



Law Enforcement Executive
FORUM

**The Challenges of Assisting
Special Populations**

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Editorial

Changing patterns in society ultimately impact the police mission. As one example, in recent years we have witnessed the restructuring of law enforcement operations precipitated by the ever-present threat of terrorism and the demands of homeland security. There is no question that law enforcement professionals are faced with a constant shift in job duties, responsibilities, and priorities.

The heart of the law enforcement mission is “serving the public.” This functional component of the job should never wane, regardless of shifting patterns in crime or emergent enforcement priorities. It is with this thought that we as law enforcement professionals should remind ourselves of the following: As we fight dragons, we should not neglect our duty to serve all citizens, including those with special needs.

The Illinois Law Enforcement Training and Standards Board has initiated a project in 2008 to identify “best practices” for law enforcement agencies and officers in serving “special populations.” The Board’s intent is to focus on the police response to persons with mental illness, autism and developmental disabilities, victims of Alzheimer’s disease, victims of HIV/AIDS and other physically disabling afflictions, the homeless, and various other categories of special populations. This edition of the *Forum*, with its focus on special populations, will begin a much wider look at how law enforcement works to meet the needs of special populations. Additional research, policy development and curriculum, and training program development will follow.

The first step in better serving special need citizens is for law enforcement to better understand those with special needs. The following quote by Marge Piercy emphasizes this point:

Life is the first gift, love is the second, and understanding the third.

Thomas J. Jurkanin, PhD

Police and Asperger Syndrome: The Invisible Autistic Spectrum Disorder

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The following is a vignette based on a composite of individuals with autistic spectrum disorders. For illustration purposes, it describes an incident involving a therapist and a young male client who was taken on an outing that included a brief stop at a local restaurant for lunch:

Soon after the waitress seated them, the client noticed a coffee maker by the kitchen and inquired, "Coffee?" She assured him that she'd be right back with a pot of coffee. A moment later, the waitress walked quickly by, arms laden with a tray of entrées for other customers. He pointed again, "Coffee." Another five minutes went by. Highly agitated now, face reddening, voice growing louder and faster, he repetitively repeated his request, totally oblivious to the scene he was creating. At this exact moment, another waitress passed by carrying a tray with a carafe of hot coffee on it. Despite the therapist's efforts to calm him, he bolted out of his seat and lunged for the waitress in order to get to the carafe. He then knocked her to the ground, snatched the pot, and excitedly splashed the scalding coffee over his face in an attempt to drink it. Several customers panicked and headed for the exit doors.

This example may describe the sort of behavior Hans Asperger (1944) observed when he first coined the term *autistic psychopathy*, which Wing (1981) later changed to Asperger syndrome. Asperger syndrome (AS) describes a high-functioning form of autism, which is similar but not identical to the more severe forms of autistic disorders. In both instances, individuals tend to be self-centered; lack empathy for others; and have idiosyncratic, repetitive interests; however, the person with AS may appear quite normal. Symptoms of his or her disorder may be undetectable without close scrutiny (Murrie, Warren, Kristiansson, & Dietz, 2002). In fact, it is the absence of positional empathy—seeing the other person's perspective—which Wing (1981) observed in persons with AS that led her to conclude that a "small minority have a history of rather bizarre antisocial acts, perhaps because of their lack of empathy" (p. 119).

What law enforcement officers will find especially interesting about this neurodevelopmental condition is that while several of the more common autistic traits are present (e.g., inappropriate or one-sided social interaction; limited capacity to form friendships; pedantic, repetitious speech; and compulsive behavior), unlike the mental retardation commonly found in lower autistic spectrum disorders, persons with AS generally are normal or above average in intelligence. Moreover, though subjects with severe autism tend to be reticent and uncommunicative, individuals with AS usually desire, and in many instances actively seek, social interaction. In fact, some get into trouble specifically because of eager, but awkward, inappropriate attempts to form social relationships (Volkmar & Klin, 2000).

As in the restaurant situation, adequate intelligence and good syntactical command of language are not enough to prevent occasional acts of aggression that may bring these individuals to the attention of police. While some sources (see Berney, 2004; Haskins & Silva, 2006; Katz & Zemishlany, 2006; Murrie et al., 2002) indicate increasing incidents of violent behavior and other criminal acts among persons with AS; others (Attwood, 2007; Ghaziuddin, 2005; Schwartz-Watts, 2005) report criminal behavior rates comparable to those of the general population. Equally important, despite lack of consensus on their degree of involvement in crime, one factor is not in dispute: persons with AS are “much more likely to be victims rather than victimizers” (Klin, Volkmar, & Sparrow, 2000, p. 40). In either case, law enforcement executives ought to be aware that aggression involving higher-functioning autistic individuals, particularly those with AS (as perpetrators or victims), likely will generate more public and judicial interest (Ghaziuddin, 2005).

In a moment, we will discuss cases of physical and sexual aggression that have emanated from violent fantasies, but for now it is accurate to state that when individuals with AS commit violent acts, their intent generally is not meant to harm others. It may stem from a myriad of factors: the myopic pursuit of objects of special interest—such as stalking and fire-setting—in response to rebuffed attempts to be liked by others; or as a consequence of being manipulated by others to engage in aggressive behavior (Frith, 1991; Katz & Zemishlany, 2006).

A review of a small number of cases suggests that when these crimes occur, poor intersubjective (person-to-person) communication; empathy deficiency; and intense, compulsive preoccupation with fantasy are prevalent. For example, Murrie and his colleagues (2002) discussed the following cases of sexual involvement: the case of a teenage male in which the suspect engaged in compulsive masturbation; the murder of a psychologist; the sexual assault of a 9-year-old girl and her peer by her father who had become obsessed with photography and films about children; and the case of a college student with AS who had been arrested for peeping into women’s dorm rooms after his efforts to interact with them had failed. On occasion, an individual with this disorder may have violent fantasies and act on them such as in the case of a 16-year-old student with AS who fatally stabbed a classmate in a bathroom. Moreover, Debbaudt (2002a) observed that students as young as 6 years old have been arrested and/or expelled from school for making terrorist threats or assaulting others (p. 92). Whatever the motivation triggering these acts of aggression and violence in persons with AS, when these unusual cases do occur, a diagnosis of a high-functioning Autism Spectrum Disorder is usually a major mitigating factor, partly because doubt is created regarding the formation of malicious intent.

Notwithstanding that purposeful wrongdoing typically is absent in persons with this disorder, Attwood (2007), an experienced clinician and scholar in this field, used the term “autistic malice” (p. 335) originally employed by Asperger himself (1944, p. 77) to describe a very small minority of children who threaten and commit violent acts as a means of gaining power and control over peers and family. Noteworthy also is Attwood’s (2007) opinion that these tactics are used when the child feels alienated from peers because of social ineptness, which may be further exacerbated by learning difficulties, or conversely, because of superior intellectual ability. Attwood ironically added, “the morbid intellectual curiosity or desire to make someone suffer can be of great concern to the person’s family and could come to the attention of the police” (p. 336).

Once again, police officers should realize that young people with this disorder who use intimidation, fear, coercion, or physical force to attain their goals are few; the vast majority do not. As they move into adolescence and adulthood, some may commit minor public nuisance offenses, or engage in sexually inappropriate (but generally not abusive nor violent) behavior. Moreover, because these individuals have rigid senses of right and wrong, which deter them from committing crime, some do feel frustrated when they feel they've been personally violated or used and may act improperly or even aggressively in response (Murrie et al., 2002, p. 69). Accordingly, in the next section, we discuss how persons with this disorder who do violate sex-related laws typically do so unwittingly from clumsy efforts to form romantic or sexual relationships. Before leaving this section, however, we cannot emphasize enough the importance of understanding the role abnormal neurological development plays in the behavior of persons with this disorder. Accordingly, Figure 1a provides an overview of characteristics of persons with AS, and Figure 1b offers explanations for why persons with AS may be inclined to engage in criminal behavior.

Figure 1a. Characteristics of Persons with Asperger Syndrome

- Lack of empathy for others
- Difficulty with social relationships
- Awkwardness in interaction with peers
- One-sided interaction—talking “at” rather than “to” others
- Unusual egocentricity
- Communication problems—voice perhaps loud or monotonous at times
- Gaze avoidance—unsteady or no eye contact
- Obsessive preoccupation with pursued interests
- Rigid adherence to ritual—change is upsetting
- Intelligence normal or above; retardation rare

Figure 1b. Why Persons with Asperger Syndrome May Be Inclined to Engage in Criminal Behavior (Berney, 2004)

- Simple assaults; “hitting” with little or no understanding of consequences can happen.
- Impulsivity can sometimes result in violent or panicked behavior.
- Misinterpretation of relationships can leave the individual open to exploitation, childishly mistaking social relationships as friendships or love.
- Misinterpreting social rules can result in individuals unwittingly engaging in offenses such as date rape.
- Difficulty in judging age of others and rules governing sexual behavior can lead to sexual advances to underage persons.
- Overriding obsessions can lead to offenses such as stalking or compulsive theft.
- Lacking motivation to change, individuals may remain stuck in risky behavior patterns.

Sexual Profile of Persons with Asperger Syndrome

Henault (2005) reported that the sexual needs and desires of persons with AS are comparable to those of the general population; however, when sexual misbehavior occurs, it may be a manifestation of obsessional and communication impairments. Because of their desire to communicate and form relationships with others, persons with AS sometimes experience unbearable sexual frustration when their attempts at initiating consensual sexual contacts are rejected. As an example, Murrie et al. (2002) offered a description of a male with AS who grabbed a woman's breasts because he didn't understand the "relational steps that should precede this contact" (p. 68).

Moreover, law enforcement personnel should be aware that once focus on a specific individual as a potential object of sexual desire has begun for the person with this disorder, neither physical attractiveness nor sexual preference is a consideration. Indeed, stereotypical labels of *homosexuality*, *heterosexuality*, and *bisexuality* mean little in the fantasy life of the person with AS. As one quipped, "When I experience sexual desire, I am attracted to the person regardless of his or her biological sex" (Israel & Tarver, 1997, p. 6). Hence, lack of sociosexual knowledge, resulting perhaps from years of being influenced by well-meaning but misinformed caretakers who avoided discussions or even denied the existence of sex, may explain why persons with AS exhibit more homosexual and bisexual behavior than the general population (Henault, 2005). Relatedly, officers assigned to schools should also consider that during childhood and adolescence, confusion over gender role identity can affect judgment and trigger episodes of embarrassment. For example, Henault described an incident where a young boy slipped a brassiere over his shirt and happily went to school to show his "gender change" to classmates, insisting that they call him Lucy instead of Luke (p. 245).

Further, police officers and investigators may find it interesting that while some individuals with AS report little or no interest in interpersonal sex, others find it interferes significantly with work, school, play, and other areas of life. Use of pornography and incidents of inappropriate exhibitionism, fetishism, unwanted touching, and vigorous masturbation—sometimes in public—are examples. Tangentially, because inappropriate or illegal behavior may in fact be spawned by faulty functioning of the brain's complex neural system, formation of *mens rea* and evil intent are problematic. We take up this issue next.

Social and Legal Victimization of Persons with Asperger Syndrome

Though AS appears in about every 250 persons (Attwood, 2007), little evidence has emerged to pinpoint its exact cause. Research indicates that among several possible causes, genetics and environmental factors seem to play strong roles (Frith, 2004; Gowan & Miall, 2005; Toal, Murphy, & Murphy, 2005). To reiterate, studies also indicate that the physiological basis for the syndrome can be placed squarely on a dysfunction of specific "structures and systems of the brain," as if connected differently, "not necessarily defectively" (Attwood, 2007, p. 327). Clouding the issue even further is the syndrome's comorbidity (the simultaneous occurrence of two or more conditions) with a number of psychiatric disorders, especially those classified as Cluster A Personality Disorders such as schizotypal and schizoid personality disorders. Others are anxiety, obsessive-compulsive, and,

in particular, affective (depression) disorders. Crucial to police understanding is that psychosis—losing touch with reality—and schizophrenia are highly unusual (Ghaziuddin, 2005; Haskins & Silva, 2006, p. 376).

Adding to the paucity of forensic information on AS is the fact that existing information is spotty, incomplete, and developing very slowly in academic and medico/psychological literature. Indeed, its formal definitional debut did not occur until 1994, when it was included as a developmental disorder in the American Psychological Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, and expanded later in 2000 (*DSM-IV-TR*) (APA, 2000). More recently, in an attempt to bring further clarity to AS and criminal behavior, Haskins and Silva (2006) relied on *high-functioning autistic spectrum disorder* as a means to capture the conceptual essence of the syndrome. This was a carefully reasoned effort; however, for our purposes, we concur with Tantam (2003), who views the differences between the terminologies as more semantical than real. Understanding this point is critical for the forward-thinking law enforcement administrator who may be unfamiliar with both terms because although AS remains an underdiagnosed condition at the adult level, undoubtedly it will increase as forensic clinicians become better trained in recognizing its symptoms.

That said, despite efforts to come up with a precise term to be universally applied to the disorder, the fact that persons with AS are at heightened risk both of becoming involved in criminal behavior and especially of being vulnerable to criminal manipulation is not in dispute. Selfless candor, deficiencies in pragmatic language use, impairments in reciprocal communication, and failure to “read” and interpret recognizable conversational conventions (e.g., facial expressions, voice inflections, and pauses) may render persons with AS susceptible to crimes (as victims or perpetrators) in cases of fraud, theft, harassing phone calls, vandalism, and physical and sexual abuse. Indeed, some are repeatedly victimized due to their tendency to indiscriminately trust others.

Another factor that sometimes creates legal problems for persons with AS is how their lack of empathy and feelings of remorse may be taken as signs of psychopathy. As we suggested above, adults with the disorder typically are guileless; scrupulously law abiding; and childishly devoid of the guarded, “street-wise caution” (authors' quote) most of us use to avoid being conned or tricked. As a result, these individuals are more inclined to be gullible rather than crafty and may find themselves subjected to a continuum of exploitation, starting in early childhood and continuing well into their adult years (Frith, 1991; Murrie et al., 2002, p. 67).

Viewed differently, not only does limited insight into one's inner self leave the AS person ill-equipped to manipulate the feelings or behaviors of others, in contrast to the cunning of many serial offenders, individuals with this disorder are easily duped and more likely belong at the “opposite end of the predator-prey spectrum from the psychopath” (Murrie et al., 2002, p. 67). This often is due to an overarching sense of justice, strongly influenced by an unrealistic normative and rigid view of the world. Thus, instead of the manipulative, superficial charm, cold emotional detachment, and lack of conscience of the psychopath, individuals with AS are more likely to confess quickly and to awkwardly try to justify their actions.

Investigators may find that persons with AS are unable to comprehend why they are in trouble because, to them, their actions were warranted, reasonable, and justified (Attwood, 2007, p. 339). In effect, then, we suggest it is correct to say that both the psychopath and the person with AS have problems with empathy but for different reasons. Before discussing police interactions involving persons with this unique and often misunderstood disability, we provide examples of how AS can be mistaken for psychosis in Figure 2.

Figure 2. Mistaking Asperger Syndrome for Psychosis (Berney, 2004)

- Thoughts expressed simply and concretely by someone who has difficulty in describing internal symptoms can sound very like hallucinations.
- Occasionally a very vivid account of events is held consistently but is plainly false; these perceptions do not seem to trouble the individual. There is the sense that the person is living in a “video world,” only detectable and comprehensible if the interviewer has also seen the video.
- Incomplete answers can sound like psychotic symptoms.
- Impassivity and lack of awareness of the emotional climate can look like inappropriate or blunted affect.
- Catatonic symptoms (e.g., odd mannerisms and postures, freezing or difficulty in initiating movement) can also occur in autistic spectrum disorders.
- Autistic spectrum disorders can show improvement with neuroleptics (antipsychotic medications).

Police Interactions with Persons with Asperger Syndrome

Officers and detectives interviewing or interrogating victims, witnesses, or suspects with AS may not pick up on the syndrome because external signs of a neurodevelopmental disability requiring special handling may not be easily detected. Nonetheless, because the individual may have an inability to fathom why the interview is being conducted, he or she may be quite anxious, acting odd or even bizarre—avoiding eye contact and growing suddenly quiet at one moment, for example, and then inexplicably (and occasionally explosively) opening up, answering questions, giving statements, or making confessions. All this without an appreciation of the grave legal consequences of what he or she is doing. Hence, the extreme emotional quandary in which individuals with AS find themselves during police questioning can trigger a torrent of illogical information which may be impossible to decode (Baker & Welkowitz, 2005).

Admittedly, this is a perplexing situation for investigators. We wish more information were available, but currently there is not a great deal of case law nor police procedural literature to guide officers and investigators in these situations. Nonetheless, we suggest that questioners stay mindful of the continual need for simple, logical sensemaking in the AS person’s world (Gulyn, 2007). In addition, patience, sensitivity, and an awareness of the polyphasic thought process that may cause the person to turn away, tune out the interviewer, or ignore questions altogether can help the investigator build the interpersonal rapport crucial to investigations. Though not directly related to AS per se, we believe techniques listed by Dennis Debbaudt (2002a), father of an autistic child and police trainer, may be beneficial. We include them in Figure 3.

Figure 3. Factors to Consider in Interviewing Persons with AS (Debbaudt, 2002a, p. 57)

- Carefully plan questioning based on the person's ability level.
- Formulate and write down questions that are developed around the person's communication abilities.
- Consider having a trusted caregiver or autism professional at the interview.
- Avoid all extraneous sensory distractions; the person may be easily distracted.
- Avoid uniforms or "authority" clothing.
- Develop good rapport; use the person's first name.
- Do not be condescending. If the person is an adult, do not treat him or her as a child.
- Be careful to avoid witness burnout.
- Use simple, direct language.
- Get the witness to re-create the context of the event in his or her own words.
- Make sure your words and their words have meanings that you both understand.
- Be alert to nonverbal cues—for example, restlessness, frowning, or long pauses between answers—that suggest the witness does not understand, is confused, or does not agree with the question you asked or the statement you made.
- Make sure that you and the witness understand who is being referred to when using pronouns.
- Keep length of questions short; avoid questions that suggest multiple answers.
- Be patient; wait for an answer.
- The witness or victim with autism may not want to answer any question more than once.
- Ask the victim first if it is OK to repeat a question.
- Let him or her know it is OK to say "no" to a question.
- Be convinced that the person understands or is known to tell the truth.
- Avoid leading questions.
- Consider conducting the interview in short time periods; the person may have a short attention span.

In interrogation situations, reading Miranda warnings are especially problematic because even though the suspect may appear to be listening and even willingly agree to answer questions without the assistance of counsel, there may be confusion about what is being said—particularly the context surrounding why the warnings are being given. To reduce ambiguity, we suggest that, when possible, consultation should take place with mental health specialists, forensic clinicians, or prosecutors experienced with this syndrome before questioning in order to prevent serious misinterpretations. Moreover, to further reduce confusion and distraction, thought should be given to using written instructions in clear, concrete language (e.g., "You don't have to speak to us"), which may help the individual arrive at a proper contextual understanding of the Miranda warnings before agreeing to answer questions. Once again, despite a demeanor (albeit innocently) suggestive of deception (e.g., nervousness, avoidance of eye contact, refusal to speak), if handled patiently and intelligently, the person with AS is capable of providing useful, accurate, and truthful information.

From an investigative perspective, any additional sensitivity can be helpful because persons with AS may have misconceived what was seen or misconstrued what was heard, confused time frames/sequences of events, blended fact with fiction, or distorted their own actions and realities. Moreover, unfamiliarity with the surroundings of the interview coupled with stringent questions can grossly distort the quality of the information being given (Berney, 2004).

Summary and Conclusion

We've attempted in this article to provide a sketch of Asperger syndrome and its relevance to law enforcement by discussing related issues concerning aggression, sexual conduct, psychosis, socio-legal victimization, and police interactions with persons (diagnosed and undiagnosed) with the disorder. Because of the ever-growing need for law enforcement executives and police personnel to become aware of the risk of aggressive behavior from an individual who is diagnosed with AS, we feel it is also important to note that many will often reside in long-term residential facilities as a result of families and caregivers being unable to cope with their maladaptive behaviors. And, of course, institutionalization may result as a consequence of arrest by police or possible diversion to a mental health unit.

In any event, it is worth stating once more that police officers should recognize that although most individuals diagnosed with AS do not commit violent acts, in those infrequent instances when they do, the motivation seldom is malicious. Moreover, we have also emphasized that when AS individuals commit acts of a sexual nature, most of the time they do so in an effort to form relationships, even if immature and awkward at best.

In the early stages of interviews involving persons with AS, astute, conscientious officers may get the feeling that "something is not quite right," and though not immediately apparent, may begin to sense subtle signs of obsessions and communication deficits. And if sex is at issue, the individual's fantasy does not discriminate based on gender roles. Accordingly, detectives and school resource officers should be aware of the confusion surrounding gender preference, which understandably may render children and teens with AS vulnerable to bullying and assault. Interesting also, on the opposite end of the sexual behavior spectrum, there are AS individuals who have sexual desires but no interest in sexual contact with another; consequently, they rely on pornography, public masturbation, and fetishism for gratification.

Beyond co-existing psychological explanations for their aberrant behavior, we encourage law enforcement personnel investigating crimes allegedly committed by persons with AS to keep in mind how faulty wiring of the brain brings to the forefront serious questions about the relevance of culpability and *mens rea*—enormously profound legal issues that warrant further explanation and research.

Compounding this problem is the risk of misdiagnosis, especially in regard to personality disorders such as schizotypal and schizoid personality disorders, as well as obsessive compulsive, depressive, and anxiety disorders. Needless to say, some of these disorders are recognizable to mental health workers and experienced law enforcement officers as well, particularly those trained in crisis intervention. Nonetheless, because AS is frequently underdiagnosed or misdiagnosed, we encourage law enforcement

chief executive officers to not only familiarize themselves with the characteristics of persons with this unique disorder, but to seek the assistance of local forensic clinicians with AS expertise in crafting appropriate departmental policies and procedures.

In this regard, extra care should be given to language clarifying how AS individuals often become unwitting victims in the criminal justice arena due to their susceptibility to exploitation. Lest there be further confusion, guidelines also should include wording that even though AS may closely resemble psychopathy, unlike the egocentric, crafty psychopath, the individual with AS is more likely to act badly without insight into her or his untoward behavior and, when caught, quickly confess.

To avert possible injustice in these cases, we suggest that addenda to policy include examples of the behaviors an AS individual may manifest when experiencing anxiety during police questioning such as the eager giving of statements (accurate and false), becoming quiet one moment then suddenly volatile when answering questions, or responding to questions in illogical ways. Moreover, to an individual who fails to perceive wrongdoing, Miranda warnings are seldom fully understood due to the contextual confusion surrounding why they are being given it in the first place. Guidelines delineating the use of written instructions in clear and concise terms, specifying each component of the Miranda warning and explaining the importance of its intelligent and voluntary waiver, may produce more judicious outcomes.

Finally, we close with a few words about what law enforcement executives and practitioners can anticipate with AS in the future. As research on brain abnormalities continues, and as the number of forensic clinicians familiar with AS diagnostic paradigms increase and more sophisticated instruments are developed for assessing intentionality and degrees of culpability, doubts about *mens rea* will diminish (Costello, 2007).

Equally promising is the “Theory of Mind” (TOM) research frequently found in AS literature. We listed in Figure 1a the “one-sided” (being spoken at rather than spoken to) nature of communication involving individuals with AS. Strides are being made in TOM research that will help AS individuals recognize signs of another person’s personal, emotional, and physical response to interaction. Future breakthroughs may further assist these individuals in becoming more adept at identifying nonverbal cues or body language during interpersonal interaction (Attwood, 2007).

Variously called *mind blindness* or *mind reading*, or “putting oneself in another person’s shoes” (Baron-Cohen, 1995, p. 103), progress in TOM’s potential for improving the appearance (if not the reality) of empathy may also help AS persons in the future avoid the sorts of conflict that give rise to behavior deemed inappropriate or unlawful. Current efforts, such as “Social Stories” and TOM teaching and computer programs, are demonstrating value in helping persons with AS understand what someone else may be thinking or feeling (Attwood, 2007, p. 126). After having been exposed to such training, persons with AS may continue to appear to be socially awkward but be “less likely to violate boundaries and harm others” (Murrie et al., 2002, p. 69). We feel optimistic that as exploratory research delves deeper into TOM and other aspects of AS, the discovery of meaningful insights into the silent and mysteriously complex world of low-functioning persons on the autistic disorder spectrum will grow with it.

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Asperger's Resource Guide

Conferences

- Asperger Association of New England
- Asperger's Syndrome Education Network (ASPEN) Annual Spring Conference
- Autism Network International
- Autism Society of America (ASA) National Conference
- MAAP Annual Conference
- National Autism Conference

National Resources

- *Asperger Association of New England* – Regional organization providing comprehensive information and support on Asperger syndrome to the Northeast; recognized nationally in areas such as support, education, and advocacy
Newton, MA • (617) 527-2894
www.aane.org
- *Autism Speaks* – An initiative devoted to educating the public about autism as well as facilitating and funding research
New York, NY • (212) 252-8584
www.autismspeaks.org
- *Center for Autism Corporate Headquarters* – Among the world’s largest and most experienced organizations effectively treating children with autism and related disorders
Tarzana, CA • (818) 345-2345
www.centerforautism.com
- *The Council for Exceptional Children (CEC)* – Group providing many online articles and resources
www.cec.sped.org
- *The Global and Regional Asperger Syndrome Partnership (GRASP)* – Organization serving individuals on the autism spectrum and run by those individuals; the present focus of the organization is support and education, but they also have an interest in advocacy and monitoring of social services and professionals in the field
New York, NY • (646) 242-4003
www.grasp.org
- *The Gray Center* – Organization providing support and information regarding individuals with autism spectrum disorders and those who work alongside of them to provide mutual understanding
Kentwood, MI • (616) 954-9747
www.thegraycenter.org
- *MAAP Services for the Autism and Asperger Syndrome* – National nonprofit organization providing support to families and individuals with Asperger’s syndrome and other high-functioning autism spectrum disorders
Crown Point, IN • (219) 662-1311
www.maapservices.org
- National Information Center for Children and Youth with Disabilities (NICHCY) – This organization serves as a national, centralized source of information on disabilities. Considerable information and links to Asperger syndrome information are available. Contact them for an information package concerning Asperger’s syndrome.
www.nichcy.org

Regional Resources

Northeast Resources

- ASCEND Group (Asperger Information Alliance)
Ardmore, PA • (610) 449-6776
www.ascendgroup.org

- Asperger's Association of New England
Newton, MA • (617) 527-2894
www.aane.org (main site)
- Asperger Syndrome and High Functioning Autism Association
Bethpage, NY • (516) 470-0360
www.ahaNY.org
- Maryland Asperger Advocacy & Support Group
Reisterstown, MD (contact via website)
www.aspergers.org

Southeast Resources

- Autism Program of Virginia
Richmond, VA • (800) 649-8481
www.autismva.org
- TEACCH Autism Program
University of North Carolina at Chapel Hill
Raleigh, NC • (919) 966-2174
www.teacch.com
- University of Miami Center for Autism and Related Disabilities (UMCARD)
Coral Gables, FL • (800) 928-8476
www.umcard.org/index.htm

Midwest Resources

- Asperger Syndrome Support and Awareness of Central Illinois
Springfield, IL (contact via website)
www.aspergersyndromesupport.com
- Autism Asperger Resource Center
Kansas City, KS • (913) 588-5988
www.autismasperger.org

Southwest Resources

- Autism Society of Southeast Texas
Port Neches, TX • (409) 724-7799
www.autismsociety-setx.org
- Southwest Autism Research and Resource Center
Phoenix, AZ • (602) 340-8717
www.autismcenter.org

West Resources

- Asperger's Northwest Support Group
Seattle, WA • (206) 782-2232
www.aspergersnw.org
- Hawaii Center for Autism Spectrum Disorders
Honolulu, Hawaii • (808) 947-4693

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Persons with Autism and Other Developmental Disabilities: The Law Enforcement Role and Responsibility

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Introduction

Cases of excessive force and brutality by law enforcement have increased during the past few decades (Durose, Langan, & Schmitt, 2005). At least some of these cases are alleged to be interactions with persons with developmental disabilities, but it is difficult to discern that from the data. The probability today is high, however, that a law enforcement officer will interact with a person who has a developmental disability.

The behaviors of persons with mental illness can generate concern for some officers who try to interpret the actions of those individuals while attempting to conduct an interview or make an arrest. It could be beneficial to the law enforcement community and the overall criminal justice system if more is known about these special populations in our society.

Persons with developmental disabilities exhibit a wide and often unpredictable range of skills, abilities, and needs. Many misconceptions still exist concerning persons with developmental disabilities, and many persons have disabilities that are not easily recognized or diagnosed. Some individuals also have multiple disabilities concurrently. Persons with developmental disabilities are often harmed as a result of incorrect assumptions made by others, including law enforcement officers.

The United States law enforcement community is neither educated nor trained to the nature and extent of developmental disabilities among the population. This represents a significant challenge for officers and administrators who continually work to better understand the nature of diversity that exists in the communities they serve. There exists an identified need to educate the law enforcement community about persons whose behaviors fail to fit expected patterns.

This article is intended to help the law enforcement community better understand these types of persons. It does not include an in-depth discussion about persons with mental illness since legislation has been enacted in many jurisdictions to make law enforcement aware of the signs and symptoms of persons with mental illness.

Autism

One of the most common types of developmental disability is autism, a complex neurobiological disorder. It is one diagnosis in a category of the *Diagnostic Statistical Manual of Mental Disorders* referred to as the Autism Spectrum Disorders (ASDs) (Meyers, 2007). According to the Autism Speaks Foundation (2007), experts estimate approximately 1 in 150 individuals is diagnosed with autism annually, which makes the disorder more prevalent than diabetes, AIDS, and pediatric cancer combined. The disorder occurs primarily in males and is found in all ethnic, racial, cultural, and socioeconomic groups. Given the prevalence of the diagnosis, it is highly likely law enforcement officers will encounter autistic individuals during their professional activities.

Autism is characterized primarily by social and communication deficits, and sensory and motor difficulties, as well as by personality abnormalities (National Institute of Mental Health [NIMH], 2006). In addition, autistic individuals have been described as having “an impaired theory of the mind” (Klein & Kihlstrom, 1998). They tend to have significant difficulties understanding, interpreting, and inferring others’ thoughts and feelings. They often lack the ability to think from alternate perspectives or to feel empathy. This lack of ability to “read” other individuals’ feelings and intentions means that an individual with autism may have difficulty understanding tone of voice; body language; or the use of sarcasm, humor, and irony when interacting socially with others. This inability to interpret social communication accurately may be misinterpreted as defiance, noncompliance, or passive aggressiveness by an officer who is interviewing or interacting with this autistic individual.

Other social and communication symptoms of the autistic may include speech difficulty, delayed speech patterns, high-pitch or flat intonation, and lack of slang usage (Blakeslee, 2005; Wickelgren, 2005). Interestingly, some autistic individuals possess exceptional language skills and abilities, while others may have no language abilities. Many autistic individuals are somewhere in between the two extremes, with idiosyncratic verbal skills (Frith & Frith, 2001). Although they may talk, they find it extremely difficult to carry on a conversation, create small talk, or use common language. These traits may make communication with law enforcement officers extremely difficult.

In addition to social and communication deficits, the autistic individual demonstrates sensory and motor deficiencies. The majority of autistic people show an abnormal sensitivity to sensory external stimuli such as light, sound, and large groups of people. Interestingly, some autistic individuals possess both hypo- and hypersensitivity to various forms of stimulation. Behavioral demonstrations of such sensitivity may include individuals covering their ears, exhibiting adverse reactions to brightly illuminated areas, or attempting to avoid stimuli altogether. These negative reactions may also be accompanied by other behavioral manifestations such as having an aversion to being touched, hugged, or cuddled. They may also experience the other extreme and crave intense, sometimes inappropriate physical contact (National Institute of Neurological Disorders and Stroke, 2007). These behavioral manifestations, if misinterpreted by law enforcement officers as combative or resistant behaviors, could create a force-continuum escalation.

Accurate identification of an individual with autism is difficult given the general lack of obvious physical disabilities. This furthers the divide of understanding between the autistic population and those they encounter. According to the National Institute of Mental Health (NIMH) (2006), the majority of autistic people have some degree of both fine and gross motor skill difficulty. Outward signs of these difficulties may include poor handwriting for fine motor skills and difficulty with gross motor skill coordination. These symptoms may mirror other behavioral or chemical issues routinely encountered by law enforcement officers, leading to situational misinterpretations.

Finally, the autistic individual may have unique and often abnormal personality characteristics. Although autistic manifestations differ radically in their presentation from person to person, there are commonalities within the diagnosis category. Some of these commonalities include stereotyped behaviors, which include repetitive and ritualized activities (Baron-Cohen, 2004). For example, the individual may incessantly repeat words or phrases, follow rigid routines or schedules, and/or systematically line up items or objects in their environment. Some have drawn similarities between this facet of the disorder and obsessive-compulsive disorder.

Other Types of Developmental Disabilities

The term *developmental disability* as used in the U.S. refers to disabilities affecting daily functioning in three or more of the following areas:

- Capacity for independent living
- Economic self-sufficiency
- Learning
- Mobility
- Receptive and expressive language
- Self-care
- Self-direction (Wikipedia, 2008)

Developmental disabilities affect between 1 and 3% of the population in most western countries, although many government sources acknowledge that these statistics are flawed. The worldwide proportion of people with developmental disabilities is believed to be approximately 1.4% (Inclusion International, 2008). A study in the United Kingdom found that developmental disabilities are twice as common in males as in females, and the prevalence of mild developmental disabilities is likely to be higher in areas of poverty and deprivation, and among people of certain ethnicities (Secretary of State – UK for Health, 2001).

In addition to autism, some of the more common and specific types of developmental disabilities are mental retardation, cerebral palsy, and epilepsy. *Mental retardation* is a catchall term for impaired abilities to learn and think either in the same way or at the same rate as the general population. With proper identification and intervention, many people with mental retardation can achieve some independence as adults in their living situations, in their work, and in their personal and social relationships (MedicineNet.com, 2008).

Cerebral palsy is a set of chronic conditions affecting body movement and muscle coordination. It is caused by damage to one or more specific areas of the brain

before, during, or shortly after birth, or in infancy. Symptoms of cerebral palsy may vary from person to person and may include involuntary movement; muscle spasms; abnormal sensation or perception, or impaired sight, hearing, or speech; and trouble maintaining balance or walking. The latter symptom represents a significant challenge for law enforcement officers since they frequently encounter persons who appear intoxicated and unable to function in a normal fashion. A person with cerebral palsy may experience mainly stiff and difficult movement (spastic), involuntary and uncontrolled movement (athetoid), a disturbed sense of balance and depth perception (ataxic), or a combination of these effects (UCSF Medical Center, 2008a).

Epilepsy occurs when there are recurrent sudden and usually brief changes in brain function due to disturbed electrical activity. This can cause alterations in movement or consciousness. Epileptic seizures may be generalized, affecting all brain cells, or partial. Results range from total unconsciousness to a fleeting, staring, trance-like state. Children with epilepsy, particularly the more severe types, may collapse during a seizure. Their bodies become stiff and begin jerking (UCSF Medical Center, 2008b). Police calls, as an example, for suspected poisoning or drug-induced overdoses could easily be mistaken by officers if they are not properly trained on the symptoms of epilepsy. Clearly, officers need to be more aware of the symptoms and should have written instructions with them while attempting to ascertain the real reason for a person's behavior.

Epilepsy cannot be cured; it can usually, but not always, be partially or completely controlled by anticonvulsant medications. These medications may cause depression, loss of mental function, changes in sexual feelings and function, and other changes (UCSF Medical Center, 2008b).

Policy and Training Implications for Law Enforcement

The police respond to a variety of calls-for-service in both traditional and nontraditional ways, requiring the need to utilize differing strategies and tactics. Because of the multidimensional aspects now being employed by many agencies as they prioritize citizen requests, a framework should exist for agencies to readily adopt new criteria and variables in how to implement their responses to more complex types of requests and persons. A critical component in this process is the proper training of both officers on the street and the call-takers who prioritize sensitive calls from the public.

Important provisions must be incorporated into law enforcement agency policy structures. The success of transitioning to a new philosophy or operational strategy lies in an agency's ability to develop sound policy and ensure that officers and supporting personnel are adequately trained in all aspects of that policy. An agency starting this process should assemble a group of citizens and organizations with expertise in the area of developmental disabilities. It is vital for an agency to know the extent of citizen concerns and to understand how persons with developmental disabilities can show behaviors in their daily routines that may be observed, but not fully understood, by the police. A focus group from within the community could provide invaluable direction for policy development. More importantly, officers must be trained adequately in communicating with persons with developmental disabilities. Given the unique and

often impaired communication patterns of that population, a true understanding will aid officers in reducing misinterpretations of abnormal behaviors.

The importance of officers dealing with persons with developmental disabilities was recently highlighted in Illinois by the Illinois General Assembly, which passed a law amending curriculum of the Illinois Police Training Act. The new law—HB 0669—which took effect January 1, 2008, requires new police recruits to receive “a block of instruction aimed at identifying and interacting with persons with autism and other developmental disabilities.” As a result of what is one of the first such laws in the nation, officers in Illinois will now be trained in how to identify and respond to developmentally disabled persons. This is a positive first step.

Discussion and Recommendations

The issue of dealing with persons with developmental disabilities is relatively new in American policing. Nevertheless, it represents a challenge that must be met if the profession intends to excel in its community-based policing initiatives and to begin to understand persons who do not fit the cultural, ability, or communication mainstream of our society. The law enforcement profession must ensure that its officers and staff are properly trained to familiarize themselves about abnormal behaviors in order to prevent unnecessary events or undesirable outcomes.

Law enforcement agencies in the U.S. should immediately develop new policies covering procedures on how to identify, interact, and respond to persons with developmental disabilities. Each policy should include a statement recognizing the significance of this issue in that jurisdiction and the importance of the individual agency’s integrity being upheld while attempting to honor and respect persons with developmental disabilities in all police contacts. A community focus group should have input in the policy and have an opportunity to review it for community-wide acceptance and relevancy. All members of the department should be issued the policy and trained in its contents and expectations.

Other policy statements should address calls-for-service by call-takers and dispatchers who are making important decisions about assignment and deployment issues and the nature of the caller and circumstances. Determining how to assess and respond to the scene of an incident involving persons with a possible developmental disability is vital to any new policy and training program. Officers on the street need to know at each critical juncture what is expected of them when they have doubts or are unable to adequately assess a situation that fails to fit their traditional response criteria.

More specifically, law enforcement agencies should concentrate on the following recommendations to implement new policies and training initiatives for officers in dealing with persons with any of a spectrum of developmental disabilities:

- Convene an internal group of officers and other employees to study and evaluate the need for policy development and training objectives.
- Consult with medical experts and health professionals in the policy and training development processes.
- Assign to a specific person in the agency the responsibility for dealing with persons with autism and other developmental disabilities.

- Develop training curricula and provide this to officers at every rank from patrol through senior management.
- Include specific training objectives and topics such as understanding persons with developmental disabilities, recognition and identification factors, interpersonal communication skills, police response to persons with developmental disabilities, community partnerships and developing strategic alliances with the medical professions, victimization issues, program evaluations for improved service, roles of community policing and problem-oriented policing, legal implications for police and potential offenders and victims, and use of force issues with persons with developmental disabilities.
- Offer a comprehensive training program in recruit training, inservice training, roll call training, specialized training, and university-based training and education courses so that everyone in a law enforcement agency has been trained and fully understands the training objectives.

Ensuring that policy and training initiatives are being fully implemented and positively responded to by law enforcement personnel requires each agency to review periodically the performance of its members for compliance with agency goals and objectives. Clearly, interacting with persons with developmental disabilities would fit with an existing goal or objective for the majority of agencies in the U.S. Therefore, conducting management audits would ensure that agency personnel are in fact following the intent of policy and training by relating their specific performances to stated goals or objectives.

Management audits provide proven methods to detect how units and employees respond to or follow agency expectations. Audits routinely consist of interviewing officers, victims, offenders, professionals, and others to determine the actions of those involved in an incident or public relations endeavor. Additionally, examining data and information found in reports relative to interactions with persons with various developmental disabilities would accurately assess how officers perform in relation both to agency expectations and to the satisfaction of citizens and others closely involved in an incident.

In conclusion, law enforcement agencies must become more proactive with their management initiatives to ensure that their missions, goals, and objectives are clearly understood by the community and by agency personnel. This entails an aggressive approach to the development of policy and the delivery of sophisticated training courses and programs for officers to better understand the nature of dealing with citizens with developmental disabilities. Lastly, agencies must embark upon effective public relations strategies so that each member of a community and the criminal justice system adequately understands and supports the importance of interacting with persons with developmental disabilities.

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Law Enforcement Officers: The Challenge(s) of Assisting Citizens Who Have Alzheimer's Disease and Maintaining Safety

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Introduction

The purpose of this article is threefold: (1) to emphasize the role of community policing as an important faction of society; (2) to examine officers' perceptions of their experiences of working with citizens who have Alzheimer's disease and/or severe memory loss; and (3) to explore how the perceptions of the officers perceivably affect the officers' ability to be effective, efficient, and safe while performing their jobs. In an effort to pull all of the author's intentions together, a model will be proposed, the MEMORY Model, that will assist agencies in providing optimal training that would serve to make officers feel safer while performing commendable work. *Community policing* is defined by Meese (1993) and Moore and Trojanowicz (1988) as the use of sophisticated investigative problem-solving techniques while interacting cooperatively with community institutions such as families, schools, neighborhood associations, merchant groups, and social service agencies to create safe, secure communities. Although the primary responsibility of officers is to serve, protect, and create a safe community, Clarke and Zak (1999) suggested that in every community in the United States, law enforcement personnel and firefighters regularly put their lives in harm's way to protect the public. One segment of the community that creates a potential risk is citizens with Alzheimer's disease. Gillick (1998) defines *Alzheimer's disease* as a disease of the nervous system characterized by loss of certain mental capacities. The Florida Gulf Coast Alzheimer's Association (2006) suggested that a person with Alzheimer's disease usually has a gradual decline in mental functions in which the first stages include a slight loss in memory such as the inability to remember the names of people or objects. The Association went on to imply that as the disease develops, a person loses the ability to carry out familiar tasks, to reason, and to exercise judgment (p. 2). With the impairment of judgment and deterioration in the ability to reason, one can see the potential for serious misunderstandings when this population has encounters with law enforcement officers. With the increased potential for negative encounters, Price (2000) noted an alarming fact in that the vast majority of these people live in the community, not at a care-giving facility. With the above being noted, this author would contend that as the elderly population is the fastest growing U.S. age group, the number of people with Alzheimer's disease is increasing as is the likelihood that law enforcement officers will encounter citizens who have this disability.

Price (2000) went on to suggest that

[C]rime committed by the elderly is increasing. As baby boomers who have abused alcohol and illegal drugs enter the ranks of senior citizens, and as

Alzheimer's disease and other forms of dementia reach epidemic proportions, Americans can expect more violent behavior by older men and women. (p. 1)

Anderson (2000) asserts that while officials at the Alzheimer's Association insist that violence by Alzheimer's patients is rare, "it's rare because it is not reported." Anderson went on to suggest that such assaults are very common in nursing homes against staff and that many patients with Alzheimer's suffer from paranoia, hallucinations, and delusions. The symptoms noted by Anderson can weigh heavily toward predisposing one toward violence. Yeager, Farnett, and Ruzicka (1995) highlighted behavioral problems, such as agitation, psychosis, and wandering, as common symptoms of Alzheimer's disease and related dementia. Yeager et al. went on to suggest that over half of the population with dementia display agitated behaviors, such as aggression and irritability, as well as the fact that disruptive behaviors, such as physical violence and wandering, may occur in up to 70% of people with dementia. Although officer/community interaction(s) in general are intriguing, the focus of this work will be primarily on police interactions with citizens who have Alzheimer's disease and/or severe memory loss.

Prelude to the Literature Review

On December 14, 2007, an Alzheimer's patient who had fled from his assisted-living facility died after he fell and hit his head during an encounter with a Sheriff's deputy. According to the officer, the patient was "combative and disoriented," but a number of witnesses discount the officer's claim. This is a true story, and many are wondering if this entire ordeal could have been avoided. The case is still under investigation, and a number of citizens are causing a public uproar as they feel that this was a senseless death caused by an ill-prepared officer of the law. This problem is one that is complex, but it illustrates the need for adequate awareness and training. This literature review examines the prevalence of Alzheimer's disease, the importance of training, and the likelihood of officers encountering citizens with Alzheimer's.

Literature Review

Basic police recruit training is where every officer develops an understanding and foundation of "police/suspect violence." It is also the place where recruits develop the necessary skills that are considered minimal to control a threat. The foundation of that training can be found under the umbrella of *high liability training*. These areas are classified as such because this is where officers and agencies are most likely to be involved in litigation. High liability is an area where mistakes can be made, which may cause serious injury and/or death to suspects as well as unintended bystanders.

