

# Review of IOPC cases involving the use of Taser 2015-2020

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# 1. Foreword

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The circumstances in which police officers use Taser is an area of significant public interest.

Tasers provide the police and the community with valuable protection in dangerous situations. The police are able to use Tasers as an option to resolve situations, including the threat of serious violence, when they consider the use of the Taser is reasonable and proportionate to the threat they face.

Tasers are now available to more police officers than ever before with some police forces committing to providing them to all frontline officers who wish to carry one. Home Office data shows Taser was used in 17,000 incidents in 2017/18, nearly doubling to around 32,000 incidents in 2019/20.

In the majority of cases Taser is not discharged – the threat alone can help to resolve an incident. However, some community groups and organisations have repeatedly expressed concerns about the risks associated with Taser use, particularly in the context of deaths and serious injuries, their use against children and vulnerable adults, and the significant racial disparities in Taser usage.

As an independent body, our oversight helps to shine a light on issues we see in our investigations and through concerns being raised by community groups and organisations.

This report was commissioned following a series of incidents involving Black men and people with mental health concerns in early 2020. We reviewed 101 cases involving Taser use that the Independent Office for Police Conduct (IOPC), or our predecessor organisation the Independent Police Complaints Commission (IPCC), investigated between 2015 and 2020.

This report is not intended to present a fully representative picture of how Tasers are used across England and Wales, because we investigate only the most serious and sensitive cases. However, these cases often have the greatest impact on community confidence and provide invaluable opportunities for learning.

It is right that Taser use is closely analysed to ensure the device is being used appropriately and not as a default when other options may be available.

Police forces must be able to justify to the public the circumstances in which Taser is deployed, particularly when children and vulnerable people are involved. Forces must also respond to the disproportionate use of Tasers against Black people.

In that regard, I welcome the research announced in December last year by the National Police Chiefs' Council (NPCC) and the College of Policing (CoP) to understand and tackle the root causes of racial disproportionality in police use of Taser. I am also aware of the positive and proactive work being undertaken by the National Taser Stakeholder Advisory Group in this area.

Our review found examples of Taser being used in potentially unsafe locations or circumstances. We found evidence that officers had not considered adequately the potential risk of injury to individuals as part of their ongoing risk assessment.

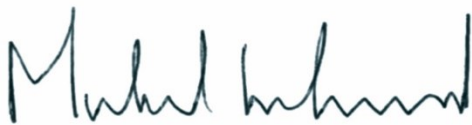
One quarter of cases we reviewed saw Taser used for compliance. In just under a third of the cases, we identified potential missed opportunities for officers to de-escalate situations.

We are concerned about the increasing use of Taser on children (11-17 years), and on vulnerable people with mental health or drug and alcohol issues.

Our report makes 17 national recommendations aimed at improving existing guidance and training for officers, especially around communication and de-escalation skills. We also stress the importance of providing greater scrutiny of Taser use at both a local and national level.

Throughout our work we engaged with many stakeholders as part of our discussions and we thank them for their constructive and helpful feedback.

We recognise that Tasers are an important tool in policing. However, if the concerns identified in our report are not addressed, there is a risk the police will lose the trust and confidence of the communities they serve.

A handwritten signature in black ink, appearing to read 'Michael Lockwood', with a stylized, cursive script.

**Michael Lockwood**  
**IOPC Director General**

## 2. Executive summary

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### 2.1 Overview

This report sets out our findings following a review of 101 independent IOPC investigations involving the use of Taser from 1 April 2015 to 31 March 2020.

It is not intended to present a fully representative picture of how Tasers are used across England and Wales because we investigate only the most serious and sensitive cases.

Our aim in publishing this report is to contribute to the growing evidence base around Taser use, help develop a deeper understanding of the perceptions of community groups and stakeholders about Taser, and improve public confidence in policing through accountability, engagement and transparency.

Tasers are recognised internationally as useful police tools and can be effective in diffusing dangerous situations. However, some community groups and stakeholders have told us of growing concerns, particularly about the disproportionate use of Taser against Black men, people with mental health concerns and its use on children.

Some national organisations, academics and community members have concerns that Taser may be used as a default choice where other tactical options could be more effective.

Through our engagement with stakeholders and community groups, it is clear there is some divergence between community expectations about when a Taser should be used, and the situations in which Taser can be used legitimately under current national guidance. This was also identified by our predecessor organisation<sup>1</sup>.

In May 2020, we called for greater scrutiny, transparency, and robust oversight of Taser use by national and local leaders to provide public reassurance and instil confidence<sup>2</sup>.

This report brings together an evidence base informed by:

- analysis of existing data and literature
- a review of 101 independent IOPC investigations that involved Taser use over a five-year period from 2015 to 2020
- views and concerns expressed by community groups and stakeholders to the IOPC through our engagement work

Of the 101 independent investigations we reviewed:

- 108 people were subjected to Taser use. 94 people had a Taser discharged against them

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<sup>1</sup> IPCC (2014). IPCC review of Taser complaints and incidents 2004-2013. Retrieved from [https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use\\_of\\_force\\_review\\_of\\_taser\\_complaints\\_and\\_incidents.pdf](https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use_of_force_review_of_taser_complaints_and_incidents.pdf)

<sup>2</sup> IOPC news release (14 May 2020) IOPC calls for greater scrutiny of Taser use following increasing concerns. Retrieved from <https://www.policeconduct.gov.uk/news/iopc-calls-greater-scrutiny-taser-use-following-increasing-concerns>

- 71% of the individuals were White, 22% were Black, less than four per cent (4%) were Asian and less than two per cent (2%) were of mixed ethnicity
- the average age was 35 years-old; six people were aged under 18 years
- 26 investigations led to a case to answer finding or a Crown Prosecution Service (CPS) referral
- 42 organisational learning recommendations were issued in relation to 16 cases

## 2.2 Key findings

### **Type of Taser use**

Home Office data<sup>3</sup> shows that the number of times Taser was used has increased, with Tasers being used in around 32,000 incidents in 2019/20. This increase may reflect an improvement in police recording practices. It may also reflect the increase of Taser-trained officers and Tasers available in police forces (based on forces' strategic assessments of threat and risk), or officers dealing with more incidents that have the potential for conflict.

Taser was used in 5% of all use of force incidents in 2017/18 and 2018/19, and 7% of incidents in 2019/20. Taser was used far less often than ground restraint and unarmed skills<sup>4</sup> but is used in more incidents than all other types of equipment, including irritant spray and batons.

Home Office data shows that in most incidents where Taser is used, it is not discharged, with fewer than 12% of incidents involving Taser discharges. In contrast, the majority of cases we investigated involved a Taser being discharged. This is a reflection of the fact that we investigate the most serious and sensitive cases.

### **Use of Taser in potentially unsafe locations**

Fourteen of the cases we reviewed involved the use of Taser in potentially unsafe locations or circumstances. In these cases, we found evidence that officers had not considered adequately the risk of injury to individuals, based on the environment and the individuals' vulnerabilities, as part of their ongoing risk assessment.

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<sup>3</sup> Home Office. Police use of force statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>

<sup>4</sup> This includes distraction strikes with hands and feet; and pressure point and joint locks.

## **Multiple and prolonged discharges**

Of the 101 cases we reviewed, just under a third of people who had a Taser discharged on them were subjected to prolonged discharges. There were eight incidents where a Taser was discharged continuously for more than 20 seconds. Mental health or acute behavioural disturbance<sup>5</sup> were common features in cases where Taser was discharged for 20 seconds or longer. Incidents involving prolonged discharges also commonly involved multiple discharges, and in seven incidents, there were multiple prolonged Taser discharges.

Of the 94 people against whom a Taser was discharged, over half were tasered more than once. Some cases involved multiple discharges because the Taser missed, did not effectively connect with the individual, or did not successfully incapacitate them. The number of discharges does not therefore correspond to the number of times the individual actually experienced the effects of Taser.

## **Taser use for compliance**

College of Policing (CoP) national guidance states that “Taser should never be used for procedural compliance”. We identified potential issues with Taser being used for compliance in almost a quarter of the cases we reviewed. We found in some cases that officers failed to identify, and as a result failed to consider, how a person’s vulnerabilities might affect their ability to understand and comply with instructions.

## **Use of Taser in custody or medical settings**

Despite the relatively small number of cases we reviewed involving the use of Taser in custody or medical settings, we remain concerned about these incidents. Home Office data shows that there were hundreds of Taser uses in these settings in 2019/20, including over 100 discharges.

## **Use of Taser in drive-stun mode**

The IPCC’s 2014 review of Taser highlighted that Taser was being used in drive-stun mode, despite the fact it was no longer taught in training because it is ineffective at achieving neuromuscular incapacitation. While statistics show a significant reduction in the use of Taser in drive-stun mode<sup>6</sup>, several of the cases we reviewed involved the use of Taser in this way.

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<sup>5</sup> Acute Behavioural Disturbance is a term used to describe symptoms that can be caused by a number of conditions. It is also sometimes referred to as ‘excited delirium’. These conditions are associated with extreme mental and psychological excitement, which can be characterised by extreme agitation, hostility, exceptional strength and endurance without fatigue.

<sup>6</sup> In 2019/20 drive stun was used 41 times. In the same year, Tasers were used in 32,000 incidents.



## Deaths

Although 16 of the 101 cases we reviewed involved a death, it is important to emphasise that these deaths were not necessarily the result of Taser use. However, four inquests have found that the use of Taser, in combination with other factors, contributed to or were relevant in a person's death.

Family members of those who died told us they are particularly concerned that officers lack an understanding of the risks of Taser use. They want more research to be conducted to understand the risks associated with Taser, which can then be used to inform guidance and training.

## Children

Six children were involved in the cases we reviewed<sup>7</sup>. Home Office data for 2019/20 shows that around 2,800 Taser incidents involved children, 134 of which were Taser discharges. This raises questions about whether forces are considering appropriately the requirement to voluntarily refer incidents of Taser use against children to the IOPC.

The IPCC's 2014 report<sup>8</sup> highlighted concerns about the use of Taser on young people. These concerns remain, with stakeholders increasingly concerned about the limited research around both the physical and psychological risks of Taser use on children.

## Mental health, drugs, and alcohol

Home Office data shows that officers did not report people having either a physical disability or mental health concerns in around 80% of Taser incidents. However, other evidence suggests that mental health is a more common feature in Taser incidents than the Home Office data suggests.

For example, the IPCC's 2014 report on Taser and the 2016 report on Use of Force<sup>9</sup>, found that mental health was a significant factor in the referrals we received and in the investigations we reviewed. The CoP's analysis of 2017/18 use of force data<sup>10</sup>

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<sup>7</sup> In this review, the term 'children' is defined as those under 18 years-old.

<sup>8</sup> IPCC (2014). IPCC review of Taser complaints and incidents 2004-2013. Retrieved from [https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use\\_of\\_force\\_review\\_of\\_taser\\_complaints\\_and\\_incidents.pdf](https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use_of_force_review_of_taser_complaints_and_incidents.pdf)

<sup>9</sup> IPCC (2016). Use of force report. Retrieved from [https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/IPCC\\_Use\\_of\\_Force\\_Report.pdf](https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/IPCC_Use_of_Force_Report.pdf)

<sup>10</sup> College of Policing (2020). Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

found that a person having mental health concerns increased the odds of Tasers being both drawn and discharged.

Mental health was a common feature in our investigations. In incidents where mental health was a factor, people were more likely to be subjected to multiple and prolonged discharges than the overall sample.

Drugs and/or alcohol was a factor in just over half of the cases we reviewed. Many of the people who had links to drugs and/or alcohol also had mental health concerns.

Acute behavioural disturbance featured in a number of our investigations. In many of these cases, drugs and/or alcohol was also a factor.

We found examples of good practice where officers recognised signs that an individual may have been experiencing acute behavioural disturbance and responded in line with policy and guidance.

We also found examples where officers failed to recognise the signs and did not respond in accordance with guidance.

Some stakeholders and community groups have expressed concerns that police officers do not always have the skills required to communicate effectively with people who have mental health concerns or learning disabilities, and that this increases the likelihood of officers using force.

## **People reported to be violent, aggressive or resisting and in possession of weapons**

The CoP's analysis of use of force data<sup>11</sup> found that the factor with the strongest association with a Taser being discharged was the officer reporting that they faced active or aggressive resistance from the individual. This is in keeping with the IPCC's 2016 report on use of force, which found that Taser was often used following reports of violent behaviour. The IPCC's 2014 report on Taser use and 2016 report on use of force also found that the possession of weapons was a common feature in the Taser cases reviewed.

Of the cases we reviewed, 108 people<sup>12</sup> were subjected to Taser use over the five-year period. The vast majority of people (90 of 108), were described or reported by officers as being aggressive, violent or resistant. Just over a third were in possession of a weapon at the time of the incident. We found that mental health or acute

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<sup>11</sup> College of Policing (2020). Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

<sup>12</sup> Three of the 101 cases we reviewed involved the use of Taser on more than one person.

behavioural disturbance was a factor in 80% of incidents in which a person was in possession of a weapon.

## **Communication**

We welcome the introduction of the CoP's new conflict management guidelines and the proposed training to support it. We found examples of good practice by officers who utilised effective communication and de-escalation skills. However, in just under a third of the cases we reviewed, we identified potential missed opportunities for officers to de-escalate situations. This meant that during an incident there were chances for officers to use communication and negotiation skills to defuse a situation rather than having to resort to force.

In a third of our cases, officers made inappropriate comments or communicated inappropriately during the incident. Some comments were of a derogatory nature.

## **Disproportionality and discrimination**

With rates similar to Home Office ethnicity data on Taser use, Black people were disproportionately involved in our Taser investigations<sup>13</sup>. Asian people were slightly under-represented in our cases.

In the cases we reviewed, Black people were, as a proportion, less likely to have been subjected to a Taser discharge than White people but were more likely to be involved in cases where the Taser was aimed or red dotted. This is contrary to Home Office data which shows that while Black people are more likely to be involved in Taser uses overall, there is little difference between the likelihood of Black people and White people being subjected to a Taser discharge.

In the cases we reviewed, when Black people were subject to Taser discharges, they were more likely to be tasered for prolonged periods. Twenty-nine per cent (29%) of White people involved in Taser discharges were subjected to continuous discharges of more than five seconds, whereas the figure was 60% for Black people.

In the majority of cases involving either allegations of discrimination or common stereotypes and assumptions, there was evidence that the individual concerned had mental health concerns or a learning disability. This supports findings by others that the intersectionality of race and mental health can increase the risk of higher levels of use of force.

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<sup>13</sup> Twenty-two (22%) of the individuals involved in our independent investigations were Black, despite Black people making up less than four per cent (4%) of the population.

Concerns about race discrimination and disproportionality is one of the most common issues raised by community groups and stakeholders in relation to Taser use. There is particular concern that the stereotyping of young Black men and boys is leading to them being disproportionately subjected to police use of force, including Taser. Black communities we engaged with want their concerns to be heard and acted upon. They believe that individual incidents involving the use of Taser cannot be viewed in isolation, but in the wider context of long-standing tensions between the police and the Black community.

We welcome the fact that the CoP and National Police Chiefs' Council (NPCC) have commissioned research to consider disproportionality in Taser use. Our findings suggest that this is an opportunity for the issues we have outlined above to be considered. It is imperative that this research is robust and that the findings from it are published and used to inform national policy, training, guidance and practice. The actions identified must be monitored, their impact evaluated and reported upon.

Community groups have raised concerns with us about the disproportionate policing of their communities compared with other racial groups and the impact of racial bias that influences the beliefs, actions and decisions of officers.

Stakeholders and community groups want access to better national data on the use of Taser, that is disaggregated to better enable community scrutiny. They also want more opportunities to review and discuss incidents that have caused them concern, so that opportunities for learning can be identified and acted upon.

## **2.3 Recommendations**

We have made 17 recommendations in response to the issues identified in our report (see chapter 8). We engaged with stakeholders as part of the discussions around these recommendations, and we thank them for their constructive and helpful feedback.

The recommendations are targeted towards policing stakeholders and are focused on three key areas:

- training and guidance
- scrutiny and monitoring of Taser use
- community engagement and input

## **Recommendation 1: To the College of Policing**

Review Taser Authorised Professional Practice (APP) guidance, in partnership with relevant stakeholders, to identify opportunities to clarify, expand upon and improve existing guidance in the public domain, particularly in relation to:

- a) the types of situations in which Taser use would and would not be appropriate, including for particular groups, for example vulnerable people and children
- b) the risks of Taser and how officers can assess risks and mitigate them
- c) reinforcing that Taser should not be used to elicit compliance with instructions or procedures where there is no threat, or the threat has been substantially reduced

## **Recommendation 2: To the College of Policing and the National Police Chiefs' Council**

Review, in partnership with relevant stakeholders, how effective current training is on ensuring that officers understand the importance of assessing the surrounding environment and considering any risk of injury to the individual when making decisions about whether to use Taser - particularly in relation to vulnerable individuals. For example, children, people with mental health concerns, or those under the influence of drugs and/or alcohol or showing signs of acute behavioural disturbance.

## **Recommendation 3: To the College of Policing**

Evaluate the effect of the new conflict management guidelines upon policing practice and whether it places sufficient emphasis on communication and de-escalation techniques, particularly when dealing with people from vulnerable groups including children. The findings of the evaluation should inform any necessary updates to the guidelines and published to help inform the work of relevant stakeholders.

## **Recommendation 4: To the College of Policing**

Ensure that Taser training provides officers with an understanding of race disproportionality in Taser use, and the impact this has on public confidence and community relations with the police. The training should also provide officers with an informed understanding of the way in which disproportionality in Taser use relates to the wider and historical context regarding the policing of and the police's relationship with Black, Asian and minority ethnic communities. Representatives of the communities most impacted by racial disproportionality in Taser use should provide input into the development of the training and its delivery.

### **Recommendation 5: To the College of Policing**

Ensure that relevant stakeholders are kept informed about implementation of the proposed quality assurance scheme for Taser training. Consideration should also be given to how the scheme can include independent oversight, and how relevant stakeholders will be kept informed of progress.

### **Recommendation 6: To the College of Policing, National Police Chiefs' Council and the Association of Police and Crime Commissioners**

Continue to monitor nationally and locally the use of Taser in drive-stun mode and actively discourage officers from using Taser in this way.

### **Recommendation 7: To the College of Policing and the Royal College of Emergency Medicine**

Review the College of Policing, APP and the Royal College of Emergency Medicine guidance on using a Taser on someone displaying signs of acute behavioural disturbance in an emergency department, to avoid potentially conflicting messages being given to officers and medical practitioners. The guidance should be regularly reviewed and, if necessary, updated to reflect developing research.

### **Recommendation 8: To the Home Office**

Review the collection, collation and presentation of use of force data, in partnership with relevant stakeholders, to ensure that it is accessible, meets the needs of users and helps to improve public confidence in police use of force through greater transparency. We believe there are opportunities to provide greater clarity and information in the following areas:

- a) linking incidents to capture the number of individuals involved in an incident
- b) capturing multiple uses within a single incident
- c) capturing all uses of Taser, not just the 'highest' uses, so that for example, drive-stun is captured in cases where drive-stun and probe firing mode are used
- d) the intersectionality between protected characteristics e.g. a breakdown of Taser use by age and ethnicity, mental health and ethnicity etc
- e) wherever possible, that officers ask individuals to provide self-defined information, including age, gender, ethnicity and disability. Where this is refused or otherwise not possible, officer-defined information should be recorded

## **Recommendation 9: To the Association of Police and Crime Commissioners and the National Police Chiefs' Council**

Ensure greater scrutiny and monitoring of Taser use at a local and national level to improve public confidence in its use and reassure stakeholders and community groups of actions and decisions taken to address concerns.

- a) Police and Crime Commissioners and Deputy Mayors of Policing and Crime as well as forces must ensure effective internal processes for monitoring and scrutinising Taser use, in particular its use against certain groups, including people from Black, Asian and minority ethnic backgrounds, people with mental health concerns and children. Such scrutiny should be applied through analysis of Taser data, regular reviews of body worn video and dip-sampling.
- b) Forces should regularly publish local Taser data on their websites in an accessible format and, where there are concerning patterns of use, including disproportionality, should seek to explain the causes of this and outline any action being taken to address issues identified. This should be standardised to a nationally agreed format which should be regularly reviewed to assess progress.
- c) Where issues of concern or opportunities for improvement have been identified in specific incidents, these should be cascaded to other police forces and other stakeholders to maximise learning at a national level.

## **Recommendation 10: To the National Police Chiefs' Council**

Police forces should establish and support mechanisms to ensure community members can oversee and scrutinise Taser use locally, particularly its use against certain groups, including people from Black, Asian and minority ethnic backgrounds, people with mental health concerns and children. Forces should engage with their communities to determine whether the community would like this to be in the form of scrutiny panels, which could focus on Taser use, use of force more generally, or areas of policing in which there is racial disproportionality, depending on community preferences. Such panels should be:

- a) independently chaired by members of the public
- b) reflective of the community, including those groups most impacted by Taser use
- c) open and accessible to members of the public, in particular those with lower confidence in the police such as those from Black, Asian and minority ethnic backgrounds, children and young people
- d) provided with access to local Taser data, body worn video footage and appropriate guidance and training

## **Recommendation 11: To the Home Office**

Work with partners, including the Association of Police Crime Commissioners, the National Police Chiefs' Council and Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services, to explore current local arrangements with respect to the monitoring and scrutiny of Taser use, with a view to assessing the need for a national minimum standard of Taser monitoring and scrutiny.

## **Recommendation 12: To the National Police Chiefs' Council**

Forces must ensure that effective monitoring and scrutiny mechanisms are in place regarding the use of Taser in controlled settings, such as custody and medical settings. Forces should ensure that officers are aware that such uses will be subject to increased scrutiny. In line with APP, forces must assess whether any use of Taser in a controlled setting should be referred to the IOPC.

## **Recommendation 13: To the National Police Chiefs' Council**

Forces must ensure that effective mechanisms are in place for robust monitoring and scrutiny of the use of Taser against children. Forces should ensure that officers are aware that such uses will be subject to increased scrutiny. In line with APP, forces must assess whether any use of Taser on a child should be referred to the IOPC.

## **Recommendation 14: To the National Police Chiefs' Council**

Progress plans to undertake independent national research to better understand the use of Taser on people from ethnic minorities - and Black people, in particular. This research should:

- a) compare the incidence of multiple and prolonged discharges in incidents involving people from a Black, Asian and minority ethnic background with those involving White people and explore the reasons for any differences
- b) explore why officers are much more likely to draw or aim a Taser when the individual is Black but are not more likely to fire it
- c) consider intersectionality, particularly race with age, gender and mental health
- d) examine the extent to which social prejudices, biases and assumptions can explain the rates of disproportionality
- e) consider the implications of disproportionate use on public perceptions of the police
- f) inform potential actions to address disproportionality in the use of Taser against Black Asian and minority ethnic groups so that solutions can be co-produced and tested
- g) following the completion of this research, the National Police Chief's Council must monitor and report on progress against the actions identified



## **Recommendation 15: To the Home Office**

To commission:

- a) a comprehensive literature search on the use of Taser on those experiencing acute behavioural disturbance or with mental health concerns, to inform future evaluations of the medical implications of Taser
- b) longer-term research into the risks of prolonged and/or repeated Taser discharges
- c) research into the psychological impact that Taser can have on particular groups of people

## **Recommendation 16: To the Association of Police and Crime Commissioners and the National Police Chiefs' Council**

Support a culture in which local communities, particularly those which historically have lower confidence in the police, are regularly engaged on force decisions around Taser use and provided with opportunities to inform force policy, practice, guidance and training. Forces should ensure that the community understands how its input has influenced these areas.

## **Recommendation 17: To the Association of Police and Crime Commissioners and the National Police Chiefs' Council**

Review communications and media strategies to ensure that narratives around Taser use recognise the validity of community concerns in relation to Taser and the impact this has on public confidence in policing.

## 3. Background

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Taser® is a brand name for a Conducted Energy Device (CED). CEDs are “less lethal weapons” designed to temporarily incapacitate a person. They use an electrical current that interferes with the neuromuscular system and produces intense pain<sup>14</sup>.

When the trigger on a Taser is pressed, the cartridges in the device eject a pair of probes attached to wires. When the probes make contact with a person, the device delivers an electrical discharge that lasts for five seconds. The cycle can be stopped, extended or repeated<sup>15</sup>. Tasers have an internal ‘data logging system’, which means that the details of all activations (and some non-activations) can be downloaded and digitally accessed.

Tasers were first authorised for use by the police in England and Wales in 2004. Initially, they were only made available to authorised firearms officers for use during authorised firearms operations. Taser use was extended to non-firearms officers, referred to as ‘Specially Trained Officers’, following a trial in 2007/08. Since then, selected frontline officers have been able to use tasers in non-firearms incidents. To be able to carry a Taser, officers must satisfy a minimum requirement, pass an initial 18-hour training programme and undertake six-hour annual refresher training.

### 3.1 Taser use

Taser ‘use’ is defined more widely than a Taser discharge or firing. The seven ways in which a Taser can be ‘used’ (all of which must be recorded) are set out in table 1.

Police use of Taser is increasing. This increase may reflect an improvement in police recording practices. It may also reflect the increase of Taser-trained officers and Tasers available in police forces (based on forces’ strategic assessments of threat and risk) or officers dealing with more incidents with the potential for conflict.

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<sup>14</sup> College of Policing, Authorised Professional Practice. Conducted energy devices (Taser). Retrieved from <https://www.app.college.police.uk/app-content/armed-policing/conducted-energy-devices-taser/#verbal-warning-and-contact>

<sup>15</sup> College of Policing, Authorised Professional Practice. Conducted energy devices (Taser). Retrieved from <https://www.app.college.police.uk/app-content/armed-policing/conducted-energy-devices-taser/#verbal-warning-and-contact>

As of September 2019, 30,548 officers (around a quarter of all officers) were Taser-trained<sup>16</sup>. In that same month in 2019, the Home Secretary announced £10 million in ring-fenced funding for forces to increase the number of officers carrying Taser<sup>17</sup>.

Forty-one of the 43 forces submitted bids to obtain funding based on strategic assessments of threat and risk in their force area; and were allocated £6.7 million to purchase 8,155 devices<sup>18</sup>. Although no recent data is available on the number of officers trained to use Taser, it is likely that this uplift means the number has increased since September 2019.

**Table 1: Ways Taser is used**

Taser use	Description	Discharge or non-discharge
Drawn	Taser is drawn from holster in circumstances where any person could reasonably perceive the action as a use of force.	Non-discharge
Aimed	Taser is deliberately aimed at a person.	Non-discharge
Red dotted	Taser is pointed at a person using the laser sight red dot.	Non-discharge
Arced	Taser is sparked, to demonstrate the electrical discharge without aiming or firing it.	Non-discharge
Drive-stun	Taser is discharged (without cartridge) in direct contact with the body, rather than fired from a distance. No probes are fired and this causes pain but does not deliver an incapacitating effect.	Discharge
Angled drive-stun	Taser is discharged and one or both probes connect with a person. Taser is then held against a different area of the person's body to deliver an incapacitating effect.	Discharge
Fired	Taser is fired so that the probes are discharged at a person through which an electrical discharge is transmitted delivering an incapacitating effect.	Discharge

<sup>16</sup> National Police Chiefs' Council. Conducted energy devices (Taser). Retrieved from <https://www.npcc.police.uk/NPCCBusinessAreas/OtherWorkAreas/Taser.aspx>

<sup>17</sup> Home Office news story. Retrieved from <https://www.gov.uk/government/news/home-office-announces-10-million-for-taser-uplift>

<sup>18</sup> Home Office news story. Retrieved from [Forces awarded extra funding for Taser - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/forces-awarded-extra-funding-for-taser)

## 3.2 Legislation, policy and guidance

Tasers are one of a number of tactical options that the police can use when dealing with incidents with the potential for conflict. The legal rules that govern police powers on use of force are contained in several pieces of legislation<sup>19</sup>. Together, they require that any force used must be in pursuit of a lawful objective, such as to prevent injury to others or to effect a lawful arrest. The force used must be reasonable, proportionate and necessary, and officers must use the minimum amount of force necessary to achieve their lawful objective. Officers are individually accountable for their decisions to use force and must be able to justify each use of force.

Since 2017, forces have been required to record and publish use of force data, a subset of which is provided to the Home Office as part of the Annual Data Requirement.

Authorised Professional Practice (APP) is developed and owned by the CoP. It is the official source of professional practice on policing and publicly available. Police officers and staff are expected to 'have regard to APP in discharging their responsibilities', although officers may deviate from APP if there is a 'clear rationale for doing so'<sup>20</sup>.

APP contains a specific section on CED use<sup>21</sup>. This describes the devices<sup>22</sup>, sets out the operating requirements and provides technical information about their use and effects. It sets out procedures for the evidential collection of equipment, data auditing, maintenance, and the referral, monitoring and oversight of Taser use. However, on the circumstances in which a Taser can or should be used, there is little guidance in APP.

APP states that officers should, when circumstances permit, provide a clear warning of their intention to use a CED, and should allow sufficient time for the warning to be heeded, unless to do so would place someone at risk or would be "clearly inappropriate or pointless". APP states that it may sometimes be appropriate to provide a "visual display of the sparking effect" ('arcing') or use the red dot function, which may have a deterrence effect. Guidance is provided on aftercare, the safe

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<sup>19</sup> This includes *Criminal Law Act 1967*, *Police and Criminal Evidence Act (PACE) 1984*, *Criminal Justice and Immigration Act 2008*, the European Convention on Human Rights and Common Law.

