

Characterizing Perceived Police Violence: Implications for Public Health

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Despite growing recognition of violence's health consequences and the World Health Organization's recent classification of police officers' excessive use of force as a form of violence, public health investigators have produced scant research characterizing police-perpetrated abuse.

Using qualitative data from a study of a police drug crackdown in 2000 in 1 New York City police precinct, we explored 40 injection drug using and 25 non-drug using precinct residents' perceptions of and experiences with police-perpetrated abuse. Participants, particularly injection drug users and non-drug using men, reported police physical, psychological, and sexual violence and neglect; they often associated this abuse with crackdown-related tactics and perceived officer prejudice.

We recommend that public health research address the prevalence, nature, and public health implications of police violence. (*Am J Public Health*. 2004;94:1109–1118)

Despite the emerging understanding of violence as a public health issue, the recent classification by the World Health Organization (WHO) of police officers' excessive use of force as a form of violence,¹ and the exploration of excessive police violence by disciplines such as sociology,^{2–4} law,^{5–9} and psychology,^{10–12} public health investigators have produced scant research characterizing police-perpetrated abuse and its significance for public health. Drawing on the results of a qualitative study of a police crackdown on drug users in 1 New York City precinct in 2000, we seek to redress this silence by exploring injection drug using and non-drug using precinct residents' perceptions of and experiences with police violence. Because initial analyses indicated that perceived unwarranted police violence often arose from conflicts between participants' and officers' definitions of local places, we have drawn on social geography to understand the conditions in which this phenomenon occurs.

PUBLIC HEALTH AND EXCESSIVE POLICE VIOLENCE

In its landmark 2002 report on violence, WHO defined violence 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.”^{1(p5)} The report defined “intention” as the desire to commit the act rather than the wish to cause harm, thus distinguishing violence from unintentional injury while simultaneously indicating that an act can be classed as violent regardless of an individual's desire to cause damage.¹ WHO's report also noted that individuals and entities wielding power can cause violence through the absence of assistance, as in the case of neglect.¹ WHO has identified 4 domains of violence: physical, sexual, psychological, and neglectful.¹

While public health researchers have extensively documented multiple health problems associated with physical, sexual, and psychological violence,^{1,13–15} research regarding the health implications of police violence has stayed at the margins of public health. However, the small but important body of work addressing police violence begins to provide an outline of its repercussions. Police violence has been implicated as a leading cause of assault-related ear damage in a sam-

ple of clinic attendees in Kenya,¹⁶ a principal source of violence experienced among patients in a Chilean clinic,¹⁷ and, in a qualitative study, a major cause of spinal cord injuries among African residents of Soweto, South Africa, who used wheelchairs.¹⁸ A *Lancet* editorial has described the internal injuries suffered by Abner Louima after his torture in a New York City police precinct.¹⁹ Research also suggests that children living in the streets of Brazil experience lethal violence at the hands of police.²⁰

Populations that have experienced police-perpetrated abuse may hesitate to summon police assistance in cases of civilian-on-civilian violence, fearing the police might exacerbate the violence or further traumatize victims.^{21,22} Research also suggests that particular tactics used in policing illegal drug use, including those perceived as abusive (the authors' unpublished data), may adversely affect injection drug users' ability to reduce the harm of their drug use.^{23–30} Collectively, this research suggests that police-perpetrated abuse has an impact on health.

According to data from the New York City Civilian Complaint Review Board, a body empowered to investigate allegations of police misconduct in the city,³¹ between 1996 and 2000, civilians annually registered between 3269 and 5174 allegations of officers' improper use of force and between 6564 and 8919 allegations of abuse of authority or of offensive or discourteous language or behavior.³¹ On the basis of New York City demographics, a disproportionate number of these complainants were African American.³¹ Governmental and nongovernmental investigations of police misconduct in New York City support this finding,^{7,9,32} as has a New York City–based study of police–adolescent relations.³³ These reports suggest that substantial numbers of city residents, particularly people of color, have experienced police-perpetrated abuse.

We seek to extend public health inquiry into police violence, and to encourage links with other disciplines addressing this violence, by exploring the experiences of residents of one New York City precinct with police-perpetrated abuse and identifying the particular policing tactics that participants associated with this phenomenon. To situate the analysis, we begin by describing police “drug crackdowns,” the policing strategy at the heart of this inquiry, and relevant elements of social geography.