High liability training is not unique to one state. In fact, an examination of California, Florida, Michigan, and New York State reveals that they each have a similar mandate and training standards for basic recruit training. The courses are firearms, defensive tactics, vehicle operations, physical fitness, and traffic stops. The hours of this training vary from state to state with the following averages: firearms, 75 hours; defensive tactics, 64 hours; physical fitness, 47 hours; vehicle operations, 26 hours; and traffic stops, 13 hours. The remainder of time is spent in areas such as constitutional law, patrol, drug identification, community policing,

etc. The recruits want more, but the budgets are limited, and any other training in the area of officer safety must be done through inservice training; advanced classes offered at the local training academy; or, most often, must be accomplished on their own (Florida Department of Law Enforcement, 1997). To understand a need for advanced and continued training above and beyond that of the police academy, one need only look at the FBI's *Uniform Crime Report: Officers Killed and Assaulted 2005*. This document is an annual document which details who, what, when, where, and how officers are killed and/or assaulted. An examination of the 2005 statistics offered the following data: 55 officers killed. Profile of the victim officers: white males, average age 37, and 10 years of service. The most common situations in which these officers were killed include traffic stops or pursuits, making an arrest, ambush, disturbance calls, and investigating suspicious persons. The most dangerous assignment is uniform patrol, and the most common weapon used to murder an officer was a handgun. The deadliest months were August and November; deadliest day of the week, Thursday; and the deadliest hours were between 10:01 PM and 12:00 midnight. Finally, the profile of the suspects: White male; average age, 30; height, 5'10; weight, 175 pounds. From 1996 through 2005, the numbers are fairly consistent. The number of officers killed varies, but the circumstances surrounding their deaths, as well as the victim officers' average age, race, and years of service, have remained consistent over time.

Although the above information addresses threats in general, the information clearly shows that very little time in police academies is devoted to training officers to effectively and safely handle encounters with special populations. The Alzheimer's victim or suspect would definitely fall into this category. It cannot be emphasized enough that adequate training is a paramount necessity to ensuring officer and citizen safety in any given encounter. Peak and Glensor (1999) offered that the purpose of community policing training is "to provide officers with a level of understanding that will allow them to effectively employ problem solving and community engagement techniques in their daily work" (p. 37).

Likelihood for Encounters

Flynn (2000) noted the following findings regarding the elderly population that help the reader understand the real potential for an officer to encounter the elderly, even those with Alzheimer's disease, while on patrol:

- Older people have been the fastest-growing age group in prison during the last ten years.
- Increases in arrests were recorded in the categories of offenses against family and children, liquor violations, drug offenses, and white-collar crime. The researcher noted that with the exception of liquor violations, these changes are comparable to increases noted for the total population.
- Older inmates (age 50 and above) grew from 4.9% of the prison population in 1990 to 7.9% in 2001.
- Older Americans commit the full range of offenses committed by younger people.
- The majority of elderly crime in the United States revolves around a small number of offense categories: gambling, sex offenses, driving while intoxicated, drunkenness, vagrancy, larceny/theft, and family offenses. (pp. 44-45)

Flynn (2000) went on to suggest that the bulk of the above crimes are relatively minor offenses, and the more serious offenses, including sex offenses, DWI, and family offenses, are often linked to substance and alcohol abuse.

The above assertion should be of utmost concern when one views the potential of an officer encountering an elderly citizen who has Alzheimer's who could quite possibly be abusing illicit substances and alcohol simultaneously. This added dynamic could only compound the potential for danger in a given encounter.

Another notion that stresses the likelihood of an officer having contact with an individual with Alzheimer's disease was offered by the Florida Gulf Coast Alzheimer's Association (2006). The Association reported that in 2006, approximately four million Americans had Alzheimer's disease. It was also offered by that same Association that the number of U.S. citizens with Alzheimer's is expected to reach fourteen million by the middle of the 21st century (p. 1). The National Institute on Aging (1999) reported that the prevalence of Alzheimer's disease doubles every five years beyond age 65. Again, the reason for this projection is that the U.S. population as a whole is aging and, thus, the service population of law enforcement officers. With an ever-growing service population of older citizens, it is very likely that an officer will have to serve a citizen with Alzheimer's. Another dynamic to this issue is found in prison release(s). Kerbs (2000) revealed that most of the country's older prisoners are not getting proper medical, psychological, and social care. He asserted that the prisoner's physical, psychological, and social needs are complex and require social services workers who understand those needs. Kerbs suggested that most prisons are not equipped to provide that type of care. The lack of treatment is very alarming as Steffensmeier and Motivans (2000) revealed: 46.5% of the elderly prisoners in the U.S. are career-criminal recidivists with repeated convictions. Steffensmeier and Motivans also suggested that a vast number of the incarcerated elderly will be back on the streets. The alarm is that if these individuals have untreated mental conditions, there is a very good chance that the individuals will have an encounter with a law enforcement officer once released from prison. It is also quite logical to assume that many will be suffering from Alzheimer's and/or severe memory loss. This assumption supports the need to have officers who are highly trained to assist special populations—especially citizens with mental health issues.

Methodology

A qualitative research method was used to analyze the nature and contextual experiences of law enforcement officers who had received training at their agency or at least at an academy that certified them in the area of law enforcement as well as to analyze the officers' encounters with citizens who suffer from Alzheimer's disease. A qualitative method was used in order to provide a rich description of law enforcement officers' experiences and their training. Bogdan and Biklen (1992) defined qualitative research as being "rich in description of people, places and conversation," which is "not easily handled by statistical procedures," stating that qualitative researchers are concerned with understanding behavior/experiences from the subject's own frame of reference" (p. 2). Consequently, an analysis of the training and experiences of the law enforcement officers is more easily understood utilizing qualitative research because this approach permits the in-depth exploration of the experience(s) of a group of people in their own voices.

Participant Selection

The population studied consisted of 83 law enforcement officers who had received training, a training supervisor who led the training department at one of the participating agencies, and the regional law enforcement expert and trainer on Alzheimer's disease. The officers represented three different law enforcement agencies in Florida. Surveys were distributed to officers through the training office. Once the surveys were completed, the author retrieved them from the respective training officers.

An attempt was made to include a range of experiences and orientations in order to examine the full spectrum of the nature and contextual factors which condition the officers' training experience(s) and to examine the interface of officers and the citizenry in working through the problems and issues that occur in community policing. This group included officers representing various ranks within the law enforcement agencies. The officers participated on a voluntary basis and were not coerced/forced to complete the survey instrument.

Research Design

Prior to the beginning of the study, the training supervisor in each law enforcement agency was contacted, given a brief description of the study, and asked to participate. The supervisors were asked to provide an approximate number of officers who were currently active and had served on the force for at least six months. Once the numbers were given, the researchers attempted to survey at least one-fourth of the officers at each agency. The "one-fourth" number was chosen as it appeared to be a manageable number, which was agreed upon by the researcher and the training officers.

Each of the potential participants was briefed by the training officers and told the purpose of the survey. After explaining the survey, the officers were given time to complete the survey. The participants were encouraged by both the researcher and the training officers to be as candid as possible and told that the information gathered from the surveys would be used to analyze and critique the existing training program at the respective agencies. The primary method of gathering data for this study was through open-ended questions on a survey instrument and a program analysis based on interviews with the training officers/supervisors. The program analysis consisted of reviewing initiatives/programs geared toward law enforcement community interactions and having conversations with training officers about their respective training departments.

The officer participants were asked to respond to the 11 open-ended questions on the survey instrument. The participants were generally asked to describe their training experiences and to share their work experiences with the community—especially with citizens suffering from Alzheimer's disease. The participants were asked to share their views on the level of quality in the training program(s) in which they had received training prior to and after becoming a certified officer. As for the training supervisors, they were asked to describe their views on the importance of training, to provide an assessment of the extent and quality of the training that they had received, and to assess the training provided at their respective agencies.

As interviews progressed with the training officers, probes were used to encourage the officers to illustrate their reflections with specific examples and experiences. However, tangential topics and questions evolved, and the researcher pursued what Spindler and Spindler (1992) refer to as a flexible format, encouraging the interviewee to speak freely about concerns and, in the process, answer questions that had not been asked.

The interviews usually lasted about 40 minutes, although some of them were longer. Notes were taken during the interviews, which later served as a means for data analysis.

Data Analysis

There is a unique relationship between the data and their analysis in a qualitative study. As the data are collected, “units” emerge that suggest further data needs and suggest categories of information. Typically, the data are coded according to these categories and analyzed to explore meaning and interrelationships (Bogdan & Biklen, 1992).

Coding

Coding is the process by which data are ordered. Three forms of coding—(1) open coding, (2) axial coding, and (3) selective coding—occurred simultaneously with the data collection to permit the researcher to identify relationships among the variables.

Open coding was used via the line-by-line examination of each transcript to identify emerging concepts expressed by the study’s participants. Axial coding was used to review experience areas and hypothesize relationships. Selective coding for core areas was conducted systematically to identify codes with a significant relationship that could be used for additional data collection (Strauss, 1987).

As the researcher analyzed the surveys and reviewed the notes from the interviews, similar terms, phrases, and experiences emerged. The terms, phrases, and experiences were carefully examined, resulting in the development of two key experience areas: (1) social and (2) intellectual. The experience areas allowed the researcher to gain a sense of the participants’ situational perspectives. Within the social area are the experiences of the officers interacting with the community, especially the combative and/or disoriented. The intellectual area includes such experiences as knowledge (the training process), perception, and reflection.

Results

Community Interaction

In regards to community interaction, 65 of the 83 officers (79%) reported very negative experiences within the service community. Many of those experiences noted by the participants involved citizens with Alzheimer’s disease or dementia. According to the officers, the negative experiences ranged from verbal abuse to physical aggression. The physical aggression was usually in the form of resisting arrest and the shoving of officers; however, 26 (40%) of the officers reported

situations where individuals attempted to use nonlethal weapons against them. The nonlethal weapons ranged from hair combs to purses. Another aspect of community interaction addressed by the law enforcement officers was the types of calls that warranted their attention. The officers revealed that there were common/typical situations in which they would be more likely to encounter individuals with Alzheimer's disease. The common instances were as follows:

- Auto accidents
- Erratic driving
- False reports and victimization (most common)
- Indecent exposure
- Shoplifting
- Suicide and homicide

It should be noted that all of the above instances quite possibly occur as a result of the symptoms of Alzheimer's disease. Oftentimes, these individuals are unable to explain their unusual behavior, and officers are unaware of the symptoms of Alzheimer's. Therefore, the citizens' actions are more easily misunderstood. It's this "misunderstanding" phenomenon that can cause a situation to escalate to a level of no longer being safe for either party. On the average, the officers reported that they have interaction(s) with an individual who exhibits signs of Alzheimer's on at least a weekly basis. Once again, this demonstrates how vast this population has become, and it also alerts law enforcement to the possible dangers that may result from the encounters that might be laced with misunderstanding(s).

Trust

Another general observation that was made by officers evolved around the area of community trust. A vast majority of the officer participants voiced a concern about the lack of trust exhibited by members of the community towards them. The officers suggested that the citizens see them as the enemy rather than as a protection and service agency. The officers voiced the concern that citizens continue to call them as a last resort, usually after the situation has escalated to a dangerous/life-threatening level. Attitudes such as this compound the situation when dealing with a disoriented person who needs intervention as soon as a situation gets out of hand. A situation that could have been minor in nature could quite possibly have escalated to one of life or death. Family members, friends, and the community in general must feel that it is safe to call on the assistance of law enforcement when a relative, friend, or neighbor who has Alzheimer's needs the intervention of law enforcement.

Significant Concern: Training

One theme that emerged from the study that stood out more than any other was the concern officers expressed in regards to their training on dealing with special populations. Seventy-two of the 83 (75%) officers expressed a lack of contentment in regards to the amount and quality of training that was devoted to serving special populations. The concerned officers basically expressed that the training was too general as it grouped all of the special populations into one category. The general sentiments of the officers was that sufficient time needed to be spent on each element/group that is considered part of the overall special population.

Again, the majority of the officers who completed surveys felt as if they were ill-prepared to deal with this population.

Another point that emerged from the data is that 24 (29%) of the officers expressed their displeasure in having a law enforcement officer conduct the limited amount of training that was offered. The officers reportedly receive 1.5 hours of training a year on the topics of Alzheimer's and mental illness. The primary concern for these officers was that they felt that an expert opinion on the subject matter should come from someone in the medical field. The officers expressed that the current training was dated and that it basically involved watching a video and having a brief discussion. The researcher found this to be very interesting in that a person from the medical field might not be able to relate to the police culture whereas a fellow officer would. Nevertheless, these concerned officers felt the need for more facts and understanding regarding the population with Alzheimer's disease. The officers also reported that mental health training is actually not required at their agencies and that inservice training provided by their respective agencies deal mostly with sociological issues not mental illness. All of the officers who expressed concern about working with the mentally ill stated that dealing with persons with Alzheimer's had become so routine that mental health training should become mandatory and ongoing. They also proposed that mental health training be considered just as important to their training program as cultural diversity.

Training: Communication(s) Among Agencies

As a way to address the communications issues that affect the quality of services provided, the officers also suggested that more emphasis should be given to improving human relations skills because the ability to listen to people and respond in a sensitive manner is essential to good police work. The officers suggested that mental health professionals become part of the law enforcement process. The officers advocated a seamless system that would provide opportunities for social services professionals and law enforcement officers to become knowledgeable about the services provided by each agency and to become members of the same team—not competitors.

Awareness

Another theme that emerged from the data is that 60 (72%) of the respondents revealed that they were unaware of what to do with a citizen who was showing signs of Alzheimer's. The officers attributed this feeling to their lack of training, their lack of understanding about persons with Alzheimer's, and the poor relationship(s) that their departments have with social services, especially mental health agencies. The officers reported a great divide in the social services agencies' knowing law enforcement agencies' full range of duties, and law enforcement knowing social services agencies' full range of responsibilities. The officers suggested that there are still a great number of stereotypes present in regards to what these different entities do. The officers basically see too much separatism between law enforcement and social services agencies, which hinders the joint success that could be enjoyed by these agencies. The officers suggested that an improved relationship could improve their services as they would be more aware of what's available to the citizens who they encounter, especially the citizens with Alzheimer's and other forms of dementia. The officers reported a feeling of being

forced to arrest and incarcerate citizens with Alzheimer's versus being able to get adequate placement and care for these individuals.

Conclusion

This study assessed the status of law enforcement training as it pertains to interacting with citizens who have Alzheimer's disease in southwest Florida. The study reviewed related issues and examined the experiences of 83 law enforcement officers in southwest Florida. The findings of the study revealed a number of gaps that exist between the law enforcement agencies and the mental health/social services agencies. The gaps include poor community relations, poor training in mental health, community distrust, and a lack of commitment by the different agencies. The study also highlighted the perceived and actual dangers that persons with Alzheimer's disease present to law enforcement officers as well as how important training is in ensuring quality service to not only this population but to the society at large. The general themes of significance will be shared next.

General Themes Noted by the Researcher

- The officers reported that the typical characteristics displayed by the citizens with Alzheimer's disease consisted of agitation, disorientation, aggression, and memory loss. It was these presenting characteristics that created the greatest potential for a misunderstanding and possible danger. The vast majority (73%) of the officers expressed a feeling of uneasiness when dealing with citizens who showed signs of Alzheimer's. This basically tells the reader that for the most part, officers are feeling somewhat unsafe while performing their daily duties/tasks. As gleaned from the literature review, this unsafe feeling can have devastating consequences.
- When asked whether or not their respective academies and departments spent adequate time on training for special populations, the majority of the officers answered no. These officers suggested that more time should have been devoted to mental illness, especially in the area of Alzheimer's disease. The officers expressed how common it was to have encounters with this population. Another point that was highlighted by the officer participants was the perceived need for more refresher sessions and mandatory inservice training involving mental health in general. The overall response theme for this question was, "too little, too fast."
- When asked what they feared most about working with this population, the officers overwhelmingly voiced a concern of being hurt or hurting someone due to erroneous interpretation of a situation. This concern goes back to the "misunderstanding" phenomenon that was introduced earlier in this article.
- When asked what do they perceive as being the greatest challenge(s) for effectively serving this population, the most common response was that the officers felt ill-prepared to recognize and effectively assist citizens with Alzheimer's disease. The second most common response to this question was that the officers viewed communication as a major roadblock. The officers feared that due to the severe disorientation of some of the citizens, they could not find out enough information to help the citizens help themselves. The issue of communication came up over

and over again. As for how the officers were affected, the majority of the officers suggested that the incidents caused them to be more cautious as well as to be more aware of the need for more training in different areas. Again, most of the dialogue was about policing the seriously mentally ill population, especially those with Alzheimer's disease.

After considering the findings of the study, the researcher offers the following model as a workable, systems approach to law enforcement and mental health training.

MEMORY Model: Five Vital Steps

All law enforcement recruits should receive extensive training based on the **MEMORY Model** while in the academy and once at their respective agencies. Based on the participants' input, one area of concern would definitely be in the area of mental illness. The block of training for this subject/topic would be no less than eight clock hours. The training would be conducted by qualified mental health professionals (e.g., psychiatrists, psychologists, counselors, etc.).

In addition to the academy training, all officers will be required to attend refresher courses on an annual basis. This training will be offered as inservice training conducted by a trained mental health professional.

Officers who excel in their training and/or show an extraordinary commitment to this area would be allowed to attend additional training and become part of a crisis team for that agency.

The crisis team would consist of trained law enforcement officers as well as social services personnel who would be housed at the agency. The crisis team would be on call 24 hours a day in order to assist officers who need crisis intervention.

The law enforcement and mental health agencies should become involved in cooperative education, which would allow each agency to become more fully aware of the services available to the public. This initiative would enable law enforcement personnel to make appropriate decisions in regards to diversion and so on. The mental health agency would benefit by being able to service individuals who truly need mental health services and accommodations.

Both agencies would get the public involved by offering workshops and seminars (free of charge) to the community and by preparing pamphlets and brochures that would be given to citizens who have family members and/or friends with Alzheimer's disease. The literature would explain the process of assisting citizens with Alzheimer's or mental illness, and it would include a list of numbers for assistance. It is believed that the above effort would help gain the trust of the citizenry.

Consequently, the researcher suggests that the above model could improve the training of law enforcement officers who are spending a significant amount of time engaged in community policing with seriously mentally ill persons, including those with Alzheimer's disease.

As for the **MEMORY Model** in general, it can be implemented in the following manner:

- M Maintain the dignity of the citizen.** This step addresses the issue of treating citizens with respect and realizing that, even with Alzheimer's, these individuals still have feelings. In order to maintain the citizens' dignity, the officers may want to remove these citizens from crowds and other noisy environments as this can cause restlessness, pacing, agitation, and panic. As was shown in the literature review, agitation, if not addressed properly, can easily lead into an unsafe situation for the citizens as well as the attending officers.

- E Explain actions before proceeding from one step to another.** If for some reason an individual has to be touched, the officer should let the person know in advance what he or she is about to do and why. The explanation should always be offered in a calm, nonthreatening tone of voice. It is also very important for the officer to understand that he or she may not be readily understood as citizens suffering from Alzheimer's might not be able to process all of the information. Patience must be shown in such instances. Impatience by the officers could allow situations to become physical and/or lethal.

- M Make sure that departments are providing adequate training.** The officers suggested that the training department should duplicate real-life incidents to which the officers had been exposed, thus allowing for each officer to learn from the experience(s). The majority of the officers expressed that they lacked realistic training. The training should be mandatory for all officers and it should be ongoing. The minimum amount of training should be eight hours a year. The training would probably be taken more serious if it was done by a mental health professional along with a law enforcement officer. This arrangement will start to create the necessary communication(s) between law enforcement agencies and mental health agencies. In order for there to be adequate training, training officers must be aware of the most current trends in law enforcement and mental health (best practices).

- O Offer community awareness workshops.** Make a concerted effort to let the public know that law enforcement is there to help not to hinder. This reminder must go out again and again. A presence should be shown when things are going well—not just when there's a crisis. The study highlighted the distrust issue, but it can be alleviated if departments and their officers reassure the community through positive interactions/encounters.

- R Resist the urge to treat all citizens the same way.** Although it might seem easier and more efficient to treat all citizens in the same manner, not all citizens function on the same level mentally and or physically. Due to deteriorations that might result from diseases, accidents, etc., flexibility must be shown when offering assistance. It is well noted in the literature that time is always a factor when dealing with so many calls, but safety and adequate service should never be compromised, especially to special populations. Again, this point emphasizes the need for mandatory training in this area.

- Y Yearn to provide the best service possible to all who you encounter.** Departments and officers alike should make it their aim to leave a lasting, positive impression

after all encounters. The citizens should be left with the feeling that the officer did everything within his or her power to uphold the law while at the same time being fair, honest, and professional. Not all encounters will be deemed as such, but the vast majority should be. To make certain of such occurrences, training must be optimal.

The researcher feels that if the MEMORY Model is implemented, more agencies will be able to meet the training needs of their officers as they encounter more and more citizens with Alzheimer's. It is the belief that most of the tools and/or resources needed to implement the model are currently in place at most agencies. It becomes a matter of grouping and streamlining resources between law enforcement and mental health/social services agencies. The researcher cannot stress enough the importance of allowing the officers to be a part of designing and implementing the MEMORY Model. The agency supervisors will find the officers' insights to be invaluable.

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HIV/AIDS and Law Enforcement Practices

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Human Immunodeficiency Virus (HIV) disease and Acquired Immune Deficiency Syndrome (AIDS)—the most advanced stage of the disease—currently affect more than 1 million Americans (Centers for Disease Control and Prevention [CDC], 2007b). AIDS was responsible for more than 2 million deaths worldwide in 2007 (UNAIDS, 2007). Police, probation, and detention officers as well as other criminal justice professionals fear contracting HIV through occupational contact with HIV-infected persons (Eichelberger & Blumberg, 1990). The HIV-infected people who are likely to enter the criminal justice system include intravenous drug users, who share contaminated needles, and sex workers, who engage in unprotected sex with multiple partners (Lurigio, Petraitis, & Johnson, 1991).

As public servants, police officers interact daily with people who are infected with the virus, particularly in large urban areas where the disease is concentrated (CDC, 2007c). In what work-related situations are officers actually at risk of contracting the virus? What can they do to protect themselves from infection? How can police departments prepare officers for the possibility of being exposed to HIV in the performance of their duties? This article explores these questions and discusses whether HIV disease poses a health threat to police officers.

The first section describes the nature of HIV disease and its progression to AIDS. It also examines the origin and spread of HIV disease and presents statistics on the prevalence of HIV and AIDS in the United States and the world. The second section begins with a brief scenario in which HIV is transmitted from a suspect to a police officer and explores the occupational risk of HIV contraction among healthcare and other professionals. The third section focuses on two strategies to reduce the risk of HIV contamination among police officers: (1) the implementation of universal precautions and (2) education programs. The final section discusses law enforcement's response to HIV disease in other countries, providing a valuable lesson on how police officers can better manage HIV disease and other public health problems in the United States.

Nature and Prevalence of HIV/AIDS

Human Immunodeficiency Virus

In 1983, scientists identified HIV as the cause of AIDS; its pathogenesis and modes of transmission are now well-established. HIV is a retrovirus that attacks the body's immune system, which defends against infections from viruses and microorganisms such as bacteria and fungi, by entering the DNA of disease-fighting white blood cells called T-helper (or CD4+) cells. HIV invades healthy white blood cells in order to replicate itself, eventually destroying the immune system and

leaving the afflicted person susceptible to a wide range of infections and diseases. As more T-helper cells are seized by the virus, the immune system's ability to thwart infections is inexorably weakened. The number of healthy white blood cells is eventually decimated by this unrelenting attack, and those remaining are unable to fend off a whole host of germs, some of which affect only people with suppressed immune systems (CDC, 2007b).

HIV disease progresses in four clinical stages. Stage 1 is primary HIV infection, which causes flu-like symptoms (e.g., headache, fever, lassitude, and body aches). During this stage, a substantial amount of HIV is in the bloodstream, and the immune system responds to the virus by creating antibodies in a process known as seroconversion. Blood tests for HIV measure the presence of these antibodies, which is how the disease is initially diagnosed. People infected with HIV are commonly referred to as *HIV-positive* or *HIV+*. If an HIV antibody test is conducted before seroconversion is complete, it will yield a negative finding ("Averting HIV and AIDS," 2007). The symptoms of Stage 1 usually persist for only a few weeks. Up to 20% of people with Stage 1 HIV disease have serious enough symptoms that they consult a doctor for treatment. In many cases, they are not diagnosed with HIV infection.

Stage 2, the clinically asymptomatic stage, can last for ten years or more. During this time, the virus proliferates, but the HIV-positive person typically experiences no serious signs or symptoms of immune deficiency. In Stage 2, physicians measure the amount of HIV genetic material (or viral load) to determine how far the disease has progressed; the greater the viral load, the further the disease has spread throughout the immune system and the less treatable and more deadly it has become.

Stage 3, the clinically symptomatic stage, occurs when HIV has severely damaged the immune system by destroying a multitude of T-helper cells and exhausting the lymph nodes from overactivity. HIV can also mutate into a more pernicious and lethal strain of virus capable of rapidly overcoming even greater numbers of healthy white blood cells. Symptoms emerge as the immune system begins to fail. Initially, these symptoms are mild; however, with the steady decline of immunofunction, symptoms exacerbate and long-term medical care is required ("Averting HIV and AIDS," 2007).

Stage 4 begins when the immune system is depleted by the virus and the HIV-infected individual is diagnosed with AIDS, the last stage in the continuum of HIV infection and disease. Untreated HIV disease culminates in endstage AIDS in approximately eight to ten years. People with AIDS are highly susceptible to serious illnesses, referred to as "opportunistic" diseases and infections, which take advantage of the body's weakened immune system yet generally have few, if any, adverse effects on people with healthy immune systems. Among people with AIDS, these "indicator" conditions can be fatal (HIV/AIDS Legal Network, 2007). AIDS indicator illnesses include Kaposi's sarcoma, tuberculosis, and *pneumocystis carinii* pneumonia, which affect the respiratory system; isoporiasis, candida, and cryptosporidiosis, which affect the gastrointestinal system; and toxoplasmosis, progressive multifocal leukoencephalopathy, herpes simplex, and varicella zoster, which affect the central and peripheral nervous systems (CDC, 1992).

HIV/AIDS Prevalence

Since the first AIDS cases were reported in the United States in 1981, more than 2 million Americans have been infected with HIV and more than 550,000 have died of AIDS (CDC, 2007a; Glynn & Rhodes, 2005; Morbidity and Mortality Weekly, 2006). At the end of 2005, 437,982 people were living with AIDS in the United States and an estimated 1 to 1.2 million people were living with HIV/AIDS (CDC, 2007b). One person in four living with HIV in this country is unaware that he or she harbors the infection; hence, these cases are unreported, and these people can unknowingly spread the infection to others.

In the United States, approximately 300,000 women are living with HIV/AIDS; 80% of women with AIDS are women of color, and 73% of them are African-American ("Averting HIV and AIDS," 2007; Glynn & Rhodes, 2005). The transmission categories with the highest numbers of AIDS cases in this country are male-to-male sexual contact, followed by intravenous drug use, high-risk heterosexual contact, and the combination of male-to-male sexual contact and intravenous drug use (CDC, 2006a). Particularly at high risk for HIV infection in the United States are young men of color who have unprotected sex with other men (CDC, 2006b, 2007d).

Cases of HIV disease and AIDS have been reported in every region of the world. By the end of 2006, 25 million people had died of AIDS; by the end of 2007, 33 million people were living with HIV or AIDS worldwide. Women account for 48% of all adults living with HIV worldwide and 59% of those in sub-Saharan Africa, where AIDS is the number one cause of death (Kaiser Family Foundation, 2007b). Young people (under the age of 25) account for half of all new HIV infections worldwide; approximately 6,000 become infected daily (UNAIDS, 2007). From 1981 to 1989, nearly 150,000 people in the United States became infected with HIV each year (Kaiser Family Foundation, 2007a). By the 1990s, the rate of new infections had diminished and now remains at approximately 40,000 cases annually (Morbidity and Mortality Weekly, 2006). The AIDS mortality rate in the United States peaked in 1994-1995 and has declined 70% since then (National Center for Health Statistics, 2006).

Medication (antiretroviral agents) can stem the progression of HIV disease, allowing more HIV-positive people to experience longer and healthier lives (Hunter, 2006). Highly active antiretroviral therapy (HAART) is greatly effective at treating HIV disease; it interrupts the life cycle of the virus and reduces viral load to an undetectable level. However, in developing and transitional countries, 7.1 million people are in immediate need of life-saving AIDS drugs, but only 2 million (28%) are receiving such medications ("Averting HIV and AIDS," 2007). As many as 60% of people with known HIV disease and AIDS in the United States are receiving no medical care (Kaiser Family Foundation, 2007a).

Origins and Spread of HIV

HIV likely originated in a subspecies of chimpanzee endemic to west equatorial Africa. The virus was transmitted to humans who hunted these chimpanzees and were exposed to their contaminated blood. The virus soon spread from person-to-person throughout Africa and eventually to other parts of the world. Unlike rhinoviruses that cause the common cold or influenza viruses that cause the flu,

HIV cannot be transmitted through everyday activities such as shaking hands, hugging, or social kissing. The virus also cannot be transmitted by donating blood; using public toilets, drinking fountains, or doorknobs; sharing dishes, razors, tooth brushes, utensils, clothes, drinking glasses, or food; or being bitten by a mosquito (CDC, 2004).

HIV is found mostly in blood, semen, and vaginal fluid and enters the body through the bloodstream or mucous membranes—wet, thin tissue found in the lining of the rectum; the walls of the vagina; and the inside of the eyes, nose, mouth, throat, and penis. HIV is transmitted through five modes: (1) unprotected sexual intercourse (anal intercourse is very high-risk behavior); (2) the sharing of contaminated needles or syringes; (3) the spread of infection from mother to fetus or infant perinatally or through breastfeeding; (4) blood-to-blood contact through a break in the skin, dermatitis, or mucous membranes; and (5) transfusions of blood, blood products, or blood-clotting factors (the risk of such contagion in the United States is miniscule) (CDC, 2007b). HIV can also be spread through human bites that involve severe tissue damage and blood exchange (CDC, 2004).

Police Officer Exposure to HIV

Hypothetical Case Scenario

An on-duty police officer, Robert Jones, arrests and searches a known burglary suspect with a history of intravenous drug use. During the search, the officer's hand is punctured by a blood-contaminated needle in the suspect's pocket. The officer is unable to clean his puncture wound properly. After several weeks, Officer Jones experiences symptoms similar to mononucleosis (e.g., lassitude, fever, and enlarged lymph nodes). His physician orders a blood test that screens for HIV antibodies. The test shows that the officer is HIV positive. Officer Jones's medical history reveals no high-risk behaviors that would render him susceptible to the virus. After receiving HIV counseling, Officer Jones decides to interview the suspect in jail. He discovers that the suspect has AIDS, which explains the officer's exposure to HIV.

The above scenario describes a hypothetical, albeit plausible, encounter that could transmit HIV to an officer in the line of duty. The likelihood of infection increases with several factors. For example, the more blood exchanged, the greater the risk of infection. There would have been more blood in the suspect's syringe if he had used the drug shortly before arrest and engaged in an intravenous drug-use practice known as "booting," which involves the aspiration of venous blood into the syringe before the mixture of the drug and blood is injected. (Drug users believe that booting enhances the drug's potency.) Risk would also increase if the needle had deeply penetrated the officer's skin and if the arrestee had a high viral load and a particularly virulent strain of HIV, indicating that he likely had AIDS. In addition, Officer Jones's failure to clean and disinfect his wound allowed the suspect's blood to freely come in contact with his own. The next section discusses what Officer Jones could have done to prevent his infection.

Occupational Hazards

As Officer Jones's case illustrates, HIV can be spread through occupational contact. The occupational risk of HIV transmission is highest in the medical field in which blood and other bodily fluids are often transferred from patients to doctors, nurses, dentists, or laboratory technicians. In rare instances, firefighters, police officers, and other public service workers have contracted HIV on the job through an accidental needle stick or the entry of contaminated blood into an open wound or mucous membrane (CDC, 2004).

The first confirmed case of occupational transmission of HIV was reported in 1984 and resulted from a needle stick (Ippolito et al., 1999). From 1981 to 2006, 57 documented and 140 suspected cases of occupationally acquired HIV disease have been reported. Nearly 80% of the documented cases were among nurses and medical laboratory technicians. The most common mode of transmission was from a puncture or cut injury (CDC, 2007e). In general, work-related transmission of HIV is much less likely than contraction through conventional modes of exposure to the virus. Nonetheless, the law enforcement community should be aware that occupational spread of the virus is possible but can be avoided by taking simple, precautionary measures.

HIV/AIDS presents a unique risk to police officers. Unlike other personal or situational threats against officer safety, the disease is invisible, and officers are unable to discern who is or who is not infected. The invisible nature of the threat fuels officers' fear of contagion and can interfere with the performance of their duties. In addition, several months can pass before an exposed officer knows his or her HIV serostatus. The waiting period can cause severe anxiety and uncertainty about an officer's personal and professional life. Most important, the risk of occupational transmission is low, but the consequences are devastating. HIV disease is incurable and deadly (Flavin, 1998).

A study by the FBI showed that between 1981 and 1991, approximately ten police officers were infected with HIV through occupational exposure (Walker & Katz, 2005). One case of suspect-to-officer transmission occurred in 1997 during a bloody altercation between a 52-year-old male police officer and a known HIV-positive arrestee (Abel et al., 2000). The officer reported that when he punched the arrestee in the teeth, his fist was deeply lacerated and covered in his and the suspect's blood. The police officer waited several days before receiving antibiotic treatment for his wounds. Following the altercation, the officer tested positive for HIV and the Hepatitis C virus, which is a bloodborne infection that causes chronic liver disease. The police officer's long-term monogamous sex partner tested negative for both viruses. The officer had never been the recipient of a blood transfusion or used intravenous drugs. Laboratory tests matched the strains of virus that had infected the officer and arrestee.

On-the-Job HIV Prevention

Universal Precautions

To lower the risk of HIV infection through occupational contact, police officers should practice universal precautions, which are designed to prevent the

transmission of HIV and other bloodborne pathogens (e.g., hepatitis) during the provision of health care, first aid, or other personal services (e.g., hairdressing and cosmetology). Such activities could expose a provider to infected blood and blood products as well as blood-contaminated semen, vaginal secretions, urine, saliva, sputum, and vomitus (CDC, 1996). The practice of universal precautions presumes that all persons are infected with HIV or other communicable diseases. Therefore, police officers should adopt protective measures to reduce the spread of infection in all settings or situations in which they might come into contact with contaminated blood or bodily fluids.

The adoption of universal precautions entails the use of gloves as a barrier precaution when patting down, searching, or physically restraining a suspect, arrestee, or detainee. The use of gloves is crucial when a civilian is actively or has been recently bleeding or has a non-intact skin wound. Officers should also wear gloves when using bleach solutions to clean blood or bodily fluids in lock-up or other areas of the station house. Officers should use a set of protective gloves only once and dispose of them in a biohazards container. After removing the gloves, officers should thoroughly wash their hands, wrists, and other exposed skin. Furthermore, police officers should use protective devices when involved in altercations with civilians that might culminate in exposure to blood or other bodily fluids. For example, officers should wear goggles or a face shield when confronting a detainee in lock-up or a protestor on the street who is spitting, biting, or throwing feces or urine.

Police officers often respond to emergency situations in which they must perform CPR. Although the risk of contracting HIV during CPR is so low that it is undefined (American Heart Association, 2000), officers are often fearful of contraction and hesitant about performing this and other life-saving procedures (Walker & Katz, 2005). For example, one study found that 30% of police officers refused to provide medical assistance because of their fear of contracting HIV (Herlitz & Brorsson, 1990). Instead, they wait for medical personnel to arrive at the scene, wasting precious time that could mean the difference between life and death (Flavin, 1998).

The New York City (NYC) Police Department established one of the first programs to address police officers' fear of HIV contraction. The primary goal of the program was to dismiss "any fear police officers may have of giving cardiopulmonary resuscitation or CPR to heart attack victims whose hearts have stopped and may be infected with AIDS" (Sullivan, 1987, p. 21). NYC Health Department officials stated that the program would provide the police with basic knowledge about HIV disease and instruct them in the use of specific precautions to avoid occupational transmission of the virus ("Police Urged to Adopt Precautions," 1987).

As part of the program, police authorities in NYC distributed protective face masks to police officers, on patrol or on call, that block the exchange of saliva during the administration of CPR. In addition, police officers were advised to wear gloves when patting down and searching an arrestee. Emergency ambulance crews in NYC and elsewhere further reduced officers' fear of contracting HIV while performing CPR by instructing officers on the use of mechanical air bags and disposable plastic tubes, which allow them to administer the procedure without directly touching a person's mouth ("Police Urged to Adopt Precautions," 1987; Sullivan, 1987).

The elements of the NYC Police Department's pioneering program are consistent with the CDC's protocol for protecting healthcare workers from HIV infection. The department's guidelines can be implemented by any law enforcement agency to reduce the risk of occupational exposure to the virus (Sullivan, 1987). The adoption of universal precautions protects officers against HIV and other communicable diseases and infections that are spread more easily through occupational contact than HIV such as Hepatitis C and tuberculosis. In summary, to minimize the risk of work-related contraction of HIV, police officers should take the following precautions:

- Use protective barriers, such as gloves, when searching civilians and cleaning spills containing bodily fluids.
- Clean blood and bodily fluids (secretions and excretions) promptly with household bleach solutions.
- Ask civilians if they have needles or other sharp objects in their pockets before searching or patting them down.
- Wear eye protectors, goggles, or face shields in situations that could involve contamination with splashes or projectiles containing bodily fluids.
- Wash hands and other exposed flesh after removing gloves and other protective gear.
- Dispose of confiscated needles, used gloves, and cleaning materials in a secure, puncture-proof biohazards container.
- Employ mouthpieces or mechanical devices when performing CPR.

Educational Programs

Medications can slow the progression of HIV disease, but HIV/AIDS cannot be cured. Efforts to develop a vaccine show promise; however, an effective vaccine against HIV is unlikely to be developed and approved for several years (AIDS Vaccine Advocacy Coalition, 2006). In the absence of a cure or vaccine, prevention is the best weapon against HIV disease, and the first step in prevention is education. HIV education programs for criminal justice professionals have been instrumental in changing their knowledge, attitudes, and behaviors; in lowering their fear of HIV contraction; and in reducing the likelihood that they will stigmatize or discriminate against people with HIV/AIDS (Yearwood, 1992). Criminal justice agencies that have specific policies and procedures regarding HIV and other communicable diseases encourage officers to respond prudently to threats of occupational transmission (Hammett, 1990; Lurigio et al., 1991).

HIV education programs for the police should be incorporated into training curricula for cadets and into continuing education sessions for experienced officers. In 1996, nearly 90% of police departments in the United States provided HIV training to recruits and nearly 80% provided inservice training to experienced officers (Edwards & Tewksbury, 1996). The training content should be updated regularly to keep pace with advances in HIV disease prevention and treatment. Other key elements of HIV education for police officers include the involvement of law enforcement staff in the development and implementation of training materials; repeated sessions that reinforce accurate messages about universal precautions and occupational risk; live training sessions that incorporate question-and-answer periods as well as hands-on demonstrations of clean-up procedures; and lectures that are tied explicitly to police operations and activities such as

“arrest procedures, searches, CPR, first aid, evidence handling, transportation of prisoners, crime scene processing, disposal of contaminated materials, lockup supervision, and body removal procedures” (Hammett, 1990, p. 46).

The basic HIV curriculum for law enforcement officers should consist of three modules. The first module should communicate information about the transmission of HIV disease and dispel erroneous beliefs, myths, and misapprehensions about the work-related risk of HIV infection (Eichelberger & Blumberg, 1990). The second module should educate officers about universal precautions as the means to minimize the risk of occupational exposure to HIV. Specifically, police officers should learn how to wear and dispose of protective gloves and masks properly and “when to take precautionary measures to avoid infection with the virus” (Eichelberger & Blumberg, 1990, p. 36). They should also be educated about techniques for safely cleaning and disinfecting areas contaminated by blood or other bodily fluids. In addition, they should learn about CPR methods and devices that will assuage unfounded fears of HIV contraction when performing life-saving techniques. The third module should educate officers about protecting themselves from HIV and other infectious diseases in their personal lives. The implementation of HIV education programs will prepare police departments to counter civil liability suits filed by police officers who claim that they were infected with HIV on the job. In short, police departments that provide officers with knowledge about HIV disease and that train them to adopt universal precautions will shield their officers from infection and their agencies from litigation (Eichelberger & Blumberg, 1990).

Police and AIDS: The International Scene

The law enforcement community’s overall response to the HIV/AIDS crisis in the United States has been highly professional, informed, and proactive. In other countries, however, misguided police department policies and practices have run counter to public health measures to combat the spread of HIV disease. Among police officers, irrational fear of contamination, discrimination against gay men and drug addicts, and a lack of education about the transmission and prevention of HIV disease have unintentionally contributed to the growing numbers of HIV infections and AIDS-related deaths in Africa, India, and Canada.

Sub-Saharan Africa

More than 1,000 police officers are dying of AIDS each year in Mozambique, Africa—a country in which nearly 20% of the population is HIV-infected. Police officials are concerned that the steady loss of officers to the disease is hampering their ability to combat crime, especially in the crowded capital city of Maputo where drug trafficking and gang activity are rampant. The infection of officers is attributable to their ignorance about the disease and their willingness to accept sexual favors as bribes for ignoring crimes or as payment for performing their duties. Police officers are not instructed to use protective gloves when exposed to blood at crime or accident scenes, and those infected with HIV cannot afford anti-retroviral medications (Mangwiro, 2007).

India

In India, an estimated 4 million people are infected with HIV. To combat the spread of the disease, the government's public health service supports a program that provides education, HIV testing, and free condoms to people who engage in high-risk behaviors such as women prostitutes and men who have sex with men. Funded by a loan from the World Bank, the program is administered by outreach workers and peer educators who have been successful in stemming the spread of HIV among prostitutes by encouraging them to insist that their clients wear condoms. However, reports indicate that the police service, which is administered by another branch of government, has engaged in widespread harassment and stigmatization of both healthcare workers and people in high-risk categories for HIV infection (Human Rights Watch, 2003b).

For example, in the state of Karnataka, politicians have accused HIV peer educators of promoting prostitution and have blatantly condoned police officers' harassment, abuse, and violence against peer educators, prostitutes, and gay men. Aggressive police actions have frustrated the country's HIV prevention efforts and encouraged the rapid spread of the virus throughout the general population (Human Rights Watch, 2003b).

Vancouver, Canada

Vancouver, Canada, has experienced one of the worst HIV epidemics in the developed world. More than 40% of the city's intravenous drug users, living on its impoverished east side, are believed to be infected with HIV. In 2003, the city's police department launched a major drug enforcement initiative, known as Operation Torpedo, which was purportedly aimed at drug dealers. Instead, police activities concentrated on drug users, who were subjected to illegal searches, excessive force, and an unprecedented number of arrests. As a result of unrelenting police pressure, drug users were driven off the streets and away from the reach of HIV prevention and other healthcare services. Most notable was a significant reduction in the participation of intravenous drug users in the city's needle exchange program—a mainstay in the fight against the spread of HIV and Hepatitis C (Human Rights Watch, 2003a).

Summary and Conclusions

HIV disease is a serious public health problem that has tragic consequences for millions of people throughout the world. In general, the threat of occupational transmission of HIV is low. Police officers, overall, have a lower risk of job-related HIV infection than do nurses and physicians. Nonetheless, police officers must be careful during interactions with the public, especially those with any possibility of exposure to blood or bodily fluids. The adoption of universal precautions among healthcare workers has been effective in the prevention of a host of communicable diseases, including HIV. In short, law enforcement officers must be neither complacent nor alarmist about on-the-job contact with individuals who have HIV disease or AIDS.

As demonstrated by the experiences of law enforcement personnel in other countries, police department policies and officer behavior can play a significant

role in the containment or spread of HIV. Departments that fail to educate officers about HIV disease promote undue fear and encourage the mistreatment and stigmatization of people who are suffering from HIV/AIDS; such behavior is discriminatory, immoral, and irresponsible. Moreover, police interference with outreach workers' activities, such as HIV education, condom distribution, and clean needle exchanges, can be deadly. In the United States, police agencies have responded to the crisis judiciously and humanely. Many police departments train officers about HIV and provide them with rubber gloves, face shields, and other devices that are used as barriers against contact with contaminated bodily fluids. Officers routinely inquire about the presence of sharp objects before they conduct searches of civilians. Finally, they generally respect the constitutional rights of all persons regardless of their health status and deliver law enforcement services to people with medical problems without bias.

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Shoot Me! An Overview of Suicide by Cop

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Defining Suicide and Suicidal Intent

In the mid 1980s, the Centers for Disease Control and Prevention sought to identify and provide a definition for suicide that would help to better facilitate the certification process for this type of death (Rosenberg et al., 1988). Though a variety of different definitions for suicide emerged subsequent to this discussion, De Leo et al. (2004) suggested the following language to describe this concept: "Suicide is an act with a fatal outcome which the deceased, knowing or expecting a potentially fatal outcome, has initiated and carried out with the purpose of bringing about wanted changes" (p. 36).

What remains less clear is the relationship between the act of suicide and the suicidal intent of the victim (a relationship that is particularly significant to the understanding of suicide by cop). Though it would perhaps be a simple matter of common sense to conclude that the intention of the individual is reflected in the act, the full meaning of that intention can never be completely understood given the result of the act, except, of course, with those episodes that do not have a lethal outcome (Andriessen, 2006). It is for this reason that most researchers studying suicide see suicidal intention as the most contentious aspect of this definition. In an attempt to clarify this problem, researchers have decided to provide separate definitions for the concepts of suicidal motivation and intention. The motivation to commit suicide is seen as being most related to those situational factors that allow suicide to be perceived as a legitimate remedy to the current set of problems, whereas suicidal intention or intentionality represents the specific plan by which this corrective remedy will be achieved. The suicidal individual, then, is someone who has first experienced specific situational factors, say for example a potential return to the penitentiary, and then uses a violent altercation with police to remedy his fear by ending his life.