<sup>20</sup> College of Policing, Authorised Professional Practice. Retrieved from <https://www.app.college.police.uk/about-app/>

<sup>21</sup> College of Policing, Authorised Professional Practice. Conducted energy devices (Taser). Retrieved from <https://www.app.college.police.uk/app-content/armed-policing/conducted-energy-devices-taser/#verbal-warning-and-contact>

<sup>22</sup> There are three models of Taser currently authorised for use by police in England and Wales.

removal of Taser probes and the circumstances in which hospital referral or examination by a forensic medical examiner should be considered.

On risks, APP includes a list of risk factors which “may influence the operational use of CEDs”. The list includes but is not limited to: head injuries from unsupported falls, positional asphyxia, repeated and/or prolonged discharges, vulnerable people, certain pre-existing medical conditions, acute behavioural disturbance, flammable materials and children or ‘thin’ adults. APP states that scenario-based Taser training emphasises the precautions and considerations relevant to the risk factors outlined. However, no further guidance on the risks of Taser and how officers can assess risks and mitigate them is provided in APP itself.

### **3.3 The IOPC’s role in scrutinising Taser use**

We are responsible for overseeing the police complaints system. This means we play a key role in making sure that complaints are dealt with reasonably and proportionately, police officers and staff are held to account, and the police service learns and policing practice improves.

The majority of complaints relating to Taser are dealt with by local police forces’ professional standards departments.

Before reforms to the police complaints system came into effect on 1 February 2020, when someone wasn’t happy with the outcome of their complaint, or how it had been handled, they had the right to appeal either to us or to the chief officer of the force concerned<sup>23</sup>. After this date, changes to the law replaced the different rights of appeal with a single right to apply for a review of the outcome of a recorded complaint.

When a complainant appealed to us, we assessed how their complaint was dealt with. If we found it wasn’t dealt with properly, or we disagreed with the findings, we directed that appropriate action be taken. From 1 February 2020, when a complainant applies to us for a review, we assess whether the outcome of their complaint was reasonable and proportionate. If we find the outcome wasn’t reasonable and proportionate, we can make appropriate directions and recommendations to the force.

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<sup>23</sup> Complainants had different rights of appeal depending on how their complaint was handled.

Police forces are required to refer to the IOPC all incidents involving the use of Taser when it meets a mandatory referral criterion<sup>24</sup>, such as all deaths or serious injuries following the use of Taser. Forces can also voluntarily refer incidents involving Taser.

The IOPC's Statutory Guidance encourages appropriate authorities to use their ability to refer complaints or incidents that do not have to be referred, but where the gravity of the incident or exceptional circumstances justify referral. This may be, for example, because the complaint or incident could have a significant impact on public confidence, or the confidence of particular communities<sup>25</sup>.

APP states that following "high-profile" cases, or where there are "exceptional circumstances", forces should "strongly consider referring" the matter voluntarily, including when a Taser is used in confined spaces (such as custody suites), in drive-stun mode, on young people (under 18 years) and on people with mental health concerns or who are otherwise vulnerable.

Following a referral, we decide whether an investigation is necessary and, if so, what level of involvement we should have. We can conduct our own independent investigation, direct a police force to carry out an investigation under our control, or decide the matter can be dealt with locally by the police.

Where we decide that a death or serious injury matter should be investigated locally by a police force, the force is required to send the final investigation report, including all supporting evidence, to the IOPC for review.

We assess whether there is an indication that a police officer or staff member may have committed a criminal offence or behaved in a manner which would justify disciplinary proceedings. If we find such an indication, we decide what further investigation is necessary and what level of involvement we should have.

We also assess whether the performance of any officer or staff member is unsatisfactory, or if there is any individual or organisational learning. If we find any performance or learning issues, we can make appropriate directions and recommendations to the force.

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<sup>24</sup> This includes deaths and serious injuries, complaints and conduct matters that include allegations of issues including serious assault, serious sexual offences, serious corruption and criminal offences or behaviour liable to lead to disciplinary proceedings. For a complete list of the matters that must be referred to us, see our [Statutory Guidance](#).

<sup>25</sup> IOPC Statutory Guidance on the police complaints system. Retrieved from [https://policeconduct.gov.uk/sites/default/files/Documents/statutoryguidance/2020\\_statutory\\_guidance\\_english.pdf](https://policeconduct.gov.uk/sites/default/files/Documents/statutoryguidance/2020_statutory_guidance_english.pdf)

We share with relevant forces and stakeholders any learning that arises from our cases. Changes made in response to learning ultimately improve policing for everyone, building confidence and protecting the public from harm.

# 4. Objectives, methodology and limitations

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## 4.1 Objectives

The objectives of this review were to:

- review and collate existing evidence, and evidence from our cases and engagement work to identify common themes, patterns and issues
- contribute to the growing evidence base around Taser use by police in England and Wales
- identify and promote opportunities for learning and improvement

## 4.2 Methodology

This report brings together an evidence base that is informed by:

- analysis of existing data and literature<sup>26</sup>
- a review of 101 independent IOPC investigations that involved Taser use over a five-year period (2015-2020)
- views and concerns expressed by community groups and stakeholders to the IOPC through our engagement work

### **Review of existing data and literature**

We reviewed key data and evidence on Taser use and related issues, including national data, research reports, and findings from previous IPCC/IOPC work. Evidence from jurisdictions outside of England and Wales was excluded. In reviewing the available evidence, we focused on sources that help to provide an informed picture of Taser use and related issues in England and Wales.

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<sup>26</sup> Sources included government statistics; academic research; findings from previous reviews (IPCC/Lammy/Angiolini/NPCC etc); medical statements and judicial proceedings.



## **Thematic review of our cases**

We reviewed all IPCC/IOPC independent investigations started and completed between 1 April 2015 and 31 March 2020 where the “Use of Force – Taser” case factor<sup>27</sup> was applied - a total of 101 cases<sup>28</sup>.

## **Review of community and stakeholder views**

We reviewed and collected records of meetings and discussions with external stakeholders between May 2020 and February 2021. We collated and summarised comments and concerns related to Taser use, disproportionality and related issues. This review did not include specific engagement activity to gather feedback to inform the review. The concerns summarised are those that have been raised with us as part of our day-to-day engagement work, and our engagement work in relation to specific incidents involving Taser that caused concern among some communities.

## **4.3 Limitations**

The majority of complaints involving Taser are investigated by police forces. We recognise fully that the cases we investigate independently will not be representative of Taser incidents overall. However, as noted earlier, the aim of this review is to contribute to the growing evidence base around Taser use by police in England and Wales.

The cases we reviewed were identified via the recording of the ‘Taser’ case factor on our systems. Since case factors are selected manually to help identify the nature and circumstances of a case, they should not be relied on to provide definitive data on the number of independent investigations involving Taser. All cases referred to in this report have been reviewed to ensure that the Taser case factor was applicable. However, it is possible that there may be further independent investigations involving Taser that have not been captured.

The investigations data retrieved was taken from live data and may differ from previously published results.

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<sup>27</sup> Case factors provide us with a way of identifying key themes and tracking case information.

<sup>28</sup> The number of cases is not equivalent to the number of people involved.

## 5. Review of existing evidence

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This chapter summarises key data and evidence on Taser use and related issues. We have not sought to provide an exhaustive summary of all available evidence. Instead, we have focused on the key sources that will help provide insight into and context for the issues that are discussed throughout this report.

Research into the context of Taser use, the situations in which Taser is used and why it is used by the police in England and Wales is relatively limited. Nevertheless, the information that is available provides an indicative picture that can be built upon going forward.

The use of force data published annually by the Home Office provides a useful insight into the level and nature of Taser use in England and Wales. Police officers have been required to record any force they use since 2017, under the Annual Data Requirement.

At time of writing, the Home Office has published three reports. The data recorded in all three is designated as “experimental statistics”<sup>29</sup>, owing to quality limitations, including missing values, erroneous data and inconsistencies in recording within and across police forces.

This data will be referred to throughout this chapter and the following should be borne in mind:

- In an incident where force is used, each officer who used force must complete a ‘Use of Force form’ for each person against whom they used force.
- A use of force ‘incident’ refers to one officer’s use of force against one person (i.e. an ‘incident’ equals one Use of Force form). This means that the number of incidents is not equal to the number of unique events or people involved. For example, where one person is restrained by two officers, two Use of Force forms are completed, which will be recorded as two separate incidents.
- The data does not record multiple uses of Taser. Where Taser is reported as a tactic used within an incident, it only counts that tactic once per incident, even if multiple uses are reported.

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<sup>29</sup> This is an Office for National Statistics term, which means that statistics are ‘in the testing phase and not yet fully developed’. See: Guide to Experimental Statistics - Office for National Statistics <https://www.ons.gov.uk/methodology/methodologytopicsandstatisticalconcepts/guidetoexperimentalstatistics>

- Characteristics, including age, gender, ethnicity and disability, are recorded as 'perceived' by the officer. They are not self-reported.

## 5.1 Levels of Taser use in England and Wales

The number of Taser incidents has increased year-on year since the first Home Office report on police use of force in 2017/18<sup>30</sup>:

In the first year, Taser was reportedly used in around 17,000 incidents<sup>31</sup>. In 2018/19, it was used in around 23,000 incidents<sup>32</sup>. In 2019/20, Taser was used in around 32,000 incidents<sup>33</sup>.

At least some of the increase in Taser use is likely to be due to an improvement in police recording practices between the first and third year of data collection. However, it is also possible that increases are partially attributed to a growing number of officers being trained to use and carry Taser and increasing Taser use.

Taser was used in 5% of all use of force incidents in 2017/18 and 2018/19, and 7% of incidents in 2019/20. While Taser use accounts for a relatively small proportion of total use of force, it is used in more incidents than all other types of equipment, including irritant spray and batons, and is used more often than police dogs. Taser is, however, used far less often than ground restraint and unarmed skills<sup>34</sup>.

With around a quarter of officers in England and Wales trained to use and carry Tasers, it is interesting to note that Tasers are used in more incidents than irritant spray and batons, despite being available to fewer officers. This suggests that officers, when they are equipped with Tasers, are more likely to use a Taser than other equipment when they need to use force. This might, in part, be due to the messaging given to officers that Taser is 'low level' use of force and that it is less

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<sup>30</sup> Data on police use of Taser was collected and published by the Home Office before the introduction of the Annual Data Requirement and is available on GOV.UK. While the way in which Taser use is counted and measured under the Annual Data Requirement remains the same compared with previous years, the way officers report their use changed. The Home Office states that these figures are not directly comparable.

<sup>31</sup> Home Office (2018). Police use of force statistics, England and Wales: April 2017 to March 2018. Retrieved from <https://www.gov.uk/government/statistics/police-use-of-force-statistics-england-and-wales-april-2017-to-march-2018>

<sup>32</sup> Home Office (2019). Police use of force statistics, England and Wales: April 2018 to March 2019. Retrieved from <https://www.gov.uk/government/statistics/police-use-of-force-statistics-england-and-wales-april-2018-to-march-2019>

<sup>33</sup> Home Office (2020). Police use of force statistics, England and Wales: April 2019 to March 2020. Retrieved from <https://www.gov.uk/government/statistics/police-use-of-force-statistics-england-and-wales-april-2019-to-march-2020>

<sup>34</sup> Home Office Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>

injurious than some other forms of force<sup>35</sup>. However, it is likely due to a combination of factors, including the training officers receive (which might mean they are more confident using Taser than other forms of force) and the advantage of distance that Taser can provide.

The IPCC's 2014 Taser report warned that with increasing Taser use there was a risk that officers would rely increasingly on using force to gain compliance. The report emphasised the need for high-quality training, robust monitoring and analysis of Taser use. It also highlighted the importance of appropriate selection processes for officers trained to use Taser, the culture surrounding its use and supervision.

## 5.2 Type of Taser use

The rates of discharges and non-discharges have been consistent across the three years' worth of Home Office data<sup>36</sup>. Table 2 sets out the types of Taser use as a proportion of overall uses, and as a proportion of total discharges versus total non-discharges, over the last three years<sup>37</sup>.

**Table 2: Types of Taser use**

Type of use	% of overall uses	% of subtype
<b>Non-discharges</b>		
Drawn	24%	28%
Aimed	10%	11%
Red dotted	53%	60%
Arced	1%	1%
<b>Discharges</b>		
Drive-stun	<1%	2%
Angled drive-stun	<1%	2%
Fired	11%	96%

Notes: The data presented in this table excludes incidents where the type of use was not stated. Sub-type refers to non-discharges versus discharges.

<sup>35</sup> For example: NPCC Questions and Answers on Conducted Energy Devices. Retrieved from <https://www.npcc.police.uk/ThePoliceChiefsBlog/NPCCQuestionsandAnsweronTaser.aspx>

<sup>36</sup> Home Office. Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>

<sup>37</sup> Note that Home Office data records the highest use of Taser in an incident i.e. if the Taser was drawn, aimed and red dotted, this will be recorded as only 'red dotted'.

The data shows that in most incidents where a Taser is 'used' it is not discharged. Fewer than 12% of recorded incidents involved Taser discharges. Red dotting is the most common type of Taser use. This may suggest that officers have faith in the ability of the red dot to provide a visual deterrent.

The low levels of Taser discharges as a proportion of overall use have led to claims that Taser is a highly effective deterrent, capable of defusing situations without resorting to physical force<sup>38</sup>. However, the picture in this regard is somewhat unclear.

A CoP report<sup>39</sup> found only "tentative evidence" that Taser could act as a deterrent, while research by Cambridge University<sup>40</sup> found that the presence of a Taser actually increased the likelihood of officers using force, and led to increased aggression and officer assaults. It should be noted, however, that officers equipped with Tasers may be more likely to attend higher-risk situations more often than officers who are not. These findings may, therefore, be influenced by the fact that Taser officers are simply more exposed to violent incidents.

The vast majority of Taser discharges are firings. Angled drive-stun and drive-stun usages constituted a small percentage of overall uses and discharges. Drive-stun accounted for less than one per cent (1%) of overall Taser uses consistently across the three years. This is a positive finding.

Concerns about drive-stun were raised in the IPCC's 2008 Taser report<sup>41</sup>, noting that the majority of complaints about Taser concerned drive-stun use. The report was also concerned that drive-stun usages were applied mainly to the chest, neck, head or shoulder blades, despite guidance stating that Taser should not be applied directly to a person's neck or head unless absolutely necessary to protect life.

The reduction in the use of drive-stun may possibly be attributed to its use no longer being taught in Taser training, and that guidance has made it clearer to officers that it is ineffective at achieving incapacitation. Officers may also have a greater awareness that drive-stun will attract more scrutiny and require higher levels of justification. Current APP still states that drive-stun may be used "where justifiable",

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<sup>38</sup> See, for example: [NPCC Questions and Answers on Conducted Energy Devices](#); The Telegraph (2019) Tasers to be issued to everyone frontline officer in force's response to 'sickening trend' of attacks on police. Retrieved from [Tasers to be issued to every frontline officer in force's response to 'sickening trend' of attacks on police \(telegraph.co.uk\)](#); Mirror Online (2017) Tasers for 1,800 more London police following knife crime rise and terror attacks. Retrieved from <https://www.mirror.co.uk/news/uk-news/tasers-1800-more-london-police-10653952>

<sup>39</sup> College of Policing (2020) Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

<sup>40</sup> Carrying Tasers increases police use of force, study finds | University of Cambridge

<sup>41</sup> IPCC (2008) Tasers: IPCC report on cases involving the use of Taser between 1 April 2004 and 30 September 2008. Retrieved from [https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use\\_of\\_force\\_taser\\_report.pdf](https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use_of_force_taser_report.pdf)

but it also highlights that it does not achieve muscular incapacitation and that its use in this way should be considered for voluntary referral to us<sup>42</sup>.

## Multiple and prolonged discharges

The IPCC's 2016 use of force review found that when Taser is used, it is often used more than once<sup>43</sup>. Our analysis of investigations completed over a five-year period found that 31 people had Taser used against them 81 times<sup>44</sup>. We found that, when the Taser made contact with the body, it most often hit the person's back, followed by the chest and stomach, then arms and legs. The most common length of time for which the Taser was discharged was five seconds.

National guidance does not prohibit repeated or extended use of Taser but does highlight increased risks associated with it. APP states that Taser use can be "repeated or extended if the desired incapacitation does not appear to take effect and the further use of force is justified and proportionate in the circumstances".

Guidance also states that officers should utilise the National Decision Model (NDM) and "review other options as there may be technical or physiological reasons why the device is not working as expected". "Repeated and/or prolonged application of discharge" and "avoidance of sensitive areas (primarily head, neck or genitalia)" are listed as risk factors in APP, although no further detail or guidance is provided in the APP itself<sup>45</sup>.

## 5.3 The characteristics of people involved in Taser incidents

### Ethnicity

Home Office data indicates that Black people are more likely to have a Taser used against them than White people<sup>46</sup>. Black people were involved in 20% to 21% of Taser incidents in all three years' worth of data, despite making up less than four per cent (4%) of the population<sup>47</sup>.

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<sup>42</sup> College of Policing, Authorised Professional Practice. Conducted energy devices (Taser). Retrieved from <https://www.app.college.police.uk/app-content/armed-policing/conducted-energy-devices-taser/#verbal-warning-and-contact>

<sup>43</sup> This refers to all uses, not just discharges.

<sup>44</sup> Includes drawing the Taser as well as discharges.

<sup>45</sup> College of Policing, Authorised Professional Practice. Conducted energy devices (Taser). Retrieved from <https://www.app.college.police.uk/app-content/armed-policing/conducted-energy-devices-taser/#verbal-warning-and-contact>

<sup>46</sup> Ethnicity and all other characteristics are based on officer perception.

<sup>47</sup> Population of England and Wales. Retrieved from <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest>

In 2019/20<sup>48</sup>, Black people were subjected to Taser use at a rate eight times higher<sup>49</sup> than White people<sup>50</sup>. The CoP's analysis of the 2017/18 data<sup>51</sup> found that officers were significantly more likely to draw a Taser when incidents involved a person whom they perceived to be Black but that they were not more likely to discharge it.

Asian people were involved in six per cent (6%) of Taser incidents in 2017/18, and in seven per cent (7%) of incidents in 2018/19 and 2019/20<sup>52</sup>. People of mixed ethnicity were involved in three per cent (3%) of Taser incidents in all three years<sup>53</sup>. The proportion of Taser incidents involving these groups is roughly in line with their population sizes<sup>54</sup>. The CoP's analysis found that the odds of a Taser being drawn and discharged were decreased when the person was perceived to be of an Asian ethnicity<sup>55</sup>.

The rates of different ethnic groups' involvement in Taser incidents has been consistent across the three data sets. Black people appear to be disproportionately over-represented in Taser incidents when compared to the overall population. It is not clear from the data why Black people are more likely to be involved in Taser use but not in Taser discharges. However, there is a body of literature<sup>56</sup> that indicates that Black people are often subjected to stereotypical assumptions and can be perceived to be more threatening.

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<sup>48</sup> Police use of force statistics, England and Wales: April 2019 to March 2020. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/945435/police-use-of-force-apr2019-mar2020-hosb3720.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/945435/police-use-of-force-apr2019-mar2020-hosb3720.pdf)

<sup>49</sup> This excluded data from the MPS, where the rate was five times higher.

<sup>50</sup> The Home Office advised caution when interpreting the data owing to issues with data quality.

<sup>51</sup> College of Policing (2020) Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

<sup>52</sup> Home Office. Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>

<sup>53</sup> Home Office. Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>

<sup>54</sup> The 2011 Census showed that Asian people made up 8% of the population and people belonging to mixed/multiple ethnic groups made up two per cent.

<sup>55</sup> College of Policing (2020) Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

<sup>56</sup> Rt. Hon. Dame Angiolini, E. (January 2017). Report of the Independent Review of Deaths and Serious incidents in Police Custody. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655401/Report\\_of\\_Angiolini\\_Review\\_ISBN\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655401/Report_of_Angiolini_Review_ISBN_Accessible.pdf); Lopez, G. (2017, March 17). Study: people see black men as larger and more threatening than similarly sized white men. Retrieved from <https://www.vox.com/identities/2017/3/17/14945576/black-white-bodies-size-threat-study>; Attending to Threat: Race-based Patterns of Selective Attention; The Journal of Blacks in Higher Education. (20 March 2017). Study Finds a Bias in the Perception of the Size and Threat of Black Men. Retrieved from <https://www.jbhe.com/2017/03/study-finds-a-bias-in-the-perception-of-the-size-and-threat-of-black-men/>

## Age

Around 88% of Taser use across the three years of Home Office datasets involved adults between the ages of 18 and 64<sup>57</sup>. Children aged between 11 and 17 were involved in around eight per cent (8%) of incidents. People over the age of 65 and children under 11 were involved in less than one per cent (1%) of incidents (0.5% and 0.1% respectively) across all three years. The CoP's analysis found that the odds of Taser being drawn and discharged decreased when the person was under 18 years<sup>58</sup>.

Very few children under the age of 11 are involved in Taser incidents. The police recorded 16 incidents in 2017/18<sup>59</sup>, 29 incidents in 2018/19<sup>60</sup> and 23 incidents in 2019/20<sup>61</sup>. Data on the type of Taser use was not provided for the first two years. However, the latest data set did provide a breakdown of type of Taser use, and none of the incidents were recorded as discharges (although the type of Taser use was not recorded in seven of these).

The number of Taser incidents involving children aged between 11 and 17 years is more concerning:

- in 2017/18, 938 incidents involved children aged 11 to 17
- in 2018/19, this rose to 1,671 incidents
- in 2019/20, this increased again to 2,795 incidents

As above, breakdowns of the type of use are not available for the first two data sets, but the most recent data shows that the vast majority of incidents (90%) were non-discharges. Of the 2,795 incidents, 134 discharges were recorded<sup>62 63</sup>.

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<sup>57</sup> Home Office. Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics> Ages are reported according to officers' perception.

<sup>58</sup> College of Policing (2020) Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

<sup>59</sup> Home Office (2018). Police use of force statistics, England and Wales: April 2017 to March 2018. Retrieved from <https://www.gov.uk/government/statistics/police-use-of-force-statistics-england-and-wales-april-2017-to-march-2018> Note that these statistics are based on a subset (12,755) of total recorded incidents (16,913) i.e. only on those incidents where wider incident details were provided.

<sup>60</sup> Home Office (2019). Police use of force statistics, England and Wales: April 2018 to March 2019. Retrieved from <https://www.gov.uk/government/statistics/police-use-of-force-statistics-england-and-wales-april-2018-to-march-2019>. The Home Office notes that this figure is inaccurate, as it includes Taser usages against animals and cases incorrectly categorised.

<sup>61</sup> Home Office (2020). Police use of force statistics, England and Wales: April 2019 to March 2020. Retrieved from <https://www.gov.uk/government/statistics/police-use-of-force-statistics-england-and-wales-april-2019-to-march-2020>

<sup>62</sup> In 146 incidents, the type of Taser use was not recorded.

<sup>63</sup> Home Office. Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>



The proportion of children aged under 11 involved in Taser use has remained stable at 0.1% across the three years. If we assume the 2019/20 data can be used as an indication of previous years, it is likely that very few (if any) of these involved Taser discharges.

By comparison, Taser use involving children aged 11 to 17 has increased slightly as a proportion of overall Taser use each year (rising from 7% in 2017/18, to 8% in 2018/19 and 9% in 2019/20). This is a small change, but whether this trend continues over coming years will need to be monitored.

The IPCC review of Taser incidents between 2004 and 2013<sup>64</sup> acknowledged significant concerns about the use of Taser on children and young people. This remains a significant concern to many, especially in light of the increase in Taser use against children over the past three years.

Home Office data does not provide a breakdown of the ethnicity of the children involved in Taser incidents. However, responses to Freedom of Information requests by the Children's Rights Alliance for England (CRAE), part of Just for Kids Law, showed that, in the first 10 months of 2019, 74% of children who had a Taser used on them in London were from a Black, Asian and minority ethnic background<sup>65</sup>.

Although London has unique demographics and size, this finding, together with the rate of ethnic disproportionality in Taser use nationally across all age groups, suggests it is possible that Black Asian and minority ethnic children are disproportionately involved in Taser incidents nationally.

## Gender

Home Office data shows that over 90% of Taser incidents involve males<sup>66</sup>. The CoP's analysis found that the individual being male increased the odds of Tasers being both drawn and discharged<sup>67</sup>. The analysis also looked at the gender of officers involved in Taser incidents and found that male officers were more likely to draw a Taser, but not more likely to discharge it than officers of another gender.

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<sup>64</sup> IPCC. (2014). IPCC review of Taser complaints and incidents 2004-2013. Retrieved from [https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use\\_of\\_force\\_review\\_of\\_taser\\_complaints\\_and\\_incidents.pdf](https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use_of_force_review_of_taser_complaints_and_incidents.pdf)

<sup>65</sup> Children's Rights Alliance for England. Children's rights and policing: Tasers and children's rights. Retrieved from [http://www.crae.org.uk/media/128554/CRAE\\_POLICING-TASER-PRINT-1.pdf](http://www.crae.org.uk/media/128554/CRAE_POLICING-TASER-PRINT-1.pdf)

<sup>66</sup> Home Office. Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>

<sup>67</sup> College of Policing (2020) Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

## Physical and mental health concerns

When completing Use of Force forms, officers are asked to record whether they perceived the individual to have a physical disability or mental health concerns. Home Office data shows that officers do not report people having either a physical disability or mental health concerns in around 80% of Taser incidents<sup>68</sup>. In the first two years' worth of data, officers recorded mental health concerns in 18% of incidents. In 2019/20, officers thought individuals may have had a mental health concern in 15% of incidents<sup>69</sup>. Officers thought people had a physical disability in fewer than one per cent (1%) of incidents in all three years' worth of data.

It is important to recognise that many physical and mental health concerns are hidden or are not immediately or otherwise perceptible, which might mean it is more difficult to perceive physical or mental health concerns. As such, these figures should be treated with caution.

Indeed, other evidence suggests that mental health is a more common feature in Taser incidents than the Home Office data suggests. The IPCC's 2014 report found that mental health concerns and self-harm were factors in most of the non-complaint cases we reviewed. It also found that the number of Taser-related complaints where mental health concerns or self-harm were a factor had increased since 2007. In addition, the CoP's analysis found that a person having mental health concerns increased the odds of Tasers being both drawn and discharged<sup>70</sup>.

The IPCC's 2016 report found that mental health was a factor in more than half (53%) of the Taser referrals we reviewed, and in a third of independent investigations<sup>71</sup>. There was also an increase in Taser-related complaints in connection with incidents where self-harm or mental health concerns were a factor.

The stakeholders spoken to as part of the IPCC's 2016 review were concerned that hidden impairments might mean that some situations escalate more rapidly because officers lack sufficient understanding of, or confidence in, dealing with people with mental health concerns<sup>72</sup>. People with mental health concerns said that officers

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<sup>68</sup> Home Office. Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>. As above, this is based on officer perceptions.

<sup>69</sup> It is worth noting that in the 2017/18 and 2018/19 publications, data on perceived disability was recorded as 'not reported' in less than 1% of incidents, but this rose to 4% in the latest publication (2019/20). The data table for 2019/20 states that where full incident details were missing, these were included in the 'not reported' column, which might explain the difference from previous years.

<sup>70</sup> College of Policing (2020) Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

<sup>71</sup> This is based on 52 referrals involving Taser between 1 April 2014 and 30 June 2014.

<sup>72</sup> IPCC. (2016). Police use of force; evidence from complaints, investigations and public perception. Retrieved from [https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/IPCC\\_Use\\_Of\\_Force\\_Report.pdf](https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/IPCC_Use_Of_Force_Report.pdf)

should be trained to know how to effectively approach incidents involving vulnerable people where it may be necessary to use force<sup>73</sup>.

The IPCC review highlighted the importance of risk assessments and recommended that national guidance ensures that sufficient emphasis is placed on the needs of vulnerable people when officers are considering using force. The review said that officers should consider how their actions could affect people who have medical or mental health conditions or learning disabilities, so that they can assess the most appropriate course of action to limit any potential distress. It also encouraged officers to seek advice and information from a person's support worker (where possible and relevant) to inform decision making.

## 5.4 The environmental and situational characteristics of Taser use

Home Office data for 2019/20<sup>74</sup> shows that Taser is most commonly used in public settings (57%), followed by dwellings (35%). Taser usages in police or medical settings each made up less than two per cent (2%) of total Taser incidents.

There were 608 Taser uses in police settings<sup>75</sup> (47 of which were discharges), and 565 in medical settings<sup>76</sup> (95 of which were discharges). Of the 47 discharges in police settings, 24 were in the custody block, five were in the police station (excluding the custody block) and 18 were in police vehicles. Of the 95 Taser discharges in medical settings, most (52) were in a mental health setting, with the remainder (43) in a hospital (non-mental health) setting.

In its analysis of police-recorded use of force data, the CoP analysed a range of situational, interactional and other factors that were associated with the likelihood of officers drawing and discharging their Tasers. It found officers were more likely to both draw and discharge their Taser when they reported facing "active resistance" from people, when they said they were using force to protect themselves or others and when the incident took place in a dwelling.