POLICE DRUG CRACKDOWNS

Since the mid-1980s, the United States has shifted its domestic drug-related enforcement efforts from upper-level dealers and distributors to lower-level dealers and users.^{34–36} A “drug crackdown,” a strategy exemplifying the current enforcement focus, is a centrally organized, rapidly initiated, sustained policing effort to reduce the possession and sale of illicit drugs through heightened surveillance and arrest of drug users and street-level dealers.^{37,38} New York City has undergone 2 waves of drug crackdowns since the mid-1990s. The first wave, implemented in stages between 1996 and 1999, consisted of a series of precinct-specific crackdowns, each lasting 2 years or more, in 27 of the city’s 76 precincts (Assistant Chief C. Kammerdener, New York City Police Department, written communication, November 29, 1999, and May 15, 2000). In these precincts, officers work in modules called tactical narcotics teams (TNTs), which target narcotics crimes; each team is composed of 1 sergeant, 6 investigators, and 2 undercover officers (C. Kammerdener, written communication, May 15, 2000). Hundreds of patrol officers may be added to the target precincts as well³⁹; in order not to deprive other precincts of patrol officers, the department draws on recent police academy graduates (“rookies”).³⁹ Patrol officers not assigned to TNT modules may attend more closely to quality-of-life crimes such as public alcohol consumption (C. Kammerdener, oral communication, July 2000). As determined by US census data, the New York City precincts targeted by crackdowns have typically been home to impoverished communities of color.⁴⁰

The second crackdown wave began in January 2000 when the New York City Police Department (NYPD) implemented Operation Condor, an initiative encompassing all of New York City. Initially, the heightened police presence was achieved by asking TNT officers to work an extra day of overtime each week⁴⁰; in May 2000, the NYPD expanded the request to include patrol officers.⁴¹ Patrol officers were to focus on quality-of-life crimes and patrols.⁴¹

This dual wave of crackdowns occurred within the broader context of “zero tolerance” policing in New York City, initiated in the mid-1990s.^{37,42–44} Zero tolerance strategies seek to prevent serious crime by arresting individuals committing any infraction, including misdemeanors.^{37,42–44} The combination of crackdowns and zero tolerance encouraged officers, who routinely exercise discretion in deciding whether to enforce particular laws,^{45,46} to target street-level drug-related crime.³⁷

SOCIAL GEOGRAPHY: POLICING PUBLIC SPACES

Integral to this analysis is the notion of place. “Place” is understood in social geography as a space endowed with particular meaning(s) by individuals and groups^{47–50}; place is thus literally and metaphorically peopled space. Testifying to this subjective construction, an early definition of “place” is “a portion of space in which people dwell.”^{51(p926)} A single space may be the site of multiple places. A corner of an urban public park, for example, might simultaneously serve as a playground for children, a home for people without houses, and a work site for parks department employees. Diverse constructions of place may not happily coexist within the same space. For example, heated and occasionally violent struggles have erupted between the individuals and communities who call parks home and those who seek to enforce definitions of those spaces as exclusively recreational places or landscapes.^{52–54}

Within limits, the state endows police with power to arbitrate legitimate and illegitimate conduct in public spaces^{55,56}—in other words, to define place. Social geographers and sociol-

ogists have maintained that officers identify suspicious behavior or characteristics by crafting “cognitive maps” of their precincts along intersecting axes of space, time, and social activity.^{55–58} Officers hold in their minds 2 sets of cognitive maps: those defining what is acceptable and those defining what is unacceptable; they then use these maps to decide what individuals and activities merit further investigation.^{55–58} Officers charged with targeting drug-related crimes may rely on such cognitive maps quite extensively; drug-related activity is a consensual crime, meaning that neither user nor dealer is likely to summon police assistance to complain about the transaction, and thus officers may largely draw on situational cues to identify such activity in the streetscape. This analysis suggests that conflicts between officers’ cognitive maps and residents’ definitions of local places often establish conditions for police-perpetrated abuse.

METHODS

As a part of an investigation into the relationship between a drug crackdown and local drug use, we queried injection drug using and non-drug using individuals about police–community relations. When using and nonusing participants voiced high levels of concern regarding police violence, we further explored this topic during interviews and crafted an analysis devoted to this subject.

Data Collection

The first author spent August through December 2000 in New York City’s 46th precinct interviewing 40 precinct residents who injected drugs (“injectors”) and 25 precinct residents who had not used an illicit drug such as heroin or cocaine in the past year (“nonusers”). The 46th precinct was selected as a study site because the deputy inspector of narcotics of the NYPD noted that the crackdown in this precinct was particularly active (C. Kammerdener, oral communication, July 2000).

Individuals eligible for the study were aged 18 years or older at the time of the screening, had resided in the precinct for at least 1 year prior to the screening, and were able to speak

English with sufficient fluency to understand the screening and consent processes. Injection drug using participants were those who reported typically injecting an illicit drug on at least 3 occasions a week during the past year; nonusing participants were those who reported not using an illicit drug such as cocaine or heroin in the past year. In keeping with theoretical sampling methods,⁵⁹ the sampling strategy was designed to recruit a group of participants that varied with regard to qualities believed to shape the relationship between police and the community, including race/ethnicity, age, sex,^{60–62} and, where relevant, legal syringe exchange program enrollment status and injection location (i.e., whether injection typically occurred in public or private spaces). (When the study was conducted, it was illegal to acquire or possess syringes without a prescription unless one obtained them from a state-sanctioned syringe exchange program. As of January 2001, individuals could acquire and possess up to 10 syringes without a prescription.) Eligibility criteria were ascertained through a screening process. Study participants received a \$21 stipend and a community resource guide.

