The Thin Blue Line of Mental Health: Mediated Representations of Police Use of Force in Mental Health Crisis Interventions

By

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Abstract

This research examines the ways in which police officers and bereaved family members make sense of their lived experience of the fatal police-involved shooting of a mentally ill individual in crisis in the context of news media representations of these critical incidents. Fatal mental health crisis interventions are – by virtue of their circumstances – highly controversial and subject to different, often competing, interpretations between key stakeholders. This research adopts a critical realist approach to identify and explore these divergent interpretive frameworks in the context of ‘risk communication’ (Blood, Pirkis & Francis, 2004). It examines the ways in which police use of lethal force is typically framed in news media coverage of fatal mental health crisis interventions, and the media’s contribution to public understandings of contemporary policing and mental illness. Central to this is a qualitative interpretive framing analysis of the news media coverage of the fatal police-involved shooting of a mentally ill man, Paul Klein, on the south coast of New South Wales, Australia, in May 1998. A critique of the news frames constructed by print and broadcast news media is offered in relation to the personal testimonies of news media professionals, police officers, and bereaved family members involved in the critical incident. On the basis of this research and its comparison with more contemporary news frames of fatal mental health crisis interventions, it is shown that issues of risk, in particular, are often framed through news media and legal discourse in terms of technical expertise and public accountability, but they are dealt with by most individuals who have been involved in a fatal mental health crisis intervention at the local and subjunctive level in their everyday lives. The research argues that
while the risks inherent to fatal mental health crisis interventions may therefore be real, they are also socially mediated and open to contestation as a result of the tensions between the ‘situated knowledge’ (Wynne, 1996) of these key stakeholders, pre-existing institutional protocols, and the mediated representations of lived experience. A case in point is the personal trauma narratives of the individual police officers responsible for the fatal discharge of firearms, which have often been marginalised in news media reports of fatal mental health crisis interventions as a result of the rules of critical incident investigation. This has left these individuals vulnerable to harmful constructions of risk-based identities. The research considers the implications of this for police relationships with mentally ill individuals and for police agencies in terms of how they approach their interactions with vulnerable people in the community, while being in the media spotlight. The research also addresses the potential ‘news framing effects’ of these normative news framing practices on traumatised subjects, and the educative opportunities for news media in the construction of ‘public risk knowledge’ and community understandings of frontline policing and mental illness.
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<tbody>
<tr>
<td>CAD</td>
<td>Computer Aided Dispatch</td>
</tr>
<tr>
<td>CAT</td>
<td>Crisis Assessment and Treatment</td>
</tr>
<tr>
<td>CIT</td>
<td>Crisis Intervention Team</td>
</tr>
<tr>
<td>COPS</td>
<td>Computerised Operational Policing System</td>
</tr>
<tr>
<td>DSM-IV-TR</td>
<td>Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition)</td>
</tr>
<tr>
<td>EDP</td>
<td>Emotionally Disturbed Person</td>
</tr>
<tr>
<td>ERISP</td>
<td>Police Record of Interview</td>
</tr>
<tr>
<td>FOSTU</td>
<td>Firearms Officer Survival Training Unit</td>
</tr>
<tr>
<td>HREOC</td>
<td>Human Rights and Equal Opportunity Commission</td>
</tr>
<tr>
<td>LAC</td>
<td>Local Area Command</td>
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<tr>
<td>LPC</td>
<td>Local Protocol Committee</td>
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<tr>
<td>MHASP</td>
<td>Mental Health Attitude Survey for Police</td>
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<tr>
<td>MHCA</td>
<td>Mental Health Council of Australia</td>
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<tr>
<td>MHIT</td>
<td>Mental Health Intervention Team</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>SPG</td>
<td>State Protection Group</td>
</tr>
<tr>
<td>SPSU</td>
<td>State Protection Support Unit</td>
</tr>
<tr>
<td>OPI</td>
<td>Office of Police Integrity</td>
</tr>
<tr>
<td>OST</td>
<td>Operational Safety Tactics (Training)</td>
</tr>
<tr>
<td>PECC</td>
<td>Psychiatric Emergency Care Centre</td>
</tr>
<tr>
<td>PMI</td>
<td>Persons with a Mental Illness</td>
</tr>
<tr>
<td>POI</td>
<td>Person(s) of Interest</td>
</tr>
<tr>
<td>PORS</td>
<td>Public Order and Riot Squad</td>
</tr>
<tr>
<td>PSMI</td>
<td>People with Serious Mental Illness</td>
</tr>
<tr>
<td>TOU</td>
<td>Tactical Operations Unit</td>
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<tr>
<td>VKG/PAL</td>
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Acknowledgements

Writing a thesis about traumatic events and the personal impacts on the individuals involved has been more emotionally challenging than I thought it would be intellectually. The act of ‘bearing witness’ to the personal testimonies of these individuals has brought with it a sense of responsibility that has sometimes been difficult to reconcile. There are many private moments of self-reflection and personal struggle that have informed this research, but which have not been possible to include in this thesis.

The goodwill and cooperation of a number of individuals have contributed to the completion of this work. Words cannot express my sincere gratitude to Karl and Terri Klein, who allowed me to intrude upon their lives and often at very difficult times in their traumatic recovery. They did so with an enviable display of fortitude and hospitality. Many thanks for the cups of tea and homemade cake. But most of all, thank you for your unexpected generosity in sharing your personal files for my research, and for allowing me to use Paul’s story as part of this thesis.

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This final acknowledgment is perhaps the most personal and important: sincere thanks to my mother, Barbara, who has always been the model of resilience for me. I could not have completed this journey without your love, support, and good humour.

This thesis is dedicated to Nan and to the indispensible contributions of situated knowledge and lived experience in public discussions of complex social issues.

This research project would not have been possible without the financial support of an Australian Postgraduate Award from the Commonwealth Government.
Preface

This thesis has been inspired by a series of simple observations; primary among which is the recognition that while the lives of ordinary people can be irreversibly and detrimentally impacted by personal involvement in extraordinary and traumatic events, so too can the lives of other ordinary people be irrevocably affected by ‘bearing witness’ to this personal trauma, and the weight of professional responsibility that often accompanies such acts of ‘listening’ and ‘witnessing’. For these reasons, it has been difficult to completely write myself out of the thesis or beyond the responsibilities that have come with the research. There is reason to suggest that to do so may be problematic to the integrity of the project.

Some time was spent trying to resolve these ethical discomforts; the process for which resulted in the publication of the following peer-reviewed book chapter:

Clifford, K. (2010). Mental Health Trauma Narratives and Misplaced Assumptions: Towards an Ethics of Self-Care Among (Humanities-Based) Trauma Researchers. In M. Broderick & A. Traverso (Eds.), Trauma, Media, Art: New Perspectives (pp. 175-192). Newcastle upon Tyne: Cambridge Scholars Publishing.

Sections of various chapters have also been adapted into the following peer-reviewed journal article and book chapters while the research for this thesis progressed:


Warning: the confronting content of this thesis may be distressing to some readers.

If you need immediate assistance or support in Australia, please contact:

Lifeline 13 11 14

Or please talk to your GP, local health professional or someone you trust.

For further information about mental illness and suicide prevention, please visit:

SANE Australia: [www.sane.org](http://www.sane.org)

Schizophrenia Fellowship of NSW: [www.sfnsw.org.au](http://www.sfnsw.org.au)

Suicide Prevention Australia: [www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)
CHAPTER ONE

Introduction

This thesis examines the ways in which police officers and bereaved family members that are involved in and impacted by fatal police-involved shootings of mentally ill individuals in crisis (otherwise referred to as fatal mental health crisis interventions) make sense of their lived experiences of these critical incidents in the context of their mediation as news events. Fatal mental health crisis interventions are highly controversial and subject to different, often competing, interpretations between these key stakeholders, who are usually traumatised by their experiences. These critical incidents directly appeal to news values of ‘conflict’ and ‘drama’ as well as normative news frames of ‘blame’ and the ‘attribution of responsibility’. In short, they are newsworthy events, which often make news headlines. It is not uncommon for public knowledge of a fatal mental health crisis intervention to develop through its news media coverage. For some people, this may be their sole source of information about the fatal police-involved shooting. The public attention that these critical incidents attract in response is therefore not unexpected, nor is the social responsibility that this places on news media professionals to construct accurate and sensitive portrayals of the lived experiences of ‘mental illness’ and ‘police use of force’.

In ‘bearing witness’ (Zelizer, 2002a) to these critical incidents, and by virtue of their news framing practices, news media professionals serve as moral arbiters of the public discourse that surrounds fatal mental health crisis interventions. This includes
institutional and lay understandings of the ‘risk’, ‘responsibility’ and ‘vulnerability’ inherent to these crisis encounters. This thesis identifies and explores these divergent interpretive frameworks in the context of ‘risk communication’ or the ways in which the various stakeholders of a fatal mental health crisis intervention attempt to “persuade others of the validity of their [risk] assessments and interpretations” (Blood, Pirkis & Francis, 2004, p. 282). These issues are often closely aligned to moral judgments about the vulnerabilities of mentally ill individuals vis-à-vis frontline police officers and public measures of the ‘reasonableness’ of police use of deadly force in these crisis encounters. This thesis demonstrates that while issues of risk, in particular, are often framed through news media and legal discourse in terms of technical expertise and public accountability, they are dealt with by most individuals who have been involved in a fatal mental health crisis intervention at the local and subjunctive level in their everyday lives (Wynne, 1996). The research argues that while the risks inherent to fatal mental health crisis interventions may therefore be real, they are also socially mediated and open to contestation as a result of the tensions between the ‘situated knowledge’ (Wynne, 1996) of these key stakeholders and the mediated representations of their lived experiences.

These claims are primarily advanced through a qualitative interpretive framing analysis (Gamson & Modigliani, 1989) of the news media coverage of a number of fatal mental health crisis interventions in Australia, with a particular focus on the case study of the fatal police-involved shooting of mentally ill man, Paul Klein, in New South Wales, Australia, in May 1998. The framing analysis of this and other critical incidents reveals a pattern of news constructions of risk-based subjectivities within a binary framework that often configures mentally ill individuals and frontline police officers in terms of their vulnerability (often as ‘victims’) or their responsibility (as ‘dangerous others’ or ‘trigger happy cops’) for the elevation of risk as it relates to these critical incidents. The critical observations from this qualitative interpretive framing analysis have been used to formulate a series of research questions about the ‘framing effects’ of these news-construction decisions, particularly in relation to perceptions of ‘self’ and ‘otherness’ for these key
stakeholders and in terms of the public expectations that are established about interactions between police and mentally ill individuals in crisis. A critique of these news frames, as constructed by print and broadcast news media, is offered in relation to the personal narratives of news media professionals, police officers, and bereaved family members involved in the Paul Klein incident. These personal testimonies provide invaluable insight into the conditions and factors that shape public discussions about complex social issues, such as mental illness and police use of force, and the potential ‘news framing effects’ of normative news framing practices on traumatised subjects. They also allow for an exploration of the mediated proximities and distances of ‘bearing witness’ to fatal mental health crisis interventions, and the news-construction decisions made by news media professionals in their production of news about policing and mental health.

The thesis therefore builds on the established body of research related to police-involved mental health crisis interventions by embracing an unapologetically ‘dialogic’ and ‘humanist’ approach to critical analysis. It seeks to locate the research within a critical realist framework (see Tulloch & Zinn, 2011), simultaneously privileging alongside its qualitative interpretive framing analysis the ‘situated knowledge’ (Wynne, 1996) and lived experiences of those affected by fatal mental health crisis interventions; as articulated through their personal trauma narratives. In this way, the research project has sought to overcome the levels of abstraction that can often result from ‘text-only’ critical discourse analysis (Philo, 2007), particularly as it relates to studies of news media practices (production and consumption) and ‘news framing effects’. This is reflected in the act of opening up a space in the research in which to ‘give voice’ to the (often suppressed or deliberately excluded) lay personal experiences and narratives of those directly involved in and most immediately impacted by the extraordinary and traumatic events to which this thesis is directed. As Simpson and Coté (2006) observe, trauma “is more central to human existence than most people like to acknowledge. Indeed, one of its most insidious characteristics is the way it encourages people to deny it” (p. 5). It is therefore the translation of personal and traumatic events, such as fatal mental
health crisis interventions, into public risk knowledge and the mediated constructions (and contestations) of ‘mental illness’ and ‘police use of deadly force’ that emerge in the aftermath of these critical incidents, to which this doctoral thesis turns its primary attention.

1.1. Background

I begin with an excerpt from the New South Wales (NSW) Police Force Corporate Spokesperson’s Message:

It has always been my belief that police will always have a legitimate role to play in managing mental illness in our community, however the primary agency is and should always be NSW Health. It is through continued dialogue and partnerships through our local networks that this close relationship continues to yield results for everyone concerned… Whilst much has been achieved over the last five years in policing and mental health it is imperative that we continue to drive our agenda of providing a safe and dignified policing response to those suffering a mental illness in the community (Donohue, 2010).

Donohue’s statement is revealing for what it implies about the organisational, political and cultural changes that have been necessary to ensure the broader public health role of police is recognised and valued as a legitimate function within contemporary policing practice. The provision of a ‘safe and dignified policing response’ to those with a mental illness in the community is still in its relative infancy. It is a process that has not always been welcomed by police and still meets with resistance in some quarters (Herrington & Clifford, 2012). This disquiet has been attributable to the perception that the traditional roles of policing (as law enforcement and crime control) have been superseded by a broader public service function, inclusive of the first-responder responsibilities police are now often required to fulfil in relation to mental health crises in the community. Few people become police officers for the specific role of dealing with mentally unwell members of the public. Selling this function to police at the frontline has therefore been difficult, although not impossible as more recent (and successful) police-mental health-related initiatives have demonstrated (Clifford, 2010a; Herrington & Clifford, 2012; see also Chapter 2 of this thesis). This expansion in police responsibilities is
fait accompli to which police agencies need to adapt if the legislative and policy intent to foster safe, respectful and socially inclusive service responses to mentally ill individuals is to be fully realised. National awareness campaigns remind us that mental illness can affect anyone — one in five Australians to be exact — and that those with a mental illness should not be stigmatised and incarcerated in institutions or excluded from their communities (Herrington & Clifford, 2012). These principles of ‘normalisation’ and social inclusion are what underscored the deinstitutionalisation reforms of the 1980s, which transferred the care and treatment of mentally ill individuals to community-based services. While virtuous in theory, the community-based care of mentally ill individuals and the savings measures heralded by deinstitutionalisation have not been realised in practice. The level of funding provided to support psychiatric care in the community has rarely met demand, with many mentally ill individuals unable to access the support services needed (Mental Health Council of Australia & the Brain and Mind Research Institute, 2005; National Health and Hospitals Reform Commission, 2009; Rosenberg et al., 2009). As a result, the shift from confinement to holistic community care has borne implications for a number of stakeholders, not least of all frontline police.

Research has shown that the deficiencies of deinstitutionalisation have compelled frontline police officers to shoulder a disproportionate share of the responsibility for managing mental illness in the community (Sced, 2006; Teller et al., 2006). This has been consolidated by the view that staff from other emergency services, such as mental health facilities and mobile crisis assessment and treatment teams, have been “abdicating their responsibilities, more often than not due to lack of funding and availability of positions” (Police Federation of Australia, 2005, pp. 3, 5; see also Carroll, 2005). In Australia, frontline police officers attend thousands of mental health-related events each year, often involving highly distressed individuals and by virtue of the 24/7 nature of police work and some community stereotypes, which view mentally ill individuals as ‘criminal’ and dangerous (see Carroll, 2005; Donohue, 2010; Donohue et al., 2008; Herrington et al., 2009; Office of the Public Advocate – Queensland, 2005; Police Federation of Australia, 2005; Teplin & Pruett,
Many mental health-related events involve misdemeanours or domestic disturbances (which sometimes include self-harm or threats to harm) where members of the public have called on police to de-escalate a crisis situation and transport the distressed individual to hospital for mental health assessment and treatment. In some cases, these police-involved mental health crisis interventions lead to a mentally ill individual’s contact with the criminal justice system. In other cases, the criminal justice system itself has become a viable route for individuals to access the psychiatric care they need, where this has otherwise been unavailable or inaccessible (Herrington & Clifford, 2012).

The complexities of these potentially volatile and risk-laden encounters between frontline police officers and mentally ill individuals in crisis are multifarious. In many cases, the mentally distressed person may be in the midst of an acute psychotic episode, which is commonly characterised by a cluster of symptoms, including disordered thinking, hallucinations, paranoia and delusions. Acute psychosis can occur as a single episode, as a temporary reaction to substance misuse (often methamphetamines, alone or in combination with alcohol or prescriptions) or as part of an ongoing mental illness, such as schizophrenia or other related mental disorder (Commonwealth of Australia, 2010). Some people who come into contact with the police in this way will be experiencing their first mental health crisis, or the first that has attracted service attention, whilst others will be well known to both police and mental health services and might be regarded as frequent presenters (Herrington & Clifford, 2012). A person suffering from the acute symptoms of an existing, albeit possibly undiagnosed, mental illness will characteristically be erratic and unaware of their effects on those around them. As Patch and Arrigo (1999) explain:

Persons suffering from mental illness are typically preoccupied with issues the rest of us cannot or do not fathom. They can be loud and bothersome to others in their attempts to address perceived needs or fears. Thus, they often fail to exercise judgment in modulating their behaviour to suit their surroundings (pp. 31-32).
This cognitive impairment does not always lead a person to become violent when confronted. Nonetheless, frontline police officers are often concerned about interactions with mentally ill individuals in acute crisis, particularly since “impaired individuals sometimes are reported to possess extraordinary strength and to be immune to the effects of a variety of less-lethal weapons”, such as capsicum spray, baton strikes and beanbag rounds (Kaminski, DiGiovanni, & Downs, 2004, p. 311). Certainly, an individual experiencing the effects of an acute psychosis can be openly resistant to police intervention. These situations are further compounded where the person has armed themselves with a weapon, such as a firearm or, more commonly, a knife (usually for the purposes of self-protection or self-harm). “Gaining control of these persons”, writes Kaminski, DiGiovanni, and Downs (2004), “requires substantial effort on the part of police, and, unfortunately, in some cases the use of deadly force is necessary” (p. 312).

Until recently, it was not uncommon for most frontline police officers to have to respond to mental health crisis incidents in the community without the requisite training and/or expertise to deal with mentally ill individuals. This has usually been at significant cost to officer-hours, resulting in the overstretching of police resources (Carroll, 2005; Police Federation of Australia, 2005; Sced, 2006; Springvale Monash Legal Service Inc, 2005a; Wylie & Wilson, 1990). More recent developments in police initiatives, such as specialised mental health training for frontline police officers, improved inter-agency coordination and communications, and the introduction of less-lethal weaponry (e.g. Tasers), have sought to redress some of these deficiencies and improve the mental health literacy and crisis responses of police. However, the commitment to and standards of these initiatives remain inconsistent across police jurisdictions. In spite of the objectives these initiatives seek to achieve, there are still rare occasions where a police-involved mental health crisis intervention can result in the most extreme use of police force. As a report from the Queensland Public Advocate (2005) on responding to mental health crisis incidents suggests, these are “invariably complex” situations (p. 1). The report explains:
The person with a mental illness will most likely be highly distressed and fearful of their own safety, may be experiencing paranoia or delusions involving police, and may have a history of contact with law enforcement. Combined with this is the response of the police officer — an officer who may have received only cursory mental health training, who may be fearful for their own safety and that of others on the scene, and who is acutely aware of the potential for violence that exists in dealing with situations of behavioural disturbance (Queensland Public Advocate, 2005, p. 1).

In Australia, fatal mental health crisis interventions are relatively uncommon, although the over-representation of mentally ill individuals among the total number of fatal police-involved shootings in the community continues to prevail (Dalton, 1998; Kesic, Thomas, & Ogloff, 2010; see also Chapter 3 of this thesis). Nonetheless, of the thousands of mental health-related events frontline police officers attend on an annual basis, the majority are resolved without the necessity for police use of force and/or injury to the individuals involved; be it to police officers themselves, the mentally ill individual or other members of the public. By virtue of these facts, these encounters between police and mentally ill individuals are rarely considered ‘newsworthy’. In comparison, fatal mental health crisis interventions are often the subject of news headlines and public debate and controversy — particularly with regard to community care provisions, services and funding for mentally ill individuals, but more commonly, the adequacy of police training and resources required to competently and effectively respond to mental health crises in the community.

Fatal mental health crisis interventions can have devastating and long-term debilitating effects for the individuals involved in and/or impacted by them. This includes family members and friends of the deceased, the police officers responsible for the fatal discharge of their firearms (and their families) and, sometimes, those news media professionals who are sent to report on the fatal mental health crisis intervention and its subsequent coronial proceedings. It is therefore only natural that, when a member of the public dies in police custody or as a consequence of an interaction with police, questions are asked about the behaviour and conduct of those involved, and scrutiny is made of their actions. Where these (or, in fact, their
inaction) are found to be unjustified, those responsible must be held to public account (Office of Police Integrity – Victoria, 2010). However, the “authority of police to use force and exercise the powers granted by the State does not mean a death associated with police contact is necessarily a consequence of inappropriate or unlawful conduct by the police involved” (Office of Police Integrity – Victoria, 2010, p. 6). While it also does not exclude the possibility, many news media narratives of fatal mental health crisis interventions — especially more recently — have tended to present what this research has defined as an abstracted version of events that remains focused on the appropriateness of the actions undertaken by police officers, and the attribution of moral culpability for the use of deadly force. This is often at the expense of more contextualised news media coverage about contemporary policing (and its own vulnerabilities and risks) as it relates to contact with vulnerable population groups, such as mentally ill individuals in crisis.

The ways in which police officers manage their encounters with mentally ill individuals in crisis and the framing of these incidents in news media accounts (particularly where a police-involved mental health crisis intervention has resulted in a fatal outcome) therefore have significant implications for the subjects of those encounters, the criminal justice and mental health systems, and for public safety and policy reform (Fisher & Grudzinskas, 2010). There are also important implications for how the public views police culture and mental illness more generally, and for the public’s trust in frontline police officers and their general willingness to co-operate and collaborate with them (Herrington et al., 2009; Myhill & Beak, 2008; Novak, 2009; Tyler, 1989). As de Vreese (2010) points out, in following the logic of news conventions, the framing power of news media professionals “is not negligible and has implications for public opinion” (p. 206) and, I would add, the processes of traumatic recovery. The concerns about media representations of mental illness are well-documented, particularly in relation to the view that inappropriate or inaccurate reporting, especially erroneous and negative stereotyping, over the longer-term may lead audiences to accept particular interpretations of mental illness — for example, the perception that all people with a mental disorder are violent and dangerous.
However, the ways in which these identity constructions are impacted or changed by the presence of police use of deadly force in news narratives have been examined in lesser detail. There are few studies that have expressed similar concerns about the ways in which media representations of police use of force may lead audiences to accept particular interpretations of contemporary policing practices — for example, the perception that all frontline police officers are ‘trigger happy cops’. The works of Chappell and Wilson (1969) and Lawrence (2000) are clearly exceptions to this, and the latter of these, in particular, has been an influential guide for the current research project. The translation of personal and traumatic events, such as fatal mental health crisis interventions, into public risk knowledge and mediated interpretations of mental illness and contemporary policing practices (especially police use of force) therefore remains an under-researched area of academic study.

1.2. Rationale for the study
This thesis seeks to build on the existing scholarly literature on contemporary policing and mental illness with an examination of the news media representations of fatal mental health crisis interventions in Australia. In particular, the thesis is concerned with the mediated constructions of ‘mental illness’ and ‘police use of deadly force’ that emerge in the aftermath of these critical incidents, and their ‘news framing effects’ for traumatised subjects; public perceptions of ‘risk’, ‘responsibility’ and ‘vulnerability’ in relation to police-involved mental health crisis interventions; sustainable risk communications; and the perceived legitimacy and credibility of frontline police officers. Compared to the broader body of research that has been conducted on policing and mental health, the critical literature on fatal police-involved shootings of mentally ill individuals in crisis is relatively sparse. To date, research on policing and mental ill-health has been characterised by several predominant areas of academic interest, including those that might be categorised under the following broad research rubrics:

   i) media representations of mental illness (in news and fictionalised accounts);
   ii) media representations of police use of force;
   iii) the prevalence of mental health disorders within the criminal justice system;
iv) the discretionary decision-making of frontline police officers and the predictive determinants of police use of force, including shooting behaviour;

v) formal inquiries into the mental health system and the human rights of mentally ill individuals, sometimes combined with reviews of police-involved shootings and deaths in police custody;

vi) critical evaluations of frontline police officer mental health training and specialised police mental health crisis response models, such as Crisis Intervention Team (CIT) and Mental Health Intervention Team (MHIT) initiatives; and

vii) (to a lesser extent) frontline police perceptions of and attitudes towards mental illness as an influential factor in the outcomes of police contact with mentally ill individuals.

While there are obvious intersections between these broad areas of research, it is rare to see the critical analyses within the established literature situated specifically in the context of fatal police-involved shootings of mentally ill individuals in crisis. This is despite the extent to which research of this kind offers a critical insight into society’s treatment of persons experiencing mental illness and those that are called upon to act as the frontline response to mental health crisis incidents. There are, of course, some notable exceptions, including research related to the phenomenon of ‘suicide by cop’, and the international seminal studies of police use of deadly force by those such as Coleman and Cotton (2005; 2010) and Fyfe (1982; 1988). Other researchers have also addressed the issue of police use of deadly force in some detail (see, for example, Harding, 1970; 1975; Lawrence, 2000; McCulloch, 2001; McElvain, 2009; Palmer, 1995; and Van Maanen, 1980), albeit with minor reference to police-involved mental health crisis interventions. In comparison, the majority of recent international literature on policing and mental ill-health has focused almost exclusively on research as defined by category vii) above. In doing so, this evaluative work has often presented a ‘good news story’ of improved police contacts with mentally ill individuals in crisis. This is obviously in sharp contrast to the news media’s reporting.

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1 For fuller discussion of these initiatives, see Chapter 2 of this thesis.
of these events and the definition of ‘news values’ as it relates to crisis interactions between frontline police and mentally ill citizens (i.e. that a fatal mental health crisis intervention will be consistently newsworthy enough to attract headlines, while a routine police-involved mental health crisis intervention will more often not).

With this in mind, it is unsurprising that, in the Australian context, academic interest in the social construction of mental illness and its representations in news and fictional media has burgeoned over the past decade (see, for example, the work of Blood, 2002; Blood & Holland, 2004; Blood & Pirkis, 2001; Blood, Pirkis & Francis, 2004; Blood, Putnis, & Pirkis, 2002; Blood et al., 2001; 2005; Francis et al., 2001; 2003; 2004). This has been made possible, in large part, by the continued funding of the Media Monitoring Project (see Pirkis et al., 2002; 2008) and the Mindframe National Media Initiative; the latter of which has sought to promote awareness of the issues related to the reporting of suicide and mental health/illness. The study of police use of force as it relates to interactions with mentally ill individuals in crisis has attracted a comparatively modest, albeit developing, interest among Australian-based academic researchers. Some of the more prominent work in this field includes that of Chappell (2007; 2008); Clifford (2010a; 2012); Dalton (1998); Donohue et al. (2008); Godfredson et al. (2010); Herrington et al. (2009); Herrington and Clifford (2012); and Kesic, Thomas and Ogloff (2010) — all of whom have engaged, in one form or another, with the ethical and operational constraints and complexities related to frontline police mental health crisis response in Australia, if not specifically with the issue of fatal mental health crisis interventions.

On this latter point, there have also been at least two semi-fictionalised accounts published by journalists on the fatal police-involved shooting of Roni Levi on Bondi Beach in June 1997 (see Goodsir, 2001; Miller, 2000; and Chapter 3 of this thesis) and another on the fatal police-involved shooting of Joe Gilewicz in Pelverata, Tasmania, in July 1991 (Tapp, 1998). The majority of work in this area has otherwise originated from major departmental inquiries and/or internal police reviews and
investigations into police use of force (see NSW Ombudsman, 2008; Office of Police Integrity – Victoria, 2009; Queensland Police Service and Crime and Misconduct Commission, 2009). A number of these formal inquiries have been more expansive in their terms of reference, specifically examining the reflexive nexus between contemporary policing practices and mental illness, with an increased reference to the incidence of fatal mental health crisis interventions, particularly in Queensland, NSW and Victoria (see Brouwer, 2005; NSW Office of the State Coroner, 2008; Office of Police Integrity – Victoria, 2010; Office of the Public Advocate – Queensland, 2005). These reports, and the recommendations issued as part of coronial inquests into these critical incidents, have provided excellent opportunities for researcher access to the personal trauma narratives of police, mental health consumers, and carers.

**The symbolic power of personal mental health trauma narratives**

Personal trauma narratives about fatal mental health crisis interventions serve to highlight the conflicts that recurrently occur in the nexus between professional or institutional (e.g. news media, police, coronial, and medical) discourses and lay discourses in the aftermath of these tragedies. This discursive exchange is what has elsewhere been characterised in this thesis as a form of ‘risk communication’ (Blood, Pirkis & Francis, 2004). The contestation over personal-trauma-as-public-risk-knowledge and the ‘mediated public crisis’ (Cottle, 2004) (of contemporary policing) has been implicitly linked to definitions of news framing (see Miller & Riechert, 2001), while Pirkis and colleagues (2008), drawing on the research of Lupton (1999), have more explicitly argued that the ‘logic of risk news’ itself remains intimately connected to ‘news values’ (p. 126). Risk discourse of this kind is often preoccupied with how dangers or harms are managed, prevented or, to a lesser extent, attributed to decisions and outcomes (Zinn, 2008). It is the last of these from which this research project takes its cues in terms of its research questions. In particular, following Douglas (1990), my interest lies with the way in which the realities of ‘risk’ are frequently politicised; coding real threats and disapproved behaviours as notions of ‘dangerousness’ and
in terms of “a threat to valued institutions” (p. 175) and, I would add, normative socio-cultural boundaries.

However, this conception of ‘otherness’ and its deviations from normative discourses, as Zinn (2008) persuasively argues, may not necessarily be viewed in negative terms, but also as a means of positively challenging, changing, and expanding boundaries. Mental health trauma narratives therefore act as exemplars of the ways in which the interplay of meaning frameworks, in the context of fatal mental health crisis interventions, bears real social and political consequences — for specialised police mental health crisis response models; interpretations of ‘risk’ and ‘dangerousness’; the efficacy of resources developed to assist news media professionals in the socially responsible reporting of mental health issues; identity conceptions of persons experiencing mental illness; everyday interactions between frontline police and mental health consumers; and for broader mental health reform and response in Australia. As Raftery (1997) writes:

If we do not gather substantial information on the immediate and long term impact of events we will have no basis for formulating preventive policies and deciding on appropriate models of intervention. Nor would we have a basis for informing victims and other participants of how they might learn to adapt to a life threatening event.

In this way, the public articulation of mental health trauma narratives (particularly by those individuals often rendered voiceless and vulnerable in the aftermath of such incidents — i.e. police officers and bereaved families and/or carers of the deceased) not only represents the search for an expanded understanding of traumatic experience (Raftery, 1997), but it also functions as its own form of praxis, of embodiment, and of strategic intervention. Qualitative-based trauma research that ‘bears witness’ to these personal narratives, and the traumatic events that precipitate them, facilitates an invaluable opportunity to foster these acts of reclamation and empowerment. In doing so, it has the potential to bridge the subtle gap between acknowledgment of ‘what is known’ about policing and mental illness and how this knowledge is actively constructed, mediated and contested. These performative acts boast the very real potential to deliver benevolent results; to derive some good from what can only
be otherwise described as terrible tragedies. By exploring the ways in which key stakeholders negotiate an understanding of these events in the context of their own everyday experiences and perceptions and interpretations of ‘mental illness’ and contemporary policing practices, this research project has the similar potential to contribute to the future development of sustainable risk communication practices. This includes recommendations to ensure “better journalistic practice is employed when covering traumatic incidents [of this kind] in future” (McLellan, 1999, p. 54).

1.3. Aims of the study

At its simplest, this thesis represents “an attempt to better understand how news events shape the problems we pay attention to as a society and the way we think about those problems” (Lawrence, 2000, p. xi). Why do some events become major news stories over others and how do these events shape public discourse and community opinion about particular issues and subjectivities? How is personal trauma translated into public risk knowledge and mediated public crisis? The study reflects my curiosity with “who is allowed to speak in the news and what perspectives on reality can be found there” (Lawrence, 2000, p. xi). What are the potential impacts of this ‘gatekeeper’ function on risk information and public understandings of mental illness and the complexities inherent to police interactions with mentally ill individuals in crisis? How do these interpretations serve future interactions between police and mentally ill citizens and, more broadly, policing and mental health reforms in Australia? To what extent are police as vulnerable to media (mis)representation as mentally ill individuals, and how does this measure against public perceptions and expectations of frontline police officers?

My small contribution to this line of inquiry is to “shed some light on dramatic news events as centrepieces of struggles among competing perspectives on reality” (Lawrence, 2000, p. xi). Fatal mental health crisis interventions and news coverage of these critical incidents serve this purpose well, because they are typically “fraught with ambiguity, clashing perspectives, high emotions, and deeply divided perceptions of the world” (Lawrence, 2000, p. xii). As previously discussed, one of
the central aims of this thesis is to examine these different, often conflicting, interpretations and representations of fatal mental health crisis interventions and how these are constructed by and between news media and other key stakeholders (e.g. police officers and bereaved family members of the deceased) who are often left traumatised by these critical incidents. This endeavour starts with a series of important research questions, which also serve as a framework for the structure of the thesis:

- What are the responsibilities of police in managing mental illness in the community, and what impacts have deinstitutionalisation reforms had on contemporary policing practices and the nature of police interactions with mentally ill individuals?
- Do policing principles necessarily translate into policing practices, particularly in volatile situations, such as police-involved mental health crisis interventions?
- How are police-involved mental health crisis interventions characteristically portrayed by news media, especially where police use of deadly force is involved?
- How do key stakeholders make sense of these critical incidents in relation to this news media coverage and their own situated experiences and risk knowledge?
- Who are the primary definers of news media coverage of fatal mental health crisis interventions and what impact does this have on the construction of news frames?
- What are the potential ‘framing effects’ of news media coverage, particularly in relation to public understandings of mental illness and police use of deadly force, and in terms of the self-identification and traumatic recovery of those individuals involved in a fatal mental health crisis intervention?
- What are the implications of these ‘news framing effects’ on contemporary policing and mental health reforms, and the journalistic norms and reflexive practices of risk, crisis and trauma reporting?
Taking inspiration from Crossley’s (2004) approach to the research of mental health and psychiatry, the thesis adopts a ‘critical realist’ approach (Holland et al., 2011) to examine the ways in which ‘mental illness’ and the discourses of ‘risk’, ‘responsibility’ and ‘vulnerability’ are mediated in the aftermath of a fatal mental health crisis intervention, particularly by ‘expert’ knowledge and in contrast to lay personal experiences (see Tulloch & Zinn, 2011). The term ‘risk’ is used here as a catch-all expression to incorporate the treatment of ‘risk’ not just as a taken-for-granted objective phenomenon (see Lupton, 1999), but as one that approaches the concept from a more subjective or ‘sociocultural’ perspective; moving beyond ‘objectivist’ measures of ‘risk’ to identify the dynamics of emotionality and perception within lay discursive definitions of and responses to risk. The thesis examines the ways in which these paradigms can be contested and resisted by ‘situated knowledge’ and lay discourse (Wynne, 1996); as a form of ‘counter-discourse’ in the Foucauldian sense of the term, where those usually spoken for and about by others begin to speak for themselves (Deleuze & Foucault, 1977).

