



March 25, 2022

Michelle Bachelet  
High Commissioner for Human Rights  
Office of the United Nations High Commissioner for Human Rights  
Palais des Nations  
CH-1211 Geneva 10, Switzerland

Dear High Commissioner Bachelet:

I am writing on behalf of the American Psychological Association (APA) to respond to the recent **Call for inputs for the preparation of the report of the United Nations High Commissioner for Human Rights pursuant to Human Rights Council resolution 47/21 on the “Promotion and protection of the human rights and fundamental freedoms of Africans and of people of African descent against excessive use of force and other human rights violations by law enforcement officers through transformative change for racial justice and equality.”** Our Association is [committed to addressing systemic racism](#), including the incidence of law enforcement officers’ excessive use of force against people of African descent. We commend the UN Office of the High Commissioner for Human Rights on its leadership in this vitally important area of human rights work.

APA is a scientific and professional organization representing psychology, composed of clinicians, researchers, educators, consultants, and students across the U.S. and around the world. We work to advance the creation, communication, and application of psychological knowledge to benefit society and improve lives. Since 2000, APA has held the status of nongovernmental organization (NGO) at the UN. APA is affiliated with the UN’s Department of Global Communications, has special consultative status with ECOSOC, and has an active team of volunteer psychologists advocating at the UN Headquarters in New York.

We welcome the opportunity to address the psychological dynamics underlying systemic racism and the disproportionate use of force by law enforcement officers against people of African descent, as well as promising practices and mechanisms to improve policing practices and accountability. Much of the information in this document is drawn from APA’s recent Resolution on Harnessing Psychology to Combat Racism (APA, 2021) and testimony from our Chief Executive Officer to the Committee on the Judiciary in the U.S. House of Representatives on the topic of policing practices and law enforcement accountability (APA Services, Inc., 2020). APA has assembled a Presidential Task Force to propose research-based recommendations to reduce mortality and injury of African Americans by police use of force. The task force will create guidelines to reform policing from a command and control philosophy to a protect and serve philosophy.

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### **Psychological dynamics underlie systemic racism**

Racism has been a pervasive and insidious feature of the U.S. landscape that often operates outside of the conscious awareness of its perpetrators and targets, and has had an incalculable negative toll on the basic human rights to survival, security, health, well-being, and societal participation across generations (Alvarez et al., 2016; APA, 2012; 2019). The belief that people of color were inferior was used to justify the enslavement of Africans. It also provided the basis for the creation and continuation of White supremacy by assigning value to people of European descent and disproportionately allocating societal resources and opportunities to them, while limiting or refusing access to opportunity among people of African descent and other marginalized groups.

Racism is not limited to thoughts and behaviors held by individuals, but has undermined almost every aspect of U.S. society, including our laws, educational systems, social customs, and cultural narratives, weakening our political and civic institutions and creating political and social fissures (Anderson, 2016; Helms, 2017, 2020; Liu et al., 2019). We conceptualize four distinct levels of racism:

- *Structural racism* results from laws, policies, and practices that produce cumulative, durable, and race-based inequalities, and includes the failure to correct previous laws and practices that were explicitly racist (Yearby et al., 2020).
- *Institutional racism* results from policies, practices, and procedures of institutions—such as school, health care, law enforcement, and criminal justice systems—that marginalize diverse racial groups (APA Multicultural Guidelines, 2017; Kovera, 2019; Yearby et al., 2020).
- *Interpersonal racism* occurs when individuals from socially and politically dominant racial groups behave in ways that diminish and harm people who belong to other racial groups. Interpersonal racism is therefore distinct from bigotry (negative attitudes about an outgroup, not necessarily tied to race) or prejudice (a preconceived opinion that is not based on reason or actual experience; APA, 2019; Yearby et al., 2020).
- *Internalized racism* refers to the acceptance by diverse racial populations of the negative societal beliefs and stereotypes about themselves—including negative stereotypes and beliefs about complexion and color (i.e., colorism) that reinforce the superiority of Whites and can lead to the perception of themselves as devalued, worthless, and powerless (Jones, 2001). For example, following centuries of European colonization and/or domination, some African Americans may act out biased attitudes and behaviors, whereby lighter-skinned African Americans assume the psychological demeanor of the dominant White group (APA, 2021).