The factor with the strongest association with a Taser being discharged (but not drawn) was the officer reporting that they faced active or aggressive resistance from the individual. The odds of discharging a Taser were also increased when the

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<sup>73</sup> IPCC. (2016). Police use of force; evidence from complaints, investigations and public perception. Retrieved from [https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/IPCC\\_Use\\_Of\\_Force\\_Report.pdf](https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/IPCC_Use_Of_Force_Report.pdf)

<sup>74</sup> Home Office (2020). Police use of force statistics, England and Wales: April 2019 to March 2020. Retrieved from <https://www.gov.uk/government/statistics/police-use-of-force-statistics-england-and-wales-april-2019-to-march-2020>

<sup>75</sup> This included in police vehicles, the police station (excluding custody block) and the custody block.

<sup>76</sup> This included hospital settings, mental health facilities and in an ambulance.

officer's main duties included armed response and where the officer was single-crewed. The factor most strongly associated with a Taser being drawn but not discharged was the officer reporting using force to protect themselves or others. These odds were also increased when the officer had prior knowledge of the individual.

The likelihood of Taser being drawn and discharged decreased when the incident took place in police or medical settings, where alcohol was listed as an impact factor and where a crowd was present. The factors that were associated with decreased odds of an officer drawing but not discharging a Taser included the officer having more than 15 years' service, when their main duties did not include armed response, and where drugs was listed as an impact factor.

Some of these findings are in keeping with findings from our previous reports. The IPCC's 2016 review of Taser referrals found that the majority of incidents occurred in a person's home or surrounding grounds, and that Taser was often used following reports of violent behaviour. Only one of the incidents took place in police custody. It additionally found that Taser use was often part of a planned operation to execute a search warrant or following calls to a domestic dispute.

The CoP's finding that the odds of Taser being drawn and discharged were reduced in police and medical settings, when compared to its use in public settings, is positive. In our 2014 Taser report, we raised concerns about the use of Taser in custody settings. Although we identified only a relatively small number of such cases, we argued that the threat of severe violence is much lower than in community settings and that its use in controlled settings should be subject to robust scrutiny and local monitoring. We said that any such use must be justified and appropriate and called for improved guidance on the use of Taser in custody.

Previous IPCC reports have also identified that weapons, drugs and alcohol commonly feature in Taser cases. In the IPCC's 2014 report, over half of the non-complaint cases involved the possession or possible possession of a weapon. In 2016, analysis of 32 Taser investigations found that 14 (44%) individuals had a weapon, and that weapons increased the odds of Taser being used.

This is in keeping with findings from an academic study, where the odds of a Taser being discharged significantly increased when the person had a weapon and when officers' reason for using force was "to protect self or others"<sup>77</sup>. The IPCC's 2016

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<sup>77</sup> Dymond, A. (2020). 'Taser, Taser!' Exploring factors associated with police use of Taser in England and Wales. Retrieved from <https://www.tandfonline.com/doi/pdf/10.1080/10439463.2018.1551392>

report found that alcohol and/or drugs featured in almost two-thirds (64%) of the 52 Taser referrals.

The IPCC's 2014 report also offered some insight into the way in which Taser use had changed since its introduction. It found that only after 2008, when Tasers had been rolled out to non-firearms officers, was the reason 'detention' associated with Taser use.

The number of incidents where 'arrest' was a factor also rose considerably once Tasers had been extended to non-firearms officers, and officers reported using Taser to assist them in restraining and/or handcuffing someone. There was also a significant increase in Taser-related complaints in connection with arrests and where self-harm or mental health concerns were a factor.<sup>5</sup>

## 5.5 Deaths and injuries

### Deaths

Our investigations into a death consider whether the police may have caused or contributed to the death or failed to protect someone. It is not our role to determine the cause of a death. The cause of death is ultimately decided at a Coroner's inquest.

### Injuries

Tasers can result in a range of injuries, including from the probes penetrating the skin, muscular or strain injuries and from unsupported falls<sup>78</sup>. Taser can also pose specific risks to people with certain medical conditions, and cardiac events caused by the electrical discharge have been recognised<sup>79</sup>. Being subjected to a Taser discharge is also very painful and can, like other forms of police force, have serious psychological impacts on individuals.

The Scientific Advisory Committee on the Medical Implications of Less Lethal Weapons (SACMILL)<sup>80</sup> has stated that the number of serious injuries caused by Taser "appears to be low relative to the number of times the devices are used."

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<sup>78</sup> Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons (SACMILL). (2016). Statement on the Medical Implications of Use of the TASER X2 Conducted Energy Device System. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/595242/Medical\\_Statement\\_on\\_the\\_TASER\\_X2\\_system.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595242/Medical_Statement_on_the_TASER_X2_system.pdf)

<sup>79</sup> Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons (SACMILL). (2016). Statement on the Medical Implications of Use of the TASER X2 Conducted Energy Device System. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/595242/Medical\\_Statement\\_on\\_the\\_TASER\\_X2\\_system.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595242/Medical_Statement_on_the_TASER_X2_system.pdf)

<sup>80</sup> The Scientific Advisory Committee on the Medical Implications of Less Lethal Weapons (SACMILL) provides independent advice to the UK government on the medical effects of less-lethal weapons.

SACMILL has acknowledged though that a small number of deaths and serious injuries in the UK have been associated with Taser<sup>81</sup>.

Some analyses of police use of force have found that Taser use is associated with fewer injuries than the use of police dogs, batons, irritant spray and physical confrontation<sup>82</sup>. However, it is important to note that these analyses included incidents where a Taser (and other equipment) was simply drawn or aimed and did not focus on incidents where there was physical contact. SACMILL seems to accept that Taser can be less injurious than other forms of force, as it refers to other uses of force being “potentially more injurious” than a Taser in its statements, although an analysis of the comparative risks of injury is not presented<sup>83</sup>.

The CoP’s 2020 analysis considered the likelihood of injuries to both officers and the public when Tasers were drawn and discharged. It found that discharging a Taser was associated with increased odds of the individual involved being injured and hospitalised, and with officers being assaulted and injured. Drawing a Taser, however, reduced the likelihood of officers being assaulted, although the study was not able to determine whether Taser per se was the cause of this or whether this was due to other factors, such as the distance that Taser allows between an officer and an individual<sup>84</sup>.

The IPCC’s 2014 report, found examples of secondary injuries following the use of Taser (although not all were attributable to Taser). In the majority of the investigations reviewed, explanations by officers for their use of Taser referred to Taser as being one of the lowest forms of force available to them in the circumstances, and that other tactics would have caused more serious injury. The review called for “greater emphasis... on the initial stages of the decision-making model used by officers, using communication and the information they have, rather

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<sup>81</sup> Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons (SACMILL). (2016). Statement on the Medical Implications of Use of the TASER X2 Conducted Energy Device System. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/595242/Medical\\_Statement\\_on\\_the\\_TASER\\_X2\\_system.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595242/Medical_Statement_on_the_TASER_X2_system.pdf)

<sup>82</sup> National Police Chiefs’ Council. (2019). TASER – Fifteen years on. An analysis of TASER use in British Policing. Retrieved from <https://www.npcc.police.uk/Taser/NPCC%20Taser%20Report%20combined.pdf>; Stevenson, R, Drummond-Smith, I. (2020, July) Medical implications of Conducted Energy Devices in law enforcement. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S1752928X2030055X#:~:text=The%20injuries%20sustained%20by%20both%20subjects%20and%20Police,Police%20Dogs%2C%20baton%2C%20irritant%20spray%20or%20physical%20confrontation.>

<sup>83</sup> Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons (SACMILL). (2016). Statement on the Medical Implications of Use of the TASER X2 Conducted Energy Device System. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/595242/Medical\\_Statement\\_on\\_the\\_TASER\\_X2\\_system.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595242/Medical_Statement_on_the_TASER_X2_system.pdf)

<sup>84</sup> College of Policing (2020) Police use of force: Tactics, assaults and safety. Retrieved from [https://whatworks.college.police.uk/Research/Documents/Use\\_of\\_force\\_report.pdf](https://whatworks.college.police.uk/Research/Documents/Use_of_force_report.pdf)

than a quick escalation to use of force”’. The IPCC’s 2016 report found that while it is not always possible to link injuries to the types of force used, Taser did result in minor injuries, including from barb penetration.

## 5.6 Ethnic disproportionality

Concerns about the disproportionate use of Taser on ethnic minorities (in particular Black people), must be viewed in the wider and historical context of the policing of these communities. It is not the purpose of this report to explore these issues in detail but given that concerns about ethnic disproportionality in Taser use cannot be understood without this context, a brief summation is set out below.

In 1999, the Macpherson Inquiry<sup>85</sup> into the death of Stephen Lawrence found that the police service was institutionally racist. Macpherson said this was apparent in the investigation of Stephen’s murder, the treatment of his family and friends and, more widely, in the countrywide disparity in stop and search figures and under-reporting of racial incidents. The Inquiry found consistent evidence of the “over-policing” and “under-protection” of Black, Asian and minority ethnic communities.

More than 20 years later, witnesses told the Home Affairs Select Committee’s (HASC) inquiry into the progress made since the Macpherson report that the police service has not overcome issues and perceptions of institutional racism. Some witnesses argued that more has not been achieved because forces have failed to accept the problem of institutional racism<sup>86</sup>, and that its continued prevalence must be acknowledged before meaningful change can be achieved<sup>87</sup>, Witnesses highlighted how, today, Black, Asian and minority ethnic people are still disproportionately represented in arrest statistics, use of force and stop and search, and ethnic disproportionality pervades almost every stage of the criminal justice system<sup>88</sup>.

Home Office data shows that Black people were involved in 16% of use of force incidents in 2018/19 and 2019/20, despite making up less than four per cent (4%) of the population. Black people are disproportionately more likely to have less lethal

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<sup>85</sup> Sir MacPherson, W. (February 1999). The Stephen Lawrence Inquiry. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277111/4262.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf)

<sup>86</sup> Oral Evidence by Deighton, Khan and Ryder to the HASC Inquiry. Retrieved from <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/the-macpherson-report-twenty-years-on/oral/103155.pdf>

<sup>87</sup> Written evidence by the National Black Police Association (NBPA) to the HASC Inquiry. Retrieved from <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/the-macpherson-report-twenty-years-on/written/101991.html>

<sup>88</sup> The Lammy Review. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/643001/lammy-review-final-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf)

weapons used against them, and Black and Asian people are disproportionately involved in firearms incidents<sup>89</sup>.

Disproportionality in use of force has been attributed to perceptions of Black people as ‘dangerous’<sup>90</sup>. The Angiolini Review<sup>91</sup> recognised the stereotyping of Black men as “dangerous, “violent and volatile” as a “longstanding trope that is ingrained in the minds of many”. The review found it is not uncommon for officers to describe Black men as having “superhuman strength”, and, “often wholly inaccurately”, as the “biggest man I have ever encountered”<sup>92</sup>. It argued that such perceptions increase the likelihood of force and restraint being used, and the dehumanising effect of this may mean that officers use force and restraint “to the exclusion of any focus on the wellbeing of the detainee”. The Home Affairs Select Committee was told that officers often ‘justify’ use of force on Black and Asian men with comments about “how threatened they feel”<sup>93</sup>.

The Angiolini review also found that Black, Asian and minority ethnic people were more likely to be restrained than White people, and to experience “dangerous restraint techniques and excessive force”. Angiolini said that the intersectionality of race and mental health can increase the risk of higher levels of use of force and restraint<sup>94</sup>. The review recognised the profound effect of disproportionate use of force and restraint-related deaths on Black communities, and how it strongly resonates with their experiences of discrimination and over-policing<sup>95</sup>.

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<sup>89</sup> Home Office. Police Use of Force Statistics. Retrieved from <https://www.gov.uk/government/collections/police-use-of-force-statistics>

<sup>90</sup> Written evidence by Open Society Foundations to the HASC Inquiry. Retrieved from <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/the-macpherson-report-twenty-years-on/written/103527.pdf>

<sup>91</sup> Rt. Hon. Dame Angiolini, E. (January 2017). Report of the Independent Review of Deaths and Serious incidents in Police Custody. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655401/Report\\_of\\_Angiolini\\_Review\\_ISBN\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655401/Report_of_Angiolini_Review_ISBN_Accessible.pdf)

<sup>92</sup> Rt. Hon. Dame Angiolini, E. (January 2017). Report of the Independent Review of Deaths and Serious incidents in Police Custody. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655401/Report\\_of\\_Angiolini\\_Review\\_ISBN\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655401/Report_of_Angiolini_Review_ISBN_Accessible.pdf)

<sup>93</sup> Written evidence from the United Families and Friends Campaign (UFFC) to the HASC Inquiry. Retrieved from <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/the-macpherson-report-twenty-years-on/written/95098.html>

<sup>94</sup> Rt. Hon. Dame Angiolini, E. (January 2017). Report of the Independent Review of Deaths and Serious incidents in Police Custody. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655401/Report\\_of\\_Angiolini\\_Review\\_ISBN\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655401/Report_of_Angiolini_Review_ISBN_Accessible.pdf)

<sup>95</sup> Rt. Hon. Dame Angiolini, E. (January 2017). Report of the Independent Review of Deaths and Serious incidents in Police Custody. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655401/Report\\_of\\_Angiolini\\_Review\\_ISBN\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655401/Report_of_Angiolini_Review_ISBN_Accessible.pdf)



Stop and search has had a disproportionate impact on Black, Asian and minority ethnic groups for as long as statistics have been published<sup>96</sup>. In 2019/20, Black people were nine times more likely to be stopped and searched than White people, and Asian people and people of mixed ethnicity were more than twice as likely<sup>97</sup>. Macpherson reported that discrimination was a 'major element in the stop and search problem'<sup>98</sup>.

One study argued that, while police narratives around stop and search focus on knives, gangs, organised crime, drug supply and modern slavery, its own analysis instead told a story of 'deprived, minority communities being over-policed and selectively criminalised'<sup>99</sup>. In 2017, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service (HMICFRS) criticised the police's failure to explain the disproportionate use of stop and search against Black, Asian and minority ethnic groups and demonstrate that its use is consistently reasonable and fair<sup>100</sup>.

In terms of arrests, statistics for 2018/19 show that Black people were over three times more likely to be arrested than White people, and people of mixed ethnicity were nearly twice as likely<sup>101</sup>. Arrest disproportionality has been linked to the disproportionality in the use of stop and search<sup>102</sup>.

There are also concerns about a lack of accountability for officers who act in a discriminatory way. We have previously identified serious inadequacies with the way forces deal with allegations of police discrimination, including failures to consider the gravity of allegations, gather relevant evidence, and deal with allegations where

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<sup>96</sup> Shiner M, Carre Z, Delsol, R, Eastwood N. (2018) The Colour of Injustice: 'Race', drugs and law enforcement in England and Wales. Retrieved from [https://www.stop-watch.org/uploads/documents/The\\_Colour\\_of\\_Injustice.pdf](https://www.stop-watch.org/uploads/documents/The_Colour_of_Injustice.pdf)

<sup>97</sup> Stop and search. Ethnicity facts and figures. Retrieved from <https://www.ethnicity-facts-figures.service.gov.uk/crime-justice-and-the-law/policing/stop-and-search/latest#by-ethnicity>

<sup>98</sup> Sir MacPherson, W. (February 1999). The Stephen Lawrence Inquiry. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277111/4262.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf)

<sup>99</sup> Sir MacPherson, W. (February 1999). The Stephen Lawrence Inquiry. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277111/4262.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf)

<sup>100</sup> HMICFRS. (2017). PEEL: Police legitimacy 2017: A national overview. Retrieved from <https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/peel-police-legitimacy-2017-1.pdf>

<sup>101</sup> Arrests. Ethnicity facts and figures. Retrieved from <https://www.ethnicity-facts-figures.service.gov.uk/crime-justice-and-the-law/policing/number-of-arrests/latest> (accessed 22 February 2021).

<sup>102</sup> Shiner M, Carre Z, Delsol, R, Eastwood N. (2018) The Colour of Injustice: 'Race', drugs and law enforcement in England and Wales. Retrieved from [https://www.stop-watch.org/uploads/documents/The\\_Colour\\_of\\_Injustice.pdf](https://www.stop-watch.org/uploads/documents/The_Colour_of_Injustice.pdf)

racism was not overt<sup>103</sup>. StopWatch has argued that, even when forces have accepted the possibility of institutional discrimination, they have failed to find that any individual officer has discriminated<sup>104</sup>. Police failures to adequately investigate and deal with racial hate crimes is another issue that affects Black, Asian and minority ethnic people's confidence in, and perception of, the police<sup>105</sup>.

The IPCC's 2016 report found that Black, Asian and minority ethnic groups, and Black communities in particular, have lower levels of trust in the police. They reported concerns about unconscious bias, stereotyping individuals and groups, and how this can predetermine officers' responses and their perception of threat. Focus groups conducted in December 2019 found that many of the Black participants said they felt less safe or were scared in the presence of officers, whereas other participants said they wanted more police presence on the streets<sup>106</sup>.

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<sup>103</sup> IPCC (July 2013) Report on Metropolitan Police Service handling of complaints alleging race discrimination. Retrieved from <https://www.statewatch.org/media/documents/news/2013/jul/uk-ippc-report-met-racism.pdf>; IPCC (2017) Follow-Up Review on Police Handling of Allegations of Discrimination. Retrieved from [https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/discrimination\\_report\\_2017.pdf](https://policeconduct.gov.uk/sites/default/files/Documents/research-learning/discrimination_report_2017.pdf)

<sup>104</sup> Notes from meeting with Stopwatch re: Discrimination Guidelines Review (4 March 2015)

<sup>105</sup> [The Stephen Lawrence Inquiry](#) (1999); HMICFRS (2018) "[Understanding the Difference: The initial police response to hate crime](#)"

<sup>106</sup> IOPC Stakeholder Research. (December 2019). Retrieved from <https://www.policeconduct.gov.uk/sites/default/files/Documents/Who-we-are/IOPC-Populus-Stakeholder-Research-2019.pdf>

# 6. Findings from our investigation

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## 6.1 Types of investigations

There are three types of independent investigation conducted by the IOPC - complaint investigations, investigations into recordable conduct matters and death or serious injury (DSI) investigations.

Complaint investigations are those that follow a complaint from a member of the public that meets the threshold for independent investigation. These can either be subject to 'special requirements' (where there is an indication that a person serving with the police may have breached the standards of professional behaviour or committed a criminal offence)<sup>107</sup>, or not subject to special requirements (where there is no indication of any conduct matters or criminality).

Conduct investigations are conducted either when a force refers a conduct matter to us for investigation, or following a DSI) referral, where there is an indication that a person serving with the police may have breached the standards of professional behaviour or committed a criminal offence.

DSI investigations concern cases that have been referred to us as a death or serious injury matter. Types of investigations included in this review are set out in table 3.

**Table 3: Types of investigations**

Investigation type	Cases
Complaint investigations	41
Conduct investigations	31
DSI investigations	29
<b>Total investigations</b>	<b>101</b>

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<sup>107</sup> Certifying that a case is subject to special requirements does not necessarily mean that criminal charges or disciplinary proceedings will necessarily follow at the end of an investigation.

## Complaint investigations

Around 40% of the investigations analysed were complaint investigations<sup>108</sup>. In around two-thirds of these cases (68%), it was assessed that there was an indication that a person serving with the police may have breached the standards of professional behaviour or committed a criminal offence. Of the people involved in these investigations<sup>109</sup>, 34 were White, ten were Black, two were Asian and one was of mixed ethnicity. Five complaint investigations involved people under 18 years<sup>110</sup>.

All these cases included complaints about officers' use of force. Many complained specifically about the use of Taser, alleging that it was unnecessary, excessive or disproportionate. Three specifically complained they had been given no warning before the Taser was fired<sup>111</sup>, two complained that they were tasered while in a potentially unsafe position or location, and one complained about the use of Taser despite the presence of petrol<sup>112</sup>. Not all complainants complained about the use of Taser specifically; some complained about other use of force tactics, such as irritant spray, unarmed tactics, restraint and handcuffs.

Aside from use of force, the most common issue complained about was officers' attitude, including that they were rude, derogatory or aggressive. Eight complaints included allegations of discrimination: four on the basis of race, one on the basis of race and religion and three on the basis of disability or mental health concerns. Seven complainants alleged that officers failed to sufficiently consider mental health concerns during the incident or deal with them appropriately in light of these issues. Five people complained about being wrongfully arrested and/or detained, and four complaints involved allegations that officers had lied or misled others about the facts of the incident.

Other complaints involved custody issues, including a lack of timely access to medical professionals, and post-incident issues, such as a failure to interview witnesses. Several people complained about searches of their property. Three people complained about the aftercare they were given. Two complainants alleged

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<sup>108</sup> This refers to investigations that were investigated as complaint investigations and does not reflect every investigation where a complaint was received. Conduct and DSI investigations may also include complaints but were not investigated as such and are therefore not counted here.

<sup>109</sup> One of these investigations involved seven individuals, only one of whom did in fact complain. Nevertheless, this was investigated as a complaint and all individuals have been counted.

<sup>110</sup> One of these investigations involved seven individuals, only one of whom did in fact complain. Nevertheless, this was investigated as a complaint and all individuals have been counted. The individual who was under 18 in this investigation did not complain.

<sup>111</sup> Taser APP states that, in order to consider the safety of other people, officers should communicate that they are using a Taser by clearly stating 'Taser, Taser'. However, it also states that there "*may be specific reasons why this warning may be clearly inappropriate or unnecessary in the circumstances.*"

<sup>112</sup> Flammability is a risk factor listed in Taser APP.

they had been harassed by officers. Another two complainants alleged that officers had failed to consider the age of the person when dealing with them.

## **Conduct investigations**

Thirty-one of the 101 cases analysed were conduct investigations. Sixteen of these investigations were first referred to us as DSI matters, and 15 were referred as conduct matters.

Of the people involved in these investigations, 24 were White, five were Black, one was Asian and one was of mixed ethnicity. The majority of people in these investigations were between 26 to 45 years of age. Six were between 18 and 25 years of age, and four were between 46 and 60 years of age. The youngest was 18 years-old and the oldest was 59 years. Two cases involved 18-year-olds who were seriously injured. One was injured while being restrained and struggling with officers. The other was injured after falling to the floor following a Taser discharge.

## **Death or serious injury investigations**

Fifty-one cases were originally referred to us as DSIs. Sixteen of the cases originally referred as DSIs involved a person's death and 35 involved serious injury. It is important to emphasise that the deaths and serious injuries that occurred were not necessarily the result of Taser use.

In 16 of the 51 cases, a conduct issue was identified concerning one or more of the officers or police staff members involved, and these were investigated as conduct matters. Another six cases were investigated as complaints, four of which were subject to special requirements. No conduct issues were identified in 31 of the 51 cases that were referred to us as DSI matters<sup>113</sup>.

Twenty-nine investigations were therefore conducted as DSI investigations. Of the people involved, 18 were White, nine were Black, one was Asian and one was White Afro-Caribbean. The majority were aged between 26 and 45 years old. Six were between 18 and 25 years of age and four were between 46 and 70 years of age. One investigation involved a person who was aged under 18. The oldest person was 69 years old.

Of those who died, six were Black, one was White Afro-Caribbean and the remainder (nine) were White. The youngest person was 21 years old and the oldest was 51

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<sup>113</sup> Two of these cases were investigated as complaints which were not subject to special requirements. The remainder were DSI investigations.

years. The majority of those who died were between 26 and 45 years of age. Two were aged between 18 and 25 years and two were between 46 and 55 years.

## Deaths

Sixteen of the 101 cases that we reviewed involved a death. It is important to emphasise that these deaths were not necessarily the result of Taser use.

Four inquests found that the use of Taser, in combination with other factors contributed to, or was relevant in, a person's death.

- Jordan Begley died in 2013, following an incident in which he was tasered and restrained. The jury at the inquest stated that the “stress of the [Taser] discharge and the restraint more than minimally and materially contributed” to Jordan's death<sup>114</sup>. The pathologist said that it was not possible to determine whether the Taser discharge alone was responsible for Jordan's death, but they accepted that the ‘stressing effect’ of the Taser was likely to have been relevant. The pathologist concluded that, “the most likely cause of...death was the development of a stress-induced cardiac dysrhythmia which occurred at the culmination of a long and stressful series of events<sup>115</sup>”.

Adrian McDonald died in 2014, following an incident in which he was experiencing a mental health crisis. He was restrained, tasered for 24 seconds over a 27 second period and bitten by a police dog. Two pathologists found that a combination of factors, including the stress from being bitten and tasered, were relevant to Adrian's death. The inquest concluded that the overall stress of the incident, amongst other factors, caused his death<sup>116</sup>.

Darren Cumberbatch died in 2017, nine days after an incident in which he was subjected to multiple uses of force while experiencing a mental health crisis, including Taser, baton strikes, irritant spray, physical strikes, including punching and stamping, and restraint. The jury at the inquest found that the restraint and use of Taser had contributed to his death. The jury believed the restraint used

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<sup>114</sup> National Police Chiefs' Council. (9 July 2015). NPCC Less-Lethal Weapons Lead requests independent review of Taser safety advice. Retrieved from <https://news.npcc.police.uk/releases/npcc-less-lethal-weapons-lead-requests-independent-review-of-taser-safety-advice>

<sup>115</sup> IOPC. Independent investigation report - Mr Jordan Begley. Retrieved from [https://policeconduct.gov.uk/sites/default/files/Jordan\\_Begley\\_Final\\_report\\_0.pdf](https://policeconduct.gov.uk/sites/default/files/Jordan_Begley_Final_report_0.pdf)

<sup>116</sup> Inquest concludes Adrian McDonald died of stress of incident following police dog bites and Taser use as well as effects of cocaine. Retrieved from <https://www.inquest.org.uk/adrian-mcdonald-conclusion>

was ‘excessive’ and ‘at times, probably avoidable’, and criticised officers’ failure to use adequate de-escalation attempts’<sup>117</sup>.

- The inquest into the death of Marc Cole found that Taser played a part in his death. Marc died after suffering a cardiac arrest in 2017, following multiple and prolonged use of taser for a total of 43 seconds, handcuffing and use of a baton. Marc was experiencing a mental health crisis and was self-harming during the incident. The inquest found that the use of Taser had a ‘more than trivial impact’ on his death<sup>118</sup>.

Following the inquest, the Coroner issued a Preventing Future Deaths Report<sup>119</sup>, in which they raised concerns about limited data on the effects of Taser, the lack of understanding about the ‘potential for incremental risk with multiple Taser activations’ and the absence of training for officers on the maximum number of activations or the duration of activations which is ‘appropriate and safe’.

The Coroner said the extent of these risks is ‘far from clear’ and that there is insufficient independent data ‘as to the lethality of Taser use’, meaning training for officers may be ‘deficient or incomplete’. The Coroner called on the Home Office and the CoP to provide more comprehensive advice, guidance and training to Taser officers, and suggested a ‘wholesale review of the effects of multiple Taser activations and...of sustained activations’<sup>120</sup>.

The Home Office and the CoP rejected the recommendation for a wholesale review after reviewing the processes and safeguards in place for police use of Taser (which included the independent evaluations of the medical implications of Tasers carried out by SACMILL,<sup>121</sup> the guidance available, the standards of training, and the ongoing scrutiny of Taser use). The Home Office and the CoP concluded that guidance and training were adequate<sup>122</sup>.

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<sup>117</sup> INQUEST news release (28 May 2019): Jury finds restraint by Warwickshire police contributed to death of Darren Cumberbatch. Retrieved from <https://www.inquest.org.uk/darren-cumberbatch>

<sup>118</sup> INQUEST news release (28 January 2020): Inquest finds use of Taser by Devon and Cornwall Police contributed to death of Marc Cole when experiencing paranoia. Retrieved from <https://www.inquest.org.uk/marc-cole-close>

<sup>119</sup> A ‘Regulation 28: Preventing Future Deaths Report’ is made under The Coroners (Investigations) Regulations 2013. A coroner issues such a report if they feel that a case has identified issues such that action should be taken to prevent future deaths.

<sup>125</sup> Regulation 30: Action to prevent future deaths. Retrieved from <https://www.judiciary.uk/wp-content/uploads/2020/04/Marc-Cole-2020-0087-Redacted.pdf>

<sup>121</sup> SACMILL (Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons) is an advisory non-departmental public body set up to advise the British government about the medical implications of less-lethal weapons.

<sup>122</sup> For both responses, please see: <https://www.judiciary.uk/publications/marc-cole/>

- Dalian Atkinson died in 2016, after an incident in which he was subjected to use of force including multiple and prolonged use of Taser, including one discharge that lasted 33 seconds, baton strikes and kicks to the head. Following a criminal trial, Benjamin Monk, a West Mercia Police officer at the time of the incident, was convicted of unlawful manslaughter for the death of Dalian and sentenced to eight years' imprisonment. Evidence from prosecution experts stated the officer's use of force made a significant contribution to Dalian's death<sup>123</sup>.
- At the time of writing this report the inquest into the death of Spencer Beynon<sup>124</sup> is awaited. Spencer died following an incident which involved the use of Taser.

## 6.2 Outcomes from our investigations

In an independent investigation, our role is to determine whether there is an indication that any officer or police staff member may have committed a criminal offence or behaved in a manner that would justify the bringing of disciplinary proceedings. If the local police force disagrees with our findings with respect to whether an officer has a case to answer for misconduct or gross misconduct and this difference of opinion cannot be resolved, we have the power to direct that disciplinary proceedings are brought, and the force must arrange for this.

