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Maricopa County Public Defender Report:

arresting special and vulnerable populations

Arizona Arrestee Reporting Information Network

2013

**Maricopa County Public Defender Report:
Examining the Potential for Violence in Arrests of
Special and Vulnerable Populations**

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AARIN Program Overview

The Arizona Arrestee Reporting Information Network (AARIN) is a monitoring system that provides ongoing descriptive information about drug use, crime, victimization, and other characteristics of interest among individuals arrested in Maricopa County, Arizona. Funded by the Maricopa County Board of Supervisors beginning in 2007, AARIN is modeled after the former National Institute of Justice (NIJ) national-level Arrestee Drug Abuse Monitoring Program (ADAM). In three facilities throughout the county, professionally trained interviewers conduct voluntary and confidential interviews with recently booked adult arrestees and juvenile detainees. Questions focus on a range of topics including education, employment and other demographics, patterns of drug use (lifetime and recent), substance abuse and dependence risk, criminal activity, gang affiliation, victimization, mental health, interactions with police, public health concerns, incarceration and probation, citizenship, and treatment experiences. Each interviewee also provides a urine specimen that is tested for the presence of alcohol and/or drugs. Arrestees who have been in custody longer than 48 hours are ineligible for participation in AARIN, due to the 72-hour time limitation for valid testing of urine specimen.

The instruments used and the reporting mechanism underwent a substantial revision in 2011. While maintaining all of the data elements from the previous core set of questions, the baseline interview expanded by more than 60%. Additionally, with the change in the core questionnaire, the project shifted its reporting strategy to focus reports to each of six key Maricopa County criminal justice agencies: Maricopa County Manager's Office, Maricopa County Sheriff's Office, Maricopa County Attorney's Office, Office of the Public Defender, Adult Probation Department, and the Juvenile Probation Department.

Overall, AARIN serves as a near-real time information source on the extent and nature of drug abuse and related activity in Maricopa County, AZ. This information helps to inform policy and practice among police, courts and correctional agencies to increase public safety and address the needs of individuals who find themselves in the criminal justice system.

For information using the most recent set of data, please see the following reports:

- Maricopa County Manager's Office – Report on medical marijuana use among the arrestee population of Maricopa County.
- Maricopa County Sheriff's Office – Report based on the Booking Process Addendum, which assesses the implementation and early indicators related to the MCSO's new Integrity, Accountability and Community Initiative, for arrestees as they move through the booking process at Central Intake.
- Maricopa County Attorney's Office – Detailed report covering veterans among the arrestee population, combining core instrument data with data from the Veteran Addendum to assess the particular needs and experiences of Maricopa County arrestees who are veterans.

- Office of the Public Defender – Assessment of use of force and perception of police among selected special populations of Maricopa County arrestees, primarily drawing from the Police Addendum data.
- Adult Probation Department – Comprehensive summary of the core questionnaire comparing Maricopa County probationers to probationers from elsewhere and those arrestees who have not served probation.
- Juvenile Probation Department - Comprehensive summary of the core juvenile questionnaire comparing Maricopa County juvenile probationers to those who have served probation elsewhere and those detainees who have not served probation.

For other reports and more information about the project, visit the AARIN page of the Center for Violence Prevention & Community Safety's website: <http://cvpcs.asu.edu/>.

Methodology: Sampling and Data Collection

In order to ensure representative results for the entire population of arrestees in Maricopa County, the AARIN project employs a systematic sampling protocol that includes the collection of data with target quotas each day. Data are collected during three cycles each calendar year – with interviews conducted during a continuous two-week period at the Central Intake of Maricopa County's Fourth Avenue Jail each collection cycle. Dispersing data collection cycles across three different four-month blocks helps control for possible seasonal variations in crime and arrest patterns, and conducting collections covering all seven days of the week account for possible differences between weekdays and weekends, or other day-to-day variations. The periodic data collection cycles combined with the sampling protocols ensures a representative sample of all Maricopa County arrestees. The same procedures employed by AARIN were tested under ADAM (Maricopa County was one of the sites used in the evaluation), comparing the selected sample to comprehensive jail census data to assess the representativeness of the sample to the population on key characteristics. The National Opinion Research Center at the University of Chicago was the national data manager for ADAM at the time and concluded that the periodic data collection cycles, sampling protocols and daily quotas would result in a scientifically representative sample of study participants that could be generalized to the whole of arrestees for the particular jurisdiction (i.e. Maricopa County arrestees).