Andriessen (2006) argues that intention rather than the agent of death is what distinguishes between homicide and suicide. Andriessen's distinction between homicide and suicide, however, cannot always be clearly determined. It is also important to note that suicidal intent does not necessarily guarantee that the individual's actions will result in death.

Defining and Describing the Problem

The term *suicide by cop* (SbC) is a relatively new criminal justice concept that did not appear in academic or professional literature until the early 1980s, and remains a term without a universally accepted definition. Some have simply defined SbC as "an individual who wishes to die and uses the police to affect that goal" (Kennedy, Homant, & Hupp, 1998, p. 21) or as "incidents in which individuals, bent on self destruction,

engage in life-threatening and criminal behavior in order to force the police to kill them" (Burke & Rigsby, 1999, p. 97; see also Geberth, 1993; Homant, Kennedy, & Hupp, 2000; Lord, 2004; Pinizzotto, Davis, & Miller, 2005). Pinizzotto and Edwards (1999) note that a clear definition of SbC needs to be developed and adopted by police and coroners throughout the country to fully understand the extent of this problem.

SbC is generally understood as an attempt by the victim-precipitator to induce police officers to employ deadly force. The SbC episode, then, can be defined through the way in which the victim-precipitator specifically targets police to carry out the suicide plan. It is important to note that the method of suicide is not necessarily related to the ultimate lethality of the plan; it only represents the degree to which the method of choice for suicide is believed to bring about the desired result of death (Andriessen, 2006; Brown, Henriques, Sosdjan, & Beck, 2004). Though this concept is new, this form of suicidal behavior is not, and it has been previously studied and identified under a different name.

In his classic text, *Patterns in Criminal Homicide*, Marvin Wolfgang (1958) identifies a pattern of homicide that he defines as victim-precipitated homicide. Victim-precipitated homicide is described as any homicide episode whereby one of the actors initiates a violent escalation of an encounter that ultimately results in the death of the perpetrator (Klinger, 2001). The phenomenon of victim-precipitated homicide is perhaps best understood as an intentional act of aggression, which results in the unintentional death of the perpetrator of that aggression (Wolfgang, 1958, p. 252). However, as Wolfgang later discovered, not all examples of this phenomenon can be identified by the accidental death of the individual and may in fact be better described as an indirect method of suicide.

Klinger (2001), in his article, "Suicide and Victim-Precipitated Homicide," points out that most researchers have totally ignored Wolfgang's contention that some of these deaths formerly identified as victim-precipitated homicides were actually successful attempts of suicide (p. 207). He goes on to discuss how Wolfgang's initial data revealed that some individuals killed in victim-precipitated homicides had life histories consistent with those individuals likely to take their own lives as described in the suicide literature, as well as situational features which reflected a desire to die (Klinger, 2001). Based on this finding, Wolfgang (1959) was able to conclude that the only practical difference between individuals identified as *traditionally suicidal* and some of those individuals that he encountered in victim-precipitated homicide cases was the method of death and not the actual desire to be killed.

The phenomenon of SbC, therefore, must be recognized as a genuine desire to die, which will be influenced by many of the same psychological factors one would encounter in more traditional suicide episodes (Menninger, 1966; Shneidman, 1996). Present in all SbC encounters, whether successful or not, will be the necessary intention to die, a serious method by which the action will be performed, and the perpetrator's perception of the lethality of the method (Miller, 2006). It is important to note that research on this topic has revealed that the greater the individual's desire to die, the more likely that there will be a lethal outcome (Beck, Beck, & Kovacs, 1975; Beck, Kovacs, & Weissman, 1979; Brown et al., 2004; O'Carroll et al., 1996). The only obvious difference, then, between SbC and more traditional methods of suicide is that the SbC episode can only be achieved through the manipulation of another party who will become instrumental in bringing about the death of the victim.

Various researchers have identified behaviors indicative of an SbC encounter. These behaviors include confrontations with police during which the victim verbalizes a desire to die, points weapons at officers or hostages, runs at officers with a weapon, throws weapons at officers (Lord, 2004), or places an officer in a no-option situation through high-risk behavior (Bresler, Scalora, Elbogen, & Moore, 2003; Burke & Rigsby, 1999; Perrou & Farrell, 2004). The degree to which a legitimate SbC episode becomes potentially lethal for the victim appears to be directly related to the way the individual escalates his or her behavior or behaviors with police. The escalation of these provocative behaviors not only helps to ensure a violent response by police, but it is also likely to be a strong indicator of the individual's desire to die. It may also point to the way the perpetrator of an SbC episode manipulates this encounter with police, by acting in such a way as to control the flow of events and to guarantee his or her own end.

One of the main underlying dynamics fueling all SbC episodes is the notion of control. In his informative text, *Into the Kill Zone*, Klinger (2006) interviews police officers who describe the various scenarios in which an officer is likely to draw his or her weapon and fire on a suspect. These officers provide a general parameter for the likely use of lethal force based upon the behavior of those they may encounter at the scene. In most of their descriptions, the officers were more likely to pull the trigger in those situations or encounters that appeared to be escalating dangerously out of control, thereby affecting the safety of the officer and those individuals not directly involved in the immediate situation. Though the threshold for the use of lethal force may fluctuate with the personal decisionmaking skills of each officer, the potential loss of control appears to play heavily in the officer's decision to pull the trigger. As the level of potential violence directed toward the officer or innocent bystanders escalates, so too does the likelihood that lethal force will be employed by the officers to regain control of this situation.

As stated above, researchers have identified a variety of specific behaviors that appear to be consistent with police encounters that are subsequently defined as SbC episodes. Significant here is the way in which these behaviors help to guarantee for the victim the desired result of his or her own demise, while at the same time allowing the officer to respond justifiably to those behaviors with lethal force. Ironically, this dynamic reveals a dual process of control, whereby each player in this drama is able to achieve a specific end. Initially, the SbC drama appears to unfold as the struggle between two competing sets of interests. On the one hand, you have an individual determined to die who is behaving in such a way as to bring about that result. On the other hand, you have an officer or group of officers whose immediate concern is to gain control of the situation while trying to prevent any further escalation of violence toward officers, other citizens, or the suspect. An example of this dual process of control can be seen in the following SbC encounter that occurred in Madison, Wisconsin.

Thirty-nine-year-old Gregory Velasquez, suicidally depressed over a failed love affair, entered the Red Caboose Day Care Center with two meat cleavers. While inside the school, he slashed the arm of a male teacher who confronted him. Velasquez then entered one of the classrooms as responding officers arrived at the scene. Police confronted Velasquez and, by police accounts, repeatedly commanded him to drop his weapons, but he refused to comply. When he appeared to threaten one of the hostages, police shot him. He died later that afternoon at a local hospital

from multiple gunshot wounds to the chest (Callender, 2004; Davidoff, 2004; Simms, 2004a; Simms & Adams, 2004b).

The above episode helps to define the problem involved in an SbC encounter and also illuminates the way in which a dual process of control is constructed. The suspect, depressed and facing upcoming criminal charges for an earlier arrest, acts to orchestrate his own death at the hands of the police. The 911 tape of this encounter reveals a distraught and angry Velasquez taunting the officers to take his life: "I want this to be over. She's going to die, and I'm going to die" (Simms & Adams, 2004b). However, this invitation does not evoke the desired response from police who continue to demand that he drop his weapons and surrender. Rather than end the encounter, Velasquez escalates his verbal taunting with more menacing physical behavior and states to police, "I've got it right at her head" (Simms & Adams, 2004b). His last words to police were, "Look, I'm not afraid, look" (Simms & Adams, 2004b). As he moved closer to his hostage, officers used lethal force.

Ironically, the establishment of a dual process of control occurs as the suspect lies dying on the floor of the day-care center. In the end, both parties to this drama achieve a specific result that is greatly aided by the actions of the other party involved: the officers are able to reestablish control of the scene and put an end to a potentially dangerous situation, while the suspect realizes his desire to die. Most troubling here is the rather obvious realization that little could be done to prevent the death of the suspect. As each actor attempts to establish his or her own sense of control based on a specific set of assumptions or parameters, the other responds to achieve the same end. The situation escalates as each party grasps for control and ultimately culminates in the death of the suspect, which sadly comes to represent the desired outcome for both parties. Such an observation is not intended to cast any ethical aspersions on the intentions of officers involved in these situations, but, rather, is intended to point out how the need to establish and maintain control by police directly reflects the necessary conditions by which the suicidal suspect will be able to evoke officers to use lethal force.

Extent of Problem and the Research

It is clear from these definitions that identifying police shootings as SbC episodes depends upon the way in which the suicidal intent of the suspect is communicated to police. Sometimes the victim's intent is clear. If the victim leaves behind a suicide note describing his or her desire to die at the hands of the police, then we can safely categorize this event as an SbC encounter. However, legitimate suicidal intent can be communicated in a number of ways not exclusive to the presence of a written note. When victims taunt police into shooting them by threatening to harm others if the police do not kill them, or threaten police with what is later determined to be an unloaded firearm, we are generally comfortable calling the incident an SbC. In other instances, SbC is not so clear. Regardless of the definitional clarity of these episodes, one general question still remains unanswered: Why involve the police in what is normally a solitary act?

Drylie (2006) theorizes that SbC is fundamentally motivated by a socially generated expectation that police will use lethal force against a suspect who engages in some form of life-threatening behavior. Included within this dynamic are the socially constructed beliefs that not only will officers use lethal force in certain situations,

but that these same officers will be successful in its application. The SbC encounter, then, can be seen as fundamentally similar to more traditional types of suicide insofar as the victim has the motivation to die and a presumed method or intention by which to achieve his or her own death. Though the degree of suicidal intent does not generally guarantee a lethal outcome (Brown et al., 2004), there does appear to be an existing social belief that such encounters with police will indeed be fatal.

The intent of some victims of SbC is not so transparent. If the victim does not communicate his or her desire to be killed by police, we are left to interpret events. Is the person who charges police with a knife deranged, trying to escape, or trying to force officers to shoot? Sometimes events will suggest an answer. In other situations, we may never know the victim's motivation. No matter how carefully we refine our definition of SbC, it is unlikely we will ever be able to accurately identify every incident.

Estimates of the frequency of SbC vary significantly. Many suggest that at least 10% of cases in which police use deadly force can be attributed to SbC (Best, Quigley, & Bailey, 2004; Pinizzotto et al., 2005), but that estimate may range as high as 40% of shootings (Williams, 2003), 50% (Burke & Rigsby, 1999; Homant, 2004b), or even 80% (Brubaker, 2002). Such variance begs for a clear standard of measurement.

Problems Collecting and Interpreting Data

The lack of an accepted definition of SbC is not the only problem researchers must overcome to accurately identify cases. Each researcher must create a new database: "There is no central repository of police shooting incidents suitable for analysis of subjects' suicide by cop motivation" (Homant et al., 2000, p. 47).

Researchers must overcome a variety of obstacles to collecting data. Police are leery of requests for information. This is generally sensitive information that needs to be distributed cautiously; it involves several issues for police, including confidentiality, public relations, and civil liability.

Confidentiality issues commonly arise whenever police open records to people outside their agency. Policing can expose information, rumor, and innuendo about many citizens throughout the community. We expect police to exercise discretion and only use such information for criminal prosecution. Individuals involved in shootings (whether shooters, victims, or witnesses), family members, or other involved parties may desire confidentiality and wish to put the incident behind them. In other words, after such an emotional experience, they may not want reminders of the event. Police may feel compelled to protect their privacy. In addition, investigations of police-involved shootings reveal substantial amounts of information about people directly and tangentially involved in these incidents. Some of this information could be damaging to careers, reputations, and relationships, but it is not essential to the criminal justice process. Police may feel compelled to shield such information to prevent intentional or inadvertent abuse.

We empower police to use deadly force, but we justifiably scrutinize its application. Police shootings focus public and official attention on police behaviors and procedures. Effective policing requires public trust and support. Police officers know that to develop and maintain this relationship, they must appear competent and responsible. They must be forthcoming with information to demonstrate these

qualities; however, the more information they reveal, the more likely they are to be second-guessed. Revisiting police-involved shootings, no matter how justifiable, raises the possibility of unwanted criticism.

Police are also sensitive to becoming targets of civil litigation and the accompanying public criticism. Police know that a shooting opens the door for potential lawsuits. Even justified shootings can result in awards for damages or payments to dispose of nuisance suits. Police have reasonable concerns about releasing information that may subject them to lawsuits.

Researchers must anticipate and respect police concerns in these areas when developing their study proposals. Appropriate safeguards are essential to garnering police cooperation. Researchers must be prepared to develop personal contacts and relationships that demonstrate their sensitivity to police concerns as well as their objectivity and professionalism.

Finally, authors of early studies of SbC encountered resistance to their work from the academic community. Some journals declined to publish this research for fear it would be used as a basis to justify more police shootings (Lord, 2004). This belief not only slowed the dissemination of research, but sadly reflected a dysfunctional naiveté of policing. While there may be some dangerously maladaptive police officers who pose a threat to society, a general painting of police officers as trigger-happy is a gross inaccuracy. Do we really think that police are actively seeking excuses to shoot people and are scouring academic journals for justification? Academic research may find its way into police training and legal proceedings, but it is unlikely to excuse an unjustified shooting. These and similarly naive perceptions of policing are unfortunate, and in our experience, still can be found.

Dynamics of SbC Situations

The suicidal subject must maintain control of the encounter to force the police to use lethal force. He or she wants police to believe they have no option but to kill. Often, the event begins with a call to 911, sometimes initiated by the subject (Pinizzotto & Davis, 1999). The subject may make overt threats designed to ensure a police response. Other times, the subject may pretend to be a concerned citizen reporting a dangerous individual and assume that role once police arrive.

Police may have little information to assess when they arrive. A potentially deadly situation may be immediately upon them. Even when events unfold more slowly, police may be at a loss to understand the situation at hand. Events may inexplicably escalate: "There is no sense of 'control of the situation' on the officer's part, although the officer may have been getting small acts of compliance along the way" (Williams, 2003, p. 66). Lindsay and Lester (2004) add, "[N]egotiators are trained to get control of the situation and de-escalate it but in suicide-by-cop situations, the perpetrator cannot allow this to occur. He maintains control of the situation and continually escalates the incident" (p. 95).

Typically, subjects who engineer their own deaths at the hands of police are intoxicated, suffer from mental illness or a life-threatening illness, or have just engaged in a domestic dispute (Williams, 2003). They are likely to be "depressed males who often use aggressive behavior to solve their problems" (Burke & Rigby,

1999, p. 99). Even if police have time to try to uncover these factors, they may not be able to identify the incident as an attempt at SbC. Some suicidal individuals do not exhibit overt precursors of suicide (Canter, Giles, & Nicol, 2004).

Demographics of SbC Situations

Examining the demographics or profiles of offenders who commit specific types of crimes can help us to understand criminal activity. This is also true of SbC incidents. The same limitations applicable to profiling crimes apply here. This is a generalization, however. No individual should be ruled in or ruled out solely on the profile. With this in mind, we can draw from studies of SbC to construct a profile of individuals who use police to commit suicide.

Most SbC victims are male (Kennedy et al., 1998; Lord, 2004; Wilson, Davis, Bloom, Bratten, & Kamara, 1998) and generally White (Lord, 2004). The majority are in their late teens to mid or late 30s (Kennedy et al., 1998; Lord, 2004). They tend to be troubled individuals with a history of mental health problems (Lord, 2004) or previous suicide attempts (Wilson et al., 1998), substance abuse problems (Best et al., 2004; Lord, 2004; Wilson et al., 1998), and a tendency to solve problems through violent or aggressive behavior (Swanson, Territo, & Taylor, 2005). These individuals often come from a lower socioeconomic background (Swanson et al., 2005; Van Zandt, 1993).

It is likely these individuals have recently experienced a stressful event (Lord, 2004) or domestic dispute (Best et al., 2004). They commonly take hostages, threaten homicide, and display an apparent weapon (Wilson et al., 1998). Most SbC incidents end in the death of the perpetrator (Kennedy et al., 1998).

Reasons for SbC

Why would a person choose to die at the hands of the police? For any given incident, this may be unknowable. According to Klinger (2001), "Most of the reports in the literature do not provide any information about the apparent reasons why those who commit suicide-by-cop choose to die from police gunfire rather than their own hand" (p. 215). Some explanations are commonly presented.

As expected in any form of suicide, these victims tend to be troubled individuals. "Some form of pathology or personal problem was reported for 77 percent of the subjects" (Homant et al., 2000, p. 49). This explanation, however, does not explain why police were chosen as the instrument of self-destruction.

Individuals who enlist police to kill them are apparently unwilling or unable to do it themselves. Some may view being killed by police as a way around a moral prohibition of suicide; others may use police to minimize the stigma of suicide (Burke & Rigsby, 1999).

Victims of SbC may be attempting to escape from a shameful act or conflict with a significant other (Lindsay & Lester, 2004). It is a way for the individual to receive the punishment they feel they deserve, especially if they have killed a significant other (Swanson et al., 2005; Van Zandt, 1993).

Being killed by police may be seen as a way the perpetrator's heirs can collect on a life insurance policy that includes a suicide clause. Others suggest that it allows the family of the deceased to sue police (Homant et al., 2000).

Others may see SbC as an efficient way to die, or they have a distorted view of being a shooting victim: "Movies and police dramas on television have contributed to the belief that death by shooting can be a nice, clean, relatively painless process" (Van Zandt, 1993, p. 27).

Effects on Officers

After being involved with an SbC shooting, officers can expect to be removed from duty, sued in civil court, and criticized by the press (Pinizzotto & Davis, 1999). Officers may likely experience post-shooting stress (Kennedy et al., 1998; Lindsay & Lester, 2004; Parent, 2004). They may encounter second-guessing of their actions, insomnia, hypersensitivity, irritability, and nightmares (Geberth, 1993), and anger is common (Burke & Rigsby, 1999; Geberth, 1993; Parent, 2004; Williams, 2003). According to Geberth (1993), "[O]fficers become depressed and angry upon discovering they were used for an execution" (p. 108). They may also feel manipulated.

In regards to police training, Brubaker (2002) states,

Most officers felt well prepared tactically for the shooting. By contrast, the majority of officers commented that they were not prepared for the psychological impact upon themselves, their families, and their departments after the event. Generally, officers felt supported by their fellow officers, but some felt betrayed and abandoned by department administrators. (p. 11)

The perception of support from their department may play a key factor in how well officers adjust to their experience. If officers feel abandoned, or that they may be used as scapegoats, their post-shooting adjustment may be more difficult. A couple of cases are illustrative.

One officer who was involved in an SbC shooting spoke of the support he received from his department. Prior to the shooting, he felt he had been well-trained by his department. He, like many officers, had made a habit of constructing scenarios of critical situations and trying to determine how to react to them. When he was thrust into an SbC situation (the victim survived the shooting and later confirmed he wanted to die), he felt he had reacted as he had been trained in terms of both formal and mental preparation. He was satisfied he had done his job, a response expressed by other officers involved in shootings. After the shooting, he felt his department supported him. He was aware of the procedures he would face during the investigation, and he was kept informed. He claims he is not haunted by the incident, and he is satisfied he reacted properly. He thinks he would be more troubled if he had failed to follow his training.

Another officer involved in a shooting described a difficult adjustment. He talked of how it has changed his life and the depression he now feels. This officer did not feel supported by his department. He felt abandoned and ignored after the incident. Even though the shooting was ruled justifiable, he felt betrayed by his

department. He does not feel that his coworkers or supervisors understand what he experienced. He feels they would rather ignore his situation than deal with the difficulties he and his family have suffered.

Suggested Strategies and Additional Research

A better understanding of SbC could be achieved through a more focused interdisciplinary exploration of the phenomena of SbC encounters and the existing suicide literature. Though predominantly situated within the parameters of criminal justice, SbC remains essentially a method of suicide that employs a third party to achieve the intended result.

Improving training for police officers to help them better recognize and manage SbC incidents could help, but it is not an easy task with our present level of understanding. There are no obvious training implications in trying to avoid these situations. Generally, police officers are unable to distinguish between those who bluff and those who represent a real threat (Homant et al., 2000).

As we have seen, being mentally prepared is important, and having a mental plan of action is recommended (Pinizzotto & Davis, 1999). Officers should employ a low-key, nondramatic approach to contain and control the situation (Van Zandt, 1993). Playing along or withdrawing may buy time “to maximize the opportunities for using trained negotiators or to enable the deployment of less lethal options” (Best et al., 2004, p. 360). Lindsay and Lester (2004) report that “The more dramatic the scene becomes, the more likely the perpetrator may feel compelled to go through with his perceived role in the drama” (p. 96). Some have suggested trying to relate to the victim as a human being and make him or her understand the psychological trauma the officer will suffer (Lindsay & Dickson, 2004). Officers may want to approach these incidents as they would a robbery (Parrou, 2004) by securing the scene and negotiating a surrender.

In some situations, these de-escalating techniques have been successful. However, as Geberth maintains, “when one sets his mind to commit suicide-by-cop, negotiations and tactics will probably not dissuade their intentions” (p. 107). Less lethal force often escalated the situation and only delayed the use of lethal force while putting officers at greater risk (Homant, 2004b), and, according to Homant (2004a), “there is nothing in the research on SbC to suggest that stalling necessarily leads to a better outcome” (p. 79). We need a better understanding of the dynamics of SbC before we can formulate more effective responses.

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No Choice but to Fight or Be a Punk: Violent Girls and the Police

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Introduction

Rising trends in female violence affect law enforcement and the judicial system by challenging traditional concepts of and responses to violence as a primarily male behavior. In particular, the traditionally masculine model of “crime fighting” police work involves controlling violence using power assertion and force. The ineffectiveness of this model in controlling and preventing further female violence is evident in the increasing incidents of physical conflict among adolescent girls nationwide in spite of zero tolerance policies and mandatory sentencing laws. The ever-increasing rates of female incarceration, violent crime, and reports of violence among even pre-adolescent girls are indicative of a systemic failure to understand and make effective use of gender specific intervention and prevention strategies.

American culture values girls selectively based on their physical beauty, possessions, and achievements. Girls who are unable to access the status and power obtained through these valued traits and who lack supportive relationships at home and in the community may be more likely to turn to violence when challenged in an effort to maintain a sense of personal dignity and self-respect (Hardy & Laszloffy, 2005). Thus, antisocial behavior and overt aggression among adolescent girls may be related to the systematic rejection of girls who differ from community norms in a variety of ways. Female identity is embedded in relationships. Girls who experience impaired primary relationships early in life are more likely to develop serious conduct problems than boys with similar experiences (Ehrensaft, 2005). How girls are perceived by others is of central importance to who they are. This leaves girls particularly vulnerable to tactics that seek to harm relationships using coercive control or violence (Zahn-Waxler & Polanichka, 2004). Marginalized girls may use physical and relational violence in a desperate effort to save face among their peers. In addition, many of these girls are taught by their families to defend themselves and the family honor when attacked—that is, as one of the girls from our study asserted, she had “no choice but to fight or be a punk.” This female violence is often remarkably difficult to control and/or deter on the basis of external consequences such as police intervention or potential incarceration.

This study examines attitudes, beliefs, and experiences with female violence from the perspectives of adolescent girls and the law enforcement, social work, and education professionals who serve them. This exploratory investigation seeks to identify the factors that propel some girls into a violent subculture where only the toughest survive, as well as the key experiences that enable other girls to turn away from or avoid violence. The role of community relations and school resource officers in prevention and early intervention efforts for girls is also explored. Lastly, violent girls’ responses to police interventions and criminal consequences are discussed.

Background

The issues surrounding overtly aggressive and antisocial behavior among girls and young women in the United States are receiving significant attention among both social scientists and the general public. U.S. Justice Department statistics show a 108% increase in the U.S. female prison population from 1990 to 2003 (Hill & Harrison, 2005). Thirty-three percent of these women inmates have been convicted of violent crimes. The National Youth Risk Behavior Survey (Department of Health and Human Services, 2005) finds that 28% of surveyed female students enrolled in 9th through 12th grades report having engaged in physical fighting one or more times in the past 12 months. National surveys consistently find that 15 to 30% of girls report committing a serious violent offense by age 17 (Elliot, Hatot, & Sirovatka, 2007). Although some of these statistical trends may result from the relabeling of girls' status offences as criminal behavior (Chesney-Lind, 2004), law enforcement personnel nationwide are increasingly called upon to intervene in girls' physical fights, relational aggression using interactive Internet sites, and levels of bullying and intimidation traditionally associated with male perpetrators.

Responses to Aggression Among Girls

Observational studies find that girls' responses to aggression show consistent patterns across racial and sociometric groups. Reactive aggression, when the victim responds to the perpetrator with equal or greater levels of aggression, is most likely to result in an escalation of violence. This finding presents the possibility that the use of reactive aggression and power assertion as police tactics may actually stimulate increased violence among females. Victims who were able to de-escalate the situation by apologizing, compromising, or using humor were most likely to avoid further conflict and victimization. Ignoring the aggression frequently led to an escalation of the conflict with more girls joining in (Putallaz, Kupersmidt, Coie, McKnight, & Grimes, 2004). Thus, adult advice to "just walk away" may be quite counterproductive, ultimately increasing the likelihood of victimization and rejection by a larger group of peers.

Developmental Pathways to Female Violence

Recent research findings identify a coherent pattern of cumulative risk factors frequently experienced by girls who exhibit persistently aggressive and violent behaviors (Carothers & Weaver, 2006; Greene, Peters, & Associates, 1998; Talbott & Thiede, 1999). Girls who follow the early onset pathway may be born with difficult temperaments, are difficult to soothe as infants, and hard to control as toddlers. These early behavior patterns tend to elicit inconsistent, harsh, or punitive control strategies in highly stressed families. The most highly stressed families include those with inadequate income, minority status, and low parental education levels. These families also suffer disproportionately high rates of mental illness, domestic violence, child abuse, and incarceration. Girls who have not experienced the unconditional love of a father during childhood are more likely to experience school failure, depression, early sexual activity, teen pregnancy, and engage in delinquent behavior (Lang, Papenfuhs, & Walters, 1976; Nowak, 2003). Patterns of difficult and defiant behavior in young girls may be perceived as especially undesirable because of their challenge to cultural assumptions about appropriate female gender roles. These early negative interactions with family members often

result in inadvertent parental modeling of aggression and coercive control. Girls who have learned to use aggression and coercion as interactive strategies may then find themselves persistently rejected by peers and teachers as they move into group settings outside of the family. Longitudinal studies find that high rates of habitual defiant, disruptive, and noncompliant behaviors among preschool girls predict antisocial and criminal behaviors in adolescence and adulthood (Bierman, Bruschi, Domitrovich, Fang, & Miller-Johnson, 2004). Unfortunately, most adults dismiss or minimize these behaviors, instead focusing attention and intervention efforts solely on the physical conflicts more common among boys. In addition, early deficits in cognitive development common among aggressive preschool girls are exacerbated by their ongoing rejection, noncompliant behavior, depression, and withdrawal as they enter middle childhood and adolescence (Zahn-Waxler & Polanichka, 2004).

Girls caught in this vicious cycle that combines multiple risk family and community contexts with negative interaction patterns are highly unlikely to attain socially accepted levels of adult competence. Indeed, Serbin et al. (2004) find that adult outcomes for highly aggressive girls are likely to include neglectful and abusive relationships with partners and offspring, significant health and mental health problems, and chronic antisocial or criminal behaviors.

Girls who become persistently aggressive, disruptive, and defiant in adolescence without a history of childhood conduct problems are at high risk for mental health, substance abuse, criminal behaviors, early sexual activity, and teen pregnancy. On the other hand, girls with adolescent onset conduct problems are more likely to turn their lives around and become competent adults than girls with childhood onset (Zahn-Waxler & Polanichka, 2004). It is important to note that this pattern of adolescent onset conduct problems may be indicative of physical and/or sexual abuse in the home.

Abuse

The CDC lists “history of violent victimization” as a primary individual risk factor for youth perpetration of violence (Department of Health and Human Services, 2007). About 70% of the victims of sexual abuse are girls. Twenty percent of violent girls report physical abuse at home as compared to 6.3% of nonviolent girls, and 25% report sexual abuse as compared to 10% of nonviolent girls (Artz, 1998). Abused children have been found to exhibit less concern for peers and be more likely to retaliate or escalate conflicts (Coie & Dodge, 1998). Research demonstrates clear links between victimization, trauma, and delinquency among girls (Trickett & Gordis, 2004). Investigators find that delinquent girls are more likely to come from violent, abusive homes than delinquent boys, raising the possibility that girls may be more sensitive to the consequences of early abuse than boys (Zahn-Waxler & Polanichka, 2004). The prevalence of abuse among violent girls highlights the fact that girls’ violence may be a protective strategy, especially when arrests involve assaults on family members or romantic partners.

Intimate Partner Violence

Aggressive girls actively seek antisocial partners who are equally or more aggressive than they are. This persistent pattern of assortative mating is poorly understood but well-documented (Serbin et al., 2004; Talbot & Thiede, 1999). National studies

of family violence found that 53% of women in violent relationships reported initiating violent incidents, but only 42% of them reported that their partner initiated the aggression (Straus & Gelles, 1986). This preference for aggressive partners is a strong factor in the intergenerational transmission of violence. Aggressive girls may intentionally seek early pregnancy in the hopes that an infant will provide them with a source of unconditional love and an accepted and respected role identity as a mother. Unfortunately, aggressive and antisocial males actively interfere with young women's involvement in intervention or prevention programs, including basic health and prenatal care. These violent partnerships produce abusive, traumatic, and unstable family environments that often resemble the violent young woman's family of origin (Serbin et al., 2004). Maternal deviance has been found to contribute more to conduct disorders among girls than boys (Zahn-Waxler & Polanichka, 2004). Intervening in this cycle before girls become mothers is critical to the health and well-being of future generations.

The current study was undertaken on behalf of a group of concerned professionals in a traditionally wealthy suburban American community who recognized the threats to the safety, educational achievement, and social context of their community posed by increases in the use of violence and antisocial behaviors among girls. This community borders a city of 120,000 that is one of the poorest and most racially segregated cities of this size in the United States. Fewer than one-third of the city's 3rd to 8th graders meet state goals on basic skills tests, the school population is 94% minority students, and 70% of students are eligible for free lunch. In contrast, this neighboring suburban community of 64,000 includes 34% minority students in the schools, 68 to 80% of 3rd to 8th graders meet state goals on basic skills tests, and 14% of students are eligible for free lunch. Study goals included seeking information from both girls and professionals who experience girls' aggression and violence as a part of their daily lives. In particular, human service providers in this suburban town hoped to more clearly define the scope and nature of local problems and, thus, begin to plan more effective collaborative prevention and intervention efforts. The multidisciplinary and multi-system nature of this local collaboration afforded a relatively unusual opportunity to encompass the community-wide context. This paper will review the study findings in the context of current knowledge and discuss the implications for law enforcement and community resource officers charged with intervening in and/or preventing violence among girls.

Method

This investigation utilized a "derived etic" approach (Berry, 1989). This methodology was chosen based on the overall goal of examining the context of girls' aggression from the perspective of the participating girls and the professionals who serve them. Themes were derived from the open-ended interview responses, then used to develop the items included on a more widely distributed paper survey.

A review of current literature examining girls' aggression, violence, and antisocial behavior led to the development of two sets of open-ended interview questions. These questions were used as prompts and conversation starters with separate groups of girls and the professionals who serve them. The information obtained in these interviews was used to develop an anonymous paper survey distributed to middle and high school girls.

Group Interviews

Participants

Girls participating in a variety of community programs were offered the opportunity to join our discussions about “mean girls” or “girls’ fighting” by the staff in charge at each program. Forty-six girls volunteered to participate in the interviews. The girls ranged in age from 12 to 19 years old, with a mean age of 15 years old, and were enrolled in 7th through 12th grades. The 14 middle school girls were participating in girls’ support groups based on teacher recommendations regarding their need for social skill development. The high school, teen center, and alternative high school participants volunteered based on a description of the study. The five alternative high school participants were referred to the alternative program by the courts after being expelled from the public schools. Most incidents resulting in expulsion involved physical violence.

Twenty-six professionals with an average of 10 years of experience working in this community participated in group interviews. Professions represented were social workers, teachers, school counselors and nurses, a psychiatrist, police, and probation officers. All professionals were volunteers from agencies participating in the local collaborative partnership formed to address the problem of girls’ aggression in the local community.

Procedures

Participating girls were interviewed in six groups at a total of five different settings (i.e., high school, two middle schools, teen center, and alternative high school). Eight groups of professionals participated in interviews conducted at a community counseling agency, high school, town office building, and youth service bureau office. All interviewees were assured of complete anonymity and were interviewed with only their peers present. Each interview was conducted using a set of open-ended questions developed by the primary investigator for both the girls and the professionals. Interviews were conducted by a research team consisting of six female research assistants and the author.

Responses to interview questions were transcribed on a laptop computer by the author who has extensive training in verbatim transcription. All data were transcribed anonymously, with no participant names recorded in any study data. The research team met as a group following each interview session and derived the themes discussed by interview participants. Using participant meaning to derive themes from narrative data is a core methodology of derived etic research. This process provides understanding of the problem at hand from within the perspectives of the participants and enables analysis of patterns of similarity and difference among participant groups.

Townwide Girls’ Survey

Participants

Six hundred and thirty-seven girls voluntarily completed and returned an anonymous survey. The participating girls ranged in age from 10 to 20 years old,

with a mean age of 14 years old. They were enrolled in 6th through 12th grades, with a mean grade level of 9th grade. Participants reported having lived in this community for from less than one year to 20 years, with a mean of nine years' residence. Girls were asked to indicate their usual academic grades, and the average grades reported were "A"s and "B"s. Self-reported racial/ethnic heritage for the group was 61% White, 10% Black, 11% Latina, 6% Asian, and 12% mixed race.

Procedures

The paper survey was developed by the research team based on the analyses of themes discussed in the group interview data. Efforts were made to include the key issues identified by interview participants in a format brief and simply worded enough for the intended population. Questions about where girls learned to fight and whether or not they had suffered any emotional or physical abuse were removed at school administrators' request. The survey was distributed at three public schools and the community teen center.

Results

Group Interviews

Themes derived from the interview data by the research team resulted in a total of 27 topics that were used to code each meaningful chunk of transcribed interview narrative. The data were analyzed by question for both the girls' and professionals' interviews. Results are given for topics that were used in at least 20% of the responses to each question.

Girls' Responses

The girls' interviews included six questions about fighting and seven questions about alternatives to fighting. When asked what fights are about, 45% of the responses indicated that gossip is the primary cause. Asked how girls fight, 50% said physically and 31% said verbally. The importance of fighting was explained in 26% of the responses as a physical release, and 26% discussed the need to save face or demonstrate loyalty to friends or family. When asked whether fighting is a personal decision or something they feel forced to do, 33% of the girls' responses explained that physical challenges make them feel forced to fight, and an additional 32% again discussed saving face and demonstrating loyalty. When asked if fighting is more likely when other things in their lives go badly, 23% of the responses discussed efforts to confront problems, particularly those with adults, as sometimes causing fights.

The second set of girls' questions asked about alternatives to fighting. Twenty-six percent of responses to the question "Where did you learn what to do when you're mad?" indicated that family members taught them what to do. In discussing alternatives to fighting, 28% of responses were about finding a nonviolent physical or verbal outlet.

In discussing different expectations between home and school, 21% of the girls mentioned the school and law enforcement consequences of fighting, while 36% of the responses described family imperatives to fight when challenged or hit by

others. Twenty-six percent of the girls pointed out that loyal friends and the ability to confront challengers without resorting to aggression were important in avoiding fights. When asked about activities outside of school, 49% of the girls' responses mentioned community activities such as going to the teen center, being on the dance team, or having a job. Twenty-four percent of the responses indicated that family caregiving responsibilities for younger siblings prevented participation in any activities outside of school hours. A question about how it feels to be a girl in their family, school, and community generated the most intense discussions among the girls about racial issues and differences in perceived power and status between girls of color and their White counterparts.

Professionals' Responses

Few professionals stated that there had been an increase in the overall number of aggressive incidents involving girls, but 32% of the professionals mentioned more serious levels of aggression among girls as a growing concern over the past five to ten years. When discussing reasons for this increasing level of violence among girls, 24% of responses were about changes in the community, including racial and cultural differences. When asked why girls fight, professionals listed a variety of causes, including culture, parenting, gossip, confrontations, and boys for a total of 35% of the responses. The solutions favored by the professionals to discourage aggression among girls included community activities and teaching positive confrontation or problem-solving skills (39% of responses). The most frequently mentioned prevention or intervention strategies were community activities and service opportunities (29%). Collaborative solutions for this community if everyone worked together focused on the need for positive community activities outside of school (44%).

Townwide Girls' Survey

Reasons for Fighting

Survey respondents rated gossip as the most important reason for girls' fights, with loyalty to friends and family as the second most important reason. Jealousy and boys were chosen equally often as the third most important reason for fights.

True/False Responses

Sixty-six percent of respondents reported that they had been involved in fights using words, rumors, and gossip. Fifteen percent reported having participated in physical fights. Seventy-eight percent said that they would "back up" friends who were involved in a fight. Twenty-four percent agreed that fighting is important to avoid being seen as a punk or a loser. Sixty percent reported participating in activities designed to help others. Ninety-four percent reported knowing what to do instead of fighting. Fifty-three percent have family members to talk to about their feelings, 47% have adults to talk to, and 58% have friends to talk to about their feelings. Seventy-nine percent encourage their peers not to fight, and 89% have been taught what to do instead of fighting. Seventy-eight percent report that they avoid fighting and gossiping because the consequences could destroy their plans for the future.

Mentoring Program

Forty-nine percent of respondents indicated that they would be interested in participating in a mentoring program for younger girls. One-way analysis of variance (ANOVA) reveals significant differences between willingness to participate in a mentoring program and academic grades: $F(3, 595) = 4.44, p < 0.01$. *Post hoc* analyses reveal that girls who reported mid-range to low grades (“B”s to “D”s) were more likely to be willing to participate in a mentoring program.

Significant Comparisons

Analyses of survey responses show patterns of significant differences in self-reported aggressive and alternative behaviors by race, academic grades, and length of residence in the community. ANOVA comparisons find significant differences by race for participation in physical fights: $F(4, 604) = 21.64, p < 0.01$; and the importance of fighting to avoid being seen as a punk: $F(4, 590) = 8.54, p < 0.01$. *Post hoc* analyses reveal that African-American, Hispanic, and mixed race girls are significantly more likely to report engaging in physical fights than White girls ($p < 0.01$). Hispanic and mixed race girls are also significantly more likely to report physical fighting than Asian girls ($p < 0.05$). African-American, Hispanic, and mixed race girls are more likely than White girls to agree that it is important to fight to avoid being seen as a punk or loser ($p < 0.05$).

Thirty-one percent of the survey participants have lived in the community for less than seven years. Eighteen percent of the newcomers were African American, 24% Hispanic, 7% Asian, 36% White, and 15% identified themselves as of mixed heritage. Overall, 64% of newcomers identify themselves as members of minority groups. White girls are significantly less likely to report living in the community for less than seven years than African-American, Hispanic, mixed race, or Asian girls: $F(4, 565) = 28.07, p < 0.01$. In addition to the differences by racial minority status listed above, relative newcomers to the community were less likely to report having friends to talk to about their feelings: $F(1, 578) = 4.81, p < 0.05$. Newcomers were also significantly more likely to report receiving mid-range (“B”s and “C”s) or low (“C”s, “D”s, and “F”s) grades than long-term residents: $F(2, 577) = 14.74, p < 0.01$.

Students reporting mid-range to low grades were more likely than their higher-achieving peers to report engaging in verbal ($F[3, 616] = 4.1, p < 0.01$) and Internet: ($F[3, 611] = 8.27, p < 0.01$) fights. These same lower-achieving students were less likely than their higher-achieving peers to report knowing what to do instead of fighting: $F(3, 611) = 20.11, p < 0.01$; engage in activities designed to help others: $F(3, 601) = 4.39, p < 0.01$; tell their friends not to fight: $F(3, 593) = 4.48, p < 0.01$; have adults to talk to about their feelings: $F(3, 621) = 3.01, p < 0.05$; and avoid fights because the consequences could affect their plans for the future: $F(3, 589) = 5.16, p < 0.01$.

Discussion

These results reveal a pattern wherein girls are arriving in this community during their late elementary, middle, or high school years and experiencing difficulties with academic achievement, limited access to community and extracurricular activities,

confusing differences in behavioral expectations between the home and school environments, and difficulty forming positive relationships with peers and adults outside their families. Sixty-four percent of these newcomers are girls of color who find that interaction and communication styles learned in their homes and previous, usually urban, environments are neither valued nor accepted in this community. The girls understand and are able to articulate these issues, often quite eloquently, in settings where they are respected and listened to, such as in our confidential group interviews. Many of the professional participants also understand these issues, can describe their struggles to adapt their services to meet these needs, and offer valuable suggestions for community interventions. Quotations in the following paragraphs are taken from the group interview transcripts.

Dignity, Respect, and Saving Face

Interview participants who had been sent to anger management classes, suspended, expelled, and/or arrested differed significantly from community norms in terms of their socioeconomic and/or racial/ethnic status. These girls, brought by their families to this suburban community specifically to access its superior educational opportunities, face the double paradox of being socially rejected because of their minority and/or lower socioeconomic status and academically limited by the very poor quality of their former urban education: "Here it's a different kind of race thing. I never seen a White girl except on TV before I came here. These chicks think you a punk. They think we ain't from here"; "You shouldn't have to fight to get respect." Minority survey respondents were also significantly more likely to report being involved in physical fights and to agree that fighting is important to avoid being seen as a punk. Their experiences confirm the findings that marginalized youth may choose to risk significant injury or death rather than accept being "disrespected" [disrespected] (Hardy & Laszloffy, 2005).

Resilience factors that have enabled some of these young women to avoid continued use of violence and to work toward more positive outcomes include friends: "If you not smart enough and you ready to raise your fist, somebody to stop you. It's all about choosing the right friends"; activities: "Find something to do. Fighting is a waste of your time"; and use of effective social skills: "... just take them aside and tell them how you feel and ask how they feel and work it out." These solutions came from older high school girls who reported having had significant problems with fighting earlier in their school careers. These same girls enthusiastically generated detailed ideas for a mentoring program for younger girls during their group interview session. They felt that their problems with fighting and conflicts would make them credible mentors in an activity program designed to teach late elementary age girls to avoid aggression and violence.

In recent years, most American schools have instituted zero tolerance policies against any manifestation of physical violence or carrying any item that could be used as a weapon on school property. On the other hand, many minority parents ensure their daughters' survival in an intolerant, often violent society by making sure they know how to physically defend themselves: "At school it's don't fight, don't even argue"; "If you got a family that says you got to fight, then you got to fight"; "When I was little, my family teaches me to fight so's not to be a punk"; "My father took me to boxing lessons"; and "When I have kids, I'll put them in a boxing class when they're one month old. They gonna learn how to fight." In spite

of their awareness of the school and police consequences of fighting, the need to save face and preserve the very limited power and social status available to them makes these marginalized girls view physical fighting as a necessity.

The intensity of the need to avoid further loss of face among devalued girls is often fueled by an internalized burden of chronic rage. Anger is an emotional and physical response to an event or situation. Behavioral responses to anger are learned and can be modified by teaching new behavioral strategies. In contrast, chronic rage is a response to toxic levels of prolonged and inescapable stress (Hardy & Laszloffy, 2005). These violent girls describe being persistently devalued, abused, neglected, and isolated—sometimes both at home and in the community. In economically stressed homes, girls are often given adult family work responsibilities at an early age. While their brothers are free to socialize and participate in community activities, these girls, some as young as 12 years of age, are expected to assume full caregiving and homemaking responsibilities for their younger siblings (Dodson, 1999): “It’s like I have two kids, 8 and 11, ‘cause I’m watchin’ ‘em all the time. I’m not a slave. I’m a human being.” Since girls are socialized to internalize negative emotions, they are particularly likely to turn their sense of rage inward until it can no longer be contained. Even an apparently minor slight may then prompt an eruption of violence so fierce that potential consequences, including the real and present danger of significant personal injury, are not enough to moderate it: “When you be angry you be blacking out; I even hit my mom when I been in the middle of a fight. That got me arrested.”

Anger management classes may inadvertently increase this sense of chronic rage. These girls know that they are not just angry and that counting to 10 will not affect their situations. The interview participants joked about meeting in anger management classes and forming bonds based on their ability to laugh about the absurdity of the lessons presented. On the other hand, violent girls described the benefits of fighting as something that “Makes you happy. Takes your anger out. They don’t bother you again. Victory, happiness, respect if you win. Especially when you’re around a lot of people.” One young lady shared that fighting helps to “take your anger out; it feels good to get it out. It lasted for weeks” [feeling happy after a fight].

Early Intervention Strategies for School and Community Relations Officers

This community has a long-standing, highly effective police/school collaborative program to promote safety and risk prevention beginning in kindergarten and extending through high school. This program served as a model for the national Drug and Alcohol Resistance Education (DARE) program and provides long-term relationships between officers who teach the same groups of students throughout their elementary and middle school years. Another officer then covers the curriculum for the four high school years. The effectiveness of this approach is documented in the survey results indicating that 89% of surveyed girls reported having been taught what to do instead of fighting. Unfortunately, 24% still believe that fighting is important to avoid being seen as a punk or loser. Since this group is significantly more likely to include relative newcomers and minority girls, efforts to welcome, empower, and engage these girls in their school and community may help to eliminate this persistent belief in the necessity of using violence to solve conflicts.

