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# Police Use of Force with the Mentally ill

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Police Use of Force with the Mentally Ill

by

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Presented to the Faculty of the  
Graduate Department of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

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POLICE USE OF FORCE WITH THE MENTALLY ILL

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by

Chelsea L. Moore, M.A.

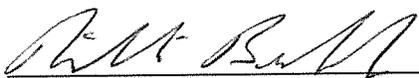
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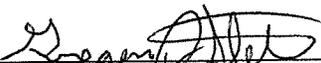


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Police Use of Force with the Mentally Ill

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**Abstract**

Police officers experience many difficult situations in their line of duty, but two situations stand out as particularly unsettling for police officers: when they interact with people who are (a) under the influence of drugs or alcohol, and when (b) people appear to be suffering from serious mental illness (Kaminski, DiGiovanni, & Downs, 2004). This study explores the impact of these conditions on whether or not police officers resort to using force within a Northwestern metropolitan police department. A set of archival data consisting of force incidents was divided into four subgroups depending on subject (suspect) substance use and mental illness status and coded based on subject threat, subject force, and officer force levels. After analysis, it is determined no significant differences exist between groups, indicating no relationship between subject substance use and mental illness status with police level of force. These findings suggest police officers use no more or less force when interacting with people under the influence of a

substance or suffering from mental illness than officers do with people where these conditions are absent.

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## **Chapter 1**

### **Introduction**

Everyday, law enforcement officers voluntarily sacrifice their time and resources exposing themselves to potentially life threatening risks for the sake of protecting the lives and defending the rights of America's citizens. These men and women have a sworn duty to protect and serve the population and enforce laws in order to maintain public order and safety. Law enforcement agencies can be found at the federal level, including agencies such as the Federal Bureau of Investigations (FBI) and Secret Service, and at the local level. At present, local police departments make up more than two-thirds of state and local law enforcement agencies in the United States. A local police department is "a general purpose law enforcement agency, other than a sheriff's office, that is operated by a unit of local government such as a town, city, township, or county" (Local Police, n.d.). According to the 2008 Census of State and Local Law Enforcement Agencies (CSLLEA), these agencies employed about one million full-time employees, including 765,000 sworn officers, or those with general arrest powers (Reaves, 2011). These officers are interacting with the public on a daily basis.

Traditionally, police officers are first responders in crisis situations. Their duties include the "prevention, detection, and investigation of crime and the apprehension and detention of individuals subjected of law violation" (Law Enforcement, n.d.). Typically, police officers can accomplish these tasks by being present in the community, monitoring activity, responding to emergency calls, and utilizing their arrest powers. In 2012, the estimated arrest rate was just

under 4,000 arrests per 100,000 people (Crime in the United States, 2013). When arrest is necessary, the majority is accomplished peacefully, not requiring the officer to make any physical contact. However, police officers must also be prepared for subject resistance. In these cases a police officer may be required to use or threaten the use of force.

### **Police Use of Force**

Data gathered from various sources has consistently revealed a small percentage of police interactions requiring force (Adams, 1999). The Bureau of Justice Statistics revealed only 1.4% of total arrests in the United States required police to utilize force (Use of Force, n.d.). Though a broadly accepted definition of police force has yet to be decided, some types of force used range from mild, or any physical contact that will not result in physical injury, to severe, which results in lethal force. Moderate force may include tackling a subject, using pepper spray or other less lethal weapons such as tasers or batons. A study conducted by Gallo, Collyer, and Gallagher (2008) indicated the use of force beyond basic restraints is rare. The force typically seen is often mild with police using weaponless methods in 80 percent of force cases (Garner & Maxwell, 1999).

Despite the relatively low occurrence of police use of force beyond basic restraints, law enforcement agencies abide by a set of standards that guide the decision to utilize force. The US Supreme Court case, *Graham v. Connor* (1989), applied the “objective reasonableness” standard established in the Fourth Amendment to police use of force. This case concluded that the reasonableness of force use should not be judged in hindsight, but from the reasonable perspective of the on scene officer. The split-second decision to use force by an officer should be based on the “totality of the circumstances.” Among other things, he or she must weigh (a) the

severity of the crime, (b) whether the subject poses immediate threat to the officer or others, (c) the intensity and uncertainty of the situation, and 4) whether the subject is actively resisting arrest or attempting to flee (*Graham v. Connor*, 1989) in order to decide the appropriate level of force.

Related to the conclusions of the *Graham v. Connor* case is the danger-perception theory. This theory states that the amount of force utilized by police depends upon the real or perceived danger the officer experiences (MacDonald, Kaminski, Alpert, & Tennenbaum, 2001). For example, police officers are more likely to use higher levels of force when they engage subjects in disadvantaged neighborhoods and those with higher homicide rates (Terrill & Reisig, 2003). Therefore, as seen in this example and according to the danger-perception theory, it can be predicted that police officers will use higher levels of force when they encounter situations and subjects that they perceive present more danger to themselves or others.

### **Police and the Mentally Ill**

An analysis of current research reveals a challenge facing police officers and their decision to utilize force: working with mentally ill subjects. This group of individuals is often perceived as being unpredictable and therefore potentially more dangerous, thus opening up the opportunity to use greater levels of force. In 1975, the US Supreme Court ruled that all mentally ill patients, who are not considered to be a danger, have the right to be discharged from mental institutions (*O'Connor v. Donaldson*, 1975). This marked the start of the movement to deinstitutionalize the mentally ill resulting in more individuals with mental illness out in the community. Since the push for deinstitutionalization, there has been greater potential for police

interactions with these individuals (Weiss & Dresser, 2000). In fact, since police are first responders, they may be the only contact the mentally ill have with society (Getz, 1999).

In 1967, Bittner conducted a study focusing on police decision making in regards to the mentally ill. He discovered that police officers made psychiatric referrals only as a last resort (Bittner, 1967). A follow up study conducted in the 1980's found similar results: police used informal resolutions in 72% of the analyzed cases, made an arrest in 16%, and initiated hospitalization in 12% (Teplin, 1986). Informal resolutions consist of anything that does not require paperwork or hours off the street, and are most likely to be used with individuals who are considered neighborhood characters, or those who are quiet troublemakers, but ultimately unobtrusive (Teplin, 2000).

Individuals with greater impairment than the neighborhood characters cause police greater concern. Two situations that are particularly unsettling for police officers were identified by Kaminski, DiGiovanni, and Downs: when subjects are (a) under the influence of drugs or alcohol, and when (b) subjects appear to be suffering from serious mental illness (Kaminski et al., 2004). Further, Kaminski et al. indicated that,

The concern stems from the fact that in such situations a person's rational faculties appear impaired. In dealing with problem situations, officers most often talk their way, rather than force their way, into solutions. For this reason, when a civilian is in a highly irrational state of mind, the chances of the police officer having to use force presumably increase. (p. 312)

There is considerable controversy regarding the relationship between subject impairment, whether due to mental health or substance use, and use of police force. Various studies

demonstrated increase in severe police response with impaired subjects (Crawford & Burns, 1998; Engel, Sobol, & Worden, 2000; Garner & Maxwell, 2002; Garner, Maxwell, & Heraux, 2002). However, Bayley and Garofalo (1989) found drug and alcohol impairment to have a weak relationship with police use of force and Terrill and Mastrofski (2002) found mental impairment to be unrelated to force use. Another study found a positive relationship between alcohol impairment and use of force, but not drug impairment (Garner, Buchanan, Schade, & Hepburn, 1996). The previously mentioned study conducted by Kaminski et al. (2004) indicated police officers felt more threatened by subjects with impaired judgment, but found them to be less problematic than hypothesized.