Daily collection quotas call for 23 males and 7 females to be interviewed, including the completion of the core instrument, any and all addenda, and to provide a urine specimen. Potential participants are selected using a standardized procedure (described below) to ensure both a sufficiently randomized and representative sample of arrestees. Some of the potential participants are either unavailable or otherwise ineligible for participation. Most commonly this applies to those arrestees who have already been released from custody or transferred to another facility, but also includes those whose behavior constitutes a safety risk to the jail and/or interview staff. Upon initial contact, arrestees are read an

informed consent script (see inset), to which they voluntarily either decline or agree to participate; typically more than 90% agree to participate.

Consent Script:

Hello, my name is _____. I am working on a research project run by Arizona State University. The purpose of the project is to understand issues and problems confronted by people and to help give advice on how to provide services to individuals who have been arrested. I would like to ask you a series of questions that will take 15-45 minutes to answer. There are no foreseeable risks for participating in this research, and there are no benefits to you individually. Jail personnel will not have access to the information that you provide us. The information you provide is confidential and anonymous, and it will not help or hurt your case. If, for any reason, you become distressed or anxious during the interview, you can request to speak with the facility's medical personnel or psychological counselors.

I will not write down your name or any other identifying information the questionnaire. You can refuse to answer any question, and you may stop the interview at any time for any reason. At the end of the interview I will ask you to provide a urine sample. If you listen to my questions, I will give you a candy bar. Do you have any questions?

During the data collection period, interviews are conducted during an eight-hour period each day, with arrestees who are randomly selected based on their booking time that yields a stratified random sample. Consistent with the ADAM sampling strategy, a *stock* (i.e., arrested and booked during non-data collection hours) and *flow* (i.e., during data collection hours) process is employed to ensure a representative sample of arrestees across any given 24-hour period. The stock sample is selected by starting with a list of all bookings processed from the 16 hours that range from when collection ended the previous day through the start-time of the current collection day. Eligible bookings are counted and divided by ten, which gives the selection interval. A random start-point is selected, and each *n*th (e.g. the value equal to the selection interval) arrestee is selected as a potential participant. A “nearest-neighbor” procedure is used to replace members of the stock list that are either found to be ineligible or unavailable, or whom decline to participate, until the daily quota of 10 completed and provided interviews is met. The flow sample is more straight-forward. Potential participants are randomly selected as they are booked into the facility as needed. A minimum of 13 completed and provided interviews are expected to meet daily quota.

Survey Instrument

The core AARIN survey instrument is modeled after the ADAM and Drug Use Forecasting (DUF) instruments, and was developed with input from Maricopa County officials. Starting with the third collection cycle of 2011, AARIN began using a new core instrument. The new instrument included the same elements of the previous version, but expanded by more than 60%, following extensive input from Maricopa County officials representing six key agencies related to the criminal justice system and the arrestee population – the County Manager's Office, Sheriff's Office, County Attorney, Public Defender, Adult Probation, and Juvenile Probation.

The instrument is broken down into a variety of sections that include: demographics and background information (sex, race/ethnicity, age, citizenship, educational level, methods of income), current and past drug use (ever, past 12 months, 30 days and three days), drug dependency and treatment, medical marijuana and marijuana acquisition, criminal history (ever, past 12 months), gang involvement, firearms possession, victimization (past 12 months, 30 days), police interactions, mental health issues (ever and past 12 months), correctional health services and public health concerns, and incarceration and probation history (ever and past 12 months). Additionally, the AARIN platform includes addenda instruments to the core set of questions. Addenda are used to collect more detailed information regarding a particular topic and/or population. The collection cycle is based on a fiscal year, and the reports using the most recently collected data were collected from September 2012 through June 2013. During this collection year, both a police contact and a gang addenda were used, collecting information from arrestees about police in general, use of force by and against the police (Police Contact Addendum), reasons and methods for joining and leaving a gang, gang organizational structure and criminal activities, and the respondents' perceptions of cohesion and connectedness to their gang (Gang Addendum). Additionally, for one collection period, a booking process addendum was used to provide direct analysis of the principles and procedures outlined in the MCSO Integrity, Accountability and Community Initiative.

