

CRISIS INTERVENTION: THE POLICE RESPONSE TO VULNERABLE INDIVIDUALS

Police agencies require a specialised response when dealing with individuals who are vulnerable owing to their emotional, mental or physical state. During their time of crisis, these individuals may be irrational and violent due to factors that include suicidal ideation, psychosis, emotional upheaval and the influence of a substance. In a significant number of these cases the police response has resulted in the wounding or death of the vulnerable individual. As a result, police officers require a comprehensive strategy that will provide an emotionally charged individual an opportunity to calm down or, an individual in a drug/alcohol-induced state an opportunity to regain perspective. By way of specialised training, tactics and less-lethal weaponry the police may be able to facilitate a successful intervention to an otherwise tragic event.

A recent study of roughly 850 police shooting incidents in the United States and Canada (Parent, 2004) revealed the high number of shootings that were attributed to incidents of 'crisis intervention'. In roughly one third of the cases examined ($n = 273$), police officers reacted to a perceived lethal threat involving individuals rendered vulnerable by factors that included suicidal ideation, mental illness, emotional stress and the influence of a substance. In 94% of the police shootings in the USA and in 92% of the Canadian shootings, the police response presumed normality and rationality on the part of the victim. Unfortunately, this false presumption of the police often resulted in the wounding or death of the vulnerable individual. These cases were typically the focus of media attention, controversy and subsequent civil proceedings.

Research has shown that a police shooting is more likely to occur during situations that are characterised by ambiguity and surprise (Fridell & Binder, 1992). Police officers using deadly force were less likely to know the victim and were also less likely to make an accurate judgement of the victim's emotional state. Significantly, the 'information exchange' phase of an encounter between the police officer and the victim may be critical in determining whether deadly force will be used or averted.

This situation emphasises the importance of internal and external working environments as well as situational variables determining whether the police shooting is elective or non-elective. A non-elective police shooting is characterised by the use of deadly force to protect the officer or another individual from the threat of imminent death or bodily harm. In non-elective incidents, situational factors will be the primary influence on the police officer's decision about the application of deadly force. However, as the perceived risk of danger decreases, the decision about the application of deadly force becomes more elective, with the working environment having a greater influence.

During his analysis of the police use of deadly force in Philadelphia, White (2001) noted that the administrative policy and organisational culture were significant in determining the rates of police shootings. White adds that the mechanisms available to control the discretion of individual police officers, such as departmental policy, are critical in minimising the number of police shootings. White suggests that formalised policies and operational practice can be effective methods of controlling the exercise of police discretion in relation to the use of deadly force in elective encounters.

Factors that include training, tactics and policy guide a police officer's behaviour in the early stages of potentially violent encounters and may minimise the likelihood of a non-elective deadly force decision. As a result, there is a need for police managers to develop operational practices and formalised policies in dealing with individuals who are vulnerable owing to their emotional, mental or physical state. The manner of police response is typically based upon the officer's perception of the level of threat presented by individuals who are often *pre-conceived* as being a 'suspect, felon or an assailant'.

Therefore, police officers who perceive that they are 'less threatened' will be less likely to resort spontaneously to the use of their firearms and, ultimately, deadly force. These 'less threatened' officers are more likely to resort to alternative tactics that include disengagement and containment. Physical distance, time, dialogue and tactics may provide a peaceful resolution to an otherwise fatal encounter. These factors also provide police managers with the additional option of deploying an emergency response unit. This highly trained unit will further increase the likelihood of a non-fatal outcome by utilising skilled negotiators and highly trained tactical personnel who are capable of deploying less-lethal weaponry in a controlled and prolonged manner.