Green (1997) concluded that when dealing with the mentally ill, police officers are more likely to use their arrest powers since pursuing appropriate action, like hospitalization, requires greater amounts of time and effort. Supporting this claim, Teplin (2000) revealed the probability of being arrested is 67% higher for subjects exhibiting symptoms of mental illness than those who do not. It should also be noted that drugs or psychiatric disorders impair over 50% of males arrested in urban areas (Taylor, Fitzgerald, Hunt, Reardon, & Brownstein, 2001). Past research suggests that police officers may lack the knowledge and understanding of mental illnesses and feel inadequately prepared to interact with these individuals and therefore resort to arrest (Borum, 2000; Borum, Williams, & Deane, 1998; Hails & Borum, 2003). Currently, new programs are being developed to bridge the gap between police and the mentally ill by involving specially trained individuals or police partners in the mental health field. For example, "Police-Based Specialized Mental Health Response" consists of mental health professionals who act as consultants to police officers during crises involving the mentally ill (Sellers, Sullivan, Veysey,

& Shane, 2005). A 2003 national police agency survey concluded that approximately one third of police agencies utilize a specialized program when engaging those suffering from mental illness (Hails & Borum, 2003). Considering the small percentage of law enforcement agencies that incorporate specialized programs, officers' perceived lack of training, the greater threat perceived by police officers, and the higher arrest rate of the mentally ill, it is hypothesized that police officers will use a greater level of force when interacting with individuals with perceived mental illness as compared to interacting with individuals lacking these symptoms.

### **Major Metropolitan Police**

This study analyzed data from a Northwestern major metropolitan police agency that is dedicated to its mission to protect and serve its community with as little reliance on force as possible, but also recognizes the potential for circumstances that require force (Reese, 2013). The agency's policy on use of force indicates police officers are trained to accomplish their mission "as effectively as possible with as little reliance on force as practical" and when force is necessary, to "resolve confrontations, when practical, with less force than the maximum that may be allowed by law" (1010.20, Physical Force, 2009). When discussing the maximum allowed by law, police officers are permitted to utilize force up to three levels greater than subject threat in order resolve confrontations as effectively as possible. According to its Statistical Report, the police agency employed around one thousand sworn officers in 2010, with the ratio of 1.68 officers per one thousand citizens (J. Jensen, personal communication, May 17, 2016). During the same year, its police officers made around 30,000 arrests (J. Jensen, personal communication, May 17, 2016) with 1,340 incidents involving force (Stewart, Henning, & Renauer, 2012), which is about 3% higher than the national average. This difference is due to the metropolitan police

agency's inclusion of pointing firearms as a level of force, whereas pointing firearms is not included in the national average (Stewart, Gerritsen, Covelli & Henning, 2012). In alignment with the agency's protocol, officers who use force are required to document the incident in a force report (Reese, 2013). An analysis of these force reports indicated incidents involving force declined 59.2% between the years of 2007 and 2011 (Stewart, Gerritsen, Covelli & Henning, 2012). However, there is a lack of information regarding the mental health status of the individuals who required force (Stewart, Gerritsen, Covelli & Henning, 2012).

According to the 2011 Report of Homelessness conducted by the police agency's regional government, the homeless population (people living outside, in vehicles, in abandoned buildings, or emergency shelters) increased 8% between 2009 and 2011 with a 16% increase in chronic homelessness (Smock, 2011). The same report concluded 55% of the total homeless population in 2011 reported a disabling condition, including mental illness and substance use (Smock, 2011). Similarly, the 2011 regional government's Community Health Assessment identified mental health issues as one of the top three community health problems recognized by county residents (Sovari & Mowlds, 2011). The increase in the homeless population with mental health illness and the observed prevalence of mental health illness among the county's residents results in increased police officer contact with these individuals.

In short, between 2007 and 2011, the agency's police officer force incidents decreased 60%, homelessness increased 8% between 2009 and 2011, and the community residents identify mental health issues as a top community health problem. What we don't know is the prevalence of police use of force with subjects perceived as being mentally ill. Therefore the purpose of this

study is to examine the relationship between officer use of force and the mental illness status of the interacting subject.

## Chapter 2

### Methods

This study utilized archival data collected by a major metropolitan police agency. The data consists of roughly 700 police reports from 2010 and a stratified random sampling method was used to produce a sample of 280 cases (see results for the *a priori* power analysis data). Each case included some level of police officer use of force and the subject's substance use and mental illness status. The responding officer, according to police reporting procedures, recorded whether or not the subject was under the influence of a substance (alcohol or drug) or suffering from a mental illness based on the officer's perception of the subject. It is important to note there has been no research regarding the accuracy of officer perception of these conditions. For the purpose of this study, the presence of these conditions is assumed based on officer report alone since officer perception is a primary guide in determining the threat of a situation and the officer's response. In addition to substance use and mental illness status, three dependent variables were coded: subject threat, officer force, and subject force. Subject threat identified the highest severity of threat posed to the community, including officers, civilians, and the subject themselves, before any force was used. Officer force was a measure of the highest level of force the officer employed at any point while interacting with the subject. Subject force identifies the level of subject force that immediately precipitated the officer's highest level of force.

Reports including police use of force (definition and coding to follow) in cases of subjects with and without mental illness and with and without the influence of substances were the focus of the proposed analysis. In these cases, the reporting officer (RO) had the option of identifying the presence of “mental illness, alcohol (under the influence of), and drugs (under the influence of)” as perceived subject conditions in the force report. Further definitions of these mental health and substance use conditions were not documented, and therefore are not provided.

### **Participants**

Participants included the reporting officers in the investigations and operations branches. Specific officer demographics are highly confidential and were not be made known to the researcher, however referencing the police agency’s 2012 Statistical Report the number of officers in the investigations division in 2012 was 303 (31%) and 681 (69%) in the operations division for a total of 984 officers. According to the agency’s hiring procedures each officer must be a United States Citizen, at least 21 years of age, possess a high school diploma or GED and some college education. The final sample was de-identified therefore specific demographic information was not available in this study.

The force reports also included information about the subjects interacting with the reporting officer. The term *subject* is used in this study since the word *suspect* denotes possible guilt of a committed crime. Subjects in this study may or may not have been guilty of a crime. Subject information remained confidential except for the presence of mental illness and substance use, which was based on the reporting officer’s perception of the presence of these conditions. On police force reports, officers identify perceived subject conditions by checking a

box next to each condition. If perceived mental illness or substance use is present, this box was checked without further description of the condition.