Urinalysis Testing

Once an interview is completed, the arrestee then submits a urine sample. The urine specimens are tested for alcohol and four illicit drugs: cocaine, marijuana, methamphetamine, and opiates. The testing is done using the enzyme-multiplied immunoassay technique (EMIT), which has shown a high degree of accuracy with very few false-positive results (Reardon, 1993). As a reliability check, all specimens that test positive with the EMIT methods are then tested again using Gas Chromatography with Mass Spectrum Detection (GC/MS). The EMIT technique with GC/MS confirmation procedures are well-established and offer highly reliable results for the illicit drugs under study here – cocaine, marijuana, methamphetamine, and opiates – for up to 72 hours after use. Unfortunately, these procedures offer high reliability results for alcohol for only 12-24 hours after use. The adoption of more sensitive alcohol screening procedures was cost-prohibitive, however.

Introduction

Police officers have legal authority to use force in a wide range of situations, and the nature of this force can range from grabs and punches to less-lethal weapons (i.e., baton, pepper spray, or TASER), and as a last resort, using a firearm (i.e., deadly force; Walker and Katz, 2013). Bittner (1970: 40) asserts that the capacity to threaten or use force is the core function of the police, which defines their role and shapes each contact with a citizen or suspect:

There can be no doubt that this feature of police work is uppermost in the minds of people who solicit police aid or direct the attention of the police to problems, that persons against whom the police proceed have this feature in mind and conduct themselves accordingly, and that every conceivable police intervention projects the message that force may be, and may have to be, used to achieve a desired objective.

Despite its seminal role in police work, research indicates that police use of force is a statistically rare event, occurring in only about 1.5% of all police-citizen encounters (BJS, 2011). However, because of the sheer volume of police-citizen encounters in a given year (approximately 40 million), use of force by police occurs in approximately 560,000 incidents annually, or more than 1,500 encounters per day. Additionally, use of force by police is much more common in encounters that end in arrest: about one in five arrests involves the use of some level of police force (Hickman et al., 2008). The consequences of police use of force, even when used judiciously, can be severe and long-lasting, far exceeding the immediate impact on the individual officer and citizen involved (Klinger 2004). Use of force incidents have led to civil disorder and riots, the firing of police executives, millions of dollars in litigation, criminal prosecutions, strained police-community relations, and reduced police legitimacy (Fyfe, 1988).

The social costs of police use of force are aggravated when police use this most extreme form of their authority against special and vulnerable populations, such as individuals who are mentally ill, homeless, undocumented (e.g., illegal immigrant), veterans, or who are suffering from co-occurring disorders. There is a long history of poor police response in encounters involving vulnerable populations, highlighted by an increased risk of police use of force (Lurigio et al., 2008). Moreover, there is some evidence to suggest that vulnerable populations, such as the mentally ill, are more likely to engage in violence against police (Federal Bureau of Investigation, 2005).

Despite the elevated potential for violence in these interactions, there have been few studies examining the dynamics of police encounters with vulnerable populations. This study seeks to explore these issues

through an examination of the behavior dynamics in arrest encounters of special and vulnerable populations in Maricopa County, Arizona in 2012-2013. Overall, the report seeks to explore the nature and prevalence of citizen resistance and use of force in police encounters with vulnerable populations, thereby improving our understanding of these increasingly frequent, complex police-citizen encounters.

Methodology

The present study used interview data obtained from 1,363 recently booked adult male and female arrestees in Maricopa County, Arizona in 2012-2013, as part of the Arizona Arrestee Reporting Information Network (AARIN). The Maricopa County Board of Supervisors established AARIN in January 2007 to monitor drug use trends, treatment needs, and at-risk behavior among recently booked arrestees in Maricopa County. Each calendar quarter, professionally trained local staff members conduct voluntary, confidential interviews with adult males and females who have been arrested within the past 48 hours, and who are being detained at the county jail. AARIN serves as a near-real time information source on the extent and nature of drug abuse and related activity in Maricopa County. This information helps to inform policy and practice among police, courts and correctional agencies to increase public safety and address the needs of individuals who find themselves in the criminal justice system.

