

## **Professionalism of Police Officers Involved in Custody Deaths**

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### **Abstract**

This paper begins by identifying the figures regarding recent deaths that occurred whilst an individual was in police custody before discussing three specific focal points: treatment of individuals with mental illness, individuals with injuries and the supervision individuals should receive whilst in custody. Two case studies have been used to illustrate these points, these being the cases of Mr Sean Rigg and Mr Christopher Alder. It was then discussed the skills that police officers as first responders need and how these skills may have helped save these individuals lives and well as others. A method of appraisal is discussed in an effort to address the failings in the ethics and professionalism of the police officers concerned with these cases. Finally suggestions for improvement in the future are discussed.

*Keywords: Ethics, policing, supervision, skills, appraisal*

## **Introduction**

Deaths that occur when a detainee is in the custody of the police are a highly controversial issue that is often discussed in the media. Despite this people are still shocked at the number of individuals that die whilst in the custody of the police or prison service (BBC News, 2004)

In 2012 the Independent Police Complaints Commission (IPCC) published a report on all reported deaths that has occurred in police custody from January 2000 to December 2010. In that period there were 5,998 deaths in custody recorded, a number that averages 545 deaths per year (IPCC, 2011) although critics claim that this number is grossly understated by the IPCC (Stickler, 2012). It was suggested that the IPCC had used underhand measures to lessen the number of deaths that qualified for the report; specifically that it did not include deaths of individuals who died from direct restraint as they had not been placed under arrest, therefore were not the responsibility of the police force. This could lead the public lacking confidence in the police or taking action against them.

Despite concerns expressed about the validity of the report it did detail the number of deaths of detainees in custody of those who have been arrested or detained under the Mental Health Act. It was reported that 92% of all state custody deaths were of individuals detained under the Mental Health Act, which allows for individuals to be detained in hospitals with, or without, their consent if they are seen to be a danger to themselves or other people. There are many different section areas that an individual can be sectioned under depending on their present mental illness or issue (IPCC; Bowen, 2007)

The treatment of detainees with suspected mental health issues will be one of three areas that this paper will address, the others relating to the treatment of detainees with injuries by police officers and finally the supervision present at the time of the deaths used as the case studies in this paper. What follows are case studies of Sean Rigg and Christopher Alder, two individuals that died whilst in police custody and the events that led to their deaths.

### **Sean Rigg**

Rigg was a forty year old male who suffered from paranoid schizophrenia. In August 2008 he was apprehended and detained by four police officers after becoming violent towards staff at the NHS supported hostel that he was living at. Rigg had been diagnosed with

paranoid schizophrenia in 1990 and had been admitted to hospital in relation to his condition a total of fourteen times before his death. He was a physically fit man and was trained in advanced martial arts (Lakhani, 2012). Rigg had become violent towards staff at the hostel he was staying at as well as yelling and physically threatening people in the surrounding area. Staff contacted Riggs' mental health team in hope of having him sectioned but as there was no response they contacted the police for assistance in dealing with the individual. Four officers attended the call, Rigg fled the police but was eventually restrained (Lakhani, 2012)

The inquest into Riggs' death heard from the arresting officers that they restrained him for thirty to sixty seconds on the ground with his hands cuffed behind his back and his face on the floor. Witnesses, who took multiple photos at the scene, indicated that he was in fact restrained for closer to four minutes. Due to his mental health issues Rigg always carried his passport on his person for purpose of identification but officers failed to discover this and instead further arrested him for possession of stolen property. Rigg was transported to the police van where witnesses testified that he was 'thrown into the van like a battering ram' and 'hit several times around the head with his own white plimsoll' (Lakhani, 2012; Casale, Corfe & Lewis, 2013)

After arriving at the police station Rigg, as of yet unidentified, remained in the back of the police van in the 'cage' area while the officers awaited the arrival of the police forensic medical examiner. The medical examiner was requested after a risk assessment was allegedly carried out by the custody sergeant and it was decided that medical advice was required regarding his condition.

The Sergeant testified in court he had carried out the risk assessment however CCTV of the van proved otherwise. Despite the custody sergeant expressing a view that Rigg was 'feigning unconsciousness', the medical examiner suspected that he may be experiencing a heart attack and asked for an ambulance to be called before returning to his office he was called back minutes later as Rigg was not breathing. On inspecting him the medical examiner found no chest movements and started CPR until the paramedics arrived to find that he still had one wrist handcuffed as a safety measure in the event of more violent behaviour (Casale, et al., 2013).

None of the officers involved in the arrest and detainment of were prosecuted for his death. Two officers were later arrested for lying at an inquest regarding their witness

statements however the charges against both were later dropped due to insufficient evidence (Dodd, 2014).

### **Christopher Alder**

Alder, thirty seven at the time of his death, died in custody while being held at Queens Garden Police Station (BBC, 2006). Earlier that day Alder had been involved in a violent altercation outside of a public house and had sustained a head injury which required medical attention at the local infirmary. Whilst there it was reported that Alder became violent and was discharged into the custody of the police who arrested him for breach of the peace before transporting him to Queens Garden police station but by the time he arrived at the custody suite Alder was already unconscious and his trousers were around his ankles.