Research findings indicate that common adult responses to girls’ aggression include dismissal, ignoring the situation, and avoidance, especially if the girls

are pre-pubescent (Crick, Ostrov, Appleyard, Jansen, & Casas, 2004). Overcoming these tendencies and directly teaching young girls the skills required to resolve conflicts by de-escalating relationally aggressive peer interactions may improve outcomes and reduce aggression before long-term patterns are established. Community relations and school officers may be particularly effective advocates for the involvement of girls in community service activities and positive physical and recreational outlets as a means of preventing future violence and criminal behaviors. Starting in early adolescence, safety and risk prevention curricula should provide gender-specific sessions to address issues such as sexual decisionmaking, the dangers of intimate partner violence for women and their children, strategies and resources for avoiding and escaping from abusive situations, and appropriate and empowering responses to feeling rejected or threatened (Underwood & Coie, 2004). In addition, positive female role models; validation from caring adults; and the promotion of a sense of belonging, competence, and worthiness are particularly important components of risk prevention programming for adolescent girls.

Effective implementation of collaborative community programs designed to prevent instead of react to violence and criminal behavior requires an entirely different approach to policing than the more traditional crime fighting model (Miller & Hodge, 2004). In particular, this type of program necessitates the establishment of positive, cooperative, long-term relationships and the development of effective mediation and negotiation skills. Gender specific programs to reduce female violence require attention to the intensely negative cultural connotations accompanying female deviance as well as to the modification of the aggressive, male-dominated image of police work. These issues present potential barriers for both male and female community relations and school resource officers. Research-based training programs that address the risk and resilience factors relating to violent and criminal outcomes for girls will assist these officers in their efforts to prevent the use of violence among girls and women in our communities.

Policies and Practices for Police Interventions

Witnessing girls engaged in vicious hand-to-hand combat violates some of our fundamental cultural assumptions about how the world works. Such violations lead to intense emotional arousal in most adults. Common emotional responses to incidents in which girls are perpetrators of premeditated, intentionally injurious acts include revulsion and anger. Failure to anticipate, understand, and control such responses results in angry, reactively aggressive interventions. Since reactive aggression is most likely to stimulate enraged girls to greater levels of violence, this is clearly a counterproductive strategy (Putallaz et al., 2004). Overcoming this barrier to effective de-escalation of girls' violence requires personal awareness, reflective consideration, and thoughtful discussion of such incidents with trusted friends and colleagues.

In recognition of the intense and generalized anger (i.e., rage) which predominates in incidents involving violent girls (Smith & Thomas, 2000), many police protocols recommend a call for backup before an individual officer intervenes. This is a wise policy given our understanding that girls' violence occurs as an uncontrolled eruption of rage and is thus not subject to moderation based on fear of consequences or rules for "fighting fair." Providing one officer per combatant in girls' fights will help to decrease the chances of injury and/or accusations of misconduct against officers.

Maintaining the focus on the criminal behavior, the laws that pertain, and the established procedures and paperwork is another way to avoid bias in dealing with violent girls. Allowing girls to use relational aggression and manipulation skills to play on the male egos or maternal instincts of officers presents a danger to effective law enforcement. Indeed, research finds that many professionals have traditionally tended to minimize the violent behavior of girls (Chesney-Lind, 2004). Once girls have reached the point of criminal behavior, accepting responsibility for the consequences of their actions is a necessary first step in transforming their lives.

Effective de-escalation of violent conflicts between girls requires attention to not only the “what” of officers’ behavior but also the “how.” Because girls’ violence is often caused by perceived slights to their dignity, it is important to handle perpetrators firmly, fairly, and with dignity. Staying calm during the initial physical intervention, then repeating that the purpose of intervening is to keep the perpetrators safe and prevent them from harming each other or themselves sets the stage for de-escalation. Once the girls are secured, officers can further de-escalate the situation by mirroring their statements. Mirroring is a simple conversational tool that slows the emotional reactivity of the violent girl by indicating that she has been heard. In order to mirror a conversational partner, the officers need only reflect or paraphrase their words without change or interpretation. For example, if a girl screams “that f. . . ing b. . . stole my man,” an officer might say, “So she went out with your boyfriend.” Repeating these simple, mirrored statements two or three times is often remarkably effective in calming the overwhelming intensity of the emotions that caused the violence. Once mirroring the perpetrator has given the message that the officer has heard her, a simple emotional validation statement will enhance the calming effect and help to decrease the possibility of further attacks or continuation of the violence at the first opportunity. Validation gives the message that the girl has been both heard and understood. For example, if the girl says, “I hate her! She stole my man!,” the officer might say, “It really hurt you when your boyfriend went out with her.” This simple validation of the feelings she is communicating can be a surprisingly effective way to calm a girl who is caught in a cycle of explosive rage.

Overall Conclusions

Law enforcement personnel who understand the developmental context of violence among girls and who are willing to examine their own beliefs and assumptions about girls’ aggression will be better able to respond appropriately and fairly when called upon to intervene in violent conflicts among girls. Informed use of conversational de-escalation strategies may promote more positive outcomes for both girls and police officers in violent situations.

Law enforcement and other direct service personnel understand that “fighting physically can be a part of [a] personal sense of strength and power” and that we need “more to offer girls as ways to feel successful in the world . . . career, vocational, life skills, jobs.” And they are quick to acknowledge that solutions “. . . can’t be one agency; it’s got to be everyone.” Researchers who have reviewed current studies of aggression among girls agree that effective prevention and intervention programs for violent girls should be sequential across time and encompass the family, school, peer, and community contexts (Underwood & Coie, 2004). As respected guardians of public safety, law enforcement and, especially, community relations and school resource officers can be particularly effective advocates for collaborative, gender-

specific programs designed to promote healthy behavioral outcomes among at-risk girls. Factors associated with resilience and avoidance of violence include supportive services for highly stressed families starting at birth; early support for positive fathering; consistent, trusting adult and peer relationships; access to engaging after-school programming and community activities; and opportunities for community service to empower and support girls in safe, constructive, gender-specific programs (Molnar, Roberts, Browne, Gardner, & Buka, 2005; Underwood & Coie, 2004).

Law enforcement agencies that actively collaborate with education and social services systems to prevent child abuse will also be instrumental in preventing future violence and criminal behavior among girls. Police monitoring of social networking sites to track and arrest sexual predators is one example of an effective prevention strategy. Creating safe spaces for girls to meet, talk with trusted adults, discuss anger openly, empower themselves, and serve others will benefit all marginalized girls and may provide abused girls with more constructive coping and protective strategies. Police agencies can support efforts to teach officers, professionals, parents, and concerned community members about the role of abuse, failed relationships, devaluing, and marginalization in girls' violence. Such efforts will promote the development of gender-responsive prevention and intervention strategies that enhance safety and positive outcomes for girls.

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Screening Participants into Mental Health Court Jail Diversion Programs

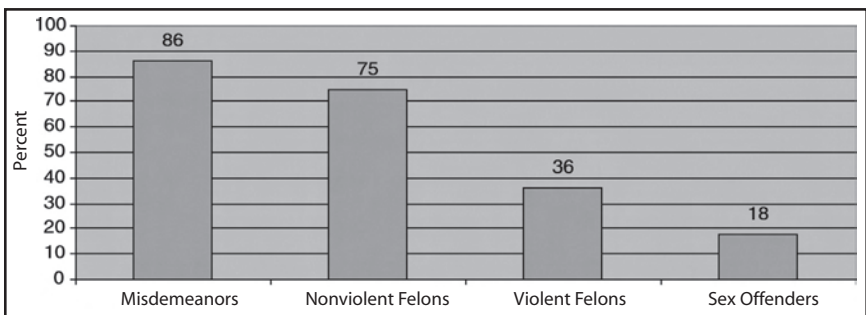
Julie B. Raines, Assistant Professor, Northern Kentucky University

Target Population for Mental Health Courts

How can law enforcement impact recidivism rates? Officers can help by working with other stakeholders at the community level to start a mental health court where there is a need—no matter how large or small the jurisdiction. For example, a mental health court is in the planning stages in northern Kentucky. Stakeholders meet every month to discuss planning and implementation of the court, including law enforcement officers and jailers. Having their input in this process is necessary in order to determine what screening instruments to use, how to implement them, and whether/how/when to coordinate training for law enforcement.

A mental health court need must first be identified. The target population for a mental health court is mentally ill defendants eligible for probation or jail diversion. Typically, these defendants include misdemeanor (86% of courts include misdemeanors) and nonviolent felons (75% include nonviolent felons), with some violent offenders (36% include violent felons) qualifying, depending upon the crime. Jurisdictions that allow violent offenders generally require consent from the victim before accepting the defendant into the mental health court program, and 82% of mental health courts do not include sex offenders. Most mental health courts consider whether to admit a defendant on a case-by-case basis (Raines, 2007). Figure 1 below shows the breakdown of offenses accepted in mental health courts.

Figure 1. Offenses in Mental Health Courts



Nationally, it is estimated that 72% of male inmates in urban areas suffer from mental illness and either an alcohol or a substance abuse disorder (Teplin, 1990). Prior to arrest, mentally ill inmates are 2.5 times more likely to have been homeless (Ditton, 1999). The mentally ill are seven times more likely to be victimized by crime, nine times more likely to be victimized by violent crime, and 24 times more likely to be raped (Teplin, 1999). These statistics show the need to better

serve individuals who not only have mental disorders but also have co-occurring disorders.

The prevalence of mental illness in the criminal justice system is well-documented. Individuals in the public mental health system may be four to five times more likely to become incarcerated, depending on gender (Cox et al., 2001). Inmates convicted of misdemeanors who are suffering from psychosis are likely to remain in jail up to 6.5 times longer than the typical inmate (Axelson & Wahl, 1992). Suicide rates for prison inmates are estimated to range from 4.5 times to 7 times that of the general public (Associated Press, 2002; Unpublished statistics, Ohio Department of Corrections, 2002). Incarcerating inmates with serious mental illnesses is roughly 60% more expensive than housing the typical inmate (Unpublished statistics, Pennsylvania Department of Corrections). Based on these overwhelming statistics, it is not surprising that jails are overcrowded with mentally ill inmates while local and state budgets are overburdened by the resulting costs.

According to the Committee of the Conference of State Court Administrators (COSCA) (1999), one . . .

direct benefit of these efforts is that the defendants are held accountable. Whether it is a drug addict, a mental health patient, an abusive parent or cohabitant, or a teen smoker, the system demands respect and gets compliance. The treatment may or may not ultimately be successful, but the participant complies with the orders of the court, or they face swift consequences—frequently a sentence for an already entered guilty plea. (p. 3)

Generally, mental health courts and specialized courts provide practical benefits to both the individual and the society at large. Reductions in recidivism rates and addressing the real illness at hand are major advantages in the movement to provide alternatives to the traditional role of the courts.

Mental health courts are somewhat new to the criminal justice system. Currently, there are over 160 mental health courts in the U.S. (The GAINS Center, 2007). According to the National Center for State Courts (NCSC) (2008), the number of defendants entering the criminal justice system suffering from some type of mental illness is increasing. In order to address this increasing number of mentally ill defendants, Congress passed “America’s Law Enforcement and Mental Health Project,” providing resources and funding for the development of mental health courts. Since 2000, mental health and other specialized courts have been created throughout the U.S. (COSCA, 1999). Table 1 gives the total number of mental health courts by state in the U.S.

Congress supports mental health courts as a way of “increasing public safety by facilitating collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems” (Bureau of Justice Assistance [BJA], 2007). The passing of the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 brought additional funding, training, and technical assistance to the Bureau of Justice Assistance’s (BJA) (2007) Justice and Mental Health Collaboration Program. This support at the federal level is further evidence of the growing need for mental health courts in the U.S.

Table 1. U.S. Mental Health Courts

Alabama	3	Montana	1
Alaska	2	Nebraska	0
Arizona	3	Nevada	3
Arkansas	0	New Hampshire	1
California	21	New Jersey	0
Colorado	1	New Mexico	1
Connecticut	0	New York	9
DC	0	North Carolina	4
Florida	9	North Dakota	0
Georgia	6	Ohio	15
Hawaii	2	Oklahoma	6
Idaho	25	Oregon	4
Illinois	2	Pennsylvania	5
Indiana	1	South Carolina	5
Iowa	1	South Dakota	0
Kansas	0	Tennessee	1
Kentucky	1	Texas	7
Louisiana	1	Utah	1
Maine	1	Vermont	1
Maryland	3	Virginia	2
Massachusetts	0	Washington	6
Michigan	0	West Virginia	4
Minnesota	2	Wisconsin	1
Mississippi	0	Wyoming	0
Missouri	4		

Source: The GAINS Center (2007)

Screening Participants into Mental Health Court

This is where law enforcement can have the biggest impact on reducing recidivism—recognizing the mentally ill and bringing them to the attention of your local mental health court. The first phase of any mental health court is to recognize individuals who may qualify for treatment services in lieu of incarceration. Screening instruments are critical to identifying potential participants; however, many can be cumbersome—too complicated to administer for an officer on patrol responding to criminal activity.

In order to implement a mental health court, the court system needs at least two screening instruments. The first of these instruments assists police officers, prosecutors, public defenders, judges, pretrial service officers, probation officers, and jailers in identifying offenders with mental health problems. Therefore, this initial screening instrument needs to be simple and easy to administer. The Brief Jail Mental Health Screen (BJMHS) is one instrument that has been tested and validated against over 10,000 detainees for accuracy. The questions asked by the criminal justice staff (Steadman, Scott, Osher, Agnese, & Robbins, 2005) include the following:

- Do you *currently* believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?
- Do you *currently* feel that other people know your thoughts and can read your mind?

- Have you *currently* lost or gained as much as two pounds a week for several weeks without even trying?
- Have you or your family or friends noticed that you are *currently* much more active than you usually are?
- Do you *currently* feel like you have to talk or move more slowly than you usually do?
- Have there *currently* been a few weeks when you felt like you were useless or sinful?
- Are you *currently* taking any medication prescribed for you by a physician for any emotional or mental health problems?
- Have you *ever* been in a hospital for emotional or mental health problems?

The BJMHS is accurate with males about 74% of the time and only about 62% of the time with females, as women typically suffer from anxiety disorders not adequately reflected in the BJMHS instrument. One benefit of this instrument is that the questions are yes/no response questions, making it simple and easy to administer.

The Correctional Mental Health Screen (CMHS) instrument used in Columbus, Ohio, has modified their instruments accordingly. The questions asked in this instrument are cited in Table 2. These instruments are a little more complicated and require the participant to fill out a questionnaire, although all of the screening instruments are typically administered in this way. This instrument also neglects to ask the participant about any medications they have taken in the past or may still be taking.

Another screening instrument that is extremely simple to use is the K6 Scale developed by the National Center for Health Statistics (2008). The questions are included in Table 3. One of the benefits of this screening instrument is its simplicity. Its drawbacks are that it does not cover whether the participant has ever been hospitalized for mental illness, whether the participant is currently on medications, and it does not differentiate between men and women—also one of the drawbacks of the BJMHS.

Finally, a police screening instrument for the Crisis Intervention Team (CIT), which is used in northern Kentucky primarily for targeting those inmates at risk for suicide, offers a similar instrument for screening mental health issues. This comprehensive instrument includes medical, mental health, suicide, and risk assessment related to the criminal charge of the participant. The questions in this instrument are included in Table 4 (Bluegrass Regional MH-MR Board, 2007).

Table 2. The Correctional Mental Health Screen Instrument

Men	Women
Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?	Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?
Have you ever had worries that you just can't get rid of?	Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?
Some people find their mood changes frequently—as if they spend every day on an emotional rollercoaster. Does this sound like you?	Some people find their mood changes frequently—as if they spend every day on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?
Have you ever felt like you didn't have any feelings or felt distant or cut off from other people or from your surroundings?	Have there ever been a few weeks when you felt you were useless, sinful, or guilty?
Has there ever been a time when you felt depressed most of the day for at least two weeks?	Has there ever been a time when you felt depressed most of the day for at least two weeks?
Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?	Do you find that most people will take advantage of you if you let them know too much about you?
Have you ever been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?	Have you been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?
Have you ever been in a hospital for nonmedical reasons such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)	Have you ever been in the hospital for non-medical reasons such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)
Do you tend to hold grudges or give people the silent treatment for days at a time?	
Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?	
Have you ever felt constantly on guard or watchful even when you didn't need to, or felt jumpy and easily startled?	
Have you ever tried to avoid reminders, or to not think about, something terrible that you experienced or witnessed?	

Table 3. K6 Scale Core Items

The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling.

Q1. During the past 30 days, about how often did you feel . . .	None of the Time	A Little of the Time	Some of the Time	Most of the Time	All of the Time
Nervous?	0	1	2	3	4
Hopeless?	1	2	3	4	
Restless or fidgety?	1	2	3	4	
So depressed that nothing could cheer you up?	1	2	3	4	
That everything was an effort?	1	2	3	4	
Worthless?	1	2	3	4	

Table 4. Jail Intake Assessment

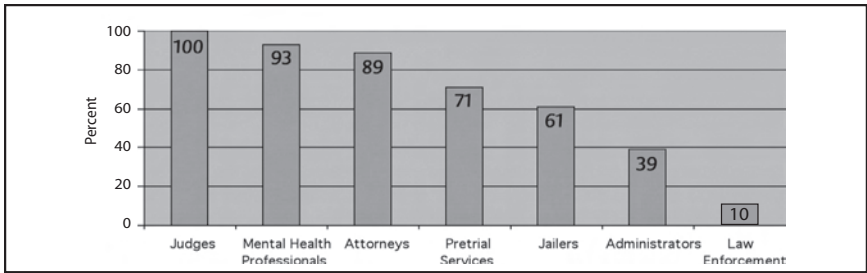
Arresting Officer Questions	
1.	Has this arrestee engaged in any assaultive or violent behavior? (If yes, refer to custody supervisor.)
2.	Has your search of this arrestee uncovered any dangerous contraband such as drugs or weapons? (If yes, refer to custody supervisor.)
3.	Has this arrestee attempted to allude or escape from custody? (If yes, refer to custody supervisor.)
4.	Are you aware of the need to keep this arrestee separated from other persons housed in this facility? (If yes, refer to custody supervisor.)
5.	Are you aware of this arrestee's consumption or use of a potentially dangerous level of alcohol or drugs? (If yes, refer to medical.)
6.	Are you aware of any acute medical condition or injury recently sustained by this arrestee that may require immediate medical attention? (If yes, refer to medical.)
7.	Has this arrestee demonstrated any behaviors that might suggest mental illness? (If yes, call the crisis line.)
8.	Has this arrestee demonstrated any behaviors that might suggest mental retardation? (If yes, refer to custody supervisor.)
9.	Has this arrestee demonstrated any behaviors that might suggest acquired brain injury? (If yes, refer to medical.)
10.	Has this arrestee demonstrated any behaviors that might suggest suicidal tendencies? (If yes, call the crisis line.)
11.	Has there been any indication that the arrestee is reacting so negatively toward their charge that they may engage in self-harming behavior? (If yes, call the crisis line.)
12.	Do you have any other information that may assist this agency in the care and /or custody of this arrestee?
Jail Officers Assessment Questions	
13.	Are there any institutional alerts on file for this arrestee? (Alerts for mental health, suicidal, call the crisis line.)
14.	Is there a need for an immediate evaluation of this arrestee by healthcare staff or a custody supervisor? (If yes, refer to the appropriate person.)

The drawbacks of the CIT screening instrument are that it is complicated to administer; it requires more training than the other instruments in recognizing mental illness behaviors; and the officer has to fill out this form instead of the arrestee. For those jurisdictions that already participate in CIT, however, it kills two birds with one stone. This instrument accomplishes CIT screening and mental health court screening simultaneously.

The second screening instrument is typically used by clinicians for risk assessment and to identify the specific mental health needs of participants in the program, including housing, medical, job training and placement. Fortunately, both types of screening instruments exist and are utilized in mental health courts in the U.S. There are software programs available which allow defendants to answer interactive questionnaires on a computer, and the software then assesses the mental health needs, diagnosis, and risk management of the defendants. Interviews with four mental health courts in Ohio reveal that these courts rely on personal interviews between healthcare professionals and defendants for mental health assessments.

How are participants screened into mental health court? The Criminal Justice Information Network has compiled information on many of the mental health courts in existence; however, the information is limited. A survey of mental health courts shows that referrals come primarily from judges and attorneys. Other sources include pretrial services, jailers, and administrators. Only a very small portion of respondents indicated that they receive referrals from law enforcement. Figure 2 breaks down where referrals come from for mental health courts.

Figure 2. Mental Health Court Referrals



Conclusion

What can law enforcement do to reduce recidivism? Mental health court pre-screening may be the answer. What do you do if there is no mental health court? Starting a program is possible no matter how small the jurisdiction. Many of the services required for a mental health court are already in existence; it is just a matter of opening lines of communication. The GAINS Center in Washington, DC has a multitude of resources and offers consultations as well as an excellent conference every spring (see their website: www.gainscenter.samhsa.gov).

One obstacle for treatment is the perception that treatment is a way out of punishment for the crimes committed by the mentally ill. This is a myth. Treatment for mental illness takes much longer than serving a sentence. The typical mental health court participant is in the program for over a year, whereas if they served their sentence, most would be out in one-third to one-half that amount of time for misdemeanors and nonviolent felons (Raines, 2007).

The mentally ill face many other obstacles in receiving treatment. Lapses in mental healthcare insurance, the stigma attached to seeking treatment, and the disjointed mental healthcare system make it difficult for the mentally ill to receive the treatment they desperately need (U.S. Department of Health and Human Services, 2002). In order to bridge these gaps, mental health professionals must partner with criminal justice administrators to offer mental health treatment to this disenfranchised segment of the population.

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Effects of Specialized Training on Police Perspectives Towards Responding to Persons with Mental Disorders

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Introduction

Advocates for the welfare of persons with mental disorders (PMDs) contend that police officers are inadequately trained on issues related to mental illness, do not possess appropriate techniques to assess and de-escalate encounters involving PMDs, and disproportionately use arrest as a means to resolve these types of situations (criminalization hypothesis) (Teplin, 2000). Officers and police managers also perceive that the handling of PMDs poses a moderate to large problem (Bittner, 1967; Borum, Deane, Steadman, & Morrissey, 1998; Teplin, 1984a, 1984b). Specifically, officers note that conflicting interests voiced by divergent stakeholders related to the handling of PMDs creates a “no-win” situation for them. Additionally, having to be experts on psychological classifications, strict hospital admission guidelines, and poor relations with mental health service providers all contribute to making interactions with PMDs problematic.

Although the law gives police the power to intervene, it does not—and cannot—control the officer’s response in any given situation (Bittner, 1967; Teplin, 2000). Since police officers are often the first source of contact with the criminal justice system for PMDs, how they respond to PMDs can have a tremendous impact on the resolution of encounters and the future well-being of these individuals (Patch & Arrigo, 1999). Given the importance officers play in the lives of PMDs involved with the criminal justice system, a number of specialized response programs have been proposed to assist them in better handling and resolving encounters involving PMDs.

Responding to mentally ill people has long been considered a part of police work (Bittner, 1967; Teplin, 1990). First, police involvement is mandated by the legal principles that encompass the police role. Basically, their involvement is necessitated on two legal principles: (1) they have the power and responsibility to protect the safety and welfare of the public; and (2) *parens patriae*, their duty to protect all citizens, especially those that are disabled such as the mentally ill (Teplin & Pruett, 1992). Often, both principles are involved when police deal with PMDs who pose a threat to both the community and themselves (Lamb, Weinberger, & DeCuir, 2002). An additional reason related to police officers’ legal obligation to respond to calls involving PMDs is that they are available 24 hours a day, seven days a week. Legal mandates, authority, power, and availability all contribute to establishing the police as the first responders to problematic situations involving PMDs.

Second, significant changes in the care of PMDs, such as the deinstitutionalization movement, restrictive commitment laws, and inadequate community mental

health services coupled with new directions in policing philosophy (community policing) have led to sizeable increases in the number of contacts between PMDs and the police (Laberge & Morin, 1995; Rabkin, 1979; Teplin, 1983). For example, a study by Bonovitz and Bonovitz (1981) found that between 1975 and 1979 there was a 227.6% increase in the number of police encounters with PMDs. Statistics show that encounters between police and PMDs are common, comprising between 7 and 10% of all law enforcement contact (Bonovitz & Bonovitz, 1981; Deane, Steadman, Borum, Veysey, & Morrissey, 1999). As a result of these noteworthy changes, law enforcement officers have had to increase their role as “street-corner psychiatrists” (Teplin & Pruett, 1992).

In general, the police encounter people with mental disorders in one or more of the following situations: as a crime victim, as a crime witness, as the subject of a nuisance, as a possible offender, or as a danger to her- or himself or others (Hails & Borum, 2003). When an officer responds to a call involving a PMD, he or she must be able to recognize that mental disorder may be a factor, assess the situation, reduce contact with the criminal justice system, ensure safety for all involved, and provide a resolution that is fair and dignified for people with mental disorders (Husted, Charter, & Perrou, 1995). This tremendous responsibility puts officers in a precarious position. Moreover, officers have to determine whether an individual’s needs are best served by the mental health system (a system they are not necessarily familiar with) or the criminal justice system (a system with which they are more comfortable).

Critics contend that police officers need “to do more” and also point out that the criminalization of PMDs begins at the point of arrest. The majority of criticisms towards the police surround their lack of knowledge on issues related to mental disorders, their negative attitudes towards the population, and their choices of inappropriate dispositions in handling cases with PMDs (Quanbeck, Frye, & Altshuler, 2003). Law enforcement agencies, in turn, have not denied some of these claims, and whether voluntarily or through imposed federal guidelines, they have accepted initiatives at improving their interactions with PMDs.

Officer Attitudes

Attitudes are, by definition, behavioral tendencies or dispositions to act in a certain way (Cotton, 2004). In terms of police attitudes towards the mentally ill and the mental health system, very little is known. Although mostly qualitative, studies have found that most officers’ attitudes towards PMDs parallel those of the general public, which unfortunately tend to be negative and misguided (Phelan, Link, Stueve, & Pescosolido, 2000). In particular, Kimhi et al. (1998) found that police officers’ negative attitudes towards PMDs were a result of insufficient knowledge and misunderstandings of mental illness and recommended that more information and training would improve the quality of their encounters with PMDs. Further research by Patch and Arrigo (1999) found that officers’ attitudes are embedded within their decisionmaking process and are relied upon more when officers lack adequate and factual knowledge on mental disorders. Thus, supporters of the criminalization hypothesis contend that higher arrest rates for PMDs could be influenced by negative attitudes maintained by law enforcement personnel towards PMDs (Borum, 2000).

Before discussing the impact of specialized response programs on officer attitudes, two important points need to be mentioned. First, officers are not a homogenous group and not all officers have negative attitudes towards PMDs. Second, most quantitative research on police behavior has found only a weak relationship between officer attitudes and their behavior (Cotton, 2004; Engel & Worden, 2003). Second, officer attitudes towards the mentally ill often mirror the attitudes of citizens. As mentioned earlier, attitudes depicting PMDs as being violent and dangerous are on the rise (Phelan et al., 2000). To help specialized programs meet their objectives in improving officer attitudes towards PMDs, two elements are necessary: (1) a clear list of areas in which officers are most misguided, and (2) a willingness by officers to participate in learning new information. Research by Kimhi et al. (1998) found that police officers' negative attitudes in Israel centered around three main misconceptions: (1) misunderstanding of psychiatric treatments and decisionmaking, (2) identification with patients and families, and (3) unclear boundaries between law enforcement and social duties.

In terms of officer attitudes towards learning new information on mental disorders, a number of studies have found support for officers' requests for more knowledge (Husted et al., 1995). In particular, Cotton (2004) found that officers, in general, were interested in obtaining more information about working with and understanding PMDs. Furthermore, Watson, Corrigan, and Ottati (2004) found that when officers were able to identify a person with a mental disorder, they were also more likely to treat that person as less responsible and would be more willing to endorse legally mandated treatment (if necessary).

Specialized Response Programs

Many law enforcement departments have adopted specialized response programs to handle encounters involving PMDs in an effort to improve officer attitudes towards PMDs, increase knowledge about mental illness, and find alternative forms of disposition aside from arrest. In general, most pre-booking diversion or specialized responses are structured attempts to meet two objectives: (1) to improve the quality of the field encounter and (2) to improve the outcomes of the encounter (Borum, 2000). In order to achieve these objectives, most specialized response programs stress training or collaborative efforts with mental health service providers. Depending on the needs of the law enforcement agency and the community, a number of different types of programs can be adopted to assist police agencies in handling calls involving PMDs (Steadman, Morissey, Deane, & Borum, 1999).

There are basically four types of specialized response programs that may be adapted depending on the specific needs of a community: (1) Crisis Intervention Team, (2) Comprehensive Advanced Response, (3) Mental Health Professionals Who Co-Respond, and (4) Mobile Crisis Teams.

Crisis Intervention Team (CIT)¹

The Crisis Intervention Team (CIT) was first established in Memphis, Tennessee, in 1988 after an individual with a history of mental disorder was shot dead by a police officer. The team evolved and currently operates through a partnership between the Memphis chapter of the Alliance for the Mentally Ill, the University

of Memphis, and other local mental health providers. The program brings together law enforcement personnel, mental health professionals, consumers, and advocates for the mentally disordered to achieve the common goal of improving understanding and ensuring safety and service to mentally disordered individuals and their families (Vickers, 2000).

This approach is composed of specially trained uniformed officers who act as primary or secondary responders to every call in which mental disorders is a factor. These officers are chosen, or in some cases volunteer, for the position. Officers receive 40 hours of intense and focused training on aspects related to the handling of PMDs. CIT officers are available for every shift and provide assistance to PMDs and their families (Lurigio & Swartz, 2002).

CIT officers also do general patrol in specific areas as well as provide a specialized response to code 9 calls in a citywide jurisdiction. When a dispatcher is notified of an incident involving a person with mental disorders, a CIT officer is sent out. The officer assesses the situation, intervenes, and determines and implements an appropriate disposition. The officer may resolve the situation at the scene through de-escalation, negotiation, or verbal crisis intervention. The officer may also contact a case manager, provide referral to a treatment service, or transport the person directly to Psychiatric Emergency Services (PES) (Cochran, Deane, & Borum, 2000).

Comprehensive Advanced Response

This response model is a modification of a traditional response in that all officers are mandated an advanced 40-hour training. Departments that employ this approach include the handling of mentally ill individuals in their overall training related to “special populations.” Furthermore, many departments that use this approach also tend to be small in size and do not have the resources for a special group of trained officers specifically designated to handle calls involving PMDs (Lurigio & Swartz, 2002).

Mental Health Professionals Who Co-Respond

Law enforcement departments that adapt this response hire licensed mental health workers (civilians) as secondary responders. These civilian workers can be located in or out of the police department. When a call involving a mentally ill individual is received, the civilian workers can either ride along with officers or respond by themselves to the scene if called. The mental health workers are responsible for developing relationships with community-based organizations and finding available services for the individual (Lurigio & Swartz, 2002).

Mobile Crisis Team (MCT) Co-Responders

Commonly, MCTs are composed of civilian personnel employed by mental health organizations who are licensed mental health professionals. MCTs act as secondary responders once the scene has been secured by law enforcement. They are primarily called out when officers believe a PMD is a danger to him- or herself or others or if the person needs services. Additionally, in some jurisdictions, MCTs can provide transport to a mental health facility when no crime has been committed. MCT

services are requested based on their knowledge related to criteria for involuntary commitment and also for additional information on the individual at the scene, which, in turn, may help tailor an appropriate response to de-escalate the situation (Lurigio & Swartz, 2002).

As previously noted, the type of approach law enforcement agencies choose to use when they handle mentally ill individuals in their community can vary.² However, regardless of the particular approach chosen, the officer must ensure the following: (1) stabilize the scene, (2) recognize signs or symptoms of mental disorders, (3) determine whether a serious crime has been committed, (4) consult with personnel who have mental health experience, and (5) determine whether the person might meet the criteria for emergency evaluation.

This research examines the impact of three different levels of training—(1) Basic, (2) Advanced, and (3) Mental Health Response Team (MHRT)—on officer attitudes towards the handling of encounters with PMDs within the same city and in some cases the same department. This also includes an exploration into officer attitudes towards the significance of collaborative responses (MCT) and their assistance with identification, reducing danger, saving time, improving disposition, and overall effectiveness.

Methods

As mentioned earlier, very few studies have examined the effects of specialized response programs and their impact on police handling of situations involving PMDs, and even fewer on officer attitudes towards these programs. This study is the first to examine the effects of two types of specialized response programs within the same police department: (1) a police-based specialized police response (MHRT) and (2) a mental health-based specialized mental health response (MCT).

Approach to Answering the Questions

First, a police officer survey is examined to determine if officers who have had experience with different types of specialized response programs, namely MHRT and MCT, differ in their responses to questions concerning actual outcomes. Second, officers with additional training on mental health matters are compared to all other officers in the sample to determine if the level of training has an effect on officer attitudes towards the handling of PMDs.

Sampling/Administration

Officers from three out of five districts of a large Midwestern city were surveyed. A list of all officers and their allocated shifts was obtained for these districts. A random sample of officers who had received a call involving a mentally impaired citizen was drawn for all District 1 (50 officers), District 2 (50 officers), and District 3 (40 officers).³ Prior to contacting officers, the Patrol Bureau Commander advised all three police districts that researchers would soon be conducting surveys and that all district personnel should cooperate. The surveys were hand-delivered to each district and administered and collected by a district representative. Researchers visited the districts chosen at the end of every week for a total of three weeks to collect completed surveys. Table 1 provides information on officer response rates.

Table 1. Officer Survey Response Rates (N)

	District 1	District 2	District 3
Completed surveys	24	24	21
Retired/Quit/Transferred	6	2	4
Not completed	20	24	15
Response rate (%)	54.5	50.0	58.3
Overall response rate – 53.1%			

Measurement

The police officer survey was designed to examine officer attitudes towards the handling of PMDs. The purpose of the survey was to collect information on officer perceptions of encounters with PMDs, the impact of mental health training, the experience of working with MCT personnel, and general demographic information. Officer responses were examined on three levels: (1) as an aggregate (general perceptions of all officers), (2) by degree of training, and (3) by responses to a call with a member of MCT.

The survey's questions revolved around six major themes: (1) size of the problem, (2) identification, (3) effectiveness, (4) danger, (5) mental health services, and (6) MCT services. Special attention is placed on the responses of officers who have undergone the most extensive training, namely the MHRT officers and officers who have participated with MCT personnel on calls. Significant positive differences in attitudes towards encounters with PMDs should be expected for MHRT officers and officers who work collaboratively with MCT.

Analysis

The police officer survey is examined to determine if the level of training and experience with different types of specialized response programs, namely MHRT and MCT, impact officer responses to questions on encounters with PMDs. Officers are differentiated into three groups: (1) Basic, (2) Advanced, and (3) MHRT. Basic officers have received no additional mental health training post the academy training; Advanced officers have received an additional eight hours of "in-house" mental health training; and MHRT officers have received 40 hours of mental health training.

Bivariate analyses and comparisons are conducted for the entire sample across discrete training groups (i.e., Basic, Advanced, and MHRT) in order to determine if officer perceptions vary across groups. For these analyses, responses from the survey that were based on a Likert-type scale were dichotomized.⁴ For example, officers reporting that they were *well-prepared* or *moderately well-prepared* were considered prepared. Similarly, officers who responded that they were *not well-prepared* or *not prepared at all* were considered not prepared. Mean-level comparisons and analysis of variance (ANOVA) tests are used to determine if significant differences exist between the three groups of officers and the various dimensions related to encounters with PMDs. Specific differences between groups are indicated by Bonferroni-corrected *t* tests.

Results

Sample Description

The majority of the sample of 69 officers in Table 2 is male (84%). Advanced trained officers had the highest percentage of males at 96.3%. Officers in all three groups were similar in age; almost 50% in each category were between the ages of 30 and 39. Overall, the majority of respondents were Caucasian at 65.2%; however, this was not the case in all groups. Basic and MHRT officers were almost evenly split at 50% Caucasian and African American. Advanced officers had the highest percentage of Caucasian at 87.5%.

Table 2. Officer Sample Characteristics (N/%)

Officers	Basic N =21	Advanced N =28	MHRT N =20	Total N =69
Gender				
Male	16 (76.2)	26 (96.3)	15 (75.0)	57 (83.8)
Female	5 (23.8)	1 (3.7)	5 (25.0)	11 (16.2)
Age				
23-29	8 (38.1)	8 (29.6)	8 (40.0)	24 (35.3)
30-39	10 (47.6)	13 (48.1)	10 (50.0)	33 (48.5)
40-49	3 (14.3)	6 (22.2)	2 (10.0)	11 (16.2)
Ethnicity				
Caucasian	11 (52.4)	21 (87.5)	11 (52.6)	43 (65.2)
African American	10 (47.6)	2 (8.3)	9 (42.1)	21 (31.9)
Hispanic/Latino	--	1 (4.2)	--	1 (1.5)
Other	--	--	1 (5.3)	1 (1.5)
Education				
High School/GED	2 (9.5)	0 (0.0)	3 (15.0)	5 (7.6)
Some college	10 (47.6)	13 (52.0)	7 (35.0)	30 (45.5)
Bachelor's degree	8 (38.1)	10 (40.0)	7 (35.0)	25 (37.9)
Master's degree	0 (0.0)	1 (4.0)	1 (5.0)	2 (3.0)
Other	1 (4.8)	1 (4.0)	2 (10.0)	4 (6.0)
Length of employment				
1 to 5 years	16 (76.2)	12 (46.2)	14 (70.0)	42 (62.7)
6 to 10 years	3 (14.3)	8 (30.8)	3 (15.0)	14 (20.9)
11 to 15 years	2 (9.5)	6 (23.1)	3 (15.0)	11 (16.4)

The majority of officers in all three groups had either attended college and/or had earned a degree. Surprisingly, over 90% of officers with Basic training had some college education. Overall, for all three samples, less than 10% of the officers had only a high school diploma. Over 60% of the Basic and MHRT officers had been employed by the department for less than five years. The length of employment for the Advanced trained officers was more evenly spread out, with 46.2% being employed less than five years, 30.8% less than 10 years, and 23.1% less than 15 years. Overall, the total sample shows that a majority of officers are male, Caucasian, between the ages of 30 and 39, have some post high school education, and have been employed by the police agency for 1 to 5 years.

Officer Perceptions

The following sections examine officer perceptions towards encounters with PMDs, training, and responding to calls with MCT. Specifically, issues addressed include perceptions on the extent of the problem, preparedness, identification, mental health services, danger, benefits of training, and working with MCT members. Table 3 presents the results of officer responses towards encounters with PMDs based on their level of training.

Encounters with PMDs

Table 3 illustrates that when officers were asked to rate the extent to which encounters with PMDs pose a problem for the agency, there were no significant differences between the three groups, with about 60% of the officers in each group describing it as either a “moderate” or “big” problem. Police officers were then asked how well-prepared they felt they were in handling PMDs. Surprisingly, all of the Basic trained officers (100%) said they were well-prepared to handle encounters with PMDs.

Table 3. Police Officer Perceptions on Encounters with PMDs

% Moderate to Very	Basic	Advanced	MHRT	F-value	Bon. Alpha $p < 0.05$
Scope of the problem of PMDs for agency	61.9	75.0	65.0	0.521	NS
Officer preparedness	100.0	89.3	95.0	1.269	NS
Emergency room helpfulness	81.0	71.4	95.0	3.376*	A < M
Dangerousness of encounters with PMDs	28.6	46.4	35.0	0.841	NS

Note: B = Basic, A = Advanced, M = MHRT, NS = Not significant

* $p < 0.05$

Although not significantly different, fewer Advanced and MHRT officers felt that they were well-prepared (89.3 and 95.0%, respectively) to handle encounters with PMDs.

Officers were also asked to rate how helpful psychiatric emergency services (PES) were in handling encounters with PMDs. In general, over 70% of officers in all three groups believed that PES was helpful. A significant difference was found between groups and their opinions on the helpfulness of PES ($F = 3.376$; $p = 0.05$). Specifically, MHRT officers (95%) were significantly more likely to rate PES as being more helpful than were the Advanced officers (71.4%). In terms of the danger associated with these types of calls, less than 50% of officers in all three groups believed that encounters with PMDs were more dangerous than typical calls. Basic officers (28.9%) were the least likely to believe that encounters with PMDs are more dangerous.

Training

Table 4 shows the results from officer responses towards the impact of training on improving the ability to identify and handle PMDs.

Table 4. Police Officer Perceptions Towards Additional Mental Health Training

% Moderate to Very	Advanced	MHRT	t-value
Training helpfulness to better identify PMDs	50.0	55.0	.335
Training helpfulness to more effectively handle PMDs	46.4	65.0	1.268

Note: Basic officers are not included in this analysis given that only Advanced and MHRT officers have received additional in-house training.

Results from Table 4 show that about 50% of the officers believe that the additional training on handling PMDs has helped them better identify PMDs. Specifically, MHRT officers (55%) were slightly more likely to believe that the training has been helpful in identifying PMDs compared to Advanced officers (50%). Officers were also asked whether the training sessions have helped them to be more effective in handling encounters with PMDs. Similar to findings from other research (Husted et al., 1995; Steadman et al., 1999; Steadman, Deane, Borum, & Morissey, 2000), most officers believe that they are effective in handling encounters with PMDs with or without additional training (see Table 3). Although not statistically different (likely due to small sample size), Table 4 reveals that a difference of almost 20% was found between Advanced and MHRT officers on their view of the helpfulness of training in improving the effectiveness of handling encounters with PMDs. MHRT officers (65.0%) stated that the training was moderately to very helpful compared to 46.4% of the Advanced officers.

Responding to Calls with MCT

Table 5 provides results from officer perceptions towards encounters with PMDs based on responding to calls with members of MCT. Officers were asked to rate their collaborative efforts with MCT members in relation to time, identification, danger, effectiveness, and disposition.

Table 5. Police Officer Perceptions Based on Handling Calls with MCT

	Basic	Advanced	MHRT	F-value	Bon. Alpha $p < 0.05$
Handling calls with a member of MCT . . .					
Increases time spent on a call	1.11	1.30	1.39	0.529	NS
Improves ability to identify PMDs	0.72	0.65	1.16	2.157	NS
Increases the potential danger of the call	1.11	0.91	0.94	0.426	NS
Improves officer effectiveness	1.11	1.43	1.21	1.228	NS
Increases the use of a criminal justice response	0.56	0.62	0.42	0.789	NS

Note: All officer response categories represent 0 = Disagree, 1 = No difference, and 2 = Agree; NS = Not significant

Table 5 shows that officer responses for all three groups ranged between “no difference” and “increased time spent on responding to calls with members of MCT.” Although not statistically significant, MHRT officers were more inclined to rate calls involving MCT as increasing the time spent on a call. Officers were next asked if working with MCT members improved their ability to identify PMDs. Both Basic and Advanced officers believed that MCT members made no difference or did not help improve their ability to identify PMDs (0.72 and 0.65, respectively). MHRT officers were slightly more positive and believed that MCT members made no difference in helping to identify PMDs (1.16).

Officers were also asked if responding to a call with a member of MCT impacted the potential danger associated with the call. Officers in all three groups generally agreed that having an MCT member did not affect the potential danger of the call. Additionally, officer responses to open-ended questions on the survey revealed that many officers felt that the MCT member’s safety and well-being were the biggest liability in responding to calls collaboratively. There was also general consensus among all groups that responding to calls with an MCT member only slightly improved effectiveness in calls involving PMDs. Officers in all three groups also strongly believed that responding with an MCT member did not increase the use of criminal justice responses as a means of resolving calls. No significant differences were found between groups on any of the dimensions examined.

Officers were next asked about their views on working with MCT in general. Table 6 provides the results from officer perceptions on the influence of MCT on officer responses, their preference on responding to calls collaboratively with MCT, assistance of MCT in resolving calls, and overall effectiveness of MCT in keeping PMDs out of the criminal justice system.

Table 6. Police Officer Perceptions on Working with MCT

	Basic	Advanced	MHRT	F-value	Bon. Alpha <i>p</i> < 0.05
Influences officer response	27.8	21.7	57.9	3.503*	A < M
Prefer working with MCT	38.9	34.8	33.3	0.063	NS
Better able to resolve call with MCT	44.4	43.5	57.9	0.494	NS
MCT helps division keep PMDs out of jail	61.1	71.4	70.6	0.266	NS

Note: B = Basic, A = Advanced, M = MHRT, NS = Not significant

*This category represents officers who agreed with the statement.

* *p* < 0.05

Upon inspection of Table 6, Basic and Advanced officers overwhelmingly believed that working with MCT did not influence their response in handling calls with PMDs (27.8 and 21.7%, respectively). A significant difference was found between the groups ($F = 3.503$; $p = 0.05$). Specifically, *t*-test comparisons of the groups revealed that MHRT officers (57.9%) were more likely to believe that MCT did influence their response compared to Advanced officers.

Less than 40% of officers in all groups voiced that they preferred working with MCT on calls involving PMDs. Similarly, Basic (44.4%) and Advanced (43.4%)

officers believed that they were better able to resolve calls involving PMDs with MCT. Although not statistically significant, MHRT officers were more favorable (57.9%) in their responses towards MCT helping them resolve calls with PMDs. Lastly, over 60% of officers in all groups agreed that the MCT has helped the police division become more effective at keeping PMDs out of jail.