“In this narrow sense,” write Moussa and Scapp (1996), “the very act of speaking is political” (p. 89). As Crossley (2004) reminds us, however, we must bear in mind that “these forms of symbolic politics cannot be divorced from the broader collective and institutional contexts in which they operate” (p. 178).

With this in mind, the thesis explores some of the historical shifts identified in police-media relations and the reporting of fatal mental health crisis interventions in Australia over the past decade. These have been especially influenced, I would suggest, by both the development of media reporting guidelines in relation to mental illness and the nature of the relationship between mainstream media and police media units (a detailed and useful analysis of which has been conducted by McGovern and Lee (2010) and is discussed in Chapter 4 of this thesis). The current research project recognises that police agencies and news journalists operate in a newly diversified media environment that includes a plethora of ‘new media’ channels and formats (McGovern & Lee, 2010) as well as participatory styles of news reporting, and that these may also have some bearing on the nature of contemporary
news reporting of fatal mental health crisis interventions. The critical analysis for this doctoral thesis, however, remains focused on traditional news media outlets (i.e. print journalism and broadcast news) and their professional practices, although the thesis does make use of media texts that have appeared in ‘new media’ formats (i.e. the online versions of news stories that have appeared in traditional mastheads).

While an examination of print and broadcast media coverage may seem less than relevant in this increasingly digital media era, studying how fatal mental health crisis interventions are routinely reported in local and national newspapers and through broadcast media offers some advantages. For one, many of the mastheads included in the analysis continue to “provide cues to other types of news organizations about what is newsworthy” (Lawrence, 2000, p. 11) even if this is only through syndication. Their importance, writes Lawrence (2000), “therefore extends beyond their own readership to the content of other news media” (p. 11). At a local level, these media organisations are also often in regular contact with police sources and, as such, play a central role in not only shaping the problems we pay attention to as a society, but also what constitutes a ‘public crisis’ in mental health care in the community and contemporary policing practices. This is particularly evident in the news media coverage of the fatal mental health crisis intervention, the Paul Klein incident, which serves as the central case study for this doctoral thesis. News media coverage of the critical incident was circulated predominantly through print and broadcast media. The case study therefore offers an insightful and comparative benchmark for critical analysis of more contemporary journalistic approaches to the reporting of traumatic events, including fatal police-involved shootings of mentally ill individuals in crisis, as discussed in the later chapters of this thesis.

One of the central arguments of this thesis is that, where once police spokespeople were more likely to be approached by journalists as the ‘primary definers’ (Hall et al., 1978) of information about a fatal mental health crisis intervention, now it is the bereaved family members of the deceased. This is partly due to operational and legislative constraints, which require police agencies and individual
officers to refrain from public comment on critical incidents still under police investigation or those still to proceed to coronial inquiry. Bereaved family members are not constrained by these same institutional protocols. This has certain implications for media access to news sources and for the orientation of news frames constructed in relation to fatal mental health crisis interventions. This lay discourse is consistently underscored by an ‘affective dialectic’ that is often associated with strong emotions, such as grief, anger, pain, and a sense of injustice. My interest therefore is not only in the structuring of trauma and affect within news media coverage, but also the reciprocal relationship between the role and influence of trauma and affect on the structuring of news media coverage of ‘risk’ and ‘crisis’, and the subsequent influence this may have on public conceptions of mental illness and contemporary policing practices (but, more specifically, on policing in response to mental health crises in the community). While the ‘affective dialectic’ of this style of trauma reporting may be antithetical to the discourse of police agencies in the aftermath of a fatal mental health crisis intervention, it is still indicative of a ‘primary definer’ model of news reporting with one viewpoint being consistently reported and provided with greater ideological weight in the news media’s interpretation of these traumatic events (Chambers, 2000). Of course, the external influence of these ‘primary definers’ of news information does not solely determine this journalistic approach, and this is where it is important to remain mindful of the political economy of news media and its influence on the journalistic practices of media professionals (Schlesinger, 1990).

The challenge within this, as Lawrence (2000) notes, is that the task of “explaining patterns of news coverage ultimately becomes a task of explaining the normative structure of mainstream news reporting” (p. 12). This is not necessarily a simple task. Norms are “unobservable, and their existence can be inferred only from these patterns and from how journalists explain their news-construction decisions” (Lawrence, 2000, p. 12). This is where a case study approach and close analysis of the Paul Klein incident, comparative to other fatal mental health crisis interventions, provides a sense of precision. Not only does it accentuate these news patterns across
the reporting of critical incidents, but it also enables us to directly engage, through in-depth research interviews, with what news media professionals have to say about their news-construction decisions and with what traumatised news subjects and media audiences have to say about the ‘framing effects’ of these editorial decisions. Of course, there are already clues within the news media coverage to indicate journalistic norms at work, and many of these are uncovered in the research project’s interpretive news framing analysis — for example, what journalists find most newsworthy; what sources they consult; and how past news events shape the coverage of subsequent fatal mental health crisis interventions (Lawrence, 2000). The more subjunctive aspects of news media practice, including the ‘media effects’ of particular news-construction decisions, are not as easily identifiable through this process. This is where the ‘dialogic’ approach to research of this kind demonstrates its greatest strength; both in terms of analysing ‘news framing effects’ and the ways in which police officers frame their discretionary decision-making regarding the use of deadly force.

As much as this thesis is an attempt to explore and improve understandings of the affective dimensions of news media practices as they relate to traumatic events, such as fatal mental health crisis interventions, it is also concerned with exploring the ‘emotional labour’ associated with “trauma’s testimonial imperative” (Rentschler, 2010, p. 470). As Klinger and Brunson (2009) point out, we currently “know very little about the forces that are in play when officers must make decisions about whether and how much force to apply in the tense, uncertain, and rapidly evolving circumstances they sometimes face in the line of duty” (p. 119). The conditions under which police make the decision to use deadly force are often “highly variable, and shaped by contextual, historical, and technological background features too numerous and complicated to fully categorize” (Van Maanen, 1980, p. 147). In exploring some of these influential factors, the thesis also traces the developments in specialised mental health response models and training programs for frontline police officers, which have been introduced over the past decade. It evaluates the implementation of these initiatives across the eastern states.
of Australia, with a particular emphasis on NSW. This focus is informed firstly by the observation that the NSW Police Force has been one of the more proactive police agencies in Australia to introduce (and independently evaluate) institutional programs that have sought to improve the education and operational response of frontline police officers responsible for the resolution of mental health crises in the community. The emphasis on NSW as a primary locale, and the past decade as a timeline, for critical analysis have also been influenced by the case study that remains central to this doctoral research project: the Paul Klein incident.

**Case study: the Paul Klein incident**

On the evening of 26 May 1998, in a suburb of Wollongong on the south coast of NSW, Paul Klein, a 30-year-old part-time security officer with the State Rail Authority was fatally shot in the street outside his grandmother’s house during a routine police-involved mental health crisis intervention. According to coronial records, his psychiatric history spanned 10 years, and was known to local police officers. Prior to the fatal police-involved shooting, Paul Klein had been behaving in a disturbed manner. The coronial evidence reveals that he had armed himself with kitchen knives. Concerned by his erratic behaviour, and remembering how local police officers had been able to calm her son when he had earlier experienced a psychotic episode, Paul Klein’s mother called police for their assistance. On this occasion, the presence of frontline police officers served to exacerbate Paul Klein’s mental distress. He died on the roadway outside his grandmother’s house with three police-inflicted bullet wounds to the chest. More details of the critical incident are included as part of the case study analysis in Chapter 5 of this thesis.

Paul Klein’s very public death came at the culmination of one of the darkest periods of contemporary policing in Australia. The mid-1990s continues to stand as testament to the highest recorded number of fatal police-involved shootings in Australia — a significant proportion of which involved mentally ill individuals in crisis. Victorian police carry the burden of this responsibility, accounting for the lion’s share of the
fatalities (Dalton, 1998; McCulloch, 2001; Commonwealth Department of Health and Family Services, 1998). Less than 12 months before Paul Klein’s death, however, the NSW Police Service had weathered its own storm of controversy over another very public death: the fatal police-involved shooting of Roni Levi on Bondi Beach, Sydney. The fatal mental health crisis intervention resulted in a Police Integrity Commission, the resignation of two police officers, and the legal requirement that police involved in critical incidents be drug-tested in future. Set against such an iconic background, the tragedy became a focal point for both national and international newspaper headlines and television news broadcasts (for fuller discussion, see Chapter 3). The news media coverage was dramatically aided by a series of visual images taken by a freelance photographer, who had captured frame-by-frame the beach standoff between police and the mentally ill man (see Figure 1). Local news media professionals would similarly capture to film and in photographs the sequence of events leading up to and including the fatal police-involved shooting of Paul Klein the following year.

![Figure 1: Images of the death of Roni Levi, Bondi Beach, 28 June 1997](http://acms.sl.nsw.gov.au)

There were a number of similarities between the events that precipitated the fatal police-involved shootings of Roni Levi and Paul Klein, including obvious deficiencies in each one’s mental health care and treatment, and the operational response of frontline police officers who were not adequately equipped to respond to these mental health crises. There were also a number of similarities in the news media coverage of each critical incident and the patterns of news frames adopted, which have consistently served as a template for the reporting of the coronial investigation as well as subsequent deaths in similarly controversial and contestable circumstances; in many cases, despite some of the improvements in police contacts with mentally ill individuals in crisis. This study demonstrates that this abstracted style of news reporting bears its own deficiencies, especially in terms of how it constructs identities within its narratives and interprets these and the traumatic events with which they are publicly associated. The subjunctive binaries that these news reports hinge on (e.g. the construction of ‘victims’ and ‘villains’) and the economic benefits that are often served by news media’s perpetuation of these institutional and lay discursive conflicts does little to educate the public on the risks and complexities inherent to police interactions with mentally ill individuals in crisis (Kesic, Ducat, & Thomas, 2011). In truth, it does more to perpetuate the social stigma that surrounds mental illness and the public distrust of frontline police. A news framing analysis of the Paul Klein incident helps to elucidate these issues in some detail, but it also offers an interesting counterpoint to more recent shifts in the news framing of subsequent fatal mental health crisis interventions, which are discussed in more detail in Chapter 6.

What makes the Paul Klein incident such an invaluable case study in the context of the current research project is the amount of local news media attention the traumatic event attracted, particularly from the newspaper, the Illawarra Mercury, and WIN Television. To my knowledge, it remains the only fatal mental health crisis intervention in Australia to be visually recorded in such complete and graphic detail by news media professionals. It is also one of the few cases where news media coverage has served so centrally as the basis of coronial evidence and coronial adjudication of a fatal police-involved shooting (CCTV surveillance footage has
played an integral role in the coronial investigations of subsequent cases of police use of lethal force, including the death of Elijah Holcombe). To this end, the Paul Klein incident offers a rich canvass for critical analysis of not only the ways in which private trauma is translated into ‘mediated public crisis’, but also the ‘framing effects’ of these discursive practices on public interpretations of mental illness and contemporary policing practices, as well as the private processes of traumatic recovery. The Paul Klein incident also facilitates a critical discussion of visual theories of the evidentiary force of news images. Despite claims in support of the verisimilitude or ‘truth-telling properties’ of visual images, the news photographs and video footage of the Paul Klein incident were used to support a number of different stakeholder interpretations and legal narratives. One set of visual images therefore served to support conflicting views, which undermined the proposition that an inherent ‘truth’ about the traumatic event and the culpability for it were embodied within the news images (see Chapter 5).

At this point, I should clarify that the intention of this thesis is not to pass judgment on, or attribute value to, the tragedy of one person’s death (and accompanying personal trauma narratives) over that of another. Nor does this thesis aspire to lay claims to the objective ‘truth’ of critical incidents involving police use of deadly force or the legitimacy of such police actions and decision-making. As Lawrence (2000) fairly argues:

What is most painful and disturbing about such events is that often, no one can know if a split-second decision to use force could have been avoided and lives saved or if hesitating to use force would have brought greater tragedy (p. xii).

It is not my intention to determine whether the police use of deadly force was justified in the Paul Klein incident or any of the other fatal mental health crisis interventions referenced throughout this thesis, nor is it my objective to attribute individual culpability for these deaths. These matters have already been raised in more appropriate fora, such as coronial proceedings, and judgment on them has been passed by others with an official mandate to do so. But it is important to acknowledge that the issue of ‘responsibility’ and its relationship to perceptions of ‘risk’ and...
‘vulnerability’ (in policing and through the experience of mental illness) consistently offers itself as a point of contestation and conflict between stakeholders with some investment or involvement in these critical incidents. It is their discursive interpretation and articulation of these perceptions, and the ways in which they attempt to reconcile their understandings with those of others, particularly where there is conflict, that I am interested in. This is the foci of my critical analysis — the institutional and lay discourses of these key stakeholders; not a judgment of them as individuals.

1.4. Research strategy and resources for critical analysis

The research presented in this thesis takes an interdisciplinary approach towards its analysis of three broad categories of research materials that function as ‘bodies of evidence’ for the critical arguments that are developed throughout this thesis:

- **Documentary evidence**: this includes coronial records, legal documents and the literature on contemporary policing, mental illness and news media representations. It also includes the personal files and legal submissions of Paul Klein’s family.

- **News media texts**: this includes news framing analysis of the media coverage of the Paul Klein incident as well as a number of other fatal mental health crisis interventions in Australia.

- **Research interviews and focus groups**: this includes the ‘situated knowledge’ (Wynne, 1996) of police officers and news media professionals involved in the Paul Klein incident, as well as mental health consumers with experience of police contact.

This data is discussed in more detail below. In terms of research strategy, this thesis has employed a ‘weak’ constructionist approach (Van Gorp, 2007) to news framing analysis. This is distinguished from positivist or objectivist approaches to news framing analysis (see De Vreese, 2012), which I acknowledge within the research, but move away from in terms of methodological practice. In moving beyond the textual analysis of news texts — as characterised by traditional ‘sociology of risk
news’ studies (Bakir, 2010) — I adopt a methodological approach to the analysis of mediated representations of risk and situated knowledge that follows in the footsteps of those such as Gamson and colleagues (1992) and Kitzinger (1999) and apply this to my examination of the research materials listed above. More specifically, these have included the print and broadcast news media coverage of a number of fatal mental health crisis interventions (n=19) in Australia, which occurred throughout the period, 1997 to 2009, with particular emphasis on the Paul Klein incident. This critical analysis is complemented by a close review of the coronial inquests and available coronial transcripts (particularly the coronial findings) of several of these critical incidents, as well as the coronial brief of evidence relevant to the Paul Klein incident and its subsequent legal proceedings. This latter corpus of documents included over two-dozen folders of information, electronic resources and an additional box of materials, which Paul Klein’s parents loaned, without solicitation, for the purposes of the research project and in lieu of their direct participation in a research interview. They felt that this body of evidence provided more detailed information than a research interview could, and avoided the need for them to revisit the traumatic details of their son’s death (personal communication with Karl and Terri Klein, 28 June 2007 and 25 May 2011). The coronial brief of evidence and supporting documentation from subsequent legal proceedings was extensive and included (but was not limited to) the following resources:

- Transcripts of interview from the critical incident investigation, which included the sworn statements of the frontline police officers and other emergency personnel involved in the Paul Klein incident, bereaved family members and friends, news media professionals, and other witnesses to the critical incident;
- Transcripts of the coronial inquest and subsequent legal proceedings;
- The Klein family’s written submission to the Deputy State Coroner;
- Paul Klein’s psychiatric history and the images and report from his autopsy;
- Crime scene photographs and photogrammetric analysis of shooting positions;
- Copies of the police radio tapes and handwritten radio logs;
• Relevant legislative documents, including the *Mental Health Act 1990* and the Memorandum of Understanding between NSW Police and NSW Health;
• Police guidelines and protocols for defence against edged weapons, investigations into critical incidents, and instructions on the use of firearms;
• Details of the financial loss and psychological distress experienced by bereaved family members after Paul Klein’s death;
• The family’s personal correspondence with news media organisations and politicians after Paul Klein’s death; and
• WIN Television’s unedited visual footage of the critical incident.

Some information had a suppression order placed on it at the time of the coronial inquest by the Deputy State Coroner, making it not permissible for publication, although most of this information was supplementary to the primary concerns of the research project. Legal advice was also sought, particularly on the basis of copyright considerations, about the specific inclusion of some of the other materials on loan from the Klein family, which had not been published or made otherwise available to the researcher or the public domain. It was recommended that these be excluded from the doctoral thesis. The omission of these materials is of no consequence to the aims or conclusions of the research project. The sheer volume of material loaned by Paul Klein’s family did have some bearing on the study, however, in that the need to distinguish between those resources that could be used and those that could not sometimes became more of a complication to rather than a strength of the research. The volume of materials also added a ‘sense of responsibility’ to not only the research process, but also myself as the principal researcher (see Clifford, 2010b).

**Research methodology and theoretical frameworks**

Much of the scholarly thought about news frames is based on the idea that news media have an organising role in providing meaning to otherwise ‘unrecognisable happenings’ (Scheufele, 1999, p. 106; Reese, 2003, p. 7). As Entman (1993) suggests, news framing involves both the processes of selection and emphasis “in such a way as to promote a particular problem definition, causal interpretation, moral evaluation,
and/or treatment recommendation” (p. 25). News framing analysis therefore elaborates on these processes with questions as to “how media professionals ‘package’ information for audience reception and how that information is represented or portrayed” (Blood & Holland, 2004, p. 324). While framing choices do not fully determine audience interpretations, Pirkis and colleagues (2002) note that “they can have a potentially powerful impact on them” (p. 169). They argue that these choices “limit the information available to audiences who are trying to make sense of an event they cannot experience” (Pirkis et al., 2002, p. 169). However, this thesis is also motivated by a curiosity as to what impact these framing devices can have on audiences who are trying to make sense of an event that they have experienced.

News framing represents a valuable analytical tool to answering many of these research questions about media phenomena in relation to the reporting of fatal mental health crisis interventions, because it accommodates for a framework of analysis that acknowledges professional journalistic practices and newsroom routines, the political economy of the news media and its impact on ‘news values’ and ethical practice, as well as social and cultural influences (such as audience engagement with news media and the role of affect) as integral to news-construction decisions. As more detailed contemporary research has shown, individuals “do not slavishly follow the framing of issues presented in the mass media”, but rather “actively filter, sort, and reorganize information in personally meaningful ways in constructing an understanding of public issues” (Neuman, Just, & Crigler, 1992, pp.76-77). As Pirkis and colleagues (2008) explain: “To every [news] frame, there is the potentiality of a counter frame” (p. 125). By reflecting on how news media professionals think about and represent issues related to policing and mental health within the context of the everyday, we may become more reflexive towards our own social representations (Howarth, Foster, & Dorrer, 2004). This might also allow us to view “the act of representing the social world” as an activity or practice that “carries with it the possibility for critique and transformation” (Howarth, Foster, & Dorrer, 2004, p. 237). This importantly expands the analysis of news frames beyond a simple preoccupation with linguistics and text-based semantics (Philo, 2007).
While the published volumes of seminal essays from the field of news framing analysis (e.g. Reese, Gandy, & Grant, 2003; D’Angelo & Kuypers, 2010) feature contributions from scholars well versed in the traditions and complexities of these perpetually evolving analytical paradigms, the literature as a whole remains preoccupied with the minutiae of abstracted empiricism. Its focus tends towards definitional and measurement issues, quite often at the expense of furthering theoretical development; offering limited analytical coherency or precision that could be considered instructive by contemporary researchers with respect to the pragmatics of applying news framing analysis to emerging research. As Tewksbury and Scheufele (2009) observe:

Research on framing during the last 30 years has tried to clarify the concept, its underlying mechanisms, and the contingencies under which framing works best. The sheer amount of research, however, has also raised new questions that have yet to be answered (pp. 27-28).

Much of the literature — while recognising that framing takes many forms and suits many purposes — continues to favour the view of news framing as a constituent of political communication (Nelson & Willey, 2003). The lion’s share of case studies (what we might call ‘observations from the field’) that have adopted a news framing analysis framework typically concern themselves with the perennial analytical foci of political campaigns and debates, racial stereotyping, media violence, body image issues, social activism and protests, and the implications of the new media landscape (see Reese, Gandy, & Grant, 2003; D’Angelo & Kuypers, 2010). Despite the myriad ways in which the study of news representations of mental illness and police use of force might lend itself to a news framing analysis, minimal research has been conducted in this area using such a theoretical framework. There are, of course, some exceptions to this; the most obvious being the sustained research of Blood and colleagues (2002; 2004; 2005) and also the work of Hazelton (1997) and Kesic, Ducat and Thomas (2011).

This is not to suggest that we should disregard the seminal works of news framing theorists, but that as contemporary researchers of news media, we need to remain
circumspect with regards to the ways in which we define the parameters of our own application of these theoretical traditions. We also need to maintain self-reflexivity and transparency about our motivations for selection in light of the questions we seek to answer as part of our research. Rather than try to organise a theory about news framing, this thesis follows Reese’s (2010) lead in that it borrows some ideas from this area of study to assist in the organisation of my own thinking about the ways in which fatal mental health crisis interventions are (mis)represented and interpreted by and between news media and individuals traumatised by these critical incidents. The research works across methodological paradigms — constructionist and critical realism — and treats news frames as ‘interpretive packages’ (Gamson and Modigliani, 1989) in creating public understandings and discursive constructions (and contestations) of mental illness and contemporary policing practices.

**News framing analysis of the Paul Klein incident**

The news framing analysis of the Paul Klein incident, presented in Chapter 5, is based on news and editorial items published in the regional newspaper, the *Illawarra Mercury*, and other metropolitan newspapers, including *The Sydney Morning Herald, The Daily Telegraph, The Australian* and *The Age*, between May 1998 and November 2006. Most news items principally focused on the Paul Klein incident. Searches for these news items were conducted using the NewsBank and ProQuest news databases. The specific search terms used included ‘Paul Klein’ and ‘Berkeley+police+shooting’. In other instances, the news framing analysis was conducted using hard copies of newspaper articles from my own personal research files and those provided by Paul Klein’s family. These accounted for a combined total of 58 relevant news items, including 40 news articles; one masthead editorial; one other column or op-ed article; eight more thematic news articles (e.g. news features) and seven letters to the editor. A separate news item, which did not refer to Paul Klein by name, was retained for relevance as it offered a comparative news story about another police-involved mental health crisis intervention in the same suburb, post-the Paul Klein incident, which had been resolved by non-lethal means. These news items spanned the period immediately
following the Paul Klein incident through to the coronial inquest and subsequent legal proceedings. News framing and discursive content analyses were also conducted in relation to both the audiovisual news package of Paul Klein’s death, which was broadcast by regional television station, WIN Television, and its corresponding unedited news footage; although, these data sources remain secondary to the critical analyses of the broader printed press coverage of the Paul Klein incident.

The print news media items were manually coded by the principal researcher, with identification of the prominence of news frames or media templates (and their counter-frames). Particular emphasis was placed on the framing of subjectivities within each news item and attributions were identified in relation to the primary definition of this news framing. A simplified version of this coding strategy was repeated on the broadcast news items from WIN Television. Analysis began with the *Illawarra Mercury* and the newspaper’s media coverage of the critical incident and coronial inquest. The data revealed that news items about the Paul Klein incident were prominent in the days immediately following the critical incident. These were often featured on the newspaper’s front page or within the first five pages of editorial. Regular updates were also provided on the coronial inquest and these similarly featured within the first five pages of the newspaper. At the height of the Paul Klein incident, the *Illawarra Mercury* was publishing several pages of news stories in a single day’s issue of the newspaper. Seven separate news items appeared in the 28 May 1998 edition of the newspaper alone. While these were consistently episodic in their news frames, a special feature that sought to ‘humanise’ Paul Klein, which was published on 18 September 1999 in the lead up to the coronial inquest, took on a more thematic orientation. The newspaper’s media coverage of the coronial inquest comparatively included a mix of episodic and thematic news frames.

**Critical literature review and research interviews**

In addition to qualitative interpretive framing analyses of these news media reports and other research materials, a detailed literature review was conducted of the established body of research that relates to contemporary policing and mental illness.
In tying together many of the seemingly disengaged areas of academic literature previously mentioned in this chapter, the thesis has adopted an inter-disciplinary approach to the research of fatal police-involved shootings of mentally ill individuals in crisis. It draws on a number of disciplinary traditions, not limited to journalism, media and communications; criminology; sociology; police studies; morals and ethics; visual culture; medicine; and law. However, the thesis is also a direct response to this body of work, highlighting its various strengths and weaknesses, while also filling the gap that currently exists within the literature in relation to critical analysis of the real-world complexities and discursive representations of fatal mental health crisis interventions. There are several possible reasons for these ‘silences’ in the research agenda, not least of all is the integrity of available data and access to relevant evidence. These issues are discussed in more detail later in this chapter and furthermore in Chapter 3 (see also McGovern, 2011; Punch, 1989 for other perspectives). It is important to note, within this context, that research of critical incidents, such as fatal mental health crisis interventions, is neither undemanding nor unproblematic. It is an inherently sensitive area of research, which does not always sit comfortably within the confines of quantitative research methods and the clinical body counts towards which academic analyses of police use of force have traditionally been predisposed.

The critical observations from the qualitative interpretive framing analyses conducted for the current research project are therefore bolstered by a number of research interviews that were recorded with representatives from relevant stakeholder groups, including the NSW Police Force MHIT; Schizophrenia Fellowship of NSW; and the Hunter Institute of Mental Health, which is responsible for the management of the *Mindframe* National Media Initiative. These were complemented by another research interview with the Queensland State Coroner, Michael Barnes, who has presided over a number of coronial inquests related to fatal mental health crisis interventions. He has also been the subject of high-profile media attention and criticism of his combined coronial findings in the fatal police-involved shootings of four mentally ill men in Queensland over the period 2003-2006. A research focus
The group was also facilitated with 10 mental health consumers from Harmony House, a Day-to-Day Living in the Community Program, supported by the Schizophrenia Fellowship of NSW. Given the sensitivities and social stigma that continue to be associated with mental illness, the anonymity of these research participants was guaranteed in exchange for their involvement in the research project. As such, their comments have been de-identified throughout the doctoral thesis. The interviews perhaps most informative to the research project have been those conducted with the frontline police officers and news media professionals involved in the Paul Klein incident. It is unfortunate that some of those contacted to participate in a research interview either declined for personal reasons or did not respond to my correspondence and other attempts at personal contact.

In total, nine in-depth research interviews were conducted for this study. These interviews were semi-structured around themes with some comparative questioning adopted in relation to these themes and between the various research participants. Ethics clearance was received for both the research interviews and the mental health consumer research focus group after extensive consultation and negotiation with the University of Canberra’s Committee for Ethics in Human Research, which expressed concerns about the subject of my research and my lack of clinical expertise to approach research participants about traumatic events. The ethics process and its inherent challenges are discussed in more detail in Clifford (2010b). The approved ethics documentation stated clearly and unequivocally that each research interview would be recorded and written request sought from each interviewee for the attribution of quotes within the doctoral thesis and related publications. All interviews and the research focus group were recorded and transcribed by an independent transcriber. These transcripts were then reviewed alongside their original recordings. Changes were incorporated into the interview transcripts as necessary to ensure their accuracy, particularly in relation to titles and the use of acronyms specific to the field of study with which the transcriber was not necessarily familiar. In the case of individual interviews, all research participants were afforded the opportunity to review their interview transcript, at which time confirmation of consent for attribution
of material from the transcript was requested. No research participant objected to the identification of their quotes by name, although some requested minor changes to the context of their contributions, as they appeared in the interview transcript. These were all accepted and incorporated into the final interview transcripts, which were used for critical analysis.

1.5. The challenges and limitations of ‘sensitive’ qualitative research

As this thesis is concerned with the mediated proximities and distances of ‘bearing witness’ to trauma and our identification with others, it is only appropriate that I also mention my own proximities to the research project. I was living in Wollongong at the time of the fatal police-involved shooting of Paul Klein and, like many others, I learned of his death through the local news media. As a university student, who was also involved in writing for a local community newspaper, I was discomforted, although not entirely surprised, by the very graphic nature of the Illawarra Mercury’s news media coverage of the critical incident. It prompted me to complete a minor research project on the media representations of the Paul Klein incident in my second last year of undergraduate study, at which time the case was before the Deputy State Coroner. The project included interviews with some of the individuals whose personal narratives the current doctoral research project have revisited through supplementary research interviews. Despite the passage of time, the recollections and reflections of these individuals remain largely unchanged, and I have been struck by the specificity and vividness with which many of the research participants have been able to recount details of their involvement in the Paul Klein incident, even though it is now more than a decade since the event.

This thesis has therefore been a protracted and challenging journey to the heart of a highly sensitive and controversial, albeit under-researched, area of academic study at the crossroads of ‘mediated public crisis’ and personal trauma. To this end, and in keeping with the notion of the ‘cultural turn’ in the social sciences (see Tulloch, 2008), I have chosen to write myself into the research by reflecting on the tensions between my personal, professional and scholarly selves, as experienced throughout
my engagement with a field of humanities-based qualitative trauma research that might be said to be overwhelmingly resistant to researcher neutrality. Denial of self has long been perceived as an “epistemological necessity” within academic research, despite the fact that all research is ultimately interpretive and fieldwork is typically conceived of as “a setting and context for personal growth” (Coffey & Atkinson, 1996, p. 21). But, as Booth (2011) suggests, research culture has traditionally been shaped by the ‘ideology of science’, with its emphasis on objectivity and neutrality. In this context, there has been an observable reluctance among researchers to “reflect upon and write about emotions in the research process” for fear that such factors may “threaten the integrity of the research” (Booth, 2011, p. 83; see also Dickson-Swift et al., 2009; Kleinman & Copp, 1993). The result has been a marginalisation of the importance of emotions in research (Harris & Huntingdon, 2001). For some, such as qualitative trauma researchers, like myself, whose work is inescapably emotional in orientation, this disregard for emotionality (and the potential for researcher vulnerability) can have serious implications for not only the integrity of the research, but the researcher themselves and their broader relationships with research participants.

The (dis)orderly entanglements of qualitative researcher subjectivity

It stands to reason that undertaking qualitative research on emotionally-laden and sensitive topics will present a number of inherent challenges to both researchers and research participants. After all, research of this kind, which often explores some of the most intimate and disturbing aspects of an individual’s life, is intrusive; regardless of the moral precautions offered by ethics approval and the informed consent of research participants (Raftery, 1997). Qualitative research of a sensitive and/or traumatic persuasion walks a treacherous line between facilitating opportunities for traumatic recovery, redemption and endurance, and potentially causing further distress to either participants and/or researchers already under duress. Researching people’s direct experiences of trauma and exploring the limits of traumatic recovery is, as Connolly and Reilly (2007) point out, “difficult research” (p. 536). There is obviously little comparison — in the case of my own research —
between the experiences of people who knew the deceased and those of the qualitative trauma researcher, given the former’s reactions are of an entirely “different order” (Fincham, Scourfield, & Langer, 2008, p. 860). Nonetheless, the weight of responsibility that comes with ‘bearing witness’ to the very personal, painful, heartfelt and sometimes truly heartbreaking stories shared by research participants (often encompassed in both research interviews and secondary source documents) is undeniable. Sullivan (1998) encapsulates this sense of responsibility in her reflections on her own sensitive research: “At the forefront of my mind was always the thought that to be permitted a private view of another person’s past, their pain, their sorrow, was a privilege” (p. 4).

Michael Montgomery, a former producer for CBS News and a veteran of radio, television and newspapers, highlights the key ethical difficulties associated with this, particularly for the researcher:

We have this idea that the simple act of bearing witness is what matters to survivors, but it’s far more complicated than that. When you come and interview them, their hope is that their lives are going to improve, that they’re going to be helped by this in some tangible way. So they tell you their stories, these painful stories, and you listen knowing that you’re almost certainly not going to help them. It’s not deception, but sometimes it comes close to feeling like it (Montgomery quoted in Dawes, 2007, p. 175).

In the conduct of trauma research in the humanities and social sciences, navigating one’s way through these accounts, and the sometimes disturbing nature of the (audio)visual and written materials that accompany and distinguish them, can be a highly complex, concentrated (even intimate) and enduring process. It is a process that is significantly complicated by the seemingly irreconcilable dynamics of retaining one’s humanness in the face of such a trusted and generous act of gift-giving (as is the sharing of written and verbal personal trauma narratives by research participants), while also striving to preserve the detached and ‘objective’ manner typically associated with the positivist protocols of academic research and traditional, albeit rather erroneous, assumptions of what defines an ethical and proficient researcher. While the existing literature makes broad reference to a number
of these challenges — not least of all, the ethical limitation of harm and distress to research participants — it more often than not falls short of substantive reflection on the specific conflicts of identity and emotion often experienced by qualitative trauma researchers and the ways in which these researchers, but particularly those based in the humanities and social sciences, might effectively respond to (and seek to resolve) these dilemmas. This is in spite of a general agreement among most authors that the definition of ‘sensitive’ research remains fundamentally based on the premise of the potential threat of harm to either or both research participants and qualitative researchers (see Johnson & Clarke, 2003; Lee & Renzetti, 1993). The focus of much of the existing literature (and of qualitative research itself to a large extent) has, however, been on the protection of research participants, and less on the protection and self-preservation of the researcher (Rowling, 1999). This is despite the fact that constant contact with the painful images, coronial documents, graphic media materials, thoughts, feelings and personal interactions that often accompany sensitive research — particularly that which engages with mental health trauma narratives — does not come without its own inherent challenges. These include the “continuous process of renegotiating and maintaining proper boundaries” (Rager, 2005, p. 26) — between personal and professional self (as a researcher) and also, in some cases, between the researcher and research participants (where, for example, these individuals have identified the researcher as a potential confidante and someone who will listen to their personal trauma narratives).

**The ‘emotional labour’ of ‘bearing witness’ to mental health trauma narratives**

The pressure to maintain the ‘right’ emotional façade in relation to one’s research strongly resonates with Hochschild’s (1983) seminal work on the ‘emotional labour’ associated with frontline service jobs (e.g. those in the airline industry). While some conceptual ambiguity persists, Hochschild’s ‘emotional labour’ thesis proposes that the ‘emotion work’ performed by these employees fundamentally involves the *management of emotions* such that these remain consistent with organisational protocols or occupational standards, regardless of whether some tension or discrepancy exists between the two. Hochschild (1983) refers to this process of
“maintaining a difference between feeling and feigning” as emotional dissonance (p. 90). In the context of qualitative research, the performativity of acceptable displays of emotion has traditionally equated to a perceived need to regulate one’s feelings or emotional responses to the research and its participants; often to the point of erasure. This might well be considered an anti-humanist approach to research of this kind. Personal experience suggests that it is counter-intuitive to the compassion required of researchers whose work addresses sensitive issues and will therefore often involve interactions with ‘vulnerable’ research participants. As Foster, McAllister and O’Brien (2006) explain, research of this kind typically requires scholars to draw on genuine and personal expressions of “empathy, warmth, respect, patience, and trustworthiness” (p. 47) to cultivate a dialogue between the researcher and participant; the stylistic conventions of interviews with the substance of conversations. This is part of the ethical responsibility assumed by the qualitative trauma researcher in the course of ‘bearing witness’ to the trauma narratives of participants. To do away with this imperative — especially in the context of researching fatal mental health crisis interventions — could be seen, at best, to be insensitive and, at worst, opportunistic.