Snowball sampling methods were used to invite residents into the study.^{63,64} “Snowballs” were initially started with nonusing residents identified by a local city council member and community board staff. As time passed, the first author met individuals on local stoops and park benches and at soup kitchens. Four key informants also introduced her to community members. The sample was thus created through a patchwork of connections that permitted the inclusion of multiple social networks.

Interviews lasted between 60 and 90 minutes and consisted of an open-ended segment followed by a short survey. The open-ended interview explored police–community relations, police contributions and threats to local safety, the role of officer type (e.g., patrol vs TNT) and officer and resident social position in shaping police encounters, and local drug use practices, all in relation to the 46th precinct. The short survey gathered information regarding police encounters and, where applicable, drug use behaviors. With the participant’s permission, each interview was audiotaped; in the few instances in which a par-

ticipant denied permission to be taped, the interviewer took detailed notes. Taped interviews were transcribed verbatim.

Additionally, we reviewed articles about policing strategies published in *The New York Times* between August and December 2000. We attempted to interview patrol and TNT officers in the 46th precinct to explore their perspectives on the drug crackdowns, but the NYPD refused to grant our requests for interviews.

Analysis

We used “grounded” theory methods to identify salient categories and their interrelationships within and across transcripts.⁵⁹ “Grounded theory” is a qualitative analytic method designed to inductively derive theories about a topic. There are typically 3 stages of analysis: 1) “open coding,” in which concepts in the text are identified, labeled, and defined; 2) “axial coding,” in which the connections between these concepts are explored to build categories and explore the categories’ interrelationships with one another; and 3) “selective coding,” in which the emerging theory is refined.⁵⁹ As the data were collected, transcripts were coded by open coding methods and an initial coding list with accompanying definitions was created.⁵⁹ As new data emerged and were analyzed, this coding dictionary was revised. Using axial coding methods,⁵⁹ the first author grouped similar codes into categories relevant to the conditions in which participants experienced excessive police violence and the nature of this violence and explored the categories’ relationships within and across transcripts, examining diversity of experiences along the lines of drug-use status, sex, race/ethnicity, and age. Throughout this process, the 4 authors discussed emerging codes, categories, and their relationships. Given the salience of place in the participants’ narratives of police violence, we drew extensively on social geography. Findings were discussed with 2 injecting and 3 nonusing study participants to check the interpretive validity of the analysis (referred to hereafter as “member check”).⁶⁵ Because African American and Hispanic participants reported the same level and perceived causes of police-perpetrated abuse, we report the findings for these 2 groups together.

Because states endow the police with the ability to use force to promote public safety if necessary,^{66–68} identifying instances of officers’ excessive use of force is complex. Accordingly, scant consensus exists concerning the definition of officers’ excessive use of force or police brutality.^{66–68} Here, we have defined an abusive police encounter as one in which the participant maintained that officers employed gratuitous force, initiated sexual contact, spoke or behaved disrespectfully, or interceded without apparent cause. This definition largely concurs with that of the Civilian Complaint Review Board.³¹ To describe the nature of this violence, we have contextualized WHO’s 4 violence domains within the realm of police-perpetrated abuse (Table 1).

Ethics

Because interviews often involved discussions of illicit activity, extra steps were taken to protect participants’ rights. We obtained a National Institute of Mental Health federal certificate of confidentiality to protect interview materials from subpoena. Additionally, in approving the project, the Harvard School of Public Health human subjects committee authorized the use of oral rather than written consent; participants’ names were thus not recorded in the interview materials.

RESULTS

The 46th precinct is located in Bronx County, New York City, and bounded by the Cross-Bronx Expressway, Webster Avenue, Fordham Road, and the Harlem River. According to the 2000 US census, the precinct is home to approximately 77 000 people, the vast majority of whom are African American or Hispanic (Table 2).⁴⁰ The precinct is deeply impoverished and suffers a disproportionate number of violent crimes,⁶⁹ suggesting that its residents direly need services addressing local violence.

