

**Watched, Stopped, and Handcuffed:
The Effects of Direct and Indirect Police Contact on the Health of Black Women**

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Abstract: In the era of “new policing,” the health consequences of increased surveillance, stops and arrests on Black individuals and communities has become an important consideration. Most of the existing research focuses on Black men due to their disproportionate level of contact with law enforcement, finding negative health impacts from various points of contact. However, Black women remain often invisible in such work, despite recent high profiles incidents of police violence (for notable exceptions, see Sewell et al. 2016; Ritchie 2017; Richie 2012; Jacobs 2017; Fedina 2018). This study focuses on the physical and mental effects of both direct and indirect contact with law enforcement on Black women using a data set from the Black Families Project, which only samples those who identify as Black or African American. The findings show that arrests are a salient factor in decreasing self-reported physical health for Black women, while indirect contact with police, including constant patrols in their neighborhoods and witnessing police harassment or violence of neighbors, is most influential for raising levels of depression, anxiety and stress. Focusing on Black women is essential to not only understanding the full scope and weight of invasive law enforcement practices for Black communities, but also in highlighting the nuanced way that police contact, violence and their effects can differ for women, but especially for Black women.

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Introduction

Rekia Boyd, Dajerria Becton, Breonna Taylor – the reverberations of recent high profile and widely publicized violent, and sometimes fatal, interactions between law enforcement and Black women and girls have prompted outrage and public demonstration (Ritchie 2017; Sobol 2012; Read 2020). Yet, it is the names of women and girls – such as Rosann Miller, Breiaon King, Tanisha Anderson, Miyekko Durden-Bosley, Angel Rosenthal, among many others – that are seldom uttered, seldom heard, seldom lifted up that highlight the dearth of scholarship on police encounters from a Black female perspective (Ford 2014; Almasy and Cuevas 2018; Dean 2015; Cavaliere 2015; Miletich 2010). The prevalence and consequences of such encounters have been studied extensively for Black men, however, advocates suggest that the experiences of Black women and girls have been largely rendered invisible in both the news media as well as in empirical scholarship, despite being subject to increased scrutiny, surveillance and contact (Ritchie 2017; Goh-Mah 2013; Capeheart 2018; for notable exception, see Ritchie 2017; Richie 2012; Jacobs 2017; Fedina et al. 2018; Miller 2008; Ritchie and Jones-Brown 2017). This emerging line of research finds that Black women and girls are more often subject to law enforcement scrutiny and contact, yet the full scope of the implications of these interactions, especially in terms of physical and mental health impacts, are not fully known (Figures & Legewie 2019; Jacobs 2017). This current study uses a unique data set, the Black Families Project, which consists solely of individuals self-identified as African American or Black, to explore the relationship between gender, direct and indirect police contact and physical and mental health outcomes, centering the conversation on Black women and their experiences.

Existing scholarship reveals detrimental health consequences resulting from increased contact with law enforcement (Geller et al. 2014; Sewell et al. 2016; Sewell and Jefferson 2016; Sewell 2017). In the on-going era of “new policing,” the levels of interaction through stop and frisk procedures and expanded surveillance in targeted neighborhoods has shown a substantial increase in law enforcement contact in communities of color (Fagan et al. 2016; Fagan 2017). Such interactions can be characterized by physical violence as well as psychologically damaging effects due to the stress and stigma of the direct

contact as well as residual mental health impacts post-contact (Williams and Mohammed 2009).

Disproportionate and aggressive police contact continues to be one of the most virulent and pervasive forms of discrimination faced by people and communities of color (Taylor et al. 2018). While much of this work focuses on Black men and boys, Black women and girls are often subject to police surveillance, stops and arrests, with these encounters being qualitatively different from their male counterparts. Women – but especially Black women and girls – report differential scrutiny, which increase the potential for police contact and the escalation of these encounters (Morris 2016; Ritchie 2017; Figures and Legewie 2019). Furthermore, research has shown that Black women are affected indirectly by contact experience by close family members and in neighborhoods that are disproportionately subject to aggressive and pervasive police contact (Bor et al. 2018; Hitchens et al. 2018; Ritchie and Jones-Brown 2017; Rosenbaum et al. 2005; Patterson et al. 2020). Existing research on the effect of direct or indirect contact on Black women suggests that the relationship between law enforcement interactions and health may be complicated by the long-standing tension between police and communities of color, and the unique role that gender and the perception of Black women as threats plays in these interactions (Fedina et al. 2018; Brunson and Miller 2006a; Figures and Legewie 2019; Jacobs 2017; Hill Collins 1998). Women of color routinely report psychological effects of increased surveillance and the stress and strain of repeated interactions with law enforcement (Ruderman 2012; Fedina et al. 2018), yet the empirical evidence has not fully explored the connections between police stops, gender and race.