Increasingly, researchers themselves — particularly those working on sensitive issues in health-related contexts and criminological areas — have started to articulate these sentiments in relation to their own research. Many of these authors have appropriated the concept of ‘emotional labour’ as a means by which to explore the importance of emotionality to their work (see, for example, Booth, 2011; Clifford, 2010b; Darra, 2008; Dickson-Swift et al., 2009; Rowling, 1999). This experience has substantially informed the research process for this doctoral thesis, and emotions and ‘emotion work’ have functioned as a central underpinning framework for the research conducted. The process of working through the ethical complexities of this research experience has been recorded in more detail in Clifford (2010b), but it is fair to say that what follows in this thesis is ultimately the product of a “thinking and feeling”

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2 The ‘emotional labour’ of trauma work related to the professional experiences of police officers and news media professionals is evident throughout the thesis, but addressed in some detail in Chapters 4 and 6.
researcher (Blakely, 2007, p. 4). Qualitative research of an ‘interpretivist’ orientation such as this not only challenges, but more substantially rejects many of the modernist conceptions of emotional detachment and disembodied knowledge — traditionally associated with the positivist research tradition and considered to be markers of a more rigorous style of critical analysis — in favour of a more ‘evocative epistemology’ (Denzin, 1997) and interactive or ‘participatory’ analysis. To this end, this thesis follows the lead of Rhoads (2003) by attempting to restore “the personal to the realm of scholarly research” (p. 237) in a way that distinguishes between using qualitative methods and doing ‘interpretivist’ research.

**Constraints on the accessibility and integrity of the research data**

There are also other more practical or procedural challenges for research of this kind, and especially that which engages with police use of deadly force in mental health crisis situations, and its representations in news media coverage. Primary to these are the constraints on access to research data. As earlier noted in this chapter, most research on police use of force tends to focus on the topic in a more generalised manner, seldom directing attention to fatal police-involved shootings specifically, and even less so to fatal mental health crisis interventions. This may be attributable to the difficulties experienced in accessing relevant police data on deadly or lethal force incidents (Sarre, 1996). As McElvain (2009) and McGovern (2011) point out, and as my own research experience substantiates, police departments and their associated agencies are more often than not reluctant to allow external access to their computerised operational policing records. Understandably, most police agencies are highly sensitive to the protection of this data. Where access is permitted — often as a result of authorised projects between police agencies and academic researchers and universities — the integrity of data related to such incidents remains questionable, given that anecdotal evidence suggests there is little consistency in the way police use of force is recorded and maintained; both at an individual police officer level and institutionally (for fuller discussion, see Chapter 3).
As Lyneham, Larsen, and Beacroft (2010) point out, police and coronial records (the two main data sources most often relied upon for details and analyses of police use of deadly force) do not always contain complete data on each relevant critical incident. More often than not, coronial records are used to confirm the details of police reports and/or to complete missing information. However, writes Lyneham, Larsen, and Beacroft (2010), “not all information is reported on or reported consistently in coronial records across cases” (p. 47). Some coronial records may be lost or suppressed. This means that “some variables will have only limited information available” (Lyneham, Larsen, & Beacroft, 2010, p. 47). Given the delays unique to the completion and publication of coronial findings, data sources such as the National Deaths in Custody Program are often updated retrospectively, with many cases typically excluded from the dataset of associated publications, due to missing information (Lyneham, Larsen, and Beacroft, 2010). This can have significant implications for the integrity of data related to fatal police-involved shootings generally and fatal mental health crisis interventions more specifically. However, it may also bear significant consequences for education and policy response and reforms in relation to policing and mental ill-health. Many of these same methodological and data access limitations have applied to the current research project. The constraints on and deficiencies of these existing datasets are discussed in more detail in Chapters 3 and 4.

The limitations of the news framing analysis conducted for the current research project must also be acknowledged, especially with regard to the coding strategy (including the absence of an independent secondary coder) and the researcher designation of news frames. The research recognises that these processes are inherently evaluative and that when studying the potential effects of news frames, it is essential to distinguish between the valence of such ‘contestable categories’ (de Vreese, 2010). These issues are discussed in more detail in the introduction to Chapter 5. A substantial amount of the data examined for the thesis is publicly accessible for readers to scrutinise and challenge my news framing and critical discourse analyses. It is also important to remember that the dynamics of the
news media coverage of fatal mental health crisis interventions examined within the thesis are the “product of the specific historical relationships” between the news media organisations studied and their news subjects (police officers and bereaved family members alike) (Lawrence, 2000). For this reason, the research findings cannot be generalised to all news media organisations across all locales, although this does not preclude critical analysis of the “specific dynamics of specific news contexts” (Lawrence, 2000, p. 12). As Lawrence (2000) suggests, closely analysing the news media coverage of one issue through a case study approach with comparative observations to subsequent reporting across a long period of time “allows us to see the full range of coverage produced on the ambiguous and controversial topic of police use of force” (p. 12). It also allows for the production of a more subtle and nuanced theory of mediated risk communication and the affective dimensions of risk discourse.

It is worth saying a few words about the period in which the research was conducted. Over the past five years, the issue of mental illness has attracted considerable news media attention and public debate. Much of this can be attributed to the concerted efforts of mental health advocates to improve mental health literacy within the community and raise the profile of ‘mental illness’ as a significant portfolio issue on the political agenda in terms of funding considerations, and policy planning and reforms. What we have seen is a period where these concerted efforts have started to reap dividends (although this is contestable) and the prominence of mental illness within public discourse has achieved some traction. As discussed earlier in this chapter, these developments have brought us to a critical point where it is no longer viable for stakeholders, such as police agencies, to discount their roles and responsibilities in the response to mental illness in the community.

There were several reminders of this throughout this doctoral research project, including no less than three coronial inquests into fatal mental health crisis interventions in NSW related to the high-profile deaths of Michael Capel, Elijah Holcombe, and Adam Salter. These were in addition to the four fatal
mental health crisis interventions presided over by Queensland State Coroner, Michael Barnes, in 2008, and the coronial inquest into the fatal police-involved shooting of teenager, Tyler Cassidy, in a skate park in a northern Melbourne suburb in December 2008. These developments, along with the introduction of specialised mental health training for frontline police officers in Australian jurisdictions, like NSW, and more favourable results from the Media Monitoring Project on the media’s reporting of mental illness, have impacted on the tenor of the current research project. This has required the revision of some research priorities in addition to some of the project’s very early recommendations (e.g. the need to introduce specialised mental health training for frontline police officers). This process has also been significantly informed and strengthened by my own ethnographic experiences, throughout 2008 and 2009, as a Research Assistant on Charles Sturt University’s independent evaluation of the NSW Police Force Mental Health Intervention Team (MHIT).

1.6. Significance of the NSW Police Force MHIT to the study

Many of the findings of the independent evaluation of the NSW Police Force MHIT are referenced throughout this thesis. A summary of the specialised mental health training program is therefore necessary to contextualise this evidence as well as its significance to the current research project. The NSW Police Force MHIT commenced as a pilot program in July 2007 across three police Local Area Commands (LACs), including Eastern Beaches, Penrith, and Tuggerah Lakes, with a fourth LAC identified as a control site for the study. The program was modelled on many of the features of the Memphis Crisis Intervention Team (CIT) (see Chapter 2 for more details), particularly in relation to course content and structure (see Martinez, 2010). The NSW Police Force MHIT program includes a four-day education package, which seeks to develop the skills, knowledge and abilities of frontline police officers to better equip them with tools — such as communications strategies, risk assessment and crisis intervention techniques, as well as an understanding of the NSW Mental Health Act — to effectively and efficiently manage mental health crisis incidents. Development and delivery of the training for
the pilot program was designated the responsibility of a central MHIT command, which included an MHIT Commander, Education Development Officer/Analyst, Senior Policy Officer, and a NSW Health-funded Clinical Nurse Consultant. The project’s aims included:

- A reduction in the risk of injury to police and mental health consumers when dealing with mental health related incidents;
- Improved awareness amongst frontline police officers of the risks involved in the interaction between police and mental health consumers;
- Improved collaboration with other government and non-government agencies in the response to, and management of, mental health crisis incidents; and
- Reductions in the time taken by police in the handover of mental health consumers into the health care system (NSW Police Force, 2008b).

Between February 2008 and March 2009, the MHIT training package was delivered to around 40 officers from each of three trial LACs. Police who completed the four-day training program were accredited as specialist MHIT officers, and were distinguished from other frontline police by a distinctive MHIT badge worn above the name plate on their uniforms (Donohue, 2010; Herrington et al., 2009). In this respect, as well as many others, the NSW Police Force MHIT compares favourably with established ‘best practice’ standards for the specialised mental health training of police officers (see Klyver & Reiser, 1983; Lamb, Weinberger, & DeCuir Jr, 2002). One of the particular strengths of the NSW Police Force MHIT has been “the development of good relationships between the police and NGOs, such as the SFNSW [Schizophrenia Fellowship of NSW], and stakeholders in NSW Health and NSW Ambulance, from the outset of the pilot” (Herrington et al., 2009, p. 18). The SFNSW has, in particular, played a central role in the development and delivery of the MHIT training curriculum and was, in fact, responsible for bringing the original idea of an MHIT command to the NSW Police Force. In an interview for the research project, Rob Ramjan, CEO of SFNSW, explained:

I saw Major Sam Cochran [then Commander of the Memphis CIT] present at an army conference in San Diego, I think, in the United States… it was interesting, and I always thought the cops were frontline
mental health workers and what they were doing was just spectacular. So, we came back, we tried to get some interest, but at that point in time, there wasn’t a lot of interest. But we kept on, did some research… Ken Moroney as [NSW Police] Commissioner came out and said that he’d had a gutful of his officers being put in danger because of people with a mental illness. That was front-page news, TV, radio, and we wrote to him straightaway and said, “we think we’ve got an answer for you”… (R. Ramjan, Research Interview, 6 August 2010).

Following the success of the trial program and the positive outcomes of the independent evaluation, the NSW Police Force MHIT has since been endorsed as a permanent component of the NSW Police Force Policy and Programs Command, with a target to deliver MHIT training to a minimum of 10 per cent of all frontline police officers by 2015 (NSW Police Force, 2009).

The evaluation of the effectiveness of the NSW Police Force MHIT program

The independent evaluation of the NSW Police Force MHIT was undertaken by Charles Sturt University³, which had been engaged specifically by the NSW Police Force for this purpose (for the complete findings of the final report of the independent evaluation, see Herrington et al., 2009). The primary objective of the evaluation was to assess the extent to which the NSW Police Force MHIT had achieved its four nominated project aims (as above) with recommendations on the sustainability of the program and, in particular, the ongoing monitoring of its success and effectiveness. A multi-phased mixed methods interactive approach was adopted for the independent evaluation; drawing on primary and secondary qualitative and quantitative data with findings from the research periodically communicated to MHIT program managers, police officers in the pilot sites and senior police in the form of verbal briefings and formal progress reports (Herrington et al., 2009). The findings in the final report of the independent evaluation of the NSW Police Force MHIT were drawn from data collected from a series of semi-structured

³ This is not the only notable engagement between academia and police in the area of police responses to mental illness in Australia. In the state of Victoria, Monash University has been engaged in a collaborative research project with Victoria Police to investigate police practices, policies and procedures for dealing with mentally disordered individuals as well as other relevant mental health service delivery agencies. Project PRIMeD, as it is known — Police Responses to the Interface with Mental Disorder — is expected to culminate in the development of evidence-based ‘best practice’ models of engagement for Victoria Police in its interactions with these key stakeholder groups (Monash University, 2008).
interviews (including two focus groups with mental health consumers and advocates; one in a pilot site for the MHIT, and the other involving individuals from outside the evaluation areas); pre- and post-training surveys of police officers and incident-specific surveys of police and mental health consumers; project team member observations; police ridealongs; and recorded data from sources such as the NSW Police Force Computer Aided Dispatch (CAD) system and Computerised Operational Policing System (COPS) database (Herrington et al., 2009).

One measure not tested as part of the pre-training surveys (despite the fact that this data may have been informative to conclusions about police knowledge of and attitudes towards mental illness) were the levels of exposure participating police officers had previously had to mental illness outside the parameters of their law enforcement duties (e.g. through personal experience of having received psychiatric treatment or knowing someone, be it a friend or family member, with a mental illness). While this was considered beyond the immediate scope of the independent evaluation (and, one might argue, also the NSW Police Force MHIT program’s identified aims), previous international studies using similar methods of analysis have adopted these measures of prior exposure among CIT trainees as a key benchmark against which to assess whether CIT training influences police officer knowledge, attitudes and stigmatism towards mental illness and mentally ill individuals (see Compton et al., 2006).

The exclusion of this measure from the independent evaluation of the NSW Police Force MHIT does not necessarily detract from the findings regarding the effectiveness of the program or, for that matter, the critical observations about police officer attitudes and confidence levels in dealing with mentally ill individuals, as detailed in Chapter 2. However, the absence of these measures does suggest that the independent evaluation of the NSW Police Force MHIT may have neglected one of the oft-unacknowledged aspects of policing and mental ill-health; that police officers are still ordinary citizens, representative of the society from which they are drawn, whose professional practices are not immune from the influence of
their experiences with mental illness and mentally ill individuals outside of their work environment. This has been borne out by previous studies, such as the pre- and post-training surveys of 159 police officers undertaking a CIT training program in Atlanta, Georgia, conducted by Compton and colleagues (2006). The study’s authors noted several interesting findings that were not part of the original hypotheses for the project, but that deserved further attention:

…there was a relatively high level of familiarity with mental illnesses and schizophrenia in particular among officers entering CIT training. This suggests that officers who volunteer for CIT training may be interested in learning more about mental illnesses in part because of past personal, family or work-related exposure to mental illnesses or psychiatric care… it [also] appears that officers who report having known someone with schizophrenia have lower levels of social distance and that receiving training about mental illnesses further reduces this form of stigma. Thus, in addition to classroom teaching, exposure to individuals with mental illnesses may be an effective means of reducing stigma (p. 1201).

The issue of ‘situated knowledge’ and lived experiences of mental illness as an influential factor in police-involved mental health crisis interventions and the reduction of professional and social stigma is further explored in the following chapters of this thesis.

1.7. Terminology

The importance of language in both news media coverage and the institutional and lay discourses that seek to make sense of traumatic events, such as fatal mental health crisis interventions, is also central to the stigmatism of mental illness in society, as Chapters 3 and 4 of this thesis demonstrate. In Australia, a ‘mental illness’ is broadly defined as a “clinically diagnosable disorder that significantly interferes with an individual’s cognitive, emotional or social abilities” (Australian Health Ministers, 2003, p. 5). Mental illness can impair an individual’s development, education, career, relationships, and quality of life. Experiences can be transient; some individuals may experience their illness only once before fully recovering, while for others mental illness can recur throughout their lives (Australian Bureau of Statistics, 1998, p. 5).
For a researcher unfamiliar with the ‘clinical’ dynamics of mental health, determining the parameters of what constitutes a ‘mental illness’ can be a challenging task, given that the complexity of mental ill-health — both conceptually and experientially — is typically characterised by a diverse range of viewpoints and varying uses of terminology. For instance, in many texts, the term ‘mental illness’ is treated as being synonymous with ‘mental disorder’ (see, as example, Australian Health Ministers, 2003; Commonwealth of Australia, 2010). The *NSW Mental Health Act* is intended to overcome this problem, in part, by defining mental illness in terms of symptoms. But, even at this level of specificity, “problems of definition persist” (Shea, 1995, p. 7), since different people respond to the same symptoms in different ways. While clinical definitions of ‘mental illness’ therefore offer one benchmark against which to define the conditions of mental ill-health, they do little to capture the *individual experience*. Writes Morris (2006):

> Each person… has their own unique and distinctive experience and understanding as to what the term mental illness actually means. What needs recognising is the vast spectrum of difference encompassed within the term ‘mental illness’ instead of seeing everyone concerned as belonging to one collective ‘mass’ upon whom we attribute similar qualities, for example, potentially violent, ‘mad’, or unpredictable (p. 10).

Cautions about the usage of terminology and the implications of politically-charged words on (misrepresentations of) identity have been repeatedly highlighted in research on mental health/illness (Birch, 2012), and particularly in relation to media representations of mental illness. These cautions have also been supported by mentally ill individuals themselves, who point out that the language of psychiatry, as appropriated in public discourse, has the potential to perpetuate stereotypes and misconceptions about mental illness, which are often the impetus for social stigma and discrimination (Pescosolido et al., 1999; Socall, & Holtgraves, 1992). As one mental health consumer told me:

> They just see us… and they label us. She’s schizophrenic, she’s bipolar, they’re mentally ill… We’re labelled as different; well we’re not different. We’re just like any other person out there only we’re on medication and we have counselling and see a psychiatrist (Mental health consumer, Research Focus Group, 20 August 2010).
As Holland (2007) explains, decisions determining what language to use are important, since “some words or labels are more apt to be used in some contexts than others” (p. 897). Debate continues, for example, over use of the word ‘consumer’ as preferential to terms such as ‘patient’, ‘client’ or the more cumbersome ‘consumer/survivor/ex-patient’ in reference to those individuals with lived experience of mental illness or those who are under treatment for a psychiatric disorder. The literature on police-involved mental health crisis interventions is also quite disparate in its references to mentally ill people with some authors, particularly in the United States, opting for the term ‘emotionally disturbed persons’ or ‘EDPs’ (see, for example, New York City Police Department, 2003; Steadman et al., 2000; Wilson, 2003) and others, more recently, preferring the acronym ‘PSMI’ in abbreviation of the term ‘people with serious mental illness’ (see, for example, Lurigio & Watson, 2010) or ‘PMI’ for ‘persons with a mental illness’ (see, for example, Coleman & Cotton, 2010). Debate about the adequacy of these various terms reflects differing experiences with mental illness, psychiatry, and mental health services — recognising that such terms are not mutually exclusive, but rather offer multiple positions with which individuals can identify and occupy at any one time (Holland, 2007; Lewis, 2006).

**The researcher’s preferred terminology**

In this context, it is worth briefly commenting on the language used throughout this thesis. Within this introductory chapter, reference has been made to ‘mental health consumers’. Strictly speaking, the term refers to individuals in receipt of mental health services (Herrington et al., 2009), although the phrase has otherwise been used to describe any person experiencing mental illness. As the evidence suggests, the majority of Australians who experience mental illness are unable to access the psychiatric services and mental health care they need (MHCA and the Brain and Mind Research Institute, 2005; National Health and Hospitals Reform Commission, 2009; Rosenberg, Hickie, & Mendoza, 2009; Sced, 2006). Use of the term ‘mental health consumer’ can therefore “hide the fact that most people with mental illness in fact never become ‘consumers’ of services” (Senate Select
Committee on Mental Health, 2006, p. 8). The current research project therefore refers to individuals as ‘mental health consumers’ where it is known that they are current users of mental health services or where the reference is intended to describe individuals in this category. The exception to this is where information refers to Charles Sturt University’s independent evaluation of the NSW Police Force MHIT, which adopted the use of the term ‘mental health consumer’ to more broadly describe “individuals who are displaying the symptoms of a mental illness, whether or not they are currently in receipt of mental health services” (Herrington et al., 2009, p. 11).

Elsewhere, this thesis uses the terms ‘mentally ill individuals’, ‘person in psychiatric crisis’ or ‘people experiencing mental illness’ (or other similar variations on these phrases). This is partly to acknowledge that not all people with mental illness ever receive help (in contrast to the implication of the term ‘consumer’) and also because these terms remind us that people experience mental illness — they are not ‘the mentally ill’ (Senate Select Committee on Mental Health, 2006). This delineation is made also in the interests of accuracy to acknowledge that, during a crisis event, while a person may be displaying signs and symptoms consistent with or suggestive of a mental disorder, it is often unclear to police officers whether the individual has previously been formally diagnosed with a mental illness, is known to mental health services, is experiencing their first psychotic episode, or is displaying psychotic behaviour as a result of the use of narcotics (Herrington et al., 2009). In some instances, the distinction between these possibilities is only made after the fatal discharge of firearms and/or once the individual’s clinical records or psychiatric history has been ascertained from other relevant agencies. Following Coleman and Cotton’s (2010) definition of a person with a mental illness, the more general terms outlined above are used in the context of the current research project to specifically denote any individual whose behaviour at the time in question (i.e. during an interaction with police officers) appears to be “influenced by the presence of significant mental distress or illness” and their mental state “is impaired to the extent that their response to their environment is negatively affected” (p. 54).
Other specific circumstances attributable to a fatal mental health crisis intervention are explored in more detail in Chapter 3 of this thesis.

1.8. Structure of the thesis

It is impossible to ignore the fact that fatal mental health crisis interventions, like the Paul Klein incident and the other critical incidents addressed in this study, have occurred within a particular social context and at a particular historical moment. For this reason, it has been important to locate these critical incidents within the interdependent socio-political frameworks and historical developments related to contemporary policing, mental health care in the community and the news media’s representations of mental illness and police use of force. The structure of the thesis reflects these objectives.

Chapter 1 Introduction

This chapter has introduced the research project and its rationale, presented the research questions and methodology, reflected on the critical literature relevant to the field of research, and introduced a number of key issues relevant to the study.

Chapter 2 The thin blue line of mental health in Australia

This chapter establishes a contextual framework to the doctoral research project. It traces the historical development of community mental health care in Australia and the circumstances by which police officers have increasingly been expected to act as frontline responders to mental health crises in the community. The chapter examines the responses of police agencies to the increased incidence of callouts to mental health crisis incidents, and the controversial use of force in police-involved mental health crisis interventions. It explores the more recent development (and effectiveness) of a number of police initiatives that have sought to improve the mental health literacy and crisis response of frontline police officers.
Chapter 3  The social context of police use of deadly force
This chapter builds on these contextual foundations with a review of the academic literature relevant to police use of force, particularly in the context of public encounters with people in psychiatric distress. The chapter situates this work alongside an examination of the tensions that exist between the translation of policing theory and principles into contemporary policing practices. It explores these tensions in relation to mental health crisis incidents whose circumstances are so volatile (and, on occasion, mismanaged) that they result in the fatal police-involved shooting of the person in psychiatric crisis. The chapter reviews a number of prominent theories about the predictive determinants of police use of (deadly) force, and the attempts by Australian police agencies to minimise its use in interactions with mentally ill individuals in crisis. The prevalence of fatal mental health crisis interventions in Australian police encounters with mentally ill individuals in the community is set in context, and the datasets of these critical incidents are examined.

Chapter 4  Frames of ‘responsibility’ and ‘vulnerability’ in critical incidents
This chapter seeks to address the actual experiences behind the statistics with an examination of the ways in which fatal mental health crisis interventions and the risk discourse associated with them are constructed and contested by key stakeholders post-event. In particular, the chapter addresses the ways in which individuals involved in and/or impacted by these critical incidents struggle to define and make sense of them. The chapter examines the rhetoric common to bereaved family members (and friends) after a fatal mental health crisis intervention. It frames their subsequent attempts to attribute blame for the death of their loved one against the institutional discourse of the police agency, which more often than not constructs identifications of ‘risk’, ‘responsibility’ and ‘vulnerability’, which directly conflict with those of lay discourse. The potential complications that can yield from these conflicts between technical and subjective perceptions of ‘risk’ in police operations and discretionary decision-making are explored, as are the ways in which these traumatic personal experiences are transformed into ‘public risk knowledge’ through mediation and the framing practices of news media professionals.
Chapter 5  Case study: The Paul Klein incident
Having established that one of the primary sites for definitional conflict between stakeholders of a fatal mental health crisis intervention is the news media, this chapter provides a news framing analysis of the fatal police-involved shooting of mentally ill man, Paul Klein, on the south coast of NSW in 1998. The chapter builds on many of the issues raised in previous chapters about the complexities of police-involved mental health crisis interventions and the discursive conflicts of institutional and lay risk perceptions to examine the news narratives constructed (and contested) about Paul Klein’s death. In doing so, the chapter identifies the dominant news frames (also referred to as ‘media templates’) and normative frameworks for meaning production, which have persisted in relation to not only the Paul Klein incident, but also other fatal mental health crisis interventions.

Chapter 6  ‘News framing effects’ and the ‘affective turn’ of trauma reporting
This chapter introduces the notion of traumatic affect into the interpretative frameworks and news frames associated with fatal mental health crisis interventions. Where previous chapters have identified the predominant sources of risk information for and the framing practices of news journalists and other media professionals, this chapter questions the ‘framing effects’ of this reportage for individuals who may have been involved in and/or traumatised by a fatal mental health crisis intervention. It challenges the conventional assumption that police hold the balance of power in the police-media relationship by identifying the ways in which the ‘technical’ standards and formal guidelines of their profession can actually ‘marginalise’ the voices of individual police officers who have been involved in a fatal mental health crisis intervention. The personal trauma narratives of these police officers and their subjective interpretations of their involvement in a critical incident can be emotionally charged and subversive to the official discourse of police administrators, as it appears in the news. The chapter also maps the recent shifts in the framing of police use of force and fatal mental health crisis interventions in the news, and the ethical implications of the emergent trend towards the use of personal trauma narratives of bereaved family members as ‘primary definers’ of the news agenda.
Chapter 7  Conclusion
This chapter reviews the critical observations made throughout the thesis and advocates for the need for more contextualised news reporting of fatal mental health crisis interventions. The chapter also addresses the need for police agencies to recognise and respond to the fact that their interactions with news media reflect a complex set of relations that may not always produce favourable outcomes for the organisation (and its individual members). This is particularly the case with regards to media representations of police use of deadly force as it relates to crisis encounters with mentally ill individuals in the community.
CHAPTER TWO
The thin blue line of mental health in Australia

2.1. Introduction
This chapter examines the contemporary crisis of community-based care for people with mental illness in Australia, and the operational pressures and responsibilities that have resulted for police on the frontline. It addresses the first of the research questions outlined in the introduction of this thesis by exploring the responsibilities of police in managing mental illness in the community, and the impacts that deinstitutionalisation reforms have had on contemporary policing practices and the nature of police interactions with mentally ill individuals. The burden of filling the service gaps of poorly implemented and insufficiently funded deinstitutionalisation reforms has necessitated a shift in organisational culture and priorities within many police agencies. Frontline police officers across all jurisdictions in Australia have now become the primary, and often the only, first responders to mental health crises in the community (Hails & Borum, 2003; Lamb, Weinberger, & DeCuir Jr, 2002; Teller et al., 2006; Teplin & Pruett, 1992). The chapter explores the circumstances typical to these interactions, their range of outcomes, and the legislative and policy mechanisms that underscore such encounters between police and mentally ill individuals. It begins with a brief overview of Australia’s mental health system and its inability to cope with the holistic mental health care requirements and service demands of mental health consumers. Among the consequences are a troubling number of mentally ill people who have ‘fallen through the cracks’ into crisis, while others have succumbed to the ‘revolving door’ syndrome of repeat acute care
admissions or incarceration as a result of contact with the criminal justice system (Senate Select Committee on Mental Health, 2006). Although the psychiatric institutions of days gone by may have been replaced with community care, there remain a large number of mentally ill individuals who continue to find themselves stigmatised and, as such, vulnerable in other ways (Herrington & Clifford, 2012). On the other side of this equation are general duties police officers (i.e. frontline police) who have expressed their own sense of vulnerability, being without what many officers perceive to be the requisite knowledge, skills and resources to assess and respond appropriately to individuals with mental illness (Donohue et al., 2008). The remainder of the chapter focuses on the attempts by some police agencies to improve their capacity to respond effectively to mental health crises in the community through improved mental health training and awareness, and the development of partnerships with mental health advocates and other non-government organisations (NGOs) and community services. Many of these initiatives have sought to strike a balance between the tensions of traditional policing, based on the principles of law enforcement, and more contemporary forms of community policing, which have positioned frontline police officers as ‘streetcorner psychiatrists’ (Lamb, Weinberger, & DeCuir Jr, 2002; Teplin & Pruett, 1992). The chapter concludes with an overview of these specialised mental health response models and police training programs.

2.2. The crisis of community-based care for mentally ill individuals

The history of mental health reform in Australia has been characterised by a series of renewed policy commitments from various governments and other agencies, albeit with a constant under-delivery on the promise of continual improvements to the mental health system. These systemic inadequacies — while long-established — have often been attributed to the policy of ‘deinstitutionalisation’, which commenced in earnest across Australia in the 1980s, and continued throughout the 1990s. This reform process shifted the care, treatment and accommodation of mentally ill individuals from psychiatric custodial institutions to community-based settings, including a return to the family unit or residential group homes. In its early stages,
the argument for deinstitutionalisation was strengthened by the advent of anti-psychotic drugs and criticisms towards the effectiveness and cost of traditional asylum care (Wylie & Wilson, 1990). Deinstitutionalisation was also perceived to be a more satisfactory and humane means of treatment for mentally ill individuals that was consistent with international trends (Wylie & Wilson, 1990). However, as a number of prominent national and state-based inquiries have shown, in the Australian context, the process of returning mentally ill individuals to community living and community care has been afflicted by significant deficiencies. Principal to these is an ongoing deficit in the requisite mental health funding, programs, supervision and support services, including continuity of care, required to fulfil the ambitions of deinstitutionalisation — namely, a reduced incidence of mental illness and the number (and mistreatment) of mentally ill individuals in society (Rosenberg, Hickie, & Mendoza, 2009; Wylie & Wilson, 1990).

Despite an inordinate tendency within the literature to focus on the shortcomings rather than the successes of deinstitutionalisation (see, for example, Gralnick, 1985), the extent to which appropriate care can be provided in community settings for individuals experiencing mental illness remains highly sensitive to and dependent on a number of issues — not least of all, resource constraints and work practices (Queensland Health, 2005). In Australia, as well as internationally, there is compelling evidence to suggest that police resources have been left to shoulder the burden of the inadequacies of deinstitutionalisation reforms and a disproportionate share of the responsibilities of managing mental illness in the community (Teller et al., 2006). These responsibilities have traditionally been a part of police work (Bittner, 1967), although police interactions with mentally ill individuals post-deinstitutionalisation have become more frequent and more complex. Records from official police databases, such as the Computerised Operational Policing System (COPS) and Computer Aided Dispatch (CAD) systems used across Australia, support this (Donohue et al., 2008). So too do commentators, including those representing sector interests, such as the Police Federation of Australia (2005), who have drawn particular attention in recent years to the frequency with
which Australian frontline police officers have been expected to deal with persons presenting with symptoms of mental disorders in the community. This is a trend most readily measured by the millions of dollars spent in officer-hours each year on police involvement in mental health crisis incidents and the management of hospital admissions and assessments, as well as the often unnecessary incarceration of mentally disordered individuals (Wylie & Wilson, 1990).

The problem of extracting time-related data from police systems has been noted elsewhere, bringing into question the accuracy of available statistics regarding the police officer-hours committed to incidents involving mentally ill individuals. As Herrington et al. (2009) point out, while police systems “readily record the start and finish times of jobs (allowing analysis of an overall time spent on a call), they do not typically distinguish between time spent negotiating with a mental health consumer, and that spent waiting for the same consumer to be assessed or admitted to hospital” (p. 72). Nonetheless, figures show that, in 2003, Queensland police responded to some 17,000 callouts across the state relating to people with a mental illness; a 17 per cent increase from 2001. An estimated 11 per cent of these callouts resulted in a mental health crisis situation (Office of the Public Advocate – Queensland, 2005). By comparison, in 2004, NSW police responded to around 18,000 calls involving individuals with a mental disorder (Donohue et al., 2008). By 2009, this had increased to 34,000 mental health-related incidents (Donohue, 2010). The extent to which mental health education campaigns and improved mental health awareness can be attributed to these increases and the identification of mental illness as an associated factor in the completion of COPS narratives remains unclear. Nonetheless, the evidence shows that as “the prevalence of mental illness increases so too does police involvement in dealing with such cases” (Donohue et al., 2008, p. 25).

**Prevalence rates of mental illness in Australia**

Recent figures from the Australian Bureau of Statistics (ABS) reveal that the prevalence of mental illness in Australia has not diminished significantly over the
past 10 years, and may have, in fact, increased with regards to psychiatric problems, such as mood and anxiety disorders (Australian Bureau of Statistics, 2007; Cresswell, 2009). In 2007, the National Survey of Mental Health and Wellbeing of Adults found an estimated 3.2 million Australians (equivalent to 20 per cent of the population aged between 16 and 85 years) had suffered from a mental disorder in the 12 months preceding the survey (Australian Bureau of Statistics, 2007). These figures were broadly correlative to the prevalence rates recorded by the same ABS survey 10 years earlier (see Australian Bureau of Statistics, 1998), which led to the now prominent ‘one in five’ awareness campaign (i.e. that one in five Australians will experience a mental illness at some stage of their lives). The figures presented in both Australian clinical and research settings likely underestimate the real prevalence of mental illness in the community, since ‘mental illness’ in these contexts typically refers to identified mental disorders. This obscures the potential for substantially higher prevalence rates once unidentified or undiagnosed mental illnesses are taken into account. Some population groups have also been excluded from official prevalence statistics. As Hayman-White and colleagues (2006) point out, the oft-quoted ‘one in five’ prevalence rate of mental illness in Australia does not include low-prevalence disorders (e.g. schizophrenia) or responses from homeless shelters, nursing homes, hospitals or prisons, where the incidence of mental illness tends to be significantly higher than in the general population. Research conducted by Wesley Mission (2007) and reproduced in its report, Living with Mental Illness: Attitudes, Experiences and Challenges, supports these claims, suggesting that the prevalence rate for mental disorders in Australia more accurately lies somewhere between 22 per cent (diagnosed mental illness) and 36 per cent (including diagnosed and suspected mental illness). This is slightly higher than ABS estimates, although it is unclear to what extent either of these

4 Apart from increasing awareness of the prevalence of mental illness in Australia, particularly with regards to depression, the ‘one in five’ campaign has also been credited with generating broader mental health literacy among the Australian population (Andrews, Hall, Teeson & Henderson, 1999; Australian Bureau of Statistics, 1998; Hayman-White, Sgro & Happell, 2006; Kitchener & Jorm, 2002), along with more recent national mental health awareness campaign days (e.g. R U OK? Day).
official datasets account for individuals who meet the diagnostic criteria of more than one mental disorder (more commonly referred to as ‘dual diagnosis’ or comorbidity\(^5\)).

**The ‘revolving door’ of mental health care in Australia**

In Australia, the framework for mental health reform — in which the whole-of-government commitment to continual improvement of the mental health system is embedded — is the *National Mental Health Strategy*. Originally endorsed in April 1992 and subsequently reaffirmed a number of times by respective health ministers (see Appendix A), the strategy is underpinned by several legislative instruments and policies, which are designed to:

- Promote the mental health and wellbeing of the Australian community;
- Prevent the development of mental disorders;
- Reduce the impact of mental illness, where it is evident, and promote recovery; and
- Assure the rights of people with mental illness.

(Department of Health and Ageing, 2011)

While drug and alcohol disorders are included in the formal definition of ‘mental illness’ — as prescribed by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV-TR) and the *International Classification of Diseases, Tenth Edition* (ICD-10) — they are typically excluded from popular registers of the prevalence of mental illness, and also from Australian health care planning and the national mental health strategy (Senate Select Committee on Mental Health, 2006). This has led to a situation, as is currently evident in Australia, where barriers exist “between services provided for different illnesses and different population groups” (Senate Select Committee on Mental Health, 2006, p. 7). This predicament is clearly exacerbated for those experiencing comorbid conditions in that the separation of (or barriers between) alcohol and other drug services and

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\(^5\) Comorbidity refers to the occurrence of more than one disorder at the same time; more often than not experienced as a substance use disorder (e.g. drug and/or alcohol) and schizophrenia (Teesson & Byrnes, 2001).
mental health services negates the prospect of holistic health treatment. People with dual diagnoses are often “shuffled between services [that are] unable and sometimes unwilling to treat both conditions” (Senate Select Committee on Mental Health, 2006, p. 18). The result is a national mental health system that has variously been described as ‘failing’, ‘ineffective’ and ‘in crisis’, with an estimated 60 to 65 per cent of those experiencing chronic mental illness unable to access the care they need (MHCA and the Brain and Mind Research Institute, 2005; National Health and Hospitals Reform Commission, 2009; Rosenberg, Hickie, & Mendoza, 2009; Secc, 2006).

