies...to proactively control disorder and strictly punish all levels of deviant behavior.”

offenses, aggressive policing frameworks are defined by the persistent patrolling and surveillance of neighborhoods, the frequent engagement of civilians who are considered suspicious, and the systematic arrest of people for even low-level infractions. A key by-product of these aggressive strategies is a high rate of involuntary contact between law enforcement and civilians. [Evidence is mixed](#) on whether such [strategies yield significant reductions in crime](#). Alternative approaches to aggressive policing include [certain forms of problem-oriented policing](#) or [focused deterrence strategies](#), which concentrate police efforts on intervening with perpetrators of serious forms of deviance, such as violent crime.

[Since the early 1990s](#), law enforcement agencies across the country have incorporated aggressive policing approaches into their regular operations. Although it is difficult to identify the exact number of agencies that rely on any form of aggressive policing, the use of canonical aggressive tactics (for example, “[stop and frisk](#)”) across several of the [most populous US metropolitan areas](#) suggests that a nontrivial number of Americans have been exposed to aggressive policing regimes at some point in their lives. Moreover, the fact that [approximately 80 percent of all arrests in the US](#) are made for [low-level offenses](#) implies that police departments across the country are invested in the surveillance and austere

punishment of minor deviance—a characteristic that defines aggressive order maintenance policing.

Although aggressive policing tactics are used across US cities, they are nonuniformly leveraged against subpopulations. Indeed, aggressive policing practices are—and have historically been—pointed toward neighborhoods with larger [racial/ethnic minority](#) populations, particularly areas with greater densities of Black residents. Stark disparities in exposure to aggressive policing persist even after accounting for population-specific crime rates, which suggests that [communities of color are overexposed](#) to involuntary police contact. In a [recent review](#) of Philadelphia law enforcement’s stop-and-frisk practices, for instance, researchers found that Black residents, who make up approximately 40 percent of the city’s population, accounted for approximately 70 percent of stops, and that this disproportionate exposure to aggressive policing was not explained by “non-racial factors” (for example, age composition or crime rates). [Analysis of New York City stop-and-frisk data](#) similarly demonstrated that Black and Latinx people were disproportionately subjected to searches that yielded no evidence of criminal activity.

Evidence Of Health Impacts

The aggressive policing frameworks that inform officer behavior across the country position law enforcement institutions to be important [contributors to US population health](#). Scholars have indeed conceptualized several mechanisms through which aggressive policing may negatively affect the well-being of both people and communities.

CONSEQUENCES FOR INDIVIDUAL HEALTH: IMMEDIATE PHYSICAL HARM

As noted, aggressive policing often encourages and yields elevated levels of involuntary contact between law enforcement and citizens. These points of unwilling contact can be contentious, and thus freighted with the risk for physical violence.

Experts [continue to compile](#) evidence [linking institutional policing practices](#) to exposure to physical violence. However, relative to civilians in comparable countries, [US civilians](#) face an [exceptional risk](#) of

being killed by law enforcement, implying that some broad feature of American policing is responsible for generating widespread physical harm. Additional research—perhaps exploiting variation in the application of aggressive policing across agencies—is needed to better understand how the use of aggressive policing contributes to the outsized risk for death and injury incurred by US civilians in interactions with law enforcement.

CONSEQUENCES FOR INDIVIDUAL HEALTH: LONG-TERM MENTAL AND PHYSICAL HARM

The high rate of contact among civilians and law enforcement observed under aggressive policing regimes can also have consequences for long-term mental and emotional well-being. People who have experienced violence in encounters with law enforce-

“Stark disparities in exposure to aggressive policing persist even after accounting for population-specific crime rates.”

ment have been shown to display elevated levels of psychological distress and a greater risk for suicidal ideation relative to those who have not been exposed. Perhaps more troubling is that the enduring mental health consequences of police contact do not appear to be conditional on experiencing exceptional outcomes, such as injury or arrest. Research suggests that the stress of relatively nonviolent, short-lived interactions with police, such as pedestrian stop-and-frisk encounters, can render long-lasting trauma and anxiety, heightened emotional distress, depression, and psychological strain.

Exposure to chronic stressors in the form of aggressive policing may also have persistent physiological consequences. Chronic perseveration and rumination after experiencing intrusive contact with law enforcement—and the anticipation of possible future contact—may serve as stressors that influence chronic disease through the adoption of coping behaviors (for

example, substance use, sedentary behavior, overeating) or suppression of the immune system response. Although research on the long-lasting physiological consequences of police contact is nascent, recent studies that demonstrate an association between interactions with law enforcement and biomarkers, such as telomere length, suggest that policing may “get under the skin” and engender durable physical harm.

Aggressive policing regimes’ heavy reliance on arrest as a tool for controlling minor disorderly behavior can have further, collateral consequences for health. Indeed, sustained contact with the criminal justice system through mechanisms such as arrest or incarceration has been shown to negatively affect a range of outcomes, including depression, inflammation, and cardiovascular disease. By seeking to maximize arrests, aggressive policing approaches sweep citizens into unnecessary contact with other branches of the criminal justice system (for example, courts and jails) and further reduce population welfare.