The AARIN instruments underwent a substantial revision in 2011. While maintaining all of the data elements from the previous core set of questions, the baseline interview expanded by more than 60%. Additionally, with the change in the core questionnaire, the project shifted its dissemination strategy to focus reports to each of six key Maricopa County criminal justice agencies: Maricopa County Manager's Office, Maricopa County Sheriff's Office, Maricopa County Attorney's Office, the Office of the Public Defender, Adult Probation Department, and the Juvenile Probation Department. The current report, examining the potential for violence in arrests involving special and vulnerable populations, has been produced at the request of the Office of the Public Defender.

The current report includes information collected from the core AARIN instrument, as well as a Police Contact addendum. The core instrument collects a wide range of information on each arrestee, including demographics, patterns of drug use (lifetime and recent), criminal activity, gang affiliation, victimization, mental health, citizenship, and treatment experiences. Each interviewee also provides a urine specimen that is tested for the presence of alcohol and drugs. The Police Contact addendum captures arrestee resistance and police use of force levels in the most recent arrest encounter (resulting in their current incarceration and participation in the study). The resistance items include a series of

questions about the arrestee's behavior during the encounter, including arguing, cursing, disobeying, threatening, resisting or attempting escape, hitting or fighting and use of a weapon.¹ The author created a composite measure by combining responses to all of the questions into a three-level resistance measure: no resistance, verbal resistance and physical resistance (fleeing, hitting/fighting and weapon use). The officer use of force items ask the arrestee to indicate whether the officer pushed, grabbed, hit, kicked or used weapons (chemical spray, baton, TASER, firearm, other) during the incident (or threatened any of these). The author created a composite three-level use of force measure by combining responses on the separate questions: no force, non-weapon force (pushed, grabbed, hit, kicked) and weapon force (baton, chemical, TASER, firearm, or other weapon).

The findings section below first describes the entire sample of arrestees across a range of background and demographic factors drawn from the AARIN core instrument. The remaining sections then examine the arrestee resistance and police use of force measures in encounters with special and vulnerable populations, including arrestees who are homeless, military veterans, at risk for mental illness or substance abuse/dependence or both (co-occurring disorders), who are undocumented immigrants and who are gang affiliated. The analyses explore whether the behavior dynamics in police encounters with special and vulnerable populations differ notably from police encounters with the general arrestee population.

Findings

Characteristics of the Arrestee Sample

Exhibit 1 displays the background characteristics of the arrestee sample. Three quarters of the sample is male (76.4%), and nearly half was white (47.7%). Approximately 30% of the arrest sample was Hispanic and 12.8% was African American. The mean age was 32.3. Just more than one-third graduated from high school (or received a GED, 34.9%) and an additional one-third received some post-high school education (34.1%). Thirty-one percent did not graduate from high school. The majority of arrestees received income in the last 30 days from legitimate sources, either through work (52.4%) or some other source

¹ The addendum is similar in design and format to the Bureau of Justice Statistics' Police-Public Contact Survey (PPCS). As an example, the survey asks: "Did you argue with or disobey the officer for any reason? Curse at, insult or call the officer an offensive name? Say something threatening to the officer? Resist being handcuffed or arrested? Resist being searched, or having your vehicle searched? Try to escape by hiding, running, or engaging in a vehicle chase? Grab, push, hit, or physically fight with the officer? Use a weapon to threaten the officer? Use a weapon to assault the officer?"

(25.1%; e.g., family, welfare, etc.). Just more than 11% received income from illegal sources. Half were currently incarcerated on a felony charge (50.2%), and 42.4% had a prior arrest within the last year.