Impediments of this kind are well documented and have been central to the findings of several national inquiries into mental health reform in Australia, as outlined in Figure 2, as well as a number of state-based inquiries (see Senate Select Committee on Mental Health, 2006). Common to each of these inquiries has been the observation that mental health funding, in particular, continues to fall short in its provision of the required mental health services and support for mentally ill individuals in the community. Recent progress reports acknowledge that access to services for mentally ill individuals remains uneven across Australia, and key service gaps continue to exist (Department of Health and Ageing, 2010; National Mental Health Commission, 2012). In a foreword to the Department of Health and Ageing report, the Minister for Mental Health and Ageing, The Hon. Mark Butler, concluded that, as a community, “we need to do better” (Butler quoted in Department of Health and Ageing, 2011, p. i). While he acknowledged that there has been a strengthened commitment to mental health as a national health priority area, Butler (quoted in Department of Health and Ageing, 2010) conceded that “the system needs an overhaul to build a modern system of mental health care in Australia” (p. i). While there may have been some significant changes identifiable over the past 15 years of mental health reform (particularly with respect to the public’s awareness of the need to support mentally ill individuals in crisis), the provision and
**Figure 2:**
Summary of major national inquiries into mental health care in Australia

<table>
<thead>
<tr>
<th>Title of report</th>
<th>Author</th>
<th>Year</th>
<th>Key findings and recommendations</th>
</tr>
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| Human Rights & Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness (The Burdekin Report) | Human Rights and Equal Opportunity Commission | 1993 | • Found that mentally ill people are subject to widespread systemic discrimination and consistently denied the rights and services to which they are entitled.  
• Recommended improved information for carers and their greater involvement in mental health care decisions as well as consistent accountability mechanisms and service standards. |
| Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia | Mental Health Council of Australia and the Brain and Mind Research Institute | 2005 | • After 12 years of ‘reform’, mental health system is broken and failing.  
• Increased funding required.  
• Recommendation that, by 2010, mental health funding to account for 12 per cent of total health care funding in real terms. |
| A national approach to mental health – from crisis to community | Senate Select Committee on Mental Health | 2006 | • Mental health system in ongoing crisis.  
• Identified ‘buck-passing’ mentality among governments and individual agencies in relation to responsibility for problems.  
• Increased funding required, as well as improved integration of mental health services, greater accountability, and greater evaluation of mental health expenditure. |
| A Healthier Future for all Australians | National Health and Hospitals Commission | 2009 | • Identified improvements in community awareness about the need to support mentally ill individuals in the community.  
• No translation of community awareness into increased mental health funding.  
• Recommended that a 30 per cent increase in mental health funding could extend treatment to around 60 per cent more mentally ill Australians and result in a 90 per cent health gain. |
continuity of suitable mental health care, stable accommodation, and education and training opportunities is still regrettably deficient in Australia (Department of Health and Ageing, 2010; Senate Select Committee on Mental Health, 2006). The result, as Chappell (2008) explains, is that “the mentally ill tend to go through a repetitive cycle of admissions to hospital, while many come in contact with the law and are incarcerated” (p. 37).

**The criminalisation of mental illness through contact with the law**

In some cases, the criminal justice system itself has become a viable route to accessing much-needed psychiatric care (Engel & Silver, 2001). This has led to claims that prisons have become “de-facto institutions for people with mental health problems” (Wilkes quoted in Belcher & Al-Yaman, 2007, p. viii; see also Perez, Leifman, & Estrada, 2003). Similar to Canada and the United Kingdom, increasing numbers of mentally ill people in Australia continue to come in contact with the criminal justice system; be it as offenders or victims (Hoult et al., 1983). Major mental illnesses, such as schizophrenia and depression, are thought to be between three to five times more prevalent among Australian prisoner populations than in the general community, with the rate of undiagnosed mental health disorders likely to be much higher (Because mental health matters, 2009; Ogloff et al., 2007). Such claims, and the publicity given to critical incidents involving mentally ill individuals, may lead the public to believe that “a high proportion of people with mental illness commit crimes”, although as the Senate Select Committee on Mental Health (2006) points out “this is not the case” (p. 329).

Research indicates that individuals with a mental illness are no more likely to commit serious violence than individuals without a mental illness and, in many cases, are more likely to cause themselves harm or to be harmed than they are to cause harm to others (Commonwealth of Australia, 2010; Hafner & Boker, 1973; Jablensky and

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6 The first annual report card of the National Mental Health Commission (2012), released at the time of the final editing of this thesis, provides a reminder of the significant reforms still required within the mental health system, particularly with respect to employment, housing, physical health and the service gaps that mentally ill individuals continue to experience.
Jones, 1998; Link et al., 1992; Morris, 2006; Rosenman, 1994; SANE Australia, 2010; Steadman et al., 1998). Studies that have challenged these assertions counter that individuals with serious mental illnesses — particularly those who are psychotic, have discontinued taking their medication, and are substance abusers — are “significantly more dangerous than persons in the general population” (Lamb, Weinberger, & DeCuir Jr, 2002; see also Beck, White, & Gage, 1991; Fulwiler et al., 1997; Marzuk, 1996; Mulvey, 1994; Soyka, 2000; Swanson et al., 1997; Torrey, 1994). It could be argued that these categorisations reflect an exceptional combination of the most extreme circumstances of mental illness and are, therefore, not necessarily representative of the majority population and experiences of mentally ill individuals. Even if a person with mental illness does cause harm to others, there is no guarantee that the two situations are necessarily connected (Shea, 1995). To assume a causal connection between mental illness and violence conveniently neglects the role of appropriate mental health care as a preventive measure to potential violence.

It would be naïve to assume that individuals with a mental illness never display threatening behaviour or commit acts of violence. This has sadly been demonstrated, at its worst and most extreme, by those cases where police officers and others have been injured or killed by mentally ill individuals in acute psychiatric crisis (see Burton, 2012; Carroll, 2005; Police Federation of Australia, 2005; Springvale Monash Legal Services Inc, 2005a; Steadman et al., 2000). Such acts of violence by mentally ill individuals are typically the exception, rather than the norm, and are certainly not what underlies “the majority of psychiatric emergencies” (Lamb, Weinberger, & DeCuir Jr, 2002, p. 1268). The problem for police and other judicial officers in these situations is that they are not trained to be “expert at assessing a person’s state of mental health or illness” (Syme, 2002, p. 3) — despite the fact that they are often, somewhat reluctantly, placed in the position of being frontline responders to mental health crises in the community.
2.3. Police interactions with mentally ill individuals

The difficulties for police in determining the role of mental illness, as opposed to alcohol or other drugs, as a contributor to the disturbing or erratic behaviour of individuals in the community are readily acknowledged by police officers themselves (see, for example, Lamb, Weinberger, & DeCuir Jr, 2002; Wylie & Wilson, 1990). Police are not expected to undertake clinical diagnostic assessments in their interface with mentally ill individuals. However, there is reason to suggest that they should at least be “familiar with, and learn to recognise, the likely symptoms and behaviours of a person who is experiencing acute mental illness” (Office of the Public Advocate – Queensland, 2005, p. 13). The increasing interactions of police and mentally ill individuals in crisis, and the serious consequences that can result from volatile situations where mental illness is not recognised or identified, adds to the imperative for improved mental health education of frontline police officers.

The ability of police to proactively identify and refer individuals who present with welfare problems or the onset of a mental disorder has been identified as one way in which to reduce the demand on specialist mental health services by enabling early intervention and avoiding escalating situations and harms (Victoria Police, 2008). However, the involvement of police in mental health crisis situations should not be seen as a substitute for other preventive measures, such as pre-crisis medical intervention and holistic mental health care and treatment. One might argue that it is the inadequacy of specialist mental health services that continues to inhibit the prevention of mental health crises in the community, and that the key to unlocking this problem lies with improvements in the case management and ongoing outreach support of mentally ill individuals. According to the Office of the Public Advocate in Queensland (2005), such mechanisms can serve to return “vulnerable citizens with a mental illness to an optimal level of independent functioning and to strengthen their natural coping abilities and social networks, so as to better help them prevent situations of crisis” (p. 5). This was a proposition endorsed by many of the mental health consumers consulted for the current research project:
We need more early crisis intervention, so it doesn’t get to the stage where the police are coming and taking us away… so when we feel like we could tell someone; not let it get to the stage where we’re suicidal or where we’re ringing up and saying we’re going to jump off a building… (Mental health consumer, Research Focus Group, 20 August 2010).

For others, such as Queensland State Coroner, Michael Barnes, early systemic prevention of mental health crises may serve to reduce the need for police-involved mental health crisis intervention, thereby reducing the risks inherent to volatile encounters between police and mentally ill individuals experiencing an acute psychiatric emergency:

I think we’ve got most room to move around how we deal with people before they get into crisis. I think, once they’re in crisis, it’s going to be always very high risk in cases where police are involved and, obviously, you couldn’t put in a system where police were required to go to these situations unarmed; they just wouldn’t engage. And I don’t know how the public would accept saying the police should just withdraw and let these armed people run off into the community, because obviously there is a risk that someone else will be killed, and the community generally expects police to negate those sorts of risks (M. Barnes, Research Interview, 2 June 2008).

The roles and legislative responsibilities of police

In Australian jurisdictions, police are given “wide-ranging power to intervene in the lives of the mentally ill and mentally disordered by virtue of the respective Mental Health Acts” (Police Federation of Australia, 2005, p. 4). Under this legislation, police powers generally extend to the apprehension and conveyance or assistance with conveyance of persons:

- Believed to be mentally ill or mentally disordered, particularly where an inter-agency request has been made by an ambulance officer, medical practitioner or other authorised person, due to serious concerns for safety or where there is evidence to suggest that the individual may cause physical harm to themselves and/or to others;
- Detained pursuant to the respective Mental Health Act and who are unlawfully at large (be it that a criminal offence has been committed or the person has absented themselves from a mental health facility);
• Under a Community Treatment Order (or equivalent) who have refused or failed to comply with the order; and/or
• Whose welfare may benefit directly from the individual being more appropriately dealt with in accordance with the Mental Health Act (e.g. by admission to hospital) than otherwise by law.

Within this legislative framework, police are commonly authorised to use ‘reasonable’ force or the ‘reasonably necessary’ use of force and/or mechanical restraint devices to assist with the apprehension and transportation of mentally ill or mentally disordered individuals to or from a mental health facility. What is determined as ‘reasonable’\(^7\), however, is often ill-defined in many Mental Health Acts. “Thus,” writes Pinto (2004), “as with other law enforcement decisions, the police must exercise discretion in choosing the best way to handle emergency situations involving the mentally ill” (p. 11). International research confirms that police discretion plays a fundamental role in the management of crisis or arrest situations, but particularly those where mentally ill individuals are involved (see, for example, Freeman & Roesch, 1989; Green, 1997; Kalinich & Senese, 1987; Lamb, Weinberger, & DeCuir Jr, 2002; Sellers et al., 2005). The importance of discretionary decision-making is further intensified by the fact that the legislative powers conferred to police officers in relation to mental health encounters often “do not cover individuals whose level of need has not yet reached crisis point, who are incapable of providing informed consent, or who are not involved in a criminal matter” (Victoria Police, 2008, p. 7). These individuals are likely to come to police attention for creating a public nuisance or disturbance. They will often have chronic problems that render them cognitively impaired, or will be a low-level offender or a victim of crime. A number of them will come to police attention

\(^7\) In the United States Supreme Court, police officer perspectives of ‘reasonableness’ in relation to police use of force have previously been privileged over those of laypersons with no personal stake in the incident, as evidenced by the case of Graham v. Connor (1989). Writing for the Court’s majority, Chief Justice William Rehnquist (quoted in McElvain, 2009), states: “The ‘reasonableness’ of a particular use of force must be judged from the perspective of a reasonable officer on the scene, rather than with 20/20 vision of hindsight” (p. 43). Further to this: “The calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split-second judgments — in circumstances that are tense, uncertain, and rapidly evolving — about the amount of force that is necessary in a particular situation” (Rehnquist quoted in McElvain, 2009, p. 43).
repeatedly (i.e. as ‘frequent presenters’ or what is colloquially referred to as ‘frequent flyers’\(^8\)), although not all of them will require hospital admission (Victoria Police, 2008). This final point is one that is not often acknowledged in the literature on mental health crises in the community and police interactions with mentally ill individuals, and is discussed in more detail in subsequent chapters of this thesis.

**Inter-agency communication, coordination and collaboration**

Trends in changes to police roles and responsibilities in Australia bear parallels with the United States, among others, with police agencies that have traditionally been “protective and insular” now being “encouraged to embrace a community policing approach that emphasizes collaboration and partnerships” (Pinto, 2004, p. 3). “As a result,” writes Pinto (2004), “collaborative efforts between police departments and the mental health system are slowly emerging” (p. 3). The importance of these inter-agency relationships has elsewhere been emphasised, in the Australian context, by documents such as the Wooldridge Report, which stated that “sound working relationships between police services, mental health services and other relevant services at the local level are critical to the prevention and resolution of mental health crisis situations” (Expert Advisory Committee on Information Sharing in Mental Health Crisis Situations, 2000, p. ix).

In defining the roles and responsibilities of police in relation to mental health emergency situations, a number of Australian jurisdictions have proactively adopted specific inter-agency agreements, known as Memorandums of Understanding (MOUs), to complement the directives of the respective Mental Health Act (Seed, 2006). The aim of these MOUs is to formalise partnerships between (mental) health service providers and emergency services, including police, to provide clear and agreed guidelines and protocols on the parameters of engagement during mental health crisis situations where these services are involved (Carroll, 2005).

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\(^8\) ‘Frequent presenters’ are defined by the NSW Police Force as mental health consumers who present to them as a result of their mental illness (i.e. requiring scheduling) four or more times in a 12-month period (Herrington et al., 2009).
MOUs also typically seek to provide a structure for performance monitoring, including continued improvement, and dispute resolution to ensure that, where viable, early intervention is enabled to appropriately link mentally ill individuals with the support services and care they require at the first opportunity (Herrington et al., 2009; Victoria Police, 2008).

In NSW, deliberate attempts to ensure a more coordinated approach towards mental health emergencies have resulted in the implementation of a revised MOU between NSW Health, the Ambulance Service of NSW and the NSW Police Force (2007). The latest agreement, released under the auspices of the NSW Government’s Interagency Action Plan for Better Mental Health, builds on an earlier MOU between NSW Health and the NSW Police Force, produced in 1998, as well as additional guidelines and flowcharts, published in 2002. It outlines “the collaborative interagency responses to a range of crisis or emergency situations involving people suspected of having a mental illness or mental disorder” (NSW Health, Ambulance Service of NSW, & NSW Police Force, 2007, p. 1). Changes to NSW Area Health Services and NSW Police Force Regions boundaries in 2005, together with the implementation of new models of care in emergency mental health response, precipitated the 2007 version of the MOU, which has provided greater clarity around “seamless and timely handover procedures” (New South Wales Government, 2005, p. 24) between police, ambulance, emergency departments and mental health. It has also endeavoured to achieve a reduction in police involvement, where viable (New South Wales Government, 2005). True of many communications frameworks and formal protocols relating to the formal separation of roles and responsibilities between agencies, however, MOUs are only as effective on paper as they are enforceable in practice.

In NSW, a revised Mental Health Act 2007 (the Act) was introduced in November 2007, at which point the previous Mental Health Act 1990 ceased to have effect. A notable feature of the revised Act was the extension of the powers of detention to allow ambulance officers to transport mentally ill individuals
(under s20 of the Act) and to allow police to balance their role under the Act with competing law enforcement obligations (Herrington et al., 2009). The NSW Police Force withdrew its involvement in the transfer of mentally ill individuals between hospitals in metropolitan areas as of December 2008, with the service ceased in rural Local Area Commands (LACs) as of February 2009 — albeit with some “room for discretion” in relation to high-risk transfers (Donohue in Robotham, 2008). However, a delay to the incorporation of these changes into the MOU meant that, in practice, while the NSW Police Force had “progressed policies in relation to limiting their involvement in transporting mental health consumers in police vehicles”, there was some difficulty in holding other agencies to account on these policies (Herrington et al., 2009, p. 25). Data from the independent evaluation of the NSW Police Force MHIT shows that this has restricted the NSW Police Force’s ability to progress its inter-agency aims of reducing police officer involvement in mental health-related events (Herrington et al., 2009).

As of late 2009, the widespread practice of transporting mentally ill individuals in police vehicles continued, despite inter-agency agreements, such as the MOU, specifying that police vehicles should be used as a last resort. Police have therefore increasingly been required to perform a critical role in the referral and transfer of mentally ill individuals to hospital emergency departments or specialised mental health units (Redondo & Currier, 2003) — the time-consuming (and costly) nature of which, it is claimed, often detracts from the principal policing responsibilities of frontline officers. Being available 24 hours a day, seven days a week, police have become increasingly frustrated with the expectation that they will ‘fill the gaps’ by “being asked to shoulder duties no one else wants or can manage” (Police Federation of Australia, 2005, p. 3; see also Sced, 2006).

**The tensions between law enforcement and ‘streetcorner psychiatry’**

Dealing with these non-offending groups has proven most challenging to police agencies, representing as it does the tension between the police role in crime control and its broader public service function (Herrington & Clifford, 2012; see also Birch, 2011; Reiner, 2001). As Fry, O’Riordan & Geanellos (2002) explain:
This tension is represented in several ways, but most often in the ‘time consuming’ nature of their dealings with suicidal people and mental health services… Police work involving mentally disturbed people is seen as a frustrating waste of time that ties up resources. Particularly problematic are: (i) waiting for the mental health team to arrive; (ii) waiting for assessments to be conducted, and (iii) providing transportation (pp. 277, 283).

Anecdotal evidence suggests that Australian police spend a considerable amount of time in the emergency departments of hospitals in caretaker mode waiting for an authoritative ruling on the mental state and possible involuntary admission to a secure ward of those persons of interest (POI) believed to be experiencing mental illness or a mental health crisis; often to only have health professionals refuse to schedule these individuals on the grounds that they fail to meet the requisite legal criteria (Chappell, 2008; Green, 1997; Miller, Blackler, & Alexandra, 2006). This time, as Herrington and colleagues (2009) suggest, is often regarded as dead time, given that the “presentation by police of a mental health consumer to an ED [emergency department] or mental health unit for assessment formally passes the care of that individual” to the relevant health department “which in theory negates the need for the continued involvement of police, unless the individual is violent” (p. 62). This waiting time is therefore often regarded as above and beyond the legislative obligations of police officers (Herrington et al., 2009). Expressing the sense of frustration experienced by many police officers in relation to these systemic impediments, the Police Federation of Australia (2005) asks:

What are police to do with a person who has been reported to them due to their behaviour that may not constitute a criminal offence but is sufficient for police to convey them to a hospital or institution for assessment when following that assessment police are told the person will not be scheduled? Should the person be taken home, or back to the streets, often to the volatile environment from which they have just been removed? Or should they be taken to the police station for charging as police have no general power to simply hold them for their own safety and well being? The decision is the police officers’ and they can only hope that the choice they make for the individual is the best one for their well-being and care (p. 6).

Of course, the boundaries of what actually constitutes a core policing public safety role and that which encroaches on their ability to do this are debatable.
But contemporary policing has arguably evolved beyond simply *crime fighting* so that mental health and other traditionally non-core activities are, in fact, part of their *raison d’etre* (Herrington and Clifford, 2012). This does not mean, however, that tensions do not persist between the law enforcement responsibilities of police and their role as ‘gatekeepers’ to the criminal justice and mental health systems.

**Scheduling and transportation**

The merits of police diversion of people with a mental illness into the criminal justice system when no appropriate alternatives are available — a practice known as ‘mercy booking’⁹ (Lamb, Weinberger, & DeCuir Jr, 2002, p. 1267) — or from the criminal justice system into mental health care and other community support systems remain a source of contention within the literature (see, for example, Engel & Silver, 2001; Office of the Public Advocate – Queensland, 2005; Pinto, 2004; Sellers et al., 2005). For some police, these gatekeeper functions have also proven to be a source of frustration, particularly with regards to inter-hospital transportations and the carriage of non-violent mentally ill persons or those individuals who do not display the potential for violence (Police Federation of Australia, 2005; Sced, 2006). The use of police vehicles to transport mentally ill individuals from community settings should only occur in situations where police are required for “the management of serious risk either to the individual or others, or where the person has been apprehended” by police, and “as a last resort” (NSW Health, Ambulance Service of NSW, & NSW Police Force, 2007, p. 9). In NSW, these qualifications are clearly expressed in the Multi-Agency Risk Information and Assistance (MARIA) guideline of the MOU, which outlines a common way in which to identify risk and the need for emergency assistance in a community setting during mental health crisis incidents. The guideline does not replace an individual agency’s assessment tools or operational or clinical protocols. It does, however, provide

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⁹ Data from studies such as those conducted by Engel and Silver (2001) and Godfredson et al. (2010) refute the suggestion that police officers often engage in ‘mercy booking’; instead contending that the proportion of police officers who choose to arrest mentally ill individuals tends to decrease as the severity of symptoms of mental illness increase. However, other researchers, such as Mendias and Kehoe (2006), have previously reported that police officers who believe their primary function is law enforcement will be more likely to resort to the arrest of mentally ill individuals in crisis.
guidance on ‘key questions’ and sources of information that may assist agencies in their assessment of risk and with inter-agency communication about persons suspected of having a mental illness, as well as guidelines regarding minimum agency attendance/presence, according to risk assessment (see NSW Health, Ambulance Service of NSW, & NSW Police Force, 2007).

While the assessment of risk may be a primary factor in determining the most appropriate transport options for mentally ill individuals in crisis in the community, the NSW MOU also recognises a mentally ill person’s “rights and dignity” in this decision-making process (NSW Health, Ambulance Service of NSW, & NSW Police Force, 2007, p. 24). The use of police vehicles for the purposes of transporting mentally ill persons is nonetheless contentious because it raises the troubling prospect of individuals “being perceived as criminals, rather than patients, and adds to the already extensive stigma associated with mental illness in many parts of society”; to which police are not immune (Chappell, 2008, p. 44). A number of the mental health consumers consulted as part of the research project recounted negative experiences of feeling criminalised, particularly in situations where they had been transported to hospital in the back of a police vehicle:

So, anyway, I go into a psychotic episode and all this… I’d never had experience of being handcuffed in my life. I was then escorted out – held by my arm at the back of my handcuff, which is most embarrassing – to neighbourhood and the street. Lucky it was in the night time; if it had have been in the broad daylight, I would have been more extremely embarrassed. And, anyway, I was then put in the back of the paddy wagon, which I’d never ever been put in a paddy wagon. Nothing to hang onto; just a bit of metal seat across the back of it…

(Mental health consumer, Research Focus Group, 20 August 2010).

Several mental health consumers reported that they felt police were often fearful of them, and that this fear could inadvertently lead to the escalation of mental health crisis incidents:

10 Other stakeholders are also not immune to stigmatisation. This research project discovered some negative assumptions and stereotypes about police from among the mental health consumers consulted for the thesis. For example, one person insisted that police officers are all “very trigger happy” (Mental health consumer, Research Focus Group, 20 August 2010) when it comes to the use of firearms and/or Tasers in their interactions with mentally ill individuals; although the comments were not based on any personal experiences of the individual.
The way I see it is their assumption is you’ve gone psychotic or suicidal, I’m dangerous and they’re afraid of me. They’re afraid of what I’ll do. What I really need is for someone to say, “you’re okay. You’re safe with us. We’re gonna help you”. But what they say is, “come on, hurry up, get in line, get in the car”. You know? “Duck your head”. They’re aggressive towards me, because I feel that they’re afraid of what I’m gonna do to them. So, like a lot of people are saying, if you raise your voice or if you swear, now that’s likely to happen if you’re psychotic and afraid, and especially when you’re afraid of the police, as I know I am. I’m afraid of the police. I’m afraid of being locked up. So as soon as they come and use aggressive lines, I’m instantly defensive and I do swear and I do restrain from being restrained… I don’t want to be pushed and pulled and told what to do. I just need someone to hold me by the arm and say, “you’re okay. We’ll look after you” (Mental health consumer, non-MHIT area, quoted in Herrington et al., 2009, p. 30).

It is common for mentally ill individuals to feel threatened if confronted by police officers while in psychiatric crisis. This can also exacerbate the potential for individuals to act irrationally or violently in response to police involvement in mental health crisis situations (Carroll, 2005; Herrington et al., 2009). This was evidenced in Coroner Paul MacMahon’s findings on the fatal police-involved shooting of 43-year old Michael Capel, who was killed at a caravan park at Belmont (near Newcastle) in NSW in October 2008, while experiencing a psychosis resulting from a failure to take prescribed medication for schizophrenia:

The psychosis that he was suffering probably meant that... when the police came to his home he probably believed that they were a threat towards him and his actions were, as part of his delusional beliefs, understood by him to be an attempt at self-protection (MacMahon quoted in ‘Police shooting: mentally ill Michael’s death could have been prevented, says coroner’, 2010).

These are sentiments that have elsewhere been reinforced by others, such as Rob Ramjan, CEO of the Schizophrenia Fellowship of NSW (SFNSW), who reported that it is not uncommon for mentally ill individuals to mistake police as an inherent threat, especially when experiencing the delusional effects of an acute psychosis:

It differs person-to-person and some consumers when they’re unwell see the police as the SS taking them off to the death camp. So they have an obvious reaction to that. Some people, when they’re psychotic, see the police as the police and an authority and they don’t want to be in
trouble with the authority. They have an amazing capacity in the midst of complete psychosis to try and control themselves so that they can deal with the police, and have them on their way so that they can move on (R. Ramjan, Research Interview, 6 August 2010).

The transportation of mentally ill individuals by trained medical staff, in their vehicles, or by ambulance — where viable — therefore derives great benefit in that it recognises a person’s “right to dignity and acknowledges that their condition is a health issue”; not a criminal matter (Carroll, 2005, p. 22). However, as the evaluation of the NSW Police Force MHIT reveals, the hidden time spent by police officers waiting for the attendance of ambulance officers in the field can often be considerable. In one of the project’s pilot sites, police officers noted “a trend for requests for ambulance officers to convey mental health consumers to hospital to be met with estimated times of arrival of two hours or more” (Herrington et al., 2009, p. 63). This presented police officers with the dilemma of either having to wait with the mentally ill person for the arrival of an ambulance or convey the individual to hospital themselves (Herrington et al., 2009).

**The case for improved information sharing between police and other agencies**

More recently, the focus has shifted towards developments in information sharing between police and local mental health services. This includes improved police notification from mental health units and/or hospitals as to the release of individuals detained under the provisions of the respective Mental Health Act (Carroll, 2005), and greater legal clarity around the disclosure of personal mental health information. In Queensland, calls have been made for the introduction of a mental health register or database, detailing the names of individuals with a chronic mental illness, including those who have been hospitalised, the types of mental illness experienced and their treatment plans (‘Qld Police encouraged to adopt mental health register’, 2008). Despite some public concern about the privacy dimensions of this proposition, a mental health register (or at the very least, improved information sharing) was endorsed by several of the mental health consumers consulted for the current research project. The following is representative of the comments made:
...when the police are called out to these situations and there’s past history, that past history should be given to the police first and foremost, so they can prepare themselves to deal with that person... when they go into a situation cold, it often escalates because they’re unaware of whether it is mental illness or whatever... They have quite a lot of technology at their disposal. Why aren’t they using that technology for these scenarios, because they could do a rego check, they could do a name check...? And my experience – even the address – as soon as the police have heard it’s my address... the police go, “oh, yeah, we know exactly how to deal with this person”. So, obviously, it goes back to knowledge; using their resources for the best outcome (Mental health consumer, Research Focus Group, 20 August 2010).

Such sentiments are consistent with previous recommendations from the Expert Advisory Committee on Information Sharing in Mental Health Crisis Situations (2000), which concluded that the optimum time for the identification of mentally ill individuals to assist in safely preventing or resolving a mental health crisis is during the initial communications stage. This was borne out by the fieldwork observations and research data collected as part of the independent evaluation of the NSW Police Force MHIT:

In theory, increased information sharing about high-risk individuals increases the likelihood that officers attending calls will be better appraised of what to expect, how a [mental health] consumer is best approached, and what care management plans are in place to facilitate this; all of which might reduce the likelihood of an event escalating and resulting in injuries [or death] (Herrington et al., 2009, p. 37).

In NSW, the sharing of information between the NSW Police Force and NSW Health at a local level has improved considerably since the introduction of the MHIT, with some LACs introducing formalised Care Management Plans for particular individuals. However, there are still some concerns about the communication of this information to officers in the field (Herrington et al., 2009), particularly at the call dispatch stage for mental health-related events. In NSW, Police Notice 03/30 dictates that VKG and PAL police radio operators are able to broadcast information extracted from the COPS database and relating to an individual’s mental health (NSW Police Force, 2003). The document allows for “warnings relating to the behaviour of an individual with a mental illness to be broadcast where the information is pertinent to
officer safety and to the situation being attended” (Herrington et al., 2009, p. 37). But more recent changes to the Standard Operating Procedures (SOPs) for VKG and PAL police radio dispatchers have limited the scope of the information routinely broadcast to NSW police, with the onus on police officers to request additional information, if and when required (see NSW Police Force, 2008a).

In terms of potential restrictions to information sharing between agencies, the importance of maintaining the confidentiality of mental health information and the privacy of mentally ill individuals should not be underestimated (Lamb, Weinberger, & DeCuir Jr, 2002). As noted in the MOU between NSW Health, the Ambulance Service of NSW and the NSW Police Force (2007), “the welfare of the individual is the prime consideration in all decision-making about information sharing” (p. 16) and should be limited to information disclosures that are necessary and relevant. Surprisingly, however, in defining information that may be relevant, the NSW MOU does not explicitly mention previous psychiatric history. One suspects that the relevance of such information may be inherently assumed, even though its disclosure is currently limited by legislative constraints.

2.4. Debate over ‘less lethal’ strategies of police mental health response

Another debate that has been stimulated by the various inquiries into police responses to mental illness in the community has been the role of deinstitutionalisation vis-à-vis police training as a primary contributor to the heightened incidence of fatal police-involved shootings of those in crisis. In 2005, responding to the findings of the Victorian Office of Police Integrity (OPI)’s Review of fatal police shootings by Victoria Police (see Brouwer, 2005), the Police Association’s state secretary, Senior-Sergeant Paul Mullet, rejected the OPI’s criticisms of Victoria Police, calling for a reversal of deinstitutionalisation (Mullet quoted in Moor, 2005). Three years later, the Australian Government’s then Federal Opposition leader, Brendan Nelson, echoed Mullen’s sentiments. “There are two sides to every story,” he said in an interview with ABC Radio, “And my heart goes out obviously to those
families, but I also think of police officers and others who frequently are not sufficiently well-trained for the job that they do” (Nelson quoted in Jenkins, 2008).

Despite acknowledging the deficiencies of deinstitutionalisation reforms, several significant national inquiries, including the Final Report of the Mental Health Crisis Intervention Ad Hoc Advisory Group (more commonly known as the Whiteford Report, released in 1998); the Wooldridge Report (Expert Advisory Committee on Information Sharing in Mental Health Crisis Situations, 2000); the Victorian OPI’s Review of fatal police shootings by Victoria Police (Brouwer, 2005); the Victorian Auditor-General’s report, Responding to Mental Health Crises in the Community (2009); and the OPI’s Review of the Use of Force by and against Victorian police (2009) have independently proposed major recommendations for a redressing of the perceived inadequacies of police training, particularly with regard to equipping operational police officers with techniques for non-fatal resolution of mental health crisis incidents. This has also been reflected in the scholarly literature on policing and mental health with specific mention of more comprehensive firearms training (including preventive decision-making) and the necessary training to deal with persons experiencing mental illness (Hogan, 1988a; Pinto, 2004; Springvale Monash Legal Service Inc, 2005a). One of the more salient points made by the OPI in its recommendations for improved police response was the potential for police use of non-lethal weaponry, rather than firearms, when dealing with mentally ill individuals in crisis (Chappell, 2007). This included further training of police officers on the tactical deployment of OC spray and foam (otherwise known as ‘capsicum spray’) and the use of Tasers\(^{11}\), as well as other non-lethal tactical options, such as bean bag pellets and net guns (see also Brouwer, 2005).

\(^{11}\) Tasers or ‘stun guns’ as they are more colloquially referred to, particularly in the United States, are designed to administer an electric shock on contact to cause the incapacitation and/or submission of an individual. Tasers can be used in two modes. The first, known as ‘probe-mode’, involves the firing of a cartridge of barbed projectiles at a person. The successful deployment of the probes completes an electric circuit, whereby a high voltage, low amperage electrical current passed to the individual can cause involuntary muscle contractions and loss of neuromuscular control. The second use, known as ‘drive-stun’ mode, involves direct application of the Taser to the body of a person to cause localised pain and debilitation, rather than complete incapacitation (see NSW Ombudsman, 2008; Queensland Crime and Misconduct Commission, 2008).
The shocking (un)truths of Taser use

The debate about the use of Tasers as a substitute to lethal force has gathered momentum in Australia in recent years, and has been particularly obvious in news media reports of high-profile police-involved shootings of individuals in mental health crisis (see, for example, Butson & Proudman, 2008; ‘Fatal police shooting prompts Taser rethink’, 2008) and, more recently, as a consequence of the death of Roberto Laudisio Curti after repeated police tasering (see Jerram, 2012). Opinion has been divided across jurisdictions as to whether the device offers an effective non-lethal alternative to the use of firearms by frontline police officers or, in fact, represents the introduction of an additional ‘use of force’ (and potentially deadly) weapon in a police officer’s armoury. The potential for Tasers to pose significant health risks to individuals subjected to the device’s electroshock, including the possibility of Taser-related deaths among vulnerable population groups, has been cited by human rights organisations (Amnesty International, 2006; 2007) as have concerns over the potential for unjustified and excessive use of Tasers, and inadequate regulation of its use by police (NSW Ombudsman, 2012; 2010; 2008).

Clarity around these issues has been further diminished by the ambiguous characterisation of the Taser as a ‘non-lethal’, ‘less lethal’ or ‘less-than-lethal’ weapon (Queensland Crime and Misconduct Commission, 2008). This has been compounded by the paucity of literature and research on the safety and effectiveness of Taser use by Australian police — despite the progressive rollout of the device across many of these jurisdictions.

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12 The NSW Ombudsman, Bruce Barbour (2010), has been particularly vocal on this point. In a speech to the NSW Council for Civil Liberties, he said that it was “important to remember that Tasers are not a non-lethal response; they are a less lethal response. The limited independent research and anecdotal evidence that exists suggests that there are real risks, and those at greatest risk of injury or death from Taser usage are the young, those under the influence of drugs and alcohol and those with a mental illness. The very people with whom police will have significant contact, and who are likely to be unstable or unpredictable”. (See also NSW Ombudsman, 2012).

13 The momentum behind the developing body of Australian literature and research studies has, more recently, improved following the completion of a number of major reviews of police taser trials and public and media scrutiny of incidents involving Taser (mis)use, particularly in police jurisdictions across the eastern seaboard; several of which are referenced in this section of the thesis. Separate research by Monash University on the effects of sub-lethal weapons, including Tasers, on vulnerable persons has also been noted (see Queensland Crime and Misconduct Commission, 2008).
At present, every police force in Australia is either conducting or reviewing Taser trials or is using them officially. This is despite cautions from officials such as the NSW Ombudsman (2008) whose first report to government on the issue was highly critical of widespread Taser use among general duties police officers in the NSW Police Force, without the development of common and specific SOPs for its use and an independent two-year review of the electroshock device. This followed the introduction of Tasers to the NSW Police Force in 2002, where the device was used by only two specialist police units — the NSW Police Force Tactical Operations Unit (TOU), and its regional counterparts, the State Protection Support Units (SPSUs). These groups are responsible for 24-hour, statewide tactical support to operational police “dealing with high risk incidents, such as sieges, arrest of particularly violent people, suicide interventions, and restraint of people with mental illness” (NSW Ombudsman, 2008, p. i). In 2007, Tasers were issued to another NSW specialist police unit; the Public Order and Riot Squad (PORS). In December of the same year, the NSW Ombudsman (2008) commenced an investigation into police use of Tasers, motivated by a number of factors, among which was “the high public interest in ensuring police use of force is reasonable and proportionate” and “the fact that the NSW Police Force had been using Tasers for close to five years without a substantial review of their use” (p. i).

