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The Police Use of Deadly Force in British Columbia: Mental Illness and Crisis Intervention

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This article analyzes 30 documented incidents of the police use of deadly force, where police personnel in British Columbia have discharged their firearms while facing a lethal threat. In approximately 25% of these fatal shootings (n = 8) the decedent had a documented history of mental illness and/or suicidal behavior. The findings of this study suggest that frontline police officers require a comprehensive strategy when dealing with individuals who are vulnerable as a result of their mental or emotional state. During their time of crisis, these individuals may be irrational and violent due to factors that include psychosis, suicidal ideation, and emotional upheaval. In some instances, crisis intervention training and less lethal compliance tools may be able to facilitate a successful intervention to an otherwise tragic event. The findings of this study also underscore the complexities of a police shooting incident and of the precarious nature of street-level policing.

KEYWORDS *Police use of deadly force, mental illness, suicidal ideation, crisis intervention, comprehensive strategy*

THE POLICE USE OF DEADLY FORCE

For law enforcement personnel, the decision to utilize deadly force is of such significance that the appropriateness of the action will always be questioned. In contemporary society, the police use of potentially lethal force can only occur in those rare situations in which no other reasonable option

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is available. The use of deadly force is dependent upon both the unique circumstances of the incident and the particular decision-making strategies of the individual officer.

It is within this setting that approximately 400 individuals are shot and killed by U.S. law enforcement personnel each year (Federal Bureau of Investigation [FBI], 2010). In the neighboring nation of Canada, there were 139 fatal police shootings between January 1, 1999, and December 31, 2009—approximately 12 per year. The decision-making process regarding the use of deadly force will typically occur when the individual officer is under considerable stress and facing a perceived lethal threat.

The vast majority of police officers within the United States and Canada will complete their entire careers without having to shoot or utilize potentially deadly force (Parent, 2004). However, in those rare cases when deadly force is used, the decision making by the officer is often complex, multifaceted, and instantaneous.

It must also be emphasized that there are countless incidents of lethal threats to law enforcement personnel that are resolved each year *without the discharge of a firearm*. During these instances, the officers utilized alternate tactics or less-lethal compliance tools such as pepper spray, bean bag shotguns, or Taser guns to subdue the individual who was posing a lethal threat. Often, this method of resolution has occurred with an increased risk to the police officer (Griffiths, Parent, & Whitelaw, 1999).

This increased risk to police officers has at times resulted in their deaths. Owing to the very nature of their day-to-day duties, police personnel routinely face the possibility of being assaulted or murdered. On average, approximately 60 police officers are feloniously killed in the line of duty each year within the United States. In addition, approximately 75 officers will accidentally be killed each year in the United States due to mishaps that include automobile and aircraft accidents (FBI, 2010). In total, approximately 130 police officers die each year in the United States due to the precarious nature of their occupation.

In Canada, during the 10-year period from January 1, 2000 through to December 31, 2009, a total of 17 police officers were killed, reflecting a rate of approximately two police murders per year. In addition to these willful killings, 30 officers have died in traffic-related incidents, reflecting a rate of approximately three traffic-related deaths each year (Officer Down Memorial Page, 2010).

During the 1980s, there was an average of 185 police fatalities per year in the United States. In comparison, during the 1970s, there was an average of 215 police fatalities per year. The widespread adoption of body armor by police personnel and the advancement of emergency medical care are cited as key explanations for the decline in police deaths. Another significant factor is the increase of sophisticated training and tactics over the past two decades, further reducing police deaths and injuries (FBI, 2010).

Law and Policy Issues: The U.S. and Canada

While several fundamental differences exist between the federal legal systems of the United States and Canada, there are also some key similarities surrounding the police use of force. In the U.S., the federal system provides substantial criminal law powers to individual states that allow for varying degrees of criminal legislation, law enforcement, and punishment. In Canada, the federal government has exclusive jurisdiction to enact and regulate criminal matters. Individual provinces have some limited influence into police matters by directing and shaping police-related policies and regulations. However, these policies and regulations must exist within the parameters of federal legislation.