The crackdown targeting this precinct, which began in April 1996, initially involved the addition of 15 TNT modules; 8 modules patrolled the area at the start of data collection (C. Kammerdener, written communication, August 25, 2000). TNT modules and patrol officers worked an additional day each week under Operation Condor.⁴¹

TABLE 1—Domains and Definitions Employed in Analysis of Police Violence: 46th Precinct, New York City

Category	Definition
Excessive physical violence	Participant maintained that the police gratuitously hit, punched, kicked, dragged, beat, or used some other type of physical force against the participant or another civilian.
Psychological violence	Participant maintained that the police engaged in excessive nonphysical aggression toward the participant or another civilian, including cursing at them; using slurs based on their race/ethnicity, sex, sexual orientation, religion, or disability; or unduly threatening or intimidating them. Police-initiated stops that the participant believed lacked probable cause were classified as harassment and deemed psychological violence, as were instances of police-initiated gratuitous prolonged discomfort.
Sexual violence	Participant maintained that the police forced inappropriate sexual contact on the participant or another civilian; such contact included conducting searches of genitals in public places.
Neglectful violence	Participant maintained that she/he or another civilian summoned the police for assistance and the police did not respond, responded too late to be of assistance, or responded inappropriately.

Source. Categories of police violence are derived from a World Health Organization report.¹

TABLE 2—Sociodemographic and Violent Crime Characteristics: 46th Precinct and of New York City, 2000

Characteristic	46th Precinct	New York City
Population ⁴⁰	76 775	8 008 278
Living below federal poverty level in 1999, ⁴⁰ %	40.0	21.2
Racial/ethnic composition, ⁴⁰ n (%)		
Hispanic, any race	46 041 (60.0)	2 160 554 (27.0)
Black or African American, non-Hispanic	27 208 (35.4)	1 962 154 (24.5)
All other racial/ethnic groups	3 526 (4.6)	3 885 570 (48.5)
Crimes against people (crude rate per 100 000) ⁶⁹		
Murder and nonnegligible manslaughter	29.9	8.5
Forcible rape	46.8	20.3
Robbery	865.7	406.6
Felony assault	834.5	323.9

Note. The 46th precinct roughly corresponds to the 10453 zip code census tabulation area.

The sample of nonusing and drug-injecting precinct residents was diverse with respect to characteristics believed to shape police–community relations, including gender, race/ethnicity, age, and legal syringe exchange program membership (Table 3). Both injecting and nonusing participants had deep roots in the area, with an average residence in the precinct of 12 years. When asked in the closed-ended survey whether they were close with anyone who had experienced a vi-

olent or frightening police encounter, 64% of nonusers and 54% of injectors said yes.

Characterizing Police Violence

Qualitative interviews substantiated New York City statistics on violent crime in the precinct; many participants reported witnessing shootings, losing friends to fights, and enduring sexual violence. They expressed concern about civilian-instigated violence in the area and profound ambivalence about

whether officers fulfilled their duty to protect them from this violence.

Users and nonusers alike reported that the police had “cleaned up the neighborhood” in recent years. In particular, residents caring for children lauded the police for reducing drug-related activity in the streets and playgrounds in which children walked and played. Drug-injecting women viewed such policing efforts as extensions of their own struggles to protect their children from their personal drug use. As one mother, a 34-year-old Hispanic injector, said, “I don’t want the . . . drug stuff to go on because of the easy access [to drugs]. I guess my having children and not wanting them to go through what I [went through] has made me want more police protection.”

Additionally, many participants reported that officers accompanying ambulances and attending to crimes affecting young children were unfailingly helpful and respectful.

Neglect. However, at the same time, 18% of injectors and 36% of nonusers lamented the conduct of the police when they were summoned to address local civilian-instigated violence among adults and older children. Injecting and nonusing men focused on police inaction with respect to shootings and other physical violence occurring among men in public spaces, noting that the police did not respond to their calls for help or responded too late to be of assistance. Women maintained that, when they sought police help for physical or sexual violence inflicted by men, officers often did not come when called; that they came but suggested interventions the women deemed inappropriate, such as taking a walk or having sex with their abusive partner; or that they did not believe them. One African American woman, a 43-year-old injector, said,

This guy was drunk . . . and was pushing me and hitting me in my chest . . . just being really abusive but I . . . told my friend to hurry up and call a cop . . . they didn’t do anything when they were called . . . [they were] talking about “oh they didn’t see no visible marks on me.” I said, “I’m black—what visible [marks]? . . . I’m dark-skinned. It’s not going to show” . . . It’s crap, it really is.

Physical, sexual, and psychological violence. A total of 65% of injectors and 40% of nonusers reported directly experiencing or

TABLE 3—Injection Drug Using and Non-Drug Using Study Participants in Qualitative Study of Police Violence: 46th Precinct, New York City

Characteristic	Nonusers (n = 25)	Injectors (n = 40)
Age, y		
Mean	38	41
Median	36	41
Range	19–60	24–59
Gender, n (%)		
Female	11 (44)	19 (48)
Male	14 (56)	21 (53)
Race/ethnicity, n (%)		
African American, non-Hispanic	9 (36)	14 (35)
Hispanic	8 (32)	20 (50)
Hispanic and African American	3 (12)	4 (10)
All other races/ethnicities	5 (20)	2 (5)
Highest educational level, n (%)		
Less than high school	9 (36)	24 (60)
High school graduate	9 (36)	9 (23)
More than high school	7 (28)	7 (18)
Data missing	1 (4)	0 (0)
Homeless, n (%)	2 (8)	14 (35)
Length of residence in 46th precinct, y		
Mean	12	12
Median	7	10
Range	2–28	1–33
Membership in legal syringe exchange program, n (%)	NA	22 (55)
Close to someone who experienced violent or frightening police encounter, n (%)	16 (64)	21 (53)