### **Measures**

No universally accepted hierarchy of police use of force currently exists (Wolf, Mesloh, Henych, & Thompson, 2009). Present research uses a continuum as a guideline that allows for small increments of increased force intensity in reference to the degree of resistance put forth by the subject (Terrill, Alpert, Dunham, & Smith, 2003). The researcher utilized the expertise of the police agency's Crime Analysis Unit in order to develop a modification of the force factor methodology, originally developed by Alpert and Dunham (1997, 1999, and 2000), that adopts a similar strategy. Each variable, subject threat, officer force, and subject force, was measured on a continuum of severity. Subject threat ranged from 0 (*no threat*) to 6 (*deadly threat*). Officer force ranged from 0 (*no force*) to 6 (*deadly force*), though it should be noted all reports included some level of force, therefore no cases with no police force were included in this study. Subject force ranged from 0 (*no force*) to 6 (*deadly force*). Please see the Appendices A, B, and C for specific definitions of these severity levels.

A study completed in December 2015 analyzed cases coded according to the force factor method and determined the method has acceptable levels of reliability (Hickman, Atherley, Lowery, & Alpert, 2015). However, no study has determined reliability for situational threat coding methods. In order to overcome this obstacle, the Crime Analysis Unit's coding system underwent tests of inter-rater reliability, which can be found in the results section.

**Procedure**

The aim of this study was to compare the metropolitan police agency's police officer use of force when subjects do and do not exhibit symptoms of mental illness. The agency compiled roughly 700 case reports from 2010 that include the use of some intensity of force by the on scene officer. Of these, 280 cases were selected using a stratified sampling method and divided as equally as possible into the four variable groups depending on the presence or lack of mental illness or substance use. All cases involving the presence of mental illness were included (not randomly selected due to limited reports involving mental illness) and a matched sample of non-mental illness was selected in order to populate the two mental illness variable groups. Due to the confidential nature of these police reports, the Crime Analysis Unit de-identified these reports by assigning fake badge numbers, suspect ID numbers, and case report numbers to preserve anonymity. The final data set to be analyzed included these manufactured numbers as well as mental illness and substance use status of subject, as identified by the on scene officer, existence and intensity of force used by the officer and the mentally ill subject, and perceived level of threat of the situation. In situations where two or more officers reported on the same case, one was randomly selected for the final data set. Repeated badge numbers and subject ID numbers were allowed. The Crime Analysis Unit coded the level of force and threat based on their modified version of the force factor methodology after having received training on the procedure. The Unit also identified which variables (substance use and mental illness) were present in each case based on responding officer report. Once 280 cases were de-identified, coded, and placed in their designated groups based on mental illness and substance use status,

the researcher analyzed the data set in SPSS to see whether a significant difference existed in police use of force between subjects with and without mental illness.

## **Chapter 3**

### **Results**

This study explored the impact of subject substance use and mental illness on the presence and severity of force utilized by responding police officers. The police agency's Crime Analysis Unit compiled cases from 2010 in which force was used and coded the level of subject threat, officer force, and subject force using their own coding system employing themes from Alpert and Dunham's Force Factor Model (1999, 2000, and 2004). The final set of cases was divided into four subgroups: cases with and without subject substance use and cases with and without subject mental illness.

#### **Power Analysis**

An *a priori* power analysis indicated a total sample size of at least 280 cases divided into the four variable groups would provide a power of .8 and effect size of .2 at the .05 level of error probability.

#### **Reliability**

The Crime Analysis Unit developed a coding system of force and threat variables based on the force factor method originally developed by Alpert and Dunham (1999, 2000, and 2004). In order to determine the inter-rater reliability, two raters analyzed 50 cases. The resulting ordinal scores were correlated using Spearman's Rho and Cohen's Kappa. According to Spearman's Rho, coders ranked the subject's highest level of threat before force was used similarly, revealing a moderate correlation  $r_s = .50, p < .001$ . Correlation of the subject's highest

level of force was also moderate  $r_s = .68, p < .001$ . Coding between both raters of responding officer's highest level of force revealed a near perfect correlation  $r_s = .95, p < .001$ .

Cohen's Kappa revealed results comparable to those from the Spearman's Rho. Ranking of subject threat and subject force were moderately correlated, Kappa = .421,  $p < .001$  and Kappa = .514,  $p < .001$ , whereas ranking of responding officer force was strongly correlated Kappa = .820,  $p < .001$ . Results of both reliability analyses indicate raters coded officer force with few discrepancies, which is understandable considering both coders are trained in police tactics and had a thorough understanding of various levels of force used by police officers in the field. The identification and definition of subject threat and force is less predictable and open to interpretation resulting in more moderate levels of inter-rater correlation. Overall, reliability results of the Crime Analysis Unit's coding system for ranking threat and force suggest reasonable reliability.

### **Descriptive Statistics of Total Sample**

Before running the statistics on the final sample, duplicate cases from the reliability study were removed. The researcher kept all cases coded by Coder 1 since Coder 1 rated more cases overall than Coder 2, thereby increasing consistency in threat and force ratings. All 280 cases were valid with no missing data. Table 1 shows the number of cases in each of the four groups.

Analysis of subject threat, ranging from 0-6 in severity, revealed physical threat, or level 2, was the most common level of threat posed by subjects in 39.6% of cases. Aggressive threat, level 3, was the next most common seen in 37.1% of cases. Only 1.4% of cases revealed no subject threat (level 0) and 2.5% with deadly threat (level 6). Table 2 shows the distribution of subjects' threat levels for all cases.

Table 1

*Number of Cases in each Variable Group.*

	Without Substance Use	With Substance Use
Without Mental Illness	<i>N</i> = 83	<i>N</i> = 87
With Mental Illness	<i>N</i> = 52	<i>N</i> = 58

Table 2

*Frequency Table of Subject Highest Level of Pre-Force Threat.*

Subject Highest Level of Pre Force Threat	Frequency	Percent
0.00 - No Threat	4	1.4
1.00 - Minimal Threat	34	12.1
2.00 - Physical Threat	111	39.6
3.00 - Aggressive Threat	104	37.1
4.00 - Armed Aggressive Threat (no weapon visible)	8	2.9
5.00 - Armed Aggressive Threat (weapon visible)	12	4.3
6.00 - Deadly Threat	7	2.5
Total	280	100.0

Police officer force ranged from levels 1-6. In the 280 case sample, officers used intermediate force (level 3) more than other levels of force in 44.6% of cases, followed by physical force (level 2) in 38.6% of cases. Officers used light contact (level 1) 3.6% of the time

and deadly force (level 6) .4% of the time. Table 3 shows the distribution of officers' force levels for all cases.

Table 3

*Frequency Table of Officers' Highest Level of Force.*

Officer Highest Level of Force	Frequency	Percent
0.00 – No Force	0	0
1.00 – Light Contact	10	3.6
2.00 – Physical Force	108	38.6
3.00 – Intermediate Force	125	44.6
4.00 - Strikes	31	11.1
5.00 – Less Lethal Weapon Use	5	1.8
6.00 – Deadly Force	1	.4
Total	280	100.0

Finally, subject force ranged in severity from levels 0-6. The most occurring level of force used by subjects was light contact (level 1), 32.1%, followed by no force (level 0), 31.8%. Subjects used deadly force in 1.1% of the 280 cases. Table 4 shows the distribution of subjects' force levels for all cases.