Exhibit 1 also shows the percentage of arrestees who can be classified as special or vulnerable populations. For example, 10.9% of arrestees reported being homeless (e.g., no fixed residence in the last 30 days), 7.6% reported being in the country illegally, and 5.4% reported being a military veteran. Most arrestees were not gang-affiliated (83.2%), though between 3-8% reported some association (current 3.5%; former 5.4%; Associate 7.9%). Exhibit 1 also shows the percentage of arrestees who were at risk for substance abuse dependence, mental illness, or both (co-occurring disorder - see the section below on co-occurring disorders for a more detailed discussion on how this measure was operationalized). Approximately 5% demonstrated risk for mental health problems only, and 43.4% presented risk for substance abuse/dependence only. Twenty-one percent demonstrated risk for co-occurring disorders.

Last, Exhibit 1 shows the behavior dynamics during the most recent arrest encounter. Most respondents did not engage in resistance against police (84.7%). Approximately 9% of arrestees engaged in verbal resistance, and 6.4% engaged in some form of physical resistance. Police use of force rates were slightly higher, occurring in about 25% of arrests: 13.5% of respondents indicated that police used physical force against them, and 12.4% reported experiencing police use of weapon force.

Exhibit 1: Characteristics of Arrestee Sample		Percent
Sex		
	Female	23.6
	Male	76.4
Race/Ethnicity		
	African American	12.8
	White	47.7
	Hispanic	30.8
	Other	8.7
Age (Mean)		32.3
Education		
	Did Not Graduate High School	31.0
	High School Diploma or GED	34.9
	Post-High School Education	34.1
Main Source of Income		
	None	11.0
	Working Full or Part Time	52.4
	Other Legal Source	25.1
	Illegal Sources	11.4
Arrest Charges		
	Felony	50.2
	Violent Offense	19.1
Prior arrests (past 12 months)		42.4
Homeless		10.9
Military Veteran		5.4
Illegal Immigrant		7.6
Co-Occurring Disorder Risk (Ever)		
	No Risk	30.7
	Mental Health Risk Only	4.9
	Substance Abuse/Dependence Risk Only	43.4
	Co-Occurring Disorder Risk	21.0
Gang Affiliation		
	None	83.2
	Current Gang Member	3.5
	Former Gang Member	5.4
	Gang Associate	7.9
Resistance to Arrest		
	No	84.7
	Yes, Verbal	8.9
	Yes, Physical	6.4
Police Use of Force		
	No	74.1
	Yes, Physical	13.5
	Yes, Weapon	12.4
		n 1,363

When the measures are examined together, results indicate that 69% of respondents reported no resistance or use of force by police. Alternatively, 10.1% of respondents indicated that both resistance and use of force occurred during their arrest. These rates serve as the baseline for the entire arrestee sample. The next several sections examine whether the resistance and use of force rates vary in encounters with special and vulnerable populations.²

Homelessness, Resistance and Police Use of Force

Results indicate that 149 of the survey respondents (10.9%) were transient, homeless or had no fixed residence in the 30 days prior to their arrest. Exhibit 2 shows that combative behavior was slightly more common in arrest encounters involving homeless individuals, though the differences fell short of statistical significance. For example, homeless arrestees engaged in slightly higher rates of verbal (12.5% vs. 8.5%) and physical resistance (9.0% v. 6.1%), compared to other arrestees. Police use of force was also slightly more common in arrests of homeless persons, though again, differences did not achieve statistical significance. Notably however, homeless arrestees were no more likely to experience weapon force (approximately 12% for both arrestee groups), but nearly 20% reported experiencing physical force (compared to 12.8% of other arrestees).

Exhibit 2a. Rates of Resistance and Force by Arrestee Homelessness			
	Resistance		
	None	Yes, Verbal	Yes, Physical
Homeless			
No	85.4%	8.5%	6.1%
Yes	78.5%	12.5%	9.0%

*p≤.05; ** p≤.01

Exhibit 2b. Rates of Resistance and Force by Arrestee Homelessness			
	Use of Force		
	None	Yes, Physical	Yes, Weapon
Homeless			
No	74.8%	12.8%	12.4%
Yes	68.8%	19.6%	11.6%

*p≤.05; ** p≤.01

² Chi square analysis is used to explore whether group differences are statistically significant.