Data from this first report, *The use of Taser weapons by the New South Wales Police Force*, indicates that, between May 2002 and December 2007, mentally ill individuals were represented in a high proportion of the incidents involving Taser application by the TOU and SPSUs, with 34 discharges (68 per cent) involving people with mental health issues (NSW Ombudsman, 2008).

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14 A report from the second comprehensive investigation undertaken by the NSW Ombudsman’s office into the use of Tasers by the NSW Police Force was released at the time of the final editing of this thesis (see NSW Ombudsman, 2012). This report was broadly supportive of the continued use of Tasers by the NSW Police Force, but did identify a number of breaches of the relevant Taser rules and procedures. This second report included 40 recommendations for reform. These predominantly related to the strengthening of the accountability framework with the enhanced clarity and guidance of rules and procedures to minimise the risk of Taser misuse and improve the adequacy and consistency of the internal review process, where breaches had been identified. The author refers readers to this report for their own review and as a complement to the critical discussion in this chapter.
The NSW Ombudsman’s (2008) findings provided qualified approval of the use of Tasers by the TOU and SPSUs as “a useful option for officers in the specialist units to achieve effective resolution of dangerous and high risk matters” (p. iii). However, the report was less forthcoming in terms of its approval of the widespread introduction of Tasers to frontline police officers, given that “general duties officers receive significantly less training about managing high risk incidents, and they do not work in a [well rehearsed] team environment” (NSW Ombudsman, 2008, p. iii).

The subsequent release of these findings in November 2008 was controversial; rather than waiting for the outcomes of the review, the NSW Government had already commenced a 12-month trial the month before of the use of Tasers by general duties police officers working as supervisors and duty officers across the state’s 80 LACs (NSW Ombudsman, 2008; Welch & Taflaga, 2010). A further announcement was made on 6 September 2009 by the then Premier of NSW, Nathan Rees, that Tasers would be rolled out to all frontline police officers across the state over the following 18 months (Premier of New South Wales, 2009). During the 12-month trial, Tasers were reportedly drawn from their holsters by police on 397 separate occasions (equating to more than once a day) and were fired in 35 per cent of cases, with mental illness attributable as a factor in 35 per cent of these incidents (Welch & Taflaga, 2010). Media reports suggest that, since the statewide Taser introduction, some 26 police officers have been disciplined for not following police operating procedures for Taser use, and the NSW Ombudsman has received 14 complaints (Welch & Taflaga, 2010).15

One newspaper report, published by The Sydney Morning Herald and based on internal police documents obtained after a year-long freedom-of-information battle, identified what the newspaper described as a “litany of misuses and abuses that were covered up by police and the government” (Welch & Taflaga, 2010, p. 1) during the

15 Welch & Taflaga’s (2010) newspaper report must be read with some scepticism, given that the indiscretions of police use of Tasers were foregrounded at the expense of any editorial space for the “numerous examples of the weapon’s usefulness” (p. 1), which were also evidenced by the NSW Police Force Taser trial, but were subsequently reduced to a final solitary sentence in the investigative newspaper report.
12-month trial of Tasers by frontline NSW police officers. Among these was evidence to support concerns about the inappropriate use of Tasers by police as compliance-seeking measures. Internal police documents obtained by Welch and Taflaga (2010) revealed cases of people being hit by a Taser as many as six times, and others where police “appeared to use the weapon to make argumentative but non-threatening people comply with directions” (p. 1). One incident included the repeated stunning of a compliant man who presented no threat and was surrounded by members of the riot squad; an event that was subsequently referred to the NSW Ombudsman and NSW Police Force for investigation (Welch & Taflaga, 2010).

Such incidents reflect what the NSW Ombudsman (2008) suggests is an emerging trend in many jurisdictions, whereby “Tasers are increasingly being used by police in situations where high levels of risk are not present, and police could likely manage the situation effectively without resorting to force” (p. 21); a phenomenon known as ‘mission creep’. Despite his in-principle support for the use of Tasers as a less lethal means of event resolution, these are assertions similarly supported by the Queensland State Coroner, Michael Barnes:

> The trouble with it is that you then arm police with this other very invasive tool that they will then use with gay abandon. [Recently]… there was a man who may or may not have been suffering a psychotic incident, but was certainly not reacting reasonably or rationally, standing in the surf down there on the beach. They’ve got a lot of room, there’s no immediate risk and they Tasered him so they could take him into custody and he was not armed with anything and that’s the trouble they [police] have now; justifying that… I mean, on the other hand, Tasers, so far as we know, cause pain for a very brief period, but no permanent injury. In days gone by, say a person probably would have been clobbered over the head with a rubber coated steel baton. Is that better or worse? (M. Barnes, Research Interview, 2 June 2008).

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16 As of the publication of the NSW Ombudsman’s (2010) Annual Report 2009/2010, NSW Police Force SOPs for Tasers still did not address the use of Tasers in passive non-threatening situations, despite explicit prohibitions against such discharges having been introduced to the SOPs for Taser use in other police jurisdictions, including Victoria. This led to further calls from the NSW Ombudsman (2010) for the tightening of existing NSW Police Force SOPs for Tasers on the basis that the existing instructions contained “criteria for use that are capable of too wide an interpretation and [that] leave too much to the discretion of individual officers” (p. 79). The NSW Government’s Minister for Police subsequently announced that the SOPs would be updated in accordance with the recommendations (see Daley, 2010).
Other notable examples of violations of police SOPs and inappropriate Taser use against vulnerable individuals, such as mentally ill persons, include the death of Iman Morales in the United States in September 2008, who died as a result of severe head trauma, having fallen three metres from a building ledge outside his Brooklyn apartment after being Tasered by New York Police Department (NYPD) officers. The emotionally disturbed Morales had earlier fled naked to the building ledge, swinging a tubular fluorescent light fixture at NYPD officers, and fell to the pavement below after being immobilised by the electroshock of the stun gun (Browne, 2008; Fahim & Hauser, 2008; Doyle, Schram, & Lenkowitz, 2008). Graphic amateur video footage and photographs of the incident, taken by witnesses in the crowd outside the building, appeared on a number of United States-based news websites, including that of the New York Post and MyFOX New York. The NYPD officer responsible for the authorisation of the fatal Tasering of Morales, Lt. Michael Pigott, suicided nine days after the incident after being stripped of his gun and badge (Burke, Karoliszyn, & McShane, 2008).

More recently, in Australia, mentally disturbed Queensland man, Antonio Galeano, died after the Taser used against him had run through 28 cycles, which was widely interpreted as meaning that Galeano had been Tasered 28 times\(^{17}\) (see, for example, ‘Lethal Force’, 2009; ‘Man was Tasered up to 28 times, not three’, 2009; ‘Taser death: stun gun fired 28 times’, 2009). The incident prompted a four-week review of Tasers in the Queensland Police Service and temporarily halted the statewide rollout of the device (Griffith, 2009). Subsequent recommendations released from the joint review of the Queensland Police Service’s trial of Tasers — a review that was completed by Queensland Police Service and the Crime and Misconduct Commission (2009) around the time of Galeano’s death — strongly endorsed the idea that the Taser is not necessarily “the best option in all

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\(^{17}\) The Queensland Deputy State Coroner, Christine Clements, determined that there was no evidence to support the proposition that Antonio Galeano’s death had been directly caused by the application of the Taser. Her official finding was that he had died as a result of “excited delirium, probably caused by amphetamine toxicity induced psychosis” (Clements, 2012, p. 93).
situations and should not normally be the first option” (p. 40). The report went onto suggest that:

In many circumstances effective tactical communication is sufficient to de-escalate the situation and allow officers to gain control without resorting to any physical use of force. Taser use must be embedded in the operational skill training framework and officers must be reminded of the need to choose the use of force that has most chance of success and is proportionate to the perceived threat (Queensland Police Service and Crime and Misconduct Commission, 2009, p. 40).

Data from the independent evaluation of the NSW Police Force MHIT supports the use of tactical communication as an effective police technique by which to de-escalate mental health crises and other volatile incidents in the community (see Herrington et al., 2009). Not unlike the NSW Ombudsman’s (2008) report and the findings of the joint review of the Queensland Police Service and the Crime and Misconduct Commission (2009), the final report of the NSW Police Force MHIT evaluation project concedes that, in some instances, there is reason for concern about police officer preference for Taser use over tactical communication in the de-escalation of mental health crisis incidents:

Whilst the [NSW Police Force] MHIT are clear about the Taser not being used as a de-escalation tool, the ease with which compliance was achieved by drawing a Taser was noted, and was attractive to those who sought to avoid a physical confrontation (Herrington et al., 2009, p. 45).

Clearly, the link between the use of Tasers and mental health crises in the community cannot be ignored, but these formal admissions raise the complex question of whether police officer training in Taser use should (and, if so, how it could) be developed in a manner that effectively and operationally corresponds to and complements the introduction of specialised police training in mental health issues. On this point, the independent evaluation of the MHIT strongly advised the NSW Police Force to:

…maintain their watching brief on the use of Tasers in events involving individuals with a mental illness, and to address the link between mental illness and Taser usage – explicitly – in their respective training courses, underlining that these tools should not be employed as a proxy de-escalation device (Herrington et al., 2009, p. 45).
The evaluation report recommended that the training program be expanded to incorporate the issue of Tasers explicitly into the MHIT training, and that a *mental illness awareness* module be considered for inclusion in the NSW Police Force’s Taser training program (Herrington et al., 2009). The complexities of both intra-agency agreement to this and the practical implications of its implementation have been reflected in the NSW Police Force’s reticence to combine in a wholesale manner either of the training programs. This is similarly recognised by others, such as Rob Ramjan, CEO of SFNSW, in the context of the ‘thin blue line’ of police officers currently specialised in MHIT response:

> I think it’s [Taser training] so important, it ought to be kept separate. And the problem with the Taser is that any cop can use it. Any cop can have a Taser and use that Taser, so it has to be a situation where only cops who are trained carry the Taser and they won’t all be MHIT officers (R. Ramjan, Research Interview, 6 August 2010).

Despite these practical impediments, this may be a ‘bridge too far’ that police agencies, such as the NSW Police Force, will eventually have to cross, given that there increasingly appears to be formal support for the combined training of police officers in Taser use and mental health-related issues. The NSW Ombudsman’s (2008) report, for example, featured a number of specific recommendations aimed at improving the comprehensiveness of training provided to Australian police officers about Tasers, including the view that:

> …officers authorised to use Tasers receive training about mental health issues, including the most effective ways to communicate with people thought to be suffering from mental illness, and the most effective ways to de-escalate situations involving mentally ill people who are behaving in a violent or aggressive manner (p. iii).

### 2.5. Police mental health response models and specialised training

Since the 1990s, all police agencies throughout Australia have implemented training initiatives of some kind to enhance police officer knowledge in relation to mental illness, although the time and resources dedicated to such initiatives have been variable (Sced, 2006). The demand for mental health training has been evident among police ranks, including those internationally, with research showing that many police officers believe they lack the requisite skills and knowledge to effectively
respond to mental health crises; requiring a more intense program of police training with respect to interacting with mentally ill individuals (Husted, Charter, & Perrou, 1995; Lamb, Weinberger, & DeCuir Jr, 2002; Wylie & Wilson, 1990). While the impetus behind calls for non-lethal weaponry and greater police resourcing is therefore amplified in the aftermath of fatal mental health crisis interventions and by the long-term traumatic consequences of these incidents\(^{(18)}\), it can also be attributed to calls for enhanced training, education and resourcing by police themselves (Donohue et al., 2008; Fry, O’Riordan, & Geanellos, 2002; Wylie & Wilson, 1990).

The potential benefits of specialised mental health training for police officers were evident in the findings of the independent evaluation of the NSW Police Force MHIT, which demonstrated a significant and sustained increase in self-reported police confidence levels in dealing with mentally ill individuals, post-MHIT training (Herrington et al., 2009). Of the 32 police officers surveyed two months after MHIT training, and the 42 surveyed 18 months after training, “only two reported that the MHIT training had not changed the way they approached mental health jobs very much. All other respondents thought their behaviour had changed at least to some extent, and half thought it had changed considerably” (Herrington et al., 2009, p. 18). This was attributable to the improved mental health skills and knowledge of police officers and, in turn, their capacity to effectively de-escalate (or prevent the further escalation of) mental health crisis incidents (Herrington et al., 2009). As the final report of the independent evaluation suggests, the use of de-escalation techniques is one of the most obvious measures of “an officer attempting to reduce the risks associated with attending a given mental health-related event, although it is extremely difficult to identify this data systematically” (Herrington et al., 2009, p. 27).

\(^{(18)}\) This was evidenced by Coroner Paul MacMahon’s recommendations for the development of a mandatory mental health training module for all NSW Police Force general duties officers following the fatal police-involved shooting of Michael Capel (briefly discussed in Section 2.3) (see MacMahon quoted in ‘Police shooting: mentally ill Michael’s death could have been prevented, says coroner’, 2010). It is unclear whether MacMahon’s recommendations propose an expansion of the delivery of the NSW Police Force MHIT training program to all frontline officers or whether the ‘mandatory module’ would involve further development of recruit training or, alternatively, a one-day intensive in-service training package for all police officers.
Similarly, it is important to note that what works in one mental health crisis incident may not work in another, and identifying de-escalation techniques can be subjective (Herrington et al., 2009).

Nonetheless, qualitative research data from the independent evaluation of the NSW Police Force MHIT supports the proposition that specific mental health training for police officers can increase the use of de-escalation techniques by officers during mental health crisis incidents. In several instances, MHIT-trained police reported feeling more adequately resourced to deal with a mentally ill individual in crisis as a result of their increased and/or improved understanding of mental health and illness as a consequence of attending the MHIT training. The following extract from the final report of the MHIT evaluation is typical of this response:

Whereas before the training, I would have bundled them in the truck and off to the hospital, now, I take that … extra five to ten minutes…alright, he’s reasonable now, let’s not upset him or her… let’s call an ambulance. Maybe they’ve got a female on board or a male that can talk to them and take them up to hospital. We’ll follow them and go that way. Otherwise, you could end up in a wrestle and someone get injured… (MHIT-trained officer, Pilot site B, quoted in Herrington et al., 2009, p. 30).

In particular, communication was advanced as an important de-escalation technique with over half (55 per cent) of the MHIT-trained police officers surveyed post-training indicating that they felt demonstrating their understanding of mental illness by asking direct questions about a mentally ill individual’s state of mind increased their ability to engage with the person, and often proved effective (Herrington et al., 2009).

Before, I…wouldn’t have…had an understanding of his issues and would have said, “yeah mate, rightio, you’re mad, let’s go to the hospital”, wrestle him into the back of the truck and off we go. Now you sit there and you give that extra ten minutes because you’ve got the confidence to talk (MHIT-trained officer, Pilot site B, quoted in Herrington et al., 2009, p. 43).

These sentiments were endorsed by NSW Health mental health staff (including those in the acute care team, the Psychiatric Emergency Care Centre (PECC) and the
inpatient unit) who commented on several occasions in interviews with the research team about perceived improvements in understandings of mental health among the MHIT-trained police officers with whom they had contact (Herrington et al., 2009). These findings are consistent with those of previous international research studies, which have supported the hypothesis that an education program for police officers may reduce stigmatising attitudes towards mentally ill individuals, and enhance a police officer’s response to persons in crisis, thereby reducing the need for more costly interventions and/or incarceration (Compton et al., 2006).

**Measures of the impact of training on police attitudes**

Despite these observations, the hypothesis that police attitudes can play an important role in responses to mentally ill individuals, and may influence the discretionary behaviour of police officers towards the resolution of mental health crisis incidents, has not been extensively tested (Anasseril, 2004; Mendias & Kehoe, 2006; Watson, Corrigan, & Ottati, 2004). A small number of studies, such as by those such as Cotton (2004), Pinto (2004) and Psarra et al. (2008), have sought to examine how knowledge that a person has a mental illness influences police officers’ perceptions, attitudes and responses. The precise extent to which a causal relationship exists between a police officer’s attitudes and their behaviour is, however, difficult to definitively determine (Cotton, 2004). This has been reflected in the literature, with a number of researchers contesting the extent to which police officers’ attitudes may affect their decision-making. Some studies suggest that attitudes can account for little more than a slight variation in police behaviour (Worden, 1989). Other studies have claimed that police officers tend to altogether reject the idea that dealing with mentally ill individuals should be a part of policing practice (see Dew & Badger, 1999; Fry, O’Riordan, & Geanellos, 2002; Psarra et al., 2008) or at the least draw a distinction between the law enforcement and social service functions and responsibilities of their everyday police work (a proposition that was endorsed by the comments of police officers consulted for the current research project).
Common sense would suggest that, in a situation involving a mental health crisis, the variable of officer type and police attitude may have some impact on the disposition of a psychologically disordered individual (and vice versa) — especially where the person is unlikely to be in a position to exercise adequate judgment about their own psychiatric status or the need to modulate their actions and behaviour (Patch & Arrigo, 1999). These factors (among many others, not least of all the specific circumstances of the mental health crisis incident and the resources at the police officer’s disposal) can determine “whether a distressed, fearful, and acutely psychotic individual will be chased away, driven home by a relative, referred for involuntary commitment, or arrested and incarcerated” (Patch & Arrigo, 1999, p. 32) or, worse still, I would add, fatally wounded as a result of police use of force.

Until recently, no formal outcome measure existed to adequately (and quantitatively) determine whether mental health crisis intervention and risk management training had an impact on police officers’ attitudes towards mentally ill individuals. There has also been little systematic qualitative research in this area. The development of the Mental Health Attitude Survey for Police (MHASP) and its 30-plus indicators rated on a six-point Likert-type scale (where 1 = strongly disagree to 6 = strongly agree) was designed to at least fill the quantitative breach (see Clayfield, Fletcher, & Grudzinskas Jr, 2009). Other studies have drawn on the MacArthur Mental Health Module to assess changes in the attitudes of police officers in the United States as a consequence of Crisis Intervention Team (CIT) training (see Ritter et al., 2010). To the best of my knowledge, the relationship between police attitudes and discretionary actions (and the impact of CIT-oriented police training on each of these) has not been examined as extensively or comprehensively in the Australian context. Research conducted as part of the independent evaluation of the NSW Police Force MHIT is an exception to this, as is the collaborative research between Monash University, the Victorian Institute of Forensic Mental Health and Victoria Police in relation to Project PRIME-D (Police Responses to the Interface with Mental Disorder). Both studies have either incorporated derivations on the principles of the MHASP or other similar stigma measures into their respective methodologies.
and assessment of the influence of police officer attitudes on encounters with mentally ill individuals in crisis.

The results of one study from Project PRIME found that police officers were more likely (and ideally) to call for assistance from the Crisis Assessment and Treatment (CAT) team or to opt for mental health apprehension (under the auspices of the respective Mental Health Act) to resolve those mental health crisis incidents where the severity of symptoms of mental illness were pronounced. A lower severity of symptoms of mental illness was more often associated with a police officer’s decision to walk away from the situation, arrest the mentally ill individual, or handle the matter informally (see Godfredson et al., 2010). Responses were derived from a representative sample of Victorian police officers after their viewing of three hypothetical vignettes depicting the interaction of two police officers with a man who might be mentally ill drinking alcohol in a park. The three versions of the scenario included depictions in which the man might be considered (a) “not mentally ill”, (b) “possibly mentally ill” or (c) “clearly mentally ill” and exhibiting symptoms often associated with a psychotic episode. Police officers were asked to complete the final section of a multi-component questionnaire to ascertain how they would ‘most likely’ and ‘ideally’ resolve the encounters depicted (Godfredson et al., 2010). Significant to the study’s findings was the claim that “particular attitudes among police officers might be associated with restrictive outcomes following encounters with people experiencing mental illness” (Godfredson et al., 2010, p. 10).

A similar study in the United States drew on the responses of a randomly selected sample of 382 police officers taking a variety of in-service training courses. The majority of respondents viewed individuals in a series of vignettes, who were identified with schizophrenia, as being “significantly more dangerous” than those individuals behaving in an identical manner, but who were not identified as having schizophrenia (Watson, Corrigan, & Ottati, 2004, p. 51). When other variables were controlled for, the addition of information identifying the individual as having schizophrenia also “significantly increased perceptions of violence across all role
vignettes” (Watson, Corrigan, & Ottati, 2004, p. 52). As the authors of the study point out, this finding may well be a reflection of police officers’ experiences on calls in which a person with mental illness had become violent. Such incidents are, as Watson, Corrigan, and Ottati (2004) explain, “often more memorable than are unproblematic calls” (p. 52). However, the potential hazard of this scenario is that, if such a heightened sense of risk causes police officers to approach mentally ill individuals more aggressively than they might other POI, this may escalate a mental health crisis incident and provoke unnecessary violence (Corrigan et al., 2003) — be it on the part of the mentally ill individual or the police officers themselves (in the form of coercive force). Beyond these exaggerated perceptions of dangerousness, as Watson, Corrigan and Ottati (2004) point out, the study’s findings also highlight the need for police training and policies to challenge (and redress) the tendency for police officers to question the credibility of individuals with mental illness.

**Mental health response models to supplement mandatory police training**

To further enhance both police officer understandings of mental illness and police interactions with mentally ill individuals in the community, a number of international and Australian police agencies have introduced specialised in-service mental health training programs for police officers, above and beyond their traditional (mandatory) academy training programs. Many of these specialised training programs are derivations of the ‘Memphis Model’ — better known as the Memphis CIT — and other well-recognised categories of police mental health response models, which are detailed below. Two of the more prominent specialised mental health models in the Australian context include the Queensland Police Service Mental Health Intervention Project (a tri-agency partnership with Queensland Ambulance Service and Queensland Health) and, of course, the NSW Police Force.

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19 In NSW, this mandatory training has recently been supplemented by the development of an online module relating to the NSW MOU, which all new and in-service police officers are expected to complete and whose completion is a pre-requisite for attendance at the four-day NSW Police Force MHIT training program. However, the question persists as to whether the levels of mandatory police training on mental health-related issues in Australia are comparable to (or indeed advance upon) those of overseas jurisdictions where the median training is 6.5 hours of mental health-related issues for basic recruits and one hour for in-service police officers (Hails & Borum, 2003).
MHIT, whose training module has more recently been adopted by police in the Australian Capital Territory through the Mental Health Community Policing Initiative (see Australian Federal Police, 2011). Four distinct categories or styles of police mental health response have been broadly identified in the literature on policing and mental illness (see Reuland & Margolis, 2003). These include:

- **Crisis Intervention Teams**: where specially-trained patrol officers act as first responders to calls involving mental health consumers (e.g. the Memphis and Chicago Models).

- **Comprehensive Advanced Response Teams**: a traditional response model, often involving specialist (tactical response) units responsible for attendance at mental health crises as part of their broader remit to respond to special population groups, with the additional requirement that mental health training is undertaken.

- **Joint Teams**: where mental health professionals and police officers work closely together to respond to mental health crises in the community. In this model, mental health workers are often hired by police agencies and are based at police stations (e.g. the Birmingham Model).

- **Mobile Crisis Teams**: comprised of (civilian) licensed mental health professionals who act as secondary responders to events when called on by police (e.g. the Knoxville Model and the CAT team model (or its equivalent) adopted across many of Australia’s police jurisdictions).

In an evaluation of the three main approaches to mental health crisis intervention, Steadman and colleagues (2000) compared the outcomes of the Memphis Model (a CIT approach) with those of the Birmingham Model (a joint team approach) and Knoxville Model (a mobile crisis team). Statistically significant differences were found between the three police mental health response models. The Memphis Model, for example, was found to provide a specialised response to a mental health crisis incident in 95 per cent of the events recorded during the study period. This was significantly more than the 40 per cent provided by the Knoxville mobile crisis unit, which also recorded response times that were determined as being “excessive and impractical” (Steadman et al., 2000, p. 648). In comparison, the Birmingham joint

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20 For more on the characteristics of these models and variations of naming convention, see Borum et al., 1998; Deane et al., 1999; Martinez, 2010; Sced, 2006; Steadman et al., 2000.
team model saw police officers on site for only 28 per cent of all mental disturbance calls. Steadman and colleagues (2000) also identified further differences between the types of disposals used by police officers across the three models. The Birmingham community service officers and Knoxville mobile crisis unit tended to either resolve most incidents on scene or refer individuals to mental health specialists (in 64 per cent and 36 per cent of all events respectively). In comparison, Steadman and colleagues (2000) noted that Memphis Model police officers were more likely to transport individuals to services and/or for further mental health assessment or treatment (in 75 per cent of cases).

Despite their differences, all three police mental health response models were found to reduce the incidence of inappropriate arrest of mentally ill individuals, and facilitated more effective liaison and information sharing between mental health service providers and police officers (Sced, 2006). The study’s authors suggested that the success of each police mental health response model was underpinned by two fundamental factors:

1) The existence of a psychiatric triage or drop-off centre to which police officers were able to transport mentally ill individuals in crisis; and
2) A broad acceptance by the police agencies involved that mental health response is central to their policing role, and that the program forms a core component of each one’s community policing initiatives.

(Steadman et al., 2000)

In terms of a ‘best practice’ model, Steadman and colleagues (2000) concluded that the Memphis CIT “provides perhaps the clearest example of how this philosophy of police operations is applied to improve care for people with mental illness when they most need help” (p. 649). However, a variation of the CIT model, adopted by the Chicago Police Department (i.e. the Chicago Model), has elsewhere been both lauded (see Canada, Angell, & Watson, 2010) and criticised for its effectiveness; particularly with regard to a perceived failure by the department to embrace the
program in practice (see Martinez, 2010). The history and evolution of the CIT model is discussed in more detail below and elsewhere (see, for example, Canada, Angell, & Watson, 2010; Watson et al., 2010).

The Memphis Crisis Intervention Team (CIT) model and its derivatives

In keeping with the unfortunate trend of knee-jerk responses to the need for operational change following critical incidents involving police misconduct or use of lethal force, the Memphis CIT was implemented circa 1988 in the wake of community outrage over the fatal police-involved shooting of 27-year old, Joseph Robertson, who suffered from a mental illness (Springvale Monash Legal Service Inc, 2005a). The primary aim of the CIT model is to “promote teamwork and enhance communication amongst law-enforcement officers, mental health professionals, [mental health] consumers… and family members, in order to provide comprehensive care to this growing population” (Springvale Monash Legal Service Inc, 2005a, p. 27). The Memphis CIT operates as a community partnership between national and state bodies, including the Memphis chapter of the Alliance for the Mentally Ill, the University of Memphis, the University of Tennessee, and the Memphis Police Department (Cochran, Deane, & Borum, 2000; Compton et al., 2006; Springvale Monash Legal Service Inc, 2005a; Steadman et al., 2000). Central to the program are volunteer police officers who, in addition to performing their day-to-day duties as patrol officers, respond to calls that have been identified as being mental illness-related. These selected officers typically undergo a specialised 40-hour training program provided by personnel from a range of backgrounds, including mental health service providers and professionals, legal experts, family advocates and, possibly most important of all, mental health-related non-government organisations (NGOs) and mental health consumers (Cochran, Deane, & Borum, 2000; Springvale Monash Legal Service Inc, 2005a). The CIT training exposes officers to widespread interaction with mentally ill individuals, with a particular focus on communication. More specifically, police officers are trained “to diagnose different mental illnesses, the medications
commonly prescribed to each illness and verbalisation skills to defuse crisis episodes” (Springvale Monash Legal Service Inc, 2005a, p. 28).

Police emergency dispatchers are trained to ask relevant questions and take down information in order to detect if the situation may involve an individual experiencing mental illness. If this is indeed the case, the dispatcher assigns the call to a CIT officer (Cochran, Deane, & Borum, 2000; Springvale Monash Legal Service Inc, 2005a). Preliminary evidence shows that, in practice, the Memphis CIT has resulted in reduced injuries to police officers during mental health crisis interventions, and improved responses to and in the experiences of those suffering a mental health crisis. Furthermore, the CIT program has produced favourable results by reducing unnecessary arrests and/or use of force, while increasing referral rates to emergency health care (Compton et al., 2006; Dupont & Cochran, 2000; Steadman et al., 2000). In a random sample of 100 mental health crisis incidents, the Memphis CIT produced enviable response times in comparison to other models of crisis intervention, such as Community Service Officers and Mobile Crisis Units. In 94 per cent of cases, a CIT officer arrived on scene within 10 minutes. In comparison, a Community Service Officer responded within 10 minutes in 28 per cent of cases and a Mobile Crisis Unit in only 8 per cent of cases (see Deane et al., 1997).

Such has been the success of the Memphis CIT that programs based on the initiative have been adopted or are currently being developed by jurisdictions throughout the United States (Cochran, Deane, & Borum, 2000; Munetz et al., 2006; Teller et al., 2006) as well as in some Australian states. The most notable of these is the NSW Police Force MHIT. The extent to which these derivative CIT programs have remained faithful to or departed from the Memphis Model has been dependent on a number of external factors, not least of all the needs and operating environment of the relevant police agencies and the mental health services particular to each police jurisdiction. The NSW Police Force MHIT, for example, deviates on several points of established ‘best practice’ when compared with the Memphis Model. By comparison, the training packages of many of the
Memphis-derived CIT models in the United States are more dynamic in their exposure of police officers to the points of access to mental health services in their police jurisdiction. This frequently includes visits to psychiatric emergency services, and CIT officers-in-training are encouraged to accompany case managers into the community, and visit consumer-directed social centres (Teller et al., 2006). While the NSW Police Force MHIT does not include these specific features, it does offer MHIT trainees the opportunity to meet and interact with mentally ill individuals via a ‘mental health consumer panel’, and to participate in a series of role plays of mental health crisis incidents. On this basis, advocates of CIT police training initiatives, including the Memphis Model and the NSW Police Force MHIT, are quick to point out that these are more than simply training programs. Writes Cochran, Deane and Borum (2000): “Among law enforcement officers it [the Memphis CIT] promotes a philosophy of responsibility and accountability to consumers of mental health services, their relatives and the community” (p. 1315).

In a separate international study, Teller and colleagues (2006) explored the broader impacts of a CIT program (based on the Memphis Model) on the quality and nature of police officer responses to calls involving mentally ill individuals. The study found that, following the implementation of the program, the number and proportion of calls to police involving individuals with a possible mental illness increased, as did both the voluntary and involuntary transportation of mentally ill persons to emergency evaluation and treatment facilities (Teller et al., 2006). An increase in the comfort levels of family members of mentally ill individuals was also noted with regards to requesting police assistance in mental health crisis situations (Teller et al., 2006). While the results of the research were therefore broadly positive towards a police-based mental health response model, the study demonstrated that these successful outcomes can have resource implications for police agencies (Seed, 2006). Programs such as the Memphis CIT and, more imperatively, the NSW Police Force MHIT, have the potential to significantly improve public confidence in police responses to mental health crisis interventions. However, this can result in police being positioned even more prominently as first responders to mental health crisis incidents, which can create a resource drain on police agencies. In the case of
the NSW Police Force MHIT, this has the potential to negate attempts by police
to reduce, where viable, their involvement in mental health crisis incidents in the
community, particularly in relation to scheduling and transportation tasks.

The implications of resourcing initiatives such as the NSW Police Force MHIT
are further exacerbated by geographic distance and the logistics of rolling out the
training program across the state’s rural and remote areas, where “distances are
greater between hospitals and resources fewer” (Herrington et al., 2009, p. 53).
The final report of the independent evaluation of the NSW Police Force MHIT notes
that, as the training rolls out across the state — requiring the MHIT project team to be
heavily involved in its delivery — there will be fewer resources available to provide
the central oversight necessary to these rural and remote communities (Herrington et
al., 2009). This invites the potential for implementation failure on two counts:

1) as the MHIT is translated from the metro to a rural context
   (unless consideration is taken of the special working environment
   facing services in these areas), and 2) as a less-than-authentic-
   replication of the pilot MHIT is delivered (lacking, specifically,
   the degree of oversight and monitoring experienced in the pilot sites);
   limiting the corporate resources at the disposal of these LACs to ensure
   that the success of the pilot sites can be replicated in these contexts
   (Herrington et al., 2009, p. 68).

Herrington and colleagues (2009) therefore concluded that:

…whilst the MHIT has always been more than a training development
and delivery program, undertaking work that increases its scope
beyond its core function must be balanced against the resources
available to the team, particularly as the MHIT program rolls out
across the state (p. 75).

The future of specialised mental health training of NSW police officers
Recent comments by those such as Coroner Paul MacMahon (see earlier in
this chapter) and Dr Julian Bondy, Associate Professor of Criminal Justice at
RMIT University, 21 seem to suggest that, if called upon, there would be significant

21 When asked in a recent episode of ABC TV’s Four Corners program about the adequacy of current
NSW Police Force targets to deliver MHIT training to 10 per cent of frontline police officers, Dr Julian Bondy
was adamant that the figure was “nowhere near enough”; stating that mandatory specialist mental health training
was required for 100 per cent of the police force (see Bondy quoted in ‘Lethal Force’, 2009).
public support for not only the expansion of the MHIT training to all frontline police officers in the NSW Police Force, but also for the adoption of the MHIT as mandatory training for in-service police officers. Many of the mental health consumers consulted for this research project supported the latter of these propositions, suggesting that attempts should be made to incorporate more comprehensive mental health training at an earlier stage of the police training process:

…I think they need to be trained from day one so, as they go through the years of their work, they are more familiar with that [mental illness] across the board, rather than just having, say, two mental health officers in one place (Mental health consumer, Research Focus Group, 20 August 2010).

A number of other mental health consumers suggested that increased interactions, in the form of a community liaison function, between police officers and mental health consumers prior to and outside of mental health crises may not only help to foster improved mutual understandings of mental illness and policing among the two population groups, but could also serve to enhance future mental health crisis interventions and risk communications. The following comments were reminiscent of these sentiments:

They should have a community liaison officer for mental health where… at the academy, maybe… mental health [consumers can]… go into the academy and talk to the officers, if somebody would be willing to do that in that area (Mental health consumer, Research Focus Group, 20 August 2010).

2.6. Conclusion

The question of willingness is one that continues to be debated in terms of what is and should be the proper function of contemporary policing in relation to vulnerable populations, and whether frontline police are adequately equipped to fulfil the community service demands of their everyday policing practices. As demonstrated in this chapter, it is no longer the case that contemporary policing is solely defined by the traditional tenets of law enforcement and crime control. Deinstitutionalisation reforms have sharpened the imperative for police agencies to negotiate the tensions between their traditional policing responsibilities and more contemporary forms of
community-oriented police practice. There is undoubtedly now a greater awareness of mental illness in the community, and momentum behind the principle that mentally ill individuals should not be stigmatised and excluded from their local communities (Herrington & Clifford, 2012). This has borne implications for police officers, who have been positioned as ‘streetcorner psychiatrists’ to mental health crises in the community (Lamb, Weinberger, & DeCuir Jr, 2002; Teplin & Pruett, 1992). As previously discussed, the frequency with which frontline police are expected to respond to these incidents has resulted in significant costs to police operations, both in terms of police time and resources.