This project seeks to further explore the relationship between police contact, race and gender with the use of a unique data set that captures both direct and indirect contact for a solely Black sample. The existing scholarship on police contact and health have pointed to the role of both physical effects from use of force as well as persistent mental health effects from the stress of the encounter, the indirect impacts of living in a neighborhood where police contact is a frequent occurrence as well as the strain of potentially discriminatory treatment at the hands of law enforcement (Sewell and Jefferson 2016; Sewell et al. 2016; Geller et al. 2014). Both direct and indirect contact has the potential to impact physical and mental health, with this relationship playing out differently when focusing on Black women and their experiences with

police. Uncovering the complex dynamics behind these relationships will aid in a better understanding of how the shifts in policing practice and procedure impact individuals and communities of color, in seen and unseen ways. Centering the conversation of the health consequences and implications of police encounters – both direct and indirect – on Black women and girls offers a more nuanced investigation of these dynamics and that the role that gender and race play when interacting with law enforcement.

Literature review

Recent scholarship on law enforcement interactions with communities of color have termed the shift to aggressive police practice and procedure as the “new policing,” characterized by street stops and increased surveillance in what officers deem to be “high risk” areas (Fagan et al. 2016). This shift to more aggressive practices, with individual officers having widespread discretion over where and who to patrol, has resulted in widening racial disparities in contact with law enforcement, with Black Americans more likely to be stopped on foot or in cars, searched and arrested, with a higher likelihood of the threat or use of force during these interactions (Fagan et al. 2016; La Vigne et al. 2012; Gelman, Fagan and Kiss 2007; Goel et al. 2016; Kirk 2008; Warren et al. 2006; Epp et al. 2014; Weitzer and Tuch 2004; Warren 2011; Taylor et al. 2018; Cobbina 2019; Monk 2019; White 2015; Baumgartner et al. 2017). Black men and women are more likely to live in communities where aggressive policing practices and procedures are commonplace, making contact interactions the norm rather than the exception (Tyler et al. 2014). Existing work on the health outcomes of police contact suggest that encounters with law enforcement can be detrimental, especially for individuals and communities of color (Sewell et al. 2016; Sewell 2016; Geller et al. 2014). Research has also shown that indirect or vicarious contact carries with it a psychological weight that can affect both physical and mental health (Sewell 2016; Sewell and Jefferson 2016). While the conditions and severity of contact can mediate or mitigate these effects, the overall narrative suggests that aggressive policing can result in negative health outcomes. Much of the existing work has focused on young Black men and their encounters with law enforcement describe consistent detrimental consequences (Geller et al. 2014; Brunson 2007; Brunson and Miller 2006a). However, the experiences of Black women have not received as much empirical attention (for notable exceptions, see Blalock et al.

2011; Smith et al. 2006; Fedina et al. 2018; Brunson and Miller 2006a; Bor et al. 2018; Sewell 2017; Hitchens et al. 2018; Richie 2012; Ritchie and Jones-Brown 2017). In the preceding sections, we will discuss the relevant empirical scholarship that has informed the current study, and its aims to shed light on the physical and mental health consequences of police contact for Black women, using a unique dataset that captures the lived experiences of Black families.

Race & contact & health

Racial disparities in health outcomes have been well-documented throughout the public health, sociological and stratification literature, highlighting the complex mechanisms, such as lack of access to care, inappropriate or insufficient health care, as well as environmental and life-course factors, that create or exacerbate chronic and infectious diseases (Link and Phelan 2001; Hicken et al. 2018). The weight of discrimination and racism has been cited as one of the main drivers of the creation and maintenance of racial health disparities (Paradies 2006; William and Mohammed 2009). Recently, scholars have focused on criminal justice contact – from arrests and convictions to incarceration – as a marker of racism, exploring the physical and mental health outcomes, especially for Black Americans (Lee et al. 2014; Massoglia 2008; Sugie and Turney 2017; Fernandes 2020). In the era of “new policing,” scholars have focused on the impact of direct police encounters, stops, frisks and use of force, finding negative physical and mental health effects due to the nature and frequency of contact (Sewell and Jefferson 2016; Sewell et al. 2016; Geller et al. 2014; Link and Phelan 2001; Gomez 2016). These stops are often characterized by the use of disrespectful and racially-charged language that can escalate a routine traffic stop (Brunson 2007; Voigt et al. 2017; Warren 2011). The quantity and nature of these stops has fomented a long-standing and enduring distrust of law enforcement agents within communities of color (Brunson and Miller 2006a,b; Brunson 2007; Tyler et al. 2014). In addition, residents often perceive the increased pedestrian and vehicle stops as invasive, experiencing the contact as harassment, and viewing increased police attention as discriminatory, based on race rather than criminal offending (Tyler et al. 2014, 2015; Taylor et al. 2018; Brunson 2007; Browning et al. 1994; Hitchens et al. 2018). Such interactions foster deep-seated distrust and resentment of law enforcement, exacerbating existing legal cynicism and system

avoidance (Cobbina et al. 2008; Berg et al. 2016; Brunson and Miller 2006b; Brunson 2007). Berg and colleagues (2016) find that adverse police encounters increase perceptions of injustice, with cynicism heightening the relationship between police contact and perceptions of injustice. The combination of everyday discrimination, legal cynicism and persistent and invasive police contact can result in physical health complications as well as an increase in psychological distress.