### ***Racism has adverse consequences for physical and mental health***

The minority stress model shows that the unique, chronic stressors experienced by people of African descent and members of other stigmatized groups are significant contributors to well-documented health disparities. The common and pervasive exposure to racism and discrimination is associated with a host of psychological consequences, including depression, anxiety, and other serious conditions, including post-traumatic stress disorder (PTSD) and substance use disorders, and can contribute to the development of cardiovascular and other physical diseases (Calvin et. al., 2003).

Moreover, health care in the U.S. reflects the history of racism, denying communities of color access to care, which results in an inequitable and inaccessible health care system. People of African descent are often unable to easily access care, and even when they can do so, the dominant health care model in the U.S. has been derived from White and Western populations, resulting in systems and practices that do not acknowledge other perspectives, contributing to oftentimes poor health care for non-White populations (APA, 2021).

## **Psychological factors contribute to and result from disproportionate use of force by police officers against people of African descent**

### ***There is a disproportionate use of force***

Given this ongoing history of racism, it is unsurprising that racial disparities in the U.S. extend to the criminal justice system, including policing. It has been reported that African Americans and other marginalized racial/ethnic minority groups are stopped by police more often than White Americans (American Civil Liberties Union, 1999; Government Accountability Office, 2000; Wordes, Bynum, & Corley, 1994) and report being treated unfairly (Cervantes, Salgado de Snyder, & Padilla, 1989; Jackson & Volckens, 1998; Norris, 1992; Vrana & Rollock, 1996). Research shows many police officers speak less respectfully to African American than to White people in everyday traffic stops, even after controlling for officer race, infraction severity, stop location, and stop outcome (Voight et al., 2017). Other studies investigating suspected illegal behavior ranging from relatively minor (e.g., traffic infractions) to more severe (e.g., threatened or actual violence) violations indicate that police officers are more likely to be lenient and to use less force with White suspects than with African American suspects (Kovera, 2019).

### ***Why is there a disproportionate use of force?***

Research suggests that some of these disparities may be the result of implicit or explicit racial bias - attitudes that affect our understanding, actions, and decisions in an often unconscious manner. Implicit biases are beliefs (stereotypes) and feelings (prejudices) that are activated without intent and control and are often outside of conscious awareness with limited conscious control. There is substantial psychological research demonstrating that even well-intentioned and non-prejudiced people have biases that are unconscious (Dovidio, Hewstone, Glick, & Esses, 2010). Under conditions of threat, combined with physical and cognitive challenge, these biases can predispose people to more aggressive responses, potentially facilitating police officers' use of excessive force against people of African descent.

Psychologists have conducted research on how stereotypes affect our assumptions about other people, particularly how members of majority groups perceive members of minority groups. The roots of implicit racial bias against African Americans are complex and largely grounded in a shameful history of dehumanization in the U.S. For example, although historical representations explicitly depicting African Americans as apelike have largely disappeared in the U.S., research demonstrates that some still implicitly associate African Americans and apes. In the context of law enforcement, this connection alters visual perception and attention, and increases endorsement of violence against African American suspects (Goff, Eberhardt, Williams, & Jackson, 2008). Psychological research has shown that some policing decisions are impacted by racial bias (Glaser, Spencer, & Charbonneau, 2014). On the topic of wrongful shootings of unarmed African American men, studies have demonstrated that simply viewing an African American man's face made people (including police officers) more likely to "perceive" a gun that was not actually there (Eberhardt, Goff, Purdie, & Davies, 2004). In addition, research has found that people are faster to shoot African American men holding guns than White men holding guns and more likely to erroneously "shoot" unarmed African American than White men in a simulation (Correll, Park, Judd, & Wittenbrink, 2002). This shooter-bias is related to the strength of one's implicit associations between Black versus White individuals and weapons (Glaser & Knowles, 2008).