He was left handcuffed with his arms behind his back on the station floor as the officers stood around him believing he was faking his condition (Sims, 2011). During those eleven minutes Alder choked to death in a pool of his own blood as the officers stood around him making monkey noises which had been interpreted as racist behaviour (IPCC, 2006).

The officers involved in the death of Alder were initially charged with manslaughter but the charges were dismissed in front of a judge. A review of the events leading up to and after Alder's death found that the officers involved were guilty of serious neglect of duty after which the police issued what was described by as a landmark apology to the victim's family (Wolfe-Robinson & Bowcott, 2011).

The ethical policies, procedures and frameworks issued by the police state that all police officers, custody officers and their support staff should receive basic mental health training alongside any other training they receive. Whilst not qualifying them as mental health professionals the content of the training should enable them to master the skill of recognising and distinguishing signs of mental health issues from the results of drug and/or alcohol abuse. This training should be refreshed every twelve months to ensure that the officers and staff have the most up to date information that could enable them to save lives (Hannan, Hearnden, Grace & Bucke, 2010).

Given that the police officers that dealt with Rigg and his arrest had received the call about his erratic and dangerous behaviour from staff at a hostel that housed people with

mental health and additional needs they would have had prior knowledge that Rigg suffered from mental health issues. It could be that deficiencies in their basic training meant they were unaware that a number of people who have mental health issues do not like to be touched. They should also have been aware that touching can often aggravate their current condition therefore talking to the individual should first be attempted and restraint used only as a very extreme and final measure if there is a likelihood that the individual could cause immediate harm to themselves or others (College of Policing, 2013).

So the question remains then, if they were aware of Riggs mental state why did they restrain him at all and why for such an extended period of time. One possible explanation could be that their attitude towards mental health issues could have led them to the belief that such restraint was appropriate. Research suggests that police forces feel that they are capable or moderately competent in dealing with an individual experiencing a mental health crisis (Deane, Steadman, Borum, Veysey & Morrissey, 1999). However, Watson, Corrigan and Ottati (2004) revealed that while police officers are more likely to want to provide assistance to individuals with schizophrenia, they were likely to perceive the individual to be more violent and dangerous than someone without mental health issues or if a lack of awareness of the individual's mental health state. Despite this study only sampling new police officers, and not to those more experienced, a possible effect of this belief held by new police officers could be that they are more likely to use excessive restraint on an individual with schizophrenia such as Rigg. The study helps to explain why individuals with mental health issues are treated differently.

Evidence that further supports this includes a study from Kimhi, et al. (1998) who examined the attitudes of police officers towards individuals with mental health issues. Previous work in this area more than twenty years before found that the majority of police officers reported that they believed people with mental illness were more likely to be aggressive and violent. The updated study which was conducted through the use of self-report questionnaires found that a third of those questioned did not know if individuals with mental illness were violent. The impact of this could be that officers would use restraint on an individual diagnosed with mental health issues for safety fears, an action that as previously stated could antagonise the situation. The report called for better training for officers so that

they are aware of the behaviour of individuals with mental health issues and to challenge their perceptions of the same.

First aid training should be essential with all serving police officers. In the case of Alder he had been treated in hospital for a head injury prior to being restrained. The evidence is clear in showing that trauma to the head region can cause behavioural changes (Brooks & McKinlay, 1983), immediate death (Rangel-Castilla, 2014) and delayed death hours or days after the injury. This was something seen in the recent case of Australian cricketer Phillip Hughes who died at the age of twenty five after being hit in the head during a game (Booth, 2014). It is therefore a reasonable assumption that police officers, who are often the gatekeepers of the criminal justice system or health care system (Steadman, Deane, Borum & Morrissey, 2000) would have the necessary first aid training to recognise an individual in distress in custody. Newly qualified police officers do get a days training in the latest first aid techniques (College of Policing, 2014) but it is not clear what the content of the training is and therefore it is not possible to review how effective it would be. Furthermore it is not clear how often the first aid training received is updated and refreshed, meaning that police officers could be left unable to administer the correct first aid or be impaired in recognising signs of distress.

In contrast, the Canadian police take a more in depth approach to the first aid training that they administer to their officers. The authority has a mandatory program for all active officers involving First Aid and CPR Training which is designed and tailored for police officers. It gives an in depth education in first aid with skills including (but not limited to) 1) identifying the objectives and priorities of first aid for a police officer, 2) identifying how to properly assess a patient 3) recognising signs and symptoms of trauma to the head and/or brain and 4) recognising the procedures for treating patients suffering from head and/or brain trauma (Holzinger, 2008).

Evidence suggests that in-depth training will lead professionals to be more confident in their ability to administer first aid, possibly saving lives. Das and Elzubeir (2001) found in a study of students who received intensive, in depth training related to first aid that they were significantly more confident in their abilities after the training. Lester, Donnelly and Assar (2000) found that when questioned people who had refreshed their first aid skills were significantly more confident and therefore likely than those who had not to administer first

aid to a stranger a period of time after their initial training. These lends support to the idea that frequent refreshment of first aid training is important to the ability and confidence in recognising distress and administering help. The implication here being that British police are unlikely to have mastered the skill or confidence to do this as effectively. The implications of these finding are that the police officers involved in the death of Alder could have lacked the capacity to act due to their a lack of competent or confidence in frequent first aid training.