Note. NA=not applicable.

that they needed to do was stick their finger up my ass. I think that was very degrading. That was very low. If I was clean . . . why you got to pull my pants down in front of everybody? . . . You got women and children walking by and you doing this . . . [Then they] let us go. They didn't even say, "Excuse us. Sorry." Nothing.

Police stops could also involve psychological violence, typically in the form of name-calling, unnecessary physical threats, and the infliction of gratuitous prolonged discomfort, including hours-long journeys to the police station while in handcuffs; 63% of injectors and 44% of nonusers reported such abuse. Participants reported that officers referred to their "black asses" and called local women "bitches." One participant noted that an officer had threatened to "stick [his] foot up [the participant's] ass" when he tried to intercede in perceived police misconduct.

Participants, particularly injectors and younger nonusing men, described frequent police stops that they felt had little probable cause, describing them as "for no reason" and "for nothing." According to one African American man, a 45-year-old nonuser, the police

just drove by and they saw people minding their own business sitting in front of their building and . . . they backed [the car] up [and got out]. And we're standing on one side of the street saying, "Now they're going to mess with them for no reason at all—they're just sitting in front of their homes."

Approximately two thirds of injectors and nonusers reported stops for "no reason." The accumulation of such encounters left many residents, particularly nonusing young men and injectors, feeling "insecure" and "uncomfortable" when outside; this insecurity was compounded for people who feared that unnecessary violence or life disruption was imminent during every police stop.

Discussing frequent stops, one male participant, a 27-year-old Hispanic nonuser, said,

When I'm outside . . . sometimes I fear for my well-being because I could just be on my way to the grocery store . . . and get caught up in something. . . . Just because of the way [the police] are doing things now, I could be sent through the system. I might have to see a judge 24 hours later and all I wanted was a loaf of bread.

witnessing perceived excessive police physical violence. This violence ranged from unnecessary kicks delivered during a stop to beatings that resulted in broken ribs and teeth. Additionally, some participants had known Anthony Baez, a local "college boy" killed by the police in 1994 after bouncing a ball against 2 squad cars.⁷ Injecting men described the direst gratuitous physical violence. One 36-year-old African American man, an injector, said,

I was carrying a pair of scissors and I got stopped and [the officer] said, "Do you have anything in your pocket that could stick me?" At first I was thinking of a needle . . . [so I said] "nah nah nah." [He] put his hand in my pocket [and found the scissors]. He broke 4 of my ribs right on this side. Four. He broke them. Boom. Boom. Boom . . . Then he took the scissors and jabbed them in my face in the middle of my forehead . . . I was scared to damn death. They just left

me [for] dead . . . They could have locked me up [but they didn't]: trespassing, drug paraphernalia, possession of drugs . . . It hurt to breathe. What the hell.

Thirty-three percent of injectors and 12% of nonusers reported experiencing or witnessing police-perpetrated sexual violence. Injection drug using women, particularly sex workers, bore the brunt of this abuse. At the extreme end of the spectrum of sexual violence, 1 sex worker reported that an officer had raped her. Additionally, during frequent searches in the streets and other public spaces, officers delved into men's and occasionally women's underclothes in a protocol presumably designed to locate contraband. One man, a 35-year-old Hispanic injector, said,

They pulled my pants down past my knees . . . to search me [on the sidewalk]. The only thing

Given their frequency and resulting fear, we labeled stops “for nothing” as “perceived harassment” and classified them as a form of psychological abuse. For the vast majority of participants, then, officers simultaneously served as both sources of violence and much-needed assistance.

Conditions for Excessive Police Violence

Salient conditions animating police-perpetrated abuse were perceived to include (1) profiling, (2) perceived pressure of officers to make arrests, and (3) discrimination.

Profiling: “hotspots” and social interactions. Participants identified 2 major contexts in which harassing stops occurred: near dealing locations (i.e. “hotspots”) and during or just after a social interaction.

The interviews suggested that officers identified particular places in the precinct as dealing locales or “hotspots” and viewed people inhabiting these spots, however temporarily, with suspicion. Observation and participant interviews bore witness to the existence of such dealing places. Rather than being diffuse, dealing was concentrated in particular corners, buildings, and parks. Testifying to officers’ accurate identification of some hotspots, injection drug using participants described the outside spaces in which dealing occurred as heavily monitored.