We can also make determinations about other matters, including whether a person's performance was unsatisfactory. We can recommend any action we believe is appropriate, although we only have the power to 'direct' a force with regards to the bringing of disciplinary proceedings. If we refer a matter to the CPS, it is up to them to decide whether to prosecute an officer.

For the purposes of this report, the outcomes<sup>125</sup> we have captured relate to our final decision on a case i.e. whether:

- there was sufficient evidence upon which a reasonable tribunal could conclude that the officer had a case to answer for misconduct or gross misconduct
- the matter was referred to the CPS
- we identified performance issues or learning opportunities for any officers

<sup>123</sup> BBC News 29 June 2021. Dalian Atkinson: PC Benjamin Monk jailed for ex-footballer's death. Retrieved from <https://www.bbc.co.uk/news/uk-england-shropshire-57603091>

<sup>124</sup> IOPC. (7 January 2018). Spencer Beynon - Dyfed Powys Police. Retrieved from <https://policeconduct.gov.uk/investigations/spencer-beynon-dyfed-powys-police>

<sup>125</sup> Our investigations assess all the available evidence and provide an independent opinion on whether there is a case to answer for misconduct or gross misconduct, or whether someone's performance was unsatisfactory. At the end of an investigation, we produce a final report, which analyses and summarises the evidence collected. These reports set out our opinion on conduct, performance or learning.



The outcomes are not the final outcomes of any subsequent proceedings, such as misconduct panels or hearings, or any trial. This data is entered manually and taken from a live system and is therefore subject to change.

In 74 of the 101 cases reviewed<sup>126</sup>, we did not find that any officer had a case to answer for misconduct or gross misconduct, nor did we refer the matter to the CPS. In some cases, we identified good practice by some or all of the officers involved. However, our review also found cases where a lack of detail and clarity set out in national guidance made it difficult to establish the standards by which officers should be judged when using Taser, including on the type of circumstances in which it would and would not be appropriate to use Taser.

Twenty-six cases led to a case to answer finding or a CPS referral. In nine cases, we found that nine officers had a case to answer for misconduct. Seven of these officers had a case to answer specifically for their use of Taser, while the other two had a case to answer for their use of force other than Taser. One officer also had a case to answer for failure to properly assess the risk the individual posed.

In 15 cases, we found that 22 officers had a case to answer for gross misconduct. In 11 of these, an officer had a case to answer with respect to their use of Taser. In three cases, an officer had a case to answer for their use of force other than Taser. In one case, three officers had a case to answer for their failures to treat the matter as a medical emergency and to ensure the individual received timely medical attention. Other issues for which these officers had a case to answer for gross misconduct included making dishonest or misleading comments, inappropriate comments or use of language, failures to challenge another officer's behaviour and a decision to arrest the individual for assaulting a police officer.

In 17 cases, we referred 25 officers to the CPS for it to decide whether to charge these officers with a criminal offence. The most common types of offence for which these officers were referred to the CPS was common assault or ABH<sup>127</sup>. Several officers were referred to the CPS for it to consider charges of perverting the course of justice, perjury and misconduct in public office. One officer was referred for GBH<sup>128</sup> and one officer was referred for racially aggravated public order offences.

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<sup>126</sup> In one case, the final outcome had not been agreed at the time of writing this report and is therefore not included in this section.

<sup>127</sup> The offence of ABH or 'Assault occasioning Actual Bodily Harm' is where actual physical harm has been caused to the victim following an assault or battery.

<sup>128</sup> The offence of inflicting or causing 'Grievous Bodily Harm' is where serious harm has been caused to the victim following an assault or battery.

Of the 26 cases where there was a case to answer finding or CPS referral, 13 were complaint investigations, 11 were conduct investigations and two were DSI investigations.

We also identified issues with officers' performance that we felt could be dealt with outside of the formal misconduct process in 26 cases. These officers were dealt with under the Unsatisfactory Performance Procedures<sup>129</sup>, received training, management action, or were given some other form of learning. We did find a case to answer for several of these officers but felt that the issue would be most appropriately dealt with via management action, training or learning.

Several officers received some form of unsatisfactory performance procedure, management action, or learning for making inappropriate comments or using inappropriate language. Some received learning with respect to their responsibilities in dealing with young people or people with Asperger's syndrome.

A number of officers also received training, management action or some other form of learning in relation to use of force: one officer received learning around use of force legislation; one received training to correct their Taser handling technique; one received management action after making assumptions about the way in which the Taser would cause the individual to move; one received training on Taser use in a custody environment; and three officers received learning for failing to provide sufficient detail about their rationale for the force they used.

## **Organisational learning recommendations**

As well as identifying learning for individual officers, we issued 42 organisational learning recommendations in relation to 16 cases. In ten of these cases, we made recommendations related to Taser. These are set out below.

- That the force review its guidance and training for custody officers on the deployment of Taser.

This followed an incident where a man who was in leg restraints and handcuffs was tasered while struggling against four officers trying to carry him into a cell. In response to the recommendation, the force said it would disseminate national guidance on Taser use in custody to custody officers and amend training to discuss handcuffing, restraint and Taser in a custody environment.

- That Taser officers be reminded of the importance of scene preservation where injuries occur, and of the need to record decisions about whether it is

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<sup>129</sup> Unsatisfactory Performance Procedures is a formal process through which performance issues can be dealt with. It provides learning opportunities for officers and is outside of the disciplinary process.

appropriate to arrange for scene preservation where a Taser has been discharged on a case-by-case basis.

This followed an incident where a man was tasered twice during a struggle with officers after being caught shoplifting. Our investigation found no evidence that officers considered preserving or carried out any activity to preserve the scene or photograph the injuries to the individual. The force agreed to ensure that the importance of scene preservation would be emphasised as part of training.

- That the force update its Taser policies to ensure they are in line with national guidance, including APP, and that it create a specific 'Standard Operating Procedure' on the carriage and use of Taser by non-firearms officers.

This followed an incident where a man was tasered whilst self-harming. Although our investigation found that officers had acted appropriately during the incident, we found the force's Taser policies were out of date and there was no clear policy in place with respect to non-firearms officers who were authorised to carry Taser. The force subsequently amended its processes and procedures and clarified its Standard Operating Procedure for non-firearms officers.

- That the force ensure that no officers in their probationary period are trained to use Taser<sup>130</sup>.

This followed an investigation where it became apparent that an officer who discharged their Taser was still a 'probationer'. This was a breach of national guidelines, which state that officers must have passed their probationary period before they can receive Taser training and carry a Taser.

- That the force consider the benefits of providing all officers with basic Taser awareness training, and to remind Taser officers that PAVA is not flammable and it is therefore safe to use a Taser after someone has been sprayed with PAVA.

This followed an investigation that found that non-Taser trained officers involved in an incident lacked an understanding of what is and is not safe for officers to do when a person has been tasered. Two officers said they did not know if it was safe to touch a person after they had been tasered, and another failed to recognise the Taser wires. The investigation also found conflicting beliefs

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<sup>130</sup> This learning recommendation reflects policy that was in place at that time. Since then it is now acceptable to train student officers within a defined policy.

amongst officers about whether it was safe for both PAVA and Taser to be used on a person. The force amended its training to address these points.

- That the force adopt a system to ensure that the Taser cabinet can only be accessed with authorisation and under supervision, and to require a countersignature by a supervisory officer when an officer completes the logbook to show they have been issued with a Taser.

This followed an investigation where we found that an officer forgot to record that they had taken a Taser in the logbook, as required under force policy. This was missed because insufficient processes were in place to ensure appropriate supervision around the issuing of Tasers.

- That Taser officers receive adequate training on Post-Incident Procedures.

This recommendation was made after it was discovered that two officers involved in an incident where two people died, viewed their body worn video footage before providing their initial statements. Ordinarily, these officers would have been asked to provide an account before viewing any footage. While we did not think this had negatively affected the investigation, we highlighted the risk that viewing body worn video prior to providing initial accounts can influence the statements officers provide.

- That the force implement policies and training in respect of simultaneous use of Taser and a police dog, and amend training to ensure adequate Taser handling techniques.

This followed a case where questions were raised about an officer's ability to safely deploy a police dog and use a Taser while also trying to manage an individual. Our investigation highlighted a lack of guidance around this issue. The investigation also found that the red dot from the Taser was seen sweeping across the room, which was considered to be a safety issue. The force agreed to review and consider updates to training.

- That the force consider including scenarios in its training where a third party is standing or otherwise between officers and the individual.

This followed an incident where a Taser discharge unintentionally hit a third party.

- That those responsible for arranging shift rosters and crew deployments seek to ensure that Taser officers are crewed with other Taser officers, or Taser-aware officers, where possible.

This followed an incident in which a person was subjected to repeated Taser discharges by an officer who was crewed with an inexperienced officer with little awareness of Taser.

We found that the inexperienced officer's lack of awareness around Taser may have impacted on their ability to effectively support their colleague and led to the Taser officer feeling they had limited options but to resort to Taser repeatedly.

Other matters about which we issued recommendations included the use of body worn video, complaints handling, information sharing, the referral process, officers accessing records inappropriately, obligations when dealing with a child, training on medical emergencies, the use of negotiators and data security and recording.

## 6.3 How and when Taser was used

### **Type of Taser use**<sup>131</sup>

The vast majority of cases involved Taser discharges. Eighty-nine of the 101 investigations we reviewed involved Taser discharges, 11 were non-discharges and one involved an allegation that an individual had been threatened with a Taser. This is a reflection of the fact that we investigate the most serious and sensitive of cases, since we know from Home Office data that a Taser is not discharged in over 80% of incidents where it is used.

Of the cases involving non-discharges, four were where the Taser was aimed at a person and seven where the Taser was red dotted.

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<sup>131</sup> These statistics present the 'highest' use of Taser from each incident. For example, if a Taser was drawn, aimed, red dotted, and then fired, this use was recorded under 'Discharged' only. For the purposes of this review, a discharge includes the use of Taser in drive-stun or angled drive-stun and firings.

## Location where Taser was used

Table 4 shows the locations in which the Taser incidents we reviewed occurred.

**Table 4: Locations of Taser incidents**

Location	Number of incidents
Dwelling	50
Street	47
Custody setting	3
Medical setting	5
Business premises	6
Train station	1
<b>Total</b>	<b>112</b>

The number of locations is not equal to the number of people involved, because six cases occurred in more than one location. Three incidents took place in both a dwelling and on the street. One incident took place in a dwelling, on the street and in a custody setting. Another took place on the street and in a custody setting, and one case took place in a dwelling and medical setting.

While the majority of incidents involving the use of a Taser occurred in a dwelling (45%), this was only slightly more than the number of incidents that occurred on the street (42%). Only a small number of incidents occurred in a custodial or medical setting (3% and 5% respectively). The finding that Taser use most often occurs in dwellings is consistent with the findings from our previous reports on Taser and use of force and with the CoP's analysis, although Home Office data shows that most Taser incidents occur in a public setting. The finding that relatively few Taser incidents occur in police or medical settings is also consistent with our previous findings and Home Office data.

Although there were only a small number of incidents that occurred in a custody or medical setting, we continue to have concerns about the use of Taser in controlled settings, where the threat of serious violence is lower than in community settings. In addition, these incidents often involved vulnerable people. In all of the incidents that occurred in a custody setting, the person was known to have a link to alcohol and/or

drugs<sup>132</sup>, and in all of the incidents that took place in a medical setting, the person was identified as having mental health concerns.

This year, HMICFRS stated that the findings from their programme of custody inspections generally show that governance and oversight of the use of force in police custody is insufficient. It highlighted that the data and information underpinning any such oversight is limited and often inaccurate<sup>133</sup>. We agree that forces need to address the absence of effective internal monitoring processes to ensure that Taser use is appropriately scrutinised and monitored in these settings.

## **Use of Taser in potentially unsafe positions**

Fourteen cases involved the use of Taser while the individual was in a potentially unsafe position or location. Nine of the people involved in these cases were known to have a link to alcohol and/or drugs, and four had mental health concerns.

Of the 14 cases, nine involved the use of a Taser while the individual was at a height or in an elevated position.

Three cases concerned the use of Taser while the person was on or near stairs. In one case, police attended a report of a domestic abuse incident. Officers had been provided with information that the individual was intoxicated, aggressive and had a knife. After officers entered the address, the individual, while on the stairs, swung their arm back as if to hit an officer who was at the bottom of the stairs. The officer struck the individual's forearm with his baton. At the same time, another officer discharged his Taser. The individual fell backwards from the fourth or fifth step of the stairs, hitting their head and falling unconscious. First aid was provided by officers and the person was taken to hospital. The individual suffered a fractured skull and a bleed to the brain.

The officer later stated that they believed the individual would fall upwards onto the stairs when they were tasered, rather than down them. An expert opinion obtained in this case stated that there is no way of knowing which way an individual will fall when a Taser is discharged. They said officers should recognise that a person can fall in any manner depending on a number of factors such as probe placement, which muscles were incapacitated, and the individual's balance and movement. They

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<sup>132</sup> This meant that at the time of the incident the person had recently consumed, were intoxicated by, in possession of, or had known issues with alcohol and/or drugs.

<sup>133</sup> HMICFRS (26 February 2021). Disproportionate use of police powers – A spotlight on stop and search and the use of force. Retrieved from <https://www.justiceinspectors.gov.uk/hmicfrs/publications/disproportionate-use-of-police-powers-a-spotlight-on-stop-and-search-and-the-use-of-force/>

highlighted that the primary risk of Taser discharge is the potential for a head injury on falling.

Other locations where Taser was used on someone who was at a height or elevated position included when the individual was:

- sitting on a first-floor window ledge
- standing on the roof of a garden shed
- standing on a conservatory roof
- standing on a bed in a police cell
- walking towards the door to a flat balcony, and while the person was on the balcony
- standing on the bonnet of a police vehicle

Of the five remaining cases, these involved the use of Taser while the individual was standing on a bridge over a river (and while they were in the river), running towards a road, in a crashed vehicle, in a hotel bathroom and on a motorbike that was still moving.

The incident on the bridge occurred after two officers attempted to arrest two people on suspicion of being in possession of drugs. Both people ran off and a pursuit began by vehicle and on foot. An officer pursuing one of the individuals had their Taser drawn and followed them to a bridge over a river. They shouted a warning that they would use their Taser if the individual did not stop. The officer discharged their Taser at the person who then fell over the side of the bridge into the river.

The officer stated they discharged their Taser to effect an arrest, and in self-defence, because they were in a dangerous location and they believed the individual was in possession of a weapon (despite the person being searched earlier by officers and no weapon having been found).

The officer discharged their Taser four more times while the individual was in the water. The officer said they discharged their Taser a second time because the person was refusing to comply and was reaching for something. Body worn video showed that, at this point, the individual was floating in the water, face down. Subsequent discharges were delivered as the individual was trying to get out of the water.

Our investigation found the officer had a case to answer for gross misconduct for using force that was not necessary, proportionate and reasonable, and for not acting with honesty and integrity when they provided inaccurate information to colleagues



when providing an account of the incident. We also referred the matter to the CPS, who decided not to bring criminal proceedings against the officer.

The above examples demonstrate the potential for increased risk of injury in certain positions or locations. The APP notes that during a Taser discharge a person may not be able to control their posture and that officers should consider the risk of injury from an uncontrolled fall. There was some, albeit limited, evidence from the cases we analysed that officers considered the risk of injury when using Taser while the individual was in a potentially unsafe position.

For example, in one case, officers were confronted with an individual who was sitting on a conservatory roof, holding a piece of glass and threatening to harm themselves and others. Officers believed the person may have been suffering from acute behavioural disturbance or was under the influence of alcohol and/or drugs.

At one point, the person walked towards officers while still holding the piece of glass. An officer pointed their Taser at the individual, activated a red dot, and shouted at them to drop the glass. The officer stated they assessed that the risk of injuring the individual by using Taser at that time was less than the risk of injury the person posed to themselves and to others. However, they decided against discharging their Taser, because of the risk of the individual being injured by falling off the roof. The individual later jumped from the roof, was arrested and taken to hospital.

In another case, officers attended an address following reports of a suspected burglary. Officers surrounded the address. The individual appeared at an upstairs window. The officer pointed their Taser at the individual, activated a red dot, and shouted at them to exit the property. The individual left the window, before returning and standing on the window ledge, holding onto the open window. The officer deactivated their Taser at this point owing to the risk of the person falling onto the concrete floor. The individual then jumped from the window onto the roof of a shed. The officer re-activated and discharged their Taser while the individual was standing on the shed.

The officer's rationale for this was to protect themselves and their colleagues. They believed the Taser discharge would have caused the individual to fall, incapacitate them, and allow their arrest. However, the Taser discharge appeared to be ineffective and the individual proceeded to jump over a garden fence. They were later detained and arrested by other officers.

These cases raise concerns that officers are not considering consistently the risk of injury to people from the environment around them as part of their ongoing risk assessment. We recognise that the risk of injury to the individual is one of a number of factors that officers have to consider as part of their decision making.

For example, in 12 of the 14 cases, an individual was reported to be violent, aggressive and/or resisting officers, and in five cases they were self-harming or attempting or threatening to self-harm. We recognise that such factors might increase the odds that Taser is used. However, it is vital that officers balance these risks, consider the environment around them and robustly assess any risk of injury to an individual, as well as themselves. These considerations are all the more important when there are other factors that potentially increase an individual's vulnerability, as there were in these cases.

## **Use of Taser where there is a risk of flammability**

Previous cases have highlighted the risks of using Taser in the presence of flammable substances. APP notes a number of risk factors which may influence the use of Taser, including the presence of flammable material (e.g. petrol and CS irritant spray).

Five of the 101 cases analysed involved the use of Taser in the presence of flammable material. In three cases, CS irritant spray was used prior to Taser use and in the other two cases Taser was used in the presence of an accelerant. The people involved in all of these cases had known links to alcohol and/or drugs or were identified as having mental health concerns<sup>134</sup>.

Four out of the five cases involved more than one Taser discharge. Two cases involved three Taser discharges.

In one of these cases, two officers approached a vehicle after a series of incidents were reported involving the occupants of the vehicle. An individual attempted to drive away but the vehicle crashed into a nearby wall. One officer reached the passenger side of the vehicle and used CS irritant spray. This appeared to have no effect on the individual. The other officers reached the driver's side of the vehicle and discharged their Taser to detain the individual. The officer's first two discharges did not appear to have any effect. They discharged their Taser for a third time, which appeared to incapacitate the individual. The individual exited the vehicle and the officers observed they were on fire. Officers put out the fire and the individual was taken to hospital, where they were found to have extensive burns and a fractured right arm.

Our investigation found that the officers' use of force was reasonable and necessary in the circumstances. The findings of our report were shared with the department responsible for the accreditation of Taser trained officers to raise awareness of the risk of combustion when Taser is used in the presence of CS irritant spray.

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<sup>134</sup> In three cases the individual had known links to alcohol and/or drugs and in three cases the individual was identified as having mental health concerns.

In three out of the five cases, the Taser was discharged continuously for more than the automatic five second cycle. In one case, the length of the Taser discharges was not known. The longest continuous discharge was for ten seconds, followed by a continuous discharge that lasted nine seconds.

There was evidence in three cases that officers were aware of the presence of flammable material prior to using Taser. In one case, an officer discharged Taser as CS irritant spray hadn't been effective and another officer was being assaulted by the individual.

In another case, CS spray had also been ineffective and Taser was discharged because the individual was actively self-harming with a knife. In the third case, the individual had lit accelerant outside their property but then went inside. An officer used Taser in drive-stun mode inside the property after assessing that there was no accelerant present in that part of the property. In the other two cases, it appears the officers who used Taser were genuinely not aware of the presence of flammable material as they could not see or smell any such material or because of the dynamic situation of the incident were not aware that CS spray had previously been deployed.

We recognise there may be circumstances where the use of Taser might be justified where flammable material is present. However, the use of Taser in the presence of such material must be completely necessary, given the potentially severe or even fatal consequences of using a Taser where there is a risk of flammability.

The proportion of cases involving multiple or prolonged Taser discharges also raises concerns about whether officers are sufficiently considering the increased risk of combustion with each Taser discharge or extension of the discharge as part of their ongoing risk assessment and decision making.

## **Multiple discharges**

The review of our investigations found that there was a high incidence of repeated Taser discharges.

**Table 5: Number of discharges of Taser against individuals**

Number of discharges	Number of individuals
0	14
1	42
2	20
3	14
4	6
5	4
6	3
8	2
9	2
12	1

Of the 94 people against whom a Taser was discharged, 45% involved only one discharge, while 55% involved multiple discharges. However, many cases involved multiple discharges because the Taser missed, did not effectively connect with the individual or did not successfully incapacitate them. The number of discharges does not therefore correspond to the number of times the individual actually experienced the effects of Taser.

Of the people involved in multiple discharges, 72% were White and 25% were Black. Two were under 18 years of age, and two were aged over 65. Just under half of the individuals (49%) against whom a Taser was discharged multiple times died or were seriously injured: 11 people died and 15 sustained serious injuries, although these were not necessarily the result of Taser use.

Of those who died or were seriously injured:

- eighteen people (69%) were identified as having mental health concerns
- sixteen people (62%) were known to have links to alcohol and/or drugs
- twenty-one people (81%) were perceived by officers to be violent, aggressive or resisting
- eighteen people (69%) were in possession of a weapon
- thirteen people (50%) were self-harming, attempting to or threatening self-harm

The highest number of discharges against one individual was 12, although evidence suggested that none of them were successful. This was a DSI case involving a Black male, who was pursued by officers as he walked through the street armed with two knives.

The individual, who had a history of serious mental health concerns, and later said he had not taken his medication that day, had not eaten and had been drinking. He did not comply with commands to drop the knives and threatened officers. When armed officers arrived, the individual threatened them with a knife and an officer discharged their Taser. The individual approached the Taser officer and was shot by another officer with their firearm.

The individual fell to the floor and first aid was provided. The individual survived. None of the Taser discharges appeared to be effective and they had no effect on the person's behaviour. It was suggested that the Taser may not have been effective because the Taser barbs did not penetrate the individual's clothing. Our investigation found that the officers' use of Taser had been reasonable, necessary and proportionate.

Two cases involved nine Taser discharges and another two involved eight. Of these four cases, three of the people subjected to Taser were Black and one was White. Mental health was a factor in all four cases. Officers in all four of these cases said they considered that the individuals were displaying signs of mental health concerns or acute behavioural disturbance.

In three of the four cases, the Taser was discharged continuously for more than five seconds. In these three cases, however, there was evidence to suggest that not all of the discharges were effective. In one of the cases where the Taser was discharged eight times, only the final discharge appeared to have any effect on the individual.

## **Prolonged discharges**

Of the 94 people involved in Taser discharges, 28 (30%) were subjected to prolonged discharges<sup>135</sup>. For the purposes of this report, a 'prolonged' discharge is one that is extended beyond the automatic five-second cycle, so that the person receives a continuous discharge of more than five seconds. Sixty-one per cent of these people were White and 36% were Black. One was of mixed ethnicity. Two were aged under 18 (both were 17 years old).

In just over half of the incidents (54%) in which Taser was discharged for a prolonged duration, the person died or was seriously injured. Nine people died and six sustained

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<sup>135</sup> In 14 incidents, the length of the Taser discharge was unknown.

serious injuries. As noted above, it is important to emphasise that the deaths and serious injuries that occurred were not necessarily the result of Taser use.

Of those who died or were seriously injured:

- ten (36%) were identified as having mental health concerns
- ten (36%) had known links to alcohol and/or drugs at the time of the incident
- 13 (46%) were perceived by officers to be violent, aggressive or resisting
- nine (32%) were in possession of a weapon
- six (21%) were self-harming, or attempting or threatening to self-harm

**Table 6: Durations of Taser discharges**<sup>136</sup>

Duration of Taser discharge	Number of people
6-10 seconds	16
11-20 seconds	4
21-30 seconds	3
31-40 seconds	3
41-50 seconds	1
51-60 seconds	0
Longer than 60 seconds	1

There were examples of very prolonged discharges. There were five incidents where the Taser was discharged continuously for more than 30 seconds, and a further three instances where it was discharged continuously for more than 20 seconds.

The longest continuous discharge was for 67 seconds. However, the evidence suggested that the Taser had not effectively incapacitated the person, as they continued to approach officers during the discharge. The person subsequently died, but this was from self-inflicted knife wounds. In another case, the Taser was discharged for 48 seconds, although evidence suggested that for 38 seconds the Taser was used in angled drive-stun mode. This incident took place in a medical setting during attempts to restrain a man who had been detained under the *Mental Health Act*.

All the cases involving continuous discharges of more than 20 seconds (eight cases) involved people who were identified as having mental health concerns and/or were

<sup>136</sup> In several incidents there was more than one prolonged Taser discharge.

displaying signs of acute behavioural disturbance. All the people involved in these incidents were reported to be violent, aggressive and/or resisting, and three were in possession of a weapon at the time they were arrested.

Three of the people who were tasered for more than 20 seconds subsequently died. As noted above, one of these was found to have died from self-inflicted knife wounds. In another case, the jury at the inquest found that the use of Taser was one of a number of contributory factors in the cause of death. In the third case, an inquest has not yet been held.

In 25 of the 28 incidents (89%), Taser was discharged more than once. In seven incidents there were multiple prolonged Taser discharges. For example, in one case, an individual was tasered five times, three discharges were prolonged: 14, 15 and 20 seconds. However, many cases involved multiple discharges because the Taser missed, did not effectively connect with the individual or did not successfully incapacitate them.

Of the people involved in incidents in which there were multiple and prolonged Taser discharges, four died or sustained serious injuries. Six people were identified as having mental health concerns (with three later being detained under the *Mental Health Act*, and four had known links to alcohol and/or drugs).

The number of incidents in which the individual died or sustained serious injuries raises concerns about the potential increased risks associated with multiple and/or prolonged Taser discharges. National guidance and training recognise the increased risks of multiple and/or prolonged Taser discharges and teaches officers to constantly reassess their tactical options. However, further research into the potential risks of multiple and/or prolonged Taser discharges would further help officers to make informed decisions when deciding whether to activate a Taser again or extend the discharge.

## **Possible use of Taser for compliance**

The IPCC's 2014 Taser report warned that, with increasing Taser use, there was a risk that officers would increasingly rely on using force to gain compliance. It also highlighted the need to ensure that Taser was not used solely as a pain compliance tool, i.e. when used in drive-stun mode. The report emphasised the need for quality training, and robust monitoring and analysis of Taser use. It also highlighted the importance of appropriate selection processes for officers trained to use Taser, the culture surrounding its use and supervision.

We identified concerns about the possible use of Taser for compliance in 24 of the 101 cases we analysed. Thirteen cases were investigated as complaint investigations

that were subject to special requirements, 11 were investigated as conduct investigations.

Of the people involved in these cases, four (17%) were Black and the rest (83%) were White. Two of the White people were foreign nationals, one was an Albanian national and one was a Spanish national. The youngest was 18 years old. Two were over 60 years of age (63 and 74 years-old respectively). The age of three individuals was unknown.

The majority of these cases (83%) involved Taser discharges. In just four cases (17%) Taser was not discharged. Two of these cases involved Taser being aimed at the individual. In one case, evidence indicated that an officer drew and aimed their Taser at the person whom they had stopped and shouted at to get on the floor or they would fire the Taser. The officer did not attempt to verbally engage the individual prior to aiming their Taser. The person got on the floor, was handcuffed and then searched but nothing was found.

We found the officer had a case to answer for gross misconduct as the officer did not have reasonable grounds to stop the individual and their use of force was not necessary, reasonable and proportionate.

In two cases a Taser was used to red dot an individual. For example, in one case an officer used their Taser to red dot an 18-year-old while they were driving a motorbike. We found the Taser may have been used as a compliance tool and recommended management action of the officer.

Home Office data shows that in most incidents where a Taser is used, it is not discharged, and that red dotting is the most common type of non-discharge use. While such use of Taser may provide a clear visual deterrent or warning, these cases illustrate that there is a risk this use might tip over into using Taser to gain compliance in certain circumstances.

Of those cases in which Taser was discharged, eight (40%) involved only one discharge, while 12 (60%) involved multiple discharges. This is broadly similar to the overall sample.

Five cases involved five or more discharges. The highest number of times Taser was discharged in these cases was nine. In this case two officers approached a naked man who was reported to be damaging property, running into traffic, attacking people and who had been hit by a vehicle.

Officers considered the person had mental health concerns or was under the influence of drugs. One officer discharged their Taser three times before the person



was handcuffed to the rear. Prior to the third discharge the officer told the individual that they would have to 'keep tasing' them if they kept moving.

We found that this statement could show the officer was using Taser not to reduce the risk of harm to the individual and others, but to enforce the officer's instructions to the individual to stay still. Following the third discharge, the individual was rolling around on the floor, putting their head on the kerb and attempting to move up the kerb.

During this period, the officer discharged their Taser another six times, telling the person to "stay down", "stop hurting yourself" and "calm down". The final six Taser activations were between one and three seconds. Further officers arrived and the individual was detained under the *Mental Health Act*.

Our investigation identified that the officer may have been using the Taser as a compliance tool for the final six discharges. Once the individual was handcuffed and on the floor, the risk to anyone's safety was reduced considerably. Despite this the officer continued to use the same level of force, despite the evidence that the Taser discharges were not having the intended effect on the individual. We found the officer had a case to answer for gross misconduct in relation to their use of Taser. We also referred this matter to the CPS to consider whether any criminal proceedings should be brought against the officer.