CONSEQUENCES FOR COMMUNITY HEALTH

The relentless surveillance of communities that accompanies aggressive policing can also affect the welfare of people who have themselves not experienced contact with law enforcement. Indeed, by regularly and aggressively engaging community members, particularly around trivial disorderly behavior, police can generate a broad climate of fear and distrust among civilians. Residents of heavily surveilled neighborhoods, where people are chronically vigilant against the possibility of being unfairly and unnecessarily criminalized, experience elevated levels of psychological distress and worse outcomes on several chronic health measures. Expectations of surveillance extend to other institutions as well, such that residents of communities with high levels of aggressive policing may forgo health care utilization, even in moments of acute need, based on real or perceived legal ramifications.

CONSEQUENCES FOR HEALTH INEQUITY

Aggressive policing strategies are concentrated on communities of color, with Black neighborhoods bearing the brunt of such tactics. As such, the population health harms done by law enforcement are disproportionality weathered by Black people and other people of color. In terms of exposure to fatal police

violence, for instance, researchers estimate that **one of every 1,000 Black males** in the US can be expect to be killed by law enforcement compared with one of every 2,500 White males (exhibit 1). In adding to the hazards that racialized populations face, disparate exposure to aggressive policing is hypothesized to greatly exacerbate health inequity in the US. Research that identifies how Black-White disparities in population health would manifest if policing strategies were applied in ways that were agnostic to race, rather than according to a broader **system of racism**, would help solidify our understanding of how aggressive policing amplifies, produces, and reproduces health inequality.

An additional mechanism through which aggressive policing serves to undermine health equity involves the opportunity cost of investing in other public services. US cities are estimated to dedicate **between 25 and 40 percent of their total budgets** to policing. As public funds are finite, this heavy investment in **expensive** policing infrastructure **leaves social programs** that might otherwise support marginalized communities or address deep-rooted, structural causes of health disparities underfunded—and population health worse for wear.

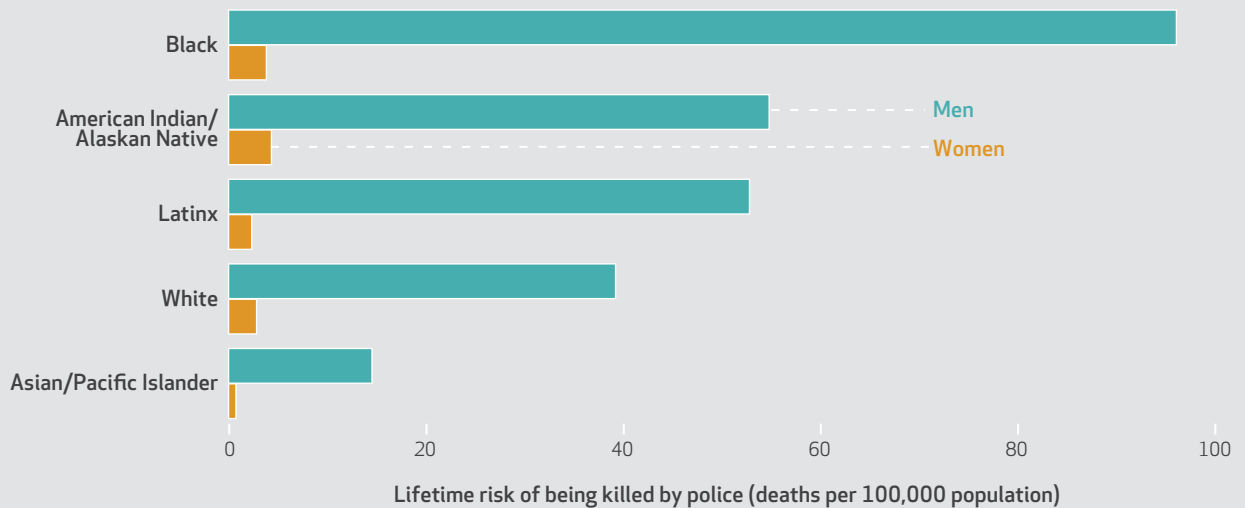
Research Challenges

Research on the public health effects of aggressive policing is impeded by a number of factors. One major challenge is the quality and availability of data. Sources that provide comprehensive, national data on the many forms of physical harm that civilians risk when encountering officers—such as sexual assault or other forms of nonfatal injuries—are generally **unavailable to the public**. This lack of information makes it difficult, if not impossible, to characterize the full extent of violence that citizens face when encountering law enforcement.

Scientists examining the long-term health impacts of aggressive policing have similarly imperfect information: longitudinal data sets that contain well-validated health indicators typically underdescribe respondents' history of contact with law enforcement, as well as the broader policing environments in which respondents have been situated throughout their lives. For example, available nationally representative data cannot support analysis of the ways health conditions develop during the life-course in response to living under a policing regime that maximizes contact among civilians and officers.