The potential for stops “for nothing” lay in participants’ conflicting use of these places. The corners, buildings, and parks in which dealing occurred were the same places in which nonusers, injectors, and their families lived, played, and conducted the licit tasks of daily life. The dissonance between officers’ and participants’ definitions of place, coupled with officers’ ability to enforce their definition, produced harassing stops.

As one 20-year-old African American and Indian man, a nonuser, said, “The corner is known for selling drugs so the cops always been over there so . . . they see me standing over there so they think ‘oh that corner, we stop people over there so let’s go stop him.’ They think I’m selling drugs or something.”

Participants also noted that officers stopped them during or after social interactions. The interviews suggested a process through which the police might come to view social interactions with suspicion. In a context of height-

ened surveillance, participants reported that drug-related commerce was conducted on the “down low”: dealers and users camouflaged their transactions so they blended into innocent streetscape social activities, often exchanging drugs for money through hugs, handshakes, and other covert means.

According to participants, officers detected the deception and adapted in turn. If dealers concealed their business behind the trappings of innocent interactions, then officers would come to label interactions occurring in local public spaces as suspect. Both nonusers and injectors lamented the resulting stops “for nothing.” As one African American man, a 36-year-old nonuser, said,

I hugged my man . . . and [the TNT officers] took me through the system for nothing. Just for giving my man the “What’s up man, how’re you doing buddy?” . . . The officers said, “Oh he passed you something!” . . . I kept walking and [the officers] jumped on me right there. I could see if I’d put my hands in my pocket or [if the officers] could have seen me throw something [but the police] didn’t find nothing, didn’t see nothing. [They] kept me [in a holding pen] for 24 hours.

Participants generally maintained that officers unfamiliar with the precinct—usually TNT and rookie officers—were particularly guilty of harassment through profiling. In contrast, police officers credited with deeper knowledge of the precinct, its residents, and their use of local places—usually senior patrol officers—were believed to be less prone to making such stops because they relied on “knowing [residents’] faces,” rather than assessing their profiles, to determine suspicion.

Perceived pressure to make drug-related arrests. Participants with frequent police contact—injectors and younger, nonusing men—believed that the pressure the police were under to make arrests resulted in sexual and psychological abuse. Many participants maintained that TNT modules had to make 10 drug-related arrests per shift; while rookies had no established arrest quota, they also believed that these officers were intent on making arrests to earn “stripes” or “points” that might further their career. Media reports support this widely held belief: expressing concern that misdemeanor narcotics arrests outnumbered felony arrests 3 to 1, NYPD Commissioner B. Kerik announced in Septem-

ber 2000 that he would review the process through which officers were promoted.⁷⁰

Injecting and nonusing residents linked police-perpetrated abuse to the dynamic between officers’ attempts to make an arrest and users’ and dealers’ efforts to evade arrest. When traversing public spaces closely monitored by the police, injecting participants began concealing drugs and syringes in their most private spaces, including their underwear, rectum, and mouth, to decrease their risk of arrest if stopped and searched. Savvy to this subterfuge, officers reportedly searched participants’ undergarments and bodies in the street to find drugs, thus rendering these intimate spaces public. Nonusing and injecting participants reported that this violation of privacy was frightening and humiliating, particularly when they were innocent. Given the gendered nature of physical privacy, women suffered these searches particularly acutely when men either conducted or watched the search. One woman, a 25-year-old African American nonuser, said,

The lady cop came; she searched me . . . in the building [hallway], the [male] cops were there watching . . . That really hurt me. It made me bug out a little . . . The lady was even in my butt and everything like I might have drugs up there . . . I was strip-searched in the hallway. And the lady was even in my butt.

TNT officers, charged with addressing drug-related crime, were viewed as particularly likely to employ these drug discovery strategies.

Participants also reported that TNT modules appeared to return to the station only after they had reached their quota rather than taking limited shift time to travel to the station to book each individual upon arrest. Individuals arrested early in the shift thus spent hours locked in the back of the van. Because the van’s seats were routinely removed, these hours were spent sitting or lying on the van floor in handcuffs. Reported one African American man, a 21-year-old nonuser,

This is how it is, right? They got the van. You know what they do to you? . . . [If you are] the first one to get locked up . . . they are going to drive around with you all night, all day long until the van is filled up . . . you’re just going to be sitting there with your hands cuffed. And there are no seats; it’s just the floor and all!

And you're going over bumps and all that. That's how it is. They don't care. They don't care. They do not care. They wreck yourself.

Toward the end of the shift, the van could be packed with “close to 15 or 16 people” and conditions were “terrible.” Cramped in the van and left without access to a toilet for hours on end, arrested individuals urinated where they lay or sat. A 48-year-old Hispanic woman, an injector, who was held in the van for over 6 hours said

they were picking up people . . . that's a form of torture. I wanted to piss; my friend he pissed on himself and he almost got his ass kicked because he pissed on the van.