Existing research has shown that the racial disparities in health outcomes for Black Americans can partially be explained by the levels of discrimination and racism that are experienced on a regular basis (Williams and Mohammed 2009; Guyll et al. 2001; Kessler et al. 1999; Paradies 2006; Asad and Clair 2017; Williams et al. 1997; Colen et al. 2017; Link and Phelan 2001; Cooper & Fullilove 2016). For people living in heavily policed neighborhoods, stop and frisk incidents can add to the experience of everyday discrimination, thereby exacerbating psychological distress and increasing levels of anxiety (Banks et al. 2006; Sewell et al. 2016; Taylor et al. 2018). Given the contentious and often violent history of the police in Black neighborhoods, such interactions can cause substantial stress, both directly from an individual encounter, but also indirectly from the cumulative impact of repeated police contact. Much of the existing empirical research on police contact in communities of color suggests that perceived or actual discrimination plays a significant role in creating or exacerbating stress responses that impact both physical and mental health (Banks et al. 2006; Brunson and Weitzer 2008; Cooper et al. 2004). The work of Geller and colleagues (2014) focuses on the mental health of mostly young men of color, finding that they report more trauma and anxiety symptoms, especially when interactions with police were repeated, if the contact was seen as intrusive or if it was perceived to be unfair or unjust. Work on police interactions and health point to the role of perceived or anticipated racism as one of the factors that can exacerbate the effects of interactions with police (Freeman 2013; Sawyer et al. 2012; Geller et al. 2014), with the nature of the encounter being central to feeling of being targeted due to one's race. The mental health effects can result not only from the anticipation of police contact, but also the anger and resentment that results from police contact that appears to target them (Dottolo and Stewart 2008; Sewell and Jefferson 2016).

Additionally, work has centered on indirect or vicarious forms of contact with law enforcement, with the surveillance and constant presence of police being viewed as harassment, and thereby increasing levels of stress, anxiety and depression as well as heightening physical health concerns (Browning et al. 1994; Sewell and Jefferson 2016; Bor et al. 2018; Gomez 2016). Sewell and Jefferson (2016) explores the health effects of stop-and-frisk pedestrian stops in predominately Black communities in New York City, finding that community-level stop patterns are detrimental for individual assessments of health, both for those residents who have had contact as well as those who live in neighborhoods with a high incidence rate of stop and frisk. In the escalation of a stop to a frisk, they show a higher prevalence of poor or fair health as well as elevated levels of diabetes, high blood pressure and obesity. Subsequent work by Bor and colleagues (2018) suggest that there are spillover effects for lethal use of force against residents, with Black men and women reporting more negative mental health effects following a fatal police shooting in their state. Gomez's (2016) work focuses on social cohesion and public health concerns in Baltimore neighborhoods that experience high levels of aggressive and violent police contact, finding that aggressive policing increased stress and anxiety and concerns about lethal police interactions, with residents settling on isolation as a means to avoid the negative effects of police contact, thereby increasing community fragmentation.

Gender, race, contact & health

A recent body of work has explored the ways in which women, especially Black women and girls, are differentially impacted by the rise of mass incarceration, widespread post-release surveillance and the increasing use of "new policing" tactics (Chatelain and Asoka 2015; Ritchie 2017; Jacobs 2017; Capeheart 2018). Research on law enforcement interactions has often excluded women from analyses because they were assumed to be treated in a more lenient fashion in vehicle and street stops (Lundman and Kaufman 2003; Visher 1983). However, recent research has suggested that this relationship is often conditional on race, with Black women and girls increasingly criminalized and subject to law enforcement attention (Blalock et al. 2011; Visher 1983; Smith et al. 2006; Fedina et al. 2018; Brunson and Miller 2006a; Chatelain and Asoka 2015; Figures and Legewie 2019; Jacobs 2017; Morris 2016;

Hitchens et al. 2018; Richie 2012). Empirical scholarship has often found that Black women and girls report interactions with police and the criminal justice system that vary in nature and kind (Brunson and Miller 2006a; Jones 2009; Miller 2008; Kraska and Kappeler 1995; Jacobs 2017; Fedina et al. 2018; Ritchie 2017; Ritchie and Jones-Brown 2017). Fedina and colleagues (2018) focus on lifetime prevalence of police violence, finding that women of color are more likely to experience psychological, physical, and sexual violence as well as neglect at the hands of law enforcement. Brunson and Miller (2006a) find that young women report that interactions with law enforcement are often tinged with the potential for sexual harassment or assault, making them feel even more vulnerable and anxious in the midst of these contacts. A recent article from the New York Times echoes these sentiments, highlighting the role of gender in street stops, pointing to deeper levels of humiliation, embarrassment and shame that result from contact with mostly male officers: “A male officer should not have a right to touch me in any sort of manner, even if it’s on the outside of my clothing.. .We’re girls. They are men, And they are cops. It feels like a way for them to exert power over you” (Ruderman 2012). In their investigation of on-the-books policies for 36 police departments around the country, Ritchie and Jones-Brown (2017) find substantial gaps and inconsistencies in how police behavior towards women and LGBT individuals is governed, raising the potential for misconduct, mistreatment and institutional violence. The told and untold stories of invasive and violent interactions with law enforcement suggest that for Black women and girls, police contact exists on a spectrum, from vicarious exposure in their neighborhoods and by loved ones to their direct experiences of pedestrian and vehicle stops and arrests. And most importantly, the nature and dynamics of these interactions highlight the intersection of race and gender, necessitating an exploration of the impacts from the full range of contact for Black females.