These first-responder obligations have also challenged police agencies to accept this broader public health role as a legitimate function within contemporary policing practice and, in doing so, to embrace the need for cultural change. This has included a re-conceptualisation of vulnerable populations, such as mentally ill individuals in crisis, from those who represent a risk to those who are at risk, and from operational responses (i.e. mental health crisis interventions) based on the principles and practices of control to an ethics of care. The degree to which police agencies have been successful in this cultural transition has varied and, in many jurisdictions, the process remains a work-in-progress. Nonetheless, as outlined in this chapter, there is credible evidence to suggest that targeted initiatives, such as specialised mental health training for frontline police officers, have the potential to improve police responses to mentally ill individuals in the community by encouraging a predisposition among MHIT and CIT-trained police officers towards achieving least restrictive outcomes in mental health crisis encounters.

Police attempts to meet the challenges of managing mental illness in the community are therefore to be commended. Increasing police competence as a result of the commitment to training officers to recognise and respond more effectively to mentally ill individuals in crisis should not be viewed, however, as an “alternative to filling service gaps within the health and disability support service systems” (Victoria Police, 2008, p. 21) or as a means of addressing the problems deeply
entrenched within Australia’s mental health system (Sced, 2006). Nor should it expand policing roles and involvement to include a wholesale adoption of the responsibilities of other service sectors, or come at the expense of developing partnerships with many of these mental health care providers and advocates. As previously discussed, police agencies have an obligation under the current legislative and policy frameworks to accept and embrace community diversity, and to provide safe, respectful and socially inclusive service responses to vulnerable individuals, such as the mentally ill. However, this does not absolve or minimise similar requirements of other stakeholder organisations (Herrington & Clifford, 2012). This philosophy is most obviously enshrined in Australia’s National Mental Health Strategy, which recognises that a collaborative approach between police, courts, mental health services and emergency department staff is required to make a significant difference to the immediate and longer-term outcomes for mentally ill individuals in the community (Herrington & Clifford, 2012). However, as demonstrated in this chapter, the principle of shared responsibility and inter-agency coordination and collaboration does not always translate from public policy into institutional practice.

It is clear that part of the problem has been that Australia has been too patient or too imprudent in its implementation of responsive reform and effective investment in mental health care for those in the community experiencing mental illness. “While the priorities have been clear for some time,” writes McGorry (2009), “it will require strong national leadership and accountability and much more flexible models of funding to implement reform that impacts on the lives of everyday people”. In the meantime, there has been a proliferation in the systemic failings associated with deinstitutionalisation reforms, and increased (as well as what some might say are inequitable) demands on non-traditional mental health service providers to breach these fissures by adopting the burden of responsibility for frontline responses to mental health crises in the community. Questions about the appropriateness of this (im)balance of professional responsibility may predominate, but the fact remains that the emergent dynamics of the relationship between contemporary policing and
mental illness have instigated a series of constructive changes in police practice, as well as police culture. Their ripple effects cannot be discounted. As Chappell (2008) rightly points out:

   The police typically share the values and norms, whether good or bad, of their fellow citizens. Much of the educative effort now being devoted to train police better to understand and deal with mentally ill people could therefore be applied with equal benefit to the communities in which they reside (p. 46).

Despite this, the introduction of MHIT and CIT-oriented mental health response models has not eliminated the need for police use of force (sometimes deadly) in encounters between frontline police officers and mental health consumers. This raises a series of fundamental questions about the extent to which these police initiatives have effectively provided a counterbalance to more coercive forms of risk management in police-involved mental health crisis interventions. With the context for this discussion already established in Chapters 1 and 2 of this thesis, the following chapter explores the politics of police use of force against mentally ill individuals in crisis, and the enduring tensions of translating policing theory and principles into contemporary police practices. It examines in more detail the scholarly literature and research findings on the extent to which police attitudes towards mental illness can influence police officer responses to vulnerability and their perceptions of ‘risk’ in mental health crisis encounters, as well as the discretionary predisposition of frontline police officers towards least restrictive outcomes vis-à-vis the predictive determinants of police use of force as a method of resolution to these events.
CHAPTER THREE

The social context of police use of deadly force

3.1. Introduction

This chapter examines the scholarly literature and practice theories relevant to interactions between police officers and mentally ill individuals in crisis, particularly those where the outcome is detrimental to the safety and wellbeing of the individuals involved. These mental health crisis incidents are broadly characterised by circumstances that can be so volatile (and, on occasion, mismanaged) as to necessitate the police use of force. At its most extreme, this can lead to the death of the person in psychiatric crisis by police-involved shooting. The chapter explores these critical incidents in the context of the second research question outlined in the introductory chapter: do policing principles necessarily translate into policing practices, particularly in volatile situations? The chapter addresses this question in the context of the policing initiatives introduced in Chapter 2, which have been implemented to promote least restrictive outcomes to police-involved mental health crisis interventions. This has required improvements in the mental health literacy of frontline police officers, and their professional practices of risk communications, conflict resolution, and negotiation with mentally ill individuals in crisis. These policing initiatives have therefore served as preventive measures to the need for police use of force and the lethal resolution of police-involved mental health crisis interventions. This being the case, there is reason to question why it is that, in the Australian context, mentally ill individuals continue to predominate in the fatalities caused by police-involved shootings.
How have the principles of specialised police-mental health initiatives translated from policy into practice? Have their implementation and delivery been deficient? Or is it that there are some aspects of fatal mental health crisis interventions that are so unique to other everyday encounters between police and mental health consumers that no manner of least restrictive measures can neutralise the possibility of a fatal outcome to these incidents?

In answer to these and other related questions about police use of deadly force, researchers in the field of police studies have theorised about the predictive determinants of police shooting behaviour and the influence of police culture and protocols on the outcomes of police-involved mental health crisis interventions. While a definitive characterisation of police use of force has been equivocal, the extremes or limits of the concept in a practical sense remain, by comparison, more clearly bounded and identifiable. Writes McElvain (2009): “Often defined along a continuum, police use of force begins at one end of the spectrum with an officer’s mere ‘command presence’ and ends at the other extreme with deadly force” (p. 4). A police officer’s decision to discharge their firearm in the performance of their duties, including the provision of frontline response to a mental health crisis situation, is therefore, without question, a clear example of “the highest level of force that can be employed by the police” (McElvain, 2009, p. 7). But there remains some debate within the literature as to the contributing factors that might predict the circumstances in which a police officer will exercise the discretion to discharge their firearm.

Within this body of research, the influence of police attitudes to mental illness on the discretionary decision-making and diversionary practices of frontline police has been under-examined. So too has the potential conflict between public expectations of police as first responders to mental health crises in the community and the realities afforded by the strict protocols of contemporary policing. This scholarly literature — much of which relies on deficient statistical datasets — has also neglected to consider, to any significant extent, the personal trauma narratives of those impacted by fatal mental health crisis interventions, as evidence of recurrent themes
and systemic deficiencies that might be better addressed in the critical response to mental health crisis incidents. It is particularly rare within the research to discover detailed studies of the personal impacts of fatal mental health crisis interventions on police officers or their attempts to negotiate the ‘emotional labour’ of their trauma work within the SOPs and regulatory controls of policing practice. These aspects have more commonly been addressed as part of systemic inquiries into contemporary policing practices and mental illness or the coronial inquests associated with fatal mental health crisis interventions, where personal trauma narratives often feature as part of the coronial evidence. Despite this, there has been a general resistance identified within institutional circles towards the timely adoption and/or implementation of recommendations to emerge from such proceedings. This may be related to factors, such as legislative and resourcing constraints. It may also be attributable to the fact that, in most cases, these coronial recommendations are neither mandatory nor self-executing (M. Barnes, Research Interview, 2 June 2008).

This chapter explores the impacts of these practical constraints on the development of more sustainable inter-agency relationships and risk communications in mental health crisis intervention. It examines the disjuncture between theoretical frameworks (of policing practice) and empirical knowledge (the realities of frontline policing) in relation to the complexities of mental health crises in the community, and the emotionality that typically underscores public responses to fatal mental health crisis interventions. This critical discussion begins with a broad characterisation of the circumstances specific to these events and the ways in which fatal mental health crisis interventions differ from other everyday encounters between police officers and mentally ill individuals. Controversies over the investigation of these critical incidents by ‘independent’ police officers, and questions as to the adequacy of this process are raised as an example of the public mistrust that has developed towards contemporary policing and the capacity of frontline police officers to effectively shoulder the burden of ‘streetcorner psychiatry’.
The remainder of the chapter focuses on the role of police discretion and tactical instruction as predictive determinants of the police use of (deadly) force. It draws on historical examples of prominent fatal mental health crisis interventions and the precedents established by Victoria Police in its attempts to fundamentally reform the approach of police agencies towards the concept of police use of force, the interactions of frontline police officers and mentally ill individuals, and police training in operational safety tactics. In highlighting these particular examples, the chapter also draws attention to the precarious relationship between police agencies and news media. The chapter examines the power that the latter often exercises with respect to scrutinising police operations and constructing enduring news frames of risk, trauma and crisis, which have become deeply embedded within the public psyche in relation to broader perceptions of the police use of force.

3.2. The limits of discretion in the police use of deadly force

Police measures, such as the development of inter-agency action plans and specialised mental health training for frontline police officers (examined in the previous chapter), are obviously aimed at ensuring safer and more dignified handling and transfer of individuals with acute behavioural disturbances resulting from mental illness. In most instances, the interactions police have with people with a mental illness are resolved safely and without incident (Office of the Public Advocate – Queensland, 2005). However, in a small number of cases, these encounters may involve levels of hostility that serve to heighten the resistance of a mentally ill individual towards attempts at negotiation by police officers, creating a situation that is beyond the point of de-escalation (Kerr et al., 2010). Notwithstanding stigmatising stereotypes that correlate mental illness with an inherent propensity for violence, the disturbed behaviour of individuals experiencing irrational thoughts and delusional beliefs associated with acute psychosis (which is frequently accompanied by some form of paranoia about police) can precipitate high-risk situations that require police use of force (Coleman & Cotton, 2010). On extremely rare occasions, these events may end in severe injury to or the death of attending police officers,
or even family members or mental health workers. More commonly, these incidents may result in severe injury to or the death of the person in psychiatric crisis, often by police-involved shooting. Such situations are commonly referred to as a ‘critical incident’, ‘sentinel event’ or a ‘fatal mental health crisis intervention’.

As Dalton’s (1998) seminal report on Police Shootings 1990-1997 highlights, incidents of this kind commonly occur in a ‘community setting’, such as a beach, a public street, outside the individual’s home or sometimes on private property. In Australia, these fatalities are typically recorded as ‘deaths in custody’, as defined by the Royal Commission into Aboriginal Deaths in Custody (1991), given that they occur most often while individuals are in police detention. Deaths that occur in the process of police operations, such as an attempt by police to detain a mentally ill individual in crisis, are also included in this categorisation. Fatal mental health crisis interventions commonly follow a call to police from a family member or someone else in the community, in response to an incident involving threatening and/or violent behaviour on the part of the mentally ill individual (Dalton, 1998). It is the direction of this behaviour towards police that results in situations where, believing their own safety and/or lives (or those of their colleagues and/or bystanders) to be in danger, police officers fatally discharge their firearms in self-defence. Fatal mental health crisis interventions are therefore distinguished from the numerous other (less precarious) everyday encounters between mentally ill individuals and frontline police officers “by virtue of a number of elements, such as the presence of or potential for violence or self-harm, the presence of firearms or other weapons, and the degree of distress experienced by the individual” (Office of the Public Advocate – Queensland, 2005, p. 15). Most obviously, these crisis situations are distinguished by the degree of force used by police officers in the resolution of the incident; namely, the use of lethal or deadly force.

Dalton (1998) proposes — somewhat contentiously — that, in some cases, the deaths that result from the police use of deadly force occur because the deceased intended to

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22 See Arlington 2011; Minus, 2011; NSW Mental Health Sentinel Events Review Committee, 2008.
lose their life by deliberately manipulating a set of confrontational circumstances involving armed police officers. This phenomenon is widely known as ‘suicide by cop’\textsuperscript{23}. Regardless of these intentions, in accordance with official protocols, fatal police-involved shootings of mentally ill individuals are investigated as critical incidents and, in those circumstances, according to police critical incident guidelines and by independent police investigators (NSW State Coroner’s Office, 2006). In many jurisdictions, deaths as a consequence of a fatal mental health crisis intervention are legislatively classified as homicides, and it is left to a Coroner or coronial jury to determine whether or not the homicide was ‘justifiable’. In NSW, this determination is defined by the conditions of ‘indictable offence’ currently outlined under Section 78 of the Coroners Act 2009, and previously under Section 19 of the Coroners Act 1980 (NSW State Coroner’s Office, 2006). In cases where the actions of police officers involved in a fatal mental health crisis intervention are considered an ‘indictable offence’, the Coroner has the power to refer the matter to the Director of Public Prosecutions (DPP) for investigation. This has occurred in a negligible number of cases, albeit most prominently in relation to the fatal police-involved shootings of Roni Levi on Bondi Beach in June 1997 and, more recently, Elijah Holcombe in Armidale, NSW, in 2009 (for fuller discussion of these fatal mental health crisis interventions, see this and later chapters of this thesis).

It remains the responsibility of police to manage the entire critical incident investigation, including “securing the incident scene, interviewing all police, other witnesses and third parties involved, collecting forensic and specialist evidence, and preparing the written brief of evidence for the State Coroner’s consideration” (Office of Police Integrity – Victoria, 2010, p. 8). This process of critical incident investigation, as it relates to fatal mental health crisis interventions and other deaths in custody, has attracted local and international criticism. Concerns have been raised as to the potential conflicts of interest — be they real or perceived — associated with

\textsuperscript{23} Over the past decade, the phenomenon of ‘suicide by cop’ has been a point of speculation in a number of coronial inquests related to fatal mental health crisis interventions in Australia, as discussed in more detail in Chapter 4.
the protocol of ‘police investigating police’ (see, for example, Commission for Public Complaints Against the Royal Canadian Mounted Police, 2009; Powell, 2010; Walters, 2005). These criticisms are based on the idea that “police services have a vested interest in the training and conduct of officers, the reputation of the organisation, and in safeguarding any legal or financial liability that may arise if a person is wronged by the actions of a member of the policing service” (Office of Police Integrity – Victoria, 2010, p. 8). The culture of the police force is also often raised as a point of contention, given it is commonly characterised “by a sense of loyalty and empathy to fellow police members” (Office of Police Integrity – Victoria, 2010, p. 8). This is an attribute perceived by detractors of the ‘police investigating police’ protocol to be incongruous with the neutrality and transparency required of operational incident investigations, especially those involving police use of deadly force.

**Translating policing principles into operational policing practices**

Although, as McElvain and Kposowa (2008) point out, “it is accepted that some [police] officers use force unjustly, this appears to be the exception rather than the rule” (p. 506). On the whole, the majority of police officers in the course of their everyday duties “do a difficult and stressful job in a professional and humane manner” for which they should be commended (Chappell, 2008, p. 39). As research has shown, out of all the police-citizen contacts recorded, very few encounters lead to an arrest, let alone a police-involved shooting or any police use of force (McElvain & Kposowa, 2008). Despite their infrequency, police-involved shootings generate considerable controversy in the media and among the general public. In particular, when responses to mental health crisis incidents are mishandled or end in the use of deadly force by police, “our responses appear to be more complex”; the incident has the potential to arouse “serious concerns and passions” (Doob quoted in Chappell & Graham, 1985, p. v). As Geller & Scott (1992) explain:

> Given that the highest calling of police duty is to protect life, a sense that something has gone wrong is appropriate, even if the death proves to have been legally justifiable [ed: which most are when
processed through the Australian coronial and/or courts system]. Many are left to wonder whether there was not some other way the situation could have been resolved and whether the shooting was absolutely necessary (p. vii).

In Australia, the contentious issue of the use of lethal or deadly force against mentally ill individuals in crisis is quite often portrayed in media commentary and public debate as being indicative of or revealing much about a police officer’s “commitment to the upholding of the civil liberties of the citizens they are required to protect” (Chappell, 2008, p. 40). This can be an inequitable moral judgment to make. There are, at any given time, numerous mitigating factors that can influence a police officer’s decision to use coercive force, and also its necessity. Obviously, police have the power to use force in certain circumstances as is necessary to effectively working within the community to reduce violence, crime and fear (NSW Ombudsman, 2008). However, there is “significant interest in ensuring that when force is used, this occurs in a way that is reasonable and proportionate” and that “any weapons used by police are, as far as possible reliable, effective, and do not subject officers and members of the public to unreasonable or unintended risk of harm” (NSW Ombudsman, 2008).

At their most basic, the norms of operational policing dictate that, in carrying out their duties, “police should use non-violent means before resorting to the use of force or firearms” (Chappell, 2008, p. 40). Because firearms are “inherently lethal weapons, they can only be justifiably used in the most extreme conditions of an immediate threat to life” (Waddington, 1991, p. 93). The basis of judgment on the reasonable/justifiable use of deadly force in a police-involved mental health crisis intervention therefore relates to whether the individual was actively threatening police or the level of threat perceived by police officers as to the potential for harm to self and/or others. The benchmark against which the success of an operation is measured in most Australian police jurisdictions is whether the degree of force used is consistent with the principle of ‘minimum force’ — that is, that police officers have used the minimum force that is necessary (Brouwer, 2005; Police Commissioners’ Policy Advisory Group, 1992; Waddington, 1991).
The measure is a difficult one to make, because it is subject to variances of interpretation and competing discourses. While national guidelines have previously established distinct parameters for its application (for example, police are advised against the use of firearms against another person except in self-defence or defence of others against the imminent threat of death or serious injury), the use of lethal force still ultimately remains the discretion of the police officers involved. As Teplin & Pruett (1992) explain: “While the law provides the legal structure and decrees the police officer’s power to intervene, it cannot dictate the police officer’s response to that situation” (p. 140; see also Bittner, 1967 & 1970; Pinto, 2004).

As previously discussed, encounters between police and mentally ill individuals in crisis are often highly complex and variable. The responsibility (and therefore liability) for the resolution of the event, using the most appropriate application of problem-solving skills and/or force required, therefore often rests squarely with the police officers involved. Mental health legislation in most jurisdictions specifies this by outlining the responsibilities of police officers regarding the protection of individuals who may be a threat to themselves and/or others (Godfredson et al., 2010). It has long been recognised, however, that “these laws represent a framework that can be difficult to apply in specific situations” (Godfredson et al., 2010, p. 1393; see also Bittner, 1967). Police discretion therefore typically prevails as one of the most obvious points of contention in discursive interpretations and (mis)representations of fatal mental health crisis interventions.

The greatest amount of discretion is obviously available to police officers in situations where they have initiated contact with a mentally ill individual (Lamb, Weinberger, & DeCuir Jr, 2002). “In such situations,” writes Lamb, Weinberger and DeCuir Jr (2002), “there is considerable potential for the disposition to be influenced by police officers’ personal attitudes or beliefs” (p. 1267). More often than not, however, interactions between police and mentally ill individuals are initiated by other citizens, in which case the demands of the mentally ill person may limit the breadth of discretion available to police
The literature on this issue tends to focus on mental health crises that are not necessarily complicated by, for example, the presence of edged weapons or the potential for harm by a mentally ill individual (either to self and/or others). The influence of risk perceptions and the use of ‘discretion’ and ‘risk communications’ as these might relate to early phase police intervention and strategies for crisis resolution are therefore limited.

Instead, the available literature on police interactions with mentally ill individuals in crisis tends to restrict discussions of police officer discretion to final phase diversionary outcomes (e.g. the decision to either process a mentally ill individual through the criminal justice system or the mental health system) or police use of deadly force. The statistics frequently cited in the literature are unable to account for the “myriad police encounters that result in mental health dispositions or other less formal outcomes” (Godfredson et al., 2010, p. 1). These might include circumstances where a mental health crisis is resolved by other means of community intervention, such as police involvement of family members or through the use of de-escalation techniques that ultimately result in a scenario where the individual does not need to be scheduled and/or hospitalised or detained by police.

When police officers ‘shoot to kill’: public perceptions of the use of deadly force

Much less talked about (perhaps due to the sensitivity of the issue) is the idea that, in some instances, police discretion is limited by the necessity to shoot; that there are occasions where police officers have no other option but to use deadly force. Fyfe (1988) is one of the few researchers to have critically approached the issue, observing that “no police department can direct officers to refrain from shooting when failure to do so may mean imminent death” (p. 185). He explains: “Formal discretionary guidelines are of little relevance in such situations because, by any reasonable standard, the officers involved have only one choice” (Fyfe, 1988, p. 185). This situation is complicated by circumstances where the individual is not a
‘fleeing felon’[^24], but a mentally ill person in psychiatric distress, who does not likely have the capacity to moderate their behaviour or comprehend the implications of their failure to do so. The matter is further frustrated by the fact that, as Heath and O’Hair (2009) suggest, issues of ‘risk’ and ‘crisis’ are “inherently matters of choice” (p. 22). As research for this doctoral thesis demonstrates, following a fatal mental health crisis intervention, it is not uncommon for family and friends of the deceased and other mental health advocates to maintain the position that police officers could have availed themselves of other less-lethal tactical measures in place of the decision to shoot. These perceptions are vehemently maintained, regardless of whether the circumstances of the mental health crisis situation would have reasonably or operationally enabled otherwise.

These persistent claims and counter-claims, as they relate to interpretations of the level of threat posed by an individual in psychiatric crisis and the appropriateness of police actions in response, are also frequently informed by what is often framed in public discourse as the heavy-handedness of police officers and their tendency towards the use of excessive force as the most expedite resolution to a crisis incident. In some cases, the need for police use of firearms is also framed by lay discourse as a measure of the incompetence and negligence of frontline police officers to effectively respond to mental health crisis situations. The discretion of police officers to discharge their firearms is seen as entirely incommensurate with the levels of risk posed by a mentally ill individual in crisis, as discussed in further detail in the following chapter. As controversial as it may be, the question of whether there are circumstances where shooting a mentally ill individual in crisis is the only viable option available to police has been notably absent from much of the literature on

[^24]: In the United States, prior to 1985, many police departments followed the ‘fleeing felon’ rule, which authorised police use of deadly force as a means of apprehending persons fleeing from suspected criminal activities, even if the offense was not violent in nature (Fyfe, 1988). In 1985, following the US Supreme Court case, *Tennessee v. Garner*, the authorisation of deadly force was restricted to situations in which a citizen posed a threat of serious physical harm, either to the police officer or others (McElvain & Kposowa, 2008). While Australia has not similarly enshrined such legislative constraints, the *carte blanche* nature of this common law principle has been limited by police instructions on the carriage and use of firearms by officers (Sarre, 1996). Like all events involving police use of deadly force, the legitimacy of a police officer’s decision to shoot therefore continues to be measured against the particular circumstances of the incident and the officer’s ability to satisfy themselves that the use of their firearm is justified.
police-involved mental health crisis interventions. This issue was raised with several of the participants in the current research project. In response, Rob Ramjan, CEO of the SFNSW, proposed the following ‘hypothetical’ mental health crisis scenario (incidentally based on circumstances reminiscent of the fatal police-involved shootings of Ali Hamie in NSW in 2000, and Mieng Huynh in Queensland in 2003):

That circumstance; he’s stabbed a few people, he’s got another one, he’s holding him by the throat and you’ve got a clean shot. You haven’t got a clean Taser shot; you might hit the person who’s being stabbed. You need rapid response, because another stab or two and that person’s dead, and you’re going to be held accountable for that, because you’re there. You must make a quick decision and, in that circumstance, the cop’s got to think: “Can I shoot him? Do I have a clean shot? Can I Taser him?” The gun’s going to come out and you’re going to shoot it. So I can imagine that being the case of the least worst outcome; being the choice of pointing the gun and shooting... the hope is that nobody ever gets shot, and I would expect that 99.99% of cops who go out each day don’t want to shoot anybody (R. Ramjan, Research Interview, 6 August 2010).

In terms of the translation of policing principles into policing practices, Waddington (1990) contends that ‘shooting to kill’ is not entirely inconsistent with the police philosophy of ‘minimum force’ and the police mission to protect life, because police are trained to shoot only when either their lives or the lives of others are threatened. Some authors have taken issue with Waddington’s comments, claiming that they assume the threat to police and others most commonly comes from an individual (most likely a terrorist) who is similarly armed with a firearm. What Waddington fails to acknowledge, according to these authors, is that “ordinary operational police are never likely to run into a terrorist in possession of a remote control bomb or to have to deal with a situation where they have to kill a hostage-taker” (McCulloch, 2001, p. 161). These authors also claim that Waddington’s comments, in the context of police-involved mental health crisis interventions, fail to consider the more frequent scenario where those in psychiatric crisis, if armed, are typically in possession of an edged weapon (e.g. knife or sword) as opposed to a firearm. Those such as McCulloch (2001), maintain that, regardless of the circumstances, “ordinary police are being trained to ‘shoot until the
threat is eliminated’ whenever they fire their guns, even when their adversary is not armed with a firearm” (p. 161).

McCulloch’s (2001) assertions are based on a series of critical observations relating to the Firearms Officer Survival Training Unit (FOSTU) in Victoria which, in the early 1990s, had adopted as part of its curriculum the principle that “a person armed with a knife can deliver a fatal thrust in an average of one and a half seconds from approximately six metres” (p. 169). This, according to McCulloch (2001), encouraged police to treat all edged weapons equally with the primary principle being that, “in defence from attack, it is necessary to shoot until the threat is neutralised” (p. 168). To validate this perspective, McCulloch (2001) explains, the FOSTU used a United States training video titled, Surviving Edged Weapons, whose approach to gun culture and inflated safety risks reflected the broader trend towards increasingly militarised forms of policing in Victoria at the time25; what McCulloch describes as “the antithesis of community policing” (p. 3). The training video instructed police that the:

Minimum distance required between the officer and an attacker armed with a knife in order for the officer to successfully draw his/her weapon, fire two shots centre mass and get out of the way of the on-rushing knife wielder…[is] approximately 21 feet (quoted in McCulloch, 2001, p. 170; see also Hontz, 1999).

In combination, these factors may potentially build on pre-existing fears among operational police officers in relation to individuals who are mentally ill or are experiencing a mental health crisis (e.g. psychosis). This is likely to endorse exaggerated perceptions of risk and danger as a result of the police principle of ‘survival at any cost’ — an indifference which, according to McCulloch (2001), is exemplified by the ‘them or us’ mentality that is stimulated by the emphasis on a ‘survival mindset’ central to the education of operational police officers (p. 164).

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25 Other tactical operations units, such as those aligned with the NSW Police Force, have previously been likened to a military unit in relation to the tactics and appointments they use, the training their officers receive, and the orders and preparations for jobs these officers go through, including in terms of their involvement in fatal mental health crisis interventions (see Ford quoted in ‘The Guns of Adjungbilly – Part 1’, 2005).
What research, such as McCulloch’s (2001), reinforces therefore is the idea that police perceptions of ‘risk’ may be a significant influence on the outcomes of police-involved mental health crisis interventions. More to the point, it suggests that there remains an inherent tension between police perceptions of risk and the irrevocably detrimental effects of what is, more often than not, misrepresented or exaggerated risk — particularly as others, such as bereaved family members, may perceive it.

3.3. The prevalence of fatal mental health crisis interventions

Despite the impressions imparted by these conflicts of institutional and lay discourses, fatal outcomes to police-involved mental health crisis interventions in Australia are relatively uncommon. The recently released report from the Victorian Office of Police Integrity (2010) on the investigation of deaths associated with police contact illustrates that, over the past decade, only 7 per cent (n=11) of Victorian fatalities have been the result of police-involved shootings. This is compared to 46 per cent (n=77), which are attributable to suicide, followed by 37 deaths as a consequence of police pursuit-related incidents and ‘other causes’ (equal to 22 per cent of all recorded fatalities associated with police contact). This includes people “who were reported to have died in incidents involving pedestrian or vehicle accidents, pre-existing or sustained injuries, natural causes, or were recorded by police as ‘found deceased’” (Office of Police Integrity – Victoria, 2010, p. 21). What is troubling, however, is the prevalence of fatal mental health crisis interventions as a proportion of the total number of fatal police-involved shootings recorded. An examination of coronial findings and associated news media coverage of a selection of fatal police-involved shootings over the past decade supports the proposition that, in Australia, mentally ill individuals are significantly over-represented among these fatalities. These trends are consistent with international research, which has found that individuals with mental illness are four times more likely to be killed by the police (Cordner, 2006). A review of police-involved shootings in the United Kingdom from 1998 to 2001, for example, indicated that
almost half (11 out of 24) involved someone with a known history of mental health problems (Dowd, 2004).

Interactions with police officers during a mental health crisis might therefore be said to be more dangerous for the mentally ill individual than for police officers (Cordner, 2006). As Kerr, Morabito, and Watson (2010) explain, during a mental health crisis intervention, a mentally ill individual may be more vulnerable to injury because police officers “misinterpret their behavior and demeanor”, given that mental illness “can exacerbate a hostile demeanor or the appearance of resistance, depending on how the symptoms are manifested” (p. 119). Mentally ill individuals in crisis are also more likely to have an impaired sense of judgment, particularly where their mental disturbance is exacerbated by having police guns trained on them. In these situations, a mentally ill individual in crisis is often unable to reflexively assess the level of threat perceived by a police officer in response to their carriage of knives or a firearm (which are often adopted for self-harm or self-protection in the acute onset of the psychosis) and the probable outcome of a failure to discard these ‘weapons’. As Cordner (2006) explains, individuals experiencing an acute mental health crisis can appear to be ignoring a police officer when really they might not be able to understand the officer’s instructions.

The levels of dangerousness for police and mentally ill individuals involved in a mental health crisis intervention are contestable, however, since they are often dependent on the circumstances specific to the incident. There are also limitations to the accurate estimation of the use of coercive force as a principal police response to interactions with mentally ill individuals. Data of this kind tends not to be systematically recorded (Herrington et al., 2009). Victorian police officers, for example, are still required to report the use of force by way of an “antiquated paper-based system”, which has resulted in what is estimated to be “anything from 20–70 per cent” under-reporting of the use of force (Office of Police Integrity – Victoria, 2009, p. 14). Despite this, anecdotal evidence from MHTT-trained police officers in the NSW Police Force (surveyed 18 months after receiving their
MHIT training) suggests that, on average, only 11 per cent of mental health jobs, 18 per cent of jobs involving drug-induced psychosis, and 16 per cent of all other26 jobs required the use of coercive force in the previous 12 months (Herrington et al., 2009). Statistical comparison between these responses and those of MHIT-trained officers, prior to receiving their training, revealed no significant differences in the prevalence of use of coercive force (Herrington et al., 2009). Nonetheless, on attending a mental health crisis incident, the default position for many police officers, but particularly non-MHIT or CIT-trained officers, is to treat an offending individual on the basis of law enforcement principles, rather than on the likelihood that the person’s disturbed behaviour is attributable to an existing mental disorder:

  We don’t know whether somebody’s got a mental illness or whether someone’s got a drug-induced psychosis or whether somebody’s faking, or whatever… say a mentally ill patient has assaulted another person; it’s not our job to establish whether that person’s got a mental illness. We’ve got to deal with the crime, so we would take action. It’s up to the courts and whoever else to determine later if that person had a mental illness, which would negate their criminal behaviour (P. Brodie, Research Interview, 29 September 2010).

**Police use of deadly force in practice: the statistical evidence base**

According to Dalton’s (1998) pioneering and widely referenced research report on police-involved shootings, between 1 January 1990 and 30 June 1997, Australian police fatally shot 41 people, with at least one-third of those identified as suffering from a diagnosed mental illness (requiring psychiatric treatment) or depression prior to police crisis intervention. Of those with an identified mental illness, at least seven (and possibly as many as 10) were killed in Victoria (Whiteford, 1998). The peak during this period was 1994, during which time Victoria Police shot and killed nine people. At least four of these individuals had a known psychiatric history (Dalton, 1998). In the first nine months of 1994 alone, there were twice as many fatal police-involved shootings in Victoria as in the previous six years in NSW (McCulloch, 2001). During the period covered by

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26 ‘Other’ jobs refer to those that are not related to the individuals involved displaying either the symptoms or behaviours of mental health or drug-induced psychosis. This distinction is not one that would be reflected in recorded police data, and relies on an individual respondent police officer’s perception of the event (Herrington et al., 2009).
Dalton’s (1998) report, eight persons were killed in total as a consequence of gunshot wounds inflicted by NSW police (see Figure 3). At least three of these had a known psychiatric history or had experienced depression prior to police crisis intervention\(^{27}\) (Dalton, 1998). By comparison, in the 10-year period from 1992 to 2002, there were only 11 deaths of mentally ill individuals recorded as a consequence of interactions with Canadian police (Coleman & Cotton, 2005). Of course, such statistics must be read in the broader context of police work, including the number of contacts Australian police officers have with members of the public, particularly mentally ill individuals, and also figures relating to the incidence of police use of force.

In comparison to Dalton’s report, statistics published by the Australian Institute of Criminology (AIC), covering the period inclusive of many of these significant events (1990 to 2007), provide a more comprehensive and contemporary catalogue of the incidence of fatal police-involved shootings in Australia. Data from the AIC’s National Deaths in Custody Program show that, in the decade subsequent to Dalton’s seminal study, a further 46 individuals were fatally shot by police while in police custody (including police operations) — taking the total number of individuals shot by police during the period 1990 to 2007 to 87 (Curnow & Larsen, 2009). Of these, 79 deaths were classified as “justifiable homicide” (Curnow & Larsen, 2009, p. 57). The number of persons fatally shot by police over the decade 1998 to 2007 represents a slight decline in the average number of fatal shootings by police, as compared to Dalton’s period of measurement (1990 to 1997). On a year-by-year basis, however, the prominence of people shot by police has varied (see Figure 4), as the notorious peak in police-involved shootings in Victoria in 1994 clearly demonstrates (Curnow & Larsen, 2009).