EXHIBIT 1

Lifetime risk of being killed by the police in the United States, by sex and race/ethnicity



SOURCE: Authors' estimates drawn from Edwards F, Lee H, Esposito M. Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proc Natl Acad Sci U S A*. 2019;116(34):16793-8

An additional, crucial challenge faced by researchers in this field lies in causal identification. Systematic divestment in neighborhoods of color means that communities that are routinely overexposed to aggressive policing are also overexposed to other health-damaging hazards, such as [ambient air pollution](#) and [interpersonal violence](#). That structurally rac-

“Exposure to chronic stressors in the form of aggressive policing may also have persistent physiological consequences.”

ist forces so tightly pair the distribution of expansive policing with other serious harms makes it difficult to isolate the exact contribution of aggressive law enforcement in degrading a community's health.

■ A Policy Agenda

Several policy interventions have been proposed to reduce or eliminate the negative population health effects of aggressive policing. One immediate intervention suggests that agencies that rely on high-contact strategies [reevaluate their guidelines for “reasonable suspicion”](#) to reduce perceived unfairness and arbitrariness of frequent police contact. Under vaguely defined guidelines of what constitutes both “reasonable” and “suspicion,” pedestrian stops indeed [tend to be unnecessarily intrusive and racially biased](#). By collaborating with communities to develop precise, transparent criteria on what types of behavior might lead to a pedestrian stop, law enforcement agencies may be able to serve the public in a more equitable, effective way. More generally, restructuring existing institutional practices and [protocols](#) in ways that [minimize unproductive police-civilian contact](#) or establish the perceived legitimacy of proactive police behavior may lessen the health harms of law enforcement institutions.

[Some experts](#) believe that efforts such as redefining “reasonable suspicion,” which work within the bounds

of existing policing infrastructure, may not go far enough. Broader, structural-level approaches that abandon aggressive policing frameworks altogether may instead be necessary for making sustainable progress. As noted, a key feature of aggressive policing is the use of officers to control minor disorderly behavior. [Scholars, policy makers, and activists argue](#) that police are miscast in this role and that other public professionals such as social workers or emergency response teams are better suited to managing low-level incidents. By systematically replacing armed officers with professionals who are trained to nonviolently manage minor infractions, citizens may be exposed to significantly lower levels of violence from the state. “[Defund the Police](#)” initiatives, which call for the redistribution of funds from law enforcement agencies to social services that can preempt low-level deviant behavior altogether, may also prove effective in mitigating the harm done by law enforcement. We caution, however, that initiatives that simply reallocate policing functions to other state institutions may not have a sweeping impact on health equity if done carelessly. Many other state institutions are steeped in [the same racist logic](#) as policing agencies. Policies that shift the maintenance of deviance to alternative social service institutions without addressing the underlying, punitive racial logic that places Black and other communities of color at risk may serve not to reduce racial health disparities but, instead, recreate them through other arms of the state.

There is also a great need for [reforms to police transparency](#) that hold agencies responsible for providing comprehensive accounts of their interactions with civilians. A handful of agencies, such as the New York City Police Department, have made progress on transparency [by making data on controversial policing programs available](#). Third-party data collection projects such as [Fatal Encounters](#) and the [Force Report in New Jersey](#) have similarly helped fill the gaps in our understanding of the extent of structurally mediated violence rendered by law enforcement institutions. Still, the limited geographic, subject matter, and temporal coverage of databases such as these curbs our ability to build out a holistic understanding of how US law enforcement affects population health and welfare.

True progress will require federal standards that compel law enforcement agencies across the country to provide accurate, standardized data on their interactions with the public. Importantly, this entails providing information on all interactions between

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civilians and officers, including those that do not rise to the level of fatal violence or produce other exceptional outcomes. Efforts to identify how even seemingly innocuous encounters with law enforcement affect health or to develop the basic counterfactuals needed to understand why one encounter with law enforcement ends in violence while another does not are hampered by a lack of total transparency.

Looking Ahead

The Biden administration has made tackling racial inequality a priority, including reforms in policing and investments in underserved communities. Several subnational policy makers have similarly begun to consider—and in some cases enact—reforms that are cognizant of the social harms of expansive policing. For example, policy makers in Austin, Texas, are redirecting funds from the city's police budget toward housing for people experiencing homelessness, and leaders in Minneapolis, Minnesota, will supplement mental health response teams with money that would otherwise go to the police. These efforts highlight how municipalities can alter their approaches to ensuring public safety. Other examples of alternative approaches to aggressive policing that simultaneously reduce harm and achieve public safety include the Law Enforcement Assisted Diversion program in King County, Washington, which intervenes on low-level disorder by offering offenders various forms of social assistance, or the Oakland, California, Ceasefire Strategy, which collaborates with community members to limit police efforts to intervening with people who repeatedly engage in violent crime.

Fundamental reforms to how we “do policing” such as these, along with additional investments in housing, health care, and education, could prove essential for erasing the negative population health consequences currently generated by law enforcement institutions across the US.

HealthAffairs

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