An increasing number of scholars are exploring how gender shapes and patterns these direct and indirect interactions, and how the contact as well as the consequences may be different from those of their Black male counterparts (Brunson and Miller 2006a; Miller 2008; Jones 2009; Sewell et al. 2016; Bor et al. 2018; Rosenbaum et al. 2005). The existing work suggests that whether through direct or indirect contact, Black women are often contending with the primary and secondary stressors that result from

police and criminal justice contact. Research in public health highlights the physical and mental health concerns for women who are facing contact, with findings often pointing to substantial negative effects that are not sufficiently treated neither inside carceral facilities nor in their home communities (Binswanger et al. 2009). With the increased presence of police in Black communities, women and girls are also subject to indirect encounters through the police encounters involving family members and friends, and within their own neighborhoods. Recent work has shown the indirect health effects of having an incarcerated family member, with Black women experiencing an increased risk of cardiovascular disease and hypertension given the significant amount of care work that is done by mothers, sisters, and female partners of incarcerated family member or partner (Lee and Wildeman 2013; Lee et al. 2014). Existing research on police contact shows that these indirect experiences can render detrimental effects on trust, fear as well as health (Sewell et al. 2016; Miller 2008; Hitchens et al. 2018; Hurst et al. 2005; Bor et al. 2018; Jackson et al. 2017; Patterson et al. 2020). Miller's (2008) work suggests that indirect experiences of police sexual misconduct can limit engagement with law enforcement and result in higher levels of distrust and fear. Hitchens and colleagues (2018) demonstrate that both direct and vicarious experiences of police contact heighten perceptions of police ineffectiveness and legal cynicism among young Black women, who are more likely to be subject or witness to aggressive and violent police interactions. Jackson et al. (2017) report higher levels of depression among pregnant Black mothers when anticipating encounters among their children and police. Yimgang and colleagues (2017) report higher levels of depression among Black mothers in Baltimore following the high profile death of Freddie Gray in police custody. Sewell et al. (2016) delve into the relationship between gender, health and neighborhood-level contact, showing that men, but not women, exhibit psychological distress in neighborhoods where frisking and use of force is more commonly used by law enforcement. However, race is not explicitly tested, and existing work finds that the experience of police contact – given both historical and contemporary tensions between law enforcement and Black communities – can differ substantially for Black women (Hitchens et al. 2018). This line of research suggests that the way in which criminal justice contact, from a police stop and arrest to a conviction and incarceration, affects Black

women may differ substantially from their male counterparts, and therefore, should be the focus of empirical study to fully understand the nuanced ways in which police interactions intersect with gender and race. This current project builds on this work and other previous scholarship to focus on Black women and the health consequences of their direct and vicarious experiences of police contact.

Data & methods

In order to delve into the complex relationship between race, gender and police contact, we use data from the Black Families Project, which offers a unique opportunity to explore the impacts of police contact with a solely Black sample, delving into the demographic and neighborhood-level complexities that can affect these interactions. The Black Families Project data set is a Black national dyadic survey was distributed by Dr. Elan Hope and Dr. Qiana Cryer-Coupet through Qualtrics in 2018 to 1,000 young adults (ages 14-17) and their caregivers (N=604) throughout the country. Adult respondents were overwhelmingly female (N=511). The respondents hail from 37 states throughout the United States, with the majority of respondents residing in the Southern region of the United States.

Participants were recruited through a dyadic survey of Black adolescents and their primary caregiver from across the United States. This study was designed to understand the psychological, physical, economic, and political health of Black caregivers and their adolescent children with a focus on family socialization, communication, and relationships. Caregiver-adolescent dyads were recruited using Qualtrics Panels, an online survey delivery service that researchers can use to recruit participants (see Brandon, Long, Loraas, Muller-Phillips, & Vansant, 2014 for a detailed description). Potential caregiver respondents were sent an email invitation to participate in the research study, including the expected duration of the study and incentives available for participation. To reduce self-selection bias, the survey invitation did not include specific details about the content of the survey. Adolescent participants qualified if they self-identified as Black and between 13 and 18 years old. First, the parent completed their survey; then, the adolescent child completed a separate study. We primarily use caregiver report data for this study, while adolescent report data are included as controls in supplemental models. Participants received an incentive based on the length of the survey, their specific panelist profile, and target

acquisition difficulty. The specific incentive varied and included cash, airline miles, gift cards, redeemable points, sweepstakes entrance, and vouchers. Study protocols were approved by the IRB at the host university.