Discussion

Officer attitudes towards various aspects of encounters with PMDs were examined. Results indicated that, in general, officers did not significantly alter their perceptions towards encounters with PMDs based on additional training or working collaboratively with MCT. In general, officers with the highest number of hours in training (40) had more positive attitudes towards being prepared and emergency room helpfulness, and believed that training helped them better identify and handle PMDs. Working with MCT personnel did not result in a variation in officer attitudes. Most officers believed that working with MCT had no impact or did not improve the time spent on calls, identification, danger, or the effectiveness of the call.

Although the majority of officers believed that the MCT helped keep citizens out of the criminal justice system, less than 40% of the officers preferred working with MCT on calls involving PMDs. Lastly, results from an earlier departmental survey in 1989 prior to the introduction of a specialized response program revealed that officers were referring most PMDs to mental health service agencies, were favorable towards more mental health training, and supported the idea of an MCT team but only if response time was quick.

Analyses of data on officer attitudes towards PMDs indicated that training and working with MCT had mixed effects. MHRT officer attitudes were similar to attitudes of officers in existing research (Steadman et al., 2000) in that trained officers had more positive attitudes towards preparedness, mental health services, and training. Conversely, officer perceptions on encounters with PMDs showed little or no variation in terms of their experience working with or without MCT. In response to the second research question, it appears that the type of specialized response program selected determines whether officers improve their perceptions towards encounters with PMDs. Attitudes of MHRT officers were generally more positive than the attitudes of officers who had experience only working with members of MCT towards encounters with PMDs.

Implications

Even with the limited sample size, findings from this study can still provide valuable insight towards evidence-based policymaking. In today's era of community policing, specialized response programs have become increasingly popular and are being adopted by numerous police agencies. These programs are primarily designed to support police officers' roles as individuals who are committed to fair and dignified treatment for all citizens in their community, and more specifically PMDs.

The findings from this study have provided information on a number of issues related to specialized response programs; however, this study has also raised a

number of questions related to the efficacy of these programs and the importance of research in improving evidence-based policymaking. Researchers should continue to examine the impact of training on officers' behaviors as well as examine which types of officers are best suited for inclusion in a specialized response program. The type of training provided should also be examined to determine if incorporating the expertise of a variety of qualified professionals is achieving its goal. Additionally, studies of officer attitudes towards training should continue to be conducted to ensure that the topics covered are helpful and comprehensive. Furthermore, as part of an overall criminal justice issue, research should examine the impact of mental health training on other stakeholders such as correctional staff, lawyers, and judges.

Endnotes

- ¹ This study uses the term *Mental Health Response Team (MHRT)*, which is equivalent in scope to Crisis Intervention Team (CIT).
- ² The specialized response program chosen does not have to be limited to one type. Law enforcement departments may adopt more than one type of crisis response. For example, departments may have Advanced training for all officers, yet still may employ MCT services for certain types of calls.
- ³ Only 40 officers were selected in District 3 because of the limited size of the agency.
- ⁴ For the purposes of this research, combining responses substantively made sense and also was preferred due to the limited sample size.

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Force Science Forum

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Selective attention, commonly referred to in law enforcement as tunnel vision and tunnel hearing, plays a very significant role in an officer's perception, performance, and memory in a high stress encounter. An aspect of this phenomenon that the Force Science Research Center (FSRC) at Minnesota State University, Mankato, is interested in researching is the officer's attentional responses and the impact of that on the ability of an officer to effectively multi-task—particularly in a life and death encounter. Clinical investigation has informed us that the emotional response of an officer has a high degree of relevance on the officer's attention and then on the ability of an officer to both engage in life-saving behavior and simultaneously give meaningful and relevant commands in an attempt to control a threatening subject. The observations have also led us to hypothesize that the more an officer perceives that he or she has control of a situation, the more he or she is capable of giving relevant, meaningful commands. The less control he or she perceives that he or she has over a situation and the more threatening the situation is, the less relevant and meaningful the officer's commands are as his or her attention becomes focused on the need to engage in life-saving action to stop the threat. This article is the first in a series that FSRC will present as this phenomenon is explored and the most effective types of responses and the most effective commands for officers in high stress, life-threatening encounters are sought.

This article is the first in a series that FSRC will present as this phenomenon is explored and the most effective types of responses and the most effective commands for officers in high stress, life-threatening encounters are sought.

Command Types Used in Police Encounters

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Police officers regularly encounter situations in which escalating emotion can lead to hostility or violence between law enforcement and potential suspects. These

situations can quickly become dangerous for both the individuals involved as well as bystanders. In order to increase public safety and officer effectiveness, it is necessary to investigate and minimize the factors that contribute to antagonistic encounters between law enforcement and potential suspects. Certain communication styles and tactics may be more effective than others in eliciting immediate compliance and decreasing violence (Thompson, 1983). Likewise, a failure to communicate clearly and concisely has been shown in certain circumstances to exacerbate negative interactions (Forehand & McMahon, 1981). Although police behavior has been researched, an investigation of specific commands used by police has not yet been conducted (Bayley & Bittner, 1984; Bayley & Garofalo, 1989; Johnson, 2004; Reiss, 1971; Thompson, 1983).

In addition to command types, Johnson (2004) has noted that certain communication styles may be more appealing to potential suspects than others. Johnson also states that citizens who felt treated fairly were more likely to comply with the law. Factors such as respect, tone, and demeanor of an officer's verbal communication are important factors in reducing violence and increasing compliance (see also Reiss, 1971).

In studies evaluating compliance, researchers have consistently found that the clarity or feasibility of commands are important elements in eliciting compliance to demands (Bertsch, 1999). After a literature review of the studies looking at these components, Bertsch categorized commands into eight types. She further broke each type into *alpha* and *beta* command subtypes in order to distinguish between specific, feasible commands (i.e., *alpha*), and vague, unfeasible commands (i.e., *beta*) consistent with Peed, Roberts, and Forehand (1977). Bertsch studied the effects of these 16 command types and subtypes within the context of student compliance in a classroom setting. The command types included interrogation, question, regular, indirect, stop, don't, negative, and other. This identification of command types has not yet extended into the law enforcement literature, which is surprising given the abundance of police forces in various countries and cultures, and the importance placed on compliance with police commands. Bertsch's review and subsequent study showed clear and striking benefits to using concise and specific alpha commands. There has not been a study in the compliance literature to date which has shown any advantage to using nonspecific beta commands in an effort to elicit compliance.

Thompson (1983) investigated communication styles used by police officers. Thompson's communication research focused on the use of an impartial perspective, which was achieved through evaluation of the facts (who, what, when, where, how) and an evaluation of the purpose of each encounter. Thompson also focused on using language appropriate to each individual and to appeal to the emotions, reasoning, and character of potential suspects. Johnson's (2004) study showed significant public support for specific and general aspects of Thompson's verbal judo during traffic stops. However, participant input was not obtained for additional and specific verbal commands. Additionally, Bayley and Bittner (1984) and Bayley and Garofalo (1989) described and evaluated police behavior, which involved both physical and verbal behavior. Specific command types were not investigated, however.

Mastrofski, Snipes, and Supina (1996) investigated a number of components related to compliance in officer-citizen interactions. No major differences in compliance rates were noted by Mastrofski et al. among requests issued by officers for citizens to leave another citizen alone, calm down and stop the disorder, and cease illegal behavior. They also studied the use of authoritative or force in both police entry and requests. Police entry refers to the style of the initial verbal approach with the suspect, including friendly/nonthreatening interrogation, command/threat, and force categories. Experimenters found only the force entry tactic to be significantly different in eliciting compliance, actually producing less compliance. Investigators also found that officers exhibiting the most authoritative entry tactics were least likely to gain compliance. Additionally, Mastrofski et al. found no significant differences in compliance among the request categories, including suggestions and requests, persuasion and negotiation, and commands and threats. It was noted, however, that greater police experience was associated with a greater likelihood of making commands and threats and a reduced likelihood of making suggestions and requests.

One element that was investigated in Mastrofski et al.'s (1996) study was defined as *coercive balance of power*, which included elements such as the number of officers present, the use of a weapon, and the sex of the officer. The presence of male officers and higher numbers of officers were less likely to lead to compliance, although only the number of officers was significant. These findings are counterintuitive, and they make a clear case for further investigation.

Mastrofski et al. (1996) also evaluated the type of problem behavior categorized as traffic, minor offense, drugs, and serious. The more serious the offenses in this study, the lower the likelihood of compliance. Researchers also found race to be a factor in compliance with officer requests. Results indicated that White officers were more likely to produce compliance with minority citizens and minority officers were least likely to elicit compliance with White citizens. Additional results suggested that males were more likely to comply than females.

Mastrofski et al.'s (1996) research only included commands which were unambiguous, excluding indirect and beta commands altogether. Current literature lacks research on the use of specific command types based on form and feasibility. No information is yet available on how command type relates to violence, compliance, or latency of response.

The current study will expand upon the research of Mastrofski et al. (1996) by evaluating differences in Bertsch's command types across suspect compliance, latency, violence, and type of crime in law enforcement/suspect exchanges. Due to the negative connotation associated with interrogation in law enforcement, for the purpose of this study, the interrogation command type will be re-termed *interview*.

Method

Data Collection

Data from police interactions were accessed via prerecorded videos, direct observation, or live video recordings on ride-alongs with law enforcement.

Data collected while riding with law enforcement involved two different police departments and nine different officers over the course of 11 rides. A total of four observers participated in ride-alongs during the busiest shifts, between Thursday and Saturday evenings anytime from 3:00 PM to 4:00 AM. Riders observed the law enforcement interactions in person and through dash-mounted cameras. In addition, observers viewed six different recordings of police interactions. These included two dash camera videos, a *Hard Copy* video, a *World's Wildest Police Video*, and two *COPS* videos. Officer commands were recorded as one of eight command types and one of two subtypes. Suspect compliance and latency were also recorded. Additional officer and department information along with circumstantial information were recorded as well. This included the type of crime, possession of a weapon, use of officer force, and the level of violence.

Independent and Dependent Variables

Independent variables included command type and type of crime. A *command* was defined as any verbal communication directed by law enforcement to non-emergency personnel in which a verbal or motor response was appropriate. Commands were divided into eight types and further classified into two subtypes. See Tables 1 and 2 for definitions and for examples of the eight command types and two subtypes.

Table 1. Definitions of the Eight Command Types and Two Subtypes

Command Type	Definition
Regular	Orders that are stated directly
Stop	Instruction to terminate an ongoing behavior generally preceded by the word "stop"
Don't	Instruction to terminate an ongoing behavior or a future behavior generally preceded with the word "don't"
Negative	Instructions to terminate an ongoing behavior which do not begin with the words "stop" or "don't"
Indirect	<i>Suggestions</i> (allowing for nonresponse) to respond motorically or verbally that are <i>not in question form</i> —The statement only indirectly indicates what response is expected. It requires the recipient of the command to infer what response is expected.
Question	Statement in question form to which a motoric response is expected, even though a verbal response is available but inappropriate
Interview	Statement in question form to which the only appropriate response is verbal
Other	Any command that cannot fit in one of the above categories or a command that may fit in two or more of the categories at the same time
Command Subtype	Definition
Alpha	Command in which a motoric or verbal response is appropriate and feasible
Beta	Command in which compliance may be difficult due to vagueness, interruption, or indirectiveness

Table 2. Examples of the Eight Command Types Across Alpha and Beta Subtypes

Command Type	Alpha Examples	Beta Examples
Regular	Put your hands on your head Drop the gun Take your hands out of your pocket Give me your driver's license Get out of the car Get on the ground	Get back Move Give it up Let me see them Chill out Do it now Do the right thing
Stop	Stop shooting Stop talking Stop fighting Stop the car Stop, drop, and roll	Stop that Stop Stop screwing around Stop bothering me Stop it
Don't	Don't leave your vehicle Don't say another word Don't jump Don't shoot Don't move	Don't Don't touch that Don't do that Don't make me mad Don't even think about it
Negative	Quit resisting Quit talking Quit fighting Quit running Quit moving	Quit Quit aggravating me Knock it off Quit that Halt
Indirect	There is nothing we can do. Hitting her won't solve anything. We want to talk to you. All you have to do is comply with our commands. I said freeze. We're not going to kill you. You're threatening me with the gun.	There's nothing to see here. That's all you have to do. We'll give you a hand. I said no. We don't want to do it. If you stop, we'll stop.
Question	Would you step out of the vehicle? Could you put your hands behind your back? Could I have your driver's license? Could you move away from the curb?	Could you move? Could you calm down? Why don't you put it down? Do you want to get tased again?
Interview	What is your name? How old are you?" Do you know how fast you were going? What is your address? Have you been drinking?	What is going on? What is your problem? Do you understand? What were you thinking? What are you going to do?
Other	Why don't you stop yelling and calm down? Don't move or you'll regret it. No, don't do that.	I want you to stop, okay? Stop or I'll shoot Knock it off, or else! You better not expect me to believe that; tell me the truth.

Both the interview and question commands are phrased as a question. These commands are distinguished by the response, however. A verbal response would be appropriate for the interview command whereas it would be possible but inappropriate for the question command. The question command requires a motor response. For example, "What is your name?" requires a verbal response and is an interview command. A motor response is most appropriate to commands such as "Could you please sit down."

The next two command types, regular and indirect, can often be confused. The regular command type is defined as an order that is stated directly. The indirect command type is a suggestion (allowing for nonresponse) to respond motorically or verbally and is not in question form. The indirect command does not state a specific command, but it is classified as a command because a specific response is desired by the issuing individual.

The next three commands—(1) don't, (2) stop, and (3) negative—were combined to form an exclusionary command category. All of these commands are a request to terminate an ongoing behavior, and the don't and stop commands can also be used to avert a future behavior. The differences between these commands lies in the use of the words "don't" and "stop." Don't commands are defined as instructions to terminate an ongoing behavior or a future behavior generally preceded with the word "don't." Stop commands consist of instruction to terminate an ongoing behavior generally preceded by the word "stop." Alternatively, negative commands are defined as instructions to terminate an ongoing behavior, which do not begin with the words "don't" or "stop."

The final command type, other, is defined as any command that cannot fit into only one of the above categories or a command that may fit in two or more of the categories at the same time. This command type is most often used when a command fits into more than one of the command types such as "Why don't you stop it."

These eight command types are further divided into two subtypes: (1) *alpha* and (2) *beta*. An alpha command is defined as a command in which a motoric or verbal response is appropriate and feasible. Contrary to this, a beta command is defined as a command in which compliance may be difficult due to vagueness, interruption, or indirectiveness.

Observers could also indicate up to two categories of crimes for each encounter. These crime categories included assault, threat, suicide, narcotics, theft, burglary, arrest warrant, disorderly conduct, and other. Due to limitations of the sample size, only the primary crime was used, and suicide, theft, and arrest warrant were combined.

Assault was defined as physical violence such as domestic assaults, bar fights, sexual assaults, etc. *Threat* included "terrorist," verbal, or physical threats. *Suicide* was defined as a call when someone had committed suicide or was threatening to do so. *Narcotics crimes* included calls related to possessing, selling, making, or intending to sell drugs or drug paraphernalia or being under the influence of narcotics. *Theft* included taking property or merchandise in which there was no break-in and entry and no physical harm to others. This could occur during stealing and shoplifting calls if there was no break-in or harm to others. *Burglary*

was defined as break-in and entry or physical harm to others while stealing. *Arrest warrant* was categorized as a police call in which police were attempting to arrest someone because of a court order to do so. Arrest warrant calls did not include calls during which the officer decided to arrest an individual because of the circumstances of the situation rather than because of a court order. *Disorderly conduct* included any disturbance to others such as public indecency, peeping toms, public intoxication, disturbing the peace, etc. The *other* category included any calls that didn't easily fit into any of these categories.

Dependent variables included level of compliance, latency of response, and level of violence. *Level of compliance* was divided into compliance, forced compliance, and noncompliance: *Compliance* was defined as an individual responding appropriately to an officer's command by means of free will prior to another command by the officer; *Forced compliance* occurred when an individual responded appropriately to an officer's command as the direct result of the officer using physical restraint, a Taser®, or shooting a gun; and *noncompliance* occurred when an individual did not respond appropriately to an officer's command by free will or to the officer's use of physical restraint, a Taser®, or firing of a gun. *Latency of response* was further divided into three levels: (1) *immediate* if compliance occurred within approximately 10 seconds, (2) *delayed* if between 10 and 30 seconds, or (3) *none* if more than 30 seconds.

A *violent encounter* was defined as an encounter between an officer and potential suspect in which the individual posed a threat to the officer in the form of a weapon, extreme agitation, substance intoxication, or physical force. *Nonviolent* was defined as an encounter between an officer and potential suspect in which the individual appeared to pose no threat to the officer.

Training and Interobserver Agreement

All observers received training on the operational definitions and use of coding sheets. Observers were allowed to practice independently on several videos. A reliability check was conducted on one of the five videos, which contained 22.9% of the video commands. Interobserver agreement was 93%. Prior to conducting ride-alongs, each observer was able to reach 100% agreement on the commands given in a video.

Procedure

The primary investigator viewed and coded all six videos. For each new law enforcement encounter, the department and jurisdiction, the officer rank, and use of force were indicated if known. Additionally, the number of individuals giving commands, weapons possessed, the violence of the encounter, and the type of crime committed was recorded. Each command type, the level of compliance obtained, and the latency of any compliant response was noted for each police-suspect interaction.

Results

Command Type and Subtype

Of the 1,801 commands given, a large portion were interview, $n = 938$, 52.1%; followed by regular, $n = 563$, 31.3%; indirect, $n = 141$, 7.8%; other, $n = 99$, 5.5%; question, $n = 45$, 2.5%; and the exclusionary commands, $n = 15$, .8%. *Exclusionary commands* were mostly stop commands, $n = 7$; followed by negative, $n = 6$; and don't, $n = 2$. The majority of the command subtypes were alpha, with a total of 1,488 commands or 82.6%, whereas the total number of beta commands, $n = 313$, were less than 18%. See Figures 1 and 2 for frequencies of commands.

Figure 1. Frequency of Eight Command Types

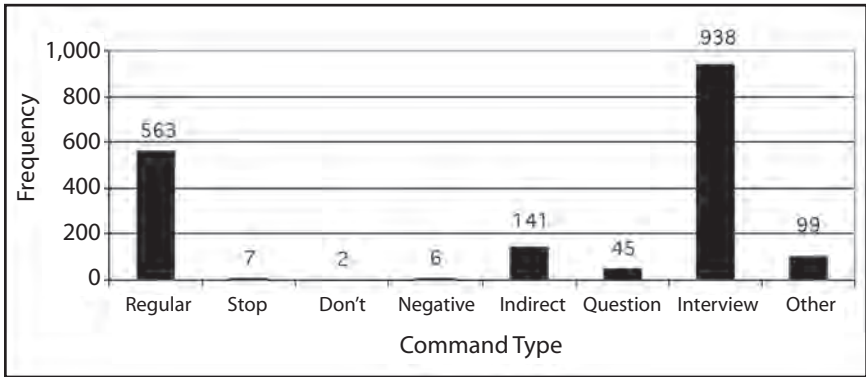
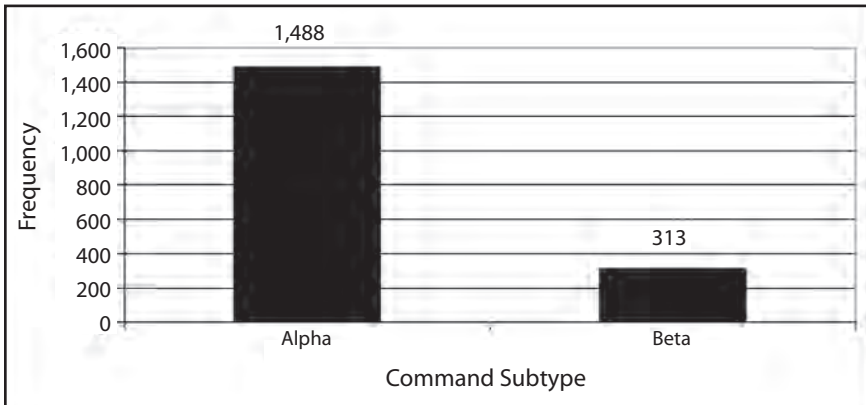


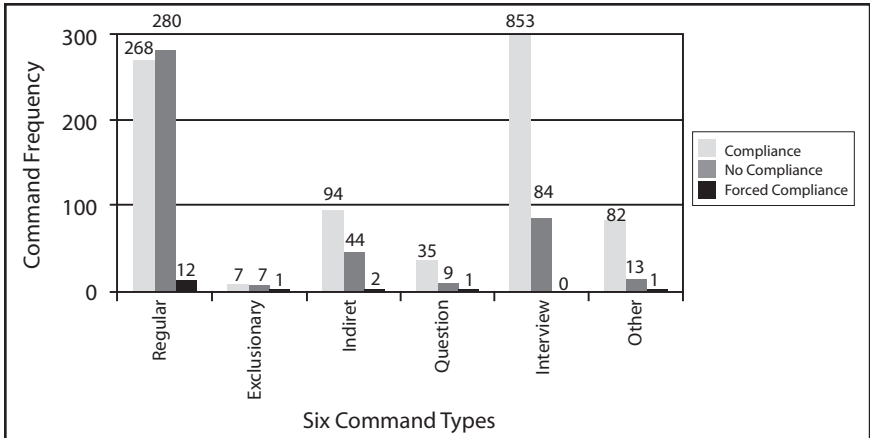
Figure 2. Frequency of Alpha and Beta Command Subtypes



Compliance

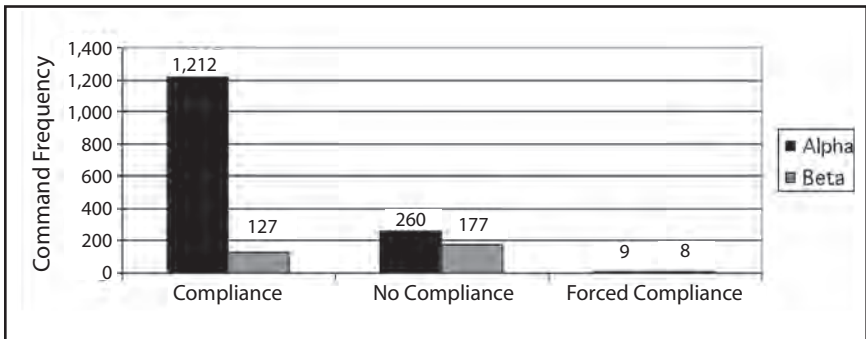
Results indicated that the level of compliance was significantly different across the six command types: $\chi^2_{(10)} = 368.66, p < 0.001$. The percentage of compliance per command was greatest for interview commands, 91%; followed by other, 85%; question, 78%; indirect, 68%; exclusionary, 50%; and regular, 48% (see Figure 3).

Figure 3. Compliance Across Six Command Types



Results further indicate that there were significant differences in compliance and noncompliance across alpha and beta commands: $\chi^2_{(2)} = 231.059, p < 0.001$. The greatest percentage of compliance per command was found in alpha command subtypes: 82%, compared to beta commands, 41%. The percentage of alpha command subtypes that produced noncompliance was only 18% compared to 57% of the beta commands (see Figure 4).

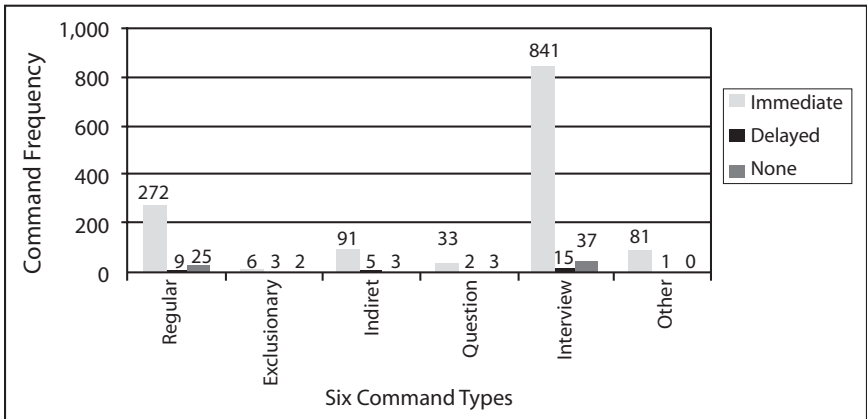
Figure 4. Compliance Across Alpha and Beta Subtypes



Latency

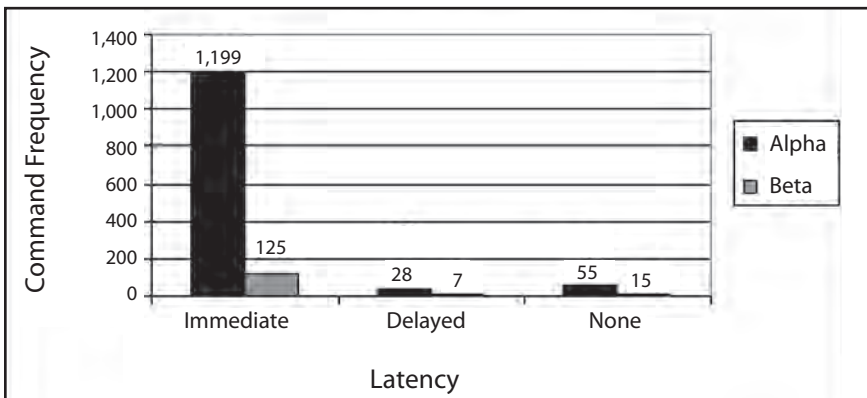
Results indicated a significant difference in latency of compliance across the six command types: $\chi^2_{(10)} = 54.604, p < 0.001$. The exclusionary commands produced the smallest percentage of immediate compliance per command, with only 55%; followed by question commands, 87%; and regular, 89%. All other command types produced at least 90% immediate compliance. Exclusionary commands were also found to produce the highest percentage of delayed responses at 27%. All other command types produced 5% or less in delayed responses (see Figure 5).

Figure 5. Latency Across Six Command Types



Results further indicated that there were significant differences in compliance and noncompliance across alpha and beta commands: $\chi^2_{(2)} = 14.02, p < 0.001$. Alpha command types produced immediate compliance 94% of the time and delayed compliance 2% of the time. In comparison, beta commands produced immediate compliance 85% of the time and delayed compliance 5% of the time (see Figure 6).

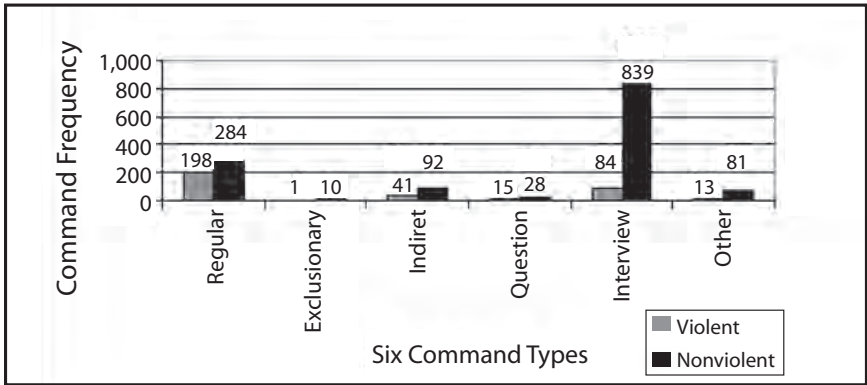
Figure 6. Latency Across Alpha and Beta Subtypes



Violent Versus Nonviolent

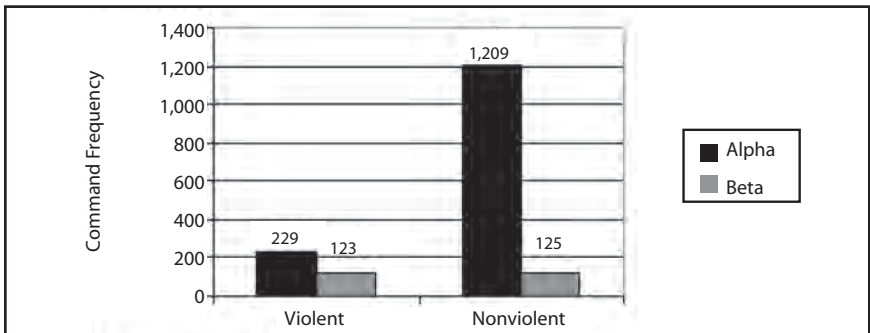
Of the 1,801 commands observed, 352 commands corresponded to a violent encounter and 1,334 to a nonviolent encounter. Results also indicate differences in the use of the six command types in violent versus nonviolent encounters: $\chi^2_{(6)} = 213.398, p < 0.001$. The greatest percentage of commands used in violent encounters was regular commands, 41%; followed by question, 35%; indirect, 31%; other, 14%; and interview and exclusionary, 9%. The greatest percentage of commands used in nonviolent encounters was exclusionary and interview, 91%; followed by other, 86%; indirect, 69%; question, 65%; and regular, 59% (see Figure 7).

Figure 7. Frequency of Six Command Types Across Violent and Nonviolent Encounters



Results further indicate that there were significant differences in the use of alpha and beta commands in violent and nonviolent encounters: $\chi^2_{(1)} = 145.179, p < 0.001$. The percentage of alpha commands used in violent encounters was 16% compared with 84% used in nonviolent encounters. Beta commands occurred 49.5% of the time in violent encounters and 50.5% of the time in nonviolent encounters (see Figure 8).

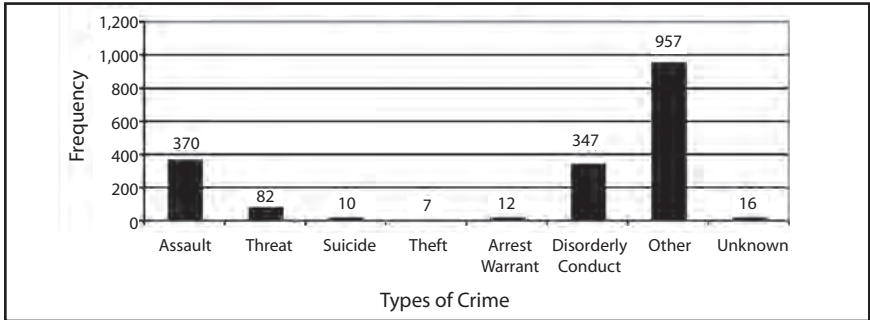
Figure 8. Alpha and Beta Subtypes Across Violent and Nonviolent Encounters



Type of Crime

The crime associated with the most commands was other, 53.1%; followed by assault, 20.5%; disorderly conduct, 19.3%; and threat, 4.6%. All other crimes were each associated with less than 1% of the commands (see Figure 9). Due to the type of statistical analyses and small number of cells containing suicide, theft, and arrest warrant, these three categories were combined to form one category. Thus, the total number of crime categories was reduced from eight to six.

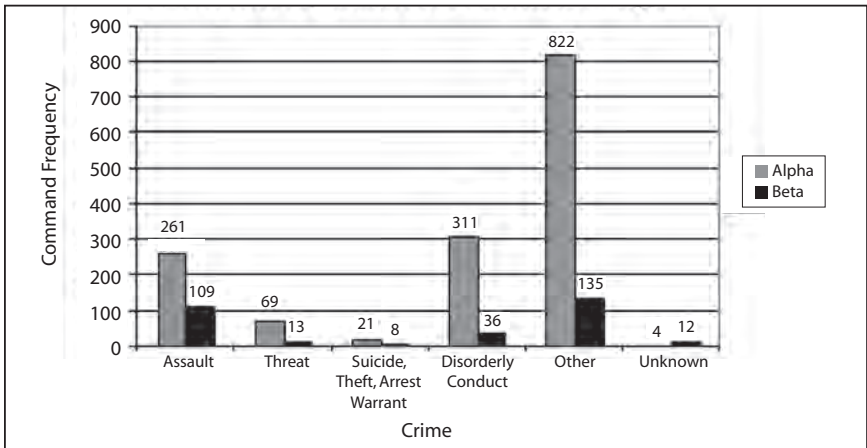
Figure 9. Frequency of Commands Across Crime



Results indicated that there were significant differences in the six types of crime across the six command types: $\chi^2_{(25)} = 109.36, p < 0.001$. The use of regular commands occurred most for other crimes, followed by assault, disorderly conduct, and threat crimes. The use of regular commands was less than 1% for each of the additional crimes. Exclusionary commands were used primarily for other crimes, followed by assault, threat, and disorderly conduct crimes. There was no use of exclusionary commands for any other crimes. Indirect commands were highest for other crimes, followed by assault, disorderly conduct, suicide/theft/arrest warrant, and threat crimes. There were no indirect commands used in the additional crime categories. Question commands were used most for disorderly conduct and other commands followed by assault and unknown crimes. No question commands were used in the additional crime categories. Interview commands were found most commonly in other crimes, followed by disorderly conduct, assault, suicide/theft/arrest warrant, and threat crimes. The use of interview commands was less than 1% for unknown crimes. Other command types were greatest for other crimes, followed by disorderly conduct, assault, and suicide/theft/arrest warrant crimes.

Results further indicated that there were significant differences in the use of alpha and beta commands across the six types of crime: $\chi^2_{(6)} = 95.832, p < 0.001$. The majority of alpha commands were used in other crimes, 55%; followed by disorderly conduct, 21%; and assault, 17.5%. All other alpha commands were divided by less than 5% in each of the additional crime categories. The majority of beta commands were found in other crimes, 43%; followed by assault, 35%; and disorderly conduct, 11.5%. All other beta commands were divided by less than 5% in each of the additional crime categories (see Figure 10).

Figure 10. Crime Across Alpha and Beta Subtypes



Discussion

There is a lack of research evaluating command categories, defined by command structure and form, on outcomes of police interactions. This study was designed to evaluate differences in the use of command types and subtypes used by police officers in different crimes and with different levels of violence. The effect of different command type and subtype on compliance and latency was also evaluated.

Compliance

Results indicate that a much higher proportion of the alpha commands, 82%, resulted in compliance in comparison to noncompliance. In comparison, the beta commands resulted in compliance 41% of the time and 57% in noncompliance (the remaining 2% were coded as forced compliance). This supports the idea that alpha commands may be more likely to result in compliance than beta commands. The clarity and feasibility of alpha commands may make it more likely that an appropriate response will be made.

Results for the command types indicated that 70% of the stop commands, 50% of the regular commands, 33% of the negative commands, and 31% of indirect commands produced noncompliance. The other four command types produced noncompliance 20% or less of the time. This data calls into question effectiveness of stop, regular, negative, and indirect commands.

Latency

The data indicated that alpha and beta commands produced fairly similar levels of latency (i.e., the time span from commands being issued to commands being complied with), with 94% of alpha commands and 85% of beta commands resulting in immediate compliance. These results provide additional support for the use of alpha commands.

Results further indicated that negative and stop commands ranked lowest in producing immediate compliance. Negative commands resulted in immediate compliance only 40% of the time, and stop commands were only 50% compared to 87% or better from all other command types. Additionally, these two command types scored highest on delayed latency, with stop commands producing delayed latency 25% of the time and negative commands 40% of the time, while all other command types were 5% or less.

Violent Versus Nonviolent Encounters

The results indicated that 84% of the alpha commands occurred during nonviolent police encounters, while 50% of the beta commands occurred during nonviolent encounters. Additionally, only 16% of the alpha commands occurred during violent encounters, while 50% of beta commands occurred during violent encounters. This may provide support for the use of alpha command subtypes to promote nonviolent police encounters and the minimization of beta commands to prevent violent encounters. The use of more specific and feasible requests by law enforcement may lead to fewer violent encounters.

All of the eight command types occurred more often during nonviolent than violent encounters; however, 41% of the regular commands, 35% of the question commands, and 31% of the indirect commands occurred during violent encounters. The higher percentages of these command types in violent encounters supports the idea that these commands may be more likely to lead to violent encounters. The use of more interview, question, negative, or other commands may lead to a reduced number of violent encounters.

Type of Crime

Both alpha and beta subtypes occurred most often in the other crime category. Alpha command types occurred second most frequently in disorderly conduct crimes followed by assault crimes. Beta command types occurred second most frequently in assault crimes followed by disorderly conduct crimes.

With the exception of negative command types, the majority of all the command types occurred in the other crime category. The majority of question commands were used during disorderly conduct crimes. The majority of don't commands occurred during threat crimes. The majority of stop crimes occurred during assault crimes. Also, interview and regular commands were used the most compared to all other commands during assault, disorderly conduct, and other crimes.

The results provide strong support for the use of alpha command types to promote nonviolent encounters and compliance with police requests. There is evidence to suggest that the use of alpha subtypes may facilitate more immediate compliance. It is more difficult to draw conclusions about differences in the use of alpha and beta commands in different crimes, however; it is clear from the results that more research is needed in this area.

The results suggest that regular, question, and indirect commands are being used more frequently in violent encounters. Although causation cannot be determined from this study, the result raises concern. Furthermore, the use of stop and

negative commands may be hindering compliance and reducing the likelihood of individuals ceasing unwanted and sometimes violent behaviors. Although once again causation cannot be determined, the results of this study suggest that officers may actually be prolonging noncompliance by using negative commands. In addition, the regular and indirect commands may also be hindering compliance.

Limitations

It is important to note that several of these results should be analyzed with caution. Of the eight chi square analyses conducted on crime, compliance, latency, and violence for the six command types and two subtypes, four of these analyses had a higher percentage of cells with low expected frequencies. The percentages were 25% for crime across subtype, 27.8% for compliance across six command types, 44.4% for latency across six command types, and 52.1% for crime across six command types.

The other limitation associated with the type of statistical analyses conducted is the inability to look at the interaction between variables. The statistical analyses did not allow for an investigation into the command type and subtype interaction effects on violence, latency, compliance, and crime.

It is also difficult to make interpretations of the crime data since more than 50% of the crimes associated with the commands were categorized as "other." Furthermore, there are only 15 commands categorized as "exclusionary": seven stop, six negative, and two don't commands. The limited data for each of these categories may make it difficult to interpret the findings.

Implications

This study emphasizes the importance of command form and clarity in increasing suspect compliance and increasing the speed of suspect compliance. This study also draws attention to the frequency of different command types across different crimes. The results suggest that less effective commands occur more often in situations where violence is a likely outcome. This might indicate that these commands may play some role in this outcome, or at the very least it suggests that beta and negative commands do not increase either the speed or likelihood of compliance. The opposite is more likely true. This research and future similar research could be used to develop a template of appropriate versus inappropriate commands and responses for certain circumstances. This, in turn, might prove very useful in officer training on the use of efficient commands for communicating with suspects and preventing violent encounters.

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From the Ashes of Tragedy: The Birth of the NAACP

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The National Association for the Advancement of Colored People (NAACP) was born from the ashes of tragedy of the Springfield Race Riot of August 15-17, 1908. Springfield, Illinois, hometown and burial site of the great emancipator and 16th President of the United States, Abraham Lincoln, became the catalyst for the formation of the NAACP. Springfield was not only the hometown and burial site of Lincoln, but it is the capital of Illinois, the first state to ratify the 13th Amendment to the U.S. Constitution abolishing slavery on February 1, 1865 (Emory University School of Law, 2007). Following this historic event, the newly elected Governor Richard Oglesby signed the bill repealing the so-called "Black Laws" on February 7, 1865, which were designed to prohibit blacks from voting, testifying in court against a White person, or serving on juries (Joens, 2001, p. 200).

The City of Springfield had experienced substantial population growth during the period 1860 to 1870 from 9,320 to 17,364 (U.S. Bureau of the Census, 1940). By 1908, Springfield had the largest percentage of Blacks of any Illinois city with an expanding industrial center (Martin, 2005). By 1910, the population had risen to 51,698 (U.S. Bureau of the Census, 1940). The population grew faster than the creation of new jobs: "Racial tensions were high at the time due to fierce job competition and the use of black workers as 'scabs' during labor strikes" (Madala, Jordan, & Appleton, 2007).

Race relations in Illinois, as well as throughout the rest of the nation, were at a critical juncture at the beginning of the 20th century. This was caused in large measure by the large influx of Blacks moving to the urban centers of the nation (Crouthamel, 1960, p. 165). Many displaced Blacks had moved north to escape racial hatred, seek job opportunities, live in peace, and enjoy the American dream. European immigrants had also moved into Springfield in substantial numbers, pursuing work in the factories, brickyards, and coal mines. Southern Blacks and new "European immigrants vied with white workers for factory and coal mining jobs" (Proyect, 2006, p. 1). The *Encyclopedia of Black America* described the riot as an "economic riot," noting that Springfield "had recently received a sizable influx of black migrants" drawing a cause and effect relationship (Low, 1981, p. 232).

Roberta Senechal (1990), in her renowned work, *The Sociogenesis of a Race Riot*, makes a compelling argument that jobs were not the catalyst for the race riot. Senechal notes that the "leading occupations for black men were . . . dangerous, or regarded as beneath the dignity of whites . . . bootblack, yardman, furnace stoker, or domestic servant" (p. 62). William English Walling (1908), in his influential article, "The Race War in the North," found that racial hatred in Springfield mirrored the vehement race hatred of Southern Whites toward Blacks: "Southern elements in the town . . . many are from Kentucky or the southern part of Illinois" (p. 532) might have been the cause for the violence.

Blacks had been portrayed as inferior at least from the period of the colonization of America with the enslavement of Blacks during the 1620s. Racial differences also provided moral justification to the slave owners for their inhumanity. This was pronounced during the 1830s as Southerners defended slavery (Davis, 2007, p. 1). Human differences have aroused human hatred from time immortal. The Nazis would characterize Blacks as well as Jews as *untermenschen* or subhuman some 300 years later (Hitler, 1943, pp. 395, 430). The madness of race hatred had permeated the American lexicon with 2,522 Blacks being lynched during the period between 1889 and 1918 (*Thirty Years of Lynching in the United States*, 1919, p. 29). The federal government was so “indifferent to the plight of persons involuntarily committed to custody by the states that it condoned hundreds of lynchings per year” (*United States v. Harris*, 1882).

The hopelessness of racial solidarity was echoed by Thomas Jefferson who wrote, “[It was insurmountable to] incorporate the blacks into the State” predicated on “deep rooted prejudices entertained by whites; ten thousand recollections, by the blacks, of the injuries they have sustained; new provocations; the real distinctions which nature has made; and many other circumstances, will divide us into parties, and produce convulsions, which will probably never end but in the extermination of one or the other race” (Koch & Peden, 1944, p. 256).

The *Kankakee Daily Republican* “felt that the cause of the racial tension was the Negroes’ desire for complete equality which the whites would never allow” (Crouthamel, 1960, p. 178). Sociologist Allen D. Grimshaw (1969) noted, “the most savage oppression” by White people over Blacks “whether expressed in rural lynchings and pogroms or in urban race riots, has taken place when the Negro has refused to accept a subordinate status. The most intense conflict has resulted when the subordinate group has attempted to disrupt the status quo or when the superordinate group has defined the situation as one in which such an attempt is being made” (pp. 254-255).

The two events leading up to the Springfield Race Riot of 1908 were the murder of Clergy Ballard, a White mining engineer, by a Black man during the early morning hours of July 5, 1908, and the alleged rape of a White female, Mabel Hallam, by a Black man five weeks later. The false allegation of rape of a White woman by a Black man was the spark which erupted into the race riot. Succinctly, the Springfield Race Riot was triggered by “white perception of black aggressiveness, not merely the act of black aggressiveness” (Brown, 1975, p. 206).

Late on July 4th, a young 16-year-old girl named Blanche Ballard had returned home after a national birthday celebration. She was the daughter of a respected mining engineer, Clergy A. Ballard. Shortly after falling asleep, Blanche was awakened by someone standing in her bedroom. The young girl screamed, awakening the household. Her father ran to her bedroom and pursued the fleeing intruder out of the house. A scuffle took place in the front yard, with Clergy Ballard sustaining six cuts from a razor which proved to be fatal. Before he died, he provided a description of his assailant and a piece of the shirt worn by the perpetrator which was torn away during the scuffle (*Illinois State Journal [ISJ]*, 6 July 1908; *Illinois State Register [ISR]*, 6 July 1908; Senechal, 1990, p. 19).

Early the following morning, four girls—Sadie Van Dyke, Clara Noil, and Anna and Henrietta Ford—saw a Black man, who was identified as Joe James, sleeping in a Reservoir Park several blocks from the Ballard home. The girls, aware of the murder, called the Ballard residence, Ed Ford’s Saloon, and the police station reporting what they had observed. Two sons of Clergy Ballard—Homer and Charles—and a neighbor were the first to arrive at the park where Joe James was sleeping. He was severely beaten by the group before the police arrived. It was noted that James had dried blood on his hands, and the torn piece of shirt found at the crime scene matched that worn by James. James was subsequently charged with murder and attempted rape (*ISJ*, 6 July 1908; *ISR*, 6 July 1908; Tingley, 1980, p. 292).

The *Illinois State Journal* reported Clergy Ballard’s death: “Batting in the defense of his home, a humble workingman fell under the cruel knife thrusts of a black midnight prowler who had invaded the sleeping room of his defenseless daughter” (Spittler, 1974, p. 13). The *Springfield News* (6 July 1908) reported, “If blood ever did cry for vengeance, that of Clergy Ballard’s does.”

