

# Clashes with cops more injurious than civilian-only skirmishes

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People hospitalized due to an encounter with a law enforcement officer are more likely to have a mental illness, have longer hospitalizations, more injuries to the back and spine, and greater need for extended care

than those hospitalized due to altercations with other civilians. The findings, based on 10 years of Illinois hospitalization data, are published in the journal *Injury Epidemiology*.

Lee Friedman, associate professor of environmental and occupational health sciences at the University of Illinois at Chicago School of Public Health and senior author on the paper, and his colleagues wanted to find out how many and what kinds of encounters with police led to hospital admissions for [civilians](#) in Illinois.

They identified 836 people injured by contact with [law enforcement officers](#) after reviewing the medical records of all patients admitted to Illinois hospitals or treated in emergency rooms between 2000 and 2009. They compared those patients to 836 civilians of the same age and sex who were treated in hospitals over the same period for injuries due to physical altercations with other civilians.

Civilians injured by law enforcement had 27 percent longer hospital stays (4.7 vs. 3.7 days) and twice as many back and spine injuries (7.4 percent of those injured by cops vs. 3.3 percent of those injured by civilians). They were nearly 2.5 times more likely to need extended care following discharge from the hospital (20 percent vs. 8 percent).

Although the [injury](#) severity (a numerical score of multiple factors) of those injured by police did not differ from the comparison group, the number of spine and back injuries is disturbing, Friedman said, because such injuries "indicate that the person was already on the ground face-down or turned away from the officer when they occurred."

Equally troubling, the researchers also found that only 10 percent of the people injured by law enforcement were sent to jail after being discharged from a hospital.

"While we didn't have information on any associated excessive-use-of-force claims by patients, the fact that these people weren't arrested or taken into custody after being discharged—in combination with the severity of the clinical features—indicates that many of the patient injuries resulted from excessive force," Friedman said.

"But it is important to distinguish between excessive force and unjustified force, since [excessive force](#) can be mitigated by providing law enforcement personnel with the tools and training that minimize both lethality and severity of injury," he added.

The researchers found that of those injured by encounters with law enforcement, nearly 40 percent had psychiatric conditions that can impair judgment, such as schizophrenia, bipolar disorder, substance abuse or major depressive disorder. These mental disorders were 2.3 times more prevalent among people injured by a law enforcement officer than among those injured by a general assault.

The researchers also noted that a disproportionate number of persons with pre-existing paralytic disorders were among those injured during contact with [law enforcement](#).

"These are people who would be unable to physically comply with police officer commands to lay on the ground or put their hands up or defend themselves when force is used," Friedman said. About 3.5 percent of injuries caused by encounters with cops involved people with paralytic injuries compared to 1.3 percent in the comparison group.

"The issue of excessive use of force by police officers is difficult to research, because there are no policy directives that require publicly accessible repositories for such information, such as those that mandate reporting of child or elder abuse," Friedman said. "This kind of data should be compiled, analyzed and publicly distributed on an annual basis

in an effort to identify ways to reduce injuries—as is done in Australia."

**More information:** Alfreda Holloway-Beth et al. Risk factors associated with legal interventions, *Injury Epidemiology* (2016). [DOI: 10.1186/s40621-016-0067-6](https://doi.org/10.1186/s40621-016-0067-6)

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