Outcome variables

Physical health – The measure for physical health is a self-report question that asks about the general nature of health, with a five-point Likert scale response, ranging from excellent to poor.

Mental health – The measure for mental health is a scale that was constructed from a range of questions from the Depression, Anxiety, Stress Scale (DASS-21; Henry and Crawford 2005; Norton 2007)¹. The responses are a four-category Likert scale, ranging from “Did not apply to me at all” to “Applied to me most of the time.” The measures for stress, depression and anxiety are constructed in separate scales, with seven variables used for each measure.

The depression measure is a scale composed of answers to the following statements about respondents’ feelings of sadness and depression: I felt that life was meaningless; I felt that I had nothing to look forward to; I couldn’t seem to experience any positive feelings at all; I was unable to become enthusiastic about anything; I felt that I wasn’t worth much as a person; I felt down-hearted and blue; I found it difficult to work up the initiative to do things.

The anxiety measure is a scale from the variables that tapped into respondents’ feelings of panic or anxiety: I was aware of the action of my heart in the absence of physical exertion; I experienced breathing difficulty; I experienced trembling; I felt I was close to panic; I felt scared without any good reason; I was worried about situations in which I might panic and make a fool of myself; I was aware of dryness of my mouth.

¹ Norton (2007) details the suitability of these measures, especially for Black respondents. Internal consistency checks find that alpha coefficients were similar across Black respondents (depression $\alpha = 0.840$, anxiety $\alpha = 0.810$; stress $\alpha = 0.876$. When evaluating the factor structure in a three-factor model, Norton finds that analyses confirms good model fit for Black respondents The factor intercorrelations across categories for the Black sample were as follows: depression = 0.932; anxiety = 0.920; stress: 0.974.

Finally, the stress measure is also a scale variable that measured respondents' reactions to the following prompts: I was intolerant of anything that kept me from getting on with what I was doing; I felt I was rather touchy; I found it difficult to relax; I found myself getting agitated; I felt that I was using a lot of nervous energy; I found it hard to wind down; I tended to overreact to situations.

Additional variables:

Direct police contact – Much research has been dedicated to determining the scope, breadth and depth of consequences that result from persistent and aggressive police contact (Brunson and Miller 2006a,b; Geller et al. 2014; Sewell and Jefferson 2016). The measures of police contact asks respondents if they have ever been stopped or arrested by law enforcement, with a dichotomous outcome. [Percentage] of the sample had been stopped and [percentage] of the entire sample had been arrested.

Indirect police contact measures – The existing literature suggests that Black residents are often beset not only by the direct contact of street or vehicle stops by law enforcement, but also the constant presence of police engaging in surveillance and monitoring of predominately Black neighborhoods (Fagan et al. 2016; Fagan 2017). In addition, empirical research shows that indirect contact has implications for health, wellbeing and perceptions of safety for residents (Bor et al. 2018; Sewell et al. 2016; Legewie 2016). Therefore, we included a measure of indirect contact, which is a scale variable constructed from 14 variables, prompting respondents to consider their neighborhoods when thinking about how often police engage in the following behaviors: Stopping people on the street, stopping people in cars, physically searching people, using harsh and insulting language, threatening physical force, taking out weapons (e.g. gun, club or taser), treating people disrespectfully, bullying or intimidating people, following the law in the decision to stop people, stopping people with good reason, using fair procedures* when making a decision to stop, treating people fairly in the commission of a stop*, treating people with courtesy and respect* and asking whether the officers consider race when deciding who to stop and question on the street. The response scale is Never, Rarely, Sometimes, Often or Very Often.

Police trust & efficacy – Existing research has focused on how trust and the perception of police efficacy can shift reactions and feelings about interactions with law enforcement (Drakulich &

Crutchfield 2013; Brunson and Miller 2006; Dottolo and Stewart 2008). A police trust and efficacy measure was constructed from five variables that asked respondents to gauge their levels of police trust and perceptions of efficacy on a 5 category Likert scale: The police had a legitimate reason to stop you; you received the outcome you deserved according to the law; police treated you fairly; police explained why they stopped you; the police treated you with dignity and courtesy.

Everyday discrimination – Much of the existing research on health and race have focused on the role that discrimination and microaggressions play in worsening physical and mental wellbeing (Williams and Mohammed 2009; Taylor et al. 2018; Asad and Clair 2018; Banks et al. 2006). In order to incorporate the effect of discrimination in this project, a scale was constructed of eight variables that captured varied experiences of individual and institutional racial discrimination, consistent with previous scholarship (Williams and Mohammed 2009; Taylor et al. 2018). Respondents were asked about individual discrimination, ranging from store clerk disrespect, being started at in public places and being treated as if they were uneducated, as well as institutional discrimination, such as being subject to racist jokes by those in authority and being threatened with physical violence by an individual or group of White people. The five category response scale captured not only prevalence of the discrimination but also feelings about the event: 1) this event never happened to me; 2) this event happened, but did not bother me; 3) this event happened, and I was slightly upset; 4) this event happened and I was upset; 5) this event happened and I was extremely upset.