Table 4

*Frequency Table Subject Level of Force Immediately Prior to Officer Force.*

Subject Highest Level of Force	Frequency	Percent
0.00 – No Force	89	31.8
1.00 – Light Contact	90	32.1
2.00 – Physical Force	34	12.1
3.00 – Intermediate Force	23	8.2
4.00 – Aggressive Force	40	14.3
5.00 – Weapon Use	1	.4
6.00 – Deadly Force	3	1.1
Total	280	100.0

### **Main Effects of Substance Use and Mental Illness on Threat and Force**

Considering the ordinal nature of the variables of threat and force as well as the independent variables substance use and mental illness, a Mann-Whitney U Test was employed in order to determine the effect of substance use and mental illness status on subject threat, subject use of force, and police officer use of force. This is a nonparametric statistical method similar to the *t*-test. Both tests determine whether or not groups are the same (i.e., pulled from the same population). The Mann-Whitney U test differs from the *t*-test in that it can be used when there are a smaller number of cases in each group and when the sample may not be drawn from a normally distributed population (Ciechalski, 1990).

To best utilize the Mann-Whitney U, each independent variable was analyzed separately, achieving two independent groups per independent variable. Substance use was divided into two groups (with and without substance use), as was mental illness (with and without mental illness). A Mann-Whitney U was run on the groups with and without substance use and run again using the groups with and without mental illness.

Analysis of the main effect of substance use on subject level of threat revealed no significant difference between groups with or without subjects under the influence of substances  $U = 9515.00, p = .67$ . There was also no difference between substance use groups on police officer force level  $U = 8883.50, p = .15$  nor on subject use of force  $U = 9062.50, p = .27$ . Therefore, there were no significant differences between groups with or without substance use on any of the dependent variables.

The Mann-Whitney test revealed similar results when determining the main effect of mental illness on the dependent variables. There were no differences between groups with or without mental illness on subject level of threat  $U = 9112.50, p = .70$ , on police officer level of force  $U = 9010.50, p = .58$ , or on subject level of force  $U = 8984.00, p = .57$ . Just as with substance use, it can be concluded that there were no significant difference between groups with or without mental illness on subject threat, officer force, or subject force.

### **Interaction of Substance Use and Mental Illness on Threat and Force**

A Median Test was used to analyze the interaction of substance use and mental illness by comparing differences among the four groups (with and without substance use and with and without mental illness). Paralleling the relationship of the Mann-Whitney Test and *t*-test, the Median Test is similar to an ANOVA. The Median Test compares the medians of different

groups to the median of the population (Siegel, 1956) but allows for ordinal and non-normally distributed data and smaller sample sizes. The two independent groups from the substance use and mental illness variables were combined into a four-group design. According to the Median Test, the proportions of cases above or below the median were similar across all four groups (see Table 5). There were no significant differences in the amount of subject level of threat based on the subject's group membership,  $X^2 = 4.39, p = .22$ . Nor was there a difference in officer level of force  $X^2 = 1.063, p = .79$ , or subject level of force  $X^2 = 2.37, p = .50$  as a function of group membership. This indicates both subjects and police officers respond similarly in terms of threat and force regardless of their substance use or mental illness status.

Table 5

*Interaction of Substance Use and Mental Illness on Force – Frequencies.*

		Group			
		No Substance Use or Mental Illness	Substance Use, No Mental Illness	No Substance Use, Mental Illness	Both Substance Use and Mental Illness
Subject Highest Threat	> Median	32	47	26	26
	<= Median	51	40	26	32
Officer Highest Force	> Median	13	11	5	8
	<= Median	70	76	47	50
Subject Highest Force	> Median	25	34	18	24
	<= Median	58	53	34	34

### Correlations Among Variables

As a final part of this study, Spearman's Rank Order Correlations were calculated to evaluate the correlations among subject threat, officer force, subject force, substance use status, and mental illness status. These correlations are shown in Table 6. There was a small, positive correlation between subject threat and officer force  $r_s = .28, p < .001$ , and a moderate, positive correlation between subject threat and subject force  $r_s = .42, p < .001$ . Also, consistent with the Mann-Whitney U and Median test results, there were no relationships between substance use status and mental health status and any of the other variables.

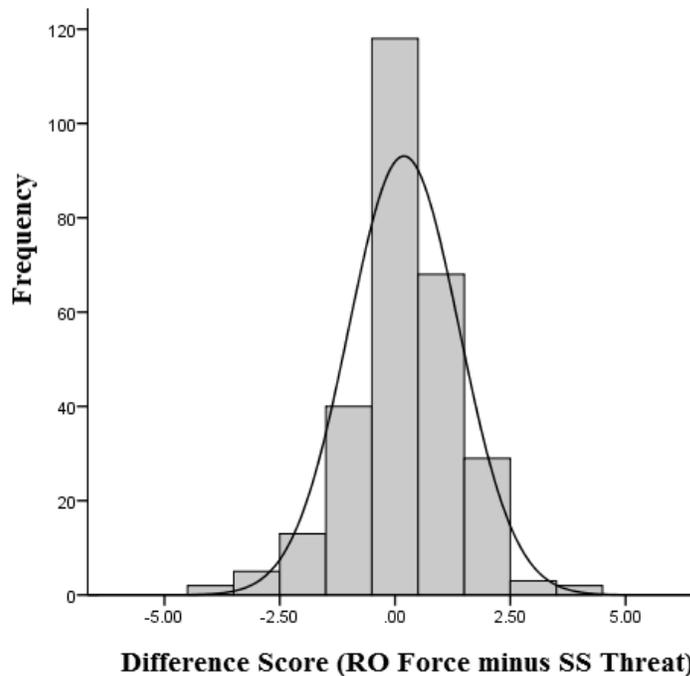
Table 6

*Spearman's Rho Correlations among Substance Use, Mental Illness, Subject Threat and Force, and Officer Force.*

	Subject Highest Threat	Officer Highest Force	Subject Highest Force	Substance Use Status
Officer Highest Force	.28			
Subject Highest Force	.42	.07		
Substance Use Status	.03	-.09	.07	
Mental Illness Status	.02	.03	.03	.02

### Matching Threat and Force

In order to examine whether officers' highest force matched the level of subject threat a difference score was calculated. Figure 1 shows the distribution of the difference scores (i.e., officer force minus subject threat). Positive numbers indicate that officer force exceeded subject

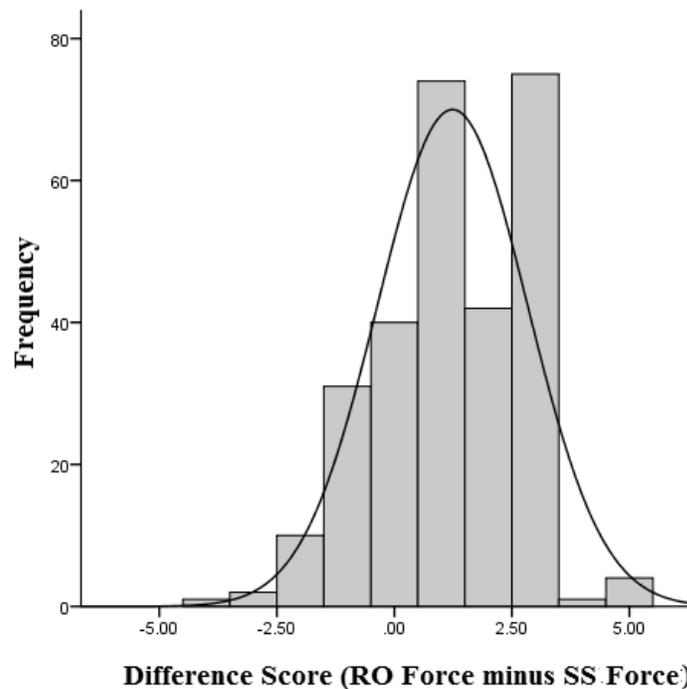


**Figure 1.** The distribution of difference scores, i.e. calculated by subtracting subject threat level from officer force.