One consistent aspect of these scenarios is the trend towards the incidence of male deaths by police-involved shooting. As the figures from the National Deaths in Custody Program demonstrate, between 1990 and 2007, a total of three females died from police-inflicted gunshot wounds. In all other years, only males died as a result

\(^{27}\) The last of these recorded deaths in NSW, as illustrated in Figure 3, was that of Roni Levi on Bondi Beach, Sydney.
**Figure 3: Year of Death, Jurisdiction, and Circumstances Relating to Police Shootings**

1 January 1990 to 30 June 1997

<table>
<thead>
<tr>
<th>Year</th>
<th>Jurisdiction</th>
<th>Location of Incident</th>
<th>Domestic</th>
<th>Alcohol</th>
<th>Depressed or Psych. history</th>
<th>Offence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>NSW</td>
<td>Hospital carpark</td>
<td>yes</td>
<td>yes &amp; drugs</td>
<td>yes</td>
<td>Attempted to stab police with knife</td>
</tr>
<tr>
<td>1990</td>
<td>Vic</td>
<td>Private residence</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Unlawful detention x 2 member of public and wounding of resident with firearm; firing at SOG members</td>
</tr>
<tr>
<td>1990</td>
<td>Vic</td>
<td>Private residence</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Aggravated burglary; pointing firearm at SOG members</td>
</tr>
<tr>
<td>1990</td>
<td>NT</td>
<td>Beach</td>
<td></td>
<td></td>
<td></td>
<td>Attempted murder x 2 member of public with spear; Charging at police with a spear</td>
</tr>
<tr>
<td>1991</td>
<td>Vic</td>
<td>Caravan park</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Assault police officer with knife</td>
</tr>
<tr>
<td>1991</td>
<td>Vic</td>
<td>Private residence</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Threaten SOG officer with knife</td>
</tr>
<tr>
<td>1991</td>
<td>Qld</td>
<td>Shopping centre car park</td>
<td>yes</td>
<td></td>
<td></td>
<td>Threaten member of public and police with machete</td>
</tr>
<tr>
<td>1991</td>
<td>WA</td>
<td>Private residence</td>
<td>drugs</td>
<td></td>
<td>yes</td>
<td>Suspect in murder investigation</td>
</tr>
<tr>
<td>1991</td>
<td>Tas</td>
<td>Private residence</td>
<td>yes</td>
<td></td>
<td></td>
<td>Shooting at SOG members</td>
</tr>
<tr>
<td>1992</td>
<td>NSW</td>
<td>Football oval</td>
<td></td>
<td></td>
<td></td>
<td>Pointing shotgun at police</td>
</tr>
<tr>
<td>1992</td>
<td>NSW</td>
<td>Public street</td>
<td></td>
<td></td>
<td></td>
<td>Threaten police with knife</td>
</tr>
<tr>
<td>1992</td>
<td>Vic</td>
<td>Outside Melbourne airport</td>
<td></td>
<td></td>
<td></td>
<td>Armed robbery</td>
</tr>
<tr>
<td>1992</td>
<td>Vic</td>
<td>Public street</td>
<td></td>
<td></td>
<td></td>
<td>Pointing firearm at police; discharging firearm in public</td>
</tr>
<tr>
<td>1993</td>
<td>NSW</td>
<td>Private residence</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Threaten police with knife</td>
</tr>
<tr>
<td>1993</td>
<td>Vic</td>
<td>Private residence</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Assault member of public; attempt to assault police with sword</td>
</tr>
<tr>
<td>1993</td>
<td>Vic</td>
<td>Bushland (following escape from Melbourne Remand Centre)</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Armed robbery; escape custody; wound police officer with gunshot</td>
</tr>
<tr>
<td>1993</td>
<td>Tas</td>
<td>Public place (outside shop)</td>
<td>yes</td>
<td></td>
<td></td>
<td>Pointing firearm (replica pistol) at police officer</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Threaten police with knife</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Outside block of flats</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td>Attempt to assault police with knife</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td>drugs</td>
<td></td>
<td>Threaten police with pick axe following burglary</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Private residence</td>
<td>yes</td>
<td>drugs</td>
<td></td>
<td>Assault (domestic); assault police</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td>drugs</td>
<td></td>
<td>Armed robbery</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td></td>
<td></td>
<td>Armed robbery</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Outside private residence</td>
<td>yes</td>
<td>yes &amp; drugs</td>
<td>yes</td>
<td>Point crossbow at police</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td>Attempt to assault police with knife</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Outside Welfare Centre</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td>Attempt to assault police with tomahawk</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td>Murder x 2 member of public with firearm</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td>Attempt to murder (discharging firearm at police officer)</td>
</tr>
<tr>
<td>1994</td>
<td>Vic</td>
<td>Outside police station</td>
<td>yes</td>
<td></td>
<td></td>
<td>Deprivation of liberty (taken police hostage); threaten to kill</td>
</tr>
<tr>
<td>1995</td>
<td>Qld</td>
<td>Public street</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Attempt to murder (discharging firearm at police officer)</td>
</tr>
<tr>
<td>1995</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Attempt to assault police with knife; assault police with knife</td>
</tr>
<tr>
<td>1995</td>
<td>Vic</td>
<td>Outside private residence</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td>Assault police officer with knife</td>
</tr>
<tr>
<td>1995</td>
<td>Vic</td>
<td>Private residence</td>
<td>yes</td>
<td>drugs</td>
<td>yes</td>
<td>Attempt to assault police with knife</td>
</tr>
<tr>
<td>1996</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Pointing firearm at police officer</td>
</tr>
<tr>
<td>1996</td>
<td>Vic</td>
<td>Outside private residence</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Discharge firearm at police</td>
</tr>
<tr>
<td>1996</td>
<td>Vic</td>
<td>Bushland</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Attempt to assault police with knife</td>
</tr>
<tr>
<td>1997</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Attempt to assault police with knife; armed robbery</td>
</tr>
<tr>
<td>1997</td>
<td>Vic</td>
<td>Public street</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Attempt to assault police with knife</td>
</tr>
<tr>
<td>1997</td>
<td>Vic</td>
<td>Outside private residence</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Attempt to assault police with knife</td>
</tr>
<tr>
<td>1997</td>
<td>Tas</td>
<td>Private residence</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Pointing firearm at police officer; armed robbery</td>
</tr>
<tr>
<td>1997</td>
<td>Tas</td>
<td>Public street</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td>Discharge firearm at police</td>
</tr>
</tbody>
</table>

of police-involved shootings (Curnow & Larsen, 2009). Over half of these individuals were aged between 25 and 39 years (Curnow & Larsen, 2009). These statistics are consistent with most fatal mental health crisis interventions, which often involve male deaths of a similar age group. The figures are also broadly consistent (the only exception being median age) with data subsequently released by the AIC during the writing of this thesis, which included deaths in custody statistics from 2008 (see Lyneham, Larsen, & Beacroft, 2010).

While the AIC statistics may provide a more contemporary catalogue of the incidence of fatal police-involved shootings, the figures — unlike Dalton’s earlier research, which is not without its own deficiencies — fail to clearly identify the number of persons suffering from a mental illness or depression at the time of the fatal shooting (see Curnow & Larsen, 2009; Lyneham, Larsen, & Beacroft, 2010). The only reference of substance to mental illness is identifiable in the rather nebulous concession that Curnow and Larsen (2009) make in their concluding comments,

28 These demographics are also historically consistent with the fatal police-involved shootings of mentally ill individuals in Canada where, as Chappell & Graham (1985) point out, over their 12-year period of analysis, “there was only one female amongst the 119 civilians whose deaths resulted from police firearm use” (p. 9).

29 While Dalton’s report does briefly canvass the notion of police deficiencies in the handling of mental health crisis situations, it provides little reference to the nature of such shortcomings or their frequency.
where they state that the average age of those individuals shot by police may suggest that:

At these ages, offenders may also have pronounced mental health issues that manifest themselves in public acts of violence. These possible explanations give rise to policy issues around restricting access to weapons and training police in dealing with violent and mentally ill offenders (p. 57).

The broader omission of psychiatric history in the National Deaths in Custody Program shooting deaths dataset is not uncommon to most statistical analyses of fatal police-involved shootings, which more readily provide a breakdown of the deceased by race, gender and age, in preference to addressing the proportion of those killed while presenting with the signs and symptoms of a mental disorder. This may be a consequence of the difficulty in readily identifying those persons experiencing mental illness, especially if the disorder has not previously been formally diagnosed or treated. The absence of a formal diagnosis of mental illness does not, however, preclude the presence of significant mental health problems. An individual may be experiencing mental illness, but may not have had any contact with mental health services for a formal diagnosis to have been made. In other cases, an individual may be experiencing the behavioural symptoms of mental illness and may be clearly unwell, but might not necessarily fit the legislative criteria for formal diagnosis of a ‘mental disorder’ (Police Federation of Australia, 2005). The challenges for police in identifying mental illness as a precipitating factor to an individual’s disturbed behaviour (and thereafter responding appropriately to this) may therefore be amplified where a formal diagnosis or history of psychiatric distress is absent or unavailable.

Since the release of both Dalton’s and the AIC’s datasets, the only other significant and comprehensive statistical analysis published on the subject of fatal mental health crisis interventions in Australia has been a more recent study of 48 police-involved shootings in Victoria over the period November 1982 to February 2007 (see Kesic, Thomas, & Ogloff, 2010). This study consistently found a significant over-representation of individuals with mental disorders, with more than 87 per cent
of fatalities known in some capacity to either mental health services or police (Kesic, Thomas, & Ogloff, 2010). Psychosis was diagnosed in eight cases (16.7 per cent) with the majority of these (n=6, 12.5 per cent of total) being a diagnosis of schizophrenia. More than a third of the total number of individuals fatally shot by Victoria Police over the period of analysis had substance use disorders; a rate more than 23-fold higher than that estimated in the general community (Kesic, Thomas, & Ogloff, 2010). These figures are accepted by police management as almost certainly consistent with fatal mental health crisis interventions across other Australian policing jurisdictions, particularly NSW, although the integrity and availability of existing data is obviously insufficient to support this without qualification.

These shortcomings in the available data on contemporary policing and mental illness are cause for concern, if only because they infer that the debate about mental health reform in Australia, and measures of the efficacy of police-involved mental health crisis response models, have been informed by deficient statistical data. In jurisdictions, like Victoria, data retrieval can be a protracted process “that generally requires some manual interrogation of the different databases to ensure that relevant cases have been included” (Office of Police Integrity – Victoria, 2010, p. 17). This is largely attributable to the need for a more specific definition, and category within police databases, for ‘deaths associated with police contact’ (Office of Police Integrity – Victoria, 2010). In response, some policing jurisdictions — Victoria included — have started to update their internal systems to “facilitate easier data collection and public reporting on these matters, which is consistent with good public accountability and transparency” (Office of Police Integrity – Victoria, 2010, p. 17).

In NSW, this includes improvements to the information recorded against the COPPS event narrative for police-involved mental health crisis interventions. These advances will enable police officers entering the event on the COPPS system to indicate whether the incident was responded to by an MHIT-trained police officer.
(J. Murchie, Research Interview, 4 November 2010). This has far-reaching implications for evidence-based policing practices and the capture and analysis of data related to the mental health training program as well as the ability to determine policing trends (be they positive or negative) associated with it. As Inspector Joel Murchie, Commander of the NSW Police Force MHIT, explains:

> The current ‘Mental Health Act event’ on our… COPS computer system… is very basic. It basically has patient, doctor, next of kin and an area to put a narrative in about what the circumstances were that you came across… We’ve been pushing up for most of this year to get some amendments made to that report to give more information; things like mandatory fields about how many minutes we spent waiting in the community setting, how many minutes we spent waiting in the emergency department, any injuries to either the consumer or the police... was it an intervention involving the mental health intervention team officer...? Put an X in that box, and that then gives us a readily downloadable dataset of information that we can use to see how effective our training is (J. Murchie, Research Interview, 4 November 2010).

**Project Beacon: a Victoria Police template for the minimisation of force**

Regardless of the shortcomings associated with the existing datasets, in some instances, the statistics have painted a very clear and realistic picture of the consequences of inadequate police mental health training and the use of force in police-involved mental health crisis interventions. While other Australian jurisdictions have received their own share of public scrutiny over fatal police-involved shootings, in Victoria, these incidents were considered the “single most controversial policing issue” throughout the 1990s (McCulloch, 2001, p. 92). In terms of fatal police-involved shootings, particularly of persons in psychiatric crisis, Victoria Police stands alone in terms of sheer numbers, having shot and killed more of its citizens than all other state and territory police services combined during the same period (McCulloch, 2001). The disturbing trend in fatal police-involved shootings prompted then-Victoria Police Chief Commissioner, Neil Comrie, to issue a letter at the peak of the controversy, in 1994, to all commissioned officers, which read:

> There have been an extraordinary number of fatal shootings by police in this state. I believe we have reached the point where we must reconsider
our position and reassess the impact that this level of force has on the relationship that we have with the community (Comrie quoted in Task Force Victor, 1994, p. 43).

Victoria Police subsequently launched “five independent reviews, three external and two internal, which addressed the policies, procedures, training, weaponry and systems surrounding police operational tactics” (Victoria Police, 1995, p. 1; see also McCulloch, 2001). Some 219 recommendations were published as a consequence of the five reviews (Victoria Police, 1995).

Five months after his letter to all commissioned officers, and in light of the untenable number of shooting deaths (particularly of mentally ill individuals), the Victoria Police Chief Commissioner announced the formation of a special project, designed to implement the various recommendations of the independent and internal reviews (McCulloch, 2001). *Project Beacon* was established in September 1994, and introduced the current Victoria Police ‘Safety First Philosophy’, which maintains that “the success of an operation will be primarily judged on the extent to which the use of force is avoided or minimised” (Comrie quoted in Brouwer, 2005). The project included a five-day training package for police officers, which was supported by 10 safety principles:

1. Safety First
2. Risk Assessment
3. Take Charge
4. Planned Response
5. Cordon and Containment
6. Avoid Confrontation
7. Avoid Force
8. Minimum Force
9. Forced Entry Searches
10. Resources
‘Project Beacon’ s five-day Operational Safety Tactics (OST) training was distinguished from pre-existing police training courses by virtue of the fact that the latter focused on “the use of weapons or on defensive tactics”, but offered “no options for non-forceful resolution of violent (or potentially violent) situations” (p. 5). Most existing police education in conflict resolution and communications did not deal with situations that had “escalated to violent confrontations” (Victoria Police, 1995, p. 5). Writes Walters (2005): “Policing is primarily about dealing with people. Firearms avoid that. They impose the will of the person with the firearm, and leave no room for negotiation”. A review of fatal shootings by Victoria Police, later conducted by the OPI, shared some of these sentiments. It recognised that police instruction prior to the introduction of ‘Project Beacon’ s OST training course had:

...lacked a complementary component to train officers in how to control violence without physical confrontation. It certainly did not consider the particular difficulties for police in dealing with people presenting with symptoms of mental illness or disorder (Brouwer, 2005).

In its review of the progress of ‘Project Beacon’, the Victoria Police (1995) acknowledged that, by comparison, the OST training had provided:

...police with a much greater awareness of appropriate methods for dealing with mentally disordered persons, and the roles of other organisations whose activities can assist police in successfully resolving incidents (p. 5).

Frontline police officers were themselves able to contribute to the design of the course. Recommendations included greater use of the Dog Squad in violent situations and an improved competency in verbal negotiation skills for general duties officers (Victoria Police, 1995). ‘Project Beacon’ also heralded the introduction of capsicum spray for use by Victorian police officers (McCulloch, 2001). With regard to new approaches to dealing with ‘mentally disturbed persons’, Victoria Police introduced a number of strategies; many of which have subsequently been adopted by other police agencies, such as the NSW Police Force.
These included:

- The development of new protocols between police and CAT teams to better deal with crisis situations;
- The appointment of an inspector in every district as a dedicated liaison officer for the local CAT team;
- The delivery of lectures on dealing with mentally disordered persons by health and community service experts; and a
- Victoria Police/Psychiatric Services interdepartmental liaison committee to monitor the relationships between the respective operational areas (Victoria Police, 1995).

A subsequent decline in the number of violent incidents or those that included the threat of violence was attributed to the implementation of Project Beacon (Victoria Police, 1995). Between November 1995 and March 1997, there were no fatal shootings by Victorian police officers (McCulloch, 2001). As a result, Project Beacon was heralded a success, because it redressed some of the deficiencies of police training, particularly with regard to equipping operational police officers with techniques in non-physical resolution of crisis incidents, and raising awareness of the “particular difficulties for police in dealing with people presenting with symptoms of mental illness” (Brouwer, 2005).

But in spite of the successful reduction in the numbers of individuals fatally wounded by Victoria Police post-implementation of Project Beacon, there was (and continues to be) no corresponding reduction in the representation of mentally ill individuals in the statistics. In fact, since Project Beacon, the proportion of mentally ill individuals that have been killed by Victoria Police has increased from 31 per cent to 44 per cent (Brouwer, 2005). Statistics such as these must be read with some caution, and should not be considered in isolation, since the increase may be attributable to

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30 This reduction in police-involved shootings following the implementation of new police training is consistent with experiences in the United States (see McCulloch, 2001), although similar trends have yet to be measured in relation to the more recent introduction of specialised mental health training programs, such as the NSW Police Force MHIT.
factors unrelated to the OST training, such as raised community awareness of mental illness and higher rates of diagnosis (Brouwer, 2005). By the same token, these trends might suggest that there are some aspects to fatal mental health crisis interventions that are so unique that they are unable to be adequately resolved by police initiatives, such as Project Beacon and other subsequent changes to police training and professional practices (Brouwer, 2005). A more in-depth analysis of fatal mental health crisis interventions before and after Project Beacon, and in the context of other legislative changes, would be necessary to thoroughly examine this (Kesic, Thomas, & Ogloff, 2010).

The uncertainty therefore persists as to why Victoria Police fatally shot so many mentally ill individuals, especially throughout the 1990s, when the deinstitutionalisation of mental health consumers in other Australian states had not led to “the same dramatic increase in police shootings” (Victoria Police, 1995, p. 1). One explanation might be that events like “the bombing of the Russell Street police complex in 1986… and the ambush of two patrol officers in Walsh Street in 1988 (where both officers were executed)” had led to a “heightened sense of vulnerability” amongst Victorian police officers (Victoria Police, 1995, p. 1). Misunderstandings by members of the police force as to “what the community expects of them” and intensive firearms training (leading to police officers being more adept at their use of firearms) have also been implicated as contributing factors (Victoria Police, 1995, p. 1). Prior to this and the development of Project Beacon, a report from the review of Task Force Victor (1994) — the only publicly released internal review of Victoria Police firearms tactics — had already identified a number of these issues; citing the incidence of violent mentally ill individuals, combined with poor risk communications, planning and leadership, and a lack of understanding on the part of frontline police officers as to what constitutes ‘commensurate force’, as additional contributors to the prevalence of fatal police-involved shootings in Victoria. The report concluded that police-involved shootings had occurred most often when police officers perceived themselves ‘at risk’, and that police work in
Victoria had become generally more hazardous than in the previous two decades (Task Force Victor, 1994; see also Sarre, 1996).

The success of Project Beacon was eclipsed by the findings of eight subsequent Victoria Police reviews of police use of force, which were consistently critical of Victoria Police’s loss of focus on the project’s principles of safety (see Office of Police Integrity – Victoria, 2009). The latest of these reports, Review of the Use of Force By and Against Victorian police, concludes that, since June 2006, Victoria Police OST training “has not focused on mental health issues or making sure police have the crucial skills to identify and take appropriate action when someone may have a mental health problem” (Office of Police Integrity – Victoria, 2009, p. 14). An earlier OPI report similarly suggested that the identifiable increase in fatal police-involved shootings in the state had been correlative to the “gradual diminution in the training of Victoria Police officers” (Brouwer, 2005). The legacy of Victorian policing in the 1990s has also returned like a spectre to dominate more recent news media coverage of the fatal police-involved shooting of 15-year old Tyler Cassidy, who was killed by Victorian police at a skate park in the northern Melbourne suburb of Northcote in December 2008 after an armed confrontation.

The coronial inquest into Tyler Cassidy’s death, which coincided with the writing of this thesis, renewed public interest in the debate about use of force by agents of the state, and the perceived impartiality of police investigations into critical incidents. In some quarters, Tyler Cassidy’s death has been referred to as a necessary catalyst for reform of these protocols, and for independent oversight of fatal police-involved shootings (see Howie, 2011). Public anxiety about the adverse track record held by Victoria Police in relation to fatal shootings of citizens has further been stimulated by secondary news media coverage about “a secret report”, which singled out recurrent systemic deficiencies, such as poor planning, leadership and communications, as contributors to several fatal police-involved shootings in the state between 2005 and 2008 (see McKenzie & Baker, 2011). The confidential
Victoria Police review identifies what is described as a “clear reluctance” among senior police in supervisory roles to ‘command and control’ the police response to high-risk incidents (McKenzie & Baker, 2011). In more than two-thirds of the shootings reviewed, “police had no prior knowledge that an offender was influenced by drugs, alcohol or a mental illness”, often as a result of the failure of police officers to “conduct basic checks on police databases about the background of offenders” or because they were provided “confusing or inadequate information by emergency radio dispatchers” (McKenzie & Baker, 2011).

The NSW Police Service and the fatal shooting of Roni Levi on Bondi Beach
In contrast to the overtly negative view of the Victoria Police’s (mis)management of individuals suffering from mental illness, an overall positive sentiment has been shown with regards to the operational approach of the NSW Police Force towards mentally ill individuals in crisis (Schizophrenia Fellowship of NSW, 2007; Senate Select Committee on Mental Health, 2006). It could be argued that such sentiments are, in part, derived from the positive experiences of mental health consumers whose interactions with these police officers have traditionally been respectful and dignified. This was reflected in some of the personal narratives shared by mental health consumers for the current research project:

One morning, I took a large quantity of my medication and then went to work. And my wife rang the police and the police came to my work. The police were fantastic… they spoke to my boss and they said, “he’s just helping us with our enquiries”. They didn’t put me in the paddy wagon; just put me in the back seat, and off I went to hospital… (Mental health consumer, Research Focus Group, 20 August 2010).

These generally positive sentiments may also be attributable to the “lower number of fatalities arising from high profile incidents between police and individuals suffering from a mental illness in NSW, as compared with Victoria” (Springvale Monash Legal Service Inc, 2005, p. 23). During the seven-year period covered by Dalton’s report on police shootings, eight persons were killed in total as a consequence of gunshot wounds inflicted by NSW police. At least three of these had a known psychiatric history or had experienced depression prior to police crisis intervention (Dalton, 1998). Subsequent to this, however, the NSW Police Service (as it was then
known) had endured its own negative publicity and public scrutiny as a consequence of one of the state’s most prominent police-involved shootings. The critical incident typified many of the tragic consequences of systemic failures in planning, leadership and communication, often associated with fatal mental health crisis interventions.

In June 1997, 35-year old Frenchman, Roni Levi, was fatally shot by police on Bondi Beach, Sydney, after allegedly lunging at police officers with a knife. At the time, Roni Levi was suffering borderline delusional thought processes and had earlier disappeared from St Vincent’s Hospital where he had voluntarily admitted himself the night before. The now iconic images of the incident (see Figure 1 in the introductory chapter of this thesis), captured by professional photographer, Jean-Pierre Bratanoff, who happened to be on the beach that morning, reached international news audiences and were reproduced in most major Australian newspapers. In 2010, the photographs featured as part of the exhibition, *ONE Hundred*, which was the centrepiece to the centenary celebrations of the State Library of NSW. The fatal police-involved shooting of Roni Levi became the subject of a highly publicised coronial inquest, which captured the attention of local news media, especially after its termination on 6 March 1998, when the coroner referred the matter to the DPP for investigation. In June of the same year, the DPP determined that there was no reasonable prospect of a conviction against either of the constables responsible for the discharge of firearms, and no prosecutions were brought against the officers in relation to the shooting (Chappell, 2008; NSW Police Integrity Commission, 2001). The incident by no means did the NSW Police Service any favours with subsequent allegations of police misconduct and claims that either one or both of the officers responsible for the fatal discharge of firearms may have been affected by drugs and/or alcohol at the time of the shooting (for fuller discussion of the Roni Levi incident, see Goodsir, 2001; Miller, 2000; Police Integrity Commission, 2001)\(^31\).

\(^{31}\) It is interesting to note that many of the mental health consumers that participated in the focus group were able to easily reference mediated representations of police officers from television and print news media, and had very strong opinions about the police involved-shooting death of Roni Levi on Bondi Beach in 1997 (which was initially raised by members of the focus group without solicitation by the researcher).
For years after the critical incident, the fatal police-involved shooting of Roni Levi was the central focus of questions about the justified use of force by frontline police officers. It continues to serve as a ‘media template’ (Kitzinger, 2000) for news coverage of fatal mental health crisis interventions and is frequently used as a frame of reference for public debates about police use of force (particularly in relation to the introduction and effectiveness of Tasers). However, the Roni Levi case was not the first (nor the last) critical incident involving the death of a person in psychiatric crisis in which allegations of police misconduct and the unreasonable use of force have been publicly debated. In Australia, there have been a number of prominent fatal mental health crisis interventions that fall into this category, including the following selected examples, which have been examined, in varying detail, as part of the current research project: Joe Gilewicz (TAS: 1991); Paul Klein (NSW: 1998); Ali Hamie (NSW: 2000); Jim Hallinan (NSW: 2001); Mark Kaufmann (Victoria: 2002); Thuong Huy Lam (NSW: 2004); Awale Mohammed (NSW: 2004); Lee Andrew Kennedy (VIC: 2005); Daniel Rolph (Western Australia: 2007); Michael Bugeja (VIC: 2007); Tyler Cassidy (Victoria: 2008); Michael Capel (NSW: 2008); Elijah Holcombe (NSW: 2009); Adam Salter (NSW: 2009); and four mentally ill men in Queensland — Thomas Dion Waite (2003), Mieng Huynh (2003), James Henry Jacobs (2005) and James Michael Gear (2006) — the details of whose deaths, in the latter instance, are recorded in the combined coronial findings of Barnes (2008).

3.4. The predictive determinants of police use of (deadly) force

Notwithstanding these high profile critical incidents and the efforts of previous researchers studying police use of (deadly) force, the function of police coercion “remains ambiguous and largely misunderstood by not only the public, but police officers as well” (McElvain, 2009, p. 2). Research into the predictive determinants of police use of (deadly) force therefore continues to be predicated on the desire to resolve this imprecision, often with a view to developing strategies for the reduction — if not prevention — of such extreme measures and the prospect of fatal outcomes to police-citizen encounters. The international literature on police use of force,
including that of a lethal persuasion, tends to cover the topic broadly, focusing on four primary areas of interest:

1. The frequency with which force is used by police (see Milton, Halleck, Lardner, & Abrecht, 1982; Sherman & Langworthy, 1982; White, 2000);
2. The impact of departmental, state and federal policies on the rate of police use of (deadly) force (see Reiss, 1980; Waegal, 1984; White, 2000);
3. Police practices and behaviour, including police discretion/decision-making (see Reiss, 1980); and
4. The racial characteristics of police officers and/or suspects involved in (fatal) police-involved shootings (see Jacobs & O’Brien, 1998; White, 2000).

In an attempt to characterise and quantify the primary determinants of police shooting behaviour, some authors have advanced a range of influential variables, broadly defined as ‘situational’, ‘interpersonal’, ‘organisational’ and ‘environmental’ (see White, 2001 & 2003). Friedrich’s (1980) work simplifies these further to delineate between an individual, situational and organisational approach to explaining police use of force. The first of these approaches, according to Friedrich (1980), attempts to explain use of force in terms of the characteristics of police officers, the second by relating it to the specific circumstances of the situations in which police encounter citizens, while the final approach views police use of force as a product of the organisational setting (and the ethos of the police agency and/or the political culture of the community in which it operates).

Some studies in the United States have identified a strong correlation between police exposure to violence in the community, crime rates, and police use of force (see, for example, Alpert, 1989; Fyfe, 1982; Jacobs & Britt, 1979; Kania & Mackey, 1977; Liska & Yu, 1992; McElvain & Kposowa, 2008; Sherman & Langworthy, 1982). Others have found no evidence of a relationship at all (Milton et al., 1982).

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32 For a more detailed summary of the seminal research on police use of (deadly) force, see Fyfe, 1988.
Separate studies have found that police are more likely to use coercive force against individuals from minority groups and in areas where economic inequality exists (see, for example, Sorenson, Marquart, & Brock, 1993).

In seeking to account for police use of force, many of these studies have suffered from a narrow explanatory focus; often preferring to zero in on one factor or set of factors (e.g. individual determinants) to the exclusion of others (e.g. systemic determinants) (Friedrich, 1980). The majority of international research on police use of force, particularly from the United States, has also often used the records of a particular police department or those from police departments specific to a particular geographic area. Similar to the research that uses multivariate and interrupted time-series analysis of police-involved shootings, these studies often fail to acknowledge the differences in operational practices across police jurisdictions and the reporting of these events across the time period, changing trends in police training, and the impacts of legislative and policy developments. Some have resorted to the use of hypothetical vignettes, as opposed to actual shootings data, to test their hypotheses. While there has therefore been no deficit in the number and range of hypotheses in the scholarly literature, there have been identifiable deficiencies in the evidence to consistently and convincingly support these theories.

Risk perception and decision-making methodologies have not often been applied to police officer responses to mental health crisis incidents. There has, for instance, been very little substantive research conducted on the relationship between ‘dangerousness’ and coercive intervention, or rather perceptions of risk (as associated with mental illness and assumptions of violence) and the effects of these perceptions on police officer discretion and the probability of police use of force against mentally ill individuals in crisis. These inherent limitations within the literature, as it relates to critical discussions of fatal mental health crisis interventions, may be a reflection

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33 One exception to this is Slovic and Monahan’s (2000) study of the impact of risk perceptions on the willingness of people to impose involuntary hospitalisation on mentally ill individuals. Another exception is Godfredson et al’s (2011) study of Victorian police perceptions of their encounters with mentally ill individuals, which found that there is a strong association between personal experience and the adoption of ‘help-centred outcomes’ by police as opposed to more restrictive options for dealing with mentally ill individuals in crisis.
of the fact that, as Binder and Scharf (1980) explain, most attempts to minimise the need for police use of deadly force have traditionally “focused upon the final decision to use or not to use deadly force” (p. 119).

The introduction of police mental health response models, such as CIT and MHIT training, has changed this to some degree. More recent literature on policing and mental illness has shifted the focus from an identification and criticism of the problem-oriented aspects of contemporary policing practices to a focus on more preventive measures (e.g. longitudinal studies of the impacts of improved police understandings of mental illness on mental health crisis intervention, and police negotiation and communication as de-escalation techniques). Despite this, the majority of this scholarly research continues to be preoccupied with statistics, and less concerned with the personal implications of these reforms, such as corresponding changes in police officer attitudes and risk perceptions. This is Watson, Corrigan and Ottati’s (2004) criticism of police use of force studies more generally, which they contend often lack “the tangible context of street encounters” (p. 52) by failing to take account of the actual experiences behind the statistics.

**Police culture as an influential factor in the police use of force**

Another major constraint on contemporary police use of force research has been the expansive manner in which police ‘force’ has traditionally been defined. Police presence, for example, is rarely classified as ‘use of force’, although there may be an argument to suggest it should be. As McElvain (2009) explains, the presence of a uniformed police officer may have the same effect of controlling the behaviour of another person as more explicitly coercive tactical options, such as the use of mechanical restraint devices. Similarly, police use of deadly force incidents traditionally refer to those resulting in the death of a citizen by discharge of police firearms, although there may be an argument to suggest that inappropriate or excessive Taser use (causing death) should also be included in this definition. As Ryan (2008) points out, many observers have expressed concerns about “the range
of options within the ‘force continuum’ that Tasers can replace and their ability to considerably ramp up police reliance on using force” (p. 294).

Typically, researchers have attempted to explain police use of deadly force using ‘decision theory’, as though the actions taken by the police officer have the exclusive capacity to prevent police-involved shootings of citizens (McElvain, 2009). Police discretion can play a major role in the minimisation of a police officer’s exposure to “incidents that may otherwise culminate in a shooting” (McElvain, 2009, p. 105). But these factors are often overlooked in many studies, as are the complexities of numerous other contributing factors including, for example, a citizen’s discretion (McElvain, 2009). There are some exceptions to this, such as studies that overwhelmingly support the notion that, when coercive force is used by police, it is often the citizen’s behaviour that is the likely cause (see Garner, Maxwell, & Heraux, 2004; McElvain & Kposowa, 2008; Son, Davis, & Rome, 1998). This literature broadly contends that it is typically the practice of most frontline police officers to react to the behaviour of the individual they have encountered and the circumstances under which this interaction occurs (McElvain & Kposowa, 2008).

This would seem a logical conclusion, given that if the individual with whom police officers come in contact is uncooperative, it is only reasonable that an officer may need to overcome such resistance through the use of coercive force; though the complexities of mental health crisis incidents and the responsibility to uphold the civil liberties of mentally ill individuals obviously complicate this assumption. In the absence of any substantive research related to the impact of risk perceptions on the discretionary actions of police officers involved in the resolution of mental health crisis incidents, the question becomes one of a moral and lawful judgment as to what degree of force can be considered ‘reasonable’ and proportionate within both the
bounds of public expectations and the operational protocols relevant to such incidents.34

Research studies, such as those conducted by White (2003), suggest that while external discretion control policies (i.e. legislative frameworks) and community level factors (e.g. population, number of sworn police personnel) can have some impact on police shooting behaviour, the internal working environment of police agencies can outweigh the influence of external mechanisms. The extent to which police culture and ethos function as contributing factors to police use of force and adversarial approaches to police interactions with mentally ill individuals is, however, difficult to conclusively quantify. Part of the problem is that ‘police culture’, as a concept, has traditionally been poorly defined. More often than not, the term has been used as “a convenient label for a range of negative values, attitudes, and practice norms among police officers” (Chan, 1996, p. 110). Writes Chan (1996):

> It is suggested that because police officers at the rank-and-file level exercise enormous discretion in their work, their informal working rules can subvert or obstruct policing reforms initiated at the top, or law reforms imposed externally (p. 110).

As Chan (1996) points out, this characterisation of police culture assumes an “implicit passivity of police officers in the acculturation process” and suggests that the “salience of work demands and occupational pressures is mediated by [the] individual experiences” of police officers (pp. 111-112). These constructs have been further bolstered in relation to NSW police officers by the institutional culture of corruption previously exposed by the Royal Commission into the New South Wales Police Service (see Wood, 1997).

34 It is the measure of ‘reasonableness’ that also often determines the existence of a ‘duty of care’ in relation to police operations. According to legal advice reviewed as part of the current research project, the question of whether police officers are subject to a duty of care to avoid psychiatric injury to relatives of the mentally ill person with whom they are dealing depends on the nature of the activity in which they are engaged and the nature of the harm experienced by those relatives. Requiring a person, when engaged in a certain kind of activity, to have contemplation of a certain kind of risk to others may be extremely onerous, especially if predictability of harm were the only basis on which such a requirement is imposed. The question is therefore one of ‘reasonableness’, which is to be judged in light of current community standards (source withheld on request).

35 For a counter-perspective to the negative conceptualisations of police culture, see Chan (1996), Karp (2007), Sackman (1991), and Wacquant (1992).
Obviously, a traditional policing approach, which privileges law enforcement, investigation and disciplinary action towards bizarre or threatening behaviour will derive a very different mental health outcome (and experience of police-involved mental health crisis intervention) for a mentally ill individual from that of ‘community policing’, which is conversely characterised by a “problem-solving approach to operational police problems and the use of community partnerships to accomplish operational objectives” (Office of the Public Advocate – Queensland, 2005, p. 16; see also Bartkowiak-Théron & Crehan, 2010). As the report from the Office of the Public Advocate – Queensland (2005) explains:

Research shows that it is often the interpersonal skills of police officers that are critical in influencing the outcomes of their interactions with people who have a mental illness, and which may largely determine the quality of the experience for highly distressed people (p. 13).

3.5. The construction of ‘responsible’ and ‘vulnerable’ subjectivities

In more recent years, police agencies have developed a new way to conceive of ‘community policing’ with a focus on “communities that have no geographical basis but which are coherent on the basis of perceived vulnerabilities” (Bartkowiak-Théron & Crehan, 2010, p. 17). This new typology embraces multiple forms of ‘community’, although mentally ill individuals are often emphasised in this classification, which has brought currency to the term ‘vulnerable people policing’ (see Bartkowiak-Théron & Crehan, 2010). With particular attention paid to the needs of a variety of stakeholders, and the inclusion of target groups in the inception and design of these policing initiatives, ‘vulnerable people policing’ heralds a “democratisation of policing” (Bartkowiak-Théron & Crehan, 2010, p. 23; see also Arneil, 2006) in that it offers the potential for empowerment of those conventionally positioned as passive recipients to ‘expert’ risk knowledge (Howarth, Foster, & Dorrer, 2004). However, it also presents several other “complex operational and conceptual challenges” (Bartkowiak-Théron & Crehan, 2010, p. 23).