On August 13, 1908, Mabel Hallam, the 21-year-old wife of William Earl Hallam, a streetcar conductor, reported to police that she had been raped by a “Negro” and provided the following statement:

It was just 11:20 o’clock when that negro came into our home and came directly to my bed. He laid on the bed and grabbed hold of me. This, of course, awakened me. My husband does not possess such habits, and I asked him the question, “Why Earl, what is wrong with you?” to which the negro replied, “I am drunk.” Then he commenced gagging me, telling me all the time that if I made any outcry he would kill me. The fellow dragged me into the back yard, carrying and pulling me through the kitchen of our home. He pulled and jerked and yanked at me until we were in one of the outbuildings. All the time his fingers were buried into my neck and the pain was intense. (*ISR*, 15 August 1908)

Racists exacerbated the fire of hatred and racial tensions by focusing on racial stereotypes of Blacks in their headlines, including “black males being . . . exceedingly lustful for women, particularly white women, and that their most common crime was rape” (Tingley, 1980, pp. 282-283). On the morning of Friday, August 14, 1908, the citizens of Springfield awoke to the headline in the *Illinois State Journal* screaming, “NEGRO ASSAULTS WOMAN; CHOKES FRAIL VICTIM,” with the rival *Illinois State Register* pronouncing, “DRAGGED FROM HER BED AND OUTRAGED BY NEGRO” (*outraged* being a euphemism for rape) (*ISJ*, 14 August 1908; *ISR*, 14 August 1908).

The story continued that the Springfield Police “Chief Wilbur Morris was called from his bed and put every available man at work on the case” (*ISJ*, 14 August 1908). A group of Black workmen were observed in the Hallam neighborhood, and it was suggested that one of them was probably the perpetrator. The men were paraded one by one by the police to the Hallam residence where Mabel Hallam picked out George Richardson. The police subsequently held a line-up with other Black men where Mabel Hallam readily identified George Richardson as the person who assaulted her without hesitation (Senechal, 1990, p. 26).

The *Illinois State Register* (14 August 1908) inflamed racial tensions with, "A more dastardly act has not been enacted in Springfield for years, and no effort should be spared to find the black viper and to force appropriate punishment." Crouthamel (1960) reported, "On the basis of Mrs. Hallam's testimony, Richardson was charged with rape and bound over to the grand jury" (p. 168). Richardson was subsequently taken from the courthouse to the jail where he was locked up with Joe James who was awaiting trial for the murder of Clergy Ballard.

There was concern over the safety of the prisoners with only a few police officers, deputy sheriffs, and 26 soldiers from Troop D and Company C of the Third Infantry of the Illinois State Militia to guard the jail. There was an angry mob which "had grown to about four thousand persons" assembled in front and rumors of breaking Richardson and James out and lynching them. Sheriff Charles Werner obtained additional rifles and swore in additional deputies as a precautionary measure (Crouthamel, 1960, pp. 168-169; Illinois Adjutant General, 1909, p. 271; Senechal, 1990, p. 26).

A plan was then put in place to move George Richardson and Joe James to the McLean County Jail in Bloomington, Illinois: "A false run of the fire department temporarily drew the attention of the crowd." This false alarm was arranged to divert the attention of the mob (*Chicago Record Herald*, 15 August 1908). During the distraction, Richardson and James were spirited away in a car owned by Harry Loper to the nearby village of Sherman where both men were put on a train headed to Bloomington. Harry Loper, a civic-minded individual, owned one of the finest restaurants in the city (Martin, 2005).

The angry mob demanded that Richardson and James be turned over to them. Screaming out, "Lynch the niggers" and "Break down the jail," some people threw bricks (*ISJ*, 15 August 1908; Senechal, 1990, p. 28). Werner tried to convince the crowd that neither Richardson nor James were in the jail. Finally, the sheriff convinced the crowd to form a committee to search the jail for themselves. The committee was hastily assembled and subsequently went through the jail finding neither Richardson nor James. Some in the crowd believed Sheriff Werner; others thought the prisoners were hidden in the jail. Nevertheless, the mob found itself with no "Negro prisoners . . . available to punish" (Crouthamel, 1960, p. 169).

The mob then directed its anger toward Harry Loper who had made his vehicle available to move the prisoners out of the city. The rioters were led into Loper's restaurant by Kate Howard, owner of a downtown rooming house, who brought the mob to fever pitch crying, "What the hell are you fellows afraid of? Come on and I will show you how to do it." The mob cried out, "We want the niggers, and we will apply the rope." The press described Howard as a "new Joan of Arc" (Crouthamel, 1960, pp. 170-171; *ISJ*, 15-16 August 1908, 21 August 1908).

Fearing for his life among cries of "Lynch him" and "Bring out the Nigger lover," Harry Loper retreated to the basement with the mob in pursuit. Loper then fired "two warning shots through the upper part of the door that stood between him and the rioters, hoping to drive them back upstairs." Louis Johnson, one of the rioters, fell mortally wounded. In testimony before the Coroner's Jury, Harry Loper stated, "I had fired high, so as to scare the members of the mob, rather than to kill" (*ISR*, 15 August 1908, 22 August 1908; Senechal, 1990, p. 30).

Mayor Roy R. Reece subsequently arrived at Loper's Restaurant pleading for "law and order." He was "pushed and jostled about in the crowd" and finally unceremoniously ushered into Mueller's Cigar store where he remained until the siege on Loper's Restaurant was over. The rioters then moved forward with its destructive work (*ISJ*, 15 August 1908). The restaurant, owned by Loper, located near the corner of Fifth and Monroe Streets, which was five blocks from the jail, was vandalized with windows broken out, furniture destroyed, dishes broken, and alcohol and food taken. Loper's automobile, which had been used to transport Richardson and James out of Springfield, was turned over, "gasoline was applied to the cushions of the machine and before long the large car was a mass of flames" (*ISR*, 15 August 1908; Martin, 2005). The *Chicago Record Herald* (15 August 1908) graphically described the destruction:

Short work was made of the restaurant. The mob began by breaking out the plate glass front of the building, stripping the entire forty feet of both glass and castings. The automobile in which the rescue had been effected had been left in front of the place. It was quickly turned upside down and fire was set to the machine. While the machine blazed frenzied hundreds poured into the cafe, tore fixture and decorations from their places and piled them upon the blaze. Even the sideboards and kitchen were stripped and all the table ware and dishes piled upon the blaze.

The mob prevented the fire department from putting out the flames of destruction at Loper's Restaurant as they screamed and "danced in frenzied delight and fiendish glee" (*Chicago Record Herald*, 15 August 1908). The *Illinois State Register* noted, "Fully ten thousand people packed Fifth Street from Adams to Monroe, and across the intersections watching the ring-leaders wreck the building and its contents" (*ISR*, 15 August 1908). The military estimate cut that figure in half, suggesting that 5,000 had assembled. Either way, it was a lot of people (Illinois Adjutant General, 1909, p. 271).

At the request of local officials, Governor Deneen called out the local militia, consisting of a company of infantry, a troop of cavalry, and a Gatling Gun section to quell the "maddened populace" (*Chicago Record Herald*, 15 August 1908). However, with much disarray at the State Arsenal, only a box of new rifles were located, with no ammunition. This was compounded by the fact that an ammunition wagon, which was supposed to rendezvous with the soldiers on the way to Loper's, never came to fruition. Further tying the hands of the militia, Governor Deneen requested they not take their Gatling Guns. The Gatling Guns would have brought overwhelming fire power to the table (Senechal, 1990, p. 29). In reality, only a few soldiers finally arrived and were quickly disarmed by the mob with their unloaded and disabled rifles (*ISR*, 20 August 1908). In the end, the militia was "helpless to stay the mob" (Crouthamel, 1960, p. 170).

As Loper's restaurant and vehicle lay in smoldering ruin, the mob directed its rage at the Black business district known as the Levee, an area of downtown centered around East Washington Street, with screams of "Curse the day that Lincoln freed the niggers" and "Abe Lincoln brought them to Springfield and we will drive them out" (Crouthamel, 1960, p. 170). It consisted of Black-owned businesses with a spattering of White and Jewish establishments. The area was also the center of Black social activity, with a number of owners either residing in or renting living space above their places of business. (This put Blacks in very near proximity to

the White community surrounding the Levee.) The mob moved forward with its destruction and with cries of “Kill ‘em on sight” (*Chicago Record Herald*, 16 August 1908; *ISJ*, 16 August 1908; Senechal, 2006).

Damage to White-owned homes or businesses were accidents, with cries of “Leave it alone; there’s no niggers there,” or “That’s a white man’s place; pass it up.” An exception was Fishman’s Pawn Shop at 719 East Washington Street owned by Reuben Fishman where the mob “wanted some of the contents to aid in completing the work of destruction”—that is, guns, ammunition, and rope were needed by the mob as they began destroying the Levee (Jews being disdained, no proclivity toward mercy was shown) (*ISJ*, 16 August 1908). The *Illinois State Journal* made fun of Mr. Fishman when interviewed by the paper: “I vill now haf to go in der poorhouse” (*ISJ*, 16 August 1908). The destruction of Black-owned businesses was total: “Leaders of the crowd would start a bombardment of missiles . . . [and] with hatchets or axes would begin the work of destruction on the interior. Others following would continue the work . . . leaving a small army of hangers on and looters to finish the job” (*ISJ*, 16 August 1908).

When the mob arrived at “Dandy Jim” Smith’s saloon, they were confronted with a hail of bullets being fired from the second floor of the saloon. The exchange of gunfire was intense, with one newspaper describing it as “a cannonading which rivaled the battle of Gettysburg.” With several rioters mortally wounded and with overwhelming firepower coming down on the tavern, the Black gunmen fled (Senechal, 1990, p. 34). With the Levee smoldering and at least 15 Black businesses destroyed (*ISJ*, 2 September 1908), the mob focused its attention on the Black residential area known as the Badlands located northeast of the Black business district.

The first victim to fall in the Badlands was a barber named Scott Burton as the “hooting mob, bloodthirsty and reeking with vengeance stood outside” his house and barbershop (*ISR*, 16 August 1908). This elderly Black man had decided not to flee from Springfield, staying with his property. A very graphic depiction leading up to Burton’s death was told in *The Journal of Negro History*:

The first victim was Scott Burton, an old, inoffensive Negro barber. About 2:00 AM, a mob set fire to Burton’s wooden frame house, and the old Negro grabbed his shotgun as he fled the blaze. Several shots came from the mob, so Burton fired a load of shot into the mob to defend himself. In turn he was shot four times by the mob, and his fallen body was dragged through the streets on a rope. Finally a likely looking tree was found and Burton was lynched. (Crouthamel, 1960, p. 173)

The body of Scott Burton was lynched from a dead tree in front of a saloon at the corner of Twelfth and Madison Streets. As his body hung from the tree, “the mob tried to burn it, but the flames would not ignite. His feet dangled within reach, and the men and boys played with the corpse by swinging it back and forth against the building” (*Chicago Record Herald*, 16 August 1908). This same group “with knives and hatchets cut splinters from the tree . . . [a]s mementoes” (*ISJ*, 16 August 1908) and the body was “riddled with bullets” (*ISR*, 15 August 1908). Walling (1908) described the scene as a “blind, insane, and fanatical hatred of the Negro” (p. 530).

The Badlands was the poorest neighborhood in Springfield east of Eighth Street between Jefferson and Mason Streets, and was described by the *Illinois State Journal* (16 August 1908) as an area “infested with negroes.” The destruction was enormous with “every building on Washington, Jefferson, and Madison Streets between Eighth and Twelfth Streets destroyed.” Those homes owned by Whites were marked with pieces of white cloth or handkerchiefs and were left untouched by the mob (Crouthamel, 1960, p. 172). However, not all White people were provided such courtesy. One White woman had her home deliberately set alight “because it was said that she was living with a negro” (Senechal, 1990, p. 37).

As the wrath of destruction raged throughout the Badlands, a young 13-year-old Black girl named Phoebe Mitchell Day, her older sister, and younger brother fled to the railroad tracks at Nineteenth Street and Reynolds, hiding in a boxcar to avoid the rioters. Phoebe noted many years later in an oral history interview, “I just prayed for an engine to come up there and back up there and pull us away—somewhere” (Day, 1974, p. 18).

One resident described the scene: “A few men would enter a shack and after tipping over the bed and tearing open the mattress would pour on a little oil and apply a match. That was all there was to it” (*Chicago Record Herald*, 16 August 1908). Most Black residents had already fled the Badlands, taking up residence outside of Springfield. However, many surrounding towns also let it be known that they were unwanted. In the town of Buffalo, approximately 15 miles outside of Springfield, the following was posted at the interurban station: “All niggers are warned out of town by Monday, 12 m. [midnight] sharp. Buffalo Sharp Shooters” (Walling, 1908, p. 532). Police in Jacksonville went to the train station to prevent Blacks from disembarking. This held true in Peoria, where Blacks were not allowed off the train, with police officers deployed to prevent it. Blacks who had entered the Village of Greenridge “begging for food [were] denied . . . anything and [were] stoned . . . out of town” (*ISJ*, 16 August 1908).

Many Blacks fled out of the capital and onto the county roads with “[a]ll they possessed wrapped in a sack and thrown over the shoulder of the husband and father while the wife weighed down with grief and the terrible ordeal through which they had passed” (*Springfield Record [SR]*, 16 August 1908). They kept moving to parts yet unknown in hopes of finding protection from the mobs’ violence only to be denied a drink of water from the occasional farm house encountered and warned to keep moving. The *Springfield Record* interviewed an elderly Black man about his thoughts on staying on in Springfield. The paper couldn’t pass up the chance to make fun of his circumstances in quoting this gentleman: “No, sah, boss. I aint never coming back to this yeah old town” as he boarded a train for Jacksonville where he would find the city gates closed to his arrival (*SR*, 16 August 1908).

By the afternoon of Saturday, August 15, 1908, approximately 500 militiamen were patrolling the streets of Springfield (Senechal, 1990, p. 40). At approximately 7:00 PM, a large and threatening group began to form around the courthouse. When this information was received by Major General Edward C. Young (commander of overall militia forces in the city), he dispatched Troop B, 1st Cavalry, to disperse the crowd, promptly accomplishing their goal. However, within the hour, two more mobs began to form near the business district with the cavalry once again routing the mob, which split into several groups. With this second event, General Young

called for additional militia reinforcements to be sent to Springfield (Illinois Adjutant General, 1909, pp. 265-266; Senechal, 1990, p. 43). By 11:00 PM, the number of troops deployed in volatile areas of the capital had reached 1,400 strong (Senechal, 1990, p. 40).

One group moved toward the State Arsenal chanting, "Forward, citizens! . . . Let us complete the good work began last night. Forward!" (SR, 16 August 1908). Their objective was to get the 200 Blacks who had sought and were granted asylum at the State Arsenal by General Young. Others found sanctuary at Camp Lincoln on the northern edge of the city (Illinois Adjutant General, 1909, p. 265). Reaching the Arsenal, rioters were confronted by a cadre of militia troops with rifles and "fixed bayonets." Heavily outgunned and seeing the better part of valor in retreat, they decided to take vengeance on an easier target. William Donnegan, who resided with his family less than two blocks from the state capital building, predicted he might be targeted, not only because he was Black, but because his wife was White. He had called for protection from both the sheriff and militia; however, with troops and police stretched thin, neither arrived to protect this 80-year-old retired cobbler who at one time had made shoes for Abraham Lincoln (*Chicago Record Herald*, 16 August 1908; *ISJ*, 16 August 1908; Krohe, 1974, p. 15; Senechal, 1990, p. 44).

Upon arriving at Donnegan's home, the door was broken down and he was pulled out of his house with screams from the mob: "Lynch the nigger." The elderly Black cobbler was then dragged down the steps and into the yard and beaten while pleading, "Have mercy on me, boys, have mercy." While on his knees, his throat was slashed "from ear to ear" with a razor. A clothesline was put around his neck and he was dragged across the street to the Edwards School and hung from the limb of a tree. The rope was "too slender to lift his body from the ground." Nonetheless, he was left for dead (Illinois Adjutant General, 1909, pp. 266-70; *ISJ*, 16 August 1908; *ISJ*, 16 August 1908).

With the arrival of police and a detachment of cavalry, the mob "fled precipitately" as they cut down Donnegan, rushing him to Saint John's Hospital where he died the following day (Spittler, 1974, p. 59). Angered with the attempted attack on the Arsenal and the attack on William Donnegan, General Young ordered his troops to "use all force necessary and not to hesitate to shoot with effect, at the least show of violence or resistance on the part of the mob" (Illinois Adjutant General, 1909, p. 266).

With the exception of a few sporadic minor incidents, all was quiet in Springfield by the morning of Sunday, August 16, 1908. However, smoke could be seen from smoldering remains of numerous Black-owned homes and businesses in the "Black Belt" (a term used to describe the Badlands and Levee District). Everywhere, "evidence of the mob's fury" could readily be seen, with "hundreds of small stores, barber-shops, restaurants, and practically every other sort of establishment owned by negroes . . . completely wrecked and looted" (*Chicago Record Herald*, 16 August 1908).

Compounding the injury with insult, "A crowd of 2,000 persons did gather spontaneously in front of the undertaking shop at Sixth and Washington Streets where the body of Donnegan was taken, and they jeered the soldiers on guard.

Men cried out in their glee that the “Negro” was dead. The soldiers charged with bayonets, and several men were injured” (Spittler, 1974, p. 60).

By this point, the largest deployment of militia troops in the state’s history had taken place, with 3,691 troops patrolling the city by Sunday (Illinois Adjutant General, 1909, p. 268). Two Blacks had been lynched, five White men were killed, Kate Howard killed herself after being indicted for murder, and one Black child died of exposure as her parents fled the city. Hundreds of people were displaced and left homeless by the riot. Cost in life and property was beyond words. Cost to the image of Springfield, Illinois, was enormous (“The So-Called Race Riot,” 1908, p. 711).

The newspapers published 190 names of those suspected of participating in the riot who were facing criminal indictment. This information was culled from police and court records. According to military estimates, 5,000 people were involved in rioting by the early evening hours of Friday, August 14, 1908. Many of those facing indictment were caught in possession of stolen property. Ultimately, 107 indictments were handed down against 80 people for crimes associated with the riot, ranging from murder to petty larceny (The Cook-Witter Report, 2002, p. 2). The first rioter put on trial was Abraham Raymer, who was charged with the murder of William Donnegan. The trial commenced on September 18, 1908, in the courtroom of Judge James A. Creighton (Spittler, 1974, p. 104). State’s Attorney Frank Hatch and Assistant State’s Attorney William St. Johns Wines developed a strong and compelling case against Raymer. The prosecution concluded the opening argument with “If ever a man deserved hanging in Sangamon county that man is Abraham Raymer!” (SR, 23 September 1908).

The defense immediately attacked the credibility of William Donnegan’s wife, Sarah, a key witness for the prosecution and proclaimed to the jury: “What do you think of this woman—a white woman—marrying a negro forty years older than herself, when she herself was in the bloom of youth? I tell you she started out wrong and she has been erratic ever since” (SR, 23 September 1908). When the jury returned to the courtroom finding Abraham Raymer not guilty, Judge Creighton was shocked. He believed the jury “failed to do its clear duty” and “that his instructions were ignored by the jurors” (SR, 24 August 1908). Assistant State’s Attorney Wines let it be known, “There will be no let up in the vigorous prosecution of all the men charged with participation in the recent outrages. . . . We will place Raymer on trail once more and will endeavor to convict him on his actions on the Friday night of the rioting” (SR, 24 September 1908).

Raymer faced three additional trials for property damage, rioting, and larceny. He was finally convicted during his fourth trial for larceny—for stealing a field sabre of a Black militia officer, Major Oscar Duncan. Raymer was fined \$25.00 and sentenced to 30 days in jail (Spittler, 1974, pp. 113-115). State’s Attorney Hatch felt if Raymer could not be convicted for murder, property damage, and rioting, with overwhelming evidence of his guilt, then no one would be. The remaining indictments were dropped (Crouthamel, 1960, p. 177).

The *Illinois State Journal* squarely put the blame for the riot and mayhem that resulted on the Black community: “It was not the fact of the whites’ hatred toward

the negroes, but of the negroes' own misconduct, general inferiority or unfitness for free institutions were at fault" (Walling, 1908, p. 531).

The Springfield Race Riot would have in all probability faded into history were it not for William English Walling, a Southern gentleman, civil rights activist, and author. Walling (1908) brought attention to the horror and atrocity of the Springfield Race Riot to the nation in his article, "The Race War in the North." The article, published widely in *The Independent*, summarized by stating, "Either the spirit of the abolitionists, of Lincoln and Lovejoy, must be revived and we must come to treat the negro on a plane of absolute political and social equality . . . or soon have transferred the race war to the North." Walling ended his article declaring, "Yet who realizes the seriousness of the situation, and what large and powerful body of citizens is ready to come to their aid?" (p. 534).

Immediately after reading Walling's article, Mary White Ovington, a Unitarian socialist and civil rights activist, immediately noted: "Here was the first person who had sent a challenge to white and colored to battle, as the abolitionist had battled, for the full rights of the Negro . . . Drums beat in my heart" (Wedin, 1998, p. 106). Within the hour after reading the article, Ovington wrote to Walling to offer her assistance (Ovington, 1947, p. 102). After several months of hearing nothing, Ovington attended a lecture at Cooper Union where Walling was giving a lecture on Russia, suggesting the race situation was worse than anything in Russia under the czar: "After the lecture, Miss Ovington proposed to Walling that they undertake at once to form an organization like the one he had in mind" (Kellogg, 1967, p. 12). She felt that "Walling had conceived the idea of a national biracial organization . . . to help right the wrongs [perpetrated against] the Negro" (p. 11). It was only after a second letter that Walling arranged a meeting at his small New York City apartment, which took place during the first week of January 1909 (Ovington, 1947, p. 103; Wedin, 1998, p. 106): "It was then that the National Association for the Advancement of Colored People was born" (Ovington, 1914, p. 1). Those attending the first meeting were William English Walling, Mary White Ovington, and Henry Moskowitz. The focus of the meeting was the "race question and deciding on people to form a committee to start the movement he [Walling] had outlined" (Luker, 1995, p. 56).

Shortly thereafter, the group expanded to make it biracial on the initiative of Mary White Ovington: "Two prominent colored clergymen, Bishop Alexander Walters of the African Methodist Episcopal Zion Church and the Reverend William Henry Brooks, minister of St. Mark's Methodist Episcopal Church of New York" joined the movement. Others enlisted by Walling were Lillian D. Wald and Florence Kelley (Kellogg, 1967, p. 12).

The group immediately wanted to move the nation's consciousness and draft a "CALL" for a diverse and large group to meet. This CALL would be issued on Lincoln's birthday, February 12, 1909. They turned at once to Mr. Oswald Garrison Villard, President of the New York Evening Post Company, who drafted the document (Ovington, 1914, p. 2), which read in part, "This government cannot exist half-slave and half-free any better today than it could in 1861. . . . We call upon all the believers in democracy to join in a national conference for the discussion of present evils, the voicing of protests, and the renewal of the struggle for civil

and political liberty" (Wedin, 1998, p. 107). The CALL was signed by 53 people (Ovington, 1914, pp. 3-4).

Among the signers was W. E. B. Du Bois, founder of the Niagara Movement, who had merged his organization with the NAACP. Du Bois was a brilliant scholar, university professor, and civil rights activist. He graduated valedictorian from high school, received his baccalaureate from Fisk University, earned a second baccalaureate *cum laude* from Harvard University, and subsequently earned his master's degree and doctorate in History from Harvard University. Du Bois was recruited by William English Walling to be director of publicity and research; a member of the board of directors; and to serve as editor of *The CRISIS*, the official publication of the NAACP. He served in these capacities from 1910 to 1934 when he resigned from the NAACP (William Edward Burghardt Du Bois, 2007, pp. 1-2).

Twenty years after the founding of the NAACP, Du Bois wrote a letter to Walling: "Personally, I know perfectly well that you are the real founder of the NAACP. I have kept still while others have scrambled unseemingly for the honor" ("Du Bois to Walling," 1929). In that same correspondence, Du Bois asked Walling if he "might write a reminiscent article [about the] formation of the National Committee" to be published in *The CRISIS*. In the July 1929 issue, Walling wrote, "The National Association was not founded and would not have been founded by any individual. [I do, however,] always date the real launching of the organization from the day we secured Dr. Du Bois" (*The CRISIS*, 1929).

Today, the NAACP is the largest civil rights organization in the world with more than 500,000 members, including 2,200 adult branches and college chapters ("National Association for the Advancement for Colored People," 2007). Mr. J. Michael Williams, President of the Bloomington/Normal Branch, the oldest in the State of Illinois, having received its charter in 1918, describes the NAACP in the following manner: "The NAACP is the oldest and most progressive civil rights organization in the world. For nearly one hundred years, the NAACP has served as a conduit which has saved lives and shaped the world's view of social justice and civil rights. Our members' tenacity and passion remains uncompromised and incomparable" (J. Michael Williams, pers. comm., May 30, 2007).

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The Emotional and Behavioral Impact of Burglary: A Case Study of Victims in a Midwestern City

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Introduction

The criminology and criminal justice literature has focused considerable attention on the impact of victimization on a person's emotional and psychological well-being. One shortcoming of this considerable body of research literature is the tendency to focus on sexual assault and violent crimes, frequently overlooking other categories of victimization (Frieze, Hymer & Greenberg, 1987; Kearon & Leach, 2000; Kilpatrick, Saunders, Veronen, Best, & Von, 1987; Lurigio, 1987; Maguire, 1980, 1982; Norris & Kaniasty, 1994; Resick, 1987; Skogan, 1987). Victims of nonviolent crimes, such as burglary, have been discovered to have suffered emotional and psychological consequences similar to those of victims of serious violent crime (Davis, Taylor, & Lurigio, 1996; Lurigio, 1987). Some researchers have found a surprising commonality between the reactions of victims of violent crimes and victims of burglary. Frieze et al. (1987) found that victims show immediate emotional reactions to the traumatizing event and that these reactions are followed in a few hours to days by short-term emotional reactions and changes in behavior. They also found that some emotional and behavioral reactions persist and become long-term reactions.

The purpose of this case study is to examine the emotional and behavioral symptoms experienced by victims of residential burglary in a mid-sized Midwestern city. A parallel focus of the study examines the role that police response has on the emotional and behavioral symptoms of burglary victims.

Literature Review

Emotional Responses to Burglary

Denkers and Winkel (1998) found that victims of burglary generally experience fear and a general impairment of their sense of well-being as a result of their victimization. Several other studies have found similar results (see Lurigio, 1987; Resick, 1987; Skogan, 1987). For example, Lurigio (1987) found that depression, reduced sense of self-efficiency, helplessness, and higher levels of vulnerability are all symptoms of victimization that affect one's general well-being. According to Denkers and Winkel (1998), the most dramatic negative effects occur in the first few months following victimization. These short-term reactions can also include insomnia, agitation, and restlessness (Frieze et al., 1987). While intensity of these symptoms may be high initially, several studies found that a return to normalcy occurs in a relatively short time, often within a few months after the triggering

event (Denkers & Winkel, 1998; Skogan, 1987). Although many of these symptoms diminish in a short period of time, symptoms such as low self-esteem, depression, guilt, and fear were reported as common long-term problems (Frieze et al., 1987). Maguire (1980, 1982) found that many burglary victims remained frightened when entering their residence or were afraid of being alone in the residence after dark.

Kearon and Leach (2000) examined the effect of loss of property on personal well-being and discovered that the way people feel about their homes, boundaries, and possessions aids in understanding the reactions of victims to property crime. Our homes are a private space, often viewed as extensions of ourselves (Kearon & Leach, 2000; Maguire, 1980). Most reactions to burglary fall into two categories: (1) the invasion of privacy and (2) the emotional investment in the objects stolen or lost (Kearon & Leach, 2000). Having a stranger in one's home can affect the sense of security that it provides, and has a great effect on the victim's sense of control, ownership, and comfort in her or his own home. Van den Bogaard and Wiegman (1991) asserted that having a home and personal possessions provides individuals with a sense of personal control over their lives, situations, and environments. They further related that loss of perceived control is probably the most important cognitive consequence burglary victims have to cope with.

Maguire (1982) interviewed burglary victims and found that many victims made an analogy between burglary and sexual assault in the sense that they felt violated and that their home had been polluted. One victim stated, "They had gone through all my clothes. I felt a real repulsion—everything felt dirty. I wanted to move. I had a nightmare, and it still comes back, even now" (p. 128). Kilpatrick et al. (1987) found that 28% of the subjects in their research developed symptoms characteristic of post-traumatic stress disorder following the burglary.

Other factors associated with the long-term consequences of burglary victimization include speculation about who committed the offense, suspicion of acquaintances, and mild paranoia (Maguire, 1982). Greenberg and Ruback (1992) examined the immediate and long-term reactions of a group of residential burglary victims and found that at five months after the victimization, 81% of the victims indicated that they were still bothered by the incident. They also found that 43% of victims viewed life as less predictable, and 48% viewed themselves as less trusting of others.

Race, Gender, and Marital Status

Factors of race, gender, and marital status have met with mixed results as to their impact on burglary victimization. Skogan (1987) and Norris and Kaniasty (1994) found no evidence to suggest that race, gender, or marital status subgroups have an effect on difference in victimization symptoms. Resick (1987) found that gender did play a role in reported feelings of distress, but found no differences between men and women on several other measures, including self-esteem, work adjustment, and sexual functioning. However, studies by Harrell, Smith, and Cook (1985) and Maguire and Corbett (1987) found that women are generally more traumatized by burglary victimization than men. Similarly, Waller and Okihiro (1978) reported that women felt more fearful than men after being victimized by burglary. Some research found that the content of the emotional response differed between men and women. For example, Maguire (1982) reports that the first reaction of women

upon realizing what had happened was shock or some form of emotional distress, while the initial emotional response of men was anger. Maguire also reported that one of the most disturbing findings with regard to the long-term consequences of burglary victimization was reported exclusively by women.

Prior Victimization

Some research has shown that the probability of repeat burglary victimization is greater than the probability of an independent offense (Polvi, Looman, Humphries, & Pease, 1991). Similarly, Polvi, Looman, Humphries, and Pease (1990) examined repeat burglary victimization in a Canadian city and found that residents were at nearly four times greater risk of being burglarized twice following a first burglary. Lurigio (1987) speculated that victims of multiple events may experience a reduced sense of self-efficacy—a loss of belief that one's efforts are effective in producing desired outcomes.

Police Response

Consideration of police response on the victim's emotional well-being is an important issue and one which has not been widely studied. Mawby (2001) argued that the police have traditionally provided very poor services to victims, and in many cases, their failure has exacerbated the effects of the crime, promoting secondary victimization rather than support. Maguire (1980) noted that the negative emotional experiences of burglary victims could be partially ameliorated by an appropriate response to the incident by police. Maguire asserts,

The very routine of investigation, taking fingerprints, recording details, examining the point of entry, questioning neighbors, etc., if coupled with a sympathetic attitude and a willingness to listen to the victim's fears, was mentioned as having a beneficial effect in helping people to come to terms with what had happened. (p. 271)

Van Dijk (1985) conducted in-depth interviews with crime victims and found that victims are very sensitive to the way they are treated by police. Van Dijk argues that victims feel a need to be reassured and expect the police to recognize that they have been harmed by the event. He argued,

Many victims express dissatisfaction with police officers who are distrustful, callous or cynical. Such observations are often viewed as secondary victimization. Police officers must be taught that their desk side manners are as important to victims as bedside manners of doctors are to patients. (p. 162)

One other factor that may affect victims' sense of emotional well-being is the failure of police to provide adequate follow-up information regarding the investigation. Frieze et al. (1987) argued that better follow-up by the police with victims regarding the progress of their case would help to relieve anxiety, fear, and frustration. When follow-up is not forthcoming, victims lose trust and confidence in the police.

Methods

This study employs a case study method in which both quantitative and qualitative data were used. Case study research is a method through which the researcher explores a program, an event, an activity, a process, or one or more individuals (Creswell, 2007). The case(s) are typically bounded by time and activity, and researchers typically collect detailed information using a variety of data collection procedures (Stake, 1995). In this study, the researchers explored burglary victimizations which were bounded within a specific city and reported to one single police agency. The study was also bounded by time (12 months), which entailed a random sample of all burglaries that were reported from January 1, 2003, through December 31, 2003. Consistent with case study research, the researchers collected data utilizing a survey instrument and in-depth interviews.

Data analysis was drawn from the scheme outlined by Yin (2003), which involves holistic and embedded analysis. Holistic analysis is a process by which the entire case is examined. This was possible by administering a survey questionnaire to participants (burglary victims) who were selected as part of the case study. The survey data made it possible to gather a great deal of quantitative descriptive data and to statistically test three null hypotheses. Survey data was analyzed using descriptive statistics, *t*-tests, and one-way analysis of variance.

Embedded analysis involves the examination of a specific aspect of the case. In this study, embedded analysis was accomplished by closely examining qualitative interview data collected as part of interviews with burglary victims ($n = 23$), specifically the analysis of similar and recurring themes regarding the victims' experiences of emotional and behavioral symptoms subsequent to their burglary victimization.

The study took place in a mid-sized Midwestern city with a population of 344,284. This city was selected primarily because the researchers had access to the necessary burglary victimization data and because of the support and cooperation of the police department. During 2003, there were 3,825 burglaries reported to the local police department. From these, a random sample of 1,000 burglary cases were selected for inclusion in this case study. A 31-item questionnaire was constructed and subsequently mailed to the random sample of 1,000 households. A letter from the chief of police was included with the survey instrument explaining the study and requesting that recipients participate by completing the survey and returning it to the researchers. One hundred and eighty two (182) surveys were returned by the postal service indicating that the residence was vacant and the survey was undeliverable. Additionally, 89 surveys were returned by the addressee indicating that they had not lived at that address during 2003 when the burglary occurred. Of the remaining 729 surveys, 201 were initially returned. A second mailing resulted in an additional 107 completed surveys, resulting in a total of $N = 308$ completed questionnaires, which represents a return rate of 42%.

Survey Instrument

The survey instrument was a modified version of the one adapted from the work of Lisa Heslop of the London Ontario Police Service. The survey instrument consisted of a total of 32 items contained within three main sections. The first section elicited basic demographic information about the residents, the residence,

and the neighborhood, including prevention strategies that were employed; existence of neighborhood watch groups; and location of residence relative to schools, parks, bars, and other crime attractors and crime generators. The second section captured data concerning the reported burglary, including the date and time, how the residence was entered, and the monetary value of the items taken. Police responsiveness and satisfaction with the police response was also elicited. The third section of the survey asked victims to rate their own, and their family's, emotional responses to the burglary. For example, victims were asked to rate 24 emotional or behavioral symptoms as (1) "not experiencing," (2) "experiencing somewhat," and (3) "experiencing overwhelmingly."

Hypotheses

As part of this case study, the researchers statistically tested three null hypotheses: (1) if there were gender differences in emotional and behavioral symptoms following burglary victimization, (2) if there were differences in emotional and behavioral symptoms based on the victims' marital status, and (3) whether the promptness of the police response had an impact on the victims experiencing emotional and/or behavioral symptoms. The null hypotheses tested were as follows:

Hypothesis 1: No significant differences exist in the manner that males and females experience the 24 emotional and behavioral symptoms subsequent to burglary victimization.

Hypothesis 2: No significant differences exist between burglary victims' marital status and the 24 emotional and behavioral symptoms subsequent to their victimization.

Hypothesis 3: No significant differences exist between burglary victims who reported that the police responded quickly to their residence and those victims who reported that the police did not respond quickly.

Interviews

After the surveys were completed and returned to the researchers, a random sample of 50 burglary victims was contacted and asked if they would be willing to discuss their victimization with a researcher. Of these, 23 semistructured interviews were obtained. Each interview lasted between 10 and 20 minutes. Detailed notes were recorded by the researchers during and immediately following the interviews. These notes became the raw qualitative data for analysis. The use of interviews had two primary objectives: (1) it enabled the researchers to give meaning to, and make better sense of, the quantitative data, and (2) the interviews provided valuable insight into the lived experiences of burglary victims. Analysis of qualitative interview data resulted in the identification of several similar and recurring themes.

During the qualitative data analysis of interview data, codes were separated into categories. A code was determined to be "noteworthy"—that is, worthy of further attention—if it was repeated in at least 13 of the 23 in-depth notes (56%).

Noteworthy codes and their thematic categories represent the major results of the research.

Memo writing (Miles & Huberman, 1994) was another form of data reduction used in this study. Memos were written by the researchers and were used to help develop concepts from the data; to refine and to redefine and expand on codes; to demonstrate interrelationships between main categories; and, in general, to construct a more integrated overview. Memos were dated, given a title that illustrated key concepts, and anchored to specific sections of notes.

Findings

Recall that $N = 308$ respondents returned completed surveys. Of these, $n = 179$ (58%) were female and $n = 129$ (42%) were male. Our first objective during data analysis was to discern the emotional and behavioral symptoms experienced by burglary victims. All respondents ($N = 308$) reported at least one emotional or behavioral symptom following their victimization. The most common responses were anger, $n = 243$ (79%); mistrust, $n = 203$ (66%); frustration, $n = 182$ (59%); feeling vulnerable, $n = 175$ (57%); fear, $n = 172$ (56%); and powerlessness, $n = 163$ (53%). Table 1 depicts a list of all the emotional and behavioral symptoms reported by the respondents.

Table 1. Symptoms Experienced by Burglary Victims (N = 308)

Symptom	Number Reporting (%)
Anger	243 (79)
Mistrust	203 (66)
Frustration	182 (59)
Feeling vulnerable	175 (57)
Resentment	175 (57)
Fear	172 (56)
Powerlessness	163 (53)
Difficulty sleeping	120 (39)
Startle easily	117 (38)
Desire for revenge	110 (36)
Fear of being alone	95 (31)
Grief	89 (29)
Mood swings	52 (17)
Difficulty concentrating	52 (17)
Physical exhaustion	49 (16)
Physical pains	49 (16)

Note: The majority of participants reported experiencing more than one symptom.

Three significant themes emerged from the qualitative interview data that gave meaning and voice to the emotional and behavioral symptoms reported by victims: (1) fear, (2) anger, and (3) helplessness. Listen to what a few of the participants expressed:

I'm very edgy and jumpy. If someone comes up behind me, I startle.

At night I sometimes can't close my eyes 'cause I worry that someone might come in my bedroom while I'm asleep.

I had this feeling of helplessness, almost like being raped.

I hardly ever leave my house now. I'm like a psycho. I can't get it out of my mind. I don't trust anybody.

I was very apprehensive after the break-in. It did, for a while, make me suspicious of some people and wondering if it could have been them.

In the beginning, I couldn't sleep and was afraid to be alone. Not so much now.

I'm so mad and angry.

I am so angry at the burglars, the police, and myself too. I didn't think it would ever happen to me, so I was careless.

Gender differences in relation to the experience of the emotional and behavioral symptoms were analyzed. Recall that the researchers hypothesized that no significant differences existed between males and females' experiences of emotional and behavioral symptoms as a result of burglary victimization. The mean differences between males and females were tested as they related to the 24 symptoms. Independent *t*-tests found significant differences in the following seven symptoms: fear ($t = -2.63, df = 303, p < 0.05$), anger ($t = -2.36, df = 241, p < 0.05$), desire for revenge ($t = 2.55, df = 108, p < 0.05$), grief ($t = -4.07, df = 86, p < 0.05$), backaches ($t = -1.94, df = 86, p < 0.05$), frustration ($t = -2.71, df = 180, p < 0.05$), and afraid to be alone ($t = -2.44, df = 93, p < 0.05$). All of these symptoms were experienced more by women than men, with the exception of desire for revenge, which was experienced more by men (see Table 2). Thus, the null hypothesis was not retained for these seven symptoms, and the researchers concluded that there are gender differences.

The researchers retained the null hypothesis ($p > 0.05$) and concluded that there were no statistical significant gender differences in the following 17 symptoms: guilt, resentment, powerlessness, shame, mood swings, headaches, nausea, body pains/ailments, difficulty sleeping, change in appetite, startle easily, mistrust, vulnerable, physical exhaustion, loss of energy/motivation, concentration difficulties, and need to be alone.

Table 2. Symptoms Experienced by Gender

Symptom	Male Experiencing (%)	Female Experiencing (%)
Fear	55 (43)	107 (66)
Anger	100 (78)	143 (80)
Desire for revenge	67 (52)	43 (24)
Grief	18 (14)	70 (39)
Backaches	5 (4)	32 (18)
Frustration	62 (48)	120 (67)
Afraid to be alone	24 (19)	71 (40)

Note: All symptoms $p < 0.05$

Hypothesis number two queried if there were differences in behavioral or emotional symptoms of burglary victims based on their self-reported marriage status. To investigate if differences existed by victims in four marital status groups, a one-way analysis of variance (ANOVA) was calculated to determine if post-burglary victimization symptoms differed significantly among the groups. The four categories of marital status that respondents reported that they belonged to included (1) married/cohabitate, 163 (53%); single, 59 (19%); divorced/separated, 65 (21%); and other, 21 (7%). Statistically significant differences among the groups were found ($p < 0.05$), thus the null hypothesis was rejected.

Subsequent to ANOVA, *posteriori* comparisons were made using the Tukey's Honestly Significant Difference procedure to determine the nature of the differences between the marital status groups. Analysis revealed differences between the following groups: married/cohabitate vs. single; married/cohabitate vs. other (except for the symptom loss of energy); and single vs. divorced/separated. Singles experienced all symptoms (except for fear) more than married/cohabitate. Of the 24 symptoms, those respondents who listed themselves in marital status as "other" experienced guilt, desire for revenge, physical pains, and frustration to a greater degree than did the married/cohabitate group. Between the marital categories of divorced/separated and single, the divorced/separated group experienced concentration difficulties, loss of energy, physical exhaustion, mistrust, physical pains, guilt, and grief more than singles.

Children

Of the 127 homes reporting the presence of a child, $n = 83$ (65%) of these reported two or more children. Of these 127 homes, 53 (41%) children were reported to have either trouble sleeping or nightmares. Eighty-eight ($n = 88$) or 69% of the children experienced fear or were afraid to be alone, while $n = 71$ (56%) were reported to have experienced some other emotional or behavioral problem, including being overly clingy, loss of energy, change in appetite, anger, frustration, or difficulty in concentrating.

Analysis of the interview data regarding homes reporting the presence of children revealed a similar and reoccurring theme which centered on a general feeling of being afraid. Two participants highlighted this theme:

My boy, he's eight; he is afraid to sleep in his own room now. He wants to sleep with us at night.

Mostly, the kids are afraid he [the burglar] will come back. It's better now, but for the first couple of months, they were messed up. We talk to them a lot and tell them that the police caught the bad guy, and he won't be back.

Children with siblings experienced emotional or behavioral symptoms more so than those children without siblings. For example, $n = 29$ (35%) of the children with sibling(s) experienced trouble sleeping compared to $n = 6$ (5%) of the children without a sibling(s). Twenty-one ($n = 21$) or 24% of the children with sibling(s) experienced nightmares. Only $n = 1$ (2%) of those children without a sibling(s) experienced nightmares. Thirty-five ($n = 35$) or 43% of the children with a sibling(s)

experienced being afraid to be alone. Only $n = 3$ (6%) of the children without a sibling(s) experienced being afraid to be alone.

Prior Victimization

One hundred and eleven ($n = 111$) or 36% of the victims reported previous burglary victimization(s). Sixteen percent ($n = 49$) experienced one prior burglary, 10% ($n = 31$) experienced two, 3% ($n = 9$) experienced three, and 7% ($n = 22$) had experienced four or more. Among those who had experienced prior burglaries, 74% ($n = 82$) reported experiencing anger, 15% ($n = 17$) reported experiencing resentment, and 11% ($n = 12$) reported being afraid to be alone.

Police Response

Hypothesis number three queried whether police response had an impact on the emotional symptoms experienced by victims. When asked whether the police responded quickly following the burglary, $n = 219$ (72%) of the respondents reported yes, while $n = 89$ (28%) reported no. The researchers used *t*-tests to compare mean differences between these two groups to see if police response impacted behavioral and emotional symptoms. The null hypothesis was rejected, and the researchers concluded that there is a difference between the two groups. Quick response by police appears to have an impact on the experience of symptoms. Those who reported that the police responded quickly experienced all symptoms to a lesser degree. Table 3 shows significant mean differences ($p < 0.05$) for the following 13 symptoms: fear, guilt, resentment, powerlessness, mood swings, difficulty sleeping, mistrust, frustration, feeling vulnerable, physical exhaustion, concentration difficulties, loss of energy, and fear of being alone.

Table 3. Police Response and Victims Symptoms

Symptom	Did Police Respond Quickly? (% Experiencing)		<i>t</i> score
	Yes	No	
Fear	53	73	1.72
Guilt	16	30	0.95
Resentment	56	64	1.25
Powerlessness	51	69	1.12
Mood swings	13	29	1.51
Difficulty sleeping	39	49	1.83
Mistrust	68	73	1.74
Frustration	54	82	0.87
Vulnerable	58	61	1.03
Physical exhaustion	14	27	1.60
Loss of energy	14	24	1.23
Difficult concentrating	11	39	1.46
Afraid to be alone	29	40	2.02

Note: All symptoms $p < 0.05$

Although the majority of the respondents reported that the police responded quickly, the quality of the response was less positive. After analyzing the qualitative

interview data, it was clear that much of the negative emotion expressed by the respondents was the result of the police investigation once on the scene. Patrol officers received generally positive reactions due to their quick response. The majority of the victims who were interviewed by the researchers related that the patrol officers were caring and concerned for their loss. The detectives, however, did not receive the same favorable evaluation. Many respondents expressed anger due to the attitude and lack of apparent concern by the detectives. Respondents felt that they were merely going through the motions in the investigation. Similarly, when participants were asked in an open-ended question on the survey instrument if they felt the investigating officers did their job appropriately and whether they appeared to care about them and their loss, nearly two-thirds ($n = 195$) responded negatively. The qualitative interview data fleshed out a theme of “uncaring” on the part of detectives. Listen to how some of the participants shed light on this theme:

They told us that my loss was not big enough to spend time on because there were too many at the time with greater losses and value.