Another important difference between the two nations is that the police use of deadly force is far more of a concern in the U.S. than in Canada. In absolute numbers, as well as proportionately, far more people die by legal intervention in the United States than in Canada. Upon adjusting for population figures, the number of deaths by legal intervention within the United States is almost 3 times greater than the corresponding number of legal intervention deaths within Canada (FBI, 2010). This marked difference between the two nations is also apparent in other forms of extreme violence, which include the frequency in which police officers are murdered during the performance of their duties and the national homicide rate (Parent, 2004).

In Canada, the use of deadly force by police must occur within the parameters of the “justification” sections of the Criminal Code. Sections 25 through 33 of the Criminal Code exempt otherwise criminal actions from criminal liability. The most important of these sections is Section 25:

- 25(1) Everyone who is required or authorized by law to do anything in the administration or enforcement of the law
- (a) as a private person
 - (b) as a peace officer or public safety officer
 - (c) in aid of a peace officer or public officer, or
 - (d) by virtue of his office
- is, if he acts on reasonable grounds, justified in doing what he is required or authorized to do and in using as much force as is necessary for that purpose.

Provincial governments and Canadian police agencies have traditionally utilized the Criminal Code as a benchmark in the drafting of provincial police acts and departmental policies surrounding the use of force. This has resulted in police agencies throughout Canada maintaining a relatively consistent approach to policies and procedures pertaining to the use of deadly force.

In the province of British Columbia, the British Columbia Police Act sets out the responsibilities of the municipal police forces and provides for “regulating or prohibiting” the use of force by the provincial police and

municipal police agencies. In addition, the Use of Force Regulations within the provincial Police Act contain provisions that regulate the type of firearm to be carried by officers and other weapons that include pepper spray and batons. The rules in the Regulation are secondary to the requirements of the Criminal Code but tend to work in harmony with regard to prescribing the circumstances under which a firearm may be drawn and fired by an officer. For example, section 5 of the Regulation provides that a member of a police agency, who is authorized to use a firearm under section 3, may discharge that firearm if it is “reasonable and necessary to do so, and in accordance with the protections and authorizations provided by section 25 of the *Criminal Code*.”

In sum, the general laws and procedures within the United States governing the use of force can be considered to be in harmony with Canadian legislation. While differences do exist, the fundamental basic application of the use of deadly force by police within Canada and the United States is very similar. In both nations, police officers are legislated to utilize deadly force only when their lives, or the lives of others, are in immediate danger.

In addition to these legislative similarities, there has been a trend toward the standardization of police training and tactics that surround the issue of the police use of force in the United States and Canada. Police trainers and practitioners have developed a national (international) use-of-force model that has served to regulate and direct the use of force by police personnel (Parent, 2004).

Vulnerable Individuals and Street-Level Policing

In the past 25 years, “street conditions” within the United States and Canada have caused the police to be preoccupied with potential violence. The de-institutionalization of the mentally ill and the increased use of drugs such as crack cocaine have forced the police to deal with more disturbed and violent individuals (Wilson-Bates, 2008). The recent widespread manufacture and distribution of methamphetamines has also added to this problem, frequently causing the user to be belligerent and violent (Parent, 2004).

Police officers, more than ever before, are likely to encounter hostile or deranged individuals on a fairly frequent basis. A study of 850 officer-involved shootings in the United States and Canada revealed that in roughly one third of the cases ($n = 273$), officers reacted to a perceived threat involving persons who suffered from a mental illness, emotional stress, or substance abuse (Parent, 2004).

In the past 25 years, large numbers of individuals suffering from diseases such as schizophrenia have been released from psychiatric institutions. Many of these people are now living on the streets and frequently interact with the police (Wilson-Bates, 2008). The actions exhibited by persons with a mental

illness can sometimes be misconstrued as an aggressive act, indicating the need for the use of coercive force. Police officers must be able to accurately assess and interpret the cues of an individual (often within a few seconds) in order to determine the correct procedure in dealing with him or her. For example, a mentally distressed individual waving a knife in the air might be “talked down” by an officer applying verbal communication techniques. However, this same person may cause another officer to believe that his or her life is in danger. Police officers must instantly and accurately assess the threat that individuals pose.