Other controls – All models controlled for age at the time of the survey, geographical region (South, Midwest, West and Northeast), educational attainment (scale), relationship status (married), number of children, immigrant status, access to health insurance (dichotomous), household income (scale), and employment status.

Results

In the first set of models, shown in Table 2, the physical health effects for Black women as a result of direct and indirect police contact are investigated. Model 1 shows the results for a police stop, showing a non-significant result for physical health. This may be a result of the relatively good health that

respondents report in the self-reported health measure as well as their high rate of insurance coverage. Previous studies may have had a more economically disadvantaged sample that did not have access to reliable and affordable health care, whereas this sample's respondents report 95% insurance coverage. Interestingly, the control for everyday discrimination is negative and significant, suggesting that the stress and strain of microaggressions and overt and perceived racism result in negative physical health assessments for Black women. This result is in line with the body of research that shows that constant exposure to racial discrimination can be detrimental to health outcomes (Williams and Mohammed 2009; Paradies 2006). For the other controls, education and employment status are both positive and significant, and in line with existing empirical work that shows better physical health outcomes for those employed and in higher income brackets (Ross and Wu 1995; Marmot 2002).

In model 2, we find that an arrest has a negative and significant result, suggesting that as police contact becomes more severe, the impact on health is apparent. Existing research and media reports suggest that for women, but Black women in particular, arrests can lead to inappropriate comments, unwanted touching and aggressive contact from male police officers (Fedina 2018). Such incidences may cause Black women to be injured, and therefore, report worsening physical health. Additionally, this result could signal the burgeoning research on the health effects of low-level criminal justice contact, with studies suggesting that even an arrest can be consequential in self-reported health (Fernandes 2019; Freudenberg 2001). Similar to model 1, everyday discrimination has a negative and significant effect on physical health, with researchers suggesting that police contact, especially in the form of an arrest, may be part and parcel of the experience of everyday discrimination for Black people and their communities (Taylor et al. 2018).

Model 3 investigates the relationship between indirect contact and physical health, showing a non-significant result. As with the findings for police stops, it may be that the Black women's experiences of indirect contact within their neighborhoods and among family and friends does not result in physical health effects due to the vicarious nature of the contact. As we will see for the mental health results, it may be that worry and stress represent more of the aftereffect of indirect contact than self-reported

physical health. It could also be beneficial to explore other specific health effects given the existing literature that suggests that Black women with incarcerated family members are more likely to suffer from hypertension and heart disease (Lee, et al. 2014). More fine-grained physical health measures may help to flesh out any existing relationship between physical health and police contact in a more systematic fashion.

Table 3 reports the findings for the relationship between various measures of mental health and direct contact. Models 1 and 2 look at how a police stop and arrest, respectively, affect reports of depression, with neither point of contact having a significant impact. Model 3, which examines anxiety levels, shows a negative and marginally significant relationship, suggesting that a police stop resulted in decreased anxiety. Such a result seems largely counterintuitive, but it may speak to the range of experiences and reasons for a police stop (Hitchens et al. 2018). In models not reported here, the experience of contact is controlled for, specifically feeling scared as a result of police contact, yet anxiety still shows a negative result. It may be that the underlying dynamics of anxiety are more complex, and therefore, require unique controls to capture any potential relationship between direct contact and feelings of anxiety. In models 5 and 6, stress is examined as a result of police stops and arrests, respectively, both showing non-significant results. This may suggest, similar to the other mental health measures, that more precise controls should be in place that might be able to tease apart the mental health effects of police contact in all of its forms. In line with the models on physical health, the control for everyday discrimination shows a consistently positive and significant result across all models, once again signaling the importance of racially-charged discrimination on the mental health assessment of Black women.

Table 4 explores the relationship between depression, anxiety and stress and indirect police contact, with the existing literature suggesting that vicarious experiences of police and criminal justice contact can be consequential to mental health outcomes (Sewell and Jefferson 2016; Bor et al. 2018; Gomez 2016). Model 1 and 2 show the findings for depression, finding a positive and significant result for indirect contact in model 1, suggesting that depression increases as a result of increasing indirect contact for Black women. However, in model 2, when a control for police trust is added, the significant