They were indifferent. I was just another statistic.

They took 45 minutes to get to the house and required us to stay outside in the cold. Made us feel like idiots. The detectives didn't follow through.

I feel they are not trying very hard to find my things or the people who did it.

The failure of the police to dust for fingerprints and to interview possible suspects provides further insight into the “uncaring” theme. Several of the participants reported the following:

I told them to dust for fingerprints but they refused. They said it wouldn't do any good. Said you never really catch criminals with fingerprints, except on CSI.

I felt they should have dusted for fingerprints as the skateboards they dropped running away had greasy fingerprints all over them.

They didn't attempt to lift fingerprints or footprints, even though they left clear footprints on the door they kicked in.

We told them we knew who did it—the kid two houses down. He's been in a lot of trouble with police before. Last week we caught him snaking around the garage, but he ran off. They [police] weren't interested and never even checked him out.

In some cases in which the police did attempt to obtain forensic evidence, respondents were angered by the amount of time the investigation took and/or the mess made by fingerprint dusting. The “uncaring” theme is further illustrated by the following statements:

They left fingerprint dust all over the house. It ruined our carpet. You'd think they would clean up after themselves.

They dusted the whole house for prints. It was very messy and hard to clean up.

It was very hot and the CSI team kept [us] outside for 3½ hours. I felt the officers were very insensitive and intrusive.

Employment of Burglary Prevention Strategies

One strategy that police might utilize in assisting victims of burglary is to offer advice about home security and about the existence of victim services in the community. In the present study, $n = 142$ (46%) of victims reported that police provided them with suggestions for making their home less vulnerable. Information about victim services was provided in only $n = 30$ (10%) of the cases. Two-hundred and twenty-two ($n = 222$) or 72% of the victims reported that they added security devices or changed their usual procedures after the burglary. The most common security changes were installation of better outdoor lighting, alarm systems, dead-bolt locks, and window bars. This effort appeared to make victims feel safer and gave them a sense that they had some semblance of control over their security.

Discussion

The purpose of this study was to examine the emotional and behavioral responses of burglary on victims. The researchers found that 100% of the respondents experienced some type of emotional or behavioral distress resulting from their victimization. The modal response was anger, experienced by 79% ($n = 242$) of the respondents. The most negatively impacted were women, experiencing all the emotional symptoms to a greater extent and intensity when compared to male victims, with the exception of desire for revenge (males experienced this symptom more often when compared to women). Consistent to the finding by Maguire (1982), it appeared that the actual financial losses and damages resulting from the burglary were considered less emotionally distressing than the invasion of their private space. One victim talked about the invasion of his privacy:

You know, the things they took we can replace. That's not what upsets me. It was like, I felt dirty. Someone had been in my home when I was not there. They went through my personal belongings. They touched my stuff.

Victimization deprives persons of their well-being, at least for a few weeks or months after the event. The majority of the victims in this study, especially those experiencing their first victimization, underwent what LeJeune and Alex (1973) termed a "vulnerability conversion" (p. 271). They became aware that they are more subject to the predatory behaviors of others than they previously believed. For many, their worldview is altered, and they experience an exaggerated self-awareness of their own mortality (Lurigio, 1987). Fisher and Wertz (1979) concluded,

Being criminally victimized is a disruption of daily routine. It is a disruption that compels one, despite personal resistance, to face one's fellows as predator and oneself as prey. One experiences vulnerability, separateness, and helplessness in the face of callous, insensitive, often anonymous enemy. (p. 149)

Typical victim statements fleshed out this feeling. Listen to the following two participants as they recalled their feelings after becoming burglary victims:

I don't trust anybody anymore. I used to think that most everybody was honest and good. Not anymore. I'm suspicious and a little paranoid. I just don't want to go out anywhere; I am always worried and paranoid.

We moved to a safer neighborhood three years ago, and this is our second burglary. I've come to realize that nobody and nowhere is safe anymore. Regardless of where you live, you have the chance of having your home broken into. This has really affected me emotionally. Oh yeah, some time, maybe three months has passed, but I still feel so helpless.

While some prior studies found that whether a victim lived alone or with others had no effect on the experience of symptoms (Norris & Kaniasty, 1994), the researchers found that those victims living alone (single, divorced, or separated) typically experience more intense symptoms than those who are married or cohabitating. This finding could in part be explained by the presence of another individual for support. Close social support systems, particularly in the home, have a mediating effect on the emotional aftereffects of burglary and provide greater resources for coping with the consequences of victimization. Individuals living alone may feel more vulnerable, thereby increasing other symptoms.

Children

The effect of victimization on children has not received as much attention in the literature compared to the effect it has on adults. In the present study, the researchers examined the effects of burglary on children in our sample. One hundred thirty-eight ($n = 138$) or 45% of the participants reported having children in the home, and 25% ($n = 77$) reported that their children experienced symptoms. It should be noted that it is likely that the report of symptoms experienced by the children was given by the respondent of the survey and therefore not a true self-report. Whether or not this makes a difference in the findings is unknown.

The respondents were asked to report the number of children living in the home. The researchers wanted to determine if the presence of siblings had an effect on the experience of symptoms. The researchers had expected to find that the impact of these symptoms would be minimized by the presence of a sibling, but the data revealed that children with siblings more often reported experiencing symptoms. The researchers considered the possibility that parents, who reported the most symptoms or the most severe symptoms, might purposely or inadvertently transmit their emotional responses to their children or tend to report similar symptoms as they experienced on behalf of their children. However, in almost every case, the symptoms reported for children were fewer and less severe than for the adults who responded. The most common symptom reported for children was fear of being alone ($n = 151$). Children appeared to be more resilient than adults, possibly due to having a comforting adult to help them cope and perhaps being intellectually incapable of comprehending the nature and magnitude of the criminal event.

Prior Victimization

A great many of the participants ($n = 197$) had experienced no prior burglaries. For these participants, the experience of symptoms was greater than those who had prior victimization. Recall that 111 participants reported one or more prior burglary victimizations. Meier and Miethe (1993) found that physical proximity to high crime areas is a major cause of repeat victimization. Burglary and other criminal events may be so commonplace in some areas as to make repeat victimization less traumatic than for those not regularly exposed to criminal patterns in their environment. If the first victimization did not result in serious harm, subsequent victimizations might not be as fear-provoking. Just as the emotional aftereffects of a victimization tend to diminish over time, the responses to a subsequent burglary would tend not to be as intense. They have been through it before, and like other learning experiences, know what to expect. The ability to alter one's behavior in light of previous experience allows repeat victims to be less traumatized than those experiencing the events for the first time.

Police Response

Police response to victims may have a powerful impact on the nature and intensity of emotional symptoms. In cases where the police responded quickly to the burglary, there was a reduction in reported symptoms by victims. Participants were asked whether they believed that police cared about them and their loss, if the police offered advice about home security, and whether the police informed the victim of services available. The majority of the participants reported that initially they felt that the police did care about them and their loss; however, once the responding patrol officers completed their duties and the investigation was assumed by detectives, the perceptions of concern changed significantly. Many victims reported feeling as if they had been victimized a second time because of the lack of assistance and concern by investigating officers. Coupe and Griffiths (1996) noted similar concerns from burglary victims in Great Britain. There, victim satisfaction depended on the responding officer's manner, how quickly they arrived at the scene, how long they spent there, as well as the successful outcome of the case.

This finding may suggest that a victim's sense of justice and perception of the criminal justice system, especially the police, can be enhanced when victims feel that their victimization is being taken seriously and that the police are making an effort to apprehend the suspect(s). Maguire (1980) found that the very routine of investigation, coupled with a sympathetic attitude and a willingness to listen to the victim's fears, has a beneficial effect in helping people come to terms with what had happened.

Many of the victims in this study reported that the police did not dust for fingerprints or search for DNA. This may suggest that victims have unrealistic expectations concerning burglary investigations. Perhaps this may be due to Hollywood's glamorized "CSI Effect." The popular television show, *CSI*, as well as the numerous crime reality shows, may have led to an expectation on the part of the public that technology and modern investigation technology is much more powerful than it actually is. When the reality of criminal investigation does not live up to Hollywood's version, victims often attribute it to a lack of interest on the part of police. This suggests that the "rituals" of investigation, whether or not there is an expectation of apprehending the offender, should be carried out, if for no

other reason than to ensure victims that their victimization is being taken seriously. Soulliere (2003) found that contemporary criminal justice television shows are not terribly sophisticated in presenting accurate descriptions of crime. He argues that many citizens' exposure to crime and its subsequent processing is obtained primarily through television, and not through personal experience or education.

Another concern of victims was lack of follow-up by the police. Many victims reported to the researchers during their telephone interviews that once the investigating officers left their residence, they never heard from them again. This left the impression that nothing was done about their victimization. What may not always be apparent to police investigating a burglary is the tremendous emotional impact of the offense on victims. Law enforcement training stresses a sympathetic response to victims of rape and robbery. Police are aware of the traumatic effects of these crimes on victims. They are not always as aware, however, of the emotional upheaval that often results from burglary victimization and, therefore, do not respond in what victims might consider an appropriate manner.

One means by which police can demonstrate concern for victims is to offer advice about home security and information about victim services. In the present study, 52% ($n = 160$) of victims reported that police did not offer advice about home security. Police may show appropriate concern for the victim's loss, but they might better serve the victim by recommending burglary prevention measures and, when deemed appropriate, informing them about the victim services available in the community.

Conclusion

Even though this study was limited to one urban community in the Midwest, and as a case study that cannot be generalized to other jurisdictions, it points to promising areas of research. While there is a plethora of literature that sheds light on the emotional and behavioral symptoms resulting from violent crime victimization, there is a dearth of literature focusing on the experiences of victims of residential burglary. Likewise, the majority of research giving attention to burglary victimization has been carried out in Great Britain. There has been minimal empirical attention given to burglary victimization in the United States. This study begins to fill the gap in the research literature, centering on what burglary victims experience as a result of their victimization. Furthermore, this case study utilized a mixed methods approach (collection and analysis of both quantitative and qualitative data). Mixed methods approaches have increasingly found application in various social and behavioral science disciplines, including criminal justice and criminology. Utilizing both qualitative and quantitative data added to the robustness of this research.

It is remarkable that this study revealed that burglary victims experience many of the same traumatizing emotional and behavioral symptoms as do the victims of more serious violent crimes such as rape and robbery. One other salient finding of this study is the fact that one of the major elements in the feeling of emotional trauma on the part of burglary victims appears to be the quality of the police response. The researchers submit that by providing a sympathetic ear and taking the investigation seriously, police may reduce emotional trauma on the part of the victim. Further, police should maintain contact with the victims, providing information of the progress or outcome of the case. Handled properly, police

may enhance their image in the eyes of the public while reducing the emotional consequences of the offense to victims.

Future research studies should make use of controls for possible intervening and extraneous variables. For example, future research should examine and control for recent victimizations other than burglary, including the victim's experience with the aftermath of the crime, and the perceived quality and satisfaction of the police response. Future research should also take into account racial differences in emotional and behavioral symptoms following burglary victimization. There is an abundance of literature that suggests that many minority groups are less satisfied after a contact with the police when compared to Caucasians (Birzer, in press; Davis, 1990; Weitzer, 2000; Weitzer & Tuch, 2005). Finally, because this case study was limited to one urban community in the Midwest, the researchers suggest that future research be done in other jurisdictions to determine whether the findings of this study can be replicated in other communities.

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Fear of Crime on Campus and Other Perceptions: The Impact of Being a CRCJ Major

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Introduction

Evidence suggests that “fear of crime is a major problem in the U.S.” (Weitzer & Kubrin, 2004, p. 497). In fact, fear of crime has the potential for great impact on the lives of those who experience it. As Miethe (1995) notes, people who are fearful react in a myriad of ways, including avoidance of certain places and times, purchasing crime prevention hardware, distrusting others, and employing various forms of self-protective actions. It has been suggested that college campuses are increasingly being viewed as places characterized by crime and violence, especially by the news media (Nichols, 1995; Sloan, 1992). Largely due to increasing concerns over the safety of college campuses, in 1990, Congress passed the Crime Awareness and Campus Security Act of 1990 (20 USC 1092) (*Jeanne Clery Disclosure . . .*, 1990). The act requires two- and four-year colleges and universities that participate in federal financial aid programs to make on-campus crime statistics public.

While other studies have examined the extent to which crime on campus has increased or is violent, it is the purpose of this study to examine fear of crime on campus. Fear of crime among college students will be examined among several dimensions, most notably by academic major, with an emphasis on the impact of being a criminology and criminal justice (CRCJ) major.

Literature Review

Fear of crime is a much-studied phenomenon. There is a significant body of research that indicates that women are more fearful of crime than men. In fact, sex is considered to be the most powerful predictor of fear (Fisher & Sloan, 2003; Warr, 2000). Increasingly, the shadow thesis, which states that fear of crime for women, especially for personal crimes such as fear of rape, explains this heightened fear (Ferraro, 1995; Fisher & Sloan, 2003). Research also indicates that the elderly are more fearful of crime than younger persons and that African Americans have higher fear than whites (Pain, 1995; Parker & Ray, 1990; Warr, 2000; Weitzer & Kubrin, 2004). Neighborhood characteristics also seem to influence fear. Chiricos, Hogan, and Gertz (1997), for example, found that Whites who perceived themselves as the racial minority in their neighborhood had higher levels of fear.

Increasingly, the role of the media in fear of crime is being examined. Much of this research has focused on the role of news coverage of crime, both in print

(newspaper) and on television. Generally, these studies find that those individuals who rate the local TV news as their most important source of news have an increase in fear (Chiricos, Padgett, & Gertz, 2000; Weitzer & Kubrin, 2004).

Fear of crime is clearly an issue, with multiple etiological dimensions, all of which have yet to be uncovered. Along with the substantial amount of research examining fear of crime in general, there is an ever-growing body of literature specifically examining fear of crime on college campuses. The literature that examines not only the fear of crime but also the actual crime rate on campus is most pertinent to the present study.

Crime on Campus

Criminal victimization on college campuses is common (McConnell, 1997; Nichols, 1995; Siegel & Raymond, 1992). In fact, various studies indicated that around one-third of students reported being victimized on campus (Fisher, 1995; Siegel & Raymond, 1992). While much popular attention has been focused on violent crimes that occur on college campuses, the majority of reported crime is property crimes such as theft, burglary, and vandalism (Sloan, 1992). In Sloan's (1992) analysis of crimes known to campus police, only a small percentage of crimes were violent, with approximately 4% being aggravated assaults and an additional 2% being homicide, rape, or robbery. Violence on campus, then, at least as it is reported to campus police, is a relatively rare occurrence. There is also evidence, however, that campus authorities are not aware of all violent crime that occurs on campus (Siegel & Raymond, 1992). This may be particularly true for rape and other kinds of sexual assault. Crime in the form of sexual assault, whether perpetrated by a stranger or acquaintance, is not uncommon on university campuses and has become a serious and underreported occurrence (Burling, 1993). Research indicates, for example, that approximately 25% of college women have been the victim of rape (Koss, 1983; Lederman, 1993). Additionally, evidence indicates that college women face a higher risk of rape victimization when compared to women of comparable age who were not in college (Fisher & Sloan, 2003). While violent crime, then, may not be the norm, its presence on college campuses should not be ignored or devalued.

Several characteristics of campuses that make them ripe for criminal victimization have been identified (McConnell, 1997; Nichols, 1995). First, colleges are teeming with students who are generally in the midst of the crime-prone years, who are mostly single, and who are living outside of the immediate supervision of their parents for the first time. There are, then, a plethora of potential offenders (Fisher & Nasar, 1992; Nichols, 1995). In this regard, evidence does suggest that the majority of crimes (80%) on college campuses are committed by students (Siegel & Raymond, 1992; Sloan, 1992). According to McConnell (1997), however, most students believe that it is non-students who are responsible for most campus crime. Likewise, the population of students, staff, and faculty on college campuses also serves as a pool of potential victims (McConnell, 1997). Nichols (1995) notes that social life on college campuses, especially residential campuses, may also contribute to crime. In particular, the social gatherings of fraternities and sororities with the use of alcohol may help create an atmosphere geared to criminal behavior. It is estimated that 95% of crimes that occur on campuses involve the use of alcohol and/or drugs (Sloan, 1992).

The physical characteristics of campuses may also contribute to crime (Nichols, 1995). In particular, as a general rule, campuses are fairly open, with few restrictions or barriers to control who enters campus and where people can go while on campus. In addition, Nichols (1995) notes that many campuses are located near transitional neighborhoods with high crime rates, which may increase the pool of potential offenders on campus. The diversity of student populations allows potential offenders, even if not students, to easily blend in while on campus (Fisher & Nasar, 1992). Given these characteristics as well as the evidence of the occurrence of crime on campus, it is more than reasonable to suggest that fear of crime on college campuses is an issue worthy of consideration.

Indeed, fear of crime on university campuses is an important issue to administrators, college students, and their parents (del Carmen, Polk, Segal, & Bing, 2000). Certainly, for students, fear is a quality of life issue (Fisher & Sloan, 2003; McConnell, 1997). Students who are less fearful may not only feel safer and more content while on campus, but they may also feel freer when making decisions regarding their school behavior. For example, McCreedy and Dennis (1996) found that students who were fearful of becoming a victim of personal crime on campus avoided taking night classes. It is reasonable to assume that fearful students may be less likely to partake of other campus resources at night such as computer labs and the library. This could certainly impact their success in college (McConnell, 1997). Additionally, fear may cause some students to drop out of college altogether (McCreedy & Dennis, 1996). From the point of view of parents, fear of campus crime likely amounts to concern over the safety and security of their child on campus (McConnell, 1997).

Fear of campus crime, then, could have very real consequences for administrators of colleges and universities. Resources may be underutilized by students who may not feel comfortable on campus or who might not be taking full advantage of their educational opportunity. Likewise, if parents are concerned for their child's safety on a particular campus, they may be reluctant to pay for their child to attend that institution (Fisher & Nasar, 1992).

Lastly, fear on campus could reach beyond students and their individual educational experiences and impact the level of productivity of both staff and faculty (McConnell, 1997). If fear of crime is high on campus, it is likely not only high among students but among staff and faculty as well. Certainly, this would lead to concern among university administrators. Fear of crime research is one way in which administrators can identify possible quality-of-life issues among students, staff, and faculty thus beginning to identify the areas that generate fear as well as the types of crimes that are fearful. This knowledge, as McConnell (1997) points out, can then be used to identify strategies for reducing fear on campus and possibly crime as well.

Fear of Crime on Campus

In a study at East Carolina University, students exhibited a high level of concern about being the victim of a personal crime on campus (McCreedy & Dennis, 1996). When asked about being the victim of rape, robbery, or assault, over 86% reported being extremely concerned or concerned enough to take precautions. Additionally, almost 27% of students reported that they did not take night classes because they

were fearful. Students who had been victims of rape, other sexual offenses, lewd or threatening phone calls, and those who had been stalked reported higher levels of concern and were more likely to avoid night classes. Victims, then, perceived the campus as less safe than nonvictims.

McConnell (1997) examined fear of crime at a university in the southern United States in 1994. The majority of students surveyed reported feeling some fear while on campus, with female students significantly more fearful for each measure of fear used. Also, fear on campus was higher at night than it was during the day as well as at specific locations on campus. Fisher and Nasar (1992), like McConnell, found female students to feel less safe than male students, yet all students felt more unsafe at night. Likewise, Fisher, Sloan, and Wilkins (1995) found female students had a higher perceived risk of victimization on campus when compared to male students. In addition, women reported higher levels of fear during the day and night than did men. Overall, students were more fearful of victimization on campus at night than they were during the day.

A study by del Carmen et al. (2000) also found students to be more fearful of crime on campus at night than during the day. A majority of students surveyed were fearful of both property and violent victimization at night whereas only a minority were fearful of these types of victimization during the day. Fear of violent crime was increased due to a violent criminal event that occurred on campus in the midst of data collection. Those students surveyed after the event, and the subsequent publicity which accompanied it, were more fearful of violent victimization on campus than those who were surveyed prior to the incident. The criminal incident had no impact on fear of property crime. Female students were more fearful of violent victimization on campus than men, but there were no differences by sex for fear of property victimization. While there was some indication of fear of crime on campus, the vast majority of students reported that they felt safer on-campus than they did off-campus. Most of the respondents felt that the on-campus buildings were crime-free, indicating that students generally feared outside areas on-campus. Lastly, students majoring in CRCJ were less fearful of both property and violent victimization on-campus than were students majoring in other disciplines.

Examining perceived risk of victimization on campus, Fisher and Sloan (2003) found that college women perceived themselves as being more at risk of victimization on campus than did men. This was especially true for perceived risk of rape victimization, although they still perceived their risk of rape victimization to be relatively low. For offenses that could involve face-to-face contact, female students were more fearful of crime than men for all types of crime considered. All students were more fearful at night, but fear for women increased more at night than did fear for men. The largest difference in fear between male and female students was that women were three times more fearful than men of being raped on-campus at night. Fisher and Sloan (2003) found evidence supporting the shadow thesis. Once fear of rape was controlled, women were no longer more fearful of the other types of victimizations. Instead, men were slightly more fearful than women. This was true for fear on campus both during the day and at night.

Examining use of self-protective measures (e.g., gun, mace, club, body alarm, and knife) among college students, Tewksbury and Mustaine (2003) found that approximately 43% of the 1,513 students surveyed regularly used at least one of

the self-protective measures examined. While the use of self-protective measures is not a direct indicator of fear of crime, research does suggest that people who are more fearful are more likely to employ self-protective measures (Ferraro, 1995). Tewksbury and Mustaine (2003) found that no measure of fear was significantly related to use of self-protective measures, however. Students who reported feeling safe at home at night were more likely to employ self-protective measures. The authors note that the presence of the self-protective measure might be what is driving the increased feeling of safety for these students. Given the contradictory findings regarding use of self-protective measures and fear, then, it is unclear what direction the relationship generally takes. Fear might cause an increased use of self-protective measures, as indicated in some research, but it is also possible that use of self-protective measures decreases fear as argued by Tewksbury and Mustaine. Therefore, more research is needed to assess the true nature of this relationship.

As a whole, research indicates that fear of crime on campus is an issue worthy of consideration. Generally, students are more fearful on campus at night than during the day, and women are more fearful than men, at least when fear of rape is not considered a control variable. Additionally, women may perceive themselves to be at higher risk of victimization on campus. The findings regarding fear among women are consistent with fear of crime research done with noncollege samples. Women are consistently found to be more fearful than men (Fisher & Sloan, 2003). Moreover, the increased fear for women in these noncollege samples also tends to match the shadow thesis examined by Fisher and Sloan (2003). Once fear of rape is controlled, women are no longer more fearful of crime than men (Ferraro, 1995). For college students, there is evidence that fear impedes some students from taking classes at night. Almost half of students take self-protective measures, although it is unclear exactly how these measures relate to fear.

The present study seeks to further the research by del Carmen et al. (2000) by specifically examining the impact of being a CRCJ major on fear of crime as well as measures of safety on-campus and the use of self-protective measures. Since the educational experience of CRCJ majors exposes them to information concerning crime and the criminal justice system, it is possible that their fear of crime can be impacted by this. While examining fear of crime on one campus may yield some results that are generalizable to other campuses such as heightened fear at night among women. Fear on-campus, however, may also be unique to that individual campus in terms of the types of crimes that are feared as well as the locations that are feared. Examining fear by academic major is potentially a way to make fear research generalizable to other campuses. If major is significantly related to fear, perhaps fear reduction strategies can be more accurately directed. Further, perhaps there is something about the curriculum for some majors that makes them less fearful, which could be carried over to students from other majors. It is expected that this research can be used by university administrators to begin to examine not only the role environmental factors play in fear on-campus but also the role that the educational experience on-campus might have in regards to fear and possibly the reduction of fear on-campus.

Methodology

In 2005, a fear of crime survey was administered at the University of Texas at Arlington. The total undergraduate population was 19,600, with a total population

of 25,432. The instrument that had been used on this campus previously in a study by del Carmen et al. (2000) was revised, with a few questions changed as well as some new ones added for the purposes of this study. The sample consisted of 402 undergraduate students. Prior to its administration, the instrument and implementation plan were approved through the university's institutional review process. The surveys were administered during a class session in Criminology and Criminal Justice and History courses. All surveys were administered during the last two weeks of the Spring 2005 semester.

Students were informed that the research was both voluntary and anonymous, and they were asked to only complete the survey once. The target population consisted of students taking classes in the College of Liberal Arts during the Spring 2005 semester. Only undergraduate students were included in the study. The surveys were administered in classes chosen for purposeful reasons. Introductory classes, both in Criminology and Criminal Justice and in History were chosen because they attract a variety of students in terms of major and year in school. Students from six lower-division classes were included in the study, three of them were introductory courses in CRCJ and two of them were basic history courses. Advanced CRCJ classes were chosen because they would contain primarily CRCJ majors. This would help ensure an ample number of such majors for analysis. Students from five different upper-division CRCJ classes were included in the study. The classes chosen are listed in Table 1.

Table 1. Classes in Which Fear of Crime Surveys Were Administered

Introduction to Research Methods in Criminology and Criminal Justice	(1)
Introduction to the Criminal Justice System	(3)
Comparative Criminal Justice Systems	(1)
History of the United States	(2)
Theoretical Criminology	(1)
Juvenile Justice Systems	(1)
History of Civilization	(1)
Victimology	(1)

Overall, the sample was composed of 402 undergraduate students. Select characteristics of the sample are shown in Table 2. As indicated, 53% of the sample were male and 47% were female. This is the reverse of the sex breakdown for the student population, where 47% of the students are male and 53% are female. In the sample, then, males are slightly underrepresented and females are slightly overrepresented. These differences, however, are not statistically significant based on the differences in proportions test.

Table 2. Demographic Characteristics of Sample

Variable	Attribute	Sample (%)	Population (%)
Sex	Male	53	47
	Female	47	53
Race/Ethnicity	White	54	51
	African American	14	13
	Hispanic	15	13
	Asian/Pacific Islander	11	10
	Other	6	11*
Classification	Freshman	25	18*
	Sophomore	29	19*
	Junior	23	25
	Senior	23	34*
Enrollment Status	Part-time	9	35*
	Full-time	91	65*
Major	CRCJ	33	3*
	Non-CRCJ	67	97*

*Difference in proportions significant at $p < 0.01$

In terms of racial and ethnic make-up, the sample is fairly representative of the larger student population. As shown in Table 2, just over half (54%) of the sample identified themselves as White, 14% as African American, 15% as Hispanic, 11% as Asian or Pacific Islander, and 6% as some other racial or ethnic group. There are only very small differences between the sample and the campus population along these classifications, and none of these are statistically significant. As compared to the campus population, 51% of the students are White, 13% African American, 13% Hispanic, 10% Asian, and 11% other. The largest difference between the sample and the campus population is for the other category, which appears to be slightly underrepresented in the sample and statistically significant. For this reason, the sample is thought to be representative of the larger population in terms of race and ethnicity.

Also shown in Table 2 is the classification for the students in the sample. As shown, there is a fairly even distribution between the four classifications, with sophomores being the most frequently represented group at 29%. Compared to the population, the sample is not representative along this variable. Both freshmen (25% of the sample) and sophomores (29%) are significantly overrepresented compared to their proportion in the population. Each of these groups in the population represents just over 18% of the undergraduate population. Both juniors (23%) and seniors (23%), on the other hand, are underrepresented in the sample compared to their proportions in the undergraduate population. Juniors account for just over 25% of the undergraduate population at the university and seniors account for almost 34% of the undergraduate population. Seniors are more severely underrepresented than are juniors. The difference in proportions for juniors was not statistically significant, but the difference for seniors was. In terms of the classes surveyed, there was one more lower-division class than upper-division class included in the study. Given that the enrollment in the lower-division classes is actually much larger than the enrollment in the upper division classes, however, a less equal distribution of lower and upper

division, leaning more heavily towards the upper-division classes probably would have yielded a more representative sample in terms of student classification.

For similar reasons, the sample is also not representative in terms of the enrollment status of the students. In the campus population, approximately 35% of the students were enrolled part-time. As shown in Table 2, only 9% of the sample were part-time students. This might be partially due to the fact that all of the classes surveyed were held during the day. It could also be that part-time students are more likely to take classes at night than during the day. It is still true, however, that the majority of the sample (91%) and the majority of the student population (65%) were enrolled at the university as full-time students.

The sample was purposefully biased in terms of major so that comparisons could be made of CRCJ majors versus all other majors. Roughly one-third (33%) of the sample are declared or intended CRCJ majors. The remaining 67% of the sample were declared or intended majors in something other than CRCJ. The majors identified did cover quite a range, with representatives from many of the other units within the College of Liberal Arts as well as all of the other colleges on campus, including Business, Science, Education, Nursing, and Engineering. Just under 3% of the undergraduate population at the university is composed of CRCJ majors. All of the aforementioned population data was derived from the university's yearly report (University of Texas at Arlington, 2006).

Measuring Fear of Crime on Campus

In measuring fear of crime, the instrument classifies the fear as to violent or property crime. These general types of crime were asked about separately in order to be consistent with the aforementioned previous study administered on this same campus (del Carmen et al., 2000). del Carmen et al. argue that because the majority of the students at the university are commuters (over 72% in this sample), separating property crime from violent crime is warranted. Students could fear for the safety of their vehicles left in remote parking areas while attending classes. In a larger sense, the separation is vital because it has been shown that fear of crime can be crime-specific (Fisher & Sloan, 2003). Asking about violent crime and property crime separately, then, is a more valid measure of fear of crime than a measure that is not specific to the type of crime.

In addition to asking about fear of both violent and property crime, the survey included four contextual questions which asked about both violent and property victimization. Students were asked to report how often they feared both violent and property crime when walking alone on campus during the day, when walking with someone on campus during the day, when walking alone on campus at night, and when walking with someone on campus at night. The purposes of the contextual questions were to determine if the presence of others and the time of day influenced the level of fear students felt.

Findings

This study examines the overall fear students have of violent and property crime while on campus. Student perceptions about campus safety and crimes on campus are also examined as are the use of protective measures by students while on

campus. Lastly, the perceived likelihood of victimization in the coming year was also considered. The independent variables considered are major (CRCJ or not), sex, race/ethnicity, whether the student lives on campus or not, and whether or not the student experienced any criminal victimization in the year prior to the survey. Due to the measurement techniques employed in the survey, the analysis is limited to crosstabulations, using chi-square as a test of significance.

Fear of Violent Crime on Campus

Fear of violent crime at least “sometimes” while on campus was reported by approximately 25% of the total sample. The vast majority of the sample (75%) reported that they “never” feared violent victimization while on campus. In terms of violent crime, then, most students in the sample were not fearful while on campus. This same pattern generally holds true when sex, race/ethnicity, and major are considered, while the majority of respondents reported that they “never” fear violent victimization on campus (see Table 3). Female students were less likely to report “never” fearing such victimization; however, the differences between males and females were not statistically significant. There were significant differences for this measure by race/ethnicity of the respondents. African-American students were more likely to report that they “sometimes” feared such victimization than were members of the other racial/ethnic groups. In addition, African Americans had the lowest proportion of responses in the “never” category; however, most of them (63%) reported that they “never” feared violent victimization. There were also significant differences in fear of violent victimization by major. Non-CRCJ majors (70%) were significantly less likely to report “never” fearing violent victimization on campus than were CRCJ majors (85%). In terms of violent victimization, CRCJ majors were less fearful than were non-CRCJ majors. The majority of non-CRCJ majors, however, reported that they “never” feared violent victimization on campus.

Examining the contextual measures of fear of violent victimization, it is generally the case that respondents were more fearful when alone on campus and at night. The majority of respondents in the overall sample (87%) and in each of the different categories reported that they “never” feared violent victimization when walking on campus alone during the day. There were no significant differences by sex, race/ethnicity, or major. Similarly, the majority of respondents in the overall sample (95%) and in each of the categories reported that they “never” feared violent victimization when walking with someone on campus during the day. Further, the proportion of respondents who reported that they “never” fear victimization in this context is higher than for any of the other measures presented in Table 3, ranging from 92 to 98% who reported “never” feeling fear. Perhaps not surprisingly, students are least fearful of violent victimization on campus during the day and when they are with someone else. While there were no significant differences by sex or major for this measure, there were statistically significant differences by race/ethnicity, with Hispanic students being more likely than any other group to report “never” being fearful (98%) in this context, while only 2% reported ever feeling fearful of violent victimization in this context. Hispanic students, then, were less fearful of victimization in this context.

Table 3. Fear of Violent Crime On-Campus by Sex, Race/Ethnicity, and Major

	Male	Female	White	African American	Hispanic	Asian/Pacific Islander	Other	CRCJ	Non-CRCJ
On-Campus									
Most of the time	1.5	0.5	0.5	0	0	2.2	8.0	0	1.5
Sometimes	21.4	27.2	20.3	37.0	27.6	26.7	20.0	15.1	28.9
Never	77.2	72.3	79.2	63.0	72.4	71.1	72.0***	84.9	69.6***
Walking Alone (Day)									
Most of the time	2.4	2.7	1.4	3.6	3.4	4.4	4.0	2.4	2.7
Sometimes	10.1	10.9	8.0	12.7	15.5	11.1	12.0	8.7	11.4
Never	87.4	86.4	90.6	83.6	81.0	84.4	84.0	89.0	85.9
Walking with Someone (Day)									
Most of the time	0.5	0	0	0	0	0	4.0	0	0.4
Sometimes	3.4	6.0	5.2	5.6	1.7	4.4	4.0	3.2	5.3
Never	96.1	94.0	94.8	94.4	98.3	95.6	92.0**	96.8	94.3
Walking Alone (Night)									
Most of the time	15.5	21.9	15.2	29.6	22.4	17.8	12.0	11.1	21.4
Sometimes	44.2	35.5	39.3	38.9	39.7	48.9	44.0	37.3	42.7
Never	40.3	42.6	45.5	31.5	37.9	33.3	44.0	51.6	35.9***
Walking with Someone (Night)									
Most of the time	4.4	4.4	2.8	7.4	6.9	4.4	4.0	1.6	5.3
Sometimes	30.1	31.1	29.9	29.6	34.5	37.8	24.0	27.0	33.2
Never	65.5	64.5	67.3	63.0	58.6	57.8	72.0	71.4	61.5*

*Chi-square significant at 0.10

**Chi-square significant at 0.05

***Chi-square significant at 0.01

Respondents reported the highest level of fear in walking on-campus alone at night. While a relatively high proportion of respondents in the overall sample in each of the categories reported “never” feeling fear in this context, it is the slight majority of respondents in the CRCJ group that created an exception. With this one exception, the majority of respondents reported either “sometimes” or “most of the time” feeling fearful of violent victimization when walking alone on-campus at night. Further, it was for this measure that respondents reported feeling fearful “most of the time,” and this was true for each of the groups examined. There were no significant differences by sex or race/ethnicity for this measure. There were, however, statistically significant differences for fear in this context by major. CRCJ majors were less fearful of violent victimization when walking alone on-campus at night, with a slight majority (52%) reporting that they were “never fearful” in this context. By contrast, only 36% of non-CRCJ majors reported “never” feeling fearful of violent victimization in this context.

In the overall sample and in each of the separate groups included in the analysis, the majority of respondents reported that they “never” felt fearful when walking on-campus with someone at night. While the proportions of “never” responses were higher than they were for walking alone at night, they were lower for this measure than for the other measures of fear of violent victimization. This would indicate that the night-time context is more fear-inducing than the day-time context for the general measure of fear of violent victimization. For this measure,

there were no statistically significant differences by sex or race/ethnicity. There were significant differences by major: CRCJ majors reported less fear than non-CRCJ majors. The majority of both CRCJ, at a slightly higher proportion, and non-CRCJ majors reported “never” feeling fearful in this context. Further, non-CRCJ majors were more likely to report feeling fearful “most of the time” (5%) than CRCJ majors (2%).

In terms of fear of violent victimization, the majority of students reported “never” feeling fearful of violent victimization on-campus in general and in three of the four contexts. The only context in which the majority of respondents reported feeling fearful at least “sometimes” was walking alone on-campus at night. The patterns of fear were similar for both males and females for all measures of fear of violent victimization, and there were no statistically significant differences regarding sex. CRCJ majors appear less fearful of violent crime than are non-CRCJ majors. There were significant differences for three of the five measures. CRCJ majors were significantly less fearful for the general measure, for the walking alone at night measure, and for the walking with someone at night measure. Further, CRCJ majors were more likely than non-CRCJ majors to report that they were “never” fearful in the two day-time contexts as well; however, these differences were not statistically significant.

Fear of Property Crime on Campus

As shown in Table 4, fear of property crime on-campus appears to be more prevalent than does fear of violent crime. For the total sample, almost 62% of the respondents reported feeling fearful of property victimization on-campus “sometimes” (55%) or “most of the time” (7%). For the general measure of fear of property victimization on-campus, the general pattern of the majority of respondents reported feeling fear “sometimes” or “most of the time” was evident for all categories examined. There were significant sex differences for this measure, with women being more fearful than men of property victimization. Just over 66% of women reported feeling fear of property victimization on-campus at least “sometimes,” while just over 57% of men reported this. While the difference is statistically significant, it should be noted that the majority of men and women are at least “sometimes” fearful of such victimization. There were also statistically significant differences by race/ethnicity for this measure. African-American respondents and respondents classified as *other* were more likely to report fear of property victimization on-campus than were members of other racial/ethnic groups. There were no significant differences for this measure by major, while the majority of respondents reported that they feared property victimization on-campus at least “sometimes.”

Table 4. Fear of Property Crime On-Campus by Sex, Race/Ethnicity, and Major

	Male	Female	White	African American	Hispanic	Asian/Pacific Islander	Other	CRCJ	Non-CRCJ
On-Campus									
Most of the time	8.7	3.8	3.3	9.3	5.2	13.3	16.0	4.8	6.8
Sometimes	49.0	62.5	54.7	63.0	50.0	53.3	60.0	59.5	53.2
Never	42.2	33.7*	42.0	27.8	44.8	33.3	24.0*	35.7	39.9
Walking Alone (Day)									
Most of the time	2.4	1.6	0.5	5.6	1.7	4.4	4.0	0.8	2.7
Sometimes	23.3	24.5	20.8	29.6	22.4	26.7	28.0	24.4	22.5
Never	74.3	73.9	78.8	64.8	75.9	68.9	68.0	74.8	74.8
Walking with Someone (Day)									
Most of the time	1.9	0.5	0.5	3.6	0	2.2	4.0	0.8	1.5
Sometimes	15.0	14.1	10.8	20.0	17.2	20.0	20.0	14.2	14.4
Never	83.1	85.3	88.7	76.4	82.8	77.8	76.0	85.0	84.0
Walking Alone (Night)									
Most of the time	12.1	10.9	8.5	18.5	17.2	11.1	8.0	7.1	12.9
Sometimes	47.1	53.3	49.1	44.4	51.7	62.2	44.0	51.6	50.2
Never	40.8	35.9	42.5	37.0	31.0	26.7	48.0	41.3	36.9
Walking with Someone (Night)									
Most of the time	7.3	6.0	4.2	13.2	10.3	6.7	4.0	2.4	8.4
Sometimes	34.1	34.2	30.2	28.3	43.1	46.7	44.0	32.8	35.4
Never	58.5	59.8	65.6	58.5	46.6	46.7	52.0*	64.8	56.3*

*Chi-square significant at 0.05

For the first contextual measure (fear of property victimization when walking alone on-campus during the day), the majority of the respondents in the overall sample (74%) and in each of the groups examined reported that they “never” feared such victimization. There were no statistically significant results among any of the groups for this measure. Likewise, the majority of the respondents reported “never” feeling fear of property victimization when walking with someone on-campus during the day. The proportion of “never” responses was the highest of all the measures of fear of property victimization, similar to the results for this context for fear of violent victimization. Being with someone during the day, then, is when respondents felt least fearful of victimization, whether it be property or violent victimization. There were no statistically significant differences among any of the groups examined for this measure.

When walking alone on-campus at night, the majority of respondents in the overall sample and in each of the groups were fearful at least “sometimes” of being the victim of property victimization. Unlike the results of this contextual measure for fear of violent victimization, this measure did not consistently yield the lowest proportion of “never” responses. For some groups, this did appear to be the least fear-inducing context, but for others, the general measure of fear of property victimization was less fear-inducing. The results for fear of property victimization, then, appear to be somewhat less consistent than those for violent victimization in this regard. While it was not consistently the most fearful context, it was one of the most fearful contexts for all groups. There were no statistically significant differences by sex, race/ethnicity, or major for this measure.

For the last contextual measure, walking with someone on-campus at night, it is generally the case that the majority of respondents in the overall sample and in each of the groups were “never” fearful of property victimization. There were two exceptions to this: less than half of both Hispanics (47%) and Asian Americans/Pacific Islanders (47%) reported “never” feeling fearful of property victimization in this context. This difference by race/ethnicity was statistically significant. It appears that members of these two racial/ethnic groups are more fearful of property victimization when walking with someone on-campus at night than are members of the other racial/ethnic groups. There were no statistically significant differences for this measure by sex of the respondent. In terms of major, CRCJ majors were significantly less fearful of property victimization in this context than were non-CRCJ majors. In both cases, the majority of respondents reported “never” feeling fear; however, CRCJ majors (65%) were more likely to report this than were non-CRCJ majors (56%). Not surprisingly, the context of having someone else present when walking on-campus yielded less fearful results than walking alone.

Students were generally more fearful of property victimization on-campus than they were of violent victimization. For the overall measure, men were less fearful of property victimization than women. This was the only measure of fear for which there was a significant difference by sex. There were two measures that yielded significant results by race/ethnicity. For the general measure of fear of property victimization, African Americans were more fearful than were students of other racial/ethnic groups. Fear of property victimization when walking with someone at night was higher for both Hispanics and Asian American/Pacific Islanders. The only statistically significant finding for major was for the last contextual measure: walking with someone at night. For this measure, CRCJ majors were significantly less fearful than non-CRCJ majors. There were fewer differences in fear of property crime by major than there were for fear of violent crime.

Perceptions of Campus Safety and Crime on Campus

In addition to answering questions directly about fear of crime, respondents were also asked about perceptions of crime on campus as well as feelings of relative safety on campus. Results for these items are presented in Table 5. Respondents were asked if they believed other students committed most of the crimes that occurred on campus. In the overall sample and in each of the groups examined, the majority of respondents reported that they “sometimes” or “most of the time” thought that other students committed most of the crimes on campus. There was a significant difference for this item by major, with CRCJ majors (32%) being more likely than non-CRCJ majors (24%) to respond that they “never” thought it was other students who committed crime on campus. Still, it was a minority of both CRCJ and non-CRCJ majors who responded in the “never” category. In terms of residence location, students who live off-campus (30%) were more likely than those living on-campus (20%) to respond that they “never” thought other students committed crime on campus. Perhaps students who live on-campus are more mistrusting of other students because they spend more time with them, living near them as well as attending classes with them. Even though the difference is statistically significant, both students who live on-campus and those who live off-campus have a similar response pattern to this item.

Table 5. Student Perceptions of Campus and Other Students

	CRCJ	Non-CRCJ	Male	Female	Live On-Campus	Live Off-Campus
Student Perceptions of Whether Other Students Commit Crimes on Campus						
Most of the time	18.1	14.1	16.0	15.8	11.3	17.1
Sometimes	50.4	61.8	56.3	58.7	68.9	53.4
Never	31.5	24.0*	27.7	25.5	19.8	29.5**
Percentage of Students Who Feel Safer On-Campus than Off-Campus						
Most of the time	39.7	33.6	32.0	38.8	45.8	31.5
Sometimes	41.3	50.4	46.6	49.7	41.1	50.9
Never	19.0	16.0	21.4	11.5**	13.1	17.6**
Percentage of Students Who Feel Most On-Campus Buildings Are Crime-Free						
Yes	68.8	73.3	68.9	75.3	72.0	72.7
No	31.2	26.7	31.1	24.7	28.0	27.3
Percentage of Students Who Feel Most On-Campus Parking Facilities Are Crime-Free						
Yes	42.5	45.6	47.8	40.2	47.7	43.1
No	57.5	54.4	52.2	59.8	52.3	56.9

*Chi-square significant at 0.10

**Chi-square significant at 0.05

The second item concerning student perceptions of the campus asked respondents whether they felt safer on-campus than they did off-campus. Whereas some students might not be comfortable admitting that they are fearful of crime on-campus, they may be more willing to admit that they feel that the campus is relatively unsafe. In this sense, asking about safety on-campus might be an indirect measure of fear. As seen in Table 5, the majority of respondents in each group felt safer on-campus than off-campus at least “sometimes.” There was no significant difference for this item by major; there were, however, statistically significant differences by both sex and residence location. Men (21%) were more likely than women (12%) to report that they “never” felt safer on-campus than they did off-campus. In addition, students who lived off-campus (18%) were more likely than those living on-campus (13%) to report that they “never” felt safer on-campus than they did off-campus.