Police officers require training that will allow them to identify various cues when confronted by an individual who may be dangerous. By recognizing these cues, officers should be able to assess which type of force is most appropriate. Irrational or mentally ill individuals have substantial variations in their personal background and will likely have different capacities to assimilate police commands.

OVERVIEW OF POLICING IN BRITISH COLUMBIA

In 2009, the population of British Columbia was approximately 4.4 million. Vancouver is the largest city in the province, with a metropolitan population of approximately 2 million people (Metro Vancouver, 2010).

In British Columbia, the Police Act and Municipal Act state that, when a municipality reaches 5,000 in population, it must assume the responsibility for its own police services. There are 11 municipalities with their own “independent” municipal police force within the province of British Columbia. In 2008, approximately one third of the province’s population was served by the 11 independent municipal police forces. Approximately 2,500 sworn officers are entrusted with the task of policing within these 11 municipalities. Municipal and native police personnel are trained at the Justice Institute of British Columbia Police Academy, located in the city of New Westminster, British Columbia (Police Services Division, 2008).

In 2008, there were 57 municipalities that contracted with the federal police agency, the Royal Canadian Mounted Police (RCMP) for municipal police services. Under the terms of the agreement, the cost of policing these municipalities is shared between the municipality and the federal government. Approximately 3,200 sworn RCMP officers are entrusted with the task of policing these 57 municipalities. In addition, approximately 2,300 RCMP officers provide policing as the provincial (state) force. Finally, an additional 1,000 RCMP officers serve as the federal force within the province of British Columbia (Police Services Division, 2008).

In total, approximately 6,500 sworn RCMP officers, in one form or another, provide policing within the province. These federally employed and trained officers provide police services to approximately 3 million people

within British Columbia (Police Services Division, 2008). The initial training of RCMP personnel occurs at Depot Division, located in Regina, Saskatchewan. Additional training of in-service RCMP personnel stationed within the province of British Columbia occurs at the Pacific Region Training Centre (PRTC) located in Chilliwack, British Columbia.

In 2008, a total of approximately 9,000 police officers (both municipal and RCMP) provided services within the province compared with a total of 7,457 police officers in 2003 (Police Services Division, 2008). The increase in police personnel reflects a growth in population.

The Office of the Coroner—Medical Examiner

A key source of information pertaining to the police use of lethal force is provided within the files held by the coroner. In most provinces, the coroner's office is legislated to conduct an inquest into all deaths resulting from, or related to, a police action. Typically, under the category "type of death" the coroner's office maintains a database regarding those deaths that occur within the province as a result of a police shooting.

Governed by both policy and legislation, a provincial coroner's office will typically conduct an independent public review (inquest) into all police shooting incidents that result in death. Importantly, the coroner's office controls and conducts the investigation into the police shooting, independently of the police agency. Coroner's inquests are formal court proceedings, with a five-person jury, held to publicly review the circumstances of a death. The jury hears evidence from witnesses under subpoena in order to determine the facts of the death. The presiding coroner is responsible for ensuring that the jury maintains the goal of fact finding, not fault finding (BC Coroners Office, 2010).

In British Columbia, the coroner's comments and analysis of a fatal police shooting are documented within a final report known as the *Verdict-at-Coroner's-Inquest*. Included within this report are a narrative account of the police shooting, the independent investigation, and, significantly, the recommendations of the jurors. The investigation and subsequent findings contained within the *Verdict-at-Coroner's-Inquest* reports provide both a detailed and impartial account of a police shooting. The recommendations reached also provide a lay commentary on how such incidents of violent death can be reduced in the future (British Columbia Coroners Act, 2007).

POLICE SHOOTINGS IN BRITISH COLUMBIA

For the purpose of this study, an analysis of coroner data surrounding police shooting incidents in the Province of British Columbia was conducted

during the period from January 1, 2000, through to December 31, 2009. In some instances, it was possible to review actual police reports and speak with individuals who were involved in the police shooting incident. Media reporting was additionally used in some cases to provide additional information and details surrounding the actual event.