Participants singled out TNT officers, with their vans and quotas, as the sole source of such abuse.

Participants additionally linked pressure to arrest to officers' neglect of local civilian-on-civilian violence. Both injectors and nonusers maintained that officers focused on minor drug-related activity to the exclusion of more egregious crimes. One 34-year-old African American man, a nonuser, said,

I know you've heard this story before: when you need [the police], they aren't ever around. . . . I've seen people get shot . . . you see guys running through with guns and stuff and [the police] are never around but yet and still . . . if you're standing in front of your building with a beer, they'll jump over . . . and harass you.

Discrimination: community and individual profiling. For many injecting and nonusing residents, extensive searches, frequent stops, and TNT transportation practices occurred within a broader context of perceived discrimination based on the precinct's racial/ethnic and class composition and the suspected drug use or sex work status of individuals.

Because the interviews pertained to experiences within the precinct and because the precinct was largely homogenous with regard to race/ethnicity and class, participants rarely noted that officers singled them out individually for abuse on the basis of their personal race/ethnicity or class. Rather, they considered the relationship between police-perpetrated abuse and sociodemographics to be at a societal level, remarking that the area's “ghetto” status gave officers license to mistreat all residents.

According to a 34-year-old Hispanic man, an injector, the officers

treat you like shit; I know that I'm a human being but in that moment, he makes you feel like . . . because you're in this community, you're poor, and you're a drug addict . . . you're nobody for the government. It's like a green light to do whatever you want to do with these people. Treat them like pigs.

Homeless individuals were the exception to this rule: they believed that the police targeted them as individuals because of their extreme, visible economic deprivation. Relatedly, some homeless and some housed individuals attempted to deflect police scrutiny by “dressing up,” thus perhaps distancing themselves from the precinct's overall class composition and the violence it incurred.

Participants associated officers' poor response to their calls for assistance with the precinct's sociodemographics, maintaining that their lives counted for little. As a 50-year-old Hispanic woman, an injector, asked (and then answered affirmatively), “Why do they do this [e.g., ignore us]? Because we're Hispanic? We're low class and all that?”

Most participants believed African American and Hispanic officers were less prone to engage in abuse than their White counterparts, largely because the former were thought to recognize a shared humanity with the community they policed. However, some participants maintained that minority officers engaged in more violence to distinguish themselves from the community in the minds of their coworkers.

Both injectors and nonusers reported that local injectors sustained more severe and frequent harm from the police than nonusers, testimony that was supported by comparisons of injectors' and nonusers' transcripts. Injecting participants reflected that officers were inclined to “belittle” them verbally, calling them “junkies” and “low lifes” and generally disparaging them, once they saw syringes, drugs, or the telltale “bruises and yellowing, swelling and redness” that can accompany injecting.

Status as an injector also rendered residents vulnerable to physical abuse, particularly when officers happened upon them when they were injecting. According to one 47-year-old African American man, an injector,

Me and 2 friends were on a roof [injecting] and . . . we were basically cleaning up and [the police] came up, searched us, first thing [one officer] said was “you got any sharp objects or needles in your bag?” and [I] tell him, “yeah.” “Pull your pocket inside out” and they took [the syringes], broke them, and commenced beating. . . . They [never took] us in because they didn't have anything to charge us [with] . . . but they did beat us up . . . My back was sore for about 2 weeks after that day.

Among injecting women, sex workers who worked the streets reported far more police-perpetrated abuse than other women. They were frequently subjected to officers' admonishments to leave public spaces when they were not engaging in illegal activities. Additionally, these women reported sexual violence at the hands of the police beyond that incurred during invasive searches: one woman reported that an officer had fondled her breast during a stop and another that an officer had raped her.

A 50-year-old Hispanic woman, an injector, reported that “[The officer] takes me all the way up [to the hotel] and I ask him for the money so we can do something and he pulls out a gun and a badge. He tells me, ‘Which way you want it? You want to go to jail, you want a slug [i.e., a bullet] or you want to let me do you?’ I had to let him do me.”

DISCUSSION

For study participants, excessive police violence was common in their home precinct and was often linked with specific crack-down-related tactics. We find it notable that both nonusers and injectors recounted abusive incidents, given that the crackdowns ostensibly did not target precinct residents who were uninvolved in drug-related activity. The abuse described included excessive physical, sexual, and psychological violence; additionally, participants reported that officers reduced visible drug activity, but often neglected residents' calls for help when civilian-on-civilian violence struck. While disturbing in any context, participants found this perceived neglect particularly distressing in an area with a high rate of violent crime.

When discussing safety and violence during the crackdown, injecting and nonusing participants alike grappled with a paradox:

they lauded the crackdown's objectives of reducing drug-related activity and violence but lamented its methods. Participants viewed the invasive searches and frequent stops conducted when they were engaged in licit social activities as forms of sexual and psychological violence. However, at the same time they embraced the recent reduction in public drug activity, a reduction many partially attributed to the very tactics they deemed objectionable. Crackdown tactics thus left participants, particularly those raising children, feeling they had to relinquish one form of safety to attain another.