Three other cases involved six discharges and another case involved five discharges. In one case involving six discharges, the person (who was later detained under the *Mental Health Act*) was tasered multiple times despite being handcuffed, restrained by officers, and not threatening violence.

The evidence indicated that an officer warned the individual several times that they would be tasered, and that the officer discharged their Taser in response to the person not adhering to the officer's instructions. We found the officer may have used Taser as a compliance tool and that they had a case to answer for gross misconduct concerning their use of force. We also referred this case to the CPS. A second officer had a case to answer for misconduct for not challenging their colleague's behaviour. This was dealt with by way of management action.

In another case, an individual was tasered while they were in a river. Our investigation found the officer used terminology to encourage compliance, for example, telling the individual to get out of the water or they would be electrocuted. After the officer gave instructions, they activated their Taser. This didn't allow the person to comply or allow the officer to observe any changes in the individual's behaviour. We found the officer had a case to answer for gross misconduct for their use of force. We also referred this matter to the CPS. In the case involving five Taser

discharges, we found the final discharge (in drive-stun mode for 14 seconds) was a compliance measure because the person was lying on the ground in a prone position, had one hand in handcuffs and was being restrained by a number of officers. The officer had a case to answer for gross misconduct concerning their use of force on the individual.

Six cases also involved prolonged discharges. The longest discharge was for 48 seconds. In one case Taser was discharged for 24 seconds (the second longest discharge in these cases) against a person who had attention deficit hyperactivity disorder and Asperger's syndrome. During the incident, the officer told the person to calm down or they would use Taser again. The individual proceeded to scream twice and the officer then discharged their Taser, while the individual was handcuffed, and three other officers were restraining them on the floor.

There was evidence that the officer who used Taser had other less intrusive options available, such as assisting their colleagues with restraining the individual. There was also evidence that the officer did not exercise enough caution when deploying their Taser, given the person's vulnerabilities. Our investigation found the officer had a case to answer for misconduct concerning their use of force in this incident.

These cases show that sometimes multiple and/or prolonged Taser discharges were deployed when there was no apparent risk to the safety of officers or members of the public, or when such risk had been greatly reduced. In addition, the people in several of these cases were identified as having mental health concerns, with some detained under the *Mental Health Act*.

This evidence could indicate the officers involved did not properly assess the vulnerabilities of these people, including how those vulnerabilities could affect an individual's behaviour or ability to adhere to instructions. There is also evidence that the officers in these cases did not properly assess the level of threat before deciding if a repeated or prolonged discharge was necessary, reasonable and proportionate.

In all but one of the cases in which we identified concerns about possible use of Taser for compliance, the individual was reported to be violent, aggressive and/or resisting.

Nine people (38%) were alleged or suspected by officers to be in possession of a weapon but none were found on the individuals. No individuals were in possession of a weapon at the time of the incident.

Of the people involved in the 24 cases where we identified concerns about possible use of Taser for compliance, eight people were identified as having mental health concerns, and 14 had known links to alcohol and/or drugs at the time of the incident.

Of these, four were also displaying signs of acute behavioural disturbance. All four were later detained under the *Mental Health Act*.

There was evidence in several of these cases that officers did not attempt to communicate with individuals who had mental health concerns, or issues with alcohol or drugs, and instead only shouted instructions. We found in some cases that Taser was used when individuals did not comply with these instructions.

In two cases the individuals were foreign nationals who did not appear to speak English very well. This language barrier may have explained why they did not adhere to officers' instructions.

This indicates that some officers failed to identify and, as a result, failed to consider how these vulnerabilities might affect a person's behaviour, in particular their ability to understand and comply with instructions. Taser should not be used merely to elicit compliance with instructions or procedures where there is no threat, or the threat has been substantially reduced to the point where it is no longer proportionate or necessary.

One example of this is where the person is handcuffed or being restrained by other officers. It is concerning that we identified possible issues with Taser use for compliance in almost a quarter of our cases. As such, it is critical that officers use communication skills and appropriate strategies to manage a vulnerable person to minimise having to resort to force. It is important to consider the person's ability to understand and comply with instructions and factor this into the decision making. If not, there is a potential increased risk of using Taser for compliance.

### **Use of Taser in drive-stun (including angled drive-stun) mode**

Drive-stun mode is where the Taser is discharged while in direct contact with the body, rather than fired from a distance. Drive-stun does not create the neuro-muscular incapacitation that Taser is designed to achieve; it only delivers localised pain to the individual. The use of Taser in drive-stun mode is not a technique officers are taught to use in national Taser training.

Tasers can also be used in 'angled drive-stun' mode. Unlike drive-stun, angled drive-stun can be used to create neuro-muscular incapacitation after an ineffective Taser discharge; for example, where the barbs are too close together to incapacitate the individual effectively, or where one barb has not connected. In this mode, the Taser is placed against the body away from the barbs and the Taser is discharged.

Current APP suggests that use of Taser in drive stun mode should be considered for voluntary referral to the IOPC<sup>137</sup>. However, we know from the number of drive-stun usages recorded in Home Office data that forces rarely refer these instances to us. In 2017/18, drive-stun was reported in 61 incidents and, in 2018/19, it was reported in 55 incidents.

Concerns about the use of Taser in drive-stun mode were raised in the IPCC's 2008 and 2014 reports on Tasers. The 2014 report found that the use of Taser in drive-stun generated a considerable number of complaints, and that, in several investigations where Taser had been used solely in drive-stun mode, the tactic did not result in the control officers had hoped to achieve and sometimes made the individual struggle or resist further.

Of the 94 people who were involved in cases where a Taser was discharged, 11 were subjected to drive-stun and four to angled drive-stun (15 people in total). Seven of these incidents occurred in 2018. Only two cases (involving two people) involved Taser being used solely in drive-stun mode. In the remaining cases Taser was discharged on at least one occasion prior to being used in drive-stun or angled drive-stun mode.

Of the 15 people who were subjected to drive-stun or angled drive-stun, seven made complaints<sup>138</sup>, all of which concerned officers' use of force. Two people complained specifically about the use of Taser, namely that its use was inappropriate owing to the presence of flammable material, and that the Taser had been used without any reason and before officers communicated with the individual.

Thirteen of the people involved in these cases were White, one was Black and one was of mixed ethnicity. One person was under 18 years of age. Eleven people had known links to alcohol and/or drugs at the time of the incident, and nine people had mental health concerns (including one with Asperger's syndrome). Two of these individuals were subsequently detained under the *Mental Health Act*.

In all the cases involving the use of drive-stun or angled drive-stun, the individual was reported to be violent, aggressive and/or resisting officers. In 13 cases, the use of drive-stun or angled drive-stun was used during a struggle between officers and the individual or while trying to restrain the individual.

In one of these cases, the individual was actively attacking officers, rather than simply trying to resist being detained. In several cases, the discharge of the Taser

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<sup>137</sup> College of Policing. Conducted energy devices (Taser). Retrieved from <https://www.app.college.police.uk/app-content/armed-policing/conducted-energy-devices-taser/>

<sup>138</sup> Of the other eight incidents in which the individual was subjected to drive stun or angled-drive stun, six were investigated as a conduct matter and two were DSI investigations.

had been ineffective and officers considered that using the Taser in drive-stun or angled drive-stun was their best option to be able to restrain the person.

In the other two cases, the officer approached the individual and used the Taser in drive-stun mode to try to detain them. In one case, the officer said they were too close to the individual to fire the Taser and that other tactical options were unsuitable. In the other, the officer had fired the Taser to no effect, so they decided to use the Taser in angled drive-stun mode when the individual turned away.

Eleven people were subjected to prolonged Taser discharges, five of whom were subjected to prolonged discharges in drive-stun or angled drive-stun mode.

The longest continuous discharge was for 48 seconds. In this case, officers were called to assist medical staff in restraining the individual (who was detained under the *Mental Health Act* in a medical setting) who required sedation. During the incident, two officers discharged their Tasers which seemed to be at least partially effective, allowing officers to take the person to the ground. However, the individual continued to struggle and attempted to remove the Taser barbs.

One of the Taser officers stopped using their Taser after five seconds to assist with the restraint. Another Taser officer moved forward and used their Taser in angled drive-stun mode. They discharged their Taser for 48 seconds in total; 38 seconds of which was in angled drive-stun mode. Officers were struggling with the individual throughout this time and found it very difficult to handcuff him. Within three seconds of Taser being de-activated, the individual was placed in restraints and left in the care of medical staff. Overall, we found there was insufficient evidence to indicate any officer should face any disciplinary or performance proceedings.

In another case, an officer used Taser in drive-stun mode three times - these discharges lasted 15 seconds, 20 seconds and 14 seconds respectively. In two other cases Taser was used in drive-stun mode for eight seconds. In the final case an officer discharged their Taser and then used it in angled drive stun. The total duration of this discharge was 17 seconds but it appears the Taser was not in constant contact with the individual.

Concerns about the possible use of Taser for compliance purposes were identified in three of the cases where individuals were subjected to drive-stun or angled drive-stun. In one case, two officers arrested and handcuffed the individual following a domestic abuse incident. The person was placed in the back of a police vehicle, at which point officers were informed the person had anxiety and schizophrenia. The individual tried to get out the vehicle and a struggle ensued. During the struggle the individual was still handcuffed and restrained on the ground.

One of the officers arced their Taser for eight seconds and told the individual they would use Taser if they “carried on”. The officer then discharged their Taser in drive-stun mode against the individual’s shoulder area. During the five-second cycle, the officer moved the Taser to the individual’s calf to apply it in angled drive-stun.

We found the officer had a case to answer for gross misconduct in relation to their use of Taser and the language they used. We also referred the matter to the CPS.

In another case, three officers attended reports of a person trying to enter and damaging a vehicle. The individual was identified as having mental health concerns and links to drugs or alcohol. The officer equipped with Taser also thought the individual was experiencing acute behavioural disturbance.

The individual was removed from the vehicle and taken to the floor. As this happened, the individual’s leg inadvertently knocked another officer’s arm, in which they were holding a Taser. The officer discharged their Taser in drive-stun for 15 seconds. The individual was then handcuffed and arrested for criminal damage. They were walked to a police van, at which point they started struggling with officers. The officer again discharged their Taser in drive-stun for 20 seconds. While the Taser was being deployed, another officer punched the individual three times in the face.

Officers and a bystander tried to restrain the individual before the officer fired their Taser again. The individual was pulled to the floor and tasered in drive-stun for a third time, for 14 seconds, while they were handcuffed, lying face down on the floor and being restrained by several officers. The individual was taken to custody and then to hospital and was later detained under the *Mental Health Act*.

Our investigation found that the first four Taser discharges were justified but that the fifth was not necessary, reasonable and proportionate. We concluded that a disciplinary panel could find the officer used his Taser on the final occasion as a pain compliance tool, and therefore had a case to answer for gross misconduct. Our investigation also found that another officer had a case to answer for gross misconduct in respect of their use of force against the individual. We referred the matter to the CPS.

## **Other uses of force**

The vast majority of cases in which a Taser was used also involved other types of force being used by officers. Ninety-one of the 101 cases analysed involved other types of force being used in addition to a Taser. This is in keeping with the findings from our 2016 report on use of force, which found that in three out of four referrals concerning Taser use, the incident also involved another type of force.

Other types of force used by officers in these cases included handcuffing (the most common), restraint, unarmed tactics, leg restraints, spit guards, irritant spray, baton, shields, firearms and police dogs.

Further research might consider the incidence rates of other types of force being used in conjunction with Taser, and what types of force are used both before resorting to Taser and afterwards. This would provide important evidence of the effectiveness of Taser in being able to quickly bring situations under control without having to resort to other forms of force. It would also help to determine the extent to which Taser is used as a first rather than last resort by officers.

## 6.4 Impact and risk factors when using Taser

### Age

The age of the individual was not always referred to in the final report. Age data has been taken from custody records, police use of force or Taser forms and other documentation.

Over half of the people involved in our cases were between the ages of 26 and 48 years. The average age was 35 years. Around six per cent (6%) were under 18 years of age, and around a quarter were 25 years or under. The breakdown of individuals according to age is shown in table 7.

**Table 7: Age of individuals**

Age (years)	Number of individuals
Under 18	6
18-25	22
26-35	30
36-45	28
46-55	12
Over 55	5
Unknown	5
<b>Total</b>	<b>108</b>

## Children and young people

Six people were under 18 years. The youngest of these individuals were two 14-year-old Black males. Three were 17 years-old, and one was recorded as 'under 18'. Two of the six people who were under 18 suffered serious injuries. Three had mental health concerns or learning disabilities and two were under the influence of drugs or alcohol. Four were reported to be aggressive or resisting. In two cases, two 17-year-olds were subjected to more than one Taser discharge. In both cases Taser was discharged three times. The two 17-year-olds were also subjected to prolonged discharges: nine seconds and 35 seconds respectively.

One of the 14-year-olds was tasered once while running away from the police. Officers had attended reports of a group of boys fighting. The officer who discharged their Taser said they thought they had seen a knife in the individual's hand.

The case was referred to us after the individual suffered a serious head injury, having fallen to the floor after being tasered. The individual complained about the use of Taser and alleged that they had been discriminated against because they were Black. They said that they and their friends had been playing a game and had not been fighting.

During our investigation, we also found that the individual had been kept in handcuffs for an extended period of time, even after being searched and no knife being found. The officer said that the area was known for gang violence and that children were often involved. This case is still in progress.

In the other case involving a 14-year-old, the individual's father complained that his son, who has a learning disability, had been assaulted and subjected to racist language by police. Two officers attended his home after reports that the individual was threatening his family with violence. Soon after arriving, an officer decided to arrest the individual. He instructed his colleague to get his Taser. His colleague refused and said, "I'm not going to Taser a 14-year-old". The individual resisted attempts to arrest him. More officers arrived and, upon seeing the attending officers struggling with the individual, one of them fired their Taser.

Our investigation found no case to answer for the officer who discharged his Taser, but did find that the two arresting officers had a case to answer for their use of force, failures to respect the individual's rights and to act with fairness and impartiality. Two officers were referred to the CPS for assault and other offences.

Of the other four people who were under 18 years, two were female and two were male. Two were White, one was Black and one was of mixed ethnicity. Conduct issues were identified for officers in three of the four cases.



The two females, both aged 17 years, had mental health concerns. One of them had threatened officers with a riding crop, ignored their requests and was reaching for an object when an officer discharged their Taser. The officer said they feared she was reaching for a weapon. Our investigation did not find a case to answer for any officers.

In the other case, the individual was a Black female who was on escorted leave from a mental health centre where she was an in-patient. She ran away from the group and approached officers in some distress, claiming she was being followed and had been raped. An officer quickly tried to handcuff her. She resisted. The situation escalated and she was subjected to incapacitant spray, multiple baton strikes and Taser discharges.

We found that the officer who used Taser did not have a case to answer for his use of force, but recommended 'practice requiring improvement' for his lack of self-control, respect and courtesy. We also found that the officer who initially tried to handcuff the individual had a case to answer for his repeated baton strikes.

The 17-year-old male was tasered after he attacked officers who had attended reports of fighting in a takeaway shop. He was tasered for 35 seconds continuously. He lost consciousness and had a cardiac arrest but made a full recovery. Evidence suggested he may have been suffering from acute behavioural disturbance.

No conduct was identified for the Taser officer. However, we found that officers could have communicated better with one another, and this may have avoided a prolonged Taser discharge. The other male who was under 18 was red dotted while being detained, following allegations he had threatened a member of the public with a knife and had a meat cleaver.

As with the 2014 IPCC Taser review, we found that very few of our cases involve the use of Taser on children, despite the fact that there were around 2,800 Taser incidents involving children in the 2019/20 Home Office data set, 134 of which were Taser discharges.

## **Older people**

Four of the individuals involved in our investigations were over 60 years. All were male, three were White and one was Black. Two had mental health concerns. The oldest was 74 years-old and another was 73. One was tasered after police had been called to the care home in which he resided because he was acting aggressively and had a table knife. The man had dementia. He was tasered twice, although both discharges appeared to be ineffective. No conduct issues were identified for any officer.

The other was a man police mistakenly suspected of having been involved in a robbery. Officers instructed the man to get on the floor and he refused, saying that he had recently had a knee operation. An officer then discharged their Taser. We found the officer used their Taser when the individual presented no threat and that he may have used it for compliance. We therefore found the officer had a case to answer for gross misconduct.

## **Mental health, learning disabilities and acute behavioural disturbance**

Mental health concerns or learning disabilities were recorded as a factor in 59<sup>139</sup> of the 101 cases reviewed (58%). Mental health was recorded as a factor if the individual had or appeared to have mental health concerns or acute behavioural disturbance at the time of the incident, or if the individual had a history of mental health concerns.

In 13 of the 16 cases that involved a death (81%) the individual had mental health concerns; seven of those had seriously self-harmed. Nineteen people suffered a serious injury. Nine of them had self-harmed and one who was attempting to hang themselves. In seven cases, the individual was detained by officers under the *Mental Health Act*.

Compared to the overall sample, cases where mental health was a factor were much more likely to result in a DSI investigation (39% compared to 29% of overall sample). However, there were indications that officers may have breached the standards of professional behaviour in 46% of investigations involving mental health. In 37% of investigations involving mental health there was a complaint about officers' actions.

Of the people involved in these cases, 42 were White (72%), 14 were Black (24%), two were Asian and one was of mixed ethnicity. Seventeen (29%) were aged 25 or under, including four who were under 18 (7%). Half of the individuals (29) were between 26 and 45 years-old, 15% were aged 46 to 55 and only two were over 55<sup>140</sup>.

Compared to the overall sample, the people involved in mental health cases were slightly more likely to be Black and aged 25 years or younger. More than half (14) of the 24 Black individuals involved in the cases we reviewed had mental health concerns; and around three-fifths (61%) of the 28 individuals aged 25 years or younger had mental health concerns.

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<sup>139</sup> Two of these cases involved the same individual (one DSI investigation and a separate complaint investigation). Mental health was therefore a factor in 59 cases involving 58 people.

<sup>140</sup> The age of one individual was unknown.

Thirty-six of the 58 individuals (62%) were subjected to more than one discharge, and 22 individuals (40%) were subjected to prolonged discharges. This means that, in incidents where mental health was a factor, individuals were more likely to be subjected to multiple and prolonged discharges than the overall sample.

It is not clear why this is the case. Although individuals in cases where mental health was a factor were more likely to have a weapon than the general sample (55% compared to 33% in the overall sample), drugs and/or alcohol were no more likely to be a factor (52% compared to 51% in overall sample). Individuals were also slightly less likely to be reported as aggressive, violent, or resistant than the overall sample (80% compared to 83%).

The effectiveness with which officers dealt with people with mental health concerns issues or learning disabilities varied significantly. In some cases, officers responded well and followed guidance and training.

For example, one case involved a person who had paranoid schizophrenia and was having a psychotic episode. When officers arrived, the individual was naked and throwing furniture off their balcony. Officers approached the individual. They were calm and friendly. The individual would not engage, told them to leave and did not believe they were police officers. Officers tried to reassure them that they were police officers. At one stage, the individual moved towards the balcony. An officer feared they would jump off the balcony and discharged their Taser. The individual fell and tried to get up, and the officer discharged their Taser a second time. The individual was then handcuffed. Officers moved the person inside and called an ambulance. The individual was speaking incoherently, didn't know their name or who their family was and was having hallucinations.

Our investigation found that officers' communication with the individual throughout the incident was in line with good practice. We found that the officer's explanation that they used Taser because they couldn't reach the person in time, and they were concerned that they would jump off the balcony, was reasonable. After the Taser discharges, officers provided the individual with reassurance, and engaged with them in a patient, non-challenging and compassionate way. They covered them with a duvet, found them trousers and helped them put them on. They engaged with the individual's request to look at their equipment, did not try to seek an explanation for their behaviour and were pleasant and friendly. All officers recognised that the individual was vulnerable.

However, there were also examples where officers did not follow guidance on dealing with people with mental health challenges - sometimes because they failed to recognise the signs of potential mental health concerns. In one case, an off-duty police officer saw an individual running out of their house, who appeared 'extremely

agitated'. They tumbled over a garden wall, hit their head and ran off. The officer pursued the person, who was then hit by a car, but continued to run. More officers arrived and tried to engage with the individual. They did not respond or appear to understand what was happening. Officers tried to take hold of the individual, who resisted. A struggle ensued, and the individual was tasered eight times.

Our investigation found that there was limited focus on the individual's mental health, despite clear signs. We said that officers could have better utilised communication skills and given the individual space, which may have prevented the situation from escalating. Officers who arrived at the scene later appeared to recognise the need to focus on communication and the individual responded positively to this.

In other cases, officers failed to follow guidance on dealing with mental health concerns despite recognising the signs. In one case, officers were called to reports of a naked male, running through the streets, with blood on him, damaging property and assaulting passers-by. Callers said the man seemed vulnerable and might be trying to kill himself. He was shouting "help me" repeatedly.

Responding officers recognised the individual appeared to be having 'some sort of mental episode'. However, they made little attempt to communicate with the person, other than issuing commands. When the individual failed to comply with instructions, they were tasered. The individual was tasered nine times in total, sometimes in response to their attempts to bite the kerb. Neither officer called an ambulance. One said they had problems with their radio. Another said they did not have an opportunity to call an ambulance and that they assumed the control room would have requested one when they were told the individual had been tasered. An ambulance was called sixteen minutes after the first officers arrived by another officer, who arrived later.

We recommended that the officers receive management action to ensure they understand the importance of calling an ambulance in medical emergencies. We also found that the officer who used Taser had a case to answer for his 'indiscriminate use of Taser'.

We found that officers had missed potential opportunities to de-escalate the situation in 15 cases (25%), and in 16 cases (27%) we identified issues with officers' communication. The proportion of cases in which we found failures to de-escalate or issues with communication was lower in cases involving mental health than the overall sample.

In 26 cases where mental health was a factor, the individual was self-harming or had threatened to self-harm. In 19 of these cases, a Taser was discharged at an individual who was actively self-harming at the time, or who had a weapon and was

threatening to imminently self-harm. In these cases, officers appeared to discharge their Tasers, at least in part, to prevent the individual from causing harm to themselves, although some officers discharged their Taser both to prevent the individual self-harming and to protect themselves or other officers.

In another two cases, the individual had self-harmed prior to police attendance, and officers appeared to have used their Tasers to prevent further self-harm, as well as to protect themselves or others. In some cases, the individual had harmed themselves or had threatened to self-harm, but the use of Taser did not appear to be in response to this.

We found examples of officers taking quick and effective action to prevent the individual causing themselves serious harm. However, despite such examples of good practice, our review of cases where mental health, learning disabilities or acute behavioural disturbance were a factor suggests that officers are not consistently following guidance on dealing with these situations.

In many cases, officers failed to communicate with the individual beyond issuing instructions and, in several cases, threatened them with subsequent Taser discharges if they did not comply with instructions. In eight investigations involving mental health (14%), we found that the Taser may have been used for the purpose of compliance.

This suggests that some officers either do not understand or fail to consider that someone experiencing mental health concerns or, acute behavioural disturbance or with learning disabilities may not be in a position to understand instructions or comply with them. There were also examples of inappropriate comments made by officers, including the use of derogatory or offensive terms to describe individuals.

Officers must be able to recognise the signs that someone might be vulnerable and consider whether they need to adopt a different approach to communicate effectively. Training and guidance must provide officers with the appropriate strategies to de-escalate such incidents, including trying to contain the individual, reducing distractions, explaining their actions, listening, giving the person time and space and seeking help from any carers, relatives or mental health support workers. Almost a third of people (32%) with mental ill-health, learning disabilities or acute behavioural disturbance suffered a serious injury following these incidents: this underlines the risks where officers fail to de-escalate these situations.

## Acute behavioural disturbance

Acute behavioural disturbance is an umbrella term used to describe symptoms that can be caused by a number of conditions. It is also sometimes referred to as 'excited delirium'. These conditions are associated with extreme mental and psychological excitement, which can be characterised by extreme agitation, hostility, exceptional strength and endurance without fatigue<sup>141</sup>. It can also be accompanied by rapid breathing, excessive sweating, an increased pain threshold, being hot to the touch and violence.

Fourteen people were suspected or showed signs of experiencing acute behavioural disturbance. Drugs and/or alcohol was a factor in 12 of these. Five people self-harmed or threatened to self-harm, and five were detained under the *Mental Health Act* during or following the incident. Three people were seriously injured, including a 17-year-old who suffered a cardiac arrest after consuming drugs and alcohol and being subjected to a prolonged Taser discharge. Five people died and, in four of these, an inquest determined that the use of Taser had played a part in the death.

It is clear from reviewing these cases that officers involved in incidents where an individual is displaying possible signs of acute behavioural disturbance can interpret the situation differently. For example, one individual was behaving strangely, was highly agitated, speaking to himself and sweating profusely. Two officers said they suspected the individual was experiencing acute behavioural disturbance, one officer thought they had mental health concerns, while the majority of officers thought the individual had taken drugs. Despite differences in interpretation, officers all recognised that the individual needed urgent medical attention.

Such differences in assumptions are understandable since it is not always possible to distinguish the signs of acute behavioural disturbance from mental health concerns or intoxication. Furthermore, officers are given similar guidance on how to deal with these respective issues, and best practice when responding to these situations often looks similar.

APP on mental vulnerability and illness covers mental health concerns, acute behavioural disturbance and intoxication, and emphasises the importance of communication, de-escalation and risk and threat assessments<sup>142</sup>. APP states that individuals suspected of experiencing acute behavioural disturbance must be treated as a medical emergency and that officers should call an ambulance without delay.

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<sup>141</sup> The Royal College of Emergency Medicine. Acute-behavioural-disturbance (ABD): guidelines on management in police custody. Retrieved from [https://library.college.police.uk/docs/appref/Acute-behavioural-disturbance\\_Apr19.pdf](https://library.college.police.uk/docs/appref/Acute-behavioural-disturbance_Apr19.pdf)

<sup>142</sup> College of Policing. Mental vulnerability and illness. Retrieved from <https://www.app.college.police.uk/app-content/mental-health/mental-vulnerability-and-illness/?highlight=acute%20behavioural?s=acute+behavioural#top>

APP also states that ‘whenever possible’, a person suspected of acute behavioural disturbance should be ‘contained rather than restrained until medical assistance can be obtained’<sup>143</sup>, and that they should only be restrained in an emergency.

Our cases suggest that officer awareness and understanding of acute behavioural disturbance and the guidance on dealing with it, vary. Some investigations showed evidence of adherence to certain aspects of guidance but not to others. In other cases, officers failed to adhere to guidance despite having recognised the signs of acute behavioural disturbance and, in some cases, officers completely failed to recognise the signs.

In one case, an individual was suspected of experiencing acute behavioural disturbance and was detained under the *Mental Health Act* and taken to a mental health unit. While there, the person became more agitated and officers were asked to restrain the individual so that they could be sedated.

An officer discharged their Taser for 48 seconds. The officer said they had been taught that any restraint of individuals with acute behavioural disturbance could be very dangerous and, therefore, they discharged their Taser until officers were able to apply handcuffs and leg restraints to avoid prolonged physical restraint.

Our investigation acknowledged the guidance from the Royal College of Emergency Medicine (RCEM)<sup>144 145</sup> that restraint time should be kept to an ‘absolute minimum’. We also noted that the RCEM guidance states: “There is insufficient research on the effects of Taser on acute behavioural disturbance however its use as a rapid takedown method to minimise restraint time...and allowing expeditious medical intervention may be a necessary alternative once nonphysical methods have failed.” We therefore concluded that the use of the Taser was in line with guidance.

One individual was tasered five times, despite being suspected of experiencing acute behavioural disturbance, being under the influence of drugs and alcohol and having threatened self-harm. A supervisor said that although it is “not a usual occurrence” to Taser someone five times, they knew from training that tasering someone with acute behavioural disturbance might not be effective and, as such, they were not concerned about the number of discharges.

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<sup>143</sup> College of Policing. Risk assessment. Retrieved from <https://www.app.college.police.uk/app-content/detention-and-custody-2/risk-assessment/#top>

<sup>144</sup> Royal College of Emergency Medicine (RCEM). (May 2016). Guidelines for Management of Excited Delirium / Acute Behavioural Disturbance. Retrieved from [https://www.rcem.ac.uk/docs/College%20Guidelines/5p.%20RCEM%20guidelines%20for%20management%20of%20Acute%20Behavioural%20Disturbance%20\(May%202016\).pdf](https://www.rcem.ac.uk/docs/College%20Guidelines/5p.%20RCEM%20guidelines%20for%20management%20of%20Acute%20Behavioural%20Disturbance%20(May%202016).pdf)

<sup>145</sup> RCEM guidance is designed as a guide written to clinicians in the context of seeing a patient in an Emergency Department.

In another case, an individual suffered multiple organ failure after being tasered four times. Two officers said they had considered the person may have been experiencing acute behavioural disturbance at the time, while four other officers said they only considered it on reflection. All officers said that, irrespective of acute behavioural disturbance, they would not have done anything differently.

Our investigation acknowledged that restraint should be avoided when acute behavioural disturbance is suspected and found that the use of Taser was appropriate. However, we found that several officers' failure to recognise the signs of acute behavioural disturbance, monitor the individual, treat them as a medical emergency and quickly call an ambulance amounted to unsatisfactory performance.