An analysis of these various sources of information revealed that during the 10-year period, a total of 30 fatal police shootings occurred. Twenty-nine of the individuals that were shot and killed by the police were males. The majority of the police officers involved in the shootings were also males. However, female officers were often in attendance during the lethal encounter, and in at least three cases, female officers were the primary shooters.

The police shooting data represent two main police agency sources: the 11 municipal police agencies in the province and the RCMP in their role as a federal police force, a contracted provincial police force, and as a number of contracted municipal police forces within the province.

The analysis of the 30 incidents of the police use of deadly force revealed that several factors played a significant role in the outcome of the fatal incident. The significant factors associated with the fatal police shootings in British Columbia are as follows.

The Commission of a Criminal Offense ($N = 15$)

During 15 of the fatal shootings, the deceased had just committed a criminal offense. In the majority of these incidents, the deceased was confrontational, assaultive, threatening, and was typically involved in a dispute just prior to police intervention. The criminal offenses committed by the deceased include attempted murder, threatening with a weapon, aggravated assault, and domestic violence ($n = 6$). Several of these individuals were also under the influence of an illegal substance at the time of the shooting incident.

In the majority of these cases, members of the public had been victimized and requested that the police deal with the perpetrator of the crime who was believed to be violent and assaultive. On occasion, the suspect had completed the crime and was fleeing from the scene when officers arrived. However, upon recognizing the interveners as police officers, the suspect(s) reacted with a lethal threat to the officer(s) or to innocent bystanders. The events are as follows:

- The deceased confronted his ex-wife with a gun and forced her to go with him in his motor vehicle. He then shot her four times and fled in his motor vehicle as police pursued. When he was stopped by officers, a gun battle occurred with the individual being shot in the abdomen by police. As he lay wounded, the individual shot himself in the right temple with his own gun. The coroner ruled that the individual died as a result of the gunshot

wounds to the head and abdomen. The ex-wife received treatment for her wounds and survived.

- In two incidents, the deceased was involved in a violent, heated, domestic argument with his spouse when the police arrived. As the attending officers intervened, the husband was observed brandishing a knife in a threatening manner, attempting to kill his wife. In response, the officers discharged their firearms. Interestingly, six of the 15 cases in this section involved domestic violence.
- In two incidents, the deceased was being arrested as he sat in the driver's seat of his motor vehicle. When the police officers gave commands for the driver to exit his motor vehicle the individual produced a firearm and brandished the weapon at the police in a threatening manner. In response, the officers discharged their own firearms and killed the driver. In both of these cases, it was later determined that the firearm that the drivers had brandished was a nonoperable replica handgun. It is unclear as to why the decedent would knowingly brandish a nonoperable weapon at the police.
- In sum, of the 15 fatal shootings involving the commission of a criminal offense:
 - Seven of the individuals had threatened the police while in possession of an operable firearm.
 - Five of the individuals were in possession of a knife and threatened either the officer(s) or an innocent bystander.
 - In one incident, the individual appeared to simulate a lethal threat and was shot; he was later found to be unarmed.
 - In the remaining two cases, the decedent brandished a nonoperable replica firearm at police.

Motor Vehicle Used as a Weapon ($N = 4$)

During four of the fatal shootings, the deceased had just committed a crime and was operating a motor vehicle to facilitate his escape. The police pursued the driver of the motor vehicle, which resulted in a confrontation on the street. In an attempt to escape and evade the police, the driver utilized his motor vehicle as a weapon, attempting to inflict bodily harm or death to the officer. In response, police discharged their weapons, killing the driver.

Violent Physical Confrontation ($N = 3$)

During three of the fatal shootings, the deceased was interacting with a lone officer when a violent confrontation ensued. These interactions escalated to the point where the officer feared for his life and subsequently used lethal

force. In these cases, the officers stated that in addition to suffering bodily harm, they feared that their gun might be taken away.

These three cases occurred in remote undeveloped areas or in a small town where the officer did not have assistance (backup) readily available. In addition, in all three cases the deceased citizen had committed a minor infraction resulting in a police check or arrest. Initially, the encounter between the individual and the police officer seemed to be routine. However, within a matter of seconds the encounter had evolved into a battle with the officer fearing for his life.