Veterans, Resistance and Police Use of Force

Seventy-three of the arrestees in the current study reported being a military veteran. Exhibit 3 shows that veteran arrestees were significantly less likely than other arrestees to resist against police efforts during the encounter. Only 6.9% of veteran arrestees reported resistance against police (compared to 15.8% for non-veteran arrestees). No veteran arrestees engaged in physical resistance (compared to 6.8% for non-veteran arrestees). Police use of force rates did not vary significantly by arrestee veteran status (rates ranged from 23-26%). Notably, weapon force was approximately two times more common for non-veteran arrestees (12.7% compared to 5.6% for veteran arrestees). This difference was not statistically significant because of the small number of veterans in the sample, and the infrequency of cases where weapon force was used.

Exhibit 3a. Rates of Resistance and Force by Arrestee Veteran Status			
	Resistance *		
	None	Yes, Verbal	Yes, Physical
Veteran			
No	84.2%	9.0%	6.8%
Yes	93.1%	6.9%	0.0%

*p≤.05; ** p≤.01

Exhibit 3b. Rates of Resistance and Force by Arrestee Veteran Status			
	Use of Force		
	None	Yes, Physical	Yes, Weapon
Veteran			
No	74.0%	13.3%	12.7%
Yes	77.5%	16.9%	5.6%

*p≤.05; ** p≤.01

Co-Occurring Disorders, Resistance and Police Use of Force

The AARIN survey instrument employs validated measures to determine individuals' risk for substance abuse/dependence, mental health problems, and co-occurring disorders. An arrestee's risk for substance abuse/dependence was determined by integrating questions from the Drug Abuse Screening Test-10 (DAST-10) into the core interview instrument. The DAST-10 is a brief screening instrument derived from Skinner's (1982) original 28-item self-report tool, which rates an individual's substance abuse/dependence risk level on a four-point scale: none, low, moderate, and substantial. The DAST-10 demonstrates significant discriminant and concurrent validity – particularly with populations diagnosed

with mental illness (Gavin et al., 1989; Maistro et al., 2000). As a result, it is an excellent screening tool for co-occurring disorders.

To capture the arrestee's risk for mental illness, the core AARIN instrument includes four items that query the respondent's history of professional mental health assistance. The four items ask whether the arrestee has ever been: a) diagnosed by a mental health professional with a mental illness or emotional problem; b) treated for a mental health problem; c) prescribed medication for a mental health, emotional, or psychiatric problem; and d) hospitalized for a mental health problem.

The two independent substance abuse/dependence and mental health problem classifications described above are used to determine risk of co-occurring disorders, based on a matrix developed by Ries (2004). For substance abuse, respondents whose DAST-10 was scored as either no problems reported or a low level of drug or alcohol misuse were coded as not at risk for the co-occurring disorder criteria. Those scoring as moderate or substantial were coded as at risk for substance abuse/dependence. For mental health problems, respondents who answered "no" to all four items or "yes" to just one item were classified as not at risk for having a mental health problem. Respondents answering "yes" to two or more of the four items were classified as at risk for a mental health problem.

Exhibit 4 shows resistance and use of force rates by co-occurring disorder risk. Individuals who were at risk of mental health problems, substance abuse/dependence and co-occurring disorders were significantly more likely to resist against police during the arrest encounter. Less than 9% of those with no risk resisted against police, compared to resistance rates of 15-21% of those at risk. Arrestees at risk for co-occurring disorders engaged in the highest level of resistance (21%), followed by those at risk for substance abuse/dependence only (18%). While most resistance was verbal (from 10-12%), individuals at risk for co-occurring disorders were three times more likely than arrestees with no risk to engage in physical resistance against police (9.3% v. 3.1%).