Following another case, we issued a recommendation to the force to ensure that officers understand the relationship between acute behavioural disturbance, excited delirium, stress and the symptoms and behaviours that might indicate a serious medical issue. Officers involved in this case had dismissed the possibility of acute behavioural disturbance because they focused exclusively on the fact that the individual did not appear excessively hot or had not removed their clothes (two of the recognised symptoms of acute behavioural disturbance).

We also found evidence that officers can sometimes recognise the signs of acute behavioural disturbance but fail to act on this until the individual is detained. In one case, an officer said they were more concerned about "getting the individual under control" than addressing the issue of acute behavioural disturbance. In another, two officers said they had considered the individual may have been experiencing acute behavioural disturbance, but that their focus was on protecting themselves and calling for back-up. Neither officer considered calling an ambulance until after the individual had been tasered and was unconscious.

In one case, officers failed to follow guidance. An individual was tasered multiple times, for prolonged periods, including in drive-stun mode, and was restrained by a number of officers in a prone position.

We found that officers' communication with the individual throughout was inappropriate. They were aggressive and disrespectful, despite one officer having recognised the signs of acute behavioural disturbance and another officer believing the individual was intoxicated. The individual did not threaten officers, was not aggressive or violent, and made repeated attempts to communicate with them.

In four of the 14 cases where acute behavioural disturbance was a factor, we found that officers had failed to treat the individual as a medical emergency or to ensure timely medical attention. In five cases, we found that officers had missed opportunities to de-escalate, and in six cases there were issues with officers'



communication. Eleven people were tasered more than once. Six were subjected to prolonged discharges, including two in drive-stun mode and one in angled drive-stun mode.

## **Other underlying health issues**

Nine people had other underlying health concerns. All were subjected to Taser discharges and two died following the incident. The youngest of these suffered from alcohol dependency and, the month before the incident, had been experiencing blackouts and chest pains. He died after being tasered for eight to nine seconds. The other individual who died had heart and renal conditions.

Four people were also in their forties. One had post-traumatic stress disorder (PTSD), angina and had previously had three heart attacks. The individual was subjected to two Taser discharges for five seconds each. They did not suffer a serious injury. However, the individual had been in the military and their psychologist said that the use of Taser had “directly replicated past experiences” and acted as a “powerful trigger” for their PTSD symptoms, which had “markedly increased” following the incident.

Another of these individuals had a broken back and was subjected to four Taser discharges, each between four and five seconds. They did not suffer a serious injury. A third individual also had a broken back, as well as two false hips. He used a walking stick. He was tasered once for five seconds and was taken to hospital but did not suffer a serious injury. The fourth person in their forties had epilepsy. The individual was tasered once for an unknown length of time. They collapsed and suffered a serious injury.

One individual in their fifties had one lung. They were tasered once for five seconds and suffered no serious injury. Two people with health conditions were in their seventies. One had dementia, a brain tumour and was suffering from an infection at the time. They were subjected to two Taser discharges, but neither appeared to have an effect and they did not suffer a serious injury. The other person in their seventies had recently had a knee operation and was tasered once, for five seconds. They were not injured.

There is limited research on the extent and nature of the risks associated with Taser when used against people with certain conditions. This means that officers are hampered in their ability to adequately assess and balance risks as part of their decision making. Although the number of incidents outlined above is relatively small, it represents 8% of individuals, including two deaths and one serious injury. Officers should have knowledge of the potential impact of using Taser on people with health concerns to make informed decisions about using Taser.

## Drugs and/or alcohol

Drugs and/or alcohol was a factor in 52 cases involving 53 people<sup>146</sup>. Drugs and/or alcohol was recorded as a factor if at the time of the incident the individual had recently consumed, was intoxicated by, in possession of, or had known issues with alcohol and/or drugs.

Twenty-eight people for whom drugs and/or alcohol was recorded as a factor were subjected to more than one discharge and 17 were subjected to prolonged discharges. Taser was used on 11 people in drive-stun or angled drive-stun mode. In 14 cases, we found evidence of possible use of Taser for compliance. Nine cases involved the use of Taser in a risky location, such as at a height, on stairs and while the individual was running towards a road.

Thirty of the 53 people (57%) had mental health concerns, learning disabilities or were suspected of experiencing acute behavioural disturbance. Four were detained by officers under the *Mental Health Act*. Fourteen (26%) had self-harmed or threatened to self-harm. Eighteen (34%) were in possession of a weapon. Almost all (49) were reported to be aggressive, violent or resistant. In 15 cases, our investigation found that officers had missed opportunities to de-escalate, and in a third of cases we found issues with officers' communication.

In five cases, we found that officers had failed to treat the individual as a medical emergency, or ensure they were provided with timely medical assistance, when they should have been. One of these involved a death. We also found that, in four cases, there appeared to be assumptions or suspicions that the individual was feigning being unwell, three of which involved a death.

Sixteen of the 53 people (30%) were seriously injured during the incident, and twelve died. This means that drugs and/or alcohol was a feature in 75% of the 16 incidents in which people died.

Ten of the individuals who died were found to have been under the influence of drugs and/or alcohol at the time of the incident: eight had taken drugs and one had consumed alcohol only. One of these individuals took their own life. In the other two cases, one person was found to be in possession of cannabis, but it was unclear whether they were intoxicated at the time. The other person had a history of drug-related psychosis but had not taken any substances prior to their death. Both individuals died from self-inflicted wounds. In three of these deaths, an inquest found that the use of Taser may have contributed to the death.

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<sup>146</sup> This involved 53 people. Two separate cases involved the same individual. Two cases involved two individuals.

These findings are strikingly similar to those set out in our statistical reports on deaths during or following police contact, which have shown a consistent pattern of alcohol and/or drugs being a common feature in deaths in custody.

Statistics from 2019/20 show that, of the 18 people who died in or following police custody, 14 were known to have a link to drugs and/or alcohol<sup>147</sup>. These findings support calls for more research on the risks of using Taser on someone who has consumed drugs and/or alcohol.

## **Individuals reported to be violent, aggressive or resisting during an incident**

Ninety people (83%) were described or reported by officers as being aggressive, violent or resistant. Given that reports of aggression, violence or resistance were a factor in the vast majority of incidents, it is more illuminating to focus on the circumstances in which Taser was used when the individual was not aggressive or resisting.

Eighteen people were not reported to be aggressive, violent or resisting when the Taser was used against them. Fourteen were subjected to Taser discharges and four were red dotted. In the cases where the Taser was discharged, eight people were self-harming or threatening to self-harm. The Taser appeared to have been discharged in these cases, at least in part, to prevent the individuals from harming themselves or causing further harm. Six of these individuals had a knife and were cutting themselves. One had a gun to their head, and another had a noose around their neck.

In five incidents, the individual was running away from police, trying to evade capture or arrest. Four of these people suffered a serious injury, three of which as a direct result of falling due to the Taser discharge. Two suffered head or facial injuries and one suffered knee injuries. The fourth individual was tasered while standing on garden furniture after having jumped from a window. They sustained a fractured wrist.

Taser was used against four individuals while being detained. Two were red dotted: one was being detained after reports they had threatened a member of the public with a meat cleaver, and the other was suspected of having a truncheon. One individual was tasered in a department store and had a knife. Another individual was tasered after failing to comply with instructions to get on their knees, despite the

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<sup>147</sup> IOPC. Deaths during or following police contact: Statistics for England and Wales 2019/20. Retrieved from [https://policeconduct.gov.uk/sites/default/files/Documents/statistics/deaths\\_during\\_following\\_police\\_contact\\_201920.pdf](https://policeconduct.gov.uk/sites/default/files/Documents/statistics/deaths_during_following_police_contact_201920.pdf)

individual telling the officer that they could not because they had recently had knee operations.

The finding that 83% of individuals were reported to be aggressive, violent or resistant is not surprising, since Taser should only be used when there is 'potential for conflict'. However, the findings above raise several key issues.

The use of Taser to prevent someone from harming themselves needs further consideration. Such cases do raise questions about the role of other community agencies and services. Officers are increasingly having to deal with people with mental health concerns, including those who harm themselves, and several of these cases show that officers' actions saved lives. However, people dealing with mental health concerns need support to prevent issues escalating to this point. We recognise that it is inevitable that officers will come across people who self-harm but, when this does occur, officers should be supported to deal with these incidents by mental health and other medical professionals.

Another question, subject of some debate, is the appropriateness of discharging a Taser at an individual who is running away. Of the five people tasered while trying to escape from police, and who were not violent and appeared to pose no immediate risk, four were seriously injured. Three suffered serious injuries as a direct result of falling.

## **Presence of weapons during an incident**

One third of the individuals (36) were in possession of a weapon at the time of the incident. The types of weapon included knives (the most common), guns, a meat cleaver and a riding crop. Two-thirds of those who had a weapon were subjected to more than one Taser discharge, and a third were subjected to prolonged discharges. Three individuals were subjected to discharges in drive-stun mode.

In 81% of these incidents, mental health or acute behavioural disturbance was listed as a factor, and in over half, the individual had self-harmed or was threatening to self-harm. Eighty-one per cent of the individuals who had a weapon were described as aggressive, violent or resistant. In seven incidents, we found evidence of inappropriate or ineffective use of communication techniques by officers and in four cases we found that officers had missed opportunities to de-escalate the situation. However, we also found examples of good practice in seven cases, including around communication and dealing with individuals with mental health concerns.

Eleven of the individuals who died had a weapon, eight had self-harmed or had threatened to self-harm. Fourteen individuals who had a weapon suffered a serious

injury and, again, eight of them had self-harmed, attempted to or threatened to harm themselves.

## **Presence of a crowd**

In 22 cases, there was a crowd present during the incident. Sixteen of these incidents took place on the street, three occurred on business premises, one occurred in a train station and two in dwellings or the immediate surrounding area. Drugs and/or alcohol was a factor in 17 (77%) of these.

The presence of a crowd can heighten officers' perceptions of threat and impact the way in which they choose to deal with an incident. For example, in one case, officers attended a takeaway shop to arrest a group suspected of assault. When officers arrived, a large group of people was present. Very quickly, the individual and another person started attacking the two officers. The crowd was shouting at officers and filming as the officers fought with the two people. After a prolonged Taser discharge, the individual became unconscious. The crowd shouted that the officer had killed them. The other person continued to assault the second officer, before running around and jumping on vehicles.

In their statement, the Taser officer said that they drew their Taser because they were being attacked, were concerned that other members of the group may join in the attack and they feared for their safety. The officer said they therefore wanted to bring the struggle under control quickly. An expert adviser provided evidence to our investigation and said that the use of Taser was "realistic and acceptable given the nature of the threat posed" from the two people and the larger group.

In another case, an individual on escorted leave from an in-patient mental health facility had run away from the group. Officers were struggling to detain the individual when the group appeared. A staff member approached officers and was pushed away. They continued to try to speak to the individual, but the officer repeatedly pushed them away, shouting at them to get back. Another patient then approached and started screaming.

The patient was stopped by another officer, who drew their handcuffs. The staff member approached the other patient and was again pushed away. Officers later said they thought the staff member was trying to "interfere" to stop them detaining the individual. The staff member said they were just trying to help, explained the individual was their patient and said that they could calm them.

Our investigation found that the officer who pushed the staff member had not tried to ascertain who they were or what they were doing before pushing them and that the officer had showed the staff member a lack of respect and courtesy, which could

undermine public confidence. The officer who tried to handcuff the other patient said they wanted to handcuff the patient because they believed the patient was going to breach the peace. We found that this officer failed to utilise communication tactics with either the patient or the staff member and did not fulfil their duty of care towards the patient.

The findings set out in this chapter are similar to findings from previous reports, namely that mental health, drugs and/or alcohol and the presence of weapons are common factors in Taser cases.

Most individuals are described as being aggressive, violent or resisting. This supports our previous findings that Taser is often used following reports of violent behaviour. It also supports the CoP's recent finding that the factor most strongly associated with a Taser discharge, is the officer reporting that they faced active or violent resistance.

Our finding that a crowd was present in around a fifth of our Taser investigations is also in keeping with the CoP's finding that the presence of a crowd can increase the likelihood of a Taser being used.

## **6.5 Officers' actions, perceptions and behaviour**

### **Missed opportunities for de-escalation**

In just under a third (32%) of the cases we analysed, we identified missed opportunities for de-escalation by officers. This meant that during an incident there were chances for officers to use communication and negotiation skills to defuse a situation, rather than having to resort to force.

Twenty-three (72%) individuals involved in cases where we identified missed opportunities for de-escalation were White. Two of these were foreign nationals: one Polish national and one Spanish national. Eight (25%) were Black and one (3%) was Asian. The most common age was between 19 and 30 years-old, with the oldest being 59 years-old. The ages of three individuals was unknown.

Two individuals were under 18. The youngest was 14 years-old and had a learning disability. While officers were trying to communicate with this individual, one of the officers told them that, if they didn't speak, they might "get a bit closer to that Taser than you'd have wished".

In interview, the officer said this was to "start dialogue" and that they did not say it in a threatening way. During the incident the officer also said, "If you're going to be rude...and start rubbing your hands like you want to fight with me, then we'll have a

fight and it won't end with you being the winner." The officer then went to arrest the individual, at which point a struggle ensued.

Our investigation found that the officer used language which could be considered threatening and inflammatory, rather than considering the individual's learning disabilities and showing a greater degree of tolerance in attempting to engage with them.

In almost all the cases (94%) in which we identified missed opportunities for de-escalation, the individual was perceived by officers to be violent, aggressive or resisting. In over a third of cases (34%) involving missed opportunities for de-escalation, Taser was used in the presence of a crowd. Only four individuals (13%) were in possession of a weapon at the time of the incident. Ten (31%) were alleged or suspected by officers to be in possession of a weapon but none were found on the individuals.

As noted above, this evidence potentially provides an insight into officers' assumptions and beliefs during an incident, in particular a heightened perception of threat among some officers. Such assumptions can affect officers' behaviour, which could increase the risk of missing opportunities to de-escalate the situation.

Just under half of the individuals (47%) were identified as having mental health concerns. The same percentage of individuals also had known links to alcohol and/or drugs. The significant proportion of cases involving mental health, learning disabilities, alcohol and/or drugs as factors highlights the importance of officers being able to recognise the signs that someone might be vulnerable and take action to de-escalate the situation, including adapting their communication techniques, and avoid the need to use force.

In just over half of these cases (53%), officers allegedly made inappropriate comments or communicated inappropriately during the incident. There was evidence in some cases that officers' use of language escalated the incident.

In one case, an officer was attending an unrelated incident when they saw an individual and stopped to engage them. Shortly after leaving the vehicle, the officer drew their Taser. During this encounter, the individual repeatedly told the officer to leave them alone, while the officer threatened the individual with their Taser and told them they were under arrest. This exchange culminated with the individual telling the officer to put their Taser away and then saying, "I'll put you on your arse".

The officer responded by discharging their Taser at the individual's face while saying, "Fucking have that". A member of the public commented that the Taser had hit the individual in the face, to which the officer replied, "Good".

Our investigation found the officer may have been responsible for provoking and escalating the incident. We found the officer had a case to answer for misconduct concerning their use of language and behaviour, failing to act with self-control and tolerance, failing to consider alternative options other than Taser and failing to use Taser reasonably and proportionately. We also referred the case to the CPS.

A survey<sup>148</sup> by the CoP in 2020 found that it was more common for officers to use non-physical skills (such as communication) than physical skills (such as restraint), with 'verbal and non-verbal communication' being the most frequently used non-physical skill by officers. However, the survey found a quarter (26%) of officers felt that not enough time was spent training them on essential communication, and only half (52%) thought their training had taught them how to defuse confrontation.

That we identified missed opportunities for de-escalation in around a third of our cases supports these findings. It also calls into question the extent to which officers understand that Taser (and other forms of force) should only be used when it is necessary to do so and when, if appropriate, opportunities to de-escalate an incident and bring it to a conclusion without having to resort to force have been exhausted.

In light of the evidence presented above, it is imperative that police forces ensure a greater focus in training and guidance on communication and de-escalation skills. In particular, they must provide officers with the knowledge and skills needed to manage and de-escalate incidents involving vulnerable people, such as those who are under the influence of alcohol or drugs, have mental health concerns or learning disabilities, or who are displaying signs of acute behavioural disturbance. We welcome the introduction of the CoP's new conflict management guidelines and the proposed training to support it, and are hopeful that this will have a positive impact on officers' use of de-escalation.

## **Inappropriate communication or comments made by officers**

In 33 cases, involving 34 individuals, officers allegedly made inappropriate comments or communicated inappropriately during the incident. This included officers swearing at, and making derogatory comments to, the individuals, and making unprofessional remarks to them and their families. Such comments have the potential to negatively impact public perception of officers and the police service.

In 15 of the 33 cases, a complaint was made by the individual or their representative. Three of these complaints specifically referenced the comments made by officers towards the individual. Seventeen of these cases were conduct investigations, although the conduct matters examined as part of these investigations extended

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<sup>148</sup> College of Policing. National Police Safety Survey. Retrieved from [https://whatworks.college.police.uk/Research/Documents/National\\_police\\_safety\\_survey.pdf](https://whatworks.college.police.uk/Research/Documents/National_police_safety_survey.pdf)



beyond the alleged inappropriate comments or communication by officers. One case was investigated as a DSI matter.

Of the 34 people involved in these cases, 24 (71%) were White, eight (24%) were Black, one (3%) was Asian and one (3%) was White Afro-Caribbean. Three were under 18 years of age. The youngest was 14 and had a learning disability.

Half of the individuals (17) involved in these cases had known links to alcohol and/or drugs, and 14 (41%) were identified as having mental health concerns.

Of those individuals who had links to alcohol and/or drugs or were identified as having mental health concerns, six were suspected or showed signs of experiencing acute behavioural disturbance.

We recognise that in some cases, officers made inappropriate comments while or immediately after dealing with a stressful incident. It is vital that police officers and staff understand how their attitude and biases could impact their behaviour and how their language and communication could impact members of the public.

Under the police's Code of Ethics, officers have a duty to report, challenge or take action against the conduct of colleagues that has fallen below the standards or professional behaviour. In some cases, we saw evidence of officers challenging or raising concerns about inappropriate comments or communication by colleagues, but in a number of cases this did not occur.

## 6.6 Disproportionality and discrimination

### **Taser use by ethnicity<sup>149</sup>**

Our review of cases shows that Black people were disproportionately involved in our independent investigations involving the use of Taser. Seventy-one per cent of the individuals were White, 22% were Black, less than four per cent (4%) were Asian and less than two per cent (2%) were of mixed ethnicity.

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<sup>149</sup> The ethnicity of the individual was not always referred to in the investigator's final report. As such, the ethnicity of the individual has often been determined via custody records, medical records, police use of force or Taser forms and other police documentation. The reliability of ethnicity recording may vary between these documents.

These statistics are broadly in line with Home Office ethnicity data on Taser use: Black people were slightly more disproportionately represented in our Taser cases than in the total number of Taser incidents recorded by forces (22% versus 20-21%), while Asian people were under-represented in our cases.

## **Number of discharges**

As a proportion, Black people were less likely to have been subjected to a Taser discharge than White people. They were more likely to have a Taser aimed at them or red dotted, without being fired. This is contrary to Home Office data, which shows that, while Black people are more likely to be involved in Taser uses overall, there is little difference between the likelihood of Black people and White people being subjected to a Taser discharge.

Almost half of White individuals were subjected to only one Taser discharge, whereas a quarter of Black people were subjected to one discharge. Roughly the same proportion of Black people and White people were subjected to two to three discharges. As a proportion, Black people were more likely to be subjected to more than five discharges. However, as shown in table 8, the numbers of cases are small.

## **Length of discharges**

Nine of the 19 Black individuals who were subject to Taser discharges were subjected to prolonged discharges. In eight of these nine cases, mental health was a factor. Three of these individuals were subjected to a continuous discharge of more than 20 seconds. The longest length of continuous discharge was 67 seconds. Six Black individuals were subjected to Taser discharges for no more than the automatic five-second cycle. The length of discharge was not known in four cases.

By comparison, 18 of the 72 White individuals were subjected to prolonged discharges. Six of these involved continuous discharges of 20 seconds or more. The longest continuous discharge was 48 seconds. Forty-four people were subjected to discharges of five seconds or less. However, many of these individuals were tasered multiple times, so the overall amount of time for which they were subjected to Taser use was over five seconds. The length of time for which the Taser was discharged was unknown for ten individuals.

Discounting the incidents where the length of discharges was unknown, 29% of White people involved in Taser discharges were subjected to continuous discharges of more than five seconds, whereas 60% of Black people involved in Taser discharges were subjected to continuous discharges of more than five seconds. As

such, while Black people were less likely to be involved in Taser discharges, when they were, they were more likely to be tasered for prolonged periods.

Of the two Asian individuals involved in discharge cases, one was subjected to a five second discharge, and the other was subjected to three discharges of an unknown length of time. The individual of mixed ethnicity involved in a Taser discharge was tasered for five seconds.

**Table 8: Taser discharges on individuals by ethnicity**

	Ethnicity											
	White		Black		Asian		Mixed		Other		Total	
No. of discharges	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0	5	6%	5	21%	2	50%	1	50%	1	100	<b>14</b>	<b>13%</b>
1	36	47%	6	25%	0	0	0	0	0	0	<b>42</b>	<b>39%</b>
2	16	21%	3	13%	1	25%	0	0	0	0	<b>20</b>	<b>19%</b>
3	9	12%	4	17%	1	25%	0	0	0	0	<b>14</b>	<b>13%</b>
4	5	6%	1	4%	0	0	0	0	0	0	<b>6</b>	<b>6%</b>
5	2	3%	1	4%	0	0	1	50%	0	0	<b>4</b>	<b>4%</b>
6	3	4%	0	0	0	0	0	0	0	0	<b>3</b>	<b>3%</b>
8	0	0	2	8%	0	0	0	0	0	0	<b>2</b>	<b>2%</b>
9	1	1%	1	4%	0	0	0	0	0	0	<b>2</b>	<b>2%</b>
12	0	0	1	4%	0	0	0	0	0	0	<b>1</b>	<b>1%</b>
<b>Total</b>	<b>77</b>	<b>100%</b>	<b>24</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>2</b>	<b>100%</b>	<b>1</b>	<b>100%</b>	<b>108</b>	<b>100%</b>

## **Length of discharges**

Nine of the 19 Black individuals who were subject to Taser discharges were subjected to prolonged discharges. In eight of these nine cases, mental health was a factor. Three of these individuals were subjected to a continuous discharge of more than 20 seconds. The longest length of continuous discharge was 67 seconds. Six Black individuals were subjected to Taser discharges for no more than the automatic five-second cycle. The length of discharge was not known in four cases.

By comparison, 18 of the 72 White individuals were subjected to prolonged discharges. Six of these involved continuous discharges of 20 seconds or more. The longest continuous discharge was 48 seconds. Forty-four people were subjected to discharges of five seconds or less. However, many of these individuals were tasered multiple times, so the overall amount of time for which they were subjected to Taser use was over five seconds. The length of time for which the Taser was discharged was unknown for ten individuals.

Discounting the incidents where the length of discharges was unknown, 29% of White people involved in Taser discharges were subjected to continuous discharges of more than five seconds, whereas 60% of Black people involved in Taser discharges were subjected to continuous discharges of more than five seconds. As such, while Black people were less likely to be involved in Taser discharges, when they were, they were more likely to be tasered for prolonged periods.

Of the two Asian individuals involved in discharge cases, one was subjected to a five second discharge, and the other was subjected to three discharges of an unknown length of time. The individual of mixed ethnicity involved in a Taser discharge was tasered for five seconds.

## **Allegations of discrimination**

Eight of the 101 cases we reviewed involved allegations by the complainant that they had been discriminated against. Five believed they had been discriminated against on the basis of race, including one who alleged discrimination on the basis of both race and religion. The other three involved allegations that they had been discriminated against because of a disability or mental health concerns. All of these individuals were male.

Although the numbers of specific allegations of discrimination was relatively low, there are further examples of stereotypes, assumptions and failures to consider protected characteristics in cases where no allegation of discrimination was made. With regards to race, stereotypical comments and assumptions were apparent in several other cases involving Black individuals.

## Race

Of those who alleged that they had been racially discriminated against, four were Black and one was Asian. The Asian individual believed he had been discriminated against because he was Asian and Muslim. Two of these individuals were 14 years-old and one was over 60 years.

One of the 14-year-old individuals had a learning disability, and attending officers were aware of this. Nevertheless, one officer said the individual “had an attitude from the off”, “looked like he wanted to fight”, and had “unbelievable strength”. Both officers said they suspected the individual was under the influence of drugs because of their “level of aggression”.

However, no officer searched the individual for drugs. The individual said that the officers who transported them to custody had racially abused them. The officers denied this. The individual’s father complained that his son had been assaulted and racially abused.

Our investigation found that claims that the individual had been aggressive were not supported by evidence and that he, instead, had been ‘passively resisting’. It was also not possible to establish the reasons for officers’ decisions to arrest the person. We found that the evidence, taken together, may have amounted to “discrimination through unwitting prejudice, ignorance, thoughtlessness or racist stereotyping”.

On the allegation that officers had racially abused the individual, we found no independent evidence to corroborate either of the conflicting accounts and said this was for a misconduct panel to decide.

The other 14-year-old was tasered while running from police. Officers had attended reports of “boys running around and fighting”. The officer said they discharged their Taser because the individual did not comply with their instructions to stop, that they thought the individual was chasing others and might cause them harm, and because they thought they had seen a knife in the individual’s hand.

The individual suffered a head injury from falling after being tasered. They were searched, and no knife was found. They were left in handcuffs for around 16 minutes, even after the search had been completed. The officer said this was because he had been unable to thoroughly search the individual owing to their injuries and was therefore concerned that they may still have had a knife.

The individual said they had been racially discriminated against and that the officer assumed they were in a gang because they were Black. In interview, the officer said

that the area was known for gang violence and that children were often involved. They denied being motivated by discrimination. This case is ongoing.

One individual complained that they had been racially profiled after they were stopped by officers from a team focusing on local drug dealing. An officer drew their Taser as they approached the individual. The officer said they thought the individual was concealing something in their waistband and that they feared they would respond aggressively.

The officer said the individual adopted a “ready fighting stance” when they were approached, and that they were in an area where there were known drug-dealing properties nearby. The officer stated that they were aware that “young Black males from London” involved in supplying drugs were coming to the area, that intelligence showed that gang members routinely carried weapons, and the individual had looked “furtive and nervous”. Officers searched the individual. No weapons were found.

Our investigation found that there may not have been reasonable grounds to either suspect the individual was carrying a weapon or to stop and search them. We suggested that verbal engagement could have been attempted before drawing the Taser, and we did not consider the individual to have been visibly aggressive. We found the officer had a case to answer for his use of force but did not find sufficient evidence that the officer stopped the individual purely based on their ethnicity.

In another case, an individual alleged that they had been racially discriminated against after officers approached them in a case of mistaken identity. The individual believed they had been mistaken for the other man because they were both Black. The individual told officers they were being victimised and suggested that the police targeted Black people. They repeatedly said they were not the man they were looking for. One of the officers said that the individual was “immediately aggressive, rude and threatening”.

The individual did make threatening statements and appeared to be angry. They were tasered and arrested for a public order offence and assaulting police. In a statement, the officer who discharged their Taser referenced the individual’s strength and said they had discharged their Taser to “persuade him to comply”. The individual said that officers must understand that if they stop someone because of their race, this causes “harassment, alarm and distress and may necessitate the use of strong language in order to lawfully object to...their conduct”.

A witness also complained that officers’ actions were racially motivated. All four witnesses to the incident said they believed the individual would not have been tasered if they were White. The Taser officer said that the individual’s accusations of

racism led them to believe they posed a threat. They denied being motivated by racial discrimination.

Our investigation found that the use of Taser may have been excessive, but that there was insufficient evidence that officers treated the individual differently because of their race.

The Asian individual was a taxi driver, who was tasered three times, kicked and struck during a pre-planned operation to detain the passenger in the vehicle. The individual believed they were treated this way because they were Asian and Muslim.

The officer said they discharged their Taser to distract the individual, who they thought may have had a weapon, and to avoid the use of firearms. The officer said the individual had resisted and appeared to be reaching for something in his waistband. Officers described the individual as a “large-built male” and one said that they were “surprised by the strength of [his] resistance”. Officers said they had not seen the taxi sign and denied that the individual’s ethnicity had impacted upon their actions. We found no independent evidence to assist in determining the question of discrimination and did not uphold the complaint.

We also investigated whether officers’ actions and decisions were motivated or influenced by discrimination on grounds of race in a sixth case, despite no allegation of discrimination by the complainant.

A Black male was stopped for a traffic offence. There was a rapid escalation in the use of force, and the man was tasered three times. Officers consistently described the man as aggressive and said that he repeatedly “lunged” at them. One officer said that the seven officers present were unable to overpower the man and that he displayed a “huge amount of upper body strength”.

A witness was heard on body worn video stating that the police were behaving in a racially discriminatory manner. Both officers denied being influenced by racial bias. The evidence gathered during our investigation suggested that the man was not behaving in a threatening way.

We concluded that there was insufficient evidence of direct discrimination, but that officers’ perception of threat may have been influenced by unconscious bias. We found that the use of communication skills was limited, that officers failed to explore other tactical options before deciding to arrest the male, that the arrest may have been unnecessary and fell below expected standards, and the use of force may have been excessive. We recommended that two officers involved in the incident undertake refresher training in unconscious bias. The same two officers were also found to have a case to answer for their use of force.