result diminishes, highlighting the potential ameliorative effect of trusting police on the potential negative mental health effects of indirect contact. It could be that trust influences how Black women perceive of increased indirect contact, with greater trust and belief that police are treating people fairly and equitably resulting in less depression from seeing people stopped, frisked and arrested in one's neighborhood. Models 3 and 4 for anxiety show similar results – a positive and significant relationship in model 3, but non-significant relationship in model 4 when a control for police trust is added. Again, these findings speak to the complex and nuanced relationship between mental health, police contact and perceptions of law enforcement, suggesting that trust in police can be an important factor in determining how indirect contact with affect Black women's mental health. In models 5 and 6, however, it seems that the role of police trust is diminished, with both models showing an increase in stress as a result of police contact, regardless of levels of trust in law enforcement. These results dovetail with existing research which shows that Black women often experience negative mental health effects due to vicarious concern about loved ones, especially Black male members of their families due to the disproportionate levels of police contact, harassment and brutality they are subject to on a regular basis (Sewell 2016; Sewell and Jefferson 2016). Therefore, indirect contact may influence stress levels for Black women, with such impacts unabated by their perceptions of law enforcement. As with all other models, everyday discrimination shows a positive and significant effect across all outcomes, suggesting that even when controlling for indirect police contact, incidences of direct contact and police trust, the pains and strains of discrimination loom large over Black women, establishing the need to study prejudice, microaggression and injustice as public health concerns (Cooper and Fullilove 2016; Asad and Clair 2017; Link and Phelan 2001). Shedding a light on the varied health outcomes for Black women in their direct and indirect interactions with law enforcement offers an opportunity to better understand the scope and weight of these experiences, viewing them through the lens of virulent and pervasive racial injustice and discrimination.

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Table 1: Descriptives

Variable	
<i>Physical health</i> (scale 1-5)	3.39 (0.996)
<i>Depression</i> (scale 1-4)	1.53 (0.744)
<i>Anxiety</i> (scale 1-4)	1.45 (0.661)
<i>Stress</i> (scale 1-4)	1.84 (0.785)
<i>Stop</i>	357
<i>Arrest</i>	127
<i>Indirect</i> (scale 1-5)	2.18
<i>Age</i>	42.37
<i>Education</i> (scale 1-8)	3.94
<i>Income (logged)</i>	4.203
<i>Employment status</i>	359 (70.25%)
<i>Married</i>	185
<i>Health insurance</i>	487
<i>Number of children</i>	2.51 (1.29)
<i>Region</i>	
<i>South</i>	287
<i>Midwest</i>	108
<i>West</i>	35
<i>Northeast</i>	78
<i>Everyday discrimination</i> (scale 1-5)	2.51 (1.07)
<i>Direct police contact</i> (dichotomous)	369
<i>Trust in police</i> (scale 1-5)	3.31 (0.79)
Total N	508

Table 2: Ordered logistical regression of Black women’s physical health & police contact

	Model 1: Police stop	Model 2: Arrest	Model 3: Indirect contact
<i>Police stop</i>	-0.275 (0.192)	--	--
<i>Arrest</i>	--	-0.506* (0.210)	--
<i>Indirect police contact</i>	--	--	-0.072 (0.105)
<i>Age</i>	-0.019 (0.010)	-0.023* (0.010)	-0.023* (0.011)
<i>Education</i>	0.138* (0.070)	0.103 (0.070)	0.126 (0.069)
<i>Income</i>	0.097** (0.038)	0.086* (0.038)	0.092* (0.038)
<i>Employment status</i>	0.699*** (0.200)	0.662*** (0.200)	0.678*** (0.200)
<i>Married</i>	0.007 (0.187)	0.006 (0.187)	-0.002 (0.187)
<i>Health insurance</i>	0.337 (0.387)	0.259 (0.387)	0.324 (0.385)
<i>Number of children</i>	0.098 (0.066)	0.097 (0.066)	0.099 (0.066)
<i>Region</i>			
<i>Midwest</i>	-0.185 (0.272)	-0.169 (0.272)	-0.145 (0.273)
<i>South</i>	-0.093 (0.239)	-0.074 (0.238)	-0.046 (0.240)
<i>West</i>	-0.713 (0.396)	-0.752 (0.393)	-0.698 (0.393)
<i>Everyday discrimination</i>	-0.246** (0.084)	-0.256** (0.083)	-0.241** (0.084)
<i>Indirect police contact</i>	-0.113 (0.090)	-0.065 (0.105)	--
<i>Direct police contact</i>	--	--	-0.059* (0.252)
<i>Trust in police</i>	0.034 (0.126)	0.028 (0.125)	0.021 (0.126)

