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## Police Violence and Black Women's Health

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Police violence; Women's health; Health equity

Police violence continues to be a critical public health issue. From 1980 to 2018, approximately 30,000 deaths were attributed to police violence in the United States.<sup>1</sup> The highly publicized recent police killings of George Floyd, Breonna Taylor, Michael Brown, Philando Castille, and many others have raised questions regarding police conduct, namely failure to render aid and the appropriate use of force. Although the United States makes up 4% of the world population, it accounts for almost 13% of fatal police-related deaths.<sup>1</sup> In 2012, an estimated 52,000 people were treated in emergency departments for injuries due to police intervention.<sup>2</sup> Individuals from historically marginalized communities (e.g., Black, Indigenous, and people of color; immigrants; the lesbian, gay, bisexual, transgender, and queer community; people with disabilities) are inequitably affected by police violence.<sup>1</sup> Recent statistics show that Black men are more than two times as likely to be killed by the police than White men, and Black women are 1.4 times more likely to be killed by the police than White women.<sup>3</sup> Unfortunately, discussions about police violence rarely include Black women's experiences or its impact on women's health. Here we provide an overview of the detrimental effects of multiple dimensions of police violence (physical, sexual, psychological, and neglect) on Black women's health outcomes.

In addition to physical injury and death, fatal and non-fatal police encounters contribute to extant health inequities. Witnessing or experiencing police violence, hearing stories about negative encounters with the police, and worrying about becoming a victim of police violence are all stressors. Stressors are factors, experiences, or conditions that can disrupt an individual's ability to maintain physiological and behavioral functioning.

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Available data show that African American and Black women are more likely to experience or witness police violence and worry about a family member becoming a victim.<sup>4</sup> These experiences of police violence have been linked to psychological stress,<sup>4</sup> sleep disturbances,<sup>5</sup> and pregnancy loss.<sup>6</sup> The expectation of negative encounters with the police lead Black women to live a life of hypervigilance, which may increase stress, inflammation, cardiovascular reactivity, and blood pressure.<sup>7</sup> A recent study found that women who live in neighborhoods characterized by higher levels of fatal police violence are at an increased risk of diabetes, hypertension, and obesity.<sup>8</sup> While similar associations were found among men; the relationship was more pronounced for women.

Police violence can also affect individual and community health through its negative impact on the economy. There are several economic consequences of police violence, such as increased financial hardship because of job loss due to incarceration, disabilities related to police brutality resulting from police use of excessive force, and social stigma related to police violence. Police violence is a byproduct of structural racism, which influences institutional policies, practices, and laws that perpetuate inequities based on race. Addressing disparities in police violence requires a structural-level approach rather than an individual-level approach. For example, in addition to interventions such as implicit bias training or training police officers on how to respond in a non-lethal and minimum harm manner in a moment of crisis or panic, interventions should aim to expose how the history of racism influenced community development and how laws were enacted that bolster racial disparities in police violence. Thus, structural interventions address the contexts through which health inequities emerge and persist. By changing the conditions that lead to police violence and the economic consequences that result from negative encounters with the police, we can prevent its negative impact on Black women's health.

In addition to implementing structural-level interventions, interventions at the community, clinic, and individual level are necessary to tackle police violence and the resulting health inequities. Nurse practitioners (NPs) must join with other disciplines to address policing reform and racial injustices. NPs are well-positioned to advocate for policies to reduce the prevalence of police violence and its impact on Black women's health and human rights. Additionally, NPs can support previous calls for incorporating structural competency training in clinical education<sup>9</sup> and educating NPs and other clinicians about the relationship between structural racism and its impacts on health status.<sup>10</sup> NPs can also utilize a health equity framework<sup>11</sup> to improve women's health inequities resulting from cumulative experiences of police violence across the life span and generations. A health equity framework highlights the need to eliminate individual and structural conditions that give rise to inequities (i.e., poverty, discrimination, powerlessness, lack of access to health services and resources) in order to provide everyone the opportunity to be as healthy as possible.<sup>12</sup> At the individual level, NPs can join efforts to accurately capture the incidents of police violence by participating in training to identify and report police violence like other types of violence (i.e., elder abuse or child abuse) to the appropriate officials and surveillance systems. Screening for a history of police-related trauma during clinical visits can identify individuals' additional health-related and social needs. Lastly, NPs are well positioned to collaborate with researchers to address health inequities by targeting multilevel

factors such as systems of power, the social and built environments, individual responses to police violence, and physiological pathways linking police violence to health outcomes.

Police violence is a critical yet poorly understood determinant of health. Police violence perpetuates adverse general and mental health outcomes in populations that already experience health inequities. Emerging evidence suggests that negative encounters with police may be linked to mistrust in the healthcare system and subsequently unmet health needs,<sup>13</sup> which further elucidates the impacts of police violence on health outcomes. Police violence may be a non-traditional barrier to accessing healthcare, a risk factor for poor health outcomes, and thus a vehicle for widening health disparities. Although more research is needed to fully understand the relationship between police violence and health, many opportunities currently exist for NPs to undertake the issue of police violence across multiple levels (individual, clinic, community) in their research, education, and practice. Addressing police violence is essential to creating healthier and safer communities.

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