In order to determine if students were more worried about some places on campus compared to others, respondents were asked if they thought the on-campus buildings and parking areas were crime-free. As shown in Table 5, students generally felt that the on-campus buildings were crime-free and that the parking areas were not. This gives some indication that fear on-campus may be unique to certain areas and not to the campus as a whole. There were no statistically significant differences for either of these measures by major, sex, or place of residence.

Use of Protective Measures on Campus

Respondents were asked whether they employed certain protective measures while on campus. As shown in Table 6, the majority of respondents did employ the first five protective measures examined: (1) always locking doors and windows, (2) parking as close to their classroom as possible, (3) knowing how to contact campus police, (4) moving the car closer to the building for night classes, and (5) parking in lighted parking lots at night. There was one significant difference

among these items by major and sex of respondent. CRCJ majors were significantly more likely to park in lighted parking areas at night than were non-CRCJ majors. Only a minority of respondents reported employing the remaining three measures: (1) walking to their car with a friend after their last class, (2) avoiding certain places on campus, and (3) altering class schedules due to fear of crime. There were statistically significant differences for each of these measures. Female respondents were less likely to walk to their car with a friend after their last class of the day. They were also more likely to report that fear affects class scheduling. When viewed together, perhaps women are less likely to walk with friends at the end of the day because they tend to schedule classes at times of the day they feel are safe. Non-CRCJ majors were more likely to report that fear affects their class scheduling and are more likely to report that they avoid certain places on-campus. In all cases, however, the majority of respondents did not employ any of these three protective measures. It could be that students are not as able to employ these protective measures as they are the others. Students might have little choice of when to take many classes, regardless of any fear they may feel on-campus. Likewise, avoiding some places on-campus might be difficult as students are not in control of where classes are scheduled. Lastly, walking with friends at the end of the day might be difficult if their friends' classes do not end at the same time theirs do. Unlike the first five measures, then, there are aspects of these last three that are to some extent out of the students' control so that even if they would prefer to employ such a measure, they may not be able to do so.

Table 6. Percent of Students Employing Protective Measures by Major and Sex (Percent Answering Yes)

Variable	CRCJ	Non-CRCJ	Male	Female
Always lock doors and windows	91.3	89.4	89.4	90.2
Park close	71.4	77.4	77.5	72.3
Know how to contact campus police	68.5	61.5	59.9	66.7
Move car closer for night classes	56.8	54.8	57.4	51.9
Park in lighted parking lot at night	73.6	61.2**	65.5	63.9
Walk to car with friend after last class of day	16.5	19.6	22.1	15.2*
Fear affects class scheduling	19.7	27.8*	20.8	28.8*
Avoid certain places on campus	24.4	33.5*	31.4	29.3

*Chi-square significant at 0.10

**Chi-square significant at 0.05

Chances of Victimization in the Next Year

Previous victimization and race/ethnicity were significantly related to respondents' perceived chances of victimization in the next year (Table 7). Asians and Pacific Islanders were more likely than other ethnic groups to feel they had no chance of being victimized in the next year. Hispanic respondents reported a 10 to 20% chance of being a victim in the next year and were the least likely group to report a chance of victimization of 50% or more. Respondents who had experienced some form of victimization in the previous year perceived a higher likelihood of victimization in the upcoming year. There were no significant differences in perceived chances of victimization by major, however.

Table 7. Perceived Chances of Victimization Next Year by Major, Race/Ethnicity, and Victimization Experience in Past Year

	CRCJ	Non-CRCJ	White	African American	Hispanic	Asian/Pacific Islander	Other**	Victim	Not Victim*
0%	11.8	9.6	9.0	11.1	8.6	17.8	8.0	2.2	11.0
10-20%	36.2	44.8	43.6	27.8	56.9	37.8	24.0	39.1	42.4
30-40%	21.3	23.8	26.5	24.1	17.2	11.1	24.0	17.4	23.3
50%+	30.7	21.8	20.9	37.0	17.2	33.3	44.0	41.3	23.3

*Chi-square significant at 0.05

**Chi-square significant at 0.01

Discussion

While the sample used in this study was purposive and not representative of all disciplines on campus, there were some noteworthy differences between CRCJ majors and students majoring in other disciplines. Students majoring in CRCJ were significantly less fearful of violent victimization on-campus in general, and when on-campus, whether alone, with someone, or at night. There were few differences between CRCJ and non-CRCJ majors in regards to fear of property victimization on-campus. CRCJ majors were significantly less fearful of property victimization when walking with someone on-campus at night than were non-CRCJ majors. There were no significant differences by major for perceived safety on campus, perceptions of crime in the buildings, perception of crime in the parking areas, or perceived likelihood of victimization in the next year. CRCJ majors were less likely to perceive that students were responsible for most of the crimes committed on-campus. Perhaps this more trusting attitude towards other students links to the significantly lower levels of fear on-campus among CRCJ majors. If CRCJ students are less likely to look at other students as potential offenders, it would make sense that they would be less fearful of crime on-campus.

In terms of taking protective measures, CRCJ majors were more likely to report parking in lit areas of the parking lot for night classes, but significantly less likely to report that fear affects their class scheduling and that they avoid certain places on-campus. Logically, lower levels of fear on-campus would not necessitate avoiding certain places and would have less impact on class scheduling. Being more likely to take the self-protective measure of parking in lit places could lead to reduced levels of fear of victimization, at least of property victimization of the vehicle or violent victimization in and around the vehicle. This latter possibility is consistent with lower levels of fear of violent victimization found among CRCJ majors.

While the differences that do exist in this study by major may not be generalizable to other campuses, they would suggest the need for further research examining fear of crime on-campus, focusing on discipline or major. If there is something about a CRCJ education that does reduce fear of crime, perhaps this is something that university administrators could incorporate in new student orientations and/or curricula to address issues of fear of crime on-campus. It is important to note, however, that the data examined in this study cannot be used to determine why CRCJ majors have lower levels of fear on-campus, why they have some different

perceptions regarding crime by other students on-campus, or why they show some differences in the use of protective measures. It could be that CRCJ education leads to reduced levels of fear. It could also be that students who choose to major in CRCJ are less fearful of crime before they choose that major. Instead of or in addition to examining the major, it would be more useful to examine the number and type of CRCJ classes that have been taken. If there is something about the CRCJ curriculum that impacts feelings of fear and perceptions of campus, it would be worthwhile for campus administrators to be aware of this. While responding to actual crimes that occur on campus is of utmost importance, responding to feelings of fear and safety on-campus is also imperative. Students who feel safe would be more likely to spend time on-campus, to use existing resources, and to possibly take night classes, thereby reducing the problem of large enrollments in day classes.

While only a minority of students reported that they “never” felt safer on-campus than off, it is noteworthy that in the overall sample, 17% of students “never” felt safer on-campus than they did off-campus. From an administrative point of view, this might be a significant proportion of students who feel unsafe and could indicate that more should be done to enhance feelings of safety on-campus. Coupling this finding with those surrounding perceptions of campus buildings and parking areas, university administrators may be able to begin to understand where students feel unsafe on-campus. With this knowledge, implementation of various security and/or environmental design techniques can be employed to increase feelings of safety and reduce fear of victimization. Future research examining fear of crime on-campus, then, should certainly consider specific locations on-campus and not just the campus as a whole.

The findings regarding fear of men and women in this study are consistent with previous research. When there is a difference, women are more fearful. In light of the research that shows women to be generally more fearful of crime, especially face-to-face crime due to fear of rape, one would expect to find significant differences between males and females for violent victimization. In this study, this was not the case. It is possible that the female students in this study were not fearful of rape occurring on-campus, causing their fear of violent victimization to be similar to that of men. Future research examining fear on college campuses should specifically include fear of rape in order to ascertain whether or not such fear drives fear of crime for female college students as it seems to do in other samples of women. Future research should also examine other crime-specific measures of fear in order to determine which violent and property crimes students are most likely to fear. This more specific knowledge could serve to improve any response that university administrators choose to make regarding fear on-campus.

While there are several important issues regarding fear of crime on a college campus highlighted here, there is certainly more work that needs to be done. Suggestions have already been made for future research in this area. In addition, more complex analysis is also warranted, with inclusion of relevant control variables related to fear of crime. For a more complete understanding of fear of crime on-campus, inclusion of staff and faculty is also warranted. While fear of crime among students can have a real impact on their experiences on campus, university staff and faculty are usually more permanent fixtures on campus—certainly their feelings of fear are relevant in the creation of a safe working atmosphere.

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Physical Ability in Law Enforcement: Perceptions of Chiefs and Supervisors

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Introduction

There is a tacit understanding in American society that law enforcement officers need to maintain strength and endurance to adequately serve and protect the public. A number of active duty officers have asserted that the public demands a fit officer (Bissett, 2007), and the same has been supported by research evidence (Tinsley, Plecas, & Anderson, 2003). There is no doubt that mass media influences this expectation. In keeping with the perception that an officer needs to be capable of taking physically demanding action, law enforcement agencies have a long-standing tradition of requiring new recruits to meet high physical fitness standards to qualify for employment. The justification for physical ability testing logically flows from the notion that law enforcement agencies are obligated to provide reasonable protection to communities and citizens, which may include physically demanding emergencies and confrontations (Boyce & Hiatt, 1992).

However, while many agencies employ demanding entry-level physical agility criteria for the selection of new law enforcement candidates, agencies have not traditionally sustained those requirements for incumbent officers to ensure a life-long fitness standard. In fact, very few departments in the United States maintain ongoing proficiency testing for any on-the-job performance other than those involving weapons or emergency vehicle operation. The contradiction between requiring a physical ability test to become an officer and not requiring ongoing ability testing after employment suggests a number of questions. How important is physical ability in the actual day-to-day activities of being a law enforcement officer? If physical ability is not important, should it continue to be a factor in hiring new recruits? If physical ability is important, should fitness standards be required for annual recertification? Finally, where does physical ability rank when compared to other competencies considered important to the job of policing?

The relative importance of physical fitness of law enforcement officers is a highly debated topic in contemporary police administration and criminal justice literature. Law enforcement administrators are struggling with the balance of actual occupational needs for daily activities and the needs required of officers to respond to critical incidents. They are weighing the costs-to-benefits ratio of training and testing expenses with potential increases in productivity and reduced absences associated with a more physically fit force. Most interesting in the debate is the fact that a majority of officers receive adequate to above average performance ratings without ongoing ability assessments, and a number of otherwise well-performing incumbent officers would in fact fail to pass the rigorous ability standards required of most new hires. In general, it has been suggested that there is likely inordinate significance placed on physical ability in relation to the actual physical demands of

the job, and especially related to those factors that are considered highly important such as integrity, self-control, and interpersonal skills (Bissett, 2007).

Is Policing a Physically Demanding Job?

A great deal of research exists documenting the negative results of the sedentary nature of policing (Lonsway, 2003). Job analysis surveys have generally indicated that the majority of an officer's time is spent sitting, walking, and standing. In one police department studied, officers actually sat an average of five hours per shift (Birzer & Craig, 1996). Even when police officers acknowledge that they have been confronted with instances where high levels of ability were required, the frequency has typically been very low in comparison to the time spent performing tasks requiring little physical fitness or ability, and the stamina and endurance required is often much shorter than what is assessed in many test protocols. Officers seldom if ever actually maintain a foot-pursuit in excess of one or two city blocks, a fact that is supported by a number of published job analyses which poll officers regarding the physical demands of their specific assignments (Lonsway, 2003; Maher, 1984). Furthermore, it has been asserted that physical activity in policing is primarily a result of criminal investigations rather than the pursuit of or need to subdue criminals: "If only a few [officers] are performing most of the [physical] tasks, and a substantial number perform none, then it may be difficult to argue that physical tasks are critical to successful performance of the police function" (Maher, 1984, p. 182).

It has also been reported that attacks on police officers are not all that common. One estimate is that only one-fifth of all police officers are attacked in any one year (Horstmann, 1973), a relatively low percentage of officers overall in an estimate that itself seems liberal. Interestingly, Chapman and Swanson (1974) found no correlation between officer size and assault rate, and Schwartz and McGowen (1973) found no significant relationship between assaults and officer height. Furthermore, Charles (1982) documented that on-duty officer deaths are not typically the result of physical weakness, but, rather, the deaths are due to circumstances beyond their control or as a result of poor judgment.

Essentially, physical strength, especially the physical strength of a single law enforcement officer, "is less important for effective policing than general fitness that reduces injuries and ill health *along with the development of negotiating skills and physical restraint techniques*" (Prenzler, 1996, p. 321, as cited in Lonsway, 2003, emphasis added). The Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) (2000) published survey results from 808 agencies that were asked to rate the top ten competencies among police officers on a scale from "least important" to "critically important." As stated earlier, physical ability was last on the list. Integrity, self-control, and dependability were first, second, and third, respectively. What is interesting is the fact that situational reasoning was fourth and initiative and interpersonal skills were tied for fifth and sixth place. Integrity, dependability, and initiative are ethical elements of character, not measures of ability. Thus, in terms of actual abilities, self-control, situational reasoning, and interpersonal skills were for all intents and purposes first, second, and third on the list of most desirable competencies for officers, and each of these competencies has a clear role in the resolution of a critical incident that might require law enforcement officers to use physical strength and endurance.

Proponents of physical ability testing, however, focus primarily on the physical demands of critical incidents and the officers' need to be adequately prepared for such events when they do occur, no matter how infrequently (Collingwood, Hoffman, & Smith, 2003). Lonsway (2003) argued that the ability to manage resistant suspects is the most important and most controversial in terms of an officer's physical ability. However, she also pointed out that officers all over the country perform this function many times a day despite the fact that they may not be particularly large, muscular, or athletic, and she noted that many officers hired in departments that did not require physical testing for hiring eligibility are also successful at this task. Furthermore, evidence in the literature suggested that fit officers are no more likely to be assaulted than unfit officers; they are no more likely to avoid shootings than unfit officers; and there is no correlation between physical fitness and the ability to gain respect (Maher, 1984).

A more reasonable argument regarding a need to attend to physical fitness regarding law enforcement officers would be to focus on the fact that as a group, law enforcement officers suffer more health complications than the public as a whole. Research has indicated that police officers as a population are generally in poorer health and less physically fit than members of the general population (Ebling, 2002; Maher, 1984; Norvell & Belles, 1993; Richmond, Wodak, Kehoe, & Heather, 1998). The literature has documented the fact that police officers suffer more often from heart disease, hypertension, and diabetes than the general public and have an above-average risk for heart attack, obesity, arthritis, ulcers, and cancer as well as an increased risk of depression and suicide (Ebling, 2002; Norvell & Belles, 1993; Richmond et al., 1998; Shell, 2005). Unfortunately, the majority of physical ability or fitness standards that exist in contemporary policing are focused on the critical incident rather than on holistic wellness.

The purpose of the current research project is to further examine and clarify the perceptions of law enforcement administrators and supervisors regarding the relative importance of physical ability competencies for law enforcement officers. The goals are to gain a better understanding of the role of physical ability versus physical fitness, to clarify the relative importance of physical ability related to other characteristics and skills deemed important for law enforcement officers to possess, and to gain information pertinent to related policy and procedure recommendations.

Methods

Two series of focus groups were conducted to assess law enforcement perceptions as to the priority and role of physical ability in law enforcement activities. The first focus group included five chief law enforcement administrators in the Houston area. The second series of three focus groups included ten front-line supervisors, also in the Houston area. The focus group design was selected to allow for in-depth discussion of the topic by participants. The focus group format afforded participants the ability to elaborate on their perceptions about the relative importance of physical ability for law enforcement officers.

Focus group participants were recruited using a combination of convenience and snowball sampling methods. Chiefs of Police were contacted through business relationships and asked to participate in the first focus group. For the second series of focus groups, it was requested that Chiefs of Police approach their front-line

supervisors regarding voluntary participation in the research project. Additionally, the principle investigator contacted front-line patrol supervisors known through business and personal relationships to request participation or referral of other supervisors for participation. It was made clear that participation was absolutely voluntary.

The focus group sessions were conducted at a neutral location: on a college campus in a conference room that was conducive to the interviewing and discussion techniques of focus group research. Five specific questions were asked to focus the discussion. Participant responses were recorded manually by a research assistant. To protect participant anonymity, no audio or video recording devices were employed, and no identifying information was recorded or linked to the responses.

Results

Some differences were noted in the responses of chief administrators and patrol supervisors. In contrast to the chief administrators who were primarily focused on agency needs, the patrol supervisors focused mainly on issues specific to the individual officers. The chief administrators considered critical incidents from both sides in terms of positive outcomes for all parties involved (officer and suspect). However, among the supervisors, the focus of concern was the safety of the individual officer above all else. Similarly, the chief administrators focused on liability issues, whereas supervisors worried more about injuries and absences related to injuries that would create manpower scheduling challenges.

Importance of Physical Ability

Based on the opinions shared in the focus group discussion, a number of significant findings were identified. The chief administrators clearly reported that physical ability continues to be important, but they gave context to the importance in relation to the impact of physical health on other dimensions that affect the commission of law enforcement duties. As administrators, they recognized that smaller departments, particularly in rural areas, cannot afford to be as selective in terms of physical ability. As a result of low pay, lesser benefits, and fewer opportunities for advancement, the pool of qualified applicants or officer candidates is diminished in these areas. One participant illustrated this point well: "When you have a larger department, you can ask for more—just healthy is enough at times. . . . If someone can come to work and do all the duties, he may not be as fit as you would like, but healthy is enough." The underlying current running through this theme is that skill sets needed by officers at various departments will be different, given the climate, population, and specific job demands faced by the officers in each unique area. Additionally, as one chief administrator pointed out, "two men versus two thousand men, where back-up is fifteen versus two minutes away matters," when determining the minimum physical requirements for policing in specific areas.

While the chiefs agreed that physical ability ranked below the other characteristics and competencies, they also acknowledged the reality that there is always the potential for a physical altercation. As one participant rhetorically asked, "What level are we willing to come down to related to physical fitness—the physical

ability that can address 98% of situations, or 100% of the situations?" This point was illustrated by another member of the group who stated,

The caveat is, what about that crazy guy where none of this works and officer safety is an issue? Our real concern in all of this is the safety of the officer himself, the officers he may be working with when more than one responds to an incident, or the safety of a citizen the officer needs to assist and the physical ability needed for that situation. Really it comes to that—the safety of the officer, assisting officers and citizens. We want a degree of physical fitness and ability to handle those situations.

All participants agreed that safety was an important consideration.

In contrast to the chiefs, a majority of the supervisors placed greater importance on physical ability. Based on what the supervisors discussed, physical ability was rated as "extremely" important at the street level, even though one supervisor recognized that "a lot of out-of-shape officers still do a pretty good job." The overwhelming majority, however, stressed physical ability as a "critical" competency. As one participant noted, "it can be the difference between life or death," and another described it as "the most indispensable tool to be kept in their toolbox."

One supervisor framed the importance of physical ability when he said, "Departments' struggle in trying to find or set a standard is indicative of how important it is because it is a physically demanding job." Another supervisor pointed out that "just working in some climates in a full uniform and a vest is physically demanding." In addition, the supervisors recognized the need of an officer to acclimate to extreme changes in activity level. As one supervisor explained, "It [physical ability] is extremely important because an officer goes from sitting in a patrol car, to standing to negotiate a family disturbance, to running down the street in pursuit of a suspect, back to sitting in a patrol car again. . . . [F]lexibility is extremely important."

While initially the supervisors were adamant that physical ability was of the utmost importance to the commission of law enforcement duties, as the discussion progressed, many of them tempered their opinions. One officer stated it best when he said, "on any given scene it [physical ability] can be absolutely the most important tool an officer has, but on any given day, it can be the least important."

Similar to the results of the chiefs' discussion, supervisors recognized the relative importance of physical ability requirements depending on the actual division in which the individual officer is assigned: "It is more important for the patrol officer than for a detective. . . . [O]n the street level, it becomes very important, but it is secondary the higher you go." Supervisors also discussed the need for higher requirements for more physically demanding assignments such as S.W.A.T.

Physical Ability Related to Other Characteristics

When chiefs were asked to rank the importance of physical ability compared to the importance of other critical characteristics and competencies, such as dependability, integrity, initiative, situational reasoning, interpersonal skills, and self-control, all participants ranked other characteristics and competencies as more important than physical ability. There was a general consensus among the

chiefs that most physical confrontations could be avoided by officers employing a combination of self-control, situational reasoning, and interpersonal skills. One chief asserted the opinion that “more often than not, it was poor reasoning skills that led officers to physical altercations”; and another participant stated, “You are better off with situational reasoning and interpersonal skills to de-escalate a situation with minimum physical involvement rather than resorting to a physical response.” All other chiefs agreed with the statement by one chief that an officer “can be out on a scene dealing with people and everything can be cool, but when a certain officer shows you begin to look for your baton because you know a fight is coming for Mr. Lack-of-Interpersonal-Skills.”

An equally important point was made regarding the option to retreat: “There are so many alternatives to physical confrontation in what we do, including retreat. . . . [W]hen we started law enforcement, we did not retreat from anything because we were not smart enough. We headed into situations that, had we stopped and thought about it, we would have never gone in.” And there are inevitably situations that no matter how fit an officer is, he or she may be overwhelmed. One chief stated, “I can think of a couple of examples from way back when, where no matter how physically fit I would have been, there was a situation where it would be a serious problem for me to fight a certain individual.” Another chief summarized the relative importance of physical ability in this way: “If you don’t have the other three [situational reasoning, interpersonal skills, and self-control], then you better have physical ability because you will be using it a lot. I would rate it last. I guess I would not hire an officer with just physical ability because he would likely be in more confrontations.”

When the chiefs rated the relative importance of situational reasoning, interpersonal skills, and self-control with physical ability, they were in agreement with regard to the fact that physical ability would be near to if not last on the list. Across the three focus group sessions for supervisors, there was much greater diversity of opinion about the relative importance of physical ability. While one supervisor’s opinion was that physical ability was of least importance, others thought it was of greatest. One supervisor stated, “Your front-line police officer is responding to report calls and low risk calls. The officer’s reasoning skills and use of discretion and analytical thinking come into play more than the physical ability aspect.” Another stated, “It’s extremely important. An officer’s life depends on their ability to be physically fit in a foot chase or altercation, or something like that. You put yourself in danger while you are doing the job; you need to be physically fit to deal with those situations and not endanger your life as an officer.” Yet another supervisor supported that argument by stating, “Physical ability [is one of the top two qualities of an officer] because there is no substitute for it when it is needed. Where the rubber meets the road, you need it.” One participant differed from the others in his group and stated,

I’d have to differ a little bit. I would have to list integrity as number one because I would rather have an out-of-shape officer I can trust to do the right thing than a Superman that I can’t trust whether he will process evidence properly or be more concerned with getting phone numbers [from women] on a traffic stop. It does not diminish the importance of physical fitness, but in my opinion, I would rather have integrity number one and physical ability number two. An officer without integrity will stub his toe and be out for six months.

Each of these differing opinions supports the complexity of determining the relative importance of physical ability and the requisite need to set a standard to measure it.

When asked to rank the qualities, each supervisor offered different rankings, but all agreed the characteristics and abilities listed were important. One supervisor stated that “situational reasoning, interpersonal skills, and self-control are the things you use to try to keep you out of a physical confrontation.” Another agreed, “If you have no self-control, communication skills, and situational reasoning, you will probably initiate a confrontation that could have been avoided in the first place.” Still another explained,

I have seen uniform officers that are weight lifters that will make a mountain out of a mole hill. And I have seen a 4'9" female officer calm the whole situation down through her interpersonal skills. I think physical ability brings some confidence to actually get in there, but it's not the most important. I agree that self-control, situational reasoning, and interpersonal skills all go hand in hand, but I could not rate physical ability number one there.

These findings are consistent with opinions expressed by the chiefs such that an officer’s interpersonal skills and the ability to communicate may make the difference between a physical confrontation and a diplomatic resolution.

Benefits of a Healthy Officer

Overall, the chiefs agreed that a physically fit officer is more likely to be an emotionally fit officer, with relative importance stressed on the latter. One chief stated, “[P]hysical fitness has a bearing on the emotional fitness of an officer and the emotional fitness is of much greater importance to law enforcement in this day and age, more so than traditionally thought in the past.” It was also stated that “if [the officers] have emotional and psychological tools in their toolbox, 99 out of 100 times they can get themselves out of a situation with the potential for a physical confrontation. I think fitness helps in the way that it helps maintain mental health and psychological wellness.” The entire panel of chiefs agreed physical attributes and fitness contribute to mental preparedness for the job.

Similarly, the supervisors tended to agree that there are a great number of benefits to maintaining a police force of physically fit officers. Most notably, the focus of the supervisors was on the health and wellness of individual officers and the strain on the job of the supervisors and other officers when an out-of-shape individual exhibits high absenteeism due to frequent illness or injury. One supervisor stated, “Physical ability adds to the health and well-being of an officer; it adds to the dependability. When an officer is more physically fit, there is automatically less sick days and less injuries.” Another supervisor reported, “In a department where I have worked, there was clear evidence that sick days were down and performance was up when we had a fitness standard.”

The supervisors discussed the fact that, in many cases, a healthy officer has the added benefit of protection from injury, or more rapid recovery should an injury occur. As one supervisor noted, “You may trip or stumble, and you are less likely to be injured when you are physically fit.” The flexibility, strength, and endurance of a fit officer was perceived as a protective factor: “An officer in shape who keeps

up with their physical fitness level may be healthier with less medical problems. For instance, if you are injured, you will recuperate better than someone who does not maintain their level of health.”

Beyond preventing or healing injuries, the supervisors recognized the psychological gains of a physically fit officer that were also noted by the chiefs. One supervisor regarded physical fitness as a factor in the overall efficiency of an individual officer. He stated, “It has to do with productivity. If you are more healthy (sic), you are more active, and if you are more active you are more productive.” Another supervisor related overall physical fitness to the level of initiative an officer might have. He stated, “I think an officer who is in shape will have more initiative because of expanded limits due to being in shape. He will be more likely to take initiative.” This was also supported by another participant who asserted, “If you have an officer that works out and takes care of himself, he will have more energy and want to go out and do more than an officer who does not and is out of shape. I would say physical fitness plays a role in the overall productivity of an officer.”

Finally, a significant benefit of a healthier patrol force was identified by one participant who pointed out that with regard to health insurance, employee and employer contributions are impacted by the level of medical care utilization of the employees. The participant stated, “Granted you want them healthy. . . . [T]he employee and employer contribution (for health insurance) has been raised because of poor health.” There are also additional costs associated with overtime used to cover officers who are absent due to illness or injury, particularly in smaller departments where manpower minimums are a consideration.

Developing a Fitness Standard

Similar to the issue of safety, all the participating chiefs agreed that there was a continued need to promote physical health and wellness among law enforcement officers—if not for the need to be prepared for the potential physical altercation, then for the need to extend the longevity of officers’ careers and lives. One chief highlighted this need when he stated that “many officers retire and die soon thereafter because of . . . poor health.” Further stressing the need for a broad approach to physical health and fitness, another chief asked and stated, “How do you develop a standard that at times might force individuals to go and get a checkup to find out their cholesterol level? I am the first to admit that I am guilty of not doing that stuff. Not that it is necessary for the 1 out of 199 times you might fight a guy on the street, but look at how it relates to healthiness in the workplace.”

Ultimately, it was asserted that the answer is not simply to develop and validate excellent physical ability tests that fit the needs of a specific department but, instead, to take a holistic approach and provide support and cooperative assistance along multiple facets of the problem:

You take a comprehensive approach to fitness or wellness. Don't just implement a policy that says run this far, do this many push-ups and sit-ups, without providing the support for officers to meet the standard. And provide them with the facilities and equipment needed to accomplish that standard. Don't take a "God I hope you make it" attitude. Also do the education that is needed to support it.

Furthermore, participants suggested that incentives are likely to help with officer participation and success. One participant observed, "Most of us give educational incentives; we should give physical fitness incentives."

Building upon the variety of benefits of a physically fit officer identified throughout the discussions, the patrol supervisors also outlined a number of key points related to the development of a specific physical ability standard. One supervisor expressed the need of a standard as an obligation of the administration to its employees. He stated, "The administration has an obligation to protect the officer, and physical fitness will help the officer from getting hurt." Another noted, "I don't think it's too cruel and unusual for an executive to say you will make certain improvements whether it was measured in yards or inches, but I think he can mandate certain goals and standards. I think he has to."

Despite their clear sense that a physical ability standard is needed, the supervisors recognized the fact that setting a specific standard is a complex issue. As one participant explained, "There is more to figuring out what the standard is than to say bench this, run this far, or have this height/weight ratio." Others recognized that the physical demands of the specific department need to be taken into consideration. One supervisor explained, "It depends on the agency itself because there are smaller agencies with chiefs out on the street." And another elaborated, "If the officer is constantly having to exert his energy, there is where I could see it was more critical for the officer. If it is a smaller department with less call volume, it may not be as important. . . . [I]t depends on the level of activity required of the officer."

In addition to departmental demands, the groups identified the fact that the specific tasks to be measured and assessed do not always closely align with an officer's true capacity to carry out his or her responsibilities. One supervisor noted that there are "guys who are in good shape, but who are not in well-rounded shape. They can stretch the uniform sleeves out, but they can't run and can't stretch at all." As another supervisor affirmed,

It is not that anyone ever has to run two miles. It is a way of measuring what you are capable of. The equivalent might be swimming one mile or having to fight three and a half to four minutes. . . . What are we measuring? Anaerobic ability, because if you are in a fight for 30 seconds and can't run one and a half miles, then you are done, and can't do other things to secure the scene and safety.

This supervisor was stressing the importance of endurance versus that of physical ability in general.

Implementing the Standard

The chiefs recognized the need to motivate participation once a specific standard was established. The need to motivate officers and address officer complaints about physical ability requirements was also discussed by the patrol supervisors. As one supervisor perceptively clarified, "If it's not mandated, it's not going to happen." The group recognized that the vast majority of officers are required to prove they are physically capable by passing an ability test as a requirement of the hiring process. For some, the lack of mandatory physical ability testing for

incumbent officers translates into a lack of motivation to maintain a high level of physical ability: "Once you get in, there is no encouragement to continue with physical fitness."

It was noted by one participant that "it seems that the ones who will work out do it for themselves, not because of pay or time," but other participants asserted that an incentive program would improve officer participation. One argument is that "Officers do not come to work to work out, and when they go home, they do not go home to work out. I think if it is treated as a critical need, then it needs to be part of the workday." Another officer agreed when he said "[Y]ou have to afford them time to work out either at work for pay or comp time, or for some kind of compensation."

One supervisor astutely noted that monetary rewards are often not as economically rewarding to the officer considering what they could earn at an extra job as opposed to time spent working out at their own expense. As a group, the supervisors acknowledged that the department needs to make an obvious show of support to help motivate officers: "Just saying that officers have access to a fitness facility would not be adequate." Many suggested that departments provide workout equipment or gym memberships. One stated, "It is always better to have your own departmental facility, even if it is just the bare minimum of a treadmill, an elliptical, a bow flex all-in-one type, a universal, and a bike in your building. If they are there, they either hang their uniforms on it or use it; and I think they'd use it."

The supervisors also suggested that motivation is spurred by officers working together to meet the fitness standards. When officers have an opportunity to work out in a group, they are more likely to be successful and maintain a regular fitness routine. One supervisor stated, "If it is just one person trying to maintain a workout program, there is not so much motivation; but when you get together a group of officers and get a little competition in it, they are more motivated than if they have to go out on their own."

Based on comments made by the supervisors, mandatory programs are more likely to be successful if there is positive reinforcement for officers who meet the standard or make noticeable improvement toward the standard. It does not matter if the positive reinforcement is in the form of monetary compensation, compensatory time, or some other form of recognition as simple as a letter of commendation: "And if someone does not meet the standard, go back to counseling or remedial training. That is not being negative; that is working with the officers."

Regarding officer complaints about a new requirement, the supervisors fell back on the fact that they are required to show annual competency in many areas, including cultural sensitivity, ethics, defensive tactics, and firearms ability. One supervisor explained,

We can compare this to firearms qualification. No one has a problem with a potential fire [termination] if an officer cannot qualify with a firearm. We have officers that work up until their late 60s as long as you look at it as the same with that. Ever hear anyone complain you can't fire me because I can't hit that target? . . . We get a lot of "Oh my God, you can't do this to me." How is it different from firearms? As supervisors, we have to sell this, that it is positive.

This participant's admission of the supervisor's role in promoting any policy for a department is important. It does not seem reasonable to qualify with firearms several times per year when statistics indicate that only a small percentage of officers ever actually fire their weapons on duty, and yet despite the physical demands of the job, very few departments assess physical ability proficiencies other than those necessary for employment.

Implementation Challenges for Incumbent Officers

Everyone on the panel indicated compassion and concern for incumbent officers and whether or not they would be able to meet standards applied by mandatory fitness exams. All of the chiefs were concerned about those officers. While some of the supervisors were concerned about those officers, the patrol supervisors were much more concerned with managing the morale issues associated with implementing a mandatory physical ability assessment program. On the one hand, participants acknowledged the developmental degradation that naturally occurs with age: "The idea of a fitness test where a department gives one test to all its officers and expects the same performance is not realistic or feasible because as people get older, they can't perform certain things; that is just a fact." On the other hand, the group recognized the fact that an officer on patrol is an officer on patrol. In a single department, for individuals given comparable patrol assignments, "the 60-year-old officer is held just as responsible as the 20-year-old officer because they are still in the same predicaments at work." There is logic to the argument that if a skill is to be required, it should be required of all members who perform the job: "New officers say, 'If I have to jump, why can't he have to?'" This further supports the notion reported above that a variety of assessments should be employed such that the officer should be able to choose between equivalent activities to evidence their own competency in the area of physical ability. Furthermore, the supervisors acknowledged the fact that incumbent officers would need time to train for fitness testing and to meet newly defined fitness standards.

One participant asked, "How can you have an officer successful in the department for 20 years and then all the sudden tell them they are not fit to do the job?" Another stated, "There is no feasible way to tell an officer they were acceptable yesterday and are not today." The consensus was summed up by one participant who remarked, "If you are [to] implement something like that [a mandatory physical fitness standard], you have to give officers adequate time to meet the standard. . . . [Y]ou can't tell veteran officers, ok you have to test today, without any notice."

Discussion

The purpose of this current research endeavor was to further develop what was learned from chief law enforcement administrators and to assess the perceptions of front-line law enforcement patrol supervisors regarding the relative importance of physical ability competencies for law enforcement officers. The goals were to gain a broader understanding of the perceived role of physical ability and to gain information pertinent to both the development and implementation of related policy and procedure recommendations.

It appeared that, overall, the supervisors placed greater importance on physical ability than did the chief administrators. While the patrol supervisors acknowledge the importance of other attributes, including situational reasoning, interpersonal skills, and self-control, they still showed a tendency to rank physical ability higher than the chiefs. This difference may be attributable to the fact that in the overall scheme of their specific job requirements, physical ability is a much smaller fraction of the focus of chiefs than it is for supervisors. The implication of low physical ability has a much more immediate impact on the patrol supervisor who endeavors to fill his or her shift with capable officers, whereas the chief is more focused on agency-level liability such as that realized when an unfit officer employs the use of a taser or firearm to compensate for lack of physical ability. In the chief study, all of the participants readily ranked competencies such as situational reasoning and integrity above physical ability, but none of the participants were willing to discredit the importance of physical ability altogether. In the case of the front-line supervisors, more credence was given to physical ability such that a few of the supervisors adamantly asserted that physical ability was equally important to all the other characteristics of a law enforcement officer and was "crucial" to the commission of law enforcement duties.

Moreso than the chiefs, the patrol supervisors enumerated numerous benefits to having a healthy officer. They discussed issues related to lost time injuries, increases in productivity and initiative, and improved morale. In addition, they identified the positive impact on health insurance premiums when fewer officers are injured or out on long periods of medical leave.

Both chiefs and supervisors agreed that while establishing a standard for physical fitness might be difficult, it is necessary. They also agreed that a one-size-fits-all approach to physical fitness standards is unrealistic due to the diversity of various departments, the demands of the job, and the environments in which the officers serve. Chiefs and supervisors alike admitted that voluntary programs are less likely to be successful in improving the overall health of law enforcement officers than mandatory programs. Both groups also acknowledged the importance of agency support in a fitness program such that officers are encouraged in their efforts by means of equipment, or time to work out, or other incentive-related compensation. Nowhere is the need for agency support more relevant than with the incumbent officer who had not previously been required to meet a minimum standard related to physical ability beyond that necessary to initially secure employment.

Policy Implications

It was hoped that a better understanding of the role of physical ability would result and that information pertinent to policy and procedure changes and effective implementation could be recommended as a result of this study. Based on the results of these discussions, it is clear that departments must address the need for a physical ability standard. The difficulty lies in finding an adequate balance between a baseline standard for entry-level officers and a reasonable, realistic benchmark for incumbent officers. Clear implications for policy development include the fact that fitness assessments should be mandatory; specific to the agency and individual assignments; and should allow an officer to evidence his or her physical abilities in a manner with which he or she feels most adept, comfortable, and competent. Additionally, care should be given to ensure that officer success

is positively reinforced and that failure on the part of the officer to meet the established minimum standard is addressed through counseling and remedial training rather than through punishment such as suspension or termination.

While it is abundantly clear to chief administrators and patrol supervisors that individual officers, agencies, and the law enforcement industry as a whole would benefit from the promotion of health and wellness, both groups also continue to struggle with how exactly to measure and quantify the level of physical ability or fitness that should be required. While additional knowledge has been acquired with regard to the importance of physical ability in the execution of law enforcement duties, determinations have yet to be made concerning the relative importance of physical ability when compared to other attributes of an officer such as situational reasoning, interpersonal skills, and self-control. There does not seem to be a consensus among the groups surveyed regarding where physical ability lies in relation to the other attributes discussed.

Limitations and Future Directions

Results of focus group research inherently have limited generalizability given the small sample size used. Additionally, in this case, the use of convenience sampling introduced selection bias. It is possible that the views of the patrol supervisors who participated in this research project are not representative of patrol supervisors as a whole. Future research should endeavor to assess the opinions of a larger sample of the law enforcement administration population. Future research should also seek to assess the perceived importance of physical ability in law enforcement by individuals employed at the front-line patrol officer level. Adequate policy implementation will require buy-in by all parties involved; thus, it is important to understand the perceptions of officers with diverse levels of experience and rank. To this end, it will be important to ascertain the opinions of patrol officers in addition to chief administrators and front-line patrol supervisors. It would also be interesting to assess public opinion. It was the opinion of both a chief administrator and one of the patrol supervisors that the public shows greater respect for and perceives greater competence in a physically fit officer, yet this has not been evidenced in the research literature.

The idea of measuring endurance or anaerobic ability from a larger variety of officer-selected physical tasks has heuristic value. Given that individual officers will make idiosyncratic decisions of response at the scene of a potentially physical incident, it makes sense to also allow an officer to evidence his or her physical abilities in a manner with which he or she feels most adept, comfortable, and competent. Thus, future research should also consider the impact of testing choices on officer engagement in voluntary physical ability certifications and their satisfaction with mandatory physical ability qualifications. Finally, future research should endeavor to survey a wide array of officers from all ranks in order to gain better clarification concerning the relative importance of physical ability in relation to situational reasoning, interpersonal skills, and self-control. While it is certainly important to train for physical fitness, it seems equally important to have a mechanism with which to assess these other characteristics.

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LAPD Officers Win Consent Decree Against Hollenbeck’s “Community Activist”: Woman Filed Over 120 Citizen Complaints Against East LA Gang Officers

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Guadalupe Andrade has an addiction. But she doesn’t abuse drugs or alcohol; rather, she abuses police officers. She is addicted to abuse of the citizen complaint system within the Los Angeles Police Department (LAPD) and in the Office of the Inspector General, attached to the Los Angeles Police Commission.

Over the past few years, “Lupe” Andrade has filed over 120 citizen complaints against scores of Hollenbeck Division officers and supervisors. Only one of these, many years ago, was sustained over a minor transgression. All the rest of them have been investigated and adjudicated as non-misconduct, unfounded, frivolous, demonstrably false, or not resolved.

Andrade has been classified as a “chronic complainant” for some time by LAPD’s Professional Standards Bureau (PSB) and within PSB, the Internal Affairs Group (IAG). But Lupe Andrade is not just a vexatious litigant or complainant. She has a purpose. First, she understands well the mechanics and dynamics of the internal investigative process and disciplinary system. She also knows how to manipulate the requirements of the federal consent decree under which the LAPD has labored for years. She knows, for example, that while a complaint investigation is pending, the affected officer is unable to promote or transfer, and might be removed from field duties. Officers with a lot of complaints, regardless of the disposition, are not considered to be promotable. Complaints remain on their “TEAMS” tracking system for the balance of their careers. They may be referred to Risk Management for evaluation of their fitness. Andrade knows all of this, and she also knows that she can delay the investigatory process by making herself unavailable for an interview. She also presents complaints in the names of persons who cannot be located and perhaps are fictitious, and she offers no assistance to investigators in identifying these (perhaps) imaginary people. One day, Andrade presented six such complaints from others; she returned in an hour to Hollenbeck and presented six more.

A second important feature of Andrade’s scheme is that she targets any officer who is active in the Ramona Gardens Housing Project where the “Big Hazard” violent criminal street gang is entrenched. Andrade disavows gang connections, but two of her brothers are Hazard members, and her targets are gang and vice officers who pursue Hazard gang enforcement. She has learned that she can drive good

officers out of Hollenbeck by peppering them with baseless complaints—they would rather transfer out than suffer further career damage. A typical Andrade tactic is to prowl Hazard “turf” in search of gang and vice officers conducting an operation. She will harass and photograph the officers and provoke and distract them until they turn their attention to her. She may be arrested, and her camera might be seized, but one certain outcome of the confrontation will be a spate of new false complaints.

Andrade would systematically file complaints against supervisors as well in order to ensure that Hollenbeck management would be increasingly conflicted in handling her complaints. Ultimately, PSB-IAG took over all Andrade complaints, which were assigned to one primary Sergeant II investigator, William Kelly, thus giving Andrade her own “personal” IAG investigator. Kelly estimated Andrade’s complaints alone were over 50% of his workload.

The LAPD could not stop Andrade. A city prosecutor succeeded in obtaining a protective order in 2005, which prohibited Andrade from following, photographing, stalking, and harassing Sergeant Andy Rea and Officer Oscar Garza, and from coming within 50 feet of Hollenbeck Station. This order did not restrain Andrade from flooding IAG with more complaints, however.

Our first effort for a group of Hollenbeck gang officers was to sue Andrade under the civil harassment statute, *Code of Civil Procedure* § 527.6. Trial Judge Haley Fromholz dismissed our case, holding that on-duty officers could not invoke this procedure against citizen-harasser Andrade to obtain an injunction to stop her from filing baseless complaints. We appealed that ruling, and the Second District Court of Appeal reversed, finding that on-duty officers can employ the procedures to enjoin and restrain police harassers.¹

The lawsuit that produced the current consent decree was *Lieutenant Gregory Jones, Sergeant Ray Castro, Sergeant Andy Rea and Officer Oscar Garza v. Andrade*, LASC No. BC 355541. In this case, we employed a different strategy. Feeling that our evidence of false and malicious complaints by Andrade was strong, we sued for defamation under *Civil Code* § 47.5, the much-maligned civil remedy allowing officers to sue for false complaints made with malice. The officers’ burden in these cases is very high due to their status as public officials, but we believed we could overcome the high hurdle and sought a jury trial on the damages claims and an injunction from the Court. We tried the case in downtown Los Angeles and drew a good jury with a great trial judge, David L. Minning. After the sixth day of trial, as we prepared to rest the officers’ case, Judge Minning recognized that we had a very strong case, but that a verdict for damages would be a hollow victory for the officers. We knew Andrade had no assets; what we wanted was a potent injunction. Meanwhile, we filed a third lawsuit on behalf of Officer Matthew Meneses, Andrade’s latest target.

Judge Minning kept the jury waiting in the hall while he pushed the parties toward settlement. The result was a stipulated consent decree and settlement which features the following:

- Andrade may not file any further complaints against any Hollenbeck employee without the Court’s prior approval.

- In order to do so, Andrade must apply to the Court for permission to file a complaint, supported by a declaration under penalty of perjury, stating the facts.
- The “facts” must be personally witnessed by Andrade and be supported by admissible corroborating evidence.
- The complaint must relate to substantial misconduct; common discourtesy and profane language are not “substantial misconduct.”
- The application to file a complaint must be accompanied by a noticed motion, with no less than 10 days’ written notice to our office, permitting us to oppose the granting of leave to file a complaint against the targeted officer(s).
- Violation of the consent decree is punishable as contempt of court.
- Judge Minning retains jurisdiction of the matter for three years, the life of the decree.
- Andrade must dismiss her cross-complaint based on the First Amendment against Jones, Castro, Rea, and Garza.

The Andrade case shows that, by waging a false complaint campaign, a determined harasser like Andrade can impair police operations and cause great damage to individual officers’ careers. The civil harassment statute and *Civil Code* § 47.5 are your primary weapons to stop people like Andrade from ruining good officers’ careers. But the litigation is expensive and must be carefully executed to avoid anti-SLAPP (Strategic Lawsuit Against Public Participation) motions and First Amendment counterclaims. It is necessary to carefully select the complaints upon which you will base your lawsuit and to develop a litigation plan that can withstand a First Amendment challenge.

Stay safe!

Endnote

- ¹ For further information about this ruling, see “Are On-Duty Police Officers Protected by Civil Harassment Statutes Entitling Them to Injunctions Against ‘Citizen Complainants?’” *Training Bulletin*, 8(2). Available from the authors.

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