



Police officers' perceptions and experiences with mentally disordered suspects



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ABSTRACT

Despite mentally disordered suspects being over-represented within the criminal justice system, there is a dearth of published literature that examines police officers' perceptions when interviewing this vulnerable group. This is concerning given that police officers are increasingly the first point of contact with these individuals. Using a Grounded Theory approach, this study examined 35 police officers' perceptions and experiences when interviewing mentally disordered suspects. Current safeguards, such as Appropriate Adults, and their experiences of any training they received were also explored. A specially designed questionnaire was developed and distributed across six police forces in England and Wales. Nine conceptual categories emerged from the data that highlighted how police officers' level of experience impacted upon their perceptions when dealing with this cohort. As a consequence, a new model grounded within Schema Theory has emerged termed *Police Experience Transitional Model*. Implications include the treatment and outcome of mentally disordered suspects being heavily dependent on whom they encounter within the criminal justice system.

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1. Introduction

The police interviewing of a suspect is an integral stage of any police investigation (Oxburgh & Ost, 2011). When the suspect is mentally disordered (MD), this adds further complexities to the investigation due to the vulnerabilities associated with the MD suspect. The term, 'vulnerability' is not a new phenomenon, especially within the criminal justice system (CJS). Defined as 'psychological characteristics or mental state which an [individual] prone, in certain circumstances, to providing information which is inaccurate, unreliable or misleading' (Gudjonsson, 2006, p.68), vulnerable individuals, particularly MD suspects, present with potential risk factors that can have adverse effects as they progress through the CJS. Mental disorder is one type of vulnerability. In the UK, the *Mental Health Act (2007)* defines MD as, 'any disorder or disability of the mind.' This does not include autistic spectrum conditions or intellectual/learning disabilities. The current study addresses police officers' perceptions and experiences when interviewing MD suspects.

Relatively high numbers of individuals with a MD in the UK come into contact with the police (Price, 2005), due, in part, to the process of deinstitutionalisation, which started in the 1960's. An increasing number of these vulnerable individuals are now treated within the community rather than in long stay psychiatric hospitals and it is a disproportionate number of these individuals that become involved in the

CJS at some point in their lives. For example, Sirdifield and Brooker (2012) found higher proportions of individuals with a MD (21.9%) in police custody when compared to their non-mentally disordered (NMD) counterparts. In addition, as many as 90% of offenders in the UK prison population have been reported to have a MD (Edgar & Rickford, 2009) compared to the 16.6% of the general population that may have a MD at any given time.

Legislation and best practice interviewing have been implemented in England and Wales to provide guidance when interviewing not only suspects but also those suspects with a MD. The Police and Criminal Evidence Act (PACE, 1984) is a legislative framework for police officers' powers accompanied by the Codes of Practice for those powers to be exercised. Code C, in particular, provides guidance regarding the detention, treatment and questioning of vulnerable suspects. Whilst the guidance details what should happen during these processes, it fails to specifically outline how mental disorder may place an individual 'at risk' during the interview process. Also, although Code C highlights that 'Special care should always be taken when questioning such a person' (Code C, Note 11C, p.404), it does provide any guidance as to *how* or *what* special care should actually be taken. In addition, it highlights the necessities of an appropriate assessment of a MD suspect (in particular, if they are fit for interview), which is usually conducted by a Forensic Medical Examiner (FME), psychiatrist or clinical psychologist. Similarly, Code C champions the use of an 'Appropriate Adult'; an independent individual required to ensure the interview is being conducted properly and fairly and to facilitate communication with the vulnerable

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interviewee (Code C, 11.17, p.404). In addition to the PACE, the introduction of the PEACE (a mnemonic for the five stages of interviewing; *Planning and preparation, Engage and explain, Account, clarify and challenge, Closure, Evaluation*) model of interviewing in the early 1990's provided police officers with an ethical framework for interviewing victims, witnesses and suspects (Williamson, 2006).

Despite changes in the law providing police officers with guidance on interviewing MD suspects, there still remain some contentious issues. In the UK, police custody is often a key point of contact for individuals who do not engage with community healthcare services and treatment (Sirdifield & Brooker, 2012), most commonly by virtue of the *Mental Health Act (1983)*, section 136. Such legislation allows police officers to remove MD individuals at risk to themselves or others from any public place to a designated 'place of safety' in order for an appropriate assessment to be conducted (see Borschmann, Gillard, Turner, Chambers, & O'Brien, 2010 for a full discussion). There is an onus on police officers to identify, and appropriately interview, MD suspects (Cant & Standen, 2007). This is an especially difficult task in light of there being no standard mental health training that deals with MD suspects across the 43 UK police forces. Furthermore, whilst safeguards have been introduced for officers interacting with MD suspects (such as the use of *Appropriate Adults*), the PACE Codes of Practice fail to appropriately explain or identify any specific guidelines for individuals undertaking this role, or how the interview should be conducted with regards to fairness. Thus, the legislation indicates *what* should happen but not *how* it should happen. Unsurprisingly, police officers continue to experience problematic encounters (e.g. difficulties in communication, levels of co-operation), exacerbated, in part, by the lack of psychological research into this complex area, in particular, into the perceptions of police officers when dealing with MD suspects.