Table 3: Linear regression of Black women’s mental health and direct contact

	Model 1: Depression	Model 2: Depression	Model 3: Anxiety	Model 4: Anxiety	Model 5: Stress	Model 6: Stress
<i>Police stop</i>	-0.050 (0.073)	--	-0.134* (0.064)	--	0.002 (0.075)	--
<i>Arrest</i>	--	0.042 (0.079)	--	0.008 (0.069)	--	-0.002 (0.082)
<i>Age</i>	0.000 (0.004)	0.001 (0.004)	-0.003 (0.004)	-0.002 (0.004)	-0.006 (0.004)	-0.006 (0.004)
<i>Education</i>	0.021 (0.026)	0.020 (0.026)	-0.008 (0.023)	-0.015 (0.023)	0.021 (0.027)	0.022 (0.027)
<i>Income</i>	-0.046*** (0.014)	-0.046*** (0.014)	-0.043*** (0.013)	-0.044*** (0.066)	-0.040** (0.015)	-0.040** (0.015)
<i>Employment status</i>	-0.053 (0.075)	-0.053 (0.075)	-0.037 (0.066)	-0.041 (0.066)	-0.042 (0.078)	-0.041 (0.078)
<i>Married</i>	0.057 (0.073)	0.059 (0.073)	0.029 (0.064)	0.029 (0.064)	0.078 (0.076)	0.078 (0.076)
<i>Health insurance</i>	-0.016 (0.152)	-0.021 (0.152)	0.087 (0.133)	0.066 (0.134)	0.033 (0.158)	0.033 (0.158)
<i>Number of children</i>	0.041 (0.025)	0.040 (0.025)	0.020 (0.022)	0.019 (0.022)	0.025 (0.026)	0.024 (0.033)
<i>Region</i>						
<i>Midwest</i>	0.128 (0.105)	0.117 (0.105)	0.097 (0.093)	0.080 (0.093)	0.095 (0.110)	0.093 (0.110)
<i>South</i>	0.1312 (0.093)	0.118 (0.092)	0.129 (0.081)	0.105 (0.081)	0.081 (0.096)	0.081 (0.096)
<i>West</i>	0.234 (0.146)	0.218 (0.145)	0.352** (0.128)	0.319* (0.128)	0.317* (0.152)	0.314* (0.151)
<i>Everyday discrimination</i>	0.147*** (0.032)	0.144*** (0.032)	0.169*** (0.028)	0.161*** (0.028)	0.186*** (0.033)	0.186*** (0.033)
<i>Indirect police contact</i>	0.065 (0.039)	0.060 (0.039)	0.065 (0.035)	0.059 (0.035)	0.128*** (0.036)	0.129*** (0.041)
<i>Trust of police</i>	-0.128** (0.047)	-0.125** (0.047)	-0.053 (0.042)	-0.048 (0.042)	-0.040 (0.049)	-0.040 (0.049)

Table 4: Linear regression of Black women’s mental health and indirect contact

	Model 1: Depression	Model 2: Depression	Model 3: Anxiety	Model 4: Anxiety	Model 5: Stress	Model 6: Stress
<i>Indirect contact</i>	0.115*** (0.035)	0.064 (0.040)	0.087** (0.031)	0.066 (0.035)	0.145*** (0.036)	0.128*** (0.041)
<i>Age</i>	0.001 (0.004)	0.005 (0.004)	-0.003 (0.004)	-0.003 (0.004)	-0.006 (0.004)	-0.006 (0.004)
<i>Education</i>	0.016 (0.026)	0.019 (0.026)	-0.015 (0.023)	-0.014 (0.023)	0.021 (0.027)	0.022 (0.027)
<i>Income</i>	-0.047*** (0.014)	-0.047*** (0.014)	-0.045*** (0.013)	-0.045*** (0.013)	-0.040** (0.015)	-0.040** (0.015)
<i>Employment status</i>	-0.578 (0.075)	-0.055 (0.075)	-0.043 (0.066)	-0.042 (0.065)	-0.042 (0.078)	-0.041 (0.078)
<i>Married</i>	0.046 (0.073)	0.057 (0.073)	0.023 (0.064)	0.027 (0.064)	0.074 (0.076)	0.078 (0.076)
<i>Health insurance</i>	-0.011 (0.152)	-0.023 (0.152)	0.075 (0.133)	0.070 (0.133)	0.037 (0.158)	0.036 (0.158)
<i>Number of children</i>	0.042 (0.025)	0.040 (0.025)	0.020 (0.022)	0.020 (0.022)	0.025 (0.026)	0.024 (0.026)
<i>Region</i>						
<i>Midwest</i>	0.128 (0.106)	0.123 (0.105)	0.095 (0.092)	0.093 (0.093)	0.095 (0.110)	0.093 (0.110)
<i>South</i>	0.125 (0.093)	0.125 (0.092)	0.122 (0.082)	0.122 (0.082)	0.081 (0.097)	0.081 (0.097)
<i>West</i>	0.234 (0.146)	0.223 (0.146)	0.342** (0.128)	0.337** (0.128)	0.317* (0.151)	0.314* (0.152)
<i>Everyday discrimination</i>	0.149*** (0.032)	0.145*** (0.032)	0.167*** (0.028)	0.165*** (0.028)	0.188*** (0.033)	0.186*** (0.033)
<i>Direct police contact</i>	0.004 (0.094)	-0.012 (0.094)	-0.099 (0.082)	-0.106 (0.082)	0.005 (0.097)	-0.000 (0.098)
<i>Trust of police</i>	--	-0.126** (0.047)	--	-0.052 (0.042)	--	-0.040 (0.050)