threat while negative numbers indicate that subject threat exceeded officer force. Subject threat and officer force were matched in 42% of cases. The distribution mean was 0.19 ( $SD = 1.20$ ). Although the distribution was not skewed (skew =  $- .28$ , SE skew =  $.15$ ), it was leptokurtic (kurtosis =  $1.32$ , SE kurtosis =  $.29$ ) meaning that more scores were close to the mean than would be expected in a normal distribution. With the majority of scores close to the mean, it is determined that police officers responded to subject threat with a matching amount of force. However, as observable in Figure 1, when scores are not equivalent, officers are more likely to use slightly more force in response to the level of subject threat, though in about 1/5 of the situations they use a lower level of force in response to the level of subject threat. When considering this data, it is important to note that police use of force policies allow officers to

utilize a level of force that exceeds subject threat by a maximum of three levels when acting to resolve confrontations as effectively as possible. Therefore, when force and threat are not matched, as they are in 42% of cases, it is not surprising that officers would be more likely to use more force than subject threat more often than when subject threat exceeded officer force.

Similarly, a difference score was calculated to examine whether officers' highest force matched the level of subject force. Figure 2 shows the distribution of these difference scores



**Figure 2.** The distribution of difference scores, i.e. calculated by subtracting subject force level from officer force.

(i.e., officer force minus subject force). Positive numbers indicate that officer force exceeded subject force while negative numbers indicate that subject force exceeded officer force. Subject force exceeded officer force in 15.7% of the cases. Officer and subject force matched in 14.3%

of cases. In the remaining 70% of cases, officer force exceeded subject force (not unusual considering police use of force policies). This bi-modal distribution had a cluster of cases in which officer force exceeded subject force by one point ( $n = 74$ ; 26% of cases) and another cluster in which officer force exceeded subject force by three points ( $n = 75$ ; 27% of cases). The distribution mean was 1.24 ( $SD = 1.60$ ). The distribution was slightly negatively skewed (skew =  $-.35$ , SE skew =  $.15$ ), and it was mesokurtic (kurtosis =  $-.23$ , SE kurtosis =  $.29$ ).

## **Chapter 4**

### **Discussion**

A set of 280 force reports with measures of subject threat, officer force, and subject force were collected and the interaction between subject substance use and mental illness status on officer use of force analyzed. This study hypothesized that police officers would utilize more force when interacting with subjects suffering from mental illness and those under the influence of substances. The irrational and unpredictable behavior resulting from these conditions may increase the amount of threat present in an officer-subject interaction encouraging an officer to use more force in order to neutralize the danger. However, the results indicate substance use and mental illness did not significantly affect the amount of force used by police officers. Magnitude of officer force matched the magnitude of subject threat about half of the time. In the other half of the cases, officers were more likely to use somewhat more force relative to the subjects' threats. Finally, when comparing the level of police officer force to the level of subject level of force present just before the officer used force, officer force exceeds subject force the majority of the time.

### **Implications**

The results of this study present relevant implications for law enforcement officials and the community they serve. Currently, national public confidence in law enforcement officers is the lowest it's been in 22 years (Jones, 2015). There is concern about unfairness and brutality in police responses when interacting with the public (Woody, 2012) and residents perceive police

officer use of force to be excessive, (Stewart, Gerritsen, Covelli & Henning, 2012). Results of this study indicate police officers usually match the amount of force used to the level of threat presented, using slightly more force more often than they would less force as compared to the amount of perceived threat. When interacting with subjects who use forceful behavior police officer force will exceed subject force in the majority of cases.

As of 2010, the police agency employs the Objective Reasonableness Standard when determining appropriate amounts of force. This standard states, “that [officers] use only the force reasonably necessary under the totality of circumstances to perform their duties [...] safely and effectively” (1010.20 Physical Force, 2009). The agency also “places high value on resolving confrontation, when practical, with less force than the maximum that may be allowed by law” and emphasizes “accomplish[ing] its mission as effectively as possible with as little reliance on force as practical (1010.20 Physical Force, 2009).

Results of this study suggest police officers use slightly more force than the level of threat presented by the subject. Considering the agency’s policy on Physical Force, and because difference scores indicated officer force was lower, equivalent, or one level higher than subject level of threat, it is likely the force used by police officers in response to subject threat meets the Objective Reasonableness Standard. Results also suggest police officers use more force than the level of force used by the subject, with many cases being three levels of police force higher than the level of subject force. These results may align with the Objective Reasonableness Standard or may be indicative of force that goes beyond what is necessary or reasonable.

The question remains if police officers are using an excessive amount of force in response to subject force or if officer actions are within the Objective Reasonableness Standard.

Unfortunately the answer is not that simple. Since the Objective Reasonableness Standard depends upon the judgment and perception of the on-scene officer, only that particular officer in that particular situation could measure the reasonableness of his or her actions. In order to determine if force was excessive one would have to take into account all variables present during the police interaction including, but not limited to, situational threat, the legitimacy of the threat, resources available to the officer, and effectiveness of de-escalation tactics, which goes beyond the scope of this study. Additionally, cases where force may be excessive should be compared to past cases where the appropriateness of force used has already been decided, such as within past case law. Finally, since the Objective Reasonableness Standard does not measure excessive force based on this study's scales of threat and force, it cannot be concluded that officer force is generally excessive based on the results of this study alone.

In addition to the results comparing threat and force magnitudes, this study identified the relationship between a subject's substance use and mental health status to police use of force. Results of this study indicate no significant difference in the amount of police force used with individuals with and without substance use and no difference in force used with individuals with and without mental illness. When subjects are under the influence of substances or mental illness, they may become more unpredictable and irrational, potentially warranting more officer force to restore peace. However, based on this study, police officers are not automatically using more force with these higher risk individuals. Rather, they are using equal amounts of force with the mentally ill or substance users as with the mentally healthy and sober. These results are important because they suggest no discrimination against the mentally ill or those using substances when police officers determine whether or not to use force.

**Limitations**

Though intentional steps were taken in order to control and measure variables, there are limitations necessary to note. First, the scales used in this study to measure levels of subject threat and force may not be equivalent to levels of officer force. Though an officer may respond with level 4 force to a level 3 subject threat, the level discrepancy may not mean force was excessive. Officers may use higher levels of force in order to effectively resolve conflict and still be considered to be in alignment with the Objective Reasonableness Standard. Another potential limitation of the measurement scales is in their small ranges. If definitions of force and threat levels were broken down further, the greater range could describe situations in finer detail.

Another limitation to recognize is the high variability in quality of the written force reports by police officers. Some officers included more details and descriptions of events than others. In order to remain consistent, coders used information only within the report rather than contacting individual officers for more details of the subject interaction. The lack of detailed descriptions may have impacted coder ability to be accurate in differentiating between similar levels of force and threat, a distinction that would have been clear with more thoroughly described events.