Mental Illness and Suicidal Behavior ($N = 8$)

Mental illness, suicidal ideation, and other characteristics consistent with irrational behavior were displayed by eight individuals who were subsequently shot and killed by the police. Seven of the eight individuals who were killed had a documented history of mental illness.

In four cases, officers were on patrol when they suddenly and unexpectedly confronted an individual who was violent and aggressive, brandishing a weapon in a potentially lethal manner. In two cases, the officers were injured and hospitalized due to the actions of the decedent. The assailants in all of these cases had a documented history of mental illness and were either living on their own or with family members.

- The first case involved an individual who suffered from paranoia and schizophrenia, along with numerous hospital admissions for psychiatric care. He had been arrested under provisions within the Mental Health Act, treated, and then released back into the community with a prescribed medication. On the day of the shooting incident, the decedent was sitting on a bench at a bus stop when two uniformed officers approached for the purpose of attending to an unrelated domestic dispute. As the officers exited their marked patrol vehicle, the decedent suddenly stood up from his bench and approached one of the officers in a confrontational manner. The decedent unexpectedly produced a drywall saw and began to stab the officer. In response, one officer discharged his firearm and killed the assailant. The assaulted officer was hospitalized and suffered various injuries including a 3-in. deep laceration and abrasion to his arm.
- The second case involved two uniformed officers who were investigating a theft from a motor vehicle when they observed a suspicious male in the area. When the officers approached the individual, he became agitated and pulled out a utility knife with the blade extended. The officers drew their firearms and began to back up while directing the individual to drop his knife. As the distance closed, and the officers were in imminent danger, one officer discharged her firearm, killing the assailant. It was later learned

that the decedent was living on the streets and suffered from chronic schizophrenia.

- In the third case the police were summoned to a restaurant to deal with an irritated and unruly customer. Upon arrival at the restaurant, the officers noted that the unruly individual was in possession of a hammer. The individual was instructed to drop the hammer, which he did. However, unexpectedly, as he was being placed under arrest he produced a metal chain, striking the officer in the head and causing him to fall backwards into the street. A second officer intervened and a fight ensued as the individual maintained possession of his chain. The individual then attempted to attack another officer while still clutching the chain. In response, the officer discharged his firearm, killing the assailant. Two officers were injured during the encounter; the first officer was rendered unconscious as he was struck on the head with the chain. The second officer was also injured during the fight. Both officers required hospital treatment and stitches. It was later found that the decedent had a bipolar disorder and was not taking his medication and could become paranoid and delusional. Four days prior to the police shooting, he had told his doctor that he had stopped taking his medication.
- In the fourth case, two women summoned the police after they had been victimized by an individual that smashed the window of their vehicle with a machete for no apparent reason. A single officer later located the suspect in his vehicle. As the police officer was about to approach the individual, the suspect exited his vehicle with a weapon in his hand. The officer ordered the man to stop and when he failed to comply, the officer discharged his firearm and the man collapsed beside him. It was at that time that the officer saw that the weapon in the decedent's hand was a machete. It was subsequently learned that the decedent was under the care of a psychiatrist and suffered from paranoia and depression. He also had suicidal thoughts and a problem with authority. He would engage in self-mutilation as a coping skill to release anger and tension. Four months before the police shooting, he had been admitted to a psychiatric unit under the Mental Health Act but was later discharged.

In three cases ($n = 3$), the individual's mental status deteriorated to such an extent that family members and/or the medical profession had summoned the police to intervene. These individuals were exhibiting erratic behavior indicative of a psychotic illness.

- In the first case, the individual was in possession of a knife and had cut himself on several occasions, causing family members to be concerned that he was a danger to himself. In this instance, a psychiatric nurse attended the residence in the company of police personnel for the purpose of transporting the individual to a hospital for treatment. However, while

they were attempting to speak with the individual, he suddenly pulled out a knife, brandishing it in a threatening manner. A Taser was deployed on two separate instances but was ineffective. As the individual continued to advance on the police officers, he was shot and killed.