Our findings suggest that crackdown-related tactics engendered police-perpetrated abuse in part by challenging participants' understandings of the nature of local public places. Turning to the concept of cognitive maps, forged along the lines of space, time, and social activity, our analysis suggests that officers' maps of the precinct were narrower than residents' actual use of space. Officers therefore apparently classified dealing spaces as principally single-use locales and reacted accordingly while residents experienced these areas as mixed-use locales (e.g., thresholds to shops and paths to school, as well as drug markets). Likewise, police officers apparently came to label social interactions occurring in public places as potentially suspicious and often stopped participants who were genuinely engaging in the licit social activities of daily life. In both cases, officers' maps appeared to reduce the complexities of injecting and nonusing participants' lives to a single, drug-related endeavor.

Relatedly, sexual violence can be understood as developing from resident and officer negotiations over the boundaries of public and private space. When drug-using residents sought to evade arrest by hiding contraband in their bodies, officers extended the perimeter of monitored public spaces to include these most private of spaces, thus creating sexual violence.

As suggested by participants' accounts, it appears that TNT officers were particularly guilty of the spatial reductions and reconfigurations that participants associated with police-perpetrated abuse, a finding in keeping with these officers' exclusive focus on drug-related activity. The temporal and spatial or-

ganization of TNT work also appears to have contributed to their role in abuse. Pressured to meet a quota of drug-related arrests during limited shifts, TNT units kept residents, usually injectors, handcuffed in the back of their vans as they traversed the precinct seeking additional drug-related activity.

Many precinct residents invoked race and class as conditions for police-perpetrated abuse. The perceived character of and conditions for excessive police violence resonate with historical patterns in the spatialized nature of race and class relations in the United States, including denying African Americans and impoverished individuals personal sovereignty over their bodies⁷¹⁻⁷³ and challenging their ability to define and freely inhabit public places.^{53,71,72,74-77}

These findings must be understood in the context of certain study limitations. Because all interviews were conducted in English, this study does not include the perceptions of precinct residents who were insufficiently fluent in English to participate. Additionally, at the time the study was conducted it was impossible to gain NYPD permission to interview TNT or patrol officers about their work. We thus could not explore officers' understanding of the role of civilian violence in shaping officer behavior, the conditions in which officers might perceive the need to become unusually violent, or the character of such abuse. We also could not learn officers' motivations for employing the tactics they used or their opinions on whether particular subgroups of officers tend to engage in unnecessary violence. Finally, we could not observe the events that participants described to gain additional perspective on their incidence, nature, and potential origins.

This analysis is thus limited to the perspectives of the precinct residents interviewed. However, these perspectives are significant because they can shape behavior, including reducing the likelihood that an individual will summon police aid if endangered. The study's capacity to address participants' experiences with the local police is strong: the data-collection period was long and permitted familiarity with the precinct and many study participants, interviews were transcribed verbatim, and the injectors and nonusers who reviewed the study find-

ings during the member check supported our findings.

CONCLUSIONS

Recognizing that police abuse is a human rights matter, we suggest that it is also a matter of public health concern. Using WHO's definition of violence as the intentional use or withholding of physical force or power likely to result in harm, participants described widespread and occasionally severe police abuse, often rooted in officer breaches of local definitions of public places and transformations of intimate spaces into public property. Violence of this type has been linked to increased risk of physical and mental illness. Injectors reported the most severe and frequent abuse, suggesting that they may suffer health complications derived from their status as injectors that nonetheless extend beyond their drug use practices. This research also suggests that, because injection drug users are integrally connected to communities that include nonusers, policing strategies adversely affecting users can simultaneously jeopardize nonusers' health.

Evidence regarding police violence gathered to date suggests that public health researchers and other practitioners could support and extend other disciplines' efforts to address police violence by documenting its nature and prevalence, attending closely to variations by both policing strategy and civilian social position; exploring the implications of police violence for population health; and working in partnership with communities and police departments to identify strategies that reduce violence without increasing police-perpetrated abuse. ■

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Contributors

H. Cooper conceived, designed, and implemented the study and subsequent analyses and wrote the study findings. L. Moore, S. Gruskin, and N. Krieger substantially contributed to the conceptualization and interpretation of the study design, analysis and interpretation of results, and preparation of the article.

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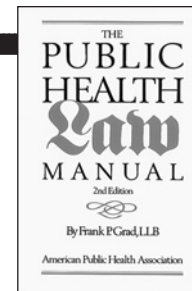
Human Participant Protection

The Harvard School of Public Health human subjects committee approved all study protocols. The National Institute of Mental Health granted a Federal Certificate of Confidentiality to protect study documents from subpoena.

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