It is also important to note the different data translations the reports went through traveling from the incident to the hands of the coders responsible for coding the levels of threat and force. The first chance accuracy could be lost is in the time between the incident and when officers actually write up the report. This time discrepancy, though in alignment with police protocol, could still result in loss of detailed memory of the incident. Additionally, there is the question of officer bias in how they describe the situation, subject, and their actions. Police

officers record subjective points of view of situations, though reporting protocol works to maximize objective rather than subjective incident descriptions. Determination of subject mental illness and substance use are based on police officer perception and not verified by diagnoses. However, it is also important to note that officer perception is a critical factor (rather than actual diagnosis) because officers will respond to situations based on their in-the-moment perceptions. The final translation force incident reports undergo is when coders, who are trained in police protocol but not present during the officer-subject interaction, are responsible for determining the levels of threat and force present in the case. These various translations from the actual field experience to the development of the dataset could result in a loss of validity.

### **Suggestions for Future Research**

In order to maximize the validity and generalizability of this study, more research is required. For example, it would be important to conduct further studies and tests in order to maximize the reliability and validity of the threat and force coding system developed by the Crime Analysis Unit. One possible suggestion would be to code the same variables based on video and audio recordings of force incidents and compare them to the coding based on their corresponding force incident reports. By doing so, one could determine the accuracy of coding based on the reality of the situation and the force report. This method would also help increase the amount of consistency between the reality of the situation and how variables are coded. Additionally, it will be important to increase the inter-rater reliability between subject threat and subject force. Ratings were strongly correlated for rating police officer force, but less so when measuring variables related to subjects' threat and force.

Also, further efforts to validate the rating scales used may prove helpful. While care was given to ensure that this study's measurement scales of threat and force are comparable, the validity of these scales would be strengthened if another organization with in-depth knowledge of police training and policy were to review and or apply them in a comparable study to determine if subject threat levels are comparable to the same level of officer force.

Another suggestion for expanding upon this study is to use other sources of data (i.e. body cameras), rather than just officer reports, when assessing level of threat and force in order to get a more detailed account of the interaction. As a final recommendation for future study, repeating this study in other states with other police departments would help determine if the results from this study are applicable to the larger population.

## **Conclusion**

This study revealed a set of relevant findings:

1. There is no difference between levels of threat, officer force, or subject force in relation to subject substance use status.
2. There is no difference between levels of threat, officer force, or subject force in relation to mental illness status.
3. There is a moderate positive relationship between subject threat and subject force.
4. There is a small positive relationship between subject threat and officer force.
5. Officers use equal amounts of force as compared to the level of threat presented by the subject half of the time and in the other half tend to use slightly more force.
6. Officers use levels of force that exceed subject levels of force the majority of the time.

Therefore, based on the above results, officers use no more or less force when interacting with people suffering from mental illness than officers would with other members of the larger population.

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**Appendix A:****Police use of Force Coding***Police Use of Force Coding by the Crime Analysis Unit*

<b>Level</b>	<b>Name</b>	<b>Description</b>
0	No Force	Includes any actions taken by the officer that does not require any physical contact, including issuing orders, warnings and ultimatums.
1	Light Contact	Includes any actions that require physically contacting the subject in such a way that physical injury is not likely, such as control holds, escorting a subject, and cooperative handcuffing. This category includes pain compliance tactics such as pressure point manipulation and joint manipulations designed to cause pain (such as a wrist lock or a San Kayo hold).
2	Physical Force	Includes actions that could cause physical injury, such as a takedown, as well as other physical tactics that do not involving strikes, such as wrestling.
3	Intermediate Force	Includes use of Taser, pepper spray, and chemical munitions. Please note that, during the time period under review, PPB doctrine held the Taser to be roughly the same quantum of force as peppery spray. The use of the baton for prying and other non-strike uses is also included here.
4	Strikes	Includes punches, kicks, knee strikes, and other forms of striking that do not involve weapons.
5	Less lethal weapon use	Includes the use of less lethal shotgun as well as other less lethal munitions (SAGE guns, etc). The use of the baton for striking is also included here.
6	Deadly Force	Shootings were not included in this data set but other uses of lethal force might include intentional chokes holds, intentional strikes to the head with a weapon or the intentional use of less-lethal shotgun to the head. It is important to note the officer must intend for the strike to be to the head or for the choke to occur. If the choke or strike is unintentional code "strikes and equivalent."

**Appendix B:****Subject use of Force Coding***Subject Use of Force Coding by the Crime Analysis Unit*

<b>Level</b>	<b>Name</b>	<b>Description</b>
0	No Force	Includes any actions taken by the subject that does not result in physical contact, including threats, verbal refusals and noncompliance with officer instructions. Flight would also be included in this category unless there is a physical struggle to prevent the flight.
1	Light Contact	Includes any actions that involve physically contact where physical injury is not likely, such as pushing, using muscular strength to attempt to defeat officer action (static resistance) and incidental contact. An attempt to flee that involves pulling away from an officer's grasp would be included here. This category also includes protest situations where protestors work together to defeat attempts on the part of law enforcement to effect an arrest but don't rise to the level of physical force, such as linking arms or using sleeping dragons.  This category does include attempts to engage in light contact, such as trying to shove an officer but missing. However, it does not include behaviors that show intent to engage in light contact but that fall short of an actual attempt.
2	Physical Force	Includes actions that could cause physical injury, such as a takedown, as well as other physical tactics that do not involving strikes, such as wrestling. This category also includes attempts to engage in physical force, such as grabbing an officer and trying to take them to the ground. In the event an attempt to flee involves shoving the officer, the rater should look to the report for evidence about whether the shove was designed to push the officer back (light contact) or to the ground (physical force).  This category does include attempts to engage in physical force, such as a takedown that is not successful. However, it does not include behaviors that show intent to engage in physical force but that fall short of an actual attempt.
3	Intermediate Force	Includes behaviors that show intent to engage in aggressive force but that fall short of an actual attempt. For example, a suspect who adopts a fighting stance and balls his fists, but is subdued before he can attempt a punch, would be coded as "intermediate force"
4	Aggressive Force	Includes the higher levels of less lethal force, such as punching and kicking.

This category also includes attempts to engage in aggressive force, such as a punch that misses.

- 5            Weapon Use            Includes the use of weapons by the suspect that do not amount to deadly force. For example, the use of brass knuckles to strike a part of the body that is not the head or neck. However, if this category of force is intentionally directed at the officer's head or neck, it should be coded as "deadly force." This category also includes attempts to use weapons that fail, such as a punch with brass knuckles that misses.

- 6            Deadly Force            Shootings were not included in this data set but other uses of lethal force might include intentional chokes holds, intentional strikes to the head with a weapon or the intentional use of less-lethal shotgun to the head.

This category also includes attempts to engage in deadly force, such as grabbing an officer's gun. However, it does not include behaviors that show intent to engage in deadly force but that fall short of an actual attempt.

In the event a suspect points a firearm at an officer, the rater should use their best judgment about the mindset and intentions of the suspect to determine whether that action constituted an attempt to engage in deadly force or an intent, but not an actual attempt, to engage in deadly force.