Of the five Black people and the one Asian person referenced above, officers described four of them as 'violent' or 'aggressive'. In three of these cases, we did not agree with these descriptions based on the evidence. In four cases, officers made references to the person's size, strength or build. Officers assumed or suspected that the person may have drugs or weapons in four cases, when there was no evidence to support these assumptions and, in two of these, despite statements that officers believed the person to have had drugs or weapons, neither was searched. In two cases, officers made inappropriate or inflammatory comments.

References to a person's strength, size or build featured in five additional cases. One person was described as having a "very muscular build" and being "incredibly strong". Another officer said that, "no amount of pain compliance was going to stop this male". Independent witnesses described the person as a "medium, stocky build". In another incident, the person was described as a "large and muscular Black male", who was hostile and was 'making himself look bigger and more intimidating-looking'. Another was described as "athletic", "huge", "quite muscular" and "making his body extremely large". One person was described as having "superhuman strength".

Four of these people were also described as aggressive, dangerous or confrontational. Independent witnesses in two of these cases did not corroborate officers' descriptions. One individual's "eyes were staring in an aggressive manner", according to an officer.

Another person was said to be 'immediately aggressive' and officers said they were in fear for their lives. Witnesses said the individual did not appear aggressive. In interview, an officer said they believed the individual would attack them based on what they were saying and the way he was approaching them, which was threatening. The individual, who was experiencing a mental health episode, did not make any threats, and had moved towards officers twice but had not pursued them.

Separately, in a case involving a female with serious mental health concerns, an officer said, "She was demonstrating abnormal levels of strength for someone of her appearance" and was exhibiting an "incredible degree of resistance".

Assumptions were made about drugs or weapons in three cases. One individual was assumed to have taken drugs, despite a lack of evidence to corroborate the assumption and clear indications the person was experiencing a mental health crisis. Another individual said that one of the first things officers asked was whether they had taken drugs. They said this was discriminatory and that officers had confused stress with drug use.

In another case, the individual was pursued in their vehicle for speeding and failing to stop. One officer said that "alarm bells were raised" because the car was a hire



car and that these are “used by gangs to commit crimes”. The officer said that he believed the occupant of the car was likely to be dangerous and in possession of drugs or weapons. They said this was an “assumption based on experience”. When the driver got out of the vehicle, they discharged their Taser because they feared the person was reaching into their bag to get a weapon. No weapon was found.

Of the 24 Black individuals involved in the cases we reviewed, there were either allegations of discrimination, or evidence of common stereotypical assumptions, present in 13 cases. Of these, there was also evidence that nine people had mental health concerns or a learning disability. This supports findings by others that the intersectionality of race and mental health can impact upon officers’ perceptions and actions, which can result in the use of force.

## **Nationality**

Six White individuals in our cases were non-British nationals. In one of these cases, we found evidence of discrimination and questioned whether officers had failed to make adjustments for the individual, for whom English was a second language. We also found issues with a failure to make adjustments based on language barriers in a second case.

The first case involved a male who appeared not to be able to speak English very well. The man had got into the rear of a stranger’s car whilst the occupants were still inside the vehicle. When officers arrived, the man was physically removed from the vehicle but struggling with police and resisting being handcuffed. The man was tasered five times, including four in drive-stun mode. Throughout the incident, the man tried to communicate with officers who repeatedly told him to “shut up”, referred to him by derogatory names, and used offensive language. The man was punched several times in the face before collapsing in police custody. He was subsequently detained under the *Mental Health Act*.

Our investigation considered whether officers were motivated by discrimination based on nationality, and whether they gave ‘proper consideration’ to the individual being a foreign national and possibly not being able to understand English.

We found that the derogatory language and offensive phrases used by the officers may have suggested that they had ‘little respect for [the individual] from the outset’. Officers were loud and aggressive, contrary to guidance on dealing with people who may be suffering from mental health concerns. We concluded that the actions of the officers could have been motivated by discrimination and that the Taser officer had a case to answer for their extended use of drive-stun while the man was being restrained by several people.

We also referred two officers (including the one who used Taser) to the CPS for it to consider charges of assault, ABH and racially aggravated public order offences.

In the second case, involving an Albanian national who was tasered six times, we found that the officer failed to consider the possibility that the individual had English as a second language and may not have been able to fully understand instructions. The officer later admitted that language barriers may have explained the individual's failure to comply with commands, and that they assumed the individual was non-compliant at the time.

We concluded that the Taser had been used to seek compliance and when the individual had ceased to pose a threat. The officer also made assumptions about the individual having drugs and weapons.

## **Disability/mental health**

Despite the amount of cases in which mental health was a feature, only three complainants alleged that they had been discriminated against on the basis of disability or mental health. All complainants were adult males, two of whom had been diagnosed with serious mental health conditions. The third case involved an individual who had been in the military, diagnosed with PTSD and had been identified as 'emotionally or mentally distressed' before officers arrived at the scene. All three were subjected to two Taser discharges. We did not uphold any of these three complaints about discrimination.

Another case involved a Black 17-year-old, who was an in-patient at a mental health centre for young people. After approaching officers in distress and repeatedly stating that they had mental health concerns, the situation escalated and they were tasered three times, struck with a baton over 20 times and subjected to incapacitant spray and restraint.

The individual's mother and the NHS Trust, whose care the individual was under, said that officers failed to consider the individual's mental health and learning disability issues (although did not allege that the individual had been discriminated against).

An expert adviser said that one of the officers seemed to have a "heightened perception of danger" throughout the incident. Our investigation found that this officer was too 'task-focused' and, given that he was engaging with a highly vulnerable young person, appeared insensitive and clumsy.

We found that the officer did not use the least amount of force necessary and could have considered other options. We considered that another officer had become

'emotionally involved' in the incident, lacked self-control, and showed a lack of respect and courtesy towards the individual. We also queried whether more effective communication at the start of the interaction would have negated use of force.

## 6.6 Other matters noted by this review

### Good practice by officers

In ten cases, we identified good practice by some or all of the officers involved. The cases all involved individuals identified as having mental health concerns. In four cases, the individuals also had known links to alcohol and/or drugs. As a result, the majority of the good practice we identified related to officers recognising the vulnerability of these people and managing the incident accordingly.

Officers displayed good communication skills in six cases, to try and bring the incident to a conclusion without having to resort to using force.

In one case, officers attended reports of patients in a mental health facility having armed themselves with metal objects, assaulted staff and self-harming. When officers arrived, one patient still had a metal item and was refusing to hand it over. An officer spoke to the individual calmly and clearly, asking them why they were feeling the way they were, what could be done to help them and exploring ways to resolve the situation.

Officers negotiated calmly with the individual until they stood up and walked towards officers, before raising the metal item and swinging it at an officer. One of the officers deployed irritant spray, another officer attempted to hit the metal item away with their baton, which was unsuccessful, and the other officer discharged their Taser. The metal item was removed from the individual and they were handcuffed. Officers provided the individual with reassurance, led them to an isolation room, removed the handcuffs and left the individual in the care of medical staff.

Our investigation found that officers' communication with the individual throughout the incident was in line with good practice, and we concluded that officers' use of force was appropriate.

There was also evidence in several cases that officers had adapted their approach to managing an incident because of an individual's vulnerability. For example, in some cases, officers made efforts to give the individual 'time and space' to try to de-escalate the incident. In other cases, involving individuals who were distressed or agitated, officers were calm, patient and showed empathy.

In six of the ten cases, the individual was self-harming, attempting to, or threatening to, self-harm. We found examples of officers taking quick and effective action to prevent the individual causing serious harm to themselves.

For example, in one case, police were called to reports of an individual who had locked themselves in a bathroom with a knife and was threatening to kill themselves. Officers arrived and tried to communicate with the individual through the locked door. The individual confirmed they had a knife and were going to kill themselves.

The officers tried convincing the individual to open the door and put down the knife, but the person refused. Officers forced entry and found the individual stabbing themselves and screaming. An officer immediately approached them and tried to take the knife away from them. The individual bit the officer, so they withdrew. The other officer discharged their Taser. This had no effect, so they discharged it again. This appeared to incapacitate the individual and officers removed the knife from the individual's hand. Officers handcuffed the individual, called an ambulance and provided first aid.

Our investigation praised officers for their handling of the situation. They remained calm, showed empathy and utilised positive communication skills. The officer who approached the individual was also commended for their selflessness in approaching the individual to prevent them causing themselves further harm, despite the risk to himself.

## **Ensuring people receive appropriate and timely medical attention**

In eight cases, there was evidence that officers failed to treat the situation as a medical emergency or ensure that individuals were provided with medical attention in a timely manner.

For example, in one case, two officers attended an address after concerns were raised that an individual may have been intoxicated while caring for their daughter. During the incident an individual was tasered, struck by a baton, restrained and punched to the face. The two officers failed to inform the officers who transported the individual to a custody suite about the force that had been used. The custody officer was therefore unaware of force having been used, and the individual did not receive timely medical attention. Subsequently, a custody nurse recommended the individual be taken to hospital. The individual received stitches for an injury to their lip and an X-ray to their leg.

One of these cases involved a death and a further four involved the individuals sustaining serious injuries. Of the people involved in these eight cases, five were

White and three were Black. Two were under 18 years of age. The youngest was 14 years-old and the other was 17 years-old.

In five of these cases, the individual had links to alcohol and/or drugs, and in four cases, they were also displaying signs of acute behavioural disturbance. The individual died or sustained serious injuries in three out of the four cases in which they were displaying signs of acute behavioural disturbance.

In six cases, there were multiple Taser discharges, although the evidence suggests that not all of the discharges were effective at incapacitating the individuals. Four out of these six cases also involved prolonged discharges. The longest discharge was 35 seconds.

In nine cases, we found evidence of officers being slow to provide people with appropriate medical attention owing to assumptions they were feigning illness or unconsciousness. In one case, officers attended an address after reports that an individual was behaving in a threatening manner and had barricaded themselves into the living room.

The individual was under the influence of drugs and was displaying signs of acute behavioural disturbance. A dog handler and a police dog entered the living room and a struggle ensued, during which the officer discharged their Taser four times and the police dog bit the individual's arms and legs. The individual was then arrested, handcuffed and placed in a police van. One officer was left supervising the individual, during which time they became unresponsive.

The officer thought the individual was feigning illness and did not go into the van to check on the individual. When the individual appeared to stop breathing, the officer still thought they might be feigning, so they called a colleague before opening the van door to try and rouse the individual. After the officer failed to find a pulse, an ambulance was called and officers commenced first aid. The individual was later pronounced deceased at the scene.

Our investigation found three officers had a case to answer for gross misconduct for failing to treat the individual as a medical emergency and failing to request timely medical assistance. We also referred this case to the CPS for them to decide whether criminal proceedings should be brought against two officers.

In another case, two officers approached a woman and an individual in relation to suspected driving offences. During this encounter, one of the officers drew their Taser and red dotted the individual. The other officer aimed their Taser at the woman, claiming that she had lunged at them. The woman told the officer she had

epilepsy. The officer told the woman she was under arrest for assaulting a police officer and went to apply handcuffs. The woman then started having a seizure.

The officers did not provide any medical assistance to the woman. The individual tried to attend to the woman but was repeatedly pushed back by one of the officers. As the individual leaned towards the woman, both officers discharged their Tasers at the individual.

The woman requested an ambulance and repeated she had epilepsy. More officers arrived and the individual was handcuffed and arrested. After the individual was handcuffed, one of the officers was heard saying, "she's faking epilepsy". In the officer's Taser deployment form and statement, they stated that they believed the woman was feigning a seizure. An ambulance was requested approximately five to six minutes after the woman had a seizure.

Our investigation found the two officers had a case to answer for gross misconduct for their conduct during this incident, including excessive use of force and failing to provide appropriate medical care.

We have investigated other cases, not involving the use of Taser, in which officers have assumed a person was feigning an illness or injury when they were in fact genuinely unwell or injured. In a previous recommendation to the CoP, we highlighted the dangers of making such assumptions, and said that training and guidance should ensure emphasis is placed on treating a person according to how they present, and should highlight the risks of assuming a person is feigning a medical issue.

Some of these cases raise questions about whether officers sufficiently appreciate the risks Taser can pose, particularly since these cases often involved multiple and prolonged Taser discharges, which are known risk factors. In such incidents, it is important for officers to, as far as possible, regularly and thoroughly assess the individual for any signs of illness, injury or unconsciousness and, if necessary, ensure they receive timely medical attention.

Assumptions by officers that a person was feigning illness or unconsciousness can have potentially dangerous consequences by delaying the provision of much needed medical attention. Police officers are not trained medical professionals and it would be unreasonable for them to diagnose whether a person's presentation is genuine. This only makes it more vital that officers treat individuals who are displaying signs of illness, injury or unconsciousness according to how they present and seek timely medical attention.

## 7. Stakeholder & community views

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In May 2020 we called for greater scrutiny of the use of Taser. This followed a series of incidents and increasing community concerns from a range of stakeholders we spoke to about its disproportionate use:

“The IOPC recognises that the use of Taser is important in helping officers respond to often dangerous and challenging situations. However, there is increasing use of Taser and growing concerns both locally and nationally about its disproportionate use against Black men and those with mental health concerns”<sup>150</sup>.

We noted that while the IOPC has a role to investigate the most serious matters involving Taser, Police and Crime Commissioners (PCCs) also have an important role in providing community assurance about scrutiny of Taser use. We urged PCCs and the wider police service to ‘listen and respond to the concerns being raised.’

A variety of national organisations, local community leaders and groups welcomed our calls for increased scrutiny, as did some policing leaders. The then Association of Police and Crime Commissioners (APCC) lead on use of force echoed concerns about disproportionality and wrote to the NPCC and the CoP to call for a review of Taser training<sup>151</sup>.

The Police Federation of England and Wales did not agree with our view, noting: ‘We do not recognise and disagree there is disproportionate use of Taser against Black, Asian and minority ethnic communities or people with mental ill-health’<sup>152</sup>. The Federation’s view was that Tasers are an essential piece of equipment that saves lives, is only used in a small number of incidents and that its ‘mere presence... is often enough to de-escalate situations, making it extremely effective’.

This chapter sets out the views and concerns we have heard from community groups and stakeholders through our day-to-day engagement. These are structured thematically. We have not undertaken specific research to gather these views.

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<sup>150</sup> IOPC press release (14 May 2020) IOPC calls for greater scrutiny of Taser use following increasing concerns. Retrieved from <https://www.policeconduct.gov.uk/news/iopc-calls-greater-scrutiny-taser-use-following-increasing-concerns#:~:text=IOPC%20calls%20for%20greater%20scrutiny%20of%20Taser%20use,incidents%20and%20increasing%20community%20concerns%20in%20recent%20months>.

<sup>151</sup> Police Professional article. (15 May 2020) APCC calls for ‘urgent review’ of Taser training. Retrieved from <https://www.policeprofessional.com/news/iopc-confirms-investigation-of-gmp-taser-incident/>

<sup>152</sup> Police Federation news release (14 May 2020) Federation disputes IOPC Taser use claims. Retrieved from <https://www.polfed.org/news/latest-news/2020/federation-disputes-iopc-taser-use-claims/>

Rather, the comments and discussions set out below are those that have taken place during our routine engagement activity, including Community Reference Group<sup>153</sup> (CRG) meetings, and one-to-one meetings with key stakeholders and other groups we meet with. We are not presenting these views as a nationally representative assessment of the public's views, as the nature of our work means that we often come in to contact with those who lack confidence in policing.

We also refer to the concerns our organisational stakeholders have expressed publicly. It is not the purpose of this chapter to debate the merits of the concerns highlighted.

## 7.1 Use of Taser against Black, Asian and minority ethnic groups

The most common concerns and issues about Taser use relate to discrimination and ethnic disproportionality, and a view that decisions to use Taser can be influenced by cultural and racial biases. This belief is supported by the police's own data which shows that Black people are much more likely to be involved in Taser use than White people.

The ethnic disproportionality in Taser use (and use of force in general) leads inevitably to discussions about systemic and institutional racism. There is a sense that 'history keeps repeating itself'. Black communities report that they have been telling the police what the issues are for many years. They believe little has changed because the police service has failed to listen.

Stakeholders and community groups have explained that systemic racism can only be understood by listening to Black communities' experiences, and that individual incidents cannot be viewed in isolation - they are part of long-standing issues between the police and the Black community.

For example, in a CRG meeting, a participant who works with children from Black, Asian and minority ethnic backgrounds spoke about the "historical legacy of systemic racism in the police", and how community trust in policing is affected by the trauma that stays with communities across generations. The CRG discussed social constructs and the lack of police action to address bias, which they said is preventing improvement. Some members said that police leaders avoid discussions about 'unspoken truths' around racism.

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<sup>153</sup> CRGs are set up following an incident where we are concerned about the impact of the incident on the local community. We provide CRGs with investigation updates and an opportunity to voice their concerns - both in relation to the incident itself and more widely.



In our day-to-day engagement, stakeholders have identified the stereotyping of Black people as a key feature of institutional racism. We have been told that Black people in some communities 'know' they are stereotyped by the police and this, together with the knowledge that officers are armed and can use force, causes fear. There is notable concern about the stereotyping of young Black men and boys, which leads to them being disproportionately subjected to police use of force.

Stakeholders have said that officers seem to ignore the duty of care they have towards the Black children and young people with whom they interact. They say this causes significant tensions within the community and can result in confrontations with the police. They have criticised Taser and other use of force on young Black men for minor drug possession offences. This is seen as an example of the police targeting already vulnerable groups.

Stakeholders told us that they often refer to social media videos involving the use of Taser against a person of Black, Asian and minority ethnic background. Some believe that these videos provide evidence of Taser being used inappropriately and unjustifiably against this group of people.

Stakeholders have raised concerns about officer descriptions of Black people as aggressive and resistant, arguing that this plays into stereotypes. In some cases, stakeholders have said that the person was reacting in a way typical of someone who is being arrested or handcuffed and that this should not justify using Taser. Having seen such videos, they feel that Taser would not have been used had the person been White and that officer's resort to using Taser too quickly, without attempting to communicate first.

Unconscious bias is a common discussion point. Some stakeholders we engaged with are keen to understand what forces are doing to combat it. Others have argued strongly against a focus on unconscious bias. The frequency of incidents that involve people of Black, Asian minority ethnic backgrounds, where the community considers officers' actions were excessive or unnecessary, have led some to argue that officers are not acting on unconscious bias; but are acting on their biases consciously. Others have told us that focusing on unconscious bias is a means of avoiding blame and holding officers accountable for discriminatory behaviour.

These concerns are not limited solely to community groups. National organisations we spoke to are likewise troubled about Taser being used disproportionately against Black, Asian minority ethnic groups. They have highlighted examples of cases where they did not consider the use of Taser to be necessary or reasonable, and have spoken about the risks of potential community disorder if more is not done to maintain public trust and confidence in the police.

In March 2020, some members of the independent National Taser Stakeholder Advisory Group (NTSAG)<sup>154</sup> resigned from the group, citing a failure to address issues of ethnic disproportionality as a key reason. The NTSAG was established to provide independent scrutiny and advice to national policing on the use of Taser.

Those who resigned included Liberty, INQUEST, Open Society Justice Initiative, StopWatch and Dr Michael Shiner. In their joint resignation letter, they said that policing leaders are failing to take race disproportionality in Taser use seriously, and that meaningful steps are not being taken to recognise, assess and address it<sup>155</sup>. Resigning members also raised concerns about a focus on unconscious bias training. They said that focusing on unconscious bias mischaracterises the problem and fails to examine issues of structural inequality.

The remaining members of the NTSAG shared the concerns of those who resigned in writing but agreed to remain on the NTSAG subject to the NPCC taking action to tackle discrimination and disproportionate use of Taser on Black, Asian minority ethnic individuals. This is subject to constant ongoing review by NTSAG members, and the NTSAG has called for any such review to be fully independent of the NPCC.

Several stakeholders that we engaged with have called for reviews into systemic racism, and others for ensuring that mechanisms and training are in place to tackle unconscious bias. Some have urged the police to utilise learning from the US experience. There is a consensus that forces need to better understand discrimination and how it can manifest.

The IOPC Youth Panel<sup>156</sup> has argued for officers to be educated on the history behind common stereotypes and misperceptions and for recruitment to ensure that biased officers are refused entry. The panel also suggested regular testing for officer bias. Some stakeholders who we spoke to have advocated for an 'explain or reform' approach at a force, team and individual officer level to address the disproportionate use of Taser against particular groups.

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<sup>154</sup> NTSAG is an independent group of experts and interested stakeholders who provide critical appraisal and advice in advance of decisions around TASER in England and Wales. NTSAG liaise with the NPCC and College of Policing, and other stakeholders including SACMILL and the Home Office, to provide this advice and critical oversight.

<sup>155</sup> The Guardian. (17 April 2020). Rights groups quit police body over stun gun use against BAME people. Retrieved from <https://www.theguardian.com/uk-news/2020/apr/17/rights-groups-quit-uk-police-body-stun-gun-use-bame-people>

<sup>156</sup> Our Youth Panel helps us understand why young people have low confidence in the police complaints system, the barriers that prevent their engagement and potential solutions to increase trust and confidence. It is made up of a group of young people aged 16-24 years.

## 7.2 Use of Taser on children

Some organisations have long been raising concerns about the use of Taser on children and young people. In a March 2020 briefing<sup>157</sup> CRAE outlined its concern about increasing Taser use and fears that Taser will be more frequently used on children as more officers are armed with the device. Children told CRAE that, even when a Taser is not fired, the threat of violence from police carrying a Taser is “really frightening”.

CRAE also highlights disproportionate use of Taser against children from Black, Asian minority ethnic groups, having found that almost three quarters of the children who had Taser used on them in London over a ten-month period were from a Black, Asian minority ethnic background. It also highlighted that further research is required into the risks of Taser use on children and the physical and mental impact that it can have.

CRAE called for the use of Taser on children to be “eliminated” or, at the very least, for a “strong presumption against their use”. It said that Taser should only be used on children when “absolutely necessary” and when all other, less extreme, options have been exhausted. The briefing referred to similar recommendations by the UN Committee on the Rights of the Child that Taser use on children should be prohibited because of its impact on their physical and mental health<sup>158</sup>.

CRAE recommended updates to national guidance and training to ensure a focus on children’s rights, that detailed, fully disaggregated data on the use of Taser on children be routinely published and analysed, local and national scrutiny mechanisms be improved; and that the IOPC should be notified of all Taser uses on children<sup>159</sup>.

In 2016, StopWatch said it was concerned that more children will be subjected to Taser use if calls to make Taser available to all frontline officers are realised<sup>160</sup>. Like CRAE, it said that the physical and psychological effects of Tasers on children is a critical issue, and that its use must be closely monitored. StopWatch called for the firing of Tasers against children who “look 14 years-old or younger” to be prohibited.

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<sup>157</sup> Children’s Rights Alliance for England. Children’s rights and policing; Taser and children’s rights. Retrieved from [http://www.crae.org.uk/media/128554/CRAE\\_POLICING-TASER-PRINT-1.pdf](http://www.crae.org.uk/media/128554/CRAE_POLICING-TASER-PRINT-1.pdf)

<sup>158</sup> Committee on the Rights of the Child. (3 June 2016). Retrieved from <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/08/UK-CRC-Concluding-observations-2016-2.pdf>

<sup>159</sup> Children’s Rights Alliance for England. Children’s rights and policing; Taser and children’s rights. Retrieved from [http://www.crae.org.uk/media/128554/CRAE\\_POLICING-TASER-PRINT-1.pdf](http://www.crae.org.uk/media/128554/CRAE_POLICING-TASER-PRINT-1.pdf)

<sup>160</sup> StopWatch. (28 April 2016). The Use of Tasers in London. Retrieved from <https://www.stop-watch.org/uploads/documents/Briefing.Tasers.pdf>

Concerns about the use of Taser on children and young people are particularly acute amongst Black, Asian minority ethnic groups. Our stakeholders have reported that some parents from a Black, Asian minority ethnic background are becoming increasingly worried that their children will be tasered, and this is exacerbated because no strict Taser protocols are in place to govern its use. They said that parents are more concerned than young people are, and that there is a perception within the community that incidents involving Taser are becoming a 'normal interaction' with the police.

### **7.3 Use of Taser on people with physical and mental health concerns**

The stakeholders and community groups that we spoke to recognise that officers are often required to engage with people with mental health difficulties. There are concerns that some officers do not have the appropriate skills to be able to communicate effectively with people who have mental health concerns. Some stakeholders have said that, because officers lack these skills, they can tend to rely on using force, placing vulnerable people at risk of serious harm.

There are similar concerns about a lack of understanding of autism and learning disabilities among officers. People with learning or developmental disabilities can behave unexpectedly and officers need an awareness of these issues and an understanding of how to interact effectively. Stakeholders have argued that Taser should be used only as a last resort on people with mental health concerns and learning disabilities.

Stakeholders have also talked to us about the intersectionality of race and mental health. Some have argued that officers do not respond appropriately to Black men suffering from mental health concerns: they draw a Taser too quickly, fail to recognise Black men in crisis as vulnerable people, treat them as dangerous and seek to arrest. Some stakeholders, citing cases where Black men have died in police custody, believe that mental health, social workers or ambulance services would be better equipped to deal with such incidents.

Concerns have also been raised about the use of Taser on people with underlying health conditions, including epilepsy and heart conditions. Stakeholders have argued that, where officers were aware of, or should have been aware of, any health conditions, this must be taken into consideration when assessing whether the use of Taser was appropriate.

We have heard examples of officers having mistaken health conditions for intoxication or aggressive or resistant behaviour, and where they have resorted to

using force. One stakeholder has warned that this lack of awareness also risks delaying medical attention.

Stakeholders have said that more research is needed to understand the risks of using Taser on people with both underlying physical health conditions and mental health concerns.

## **7.4 Unnecessary or unreasonable use of Taser**

Stakeholders raised examples of cases where a Taser was used when the person did not appear to be violent or aggressive, when it was used too quickly, without efforts to communicate first and when Taser was seemingly used for compliance or to intimidate, rather than deal with a threat. We have also heard from stakeholders that Taser officers approach incidents with unnecessary aggression and appear to be ‘trigger happy’. Discussions about inappropriate use of Taser often include references to police ‘abuse of power’.

We have heard concerns about Taser being used when a person is running away. Stakeholders have argued that a person is not a threat if they are running away and that using Taser is, therefore, unjustified.

Questions have also been raised about the appropriateness of using Taser in medical and custody settings. Such concerns are used in support of calls to provide greater clarity in guidance.

Community stakeholders and national organisations have raised the issue of ‘scope creep’, stating that Taser is increasingly being used in lower-risk situations and for compliance, whereas they were originally introduced as an alternative to firearms in high-risk and violent situations.

## **7.5 Taser policy, guidance and training**

There is a divergence between the expectations of some community groups around the circumstances in which a Taser should or can be used and current guidance. Stakeholders we spoke to believe that Taser should be used only when there is a threat of violence or serious harm. They said current APP is much broader: it states that Taser is ‘one of a number of tactical options available when dealing with an incident with the potential for conflict.’

Some national organisations, academics and community members believe Taser is often used as a default choice where other tactical options could be more effective. Some have indicated that this is not in line with international human rights standards, highlighting statements by the United Nations (UN) Committee Against Torture, UN

Committee on the Rights of the Child, and the Council of Europe’s Committee for the Prevention of Torture that electrical discharge weapons should only be used in limited situations where there is ‘a real and immediate threat to life or risk of serious injury.’

Some stakeholders are surprised about the lack of ‘set guidelines’ for Taser use and argue that greater clarity is needed about the circumstances in which Taser use would be inappropriate. Some have argued that reliance on the NDM is insufficient and that guidance should provide more detail on what is ‘reasonable and proportionate’ when considering Taser use. One of our Youth Panel members said that this lack of clarity in guidance means that officers must rely on their judgement, which can present risks. Others have said it makes it difficult to assess officers’ actions and hold them accountable. A national organisation told us that guidance should make it clearer that Taser should not be used for compliance.

StopWatch has called on the Home Office to issue specific guidance on how to safely deploy Tasers and the situations in which it is proportionate and legitimate to do so<sup>161</sup>. It stated that guidance should “promote safer alternatives for... officers to defuse violent situations, especially in encounters with minors”, and this must be reinforced by training on these alternatives.

As well as a lack of detail on the types of circumstances in which Taser should and should not be used, stakeholders told us they think that additional guidance is required in other areas, including on the risks of Taser and how to deal with and mitigate against them.

In one meeting, a stakeholder pointed out that Tasers are referred to as ‘less lethal’ not ‘non-lethal’ weapons. They said the term ‘less lethal’ implicitly acknowledges that Taser does present a risk. Stakeholders also believe that the risk of psychological harm needs to be more of a consideration. Some stakeholders told us that officers evidently underestimate or dismiss the risks of Taser, since its use continues to grow.

The risks of repeated and prolonged Taser discharges are a key concern. The NTSAG has raised concerns about the lack of guidance on how many times and for how long a Taser can safely be discharged. NTSAG members have asked when multiple Taser discharges cease to be proportionate and whether there is a limit on the duration or number of discharges where it would not be proportionate, irrespective of the circumstances. It has also queried whether training effectively

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<sup>161</sup> StopWatch. (28 April 2016). The Use of Tasers in London. Retrieved from <https://www.stop-watch.org/uploads/documents/Briefing.Tasers.pdf>

emphasises the need for officers to assess a person after they have been tasered, before considering whether further activations are necessary.