Police Training and Tactical Implications

Based upon these findings, there is a need for police managers to place a greater degree of emphasis upon training both police recruits and in-service personnel to use verbal and tactical skills associated with suicide intervention and dealing with the mentally ill. In addition to this training, police personnel must be made aware of the dynamics associated with victim-precipitated homicide, with a particular emphasis on the phenomenon of 'suicide-by-cop'. There is a need to focus upon successful intervention tactics when dealing with irrational individuals who are vulnerable owing to factors that may include suicidal ideation, psychosis, emotional upheaval and the influence of a substance. Police officers require training that will allow them to identify suicidal and psychotic cues when confronting an individual who is violent and dangerous. By identifying these cues, the police officer may be able to assess which use of force option is appropriate for the circumstances at hand. Within this framework, police agencies also need to address the wide variations among individual police officers in age, cultural background, maturity, experience and attitude. These wide individual variations often determine how the officer will react towards those who are despondent, irrational or suffering from mental illness. As a result, there is a need to inform police personnel about and train them to understand the perceptions of the irrational individual whom they are confronting. Importantly, irrational individuals will also have wide variations in background, attitudes and assumptions about the police, prior to the encounter. These individuals will likely have varying capacities to understand and assimilate police commands and to bring themselves under self-control, emphasising the need for a skilled response to irrational behaviour (PARC, 2003). Finally, police training must additionally emphasise the importance of information gathering, *prior to police personnel attending a call for service*. This study noted that, in many instances, members of the public had summoned the police in response to observations of an individual displaying irrational and violent behaviour. In some instances, members of the public were aware that the irrational individual was under the influence of a substance, was suffering from mental illness or expressing thoughts of suicide. Call-takers and dispatch personnel within police agencies must be aware of the dynamics associated with a victim-precipitated police shooting. It is essential that these personnel solicit pertinent information from members of the public who summon the police. Dispatch personnel must then relay this information to the attending police units, prior to their arrival, to allow for a planned and organised response.

A Specialised Response: Crisis Intervention Teams

The findings of this study emphasise that police agencies need to develop a *specialised response* to incidents involving individuals who are knowingly suicidal, mentally ill or acting in an irrational manner. For example, in Memphis, Tennessee and in Portland, Oregon police utilise a Crisis Intervention Team (CIT) composed of police officers who have received specialised training in dealing with individuals with mental illness or suicidal ideation. These officers are trained to slow down and de-escalate crisis incidents by the use of negotiation and flexible tactics (PARC, 2003). CIT training involves 40 hours of scenario-based training that is developed from actual incidents. The scenarios allow for the illustration of crisis de-escalation principles and include intensive feedback from fellow officers and mental health professionals. In Memphis, over 25% of all uniformed patrol officers have received this specialised training. As a result, at least one CIT-trained officer is

available on every shift and in every precinct (PARC, 2003). This important aspect of the CIT model provides for the application of crisis intervention, throughout the jurisdiction of the police service, at a moment's notice.

Some of the highlights of the Memphis CIT experience include:

- Timely response: in 100 randomly selected cases, a Memphis CIT officer arrived in fewer than ten minutes, 'with the great majority of those calls responded to in under five minutes'.
- The decreased need for emergency response team deployment: the de-escalation training allowed for positive results by CIT personnel, decreasing the need to call out a specialised emergency response team.
- A decrease in injuries: it was noted that police officer injuries, resulting from encounters with persons with mental illness, dropped by more than half following the implementation of Crisis Intervention Teams. Based upon anecdotal evidence, so did injuries to the individuals with mental illness who were involved.
- Reduced criminalisation of mental illness events: the arrest rate of persons with mental illness dropped after the introduction of CIT to approximately 2% contrasted with the US national average of 20%. In this regard, it was noted:

The Memphis CIT officers have increased their department's involvement in mental illness events and referrals to the health care system. This increase has happened while they have maintained an extremely low rate of arrest for those with mental illness, while at the same time significantly reducing their own injury rate (PARC, 2003: 204–6).

In addition to Crisis Intervention Teams, the option of containment and 'tactical withdrawal' must be included within the police response. If possible, police officers should physically distance themselves and take cover from individuals who are bent on forcing a victim-precipitated homicide. A tactical withdrawal and containment by police personnel may serve to neutralise the actions and intentions of the suicidal or psychotic individual. The police tactic of 'time and distance' may also allow an emotionally charged individual the opportunity to calm down or an individual in a drug/alcohol-induced state the opportunity to regain perspective. Containment will also allow the police to formulate a plan of action involving a calculated and prolonged response, one that may include the deployment of less lethal force.