## Appendix C:

### Situational Threat Coding

#### *Situational Threat Coding by the Crime Analysis Unit*

Level	Name	Description
0	No Threat	<p>The subject does not resist or otherwise refuse commands from the responding officer. The subject may argue as long as the subject follows directions. For instance, the officer may order a person to turn-around and put their hands on their head. The subject may threaten to sue the officer or get them fired but the subject follows the officer's directions.</p> <p>This category would also be used for encounters where the officers and subject are talking or otherwise interacting in a non-hostile manner. For instance, if an officer responded to a domestic disturbance and was speaking with one of the parties, that would be coded "no threat."</p>
1	Minimal Threat	<p>The subject is refusing commands from the responding officer but not threatening the officer. For instance, the officer may tell the subject to place their hands on their head and the subject may say, "no." In the absence of other actions this would indicate minimal threat. If the subject "goes limp", acts as "dead weight" or engages in passive resistance while refusing commands, code their actions in this category.</p> <p>However, verbal resistance is also often coupled with flight. If in the above example the subject said, "no" and began to back away from the officer or turn and run it would be categorized as "physical threat." Code minimal threat in instances where the subject is refusing to comply with an order but engaging in no other actions, including threats of violence.</p>
2	Physical Threat	<p>The subject makes attempts escape or avoid custody which do not involve offensive actions against the officer. This would include refusing to provide their hands for handcuffing (by tensing up or physically preventing the officer from handcuffing), attempting to run from the officer or refusing commands to stop. It might also include pulling away from an officer so long as there is not an offensive action (such as pushing or punching) associated with the attempt at flight. Included in this category is behavior that evidences intent to engage in physical threat, even if the officer acts before the action occurs. For example, if a subject has wide eyes and is looking around for an avenue of escape, code "physical threat" even if flight does not actually take place.</p> <p>Going limp, acting as dead weight or engaging in other minimal threat behaviors would not count as physical non-compliance. This should be coded as "minimal threat." Similarly, acts of civil-disobedience which do not involve offensive actions (such as linking arms together while seated to block an intersection) would not be included in this category. These would also constitute minimal threat.</p>

- 3            Aggressive Threat            The subject makes attempts to avoid control, which involve offensive actions such as violent struggles to escape, wrestling, striking, pushing or otherwise using vigorous physical actions designed to prevent custody which are not purely designed to escape the officer. Simply pulling away from an officer would not constitute aggressive threat; however, wrestling with the officer on the ground while attempting to escape would. This category also includes a subject that uses a weapon in a manner not likely to cause death or serious physical injury.
- Included in this category is behavior that evidences intent to engage in aggressive threat, even if the officer acts before the action occurs. For example, if a subject adopts a fighting stance with clenched fists, code “aggressive threat” even if the subject never actually makes an attempt to punch anyone.
- In deciding whether to code “physical threat” or “aggressive threat,” keep in mind that aggressive threat must be directed toward someone. Physical threat must be directed at getting away without being directed at anyone. Think of the difference between pulling away and pushing. Both may be directed at facilitating an escape, but the former would be coded “physical threat” and the latter would be coded “aggressive threat.”
- 4            Armed Aggressive Threat—No Weapon Visible            The suspect engages in behavior that constitutes an “aggressive threat” while also being perceived by the officer as armed with a weapon. A “weapon” is any weapon, device, instrument, material or substance which under the circumstances in which it is used, attempted to be used or threatened to be used, is readily capable of causing death or serious physical injury (ORS 161.015). Examples of a weapon could include a firearm, pocket knife, baseball bat, or brass knuckles, depending on the circumstances.
- When deciding whether to code “armed aggressive threat—no weapon visible,” the coder must take into account only the information known by the officer at the time force was used. For example, if a suspect engaged in aggressive threat behaviors and was found to be armed with a handgun after arrest, “aggressive threat” only should be coded. On the other hand, if a suspect claims to be armed with a knife and engages in aggressive threat behaviors, code “armed aggressive threat—no weapon visible” regardless of whether a knife was found after arrest. Also, the officer’s belief that the suspect is armed must be reasonable and have an objective basis in fact. That is, the officer’s subjective belief that all suspects could be armed is not sufficient to establish an armed condition.
- 5            Armed Aggressive Threat—Weapon Visible            The suspect engages in behavior that constitutes an “aggressive threat” while also actually being armed with a weapon that is visible to the officer. A “weapon” is any weapon, device, instrument, material or substance which under the circumstances in which it is used, attempted to be used or threatened to be used, is readily capable of causing death or serious physical injury (ORS 161.015). Examples of a weapon could include a firearm, pocket knife, baseball bat, or brass knuckles, depending on the circumstances.

When deciding whether to code “armed aggressive threat—weapon visible,” the coder must take into account only the information known by the officer at the time force was used. For example, if a suspect engaged in aggressive threat behaviors and was found to be armed with a handgun after arrest, “aggressive threat” only should be coded. In the event a suspect claims to be armed and/or visibly possesses a simulated weapon, “armed aggressive threat—weapon visible” should be coded. As an example, a suspect who claims to be armed with a gun and holds a cell phone like a gun falls in this category if the officer believed the simulated gun to be real. Also, suspects visibly armed with simulated weapons such as replica firearms should be coded as “armed aggressive threat—weapon visible” unless the officer actually knew the weapon was not genuine.

6            Deadly Threat

This would include actions capable of inflicting serious injury or death. Firearm use, blows to the head with hard objects (this would not include a single punch but would include actions such as repeatedly punching an unconscious or defenseless person in the head), using stabbing weapons, chokes or other maneuvers which have a reasonable possibility of cause death should all be coded “deadly threat.”

Included in this category is behavior that evidences intent to engage in deadly threat, even if the officer acts before the action occurs. For example, if a subject points a handgun at an officer or a third party, code “deadly threat” even if the subject never actually fires the gun.

## Appendix D

### Curriculum Vitae

#### CHELSEA L. MOORE

#### EDUCATION

- Present      **Clinical Internship**, VA Southern Oregon Rehabilitation Center and Clinics
- APA-Accredited
  - July 24, 2016 – July 21, 2017
  - Training Director: Jennifer Peterson, Ph.D.
- Present      **Doctor of Psychology**, George Fox University, Clinical Psychology
- APA-Accredited Program
  - Degree expected April 2017
  - Dissertation: *Police use of force with the mentally ill*
  - Dissertation Chair: Bill Buhrow, Psy.D.
- May 2014     **Masters of Arts**, George Fox University, Clinical Psychology
- APA-Accredited Program
- May 2012     **Bachelor of Arts, Psychology**: Taylor University, Upland, Indiana
- Relational Communication Minor
  - Graduate Magna Cum Laude
  - Advisor: Vance Maloney, Ph.D.

#### CLINICAL EXPERIENCE

- 2016-2017    **Clinical Psychology Internship**  
**Psychology Intern**, VA Southern Oregon Rehabilitation Center and Clinics,  
 White City, Oregon (**APA-Accredited**)  
*Populations: Adult Veterans*  
*Clinical Duties:*
- Conducting biopsychosocial background interviews as well as intake evaluations with a focus on current symptomology and differential diagnoses.
  - Facilitated group therapy including, psychoeducational groups, emotional regulation and social interaction groups for individuals with PTSD, acceptance and commitment therapy (ACT) groups, and process groups.
  - Developed and facilitated an ACT for PTSD treatment group.