- In the second case, a Mental Health warrant was issued directing the police agency to apprehend the individual and deliver him to the local hospital for psychiatric treatment. The individual had a lengthy history of mental illness with a diagnosis of schizophrenia. He was extremely opposed to hospital care and attempts were made to treat him at home. Unfortunately, there was a progression of increased resistance to intervention and compliance with medication treatment. As a result, the individual's mental state had deteriorated and self-harm indicators were escalating. When police personnel attended his residence, the individual refused to accompany them to the hospital, brandishing a knife in each hand. The police responded by deploying a Taser with little effect. As the individual advanced upon the police, while in possession of his knives, he was shot and killed.
- In the third case, the individual's wife phoned to request an ambulance for her husband, reporting that he was losing control of himself and that the incident was a "medical issue." An ambulance was initially dispatched to the residence, but police were additionally sent when a second incomplete 911 call was received from the residence. During the second 911 phone call there were indications that the husband was off his medication and that he was "on a rampage" in the house. Upon police arrival, the officers detected a strong smell of gasoline in the residence and noted that the husband had lit a fire on the kitchen floor. The husband had fled the residence but was later confronted outside in the parking lot area. A lone police officer attempted to arrest the husband when he suddenly bolted to the trunk of a car. The husband then appeared from behind the car with a crow bar and a metal pipe in each hand, brandishing the objects in a threatening manner. Suddenly the husband charged at the officer, refusing to drop his weapons. In response, the officer discharged his firearm, killing the assailant. It was later learned that 3 years prior to the shooting incident the decedent was diagnosed as having a delusional disorder and had been prescribed antipsychotic drugs. However, it is believed that he had not been taking his medication for several weeks prior to the wife's request for help. It was also learned that the subject was noted to be teary eyed and paranoid shortly before the police shooting incident.

In one case ($n = 1$), the police confronted a methadone addict who was suicidal and struggled with depression. He had been prescribed antidepressants and became increasingly anxious and fearful of going back to prison.

- In this incident, the wife of the decedent alerted her physician about her husband's progressive suicidal behavior, stating that he was now armed with a knife. The physician in turn summoned the police to the residence. Upon police arrival, the officers noted the individual to be armed with a bloodied knife and that he had self-mutilated as cuts were observed on his neck. Attempts were made to disarm the individual, and a Taser was deployed on two separate occasions but was ineffective. Although the officers attempted to keep their distance, the subject advanced upon the officers, refusing to drop his knife. When the subject was within a distance of 8 feet from one of the officers, he was shot and subsequently died.

In sum, officers were threatened with death or great bodily harm in all eight of the fatal shooting incidents involving mental illness/suicidal behavior. Typically, the assailants were in possession of sharp weapons when they attacked the officer. Three officers required medical treatment due to injuries that occurred during the attacks. In all of these cases, the officers were assigned to general duty patrol.

DISCUSSION AND CONCLUSION

The findings of this study underscore the need for continual research surrounding mental illness and the police use of lethal force. Research and subsequent findings serve as a viable means of providing insight into how and why incidents of justifiable homicide occur. By understanding the police use of deadly force, it may be possible to minimize the frequency of officer-involved shootings by enhancing training and tactics. What role does the assailant/victim play during a potentially lethal encounter with the police? Can the police successfully intervene during these encounters using a minimal degree of force?

Further understanding of police shooting incidents may provide valuable insight into officer safety, thereby reducing officer assaults and deaths. Is it possible to employ a specialized response during the initial stages of a volatile incident and reduce the danger to the officer(s)?

Vulnerable Groups and Crisis Intervention

Research has demonstrated that a police shooting is more likely to occur during situations that are characterized by ambiguity and surprise (Fridell & Binder, 1992). Police officers utilizing deadly force are less likely to know details surrounding the individual they are about to confront and are also less likely to make a judgment regarding the victim's emotional state. Police

officers also tend to erroneously presume normality and rationality on the part of the victim before many deadly-force encounters (Parent, 2004).