A third issue of professionalism to be addressed is that of supervision. In both of the case studies there was an apparent failure in supervision. In Rigg's case it was the custody sergeant, who failed to monitor Rigg before he was brought into the custody suite and carry out a full risk assessment; this was instead left it to the more junior officers to make that call. In the case of Alder the officers who arrested him and their supervising sergeant failed to act as Alder lay at their feet choking in a pool of blood, if the custody sergeant had been supervising correctly and following the guidelines it would be unlikely this event would have occurred. These actions are both in violation of the duties of a senior officer, which is to protect and promote the welfare, safety and rights of individuals that have been detained under law (Roberts, 2013).

The custody sergeant is not only responsible for the supervision of their officers but for the supervision of the individuals that have been detained, yet there are a number of instances where gross negligence has been seen. The first example is that of the death of Andrew Sheppard who died in police custody in 2006. Sheppard suffered from mental health issues and he was arrested for acting violently. Sheppard was arrested and despite showing signs of mental and physical distress he was held overnight in a cell before a medical officer was requested to examine him. Upon their arrival Sheppard was immediately rushed to hospital where he was pronounced dead of an apparent drug overdose. The inquest into the death found that the custody sergeant was guilty of gross neglect of his duties and was fined thirteen days pay; however the officer's reasons behind his failure to perform his duties were not stated (Morris, 2011).

There is further evidence that highlights issues a growing trend of neglect of duties is the death of Jorge Azucena who died on in custody after repeatedly telling officers he suffered from asthma and was finding it increasingly difficult to breathe. Arriving at the

custody desk he was unconscious but when paramedics arrived he was dead. One of the supervising sergeants had told Azucena that because he was talking he could breathe fine, neglecting the departmental policies that any detainee who complains of breathing difficulties should be seen as soon as possible by a medical professional. No one has yet been changed or reprimanded in the death of Azucena but the head of the district has admitted that the police officers supervising the situation failed in providing a duty of care (Rubin, 2014). As seen before in the Rigg, Alder and Sheppard cases, there was no explanation as to why the supervising officers failed to act professionally.

### **Appraisal**

As it is apparent from the literature there are a number of concerns about, and failings in, the professionalism of police officers therefore a number of suggestions for future implementation are now presented. There is evidence to suggest that police officers do not understand mental illness, the causes, or effects that it can have on an individual's behaviour. The following are actions that could be taken to address this:

1. Officers should complete a questionnaire into their understanding/perceptions of mental illness and its effects
2. Officers should attend courses being implemented to teach law enforcement about mental illness. These courses have been shown to provide evidence to suggest attitudes and understanding are being improved (Pinfold et al., 2003). Areas of training could include understanding the link between mental illness and violence and the risk assessment and management of offenders that are at risk.
3. Officers should complete questionnaire on a biannual basis – questionnaires are cost effective and would fit well into a fast paced professional environment, however the limitation of them being self-report measures might have to be addressed.
4. If the questionnaire reveals an officer does not have significant understanding/perception of mental health and its effects they should be encouraged to attend the course again.
5. If an officer presents unsatisfactory understanding/perceptions of mental illness and its effects for a third time Officer should meet with immediate supervisor to discuss available options.



A second issue raised is the apparent lack of in-depth first aid training that officers receive at the start of their policing career, when compared with international police forces. A recommendation is that the United Kingdom seeks to implement a system such as that used by the Canadian authorities which employs a deeper understanding of first aid, particularly head injuries, information which could help officers to save lives and identify medical issues in detainees.

A final issue raised in this portfolio regarding the professionalism of police officers involved in custody deaths was the supervision given at the time of the incidents. Using the original case studies and drawing from other similar cases it was clear those officers who were supposed to be supervising those under their command and the detainees in their custody committed acts of gross negligence. The reasons why these failings occurred were never given therefore it is suggested that the IPCC conduct investigations and if officers are not removed then they should attend structured appraisal meetings with their commanding officer to ensure that these failings do not occur again.

### **Conclusion**

This paper has found that both Rigg and Alder were met with failings in professionalism of the police officers that they encountered in the days before they died. Evidence suggested that a significant number of law enforcement personnel do not understand mental health issues or the effects, it was this attitude that may have contributed to the death of Rigg. As well as this it was suggested that a lack of in-depth knowledge about first aid may have contributed to the death of Alder as it could have been possible that the officers were unable to detect the danger that Alder's head wound may have been caused. Finally it was discussed how in the deaths of both Rigg and Alder there was a distinct lack of supervision on the part of the senior officers but reasons into why they failed in their duties were not given.

All these issues are skills that police officers should have and have mastered as they are vital to their professionalism and to how efficiently they can do their jobs. To aid in the process of police officers acting more professionally their performance and reasons behind their actions were appraised and suggestions for future actions were made.

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