- Provided individual therapy including general support therapy as well as trauma processing therapy, with a focus on Cognitive Processing Therapy.
- Conducted comprehensive assessments as well as employment screening evaluations for VA police departments.
- Served as a member of interdisciplinary teams.
- Engaged in didactic trainings and individual and group supervision.
- Completed various clinical duties including writing progress notes, assessment reports and client scheduling, in a timely manner.

*Supervisors:* Joe McMonagle, Ph.D. (rotation 1), Megan Mack, Ph.D. (rotation 2), Brynne Johannsen, Ph.D. (rotation 3).

2015-2016

**Practicum 3**

**Practicum Clinician**, George Fox University Health and Counseling Center, Newberg Oregon

*Populations:* University Students

*Clinical Duties:*

- Provided weekly short-term therapy for university students (includes CBT, ACT, Person-Centered approaches)
- Conducted intake evaluations, wrote intake reports, developed diagnoses and treatment plans, kept detailed records and therapy notes, and completed termination summaries.
- Administered and interpreted assessments (mostly learning disability), wrote assessment reports, and provided student feedback.

*Supervisors:* Bill Buhrow, PsyD & Luann Foster, PsyD

2014-2015

**Practicum 2**

**Practicum Clinician**, Northwest Family Psychology, Vancouver, Washington

*Populations:* Adults, Adolescents, and Children

*Clinical Duties:*

- Conducted intake evaluations.
- Conducted forensic assessments including parent fitness, child custody, psychosexual, vocational rehab, psychodiagnostic, neurocognitive, and risk/threat assessments.
- Wrote report evaluations in response to forensic concerns.

*Supervisor:* Jeff Lee, PhD

2013-2014

**Practicum 1**

**Practicum Clinician**, Archer Glen Elementary, Sherwood, Oregon

*Populations:* Elementary Students

*Clinical Duties:*

- Provided weekly therapy for elementary school students (includes play therapy and talk therapy).
- Communicated with teachers and parents.
- Kept detailed records and therapy notes.

*Supervisor:* Hannah Stere, PsyD

2013

**Prepracticum**

**Student Therapist Trainee**, George Fox University, Newberg, Oregon.

*Populations:* University Undergraduates

*Clinical Duties:*

- Provided weekly therapy for two undergraduate students.
- Conducted intake interviews, developed treatment plans, wrote formal intake reports, and completed termination summaries.

*Supervisors:* Carlos Taloyo, PsyD. & Tim Cooper, MA

**TOTAL CLINICAL HOURS BY JANUARY 30, 2017**

<b>Clinical Intervention</b>	<b>957 hours (250 with children)</b>
<b>Assessment</b>	<b>229 hours</b>
<b>Supervision</b>	<b>558 hours</b>
<b>Support</b>	<b>1737 hours</b>

**PUBLICATIONS, POSTERS, & PRESENTATIONS**

October 2015 **The Relationship of Attendance at Faith Based Universities (FBU) vs. Non-faith Based Universities (nFBU) and the Use and Perceived Use of Drugs and Alcohol**

Jesse Burrell, MA, David Kays, MA, **Chelsea Moore, MA**, William C. Buhrow, Jr., PsyD

Presented at the Christian Association for Psychological Studies

September 2015 **Emotion Focused Therapy**

George Fox University Health & Counseling Center

Chelsea Moore, MA

February 2015 **Emotional Health**

New Creation Church, Canby, Oregon

Chelsea Moore, MA

May 2014 **The Effect of Attendance at Faith Based Institutions vs. Non-Faith Based Institutions on Sleep and Depression**

Jesse Burrell, MA, **Chelsea Moore, MA**, Joel Snider, MA, William C. Buhrow, Jr.,  
PsyD  
Presented at Oregon Psychological Association

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### PROFESSIONAL MEMBERSHIPS

2014 – Present American Psychology Law Society, Student Member  
2013 - Present American Psychological Association, Student Member

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### TEACHING AND SUPERVISION EXPERIENCE

- 2015-2016     **Peer Supervisor of Practicum 1 Student**  
Graduate Level Training, George Fox University, Newberg, Oregon  
Supervisor: Marie-Christine Goodworth, PhD (mutter@georgefox.edu)
- 2014-2016     **Teacher's Assistant**  
Graduate Level Course: Personality Assessment – George Fox University,  
Newberg, Oregon.  
Instructor: 2015-2016 Nancy Thurston, PsyD (nthursto@georgefox.edu) & 2014  
Paul Stoltzfus, PsyD (pstolzf@georgefox.edu)
- Fall 2015       **Small Group Supervisor**  
Undergraduate Level Training: Advanced Counseling – George Fox University,  
Newberg, Oregon  
Supervisor: Kris Kays, PsyD (kkays@georgefox.edu)
- Spring 2015    **Teacher's Assistant**  
Graduate Level Course: Psychodynamic Therapy – George Fox University,  
Newberg, Oregon.  
Instructor: Nancy Thurston, PsyD (nthursto@georgefox.edu)
- 2014 – 2015    **American Psychology Law Society Campus Representative**
- Fall 2012       **Guest Lecturer**  
Undergraduate Level Course: Theories of Personality – George Fox University,  
Newberg, Oregon.  
Instructor: Kelly Chang, PhD (kchang@georgefox.edu).
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### OTHER RELEVANT WORK EXPERIENCE

2013

**Westerville Detective Bureau****Graduate Fraud and Forgery Student Intern**, Westerville, Ohio.*Duties:*

- Worked on Fraud and Forgery cases under the supervision of a local detective.
- Contacted banks and individuals asking for details of victim information and seeking further details of financial and identity theft crimes.
- Processed and tracked evidence.
- Organized case materials for court preparation.

*Supervisor:* Detective Stacy Pentecost (stacy.pentecost@westerville.org)

2012

**United States Secret Service****Graduate Student Intern**, Columbus, Ohio.*Duties:*

- Participated in protection services: site security for Michelle Obama, motorcade preparation and implementation for Joe Biden, airport security and pick up of Mitt Romney.
- Gained expertise in identifying and processing counterfeit money.
- Observation and participation in agent marksmanship training, arrest warrants, and search and seizures.
- Was a witness of a parking garage robbery and helped to manage after effects including calming the victim, encouraging her to call the police, waiting for law enforcement and provided a statement.

*Supervisor:* Resident Agent in Charge Jonathan Schuck  
(jonathan.schuck@uss.s.dhs.gov)**REFERENCES**

Megan Mack, Ph.D. (541-826-2111, ext 3581, megan.mack2@va.gov)

- Internship Supervisor PTSD Rotation: VA SORCC

Brynne Johannsen, Ph.D. (541-200-5440, brynne.johannsen@va.gov)

- Internship Supervisor Assessment Rotation and Rotation 3: VA SORCC

William Buhrow, PsyD (503-554-2340, bbuhrow@georgefox.edu)

- Practicum Supervisor: George Fox University Health & Counseling Center

Jeff Lee, PhD (503-347-3997, jeffl@nwfamilypsychology.com)

- Practicum Supervisor: Northwest Family Psychology

Hannah Stere, PsyD (503-317-6906, hstere@sherwood.k12.or.us)

- Practicum Supervisor: Archer Glen Elementary School

More References Available Upon Request