There are concerns about the use of Taser in the presence of children and the psychological impact that this can have. Stakeholders believe that Taser use should be avoided if a child is present, wherever possible, but, as a minimum, this should be a consideration for officers when deciding whether to use Taser.

Some stakeholders have suggested a 'code of practice' for Taser officers. One stakeholder compared Taser guidance to the guidance for officers on stop and search. They said that stop and search guidance is much more detailed and informative, whereas Taser guidance focuses on general principles.

Some stakeholders we engaged with think that current guidance is not sufficiently informed by medical, academic and other evidence. The NTSAG has called on the CoP to review its Taser guidance to identify opportunities to improve and clarify it.

Stakeholders have also called for better training, often while referring to examples of Taser being used in risky or otherwise inappropriate situations. Some believe that better training can tackle ethnic disproportionality, by providing officers with a better understanding of discrimination and how to mitigate against its effects.

Others have argued for a focus on mental health as part of Taser training, as well as de-escalation, communication, listening skills and showing respect. Some want more transparency around the training officers receive, so that we understand the messages being given to officers. Many stakeholders (in the community and policing) have highlighted the positive impact that community input into training can have.

The NTSAG has argued for a process of auditing of Taser training to provide quality assurance. Members have said that Taser training needs to robustly cover the use of Taser on children, and on those who have taken drugs or have mental health concerns, including their capacity to understand instructions, how they might react and how officers can communicate in a non-threatening way.

The group has also suggested that more clarity is needed around who is a 'vulnerable person' and that more needs to be understood and explained in training about medical risks, the impact of the pain caused by Taser, and the risks of Taser and restraint. Some members of the NTSAG believe that there is an overall lack of understanding of the range of risks associated with Taser and, as a result, important information is not being provided to officers.

## 7.6 Transparency, scrutiny, monitoring and accountability

Stakeholders we spoke with want access to better national and local data on the use of Taser, including the ethnicity of those involved. Nationally, our stakeholders are aware of the Home Office data on police use of force but have told us that it is difficult to understand and navigate, with multiple links and caveats. They want the data to be more clearly presented in a simple and user-friendly format. Some stakeholders have also noted deficiencies in the data collected and want more information to be recorded and published, including data on multiple and prolonged use of Taser and the number of individuals involved in the incidents.

In some local areas, stakeholders told us that the force holds a significant amount of data but that it is not published or accessible, which prevents or hinders community scrutiny. Stakeholders also want access to local Taser policies and guidance. While there are some positive examples of internal and external scrutiny mechanisms in place, stakeholder feedback suggests that approaches are inconsistent between forces. In some areas, stakeholders believe such mechanisms are wholly lacking.

The stakeholders and community groups that we engaged with believe that there is a general lack of scrutiny of Taser use, and that officers are not held accountable for inappropriate usage. There is some distrust of police investigations into complaints, and perceptions that they lack transparency and independence.

Some stakeholders told us that they are concerned that we only tend to see Taser incidents when a person has been injured<sup>162</sup>. One stakeholder told us that people are “mistreated” in Taser incidents regularly and that we should have oversight of these. They also said it is unclear when someone can complain about the use of Taser.

A national human rights organisation has also flagged concerns about the lack of mechanisms available to us to be able to fully understand incidents where something goes wrong. It said it was concerned about low levels of Taser complaints, and that we only see the most serious incidents, which fails to provide us with a clear picture of Taser use.

We have been told that failures to independently investigate matters of concern to the community can damage confidence in accountability. Local communities are often keen to be consulted and provide input into our investigations. This is

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<sup>162</sup> This is not strictly accurate. Forces must refer cases where a person has died or been seriously injured, but we can become aware of incidents via a range of other means.



sometimes driven by perceptions that we overly rely on police evidence and experts to inform our investigations, to the exclusion of the community.

One stakeholder told us that communities believe we have “lots of dialogue and relationships with the police” and are “ineffective...and leave the community with no access to justice”. In the aftermath of certain incidents, communities have raised concerns about statements made by both the police and us, including where there have been references to offences committed by the person: this is perceived as an attempt to justify police use of force and avoid accountability.

While our stakeholders agree that learning is an important feature of scrutiny and accountability, some are sceptical about ‘learning rhetoric’ and want to see action. However, many also want to see individual officers sanctioned for inappropriate use of force.

In reference to a particular case, local community members emphasised the importance of ensuring the public understands the criteria against which officers’ actions are assessed and of clearly explaining the rationale for any outcome following an investigation. They said that, without this, the integrity of an investigation is called into question.

## 7.7 The role of Taser in deaths

INQUEST has highlighted concerns about the use of Taser following several deaths in custody. Responding to the decision to bring criminal charges against the officers involved in the death of Dalian Atkinson, INQUEST stated that his death raised concerns of ‘significant public interest, not least at a time when we are seeing increased arming of police with Tasers’<sup>163</sup>.

Following the inquest into the death of Marc Cole (where Taser was found to have contributed to his death), INQUEST issued a media release<sup>164</sup> in which it highlighted disproportionate use of force against people with mental ill-health and those who are intoxicated. It questioned whether Taser is becoming a ‘first not last resort’. The release also quotes Marc Cole’s sister, who, like the Coroner, called for a review into Taser, particularly to understand the risks associated with repeated and prolonged

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<sup>163</sup> Inquest. (7 November 2019). Crown Prosecution Service announce murder and ABH charges against officers in connection with death of Dalian Atkinson. Retrieved from <https://www.inquest.org.uk/dalian-atkinson-cps>

<sup>164</sup> Inquest. (28 January 2020). Inquest finds use of Taser by Devon and Cornwall Police contributed to death of Marc Cole when experiencing paranoia. Retrieved from <https://www.inquest.org.uk/marc-cole-close>

exposure to Taser and when it is used on people who are intoxicated or have mental health concerns.

In November 2020, we spoke to family members whose loved ones died following a police incident involving the use of Taser. They spoke passionately about their concerns and what needs to change. They cited an overall lack of regulation around Taser use, and some said they lacked faith in our ability to hold officers accountable and to drive change.

One of the key concerns that the family members talked about was a lack of understanding and appreciation of medical risks. They believe that some officers are too ready to use a Taser and lack an appreciation of the potentially fatal risks. They raised specific concerns about the risks of multiple and prolonged discharges, discharging a Taser in close proximity, and the use of Taser on people with mental health concerns or who are intoxicated.

They also said that more information is needed on the relative risks depending on the location of the Taser barbs when they make contact with a person. The family members want more research conducted into the risks associated with Taser use, so that impartial advice can be provided to officers in training, to investigations and to inquest juries.

The family members said that officers “make excuses” for deaths by highlighting any medical issues the person had, drug use and descriptions of the person as violent and aggressive. They said that officers dehumanise people and misrepresent the facts of an incident. One of the family members said that it was “outrageous” that the CoP and Home Office dismissed calls for a review of Taser to better understand the risks, and then introduced a new model of Taser within months.

One family member said that forces are not transparent about publishing data, including on ethnicity. Another raised concerns about officers failing to activate their body worn video at the start of an interaction. The family members all agreed that officers “act with impunity” and are not held accountable for their role in deaths. One said simply, “they do it because they can get away with it and rely on descriptions of the person as aggressive”. They also said that communication and engagement with families must improve.

## 7.8 Increasing Taser use

There is significant concern that Home Office data shows substantial annual increases in Taser use and that greater numbers of officers are being trained to use Taser. Amnesty has raised concerns about Tasers becoming “the norm” for day-to-day policing and has called on the public to resist the “drum-beat” calls for every officer to carry one. It has argued that more Tasers will result in “more mistakes, misuse and tragedy”, and expressed concern about “over-use” against people from Black, Asian minority ethnic groups and those with mental health concerns<sup>165</sup>.

Liberty described the Government’s announcement in 2019 that it would fund an increase in the number of Taser officers as a ‘knee-jerk reaction’, reflecting a “wilful disregard’ of the dangers Taser can pose, and that arming every officer will ‘normalise [its use] in routine police encounters, which risks escalating, rather than reducing, violence...and will further corrode the fractured relationship between police and the communities they serve”<sup>166</sup>. It said that Tasers should be restricted for use only by specialist firearms officers and referred to disproportionate use against ‘people of colour’, people with mental health concerns and examples of use against children.

In August 2020, it was announced that a new model of Taser had been authorised for use by police in England and Wales. A finding that the new ‘Taser 7’ poses several unique risks<sup>167</sup> has exacerbated concerns among some stakeholders.

Days after the announcement, community members told us they were worried by reports that the new device is more painful. They were also unhappy about the lack of engagement with the community prior to authorisation, and the introduction of a new device when there are existing community concerns about Taser use that are not being addressed.

The NTSAG has argued that social and equality impact assessments, including child rights impact assessments and community involvement should form part of the authorisation process for new Taser devices. It has also said that the additional risks identified by SACMILL must be explored further.

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<sup>165</sup> Amnesty International UK. (13 December 2018). UK: Public should 'resist drum-beat of calls for all police to carry a Taser'. Retrieved from <https://www.amnesty.org.uk/press-releases/uk-public-should-resist-drum-beat-calls-all-police-carry-taser>

<sup>166</sup> Liberty. (27 September 2019). Liberty responds to government mass taser rollout. Retrieved from <https://www.libertyhumanrights.org.uk/issue/liberty-responds-to-government-mass-taser-rollout/>

<sup>167</sup> SACMILL. (16 July 2020). Statement on the Medical Implications of the TASER 7™ Conducted Energy Device System. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/911328/20200716\\_SACMILL\\_TASER\\_7\\_Medical\\_Statement\\_Final\\_HoC\\_Library.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911328/20200716_SACMILL_TASER_7_Medical_Statement_Final_HoC_Library.pdf)

## 8. Recommendations

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We have made 17 recommendations in response to the issues identified in our report. We engaged with stakeholders as part of the discussions around these recommendations, and we thank them for their constructive and helpful feedback. The recommendations are targeted towards policing stakeholders and are focused on three key areas:

- training and guidance
- scrutiny and monitoring of Taser use
- community engagement and input

### 8.1 Guidance and training

#### **Recommendation 1: To the College of Policing**

**Review Taser Authorised Professional Practice (APP) guidance, in partnership with relevant stakeholders, to identify opportunities to clarify, expand upon and improve existing guidance in the public domain, particularly in relation to:**

- a) the types of situations in which Taser use would and would not be appropriate, including for particular groups, for example vulnerable people and children**
- b) the risks of Taser and how officers can assess risks and mitigate them**
- c) reinforcing that Taser should not be used to elicit compliance with instructions or procedures where there is no threat, or the threat has been substantially reduced**

#### **Notes to recommendation 1**

- i. Home Office data shows that the number of times Taser was used has increased, with Taser being used in around 32,000 incidents in 2019/20. Taser was used in 5% of all use of force incidents in 2017/18 and 2018/19, and 7% of incidents in 2019/20.
- ii. APP includes a list of risk factors that may influence the operational use of Taser, which includes multiple and/or prolonged discharges, vulnerable people and children. While Taser training emphasises the considerations relevant to risk factors, no further detail is provided in the APP itself.
- iii. Of the 94 people involved in Taser discharges, over half were tasered more than once and just under a third were subjected to prolonged discharges. Mental

health, drugs and alcohol were common features of our investigations. Acute behavioural disturbance featured in a number of our investigations.

- iv. In almost a quarter of the cases we reviewed, we identified potential issues with Taser being used for compliance. We found in some cases that officers failed to identify, and as a result, failed to consider how a person's vulnerabilities might affect their ability to understand and comply with instructions.
- v. There is a disparity between the expectations of some stakeholders and community groups around the circumstances in which a Taser should be used and current guidance and training. Some national organisations, academics and community members have concerns that Taser may be used as a default choice where other tactical options could be more effective.

## **Recommendation 2: To the College of Policing and the National Police Chiefs' Council**

**Review, in partnership with relevant stakeholders, how effective current training is on ensuring that officers understand the importance of assessing the surrounding environment and considering any risk of injury to the individual when making decisions about whether to use Taser - particularly in relation to vulnerable individuals. For example, children, people with mental health concerns, or those under the influence of drugs and/or alcohol or showing signs of acute behavioural disturbance.**

### **Notes on recommendation 2**

- i. We recognise that guidance and training is provided to officers on risk assessments. However, 14 of the cases we reviewed involved the use of Taser in dangerous locations or circumstances, including when the individual was in an elevated position or in the presence of flammable materials.
- ii. We found evidence that officers were not adequately considering the risk of injury to individuals, based on the environment and the individuals' vulnerabilities, as part of their ongoing risk assessment. This raises questions about the effectiveness of implementing current training and guidance. Officer safety and the need to deal with any threat posed by an individual must be balanced against the risk of injury to them, particularly when they have other vulnerabilities.

### **Recommendation 3: To the College of Policing**

**Evaluate the effect of the new conflict management guidelines upon policing practice and whether it places sufficient emphasis on communication and de-escalation techniques, particularly when dealing with people from vulnerable groups including children. The findings of the evaluation should inform any necessary updates to the guidelines and published to help inform the work of relevant stakeholders.**

#### **Notes to recommendation 3**

- i. In our 2014 review of Taser, we said that greater emphasis must be placed on communication and de-escalation to avoid quick and potentially unnecessary escalation to use of force. We welcome the introduction of the CoP's new conflict management guidelines and the proposed training to support it.
- ii. In just under a third of the cases we analysed, we identified potentially missed opportunities for de-escalation by officers. This meant that during an incident there were chances for officers to use communication and negotiation skills to defuse a situation, rather than having to resort to force.
- iii. In a third of our cases, officers made inappropriate comments or communicated inappropriately during the incident.

### **Recommendation 4: To the College of Policing**

**Ensure that Taser training provides officers with an understanding of race disproportionality in Taser use, and the impact this has on public confidence and community relations with the police. The training should also provide officers with an informed understanding of the way in which disproportionality in Taser use relates to the wider and historical context regarding the policing of and the police's relationship with Black, Asian and minority ethnic communities. Representatives of the communities most impacted by racial disproportionality in Taser use should provide input into the development of the training and its delivery.**

#### **Notes to recommendation 4**

- i. In 2019/20, Home Office statistics showed that Black people were eight times more likely to be subject to use of Taser than White people. Black people were disproportionately represented in our investigations.
- ii. Our stakeholder engagement work shows that it is having a significant impact on public confidence and community relations with the police. Disproportionate use of Taser against Black people is greater than it is in use of force incidents overall.

The levels of disproportionality in Taser use are on a par with stop and search; and the disproportionality in stop and search is acknowledged as a cause of significant damage to public confidence.

- iii. While race and disproportionality are covered in officer training, disproportionality in relation to Taser use is not included in Taser training. To rebuild community confidence and relations, Taser-trained officers must understand the levels of disproportionality and the impact this can have. This can be achieved successfully through listening to these communities and providing community members with opportunities to input into the development and delivery of training.

### **Recommendation 5: To the College of Policing**

**Ensure that relevant stakeholders are kept informed about implementation of the proposed quality assurance scheme for Taser training. Consideration should also be given to how the scheme can include independent oversight, and how relevant stakeholders will be kept informed of progress.**

#### **Notes to recommendation 5**

- i. Currently, there is no formal quality assurance scheme to ensure that Taser training is consistently delivered in accordance with the national curriculum. However, our understanding is that quality assurance assessments of training are carried out following a death or serious injury, or if a particular force approaches the NPCC less lethal weapons secretariat for help and advice. The NTSAG has called for a process of independent auditing of Taser training to provide quality assurance.
- ii. The CoP is currently establishing an assurance scheme and is recruiting staff to deliver this function. We believe engaging with relevant stakeholders about the implementation and work of this scheme will help to provide assurance about the quality and consistency of Taser training.
- iii. Relevant stakeholders should include the NTSAG and the APCC.
- iv. Our cases suggest there could be a presumption among officers that Taser is the least injurious and lowest level use of force available to them. We found evidence that some officers may be relying on these presumptions to the exclusion of fully considering the risks that are present in certain circumstances and the other forms of force available to them. While there is evidence to suggest that Taser may be less likely to cause injury than other forms of force in certain circumstances, this is not the case in all circumstances, particularly when there are additional risk factors. We appreciate the need to strike a careful balance. However, officers need to be able to adequately assess the risks based on individual circumstances, particularly where there are a number of additional risk factors present.

## **Recommendation 6: To the College of Policing, National Police Chiefs' Council and the Association of Police and Crime Commissioners**

**To continue to monitor nationally and locally the use of Taser in drive-stun mode and actively discourage officers from using Taser in this way.**

### **Notes to recommendation 6**

- i. In our 2014 review of Taser, we highlighted that drive-stun mode was still being used, despite the fact that it was no longer included in training because it is ineffective at achieving neuromuscular incapacitation. We emphasised the importance of ensuring that Taser is not used solely as a pain compliance tool.
- ii. It is positive that progress has been made on reducing the use of Taser in drive-stun mode.
- iii. It should be noted though that of the 15 people in our cases who were subjected to drive-stun or angled drive-stun, five were subjected to prolonged discharges in this mode. In three cases where individuals were subjected to drive-stun or angled drive-stun concerns were identified about the possible use of Taser for compliance purposes.
- iv. Police officers should attempt to diffuse situations before resorting to drive stun mode except in exceptional circumstances. The use of drive-stun should be subject to robust challenge, and in line with APP, should be subject to voluntary referral to the IOPC.

## **Recommendation 7: To the College of Policing and the Royal College of Emergency Medicine**

**Review the College of Policing APP and the Royal College of Emergency Medicine guidance on using a Taser on someone displaying signs of acute behavioural disturbance in an emergency department, to avoid potentially conflicting messages being given to officers and medical practitioners. The guidance should be regularly reviewed and, if necessary, updated to reflect developing research.**

### **Notes to recommendation 7**

- i. The respective sets of guidance are written for different professions. However, it is important that officers and medical practitioners have an understanding of each other's roles and responsibilities in an incident involving someone displaying signs of acute behavioural disturbance in an emergency department.



- ii. Our understanding is that the Royal College of Emergency Medicine (RCEM) guidance is scheduled for review. We recommend that as part of this review the potential risks of Taser use on someone experiencing acute behavioural disturbance is referenced in the following paragraph: ‘There is insufficient research on the effects of Taser on acute behavioural disturbance. However, its use as a rapid take down method to minimise restraint time and activity and allow an expeditious medical intervention, may be a necessary alternative once non-physical methods have failed.’
- iii. APP on detention and custody contains a link to the Royal College of Emergency Medicine Best Practice Guideline for Management of Excited Delirium and Acute Behavioural Disturbance.

## 8.2 Scrutiny and monitoring

### **Recommendation 8: To the Home Office**

**Review the collection, collation and presentation of use of force data, in partnership with relevant stakeholders, to ensure that it is accessible, meets the needs of users and helps to improve public confidence in police use of force through greater transparency. We believe there are opportunities to provide greater clarity and information in the following areas:**

- a) linking incidents to capture the number of individuals involved in an incident**
- b) capturing multiple uses within a single incident**
- c) capturing all uses of Taser, not just the ‘highest’ uses, so that for example, drive-stun is captured in cases where drive-stun and probe firing mode are used**
- d) the intersectionality between protected characteristics e.g. a breakdown of Taser use by age and ethnicity, mental health and ethnicity etc**
- e) wherever possible, that officers ask individuals to provide self-defined information, including age, gender, ethnicity and disability. Where this is refused or otherwise not possible, officer-defined information should be recorded**

#### **Notes to recommendation 8**

- i. Stakeholders are aware of the Home Office data on police use of force but have told us that it is difficult to understand and navigate with multiple links and caveats. They want access to better national data on the use of Taser that is disaggregated to better enable community scrutiny.
- ii. The presentation of the Home Office data could be much clearer. For example, guidance on interpreting the data is set out in different documents. There are

limitations with the data itself. For example, multiple or prolonged discharges are not captured. We believe that officers should seek self-defined reporting of individuals' characteristics wherever possible to improve the accuracy of the data.

- iii. We are aware of ongoing work to improve the Home Office data. Although there are significant challenges with capturing all uses of Taser, opportunities to provide greater clarity and information should be explored as part of this ongoing work. The Home Office data should continue to be used to inform national policy, training, and guidance.

## **Recommendation 9: To the Association of Police and Crime Commissioners and the National Police Chiefs' Council**

**Ensure greater scrutiny and monitoring of Taser use at a local and national level to improve public confidence in its use and reassure stakeholders and community groups of actions and decisions taken to address concerns.**

- a) **Police and Crime Commissioners and Deputy Mayors of Policing and Crime as well as forces must ensure effective internal processes for monitoring and scrutinising Taser use, in particular its use against certain groups, including people from Black, Asian and minority ethnic backgrounds, people with mental health concerns and children. Such scrutiny should be applied through analysis of Taser data, regular reviews of body worn video and dip-sampling.**
- b) **Forces should regularly publish local Taser data on their websites in an accessible format and, where there are concerning patterns of use, including disproportionality, should seek to explain the causes of this and outline any action being taken to address issues identified. This should be standardised to a nationally agreed format which should be regularly reviewed to assess progress.**
- c) **Where issues of concern or opportunities for improvement have been identified in specific incidents, these should be cascaded to other police forces and other stakeholders to maximise learning at a national level.**

### **Notes to recommendation 9**

- i. We are aware of increasing community concern about Taser use and have called for greater scrutiny and monitoring of Taser use to address concerns and provide reassurance.
- ii. We are aware that guidance has been issued to forces concerning the scrutiny and monitoring of Taser use, and that, in November 2016, a circular was issued stating that forces should enhance any scrutiny in respect of incidents involving people with mental health concerns. However, stakeholder feedback suggests

that approaches are inconsistent between forces. (See Chapter 6) Without sufficient transparency around, and scrutiny and monitoring of, Taser use, efforts to increase public confidence in the police's use of Taser will be limited.

- iii. NPCC guidance on the use of force monitoring form states that where death or severe injury has occurred and a less lethal weapon has been used, SACMILL must be advised. The IOPC is finalising work on a Memorandum of Understanding with SACMILL that will enable this.

## **Recommendation 10: To the National Police Chiefs' Council**

**Police forces should establish and support mechanisms to ensure community members can oversee and scrutinise Taser use locally, particularly its use against certain groups, including people from Black, Asian and minority ethnic backgrounds, people with mental health concerns and children. Forces should engage with their communities to determine whether the community would like this to be in the form of scrutiny panels, which could focus on Taser use, use of force more generally, or areas of policing in which there is racial disproportionality, depending on community preferences. Such panels should be:**

- a) independently chaired by members of the public**
- b) reflective of the community, including those groups most impacted by Taser use**
- c) open and accessible to members of the public, in particular those with lower confidence in the police such as those from Black, Asian and minority ethnic backgrounds, children and young people**
- d) provided with access to local Taser data, body worn video footage and appropriate guidance and training**

### **Notes to recommendation 10**

- i. The use of Taser can be a contentious issue that attracts significant community concern. Communities must be given opportunities to review and oversee Taser use, provide feedback to police forces, and to influence policies and practices.
- ii. The Criminal Justice Alliance's report on 'Stop & Scrutinise: How to improve community scrutiny of stop and search' examined how stop and search community scrutiny panels are currently operating. The report made a number of recommendations to improve their effectiveness, including the need for such panels to be independently chaired, representative of their communities, have access to a wide range of data and information, and be open and visible to the public.

- iii. Police and Crime Commissioners and Deputy Mayors for Policing, in conjunction with the APCC, can support best practice and help to ensure consistency.

### **Recommendation 11: To the Home Office**

**Work with partners, including the Association of Police Crime Commissioners, the National Police Chiefs' Council and Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services to explore current local arrangements with respect to the monitoring and scrutiny of Taser use, with a view to assessing the need for a minimum national standard of Taser monitoring and scrutiny.**

#### **Notes to recommendation 11**

- i. We believe that implementing a national minimum standard for the monitoring and scrutiny of Taser use provides opportunities to ensure consistency across forces and increase public confidence. HMICFRS has recently made a similar recommendation in relation to stop and search. Given that Taser, like stop and search, can be a cause of significant concern to some communities, particularly around disproportionality, we believe there is merit in taking similar approaches.

### **Recommendation 12: To the National Police Chiefs' Council**

**Forces must ensure that effective monitoring and scrutiny mechanisms are in place regarding the use of Taser in controlled settings, such as custody and medical settings. Forces should ensure that officers are aware that such uses will be subject to increased scrutiny. In line with APP, forces must assess whether any use of Taser in a controlled setting should be referred to the IOPC.**

#### **Notes to recommendation 12**

- i. Despite the relatively small number of cases we reviewed involving the use of Taser in custody or medical settings, we remain concerned about these incidents. Home Office data shows that there were hundreds of Taser uses in these settings in 2019/20, including over 100 discharges. HMICFRS' report, *Disproportionate Use of Police Powers: A Spotlight on Stop and Search and the Use of Force*, stated that the findings from their programme of custody inspections generally show that governance and oversight of the use of force in police custody is insufficient. It highlighted that the data and information underpinning any such oversight is limited and often inaccurate.

## **Recommendation 13: To the National Police Chiefs' Council**

**Forces must ensure that effective mechanisms are in place for robust monitoring and scrutiny of the use of Taser against children. Forces should ensure that officers are aware that such uses will be subject to increased scrutiny. In line with APP, forces must assess whether any use of Taser on a child should be referred to the IOPC.**

### **Notes to recommendation 13**

- i. Despite the relatively small number of cases we reviewed involving the use of Taser on children, Home Office data shows that there were thousands of usages on people perceived to be under the age of 18, and over 100 discharges.
- ii. The Independent Police Complaint Commission's (IPCC) 2014 report highlighted concerns about the use of Taser on young people.
- iii. Stakeholders have expressed increasing concern about the limited research around both the physical and psychological risks of Taser use on children.

## **8.3 Data and research**

### **Recommendation 14: To the National Police Chiefs' Council**

**Progress plans to undertake independent national research to better understand the use of Taser on people from ethnic minorities - and Black people, in particular. This research should:**

- a) **compare the incidence of multiple and prolonged discharges in incidents involving people from a Black, Asian and minority ethnic background with those involving White people and explore the reasons for any differences**
- b) **explore why officers are much more likely to draw or aim a Taser when the individual is Black but are not more likely to fire it**
- c) **consider intersectionality, particularly race with age, gender and mental health**
- d) **examine the extent to which social prejudices, biases and assumptions can explain the rates of disproportionality**
- e) **consider the implications of disproportionate use on public perceptions of the police**
- f) **inform potential actions to address disproportionality in the use of Taser against Black, Asian and minority ethnic groups so that solutions can be co-produced and tested**
- g) **following the completion of this research, the National Police Chiefs' Council must monitor and report on progress against the actions identified**

## Notes to recommendation 14

- i. Concerns about race discrimination and disproportionality is one of the most common issues raised by community groups and stakeholders in relation to Taser use. Community groups have raised concerns with us about the disproportionate policing of their communities compared with other racial groups and the impact of racial bias that influences the beliefs, actions and decisions of officers.
- ii. We welcome the fact that the National Police Chiefs' Council and the College of Policing have commissioned research to consider disproportionality in Taser use. Our findings suggest that this is an opportunity for the issues we have outlined above to be considered.
- iii. It is imperative that this research is robust and that the findings from it are published and used to inform national policy, training, guidance, and practice. The actions identified must be monitored, their impact evaluated and reported upon.

## Recommendation 15: To the Home Office

To commission:

- a) **a comprehensive literature search on the use of Taser on those experiencing acute behavioural disturbance or with mental health concerns, to inform future evaluations of the medical implications of Taser**
- b) **longer-term research into the risks of prolonged and/or repeated Taser discharges**
- c) **research into the psychological impact that Taser can have on particular groups of people**

## Notes to recommendation 15

- i. The findings of this research should be published and used to inform future evaluation of the medical implications of Taser.
- ii. 'Particular groups should include vulnerable people, such as those experiencing mental ill health or learning disabilities, and children

## 8.4 Community engagement and input

### **Recommendation 16: To the Association of Police and Crime Commissioners and the National Police Chiefs' Council**

Support a culture in which local communities, particularly those which historically have lower confidence in the police, are regularly engaged on force decisions around Taser use and provided with opportunities to inform force policy, practice, guidance and training. Forces should ensure that the community understands how its input has influenced these areas.

#### **Notes to recommendation 16**

- i. Our stakeholder engagement work shows that community stakeholders want a say in decisions that affect them. Communities should be consulted on any changes to policies, guidance, training, or anything that alters the way in which Tasers will be used in their communities. Any concerns should be listened to and action should be taken to address them. This type of meaningful engagement can help increase confidence that Taser use is in line with community and public expectations and that there is appropriate community oversight.

### **Recommendation 17: To the Association of Police and Crime Commissioners and the National Police Chiefs' Council**

Review communications and media strategies to ensure that narratives around Taser use recognise the validity of community concerns in relation to Taser and the impact this has on public confidence in policing.

#### **Notes to recommendation 17**

- i. Concerns about race discrimination and disproportionality is one of the most common issues raised by community groups and stakeholders in relation to Taser use. For some communities, the disproportionate use of Taser against Black people and its use on people with mental health concerns is significantly undermining confidence in policing. Embracing a strong and clear message that forces recognise the problem and are genuinely committed to working with communities to address it, offers policing an opportunity to reshape current opinion and improve the confidence of these communities.

To find out more about our work or to request this report in an alternative format, you can contact us in a number of ways:

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Published August 2021

ISBN 978-1-9161845-5-8

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