Exhibit 4a. Rates of Resistance and Force by Co-Occurring Disorder Risk

	Resistance **		
	None	Yes, Verbal	Yes, Physical
No Risk	91.8%	5.0%	3.1%
Mental Health Risk Only	85.1%	10.4%	4.5%
Substance Abuse Risk Only	82.1%	10.2%	7.7%
Co-Occurring Disorder Risk	79.2%	11.5%	9.3%

*p≤.05; ** p≤.01

Exhibit 4b. Rates of Resistance and Force by Co-Occurring Disorder Risk

	Use of Force **		
	None	Yes, Verbal	Yes, Physical
No Risk	82.3%	9.3%	8.4%
Mental Health Risk Only	71.6%	16.4%	11.9%
Substance Abuse Risk Only	71.8%	14.6%	13.7%
Co-Occurring Disorder Risk	67.5%	16.8%	15.7%

*p≤.05; ** p≤.01

Co-occurring disorder risk was similarly associated with significantly higher rates of police use of force. Approximately 18% of arrestees with no risk experienced police use of force, compared to 28% of those with mental health or substance abuse/dependence risk and 32.5% of those with co-occurring disorder risk. With regard to type of police force, arrestees with risk experienced similar rates of both physical and weapon force (from 15-17% and 12-16%, respectively). The highest rates of physical and weapon force were experienced by individuals at risk for both mental health problems and substance abuse/dependence (co-occurring); these rates were nearly twice as high as the rates of arrestees with no risk.

Immigration, Resistance and Police Use of Force

Respondents were asked about their citizenship, and 104 indicated that they were in the country illegally (7.6%). An additional 20 arrestees reported legal alien status. Exhibit 5 shows that arrestees who were in the country illegally were less likely than U.S. citizens to resist against police (5.8% v. 16.2%), though the difference does not reach statistical significance. Legal aliens have similar resistance rates (15%) to U.S. citizens. Police use of force rates varied notably by arrestee citizenship status, ranging from a low of 9.7% for illegal immigrants to 20% for legal aliens and 27.3% for U.S. citizens. In other words, U.S. citizens were nearly three times as likely as illegal immigrants to experience police use of force. The difference in police use of force was greatest with weapon force: just one illegal immigrant reported experiencing weapon force (1%), compared to 13.3% of U.S. citizens. Use of force patterns for legal aliens again were similar to U.S. citizens.

Exhibit 5a. Rates of Resistance and Force by Citizenship Status

Citizenship	Resistance		
	None	Yes, Verbal	Yes, Physical
Illegal Alien	94.2%	2.9%	2.9%
Legal Alien	85.0%	10.0%	5.0%
U.S. Citizen	83.8%	9.4%	6.8%

*p≤.05; ** p≤.01

Exhibit 5b. Rates of Resistance and Force by Citizenship Status

Citizenship	Use of Force **		
	None	Yes, Verbal	Yes, Physical
Illegal Alien	94.2%	2.9%	2.9%
Legal Alien	85.0%	10.0%	5.0%
U.S. Citizen	83.8%	9.4%	6.8%

*p≤.05; ** p≤.01

Gang Affiliation, Resistance and Police Use of Force

Arrestees were asked about their gang affiliation, and 229 (16.8%) indicated that they had some affiliation: 48 were current gang members (3.5%); 73 were former gang members (5.4%); and 108 reported being friends with gang members (gang associate; 7.9%). Exhibit 6 shows that gang-affiliated arrestees were slightly more likely than non-gang affiliated arrestees to engage in resistance against police during the arrest encounter. Resistance rates ranged from a low of 14.6% for non-gang affiliated arrestees to a high of 20.8% for current gang members, though this difference is not statistically significant. Though physical resistance was rare overall, it is notable that current gang members were nearly twice as likely as non-gang affiliated arrestees to engage in this level of resistance (10.4% v. 5.9%, respectively).

Similarly, gang members – both current and former – were slightly more likely than other arrestees to experience police use of force. Approximately 32-34% of gang members experienced police use of force, compared to 29% of gang associates and 25% of non-gang affiliated arrestees. Though these differences were not statistically significant, Exhibit 6 does show that current and former gang members were twice as likely as non-gang affiliated arrestees to experience weapon force (20.5%-22.9% vs. 11.2%).