Within the psychological literature base and to our knowledge, there appears to have been only one previous study in the UK investigating police officers' views on their roles in dealing with MD suspects and mental health services. McLean and Marshall (2010) reported that although police officers ($n = 9$) expressed overall compassion when describing their experiences of MD suspects, they also described feelings of anger and frustration regarding limited access to community services for vulnerable individuals as well as minimal support for themselves from healthcare professionals. In addition, they highlighted that whilst there may be no need to arrest an individual, the lack of community services available to help in a situation may result in an arrest being made. Although this study provided an insight into police officers' views regarding their role, it did not focus on their views pertaining to the interviewing of MD suspects.

Research conducted in the USA has explored police officers' perspectives when responding to mentally disordered individuals in crisis (Borum, Deane, Steadman, & Morrissey, 1998; Watson, Corrigan, & Ottati, 2004). Results indicate that whilst specialist officers trained in Crisis Intervention Teams (CIT) feel most prepared to deal with calls involving mental disorder, all police officers develop frames of reference or 'schemas' which guides how they may subsequently understand and respond to situations involving MD individuals. This has implications to the ways in which police officers may identify and handle mental health crisis with direct links to the current psychological theory base.

An early theory, Schema Theory (Anderson, 1977) describes how schemas and stereotypes are developed in order to gather information about groups of individuals that subsequently guide our future interactions with them (Mayer, Rapp, & Williams, 1993). It suggests that the level of experience a person has may impact upon their beliefs and perceptions of that particular group of individuals. A recent Greek study (Psarra et al., 2008) found some support for this theory in terms of police officers and MD suspects. Whilst they found a correlation between the participants' age and education, suggesting that older and more educated police officers view MD suspects positively, they also found that those participants who completed more transfers, thus who have a higher level of experience, view MD suspects as being more violent when

compared to their less experienced colleagues. The labelled individual is often stigmatised and is likely to be viewed and treated accordingly (Anderson & Taylor, 2009). This has serious implications for the perceptions of police officers and their practice of interviewing MD suspects.

Labelling theory (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Scheff, 1984) addresses such perceptions and attitudes and proposes that professionals who enforce boundaries (such as the police) provide the main source of labelling. This was demonstrated by early research conducted by Chambliss (1973) who found that police officers always took action against the group of people labelled the 'roughnecks' (those who had lower class backgrounds) when compared to the 'saints' (those who had upper class backgrounds), despite the two groups committing the same number of crimes. More recent research has also suggested that police officers are more likely to arrest individuals with a mental disorder (Teplin & Pruett, 1992), though the reverse has also been found (Engel & Silver, 2001; Watson et al., 2004). This indicates that if MD suspects are viewed negatively, the way they are treated may be different due to the set of myths, stereotypes or beliefs that the MD label can evoke (Link et al., 1999; Scheff, 1966). However, other research has highlighted that police officers demonstrate an understanding of MD suspects and their needs and so treat such individuals with empathy and compassion (McLean & Marshall, 2010). This is concerning as it suggests that the treatment and outcome for MD suspects are heavily dependent on whom they encounter in the CJS in terms of these professionals' views.

Alongside the views and perceptions of police officers are those of the MD suspect and the subsequent impact on the levels of their cooperation. Procedural Justice Theory (Tyler & Blader, 2003) suggests that cooperation with 'authority figures' will be maximised if individuals feel they have been treated fairly, given an opportunity to voice their opinions and afforded dignity and respect. Recent studies have also supported this theory (Sunshine & Tyler, 2003; Watson, Angell, Vidalon, & Davis, 2010). This has implications for the way police conduct their interviews with MD suspects in terms of building rapport and communicating effectively. If police officers adopt their approach accordingly, for example, the non-use of police jargon to ensure full participation and fair treatment, (known as *Communication Accommodation Theory*; Gallois, Ogay, & Giles, 2005), and MD suspects are given an opportunity to voice their opinions, the MD suspects' response and cooperation may increase. Police officers' perceptions of MD suspects, therefore, may not only impact on the decisions they take and the treatment imposed on this vulnerable group, but also on the MD suspects' response in terms of cooperation and respect. This has serious implications for the police interview as an 'information-gaining process' (Walsh & Oxburgh, 2008).

1.1. Aims of the current study

Adopting a questionnaire design and using a sample of serving police officers in England and Wales, the following research questions were addressed: (i) what perceptions do police officers have regarding MD suspects they have interviewed and how have their experiences interviewing MD suspects impacted upon their perceptions; (ii) what perceptions and experiences do police officers have in relation to support provided to MD suspects such as the use of *Appropriate Adults*, and; (iii) what experiences do police officers have of current police training in MD.

2. Method

2.1. Ethics

Ethical approval was gained from the Faculty of Humanities and Social Sciences at the University of Portsmouth. Additionally, approval was sought and gained from the Association of Chief Police Officers (ACPO; now known as the National Chief Police Council). All participants volunteered to complete the questionnaires and were informed that

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