### ***What are the psychological consequences of a disproportionate use of force?***

Research indicates that African Americans are more likely than their White counterparts to report stress as a result of encounters with police officers (e.g., Gellar, Fagan, Tyler, & Link, 2014). For example,

neighborhood-level frisks and use of force were linked to higher levels of psychological distress among men living in these neighborhoods (Sewell, Jefferson, & Lee, 2016). Even in the absence of physical violence, several studies have shown that stops by law enforcement officers perceived as unwarranted, discriminatory, or invasive were still associated with adverse mental health outcomes, including anxiety, depression, and PTSD (DeVylder, et. al., 2017; Gellar, Fagan, Tyler, & Link, 2014).

In addition, research demonstrates an association between police killings of African American adults and subsequent poor mental health among African American adults living in the same state (Bor, Venkataramani, Williams, & Tsai, 2018). This illustrates communal negative repercussions of violent conflict between African Americans and law enforcement.

### **Recommendations for promising practices and mechanisms based upon psychological science**

Based on our review of the relevant literature, we have identified a number of promising practices to reduce police use of force against people of African descent:

***Promote community policing.*** Community-based policing should be implemented. We strongly endorse methods of procedural justice in which the central aim of the criminal justice system is to increase cooperation, partnership, and trust between communities and law enforcement agencies.

***Invest in Crisis Intervention Teams, Mental Health Response Teams, and De-escalation trainings.*** Psychologists and other mental health providers play a key role in community-based crisis intervention teams (CITs) and mental health response teams (MHRTs) that promote de-escalation practices to achieve better outcomes. CITs train police officers to safely and effectively deal with situations involving individuals with serious mental illness. Tailored by each community to fit local needs, CITs unite the efforts of police officers, mental health professionals, and community advocates to resolve potentially violent situations in positive ways. MHRTs typically send health care workers as a first response to non-violent calls involving individuals in mental health crisis. CITs, MHRTs, and de-escalation trainings should include a strong focus on equity, diversity, and inclusion, as well as racial trauma, to help mitigate the influence of prejudice and stereotypes and improve police/community relations.

***Increase the number of mental health professionals in law enforcement agencies.*** We recommend that law enforcement agencies increase the number of mental health professionals on staff. Mental health professionals can provide training and resources to help identify and diffuse potential conflicts between law enforcement and the community. They are also skilled in identifying and addressing issues affecting police officers and staff including stress, trauma, family support, and education.

***Encourage private/public partnerships between mental health organizations and local law enforcement.*** Law enforcement agencies should form private/public partnerships with mental health organizations in the public and private sector, especially those that offer culturally competent expertise and services to diverse populations. These partnerships can develop best practices for addressing community-police relations that can be disseminated widely across the nation to police departments and mental health facilities.

***Discourage police management policies and practices that can trigger implicit and explicit biases.*** Policies and practices that incentivize law enforcement officers to meet certain thresholds can prompt responses rooted in implicit and explicit biases. Instead, police at the management level should promote policies designed to constrain the operation of implicit and/or explicit bias or that eliminate (or at a minimum reduce) problematic outcomes for all communities. Evidence shows that types of proactive

policies may be more effective at reducing racial disparities than are interventions designed to eliminate implicit bias (Kovera, 2019).

**Strengthen data collection and bolster research to improve law enforcement.** Our society needs to know more about how to address community policing concerns and provide support and training to law enforcement. There should be national investments in the standardization of research on the use of force continuum, which includes data on stops and searches, uses of force, officer involved shootings, or other police actions. This research must also include situational factors and demographics. We encourage the establishment of national science advisory boards on policing, as well as mandatory national databases on policing to identify patterns (Kovera, 2019). Moreover, additional research is needed to support improved police selection practices and interventions to address racial bias and use of excessive force.

Thank you for the opportunity to contribute to this important report. If APA can provide any further assistance, please contact Acting Senior Director of our Human Rights Team, Kelley Haynes-Mendez, PsyD at [khaynes-mendez@apa.org](mailto:khaynes-mendez@apa.org) or Senior International Affairs Officer Gabriel Twose, PhD at [gtwose@apa.org](mailto:gtwose@apa.org).

Sincerely,



Jaime Diaz-Granados, PhD  
Deputy Chief Executive Officer

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