Significantly, the information-exchange phase of an encounter between the police officer and the shooting victim may be critical in determining whether deadly force will be used. Officers who feel less threatened will be less apt to resort to the use of lethal force (Parent, 2004). These factors serve to slow down and control a potentially high-risk situation, allowing officers to develop an informed approach. An informed and comprehensive strategy may provide police managers with the additional option of deploying an emergency response unit. A highly trained and skilled emergency response team will increase the likelihood of a nonfatal outcome by utilizing skilled negotiators and trained tactical personnel who have the capability to effectively deploy less-lethal weaponry.

The findings of this study indicate that police departments need to develop a specialized response to incidents involving individuals who are suffering from a mental illness. For example, in Chicago, Illinois; Memphis, Tennessee; and Portland, Oregon, the police utilize a Crisis Intervention Team (CIT) composed of police officers who have received specialized training in dealing with individuals who have mental illness or suicidal ideation. These officers are trained to de-escalate crisis incidents by the use of negotiation and flexible tactics (Police Assessment Resource Center [PARC], 2003).

In Memphis, over 25% of all uniformed patrol officers have received this specialized training. Some of the highlights of the Memphis CIT experience include a timely response, a decreased need for emergency response team deployment, a decrease in injuries to both officers and mental health consumers, and reduced criminalization of individuals known to be mentally ill (PARC, 2003).

In addition to CITs, the option of containment and tactical withdrawal should be included within the police response. If possible, officers should physically distance themselves and contain individuals who are focused on forcing a violent confrontation. In some cases, a tactical withdrawal and containment by officers may serve to neutralize the actions and intentions of the individual. The tactic of time and distance may also allow an emotionally charged individual an opportunity to calm down and gain her or his perspective. Containment may 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.

Police Training and Tactical Implications

There is a need for training and organizational policies to highlight the importance of information gathering, prior to on-site deployment. Call-takers and dispatch personnel within police agencies should be aware of the

precarious dynamics associated with mental health-related calls for assistance. It is crucial that call-takers and dispatch personnel solicit pertinent information from members of the public who summon the police. Police dispatchers must relay this information to the police units to allow for a planned and safe response.

In this regard, crisis negotiators with specialized skills and training serve as a valuable resource. In British Columbia, police departments that include the RCMP and the Vancouver Police Department have implemented comprehensive crisis intervention training for front-line officers and for other police personnel involved in information gathering. The training of in-service personnel typically occurs during a single week, providing more than 30 hr of information pertaining to issues such as early psychosis intervention, suicide intervention, mental health disorders, and the principles of crisis negotiation. The Vancouver Police Department has taken a lead role in this regard, providing crisis intervention training to almost every operational officer within the department.

Another interesting finding of this study regards the application of Tasers. In three cases a Taser was used to incapacitate a person suffering from a mental illness. In all three of these cases, the Taser failed to stop the person, requiring the use of lethal force. Why the Taser failed to work is unclear; however, it is apparent that police officers were in the so-called "kill zone" as they attempted to apply the Taser and placed themselves at heightened risk.

While most police officers in the United States and Canada have immediate access to close-range, less-lethal force options such as pepper spray and batons, there is a need for additional forms of less-lethal weaponry. Pepper spray and batons have limited use, due to the requirement of close proximity for application, thereby placing the officer at risk. Thus, police agencies need to explore midrange, less-lethal force options that may include the beanbag shotgun. By having immediate access to midrange weapons, officers will be better equipped when confronting irrational individuals.

Another interesting finding of this study is the frequency of domestic violence calls and the police use of force. In 20% of the police shootings, officers had been summoned to intervene in what often appeared to be a domestic dispute ($n = 6$). In two additional cases, women had summoned medical personnel regarding the irrational and destructive behavior of their husbands. These cases underscore the dangers associated with domestic disputes and the need for enhanced crisis intervention tactics and skills.

In sum, a comprehensive and strategic approach to crisis intervention is more likely to result in a successful and nonviolent ending. Unfortunately, in some instances officers will have only seconds to react to a threat. Persons suffering from mental illness may suddenly confront the police with a deadly weapon. In some situations, the police will have no other option but to use lethal force.

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