Exhibit 6a. Rates of Resistance and Force by Gang Affiliation

Gang Affiliation	Resistance		
	None	Yes, Verbal	Yes, Physical
None	85.4%	8.7%	5.9%
Current	79.2%	10.4%	10.4%
Former	80.8%	11.0%	8.2%
Associate	82.2%	8.4%	9.3%

*p≤.05; ** p≤.01

Exhibit 6a. Rates of Resistance and Force by Gang Affiliation

Gang Affiliation	Use of Force		
	None	Yes, Verbal	Yes, Physical
None	85.4%	8.7%	5.9%
Current	79.2%	10.4%	10.4%
Former	80.8%	11.0%	8.2%
Associate	82.2%	8.4%	9.3%

*p≤.05; ** p≤.01

Conclusion

At the request of the Office of the Public Defender, this report sought to explore the potential for violence in arrest encounters of special and vulnerable populations. More specifically, the report examined behavior dynamics – measured as suspect resistance and police use of force – in arrests of individuals who were homeless, military veterans, at risk of substance abuse/dependence or mental illness or both (co-occurring disorders), who were in the country illegally, or who were gang affiliated.

Overall, respondents engaged in resistance against police in approximately 15% of arrest encounters (9% verbal resistance and 6% physical resistance). According to arrestees, police use of force occurred in 26% of arrests, including both physical (14%) and weapon force (12%).

The behavior dynamics varied significantly in arrests of vulnerable populations.

1. The most notable finding involved individuals who were at risk of substance abuse/dependence, mental illness, or both: arrestees who were classified as at risk of these disorders were significantly more likely to engage in resistance against police and to experience police use of force. The elevated violence potential among individuals who are at

risk for substance abuse/dependence, mental illness or co-occurring disorders is consistent with a larger body of literature on police encounters with these vulnerable populations (Cochran et al., 2000; Lurigio et al., 2008).

2. Two categories of special populations were significantly less likely to experience combative arrest encounters. Military veterans were significantly less likely to engage in resistance, and illegal immigrants were significantly less likely to experience police use of force (compared to other arrestees).³
3. Respondents who were homeless and who were gang-affiliated were both slightly more likely to resist and to experience police use of force, but the differences were not statistically significant. These findings would likely have reached statistical significance if the sample sizes were larger.

The findings presented here have important implications for criminal justice agencies, particularly the police. Encounters with individuals who are mentally ill, substance abusers or both are highly complex and require significant skill to handle appropriately. Police programs such as Crisis Intervention Teams (CIT) can provide officers with the skill set necessary to minimize risk of violence in encounters with individuals suffering from mental illness and co-occurring disorders. For example, CIT officers receive 40 hours of training led by mental health specialists, and calls for service involving individuals with mental health problems are dispatched to CIT officers (Cochran et al., 2000). Dupont and Cochran (2000) found that the CIT program in Memphis reduced injuries to both police and citizens while successfully diverting persons with mental illness into treatment. The program, which has been identified as a “model program” by the National Alliance for the Mentally Ill and the U.S. Department of Justice, has been replicated in numerous jurisdictions across the United States (Lurigio et al., 2008; Teller et al., 2006). Many police officers in law enforcement agencies throughout Maricopa County have received CIT training, and the continued expansion of this program will improve police agencies’ handling of encounters with mentally ill individuals and other special and vulnerable populations.

³ Veterans were less like to experience police use of force, and illegal immigrants were less likely to resist – but these findings did not reach statistical significance.

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About the Center for Violence Prevention & Community Safety

Arizona State University, in order to deepen its commitment to the communities of Arizona and to society as a whole, has set a new standard for research universities, as modeled by the New American University. Accordingly, ASU is measured not by whom we exclude, but by whom we include.

The University is pursuing research that considers the public good and is assuming a greater responsibility to our communities for economic, social, and cultural vitality. Social embeddedness – university-wide, interactive, and mutually-supportive partnerships with Arizona communities – is at the core of our development as a New American University.

Toward the goal of social embeddedness, in response to the growing need of our communities to improve the public's safety and well-being, in July 2005 ASU established the Center for Violence Prevention and Community Safety. The Center's mission is to generate, share, and apply quality research and knowledge to create "best practice" standards.

Specifically, the Center evaluates policies and programs; analyzes and evaluates patterns and causes of violence; develops strategies and programs; develops a clearinghouse of research reports and "best practice" models; educates, trains, and provides technical assistance; and facilitates the development and construction of databases.

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