The Complexities Associated with Less Lethal Weaponry Less lethal weaponry may allow the assailant to live while incapacitating the lethal threat to the police officer. It is important to emphasise that when dealing with vulnerable groups, the threat of using a firearm is frequently ineffective. Less lethal weapons provide police personnel with additional force options that can be utilised to subdue these irrational individuals, protecting both the suspect and the police officers from sustaining more severe injuries.

While most police personnel in the United States and Canada have immediate access to *close range*, less-lethal force options that include pepper spray and batons, there is a need for access to additional forms of less lethal weaponry. Pepper spray and batons are severely limited owing to the requirement of close proximity for application, thereby placing the police officer and the vulnerable person at risk. In this regard, police agencies need to provide street-level police personnel with *immediate access* to mid-range, less lethal force options that include the Taser bean-bag shotgun. The hand-held Taser is a less lethal weapon that is deployed at a distance of up to 20 feet and allows for easy carrying and concealment on a police duty-belt. These features provide operational police officers with a mid-range, less-lethal force option that is accessible wherever the police officer goes. However, the deployment of the Taser requires further research as the application of high-voltage electricity may have a more serious impact upon individuals that are rendered vulnerable by the influence of hallucinogenic drugs or poor health. In these instances, the application of the Taser may result in the death of individuals rendered vulnerable by their fragile physical state (Parent, 2006). In contrast, the beanbag shotgun is a less-lethal impact weapon that is designed to control subjects

within a range of 30–60 feet and can be stored within the trunk of the police vehicle. When discharged at an individual, the 12-gauge beanbag delivers approximately 120 pounds of kinetic energy to the target area, causing temporary motor-dysfunction.

Significantly, the Taser and beanbag shotgun are effective less-lethal weapons that bridge the gap between the police-issued firearm and close-range compliance tools that include the baton and pepper spray. By having immediate access to these midrange weapons, police officers will be better equipped when confronting vulnerable individuals allowing the discharge of less lethal force at a moment's notice.

While less lethal weapons provide alternatives to deadly force, it is important to emphasise that they are not intended to replace an officer's firearm. Research has shown that police officers are at times confronted with life-threatening situations that require them to make split-second decisions (Parent, 2004). Many of the potentially deadly attacks on police officers are dynamic, occurring spontaneously and cannot be anticipated by the officer. In this regard, Geller and Scott (1992) state:

It was tempting then, and remains so now, to hope for technological and scientific solutions to human problems, whether hunger, poverty, disease, or violence. Technology and science may eventually provide police with a tool that non-violently and instantly immobilizes adversaries – like the 'phasers' or ray guns of science fiction fame. In the near term, however, less-than-lethal devices clearly have been conceived as *supplements* to, rather than substitutes for, firearms. The hope is that, in the 'force continuum' of options considered during any potentially violent encounter, less-than-lethal tools (and tactics) will suffice to accomplish the police objective. At the same time, all who advocate the merits of less-than-lethal weapons readily acknowledge that some encounters are life-and-death-struggles calling for the prompt and decisive use of deadly force. (Geller & Scott, 1992: 358)

Unfortunately, in some incidents, police officers will have mere seconds to react to a perceived lethal threat. An individual predisposed to suicide, suffering from mental illness or acting in an irrational manner may suddenly confront the police with a knife or other weapon, advancing upon and *forcing* the officer to utilise lethal force. An extreme individual may even confront the police with a loaded firearm or discharge their weapon at the police. These situations would provide few, if any, options for the attending officers except to respond with deadly force.

Due to these complexities, there is also a need to look beyond the operational expectations of the police and to examine broader, complex social issues that include suicide prevention, the deinstitutionalisation of the mentally ill and the proliferation of mind-altering drugs such as methamphetamine. Government agencies mandated to provide suicide prevention, mental health and drug treatment share a partnership role with the police. A partnership role that includes reducing the likelihood of the police use of deadly force.

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