The most imperative of these, as it relates to the implication of ‘risk knowledge’ in the representation and interpretation of fatal mental health crisis interventions,
is “the labelling of individuals” (Bartkowiak-Théron & Crehan, 2010, p. 23). This is done primarily through the broad identification of difference or ‘otherness’ (alterity as defined by the normative point of view) and the frequent association of vulnerable individuals with ‘problem-oriented policing’ (see Goldstein, 1990; Moore, 1992). The result is an ultimately essentialised and marginalised, albeit relatively well-delineated, medicalised population towards which police agencies can specifically target initiatives in response to the perceived needs of these communities. The Queensland Police Service (n.d), for example, has developed a short three-page Vulnerable Persons Policy as part of its internal departmental protocols. This document includes a guide to identifying individuals that may be considered ‘vulnerable’ within the criminal justice system (Queensland Police Service, n.d). Only vague mention is made within the document to the active involvement of or collaboration with vulnerable communities in the development of specific needs-based initiatives. Greater emphasis is placed on improving responses to and assessing the impact on vulnerable persons (see Queensland Police Service, n.d).

As Bartkowiak-Théron & Crehan (2010) concede, not all individuals will necessarily identify with the ‘vulnerable people’ category to which they are assigned, and some may be actively resistant towards it. They explain:

Many so-called ‘disabled’ people, for instance, prefer to identify as ‘differently abled’ and find the ‘disabled’ label offensive and an oppressive means of excluding them from active participation in society (Bartkowiak-Théron & Crehan, 2010, p. 21).

Similar practices of resistance and linguistic subversion have elsewhere been noted among mental health consumers and mental health advocate/activist groups, particularly in relation to analyses of the power of psychiatric discourse and news media representations of ‘mental illness’. This right to speak and act on their own terms has most obviously been identified in the reclamation and revaluation of the vocabulary of mental illness — inclusive of terms such as ‘nutters’, ‘loonies’ and ‘madness’ — by the psychiatric consumer/survivor/ex-patient (c/s/x) movement (see Bracken & Thomas, 2005; Coleman, 1996; Crossley, 2004; Holland et al., 2009). Similar then to the discourse of psychiatry, the legal categorisation of ‘vulnerable
people’ may be thought of as a “symbolic power of definition and judgement, and its violence is the symbolic violence of stigmatization and disqualification” (Crossley, 2004, p. 162).

However, one of the central tenets of ‘community policing’ and, by extension, ‘vulnerable people policing’ is the spirit of inclusion, which includes the incorporation of the input of the individuals involved into the development of associated policing initiatives. This is consistent with the broader approach to ‘community policing’ and police agency attempts to foster positive interactions between frontline police and mentally ill individuals (see Office of the Public Advocate – Queensland, 2005, pp. 16-17) through:

- A police culture that values and respects the job of working with people who have a mental illness as a valid and valuable part of operational policing;
- A recognition of the person as distressed and in need of support, rather than as a potential offender (including comparable shifts in terminology — e.g. from ‘POI’ to ‘mental health consumer’ or ‘mentally ill individual’, as evidenced in the mental health training of police officers in NSW);
- A willingness to take some responsibility for the distressed person;
- A commitment to the safe and humane resolution of the mental health crisis incident — one which upholds the rights and dignity of mentally ill individuals, and shows concern for their wellbeing;
- A focus on problem-solving and an effort to prevent the incident from escalating (including proven techniques, such as personalised communication and the introduction of police officers by first name, distribution of mental health services information postcards, and more inclusive and interpersonal involvement of family and friends in event resolution);
- An understanding of the broader psychiatric and community-based service context, which exists to provide support for the person;
- A commitment to consultation and partnership with other government and non-government stakeholders, including those places where people with a
mental illness gather (e.g. boarding houses, drop-in centres and homeless services); and

- A recognition that vulnerable people with a mental illness are frequently victimised in our community (e.g. through active discrimination, stigma or as a victim of crime) and that the experience of victimisation is likely to have an impact on their behaviour and their reactions towards police.

Despite these aspirational criteria, when it comes down to it, the “legal categorisation of vulnerable people” is always accompanied by a technical risk rationality and “a series of protocols and operational procedures that police have to follow when dealing with a member of these groups” (Bartkowiak-Théron & Crehan, 2010, p. 18). These procedures may “contribute towards guaranteeing the acceptability of evidence at court” (Bartkowiak-Théron & Crehan, 2010, p. 18; see also Bartkowiak-Théron & Lee, 2006). However, as identified in a number of the fatal mental health crisis interventions examined for the current research project, strict adherence to these protocols may not always necessitate the most constructive or harmless outcome for mentally ill individuals (as members of a vulnerable population). Neither may it ensure protection for individual police officers from liability or culpability for the use of deadly force. Therefore, one of the caveats of ‘vulnerable people policing’ is that: “Investigative practices can undermine fundamental community policing principles” (Bartkowiak-Théron & Crehan, 2010, p. 21). This frenzy of legal protocols and the imperative to use the ‘correct’ medicalised terminology in relation to mental illness and ‘vulnerability’ therefore has the potential to undermine the positive empowerment of ‘at risk’ mentally ill individuals (as experts in their own mental health case management and, if necessary, in a pre-emptive manner towards police-involved mental health crisis interventions) by continuing to promote discourses associated with unequal or disciplinary power relations, ‘otherness’, and social stigma. It furthermore threatens to be overly paternalistic in practice, emphasising the ‘policing of’ vulnerable persons as opposed to ‘policing with’ these population groups in a collaborative and cooperative manner (see Bartkowiak-Théron, 2009).
As a labelling process, ‘vulnerable people policing’ assumes that the recognition of ‘vulnerable people’ categories operates exclusively on the premises of *visibility* and *legal objectification*, or rather the idea that people need to ‘look like’ members of a relevant vulnerable group to be identified as ‘at risk’ individuals. To do this, they more often than not have to ‘fit the stereotype’ (Bartkowiak-Théron & Crehan, 2010). More to the point, it is assumed that they will appear different to ‘normal’ people (see Cross, 2004; Gilman, 1988; Nunnally, 1961; Porter, 2002; Sieff, 2003; Taylor, 1957). These assumptions are complicated in the context of mental illness by those individuals who do not necessarily meet ‘normative expectations’; they may not have previously been diagnosed with a mental illness or have had contact with mental health services, but may nonetheless come to the attention of police as a result of erratic behaviour associated with a mental disorder. Others still may ‘look like’ they require involuntary admission to hospital for mental health treatment only to be refused on the grounds that they do not meet the requisite legal criteria (Chappell, 2008; Green, 1997; Miller, Blackler, & Alexandra, 2006). The interplay between the discourses of *responsibility* and *vulnerability* in the translation of these legal principles and protocols to the practices of ‘community policing’ is therefore both slippery and ethically problematic. It raises the question of whether ‘vulnerable people policing’ is a positive new form of ‘community policing’ or another form of social control, adopting often patronising assumptions about what defines ‘mental illness’ and/or ‘vulnerability’. The problem lies not with the discourse of ‘vulnerability’ itself, but with perceptions and interpretations of it. As Goggin (2009) points out, “vulnerability is enormously important, because it goes to the heart of what it is to be human” (p. 10). This has been demonstrated in the context of the current research project by the testimonial imperatives and the ‘emotional labour’ of those negatively impacted by their involvement in trauma-related work and/or the process of ‘bearing witness’ to traumatic events. The difficulty, however, as Goggin (2009) goes on to explain in relation to his own research on disability, is that ‘vulnerability’ is often coded in terms of an association with the abnormal, as a lack, and as a problem. The same may be said
of ‘vulnerability’ as it relates to the identification of mentally ill individuals in the context of vulnerable people policing.

Despite these shortcomings, the trend towards ‘community policing’ and the specific identification of ‘vulnerable people’ categories has been endorsed by both special interest groups (e.g. mental health advocates) and political commentators as a ‘step in the right direction’, particularly in terms of strengthening anti-discrimination policies (and enhancing human rights protections for ‘at risk’ individuals) and recognising special needs in communities (Arneil, 2006; Bartkowiak-Théron & Crehan, 2010). Research has shown that, just as it has the potential to endorse false assumptions about mentally ill individuals, so too ‘vulnerable people policing’ can introduce opportunities to challenge traditional conceptions of ‘mental illness’ among frontline police officers. It also has the capacity to encourage more imaginative approaches to organisational strategies and operational methods of engagement with(in) these vulnerable populations, including improved risk dialogues between key stakeholders and more inclusive third-party involvement (of family members, for example) in mental health crisis interventions. This heralds something of a significant shift within the organisational structures of police culture from “very centralized command-and-control bureaucracies to decentralized professional organizations” (Moore, 1992, p. 100). The support exhibited towards such initiatives by special interest groups, including mental health advocates, might therefore be interpreted as a ‘transgressive’ reading of the traditional discourse of ‘vulnerability’, which in its place recognises and embraces vulnerable subjectivity as “a radical element in forging cross-identity, cross-cultural alliances” (Jarman, 2005, p. 108). The reframing of the discourse in this manner effectively turns the conventional associations of ‘vulnerability’ with abnormality and passivity on its head by maintaining an appreciation for the “broken, fragile, and still hopeful nature of whom we are” (Goggin, 2009, p. 11).
The ‘emotional labour’ of contemporary policing and mental illness

On the flipside, some authors have suggested that the shift towards community-oriented or ‘vulnerable people’ policing in Australia, and the emphasis on more compassionate and empathic approaches to mentally ill individuals by frontline police officers, has been a primary contributor to the “increase in the community’s expectations of the police and the services they provide” (Sced, 2006, p. 3). The current NSW MOU defines the core responsibility of police in relation to mental health crisis incidents as “public safety, risk assessment, and prevention of and response to criminal activity” (NSW Health, Ambulance Service of NSW, & NSW Police Force, 2007, p. 8). In reality, however, the expectations of the public — particularly those who may have initiated the call to police to attend an incident involving the obvious mental disturbance of an individual — often extend far beyond these limits. In these situations, members of the public typically expect police officers, as their nominated ‘first responders’, to alleviate the distress of the mentally ill person in crisis; to act as trained mental health professionals (Hill & Logan, 2001; Teplin, 2000; Teplin & Pruett, 1992). Quite often, as research for this doctoral thesis has established, these expectations will be motivated by public assumptions that police officers have the power and capacity to expedite the scheduling, hospitalisation, and medical treatment of mentally ill individuals in crisis (i.e. the processing of these individuals through the mental health system). These expectations are typically informed by the frustrations of families and carers, who have likely experienced difficulties with(in) the mental health system, and who assume that police involvement will resolve these problems by ‘speeding up the process’ of mental health assessment and treatment. In some cases, these assumptions may be built on prior experiences where this has occurred.

While the NSW MOU may be effective as a definer of inter-agency roles and responsibilities in relation to mental health crisis interventions, it could well be criticised as being ‘out of step’ with the realities and public expectations of agency response to such incidents. The NSW MOU assumes, for instance, that police presence will be most frequently requested by either a representative of NSW Health or the Ambulance Service of NSW, which is not necessarily the case, as the current research project and other literature demonstrates (see also Herrington et al., 2009; Sced, 2006).
The expectations placed on police involvement in mental health crisis interventions are not lost on police officers themselves, who recognise the 'emotional labour' that is created by conflicts between the traditional responsibilities of law enforcement and the compassionate demands of family members and/or carers. This is especially apparent where the situation in which police assistance is requested involves, by law, some form of criminal activity perpetrated by the mentally ill individual:

…[G]enerally yes, we’re everyone’s first port of call. And you do have that quandary… this poor family’s rung you for help. They want a certain course of action for their son or daughter or uncle or whoever, but sometimes we’ve got the flipside that… sometimes, we have to take a certain course of action that the family doesn’t agree with (P. Brodie, Research Interview, 29 September 2010).

Previous research undertaken in the United Kingdom suggests that, while many police officers are strongly motivated to both protect the public and to adopt a “compassionate and respectful approach to individuals with mental health problems”, there are often inconsistencies in the ways that individual officers articulate these motivations, as well as the language they use to describe the behaviour of mentally ill individuals with whom they come in contact (McGlen, 2008, p. 26). Coleman and Cotton (2010) claim that stigma may often be reflected in the language used by police to describe mentally ill individuals, and may be “conveyed via assumptions made about their level of dangerousness” (p. 47). As I discovered in the process of research for this doctoral thesis, in NSW, it is not uncommon for some police officers to refer to mentally ill individuals by the colloquial term, ‘booey’, although it remains unclear as to whether this label is intended to be deliberately stigmatising or derogatory in its connotations (when asked, police officers said that they did not know the origins or intentions of the word, but that they used it because it was a common ‘shorthand’ phrase within police culture). The use of terms such as ‘lunatic’ and ‘madman’ were also referred to in police discourse in both the independent evaluation of the NSW Police Force MHIT and the current research project; more commonly, by police officers who had received the minimum of mental health training as part of their mandatory police instruction (i.e. non-MHIT trained police officers).
Sticks and stones: professional vernacular and the stigma of mental illness

The tensions between the desire to adopt a more respectful approach towards mentally ill individuals and the articulation of this motivation have been noted in the Australian context with regard to the language used in (and perpetuated by) mental health legislation and police documentation. Mental health legislation often vacillates between conceptions of mentally ill individuals as vulnerable persons (those ‘at risk’), on the one hand, and as individuals responsible for their own mental health outcomes (those that represent ‘a risk’) on the other. Being nominated as ‘at risk’, argues Douglas (1992), “is not the equivalent but the reciprocal of being ‘in sin’ or ‘under taboo’. To be ‘at risk’ is equivalent to being sinned against, being vulnerable to the events caused by others, whereas being ‘in sin’ means being the cause of harm” (p. 28). Being ‘at risk’, in other words, “entails being placed in the role of victim, threatened by risks imposed upon oneself by other agents, rather than being seen as bringing risk upon oneself through one’s own actions” (Lupton, 1999, p. 47). This distinction is evident in the definitions of ‘mental illness’ and ‘mental disorder’ as outlined in mental health legislation and the instructions for the appropriate legislative and procedural responses to mental health consumers. As Shea (1995) points out, the NSW Mental Health Act (as an example) “links mental illness and the risk of physical harm towards others together in its definition of a mentally ill person, a definition that is then used to authorise preventive detention” (p. 11). Imputations of risk, therefore, “may be used as a means of social coercion and maintaining the moral and social order, a way of dealing with ‘polluting people’ who are culturally positioned as on the margins of society” (Lupton, 1999, p. 49).

This is explicit in the SOPs for police-involved mental health crisis intervention, which “conventionally refers to detainment and control, [and] may underpin or promote the association of mental illness with criminality” (Senate Select Committee on Mental Health, 2006, p. 155). The proliferation of institutional vocabulary and the regular use of terms such as ‘offender’ and ‘perpetrator’ in relation to mentally ill individuals in crisis are also considered as inferences to criminality, and promote the need for police officers to adopt a defensive approach towards the individuals with
whom they come in contact. The language adopted in some of the official reports to emerge from major inquiries into contemporary policing practices and mental illness have also referred to the need to control “violent mentally disturbed persons” (see Task Force Victor, 1994, as an example, and also Curnow & Larsen, 2009). Police directives for managing the emotional arousal/distress of individuals ‘at risk’ — advising police to use the operational response tactics of ‘authority’, ‘enclosure’, ‘restraint’, and ‘crowding’ in such scenarios — might also be considered provocative and threatening, particularly if read from the perspective of a mental health consumer and/or carer. One of the central tenets of contemporary policing practice, therefore, must be the mindfulness of frontline police officers towards the perpetuation of stereotypical attitudes to mental illness, and the resultant negative inferences and outcomes on their interactions with mentally ill individuals. This includes the need for more sensitive use of language by police leaders in specialised mental health response training programs (Coleman & Cotton, 2010), as well as interactions with news media.

3.6. Conclusion
It is important to recognise that not every fatal mental health crisis intervention involving the death of an individual in psychiatric crisis represents a failure of clinical care or the mental health system (Brouwer, 2005). Nor is it necessarily the consequence of inappropriate or unlawful conduct by the police officers involved (Office of Police Integrity – Victoria, 2010). However, such qualifications do not exclude the possibility. As evidenced by the cases examined in this and other chapters, it is not unreasonable to suggest that there are considerably more fatal mental health crisis interventions whose tragic outcomes are attributable to deficiencies in the risk communications protocols and processes of these systems than not. This hypothesis is supported by the findings of a number of major inquiries, including Achieving Balance: A review of systemic issues within Queensland Mental Health Services 2002-2003, whose final report points out that, in some cases, “a series of decisions which may have appeared reasonable at the time [of a mental
health crisis intervention may] turn out in retrospect to have been errors of judgement” (Queensland Health, 2005, p. 11).

It is difficult to say with any degree of certainty whether a fatal outcome to a police-involved mental health crisis intervention may have been prevented had such systemic issues been earlier addressed or circumstances, including risk protocols, procedures, and discretionary actions, been different (Queensland Health, 2005). There is also some uncertainty as to whether fatal mental health crisis interventions will ever be entirely preventable, given the complexities of the circumstances that typically lead to these critical incidents (McElvain, 2009). The introduction of programs such as Project Beacon are evidence of the fact that, while reforms to police training and improved attitudes to mental illness may result in identifiable reductions in the number of fatal police-involved shootings in jurisdictions such as Victoria, they have historically registered few correlative reductions in fatal mental health crisis interventions as a proportion of these critical incidents. Some researchers have shown that the representation of mentally ill individuals among these fatalities has, in fact, increased (see Kesic, Thomas, & Ogloff, 2010). This is something towards which the public are not particularly forgiving, and Australian news media are increasingly motivated to scrutinise and criticise, especially with each new occurrence of a fatal mental health crisis intervention. This suggests that the lines between ‘responsible’ and ‘vulnerable’ subjectivities may not be as clearly defined as public perceptions or police protocols would prescribe, since frontline police officers can also find themselves in positions of vulnerability, as much as mentally ill individuals in crisis. These ambiguities are explored in more detail in the following chapter in the context of news media representations of mental illness and police use of force.

Needless to say, the over-representation of mentally ill individuals in the fatalities from police-involved shootings warrants further in-depth analysis, particularly with regards to the contextual factors that typically contribute to fatal mental health crisis interventions. This information may serve to more effectively inform the
development of specialised mental health training and other preventive mental health crisis intervention models across Australia. Writes Kesic, Thomas, & Ogloff (2010):

Learning from situations in which other types of engagement and force have been used may additionally increase our understanding, and ultimately promote more practical developments, such as scenario-based training, information sharing and specialized training for police in dealing with people in emotional distress (p. 467).

To this end, the lessons derived from Project Beacon offer some invaluable insights for successive policing initiatives, such as the NSW Police Force MHIT and other CIT-oriented training programs, and ‘vulnerable people policing’ initiatives. Among these is the importance for vigilance and the necessity to maintain the momentum that typically accompanies the introductory phases of new policies and programs such as these. As Project Beacon has proven, with time, it is easy for police agencies to become distracted from or complacent towards their original motivations for developing reforms that reconfigure the professional practices and risk perceptions of frontline police officers. To lose this focus is to succumb to former (negative) habits, as more recent reviews of the resurgence in fatal police-involved shootings in Victoria have clearly demonstrated. It is necessary therefore for shifts in the approach towards police use of force, particularly as it relates to police-involved crisis interventions and vulnerable populations, to be embedded within the ethos and cultural structures of police agencies. Such reforms must be promoted as professional ideals that are championed all the way down through the police hierarchy, starting with senior management through to general duties police officers.

For those such as Palmer (1995), the adoption of these recommended measures should not be for politicians and bureaucrats alone to decide, but should also take account of the lived experiences of mental health consumers and their families/carers, as well as those of frontline police officers — particularly where these stakeholders have personal testimonies to offer in relation to risk encounters, such as police-involved mental health crisis interventions. This requires that police agencies become more expansive and collaborative in the development of their
risk communications models; moving beyond the traditional conceptions of inter-agency relationships with mental health services to also consult with mental health advocates and mental health consumers/carers. As research for this doctoral thesis demonstrates, some of the best ways in which to access the personal narratives of those impacted by the traumatic outcomes of fatal mental health crisis interventions is through the investigations of major inquiries into contemporary policing practices and/or the documentation relevant to coronial inquests. With this in mind, it is confusing as to why there continues to be a reluctance towards the adoption of the recommendations to emerge from these proceedings. This also raises the question as to what purpose is served by formal inquiries into contemporary policing practices and coronial inquests into fatal mental health crisis interventions if these are not designed to provide an independent examination of critical incidents and recommendations for measures to fundamentally improve mental health crisis response and the prevention of future fatalities. More to the point, the failure to implement these reforms complicates the notion of ‘authority’ as it relates to risk knowledge, and highlights the significance of not only what is known, but how this information is constructed and, most importantly, how it is communicated and contested. These issues are addressed in more detail in the following chapters.
CHAPTER FOUR

Frames of ‘responsibility’ and ‘vulnerability’ in critical incidents

4.1. Introduction

This chapter opens with the broad acknowledgement that fatal mental health crisis interventions are not only significantly traumatic events for the individuals involved, but also inherently complex situations to publicly reconcile in the context of contemporary policing and its interactions with vulnerable populations, such as mentally ill individuals. While extremely volatile, and often subject to identifiable patterns of systemic failures in mental health care, and risk communication and management, these critical incidents are nonetheless often unexpected. By virtue of these circumstances, they routinely disrupt and “violate standard assumptions about the way things are and ought to be” (Lawrence, 2000, p. 7). For this reason, they are also subject to deeply political and socio-cultural tensions, and often serve as centrepieces to institutional and lay discursive struggles to designate their causes and define their ‘reasonableness’. Scholarly research has sought to explore many of these issues, as demonstrated in previous chapters, through analyses of the predictive determinants of police use of force. But, as discussed, these studies have been mostly preoccupied with statistical datasets and body counts, and have often neglected to account for the lived experiences behind the statistics. This chapter seeks to remedy this and, in so doing, to demonstrate the significance of this ‘situated knowledge’ to the construction and contestation of public risk discourse about the police use of deadly force in mental health crisis encounters, and its
potential to contribute to preventive measures. The chapter addresses these issues in the context of this study’s research questions of how fatal mental health crisis interventions are typically portrayed in news media, and how key stakeholders make sense of these critical incidents in relation to this reportage and their own situated experiences and risk knowledge.

The chapter starts by exploring these tensions in risk interpretation and communication in the context of ‘risk communication’ or rather the often-irreconcilable conflicts that exist between the official (institutional) discourse of police agencies and the non-official (lay) discourse of bereaved family members and friends of the deceased. These struggles over the public definition of critical incidents, such as fatal mental health crisis interventions, are traceable to divergent interpretive frameworks between these key stakeholders — which often manifest as conflicts between lived experience and assumed knowledge — and each one’s different framings of ‘risk’ and ‘agency’ in the context of police use of force. In particular, there remains an inherent tension between institutional and lay conceptions of ‘vulnerability’ (the identification of those ‘at risk’) and ‘responsibility’ (those who present ‘a risk’ to self and/or others) in relation to fatal police-involved shootings of mentally ill individuals in crisis and broader policing initiatives, such as ‘vulnerable people policing’. Because the precipitating circumstances and outcomes of fatal mental health crisis interventions are perceived so differently, but particularly more critically by the public, traumatic incidents of this kind are often highly controversial. They generate as much public debate about the definitions of ‘risk’ and ‘dangerousness’ and the limits of ethical intervention as they do confusion about how a relatively routine police operation could necessitate a fatal outcome. Because of their ambiguous, paradoxical and contested character, stakeholder definitions of ‘risk’ as it relates to fatal mental health crisis interventions produce intense arguments and symbolic conflicts (Lester & Hutchins, 2012). The primary sites for this definitional conflict include the coronial courts and news media — the latter of which, in particular, serve not only as mediators, but also as moral arbiters of ‘public risk knowledge’.
It is important to remember that, in Australia, fatal mental health crisis interventions account for a small proportion of the total number of interactions between frontline police officers and mentally ill individuals in crisis. Most of these crisis situations are resolved without fatality, and some without the need for clinical intervention or hospitalisation. Obviously, one fatal mental health crisis intervention is a death too many, especially in light of the possibilities for prevention. But these critical incidents must be situated in the context of police statistics, as outlined in Chapter 2, which show that the demand for police-involved mental health crisis intervention has increased exponentially in recent years. In NSW, this has equated to almost a doubling of COPS-recorded mental health contacts over a period of five years (see Donohue et al., 2008; Donohue, 2010). The risks inherent to these crisis situations are relative to the specific circumstances (and interpretations) of the event. However, this has not dissuaded the perpetuation of largely unsubstantiated and exaggerated assumptions about ‘risk’ and overestimations of the police tendency to use force in the resolution of these incidents. Nor has it provided a counterpoint to the generalised application of these assumptions to all police encounters with mentally ill individuals, especially through news media representations.

While fatal outcomes to police-involved mental health crisis interventions may be relatively uncommon in Australia, the public could be forgiven for thinking otherwise, given the ‘salience’ news media attribute to critical incidents of this kind. As research for this thesis has shown, the incidence of news media coverage of fatal mental health crisis interventions is consistently higher than that of news reports of mental health crisis incidents that have been successfully de-escalated and resolved by police using non-lethal means. For every critical incident, there are any numbers of mental health crises in the community involving the same potential for fatal outcomes that are effectively resolved without the need for police use of deadly force (Office of the Public Advocate – Queensland, 2005). However, it is rare for these incidents to be as regularly or extensively reported in Australian news media. When they do appear, the column inches or broadcast time apportioned to such news
stories are negligible in comparison to those of fatal mental health crisis interventions, and the circumstances related to these incidents are still required to be exceptional as to warrant being reported (e.g. the mentally ill person has to have armed themselves with an edged weapon or firearm).

This raises a particular set of questions about ‘news values’ and the potential impacts of editorial decisions about ‘newsworthiness’ in relation to the construction of public risk knowledge and misconceptions about mental illness and violence. But it also raises another set of equally important questions about the ways in which police use of force is typically framed in news media coverage of fatal mental health crisis interventions and in the context of subjective risk rationalities and public mental health literacy. The chapter therefore questions the influence of ‘subjective’ and ‘technical’ risk rationalities as measures of the ‘reasonableness’ of police use of deadly force, and traces the ways in which these tensions have been reflected in the ‘normative’ frames of reporting about fatal mental health crisis interventions in Australia. An analysis of the news frames constructed in relation to a selection of fatal mental health crisis interventions, reported in Australian print and online news media between 1997 and 2009, reveals several trends in the ‘normative’ reporting of such critical incidents, including shifts in recent years in the discourse that drives these news frames. Among these historical trends has been the tendency for the voices of police officials to be sourced as primary definers of news media coverage. This has typically contrasted with the lay discourse of family and friends of the deceased, whose presence within media reports of fatal mental health crisis interventions demonstrates the broader contestability of news frames. It also serves to highlight what has commonly been referred to as the ‘cultural turn’ in risk communications research and the increasing identification and advocacy of lay discourse as a legitimate form of ‘expert’ risk knowledge (see Tulloch & Zinn, 2011; Wynne, 1996).

Bearing in mind that news media remain central to theories about risk (Kitzinger, 1999), the chapter examines the predominant sources of mediated
risk information for news journalists and other media professionals in their representations of fatal mental health crisis interventions. It explores the contention that the primary definers of these news narratives are also often the stakeholders that set the agenda for public debate about mental illness and police legitimacy in relation to police use of force incidents. This bears consequences for the ways in which police subjectivities and mentally ill individuals are constructed (and contested) in news media coverage of these crisis encounters. The chapter examines the influence of these real-world risk perception frameworks in the construction of ‘victim’ and ‘villain’ subjectivities in the aftermath of fatal mental health crisis interventions, particularly within prevailing ‘shoot to kill’ and ‘suicide by cop’ news narratives. The chapter demonstrates how these constructions of subjectivity can sometimes serve to complicate conventional identifications of ‘the marginalised’ in public and private sense-making narratives relevant to fatal mental health crisis interventions, and can introduce the potentially contentious proposition that police officers may be vulnerable in their own right to media reports of their professional practices.

4.2. Inherent conflicts of interpretation in risk discourse

By virtue of their circumstances, fatal police-involved shootings of mentally ill individuals are both highly visible and contentious, and are often the subject of widely divergent perspectives, particularly between key stakeholders (that is, the police, and bereaved family and friends of the deceased). The use of deadly force, writes Klinger and Brunson (2009):

…is a long-standing source of tension between the police and the public they are sworn to protect; a tension that regularly boils over, especially when police and public judgments about the appropriateness of specific shooting incidents do not align (p. 136).

Hogan (1988b) bears witness to this in his discussion of deaths involving state agencies:

There are many interests in such cases, including those of the deceased, relatives and friends, officers and others directly involved or concerned, the state agency itself, and the state as a whole. The various interests may or may not be complementary or competing, the potential for conflict and compromise is great (p. 115).
This phenomenon has been borne out more broadly by research conducted by the Glasgow Media Group, which shows that the same risk may produce very different perceptions in differing groups of people, depending upon the context in which the risk is understood and interpreted (Philo, 1996). Often, in the aftermath of a fatal mental health crisis intervention, the discourse of family members of the deceased will tend towards the view that the greatest risk in the crisis situation was that directed towards the mentally ill individual by virtue of the presence of armed police officers. In contrast, police officers will more frequently approach a mental health crisis incident with the expectation that the greatest risk inherent to the situation is the potential harm the mentally ill individual may cause to themselves or to others in the vicinity, such as police officers and their colleagues, particularly where they have armed themselves with a weapon.

The struggle that often ensues between these stakeholders to define the ways in which a fatal mental health crisis intervention is viewed and interpreted can be characterised in two ways. Primarily, it reflects a conflict between the institutional (official) discourse of the police, on the one hand, and the (non-official) lay discourse of bereaved individuals, on the other. This conflict — often associated with the attribution of responsibility — is a form of ‘risk communication’ where each stakeholder attempts to persuade others of the validity of their assessment of the principal risk (Blood et al., 2000; 2004). Ulrich Beck’s theory of the ‘risk society’ reminds us that it is the ‘relations of definition’ — the clashes of a ‘multiplicity of antagonistic definitions’ over competing rationality claims — that determine how we recognise risks and then attribute responsibility (Beck, 1992; 1999; 2005; 2009). The role of news media professionals and how they operate in relation to these competing claims is important, because more often than not, they serve to mediate these discursive struggles in their provision of public information about risk (see Kitzinger & Reilly, 1997). In the case of the risks inherent to police-involved mental health crisis interventions, the conflict between institutional and lay discourse is often attributable to fundamental differences in the ‘relations of definition’
or rather the interpretive frameworks adopted by these stakeholders. For example, police organisations tend to evaluate the ‘reasonableness’ of police use of deadly force according to the technical assessments and management of risks specified within the formal protocols and SOPs of contemporary policing (i.e. by a ‘technical’ risk rationality). In contrast, the critical perspectives of family and friends of the deceased are motivated by more subjective measures, such as the emotive response to the death of a loved one (i.e. by a ‘subjective’ risk rationality). This can result in a situation whereby the risks inherent to a police-involved mental health crisis intervention, particularly as they relate to the mentally ill individual in crisis, may be underestimated or unacknowledged by those closest to them.

A good example, says Michael Barnes, QLD State Coroner, is the recurrent pattern of response from bereaved family members who have, for years, dealt with a mentally ill relative who may often become very florid, deranged and not rationally responsive; potentially violent. The conflict between this risk knowledge (and lived experience) and that assumed by individual police officers is illustrated by the following scenario, which Barnes says is common to the disputes between ‘technical’ and ‘subjective’ interpretations of ‘risk’ at coronial inquests into fatal mental health crisis interventions:

A family member will say, “I’ve managed those situations; I’ve never been stabbed or killed even when he’s picked up a knife. I’d sit down, I don’t stare at him. I don’t contradict him. I explain that I’m frightened by his behaviour and, sooner or later, I’ve always found that he will put down the knife and come and sit next to me and we have a good cry and a cuddle”. That’s their completely valid experience. From that perspective, they can’t understand how it is that the police felt it necessary to shoot the person. On the other hand, I hear the evidence of the police officer who says, “I saw the man, I gave him a direction. He didn’t respond. He raised a knife above his head. I thought he was going to... stab me... and I had to shoot him” (M. Barnes, Research Interview, 2 June 2008).

Both of these positions, according to Barnes, are completely valid and neither has to be negated in the consideration of coronial evidence. He explains:

You don’t have to say that either is wrong. You just have to say that, in those circumstances, the law justifies the officer who hadn’t had that
other experience, who couldn’t be expected to know that, if he sat down and took a submissive and placid role, the person, in all probability, would not have attacked him... You can’t expect the officer to know that or take that risk. Therefore, you can find at law that the shooting was justified... And families have to accept that too. They often don’t want to, but they have to accept that a policeman who confronts and sees a person for the first time on the street, and the first interaction or response of the other person is to pull out a knife, that it’s unreasonable to expect the police officer to act the way the family does who’ve been with the person when they were well, when they were babies and is now a 30-year old male and have been through all the changes that that mental illness brings. They have to accept that they couldn’t expect a police officer to be equipped to respond the way they are (M. Barnes, Research Interview, 2 June 2008).

Situated knowledge or personal experience obviously plays a fundamental role in the development of these interpretive frameworks (see Angermeyer & Dietrich, 2006; Francis, Pirkis, Dunt, Blood, & Davis, 2002; Philo, 1996; van ‘t Veer, Kraan, Drosseart, & Modde, 2006; Wesley Mission, 2007a; Wynne, 1996). As Morris (2006) explains:

Personal experience of mental health problems might incorporate either one’s own direct experience as a mental health service-user or as a carer to family and friends. This potentially will predispose those involved to being more informed and sensitive towards mental health issues than those without an appreciation of the actual reality of these experiences (p. 7).

This may, in turn, produce differing strategic decisions about ‘risk management’ and responses by ‘experts’ (Tulloch & Zinn, 2011). Previous research has shown, for example, that police expectations that the acute symptoms associated with an individual’s mental illness are under the individual’s control, or that an individual with mental illness is inherently dangerous, can lead to police officer reactions ranging from avoidance to withholding help to the endorsement of coercive treatment.

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37 Research has shown that personal experiences of mental health problems can “predispose those involved to being more informed and sensitive towards mental health issues than those without an appreciation of the actual reality of these experiences” (Morris, 2006, p. 7). The influence of situated knowledge within this process of risk communication is particularly evident in community attitudes towards mental illness, with some literature noting positive responses and reduced stereotypes among individuals who have experienced mental illness themselves or who have been exposed to mental illness through a family member or friend (Angermeyer and Dietrich, 2006; Francis et al., 2002; Philo, 1996; van ‘t Veer, Kraan, Drosseart, & Modde, 2006; Wesley Mission, 2007a). Police are no exception to this.
(see Corrigan et al., 2003). Personal experience, on the other hand, has been shown to have a strong association with the adoption of ‘help-centred outcomes’ as opposed to more restrictive options for dealing with mentally ill individuals in crisis (Godfredson et al., 2011). Training in mental health too — where frontline police officers are often exposed to role plays and the lived experiences of mental health consumers — has proven an effective mediating factor, influencing least restrictive police approaches to mental health crises in the community. It is the conflict between these ‘subjective’ and ‘technical’ risk rationalities — and the most appropriate and ethical police options for the management of this risk — that remains central to the enduring tensions identified between stakeholder interpretations of fatal mental health crisis interventions.

**The risk realities and perceptions of contemporary police practices**

Police officers, not unlike the broader public of which they are representative, often hold the illusionary belief that the risk of violence is much higher when mental illness is present (see Kimhi et al., 1998; Lipson, Turner, & Kasper, 2010; Monahan & Steadman, 1994; Monahan et al., 2001). A study by Ruiz and Miller (2004) found that approximately 43 per cent of police officers surveyed strongly agreed with the proposition that mentally ill individuals are dangerous. An earlier study by Bolton (2000) demonstrated that younger, white police officers who had less training about mental illness tended to perceive mentally ill individuals as being more dangerous than did their older, non-white, and better-trained colleagues. These findings both confirm and contradict the observations of this doctoral research project, which revealed an overstated association of ‘risk’ and ‘dangerousness’ in relation to mentally ill individuals among the police officers interviewed. This was often regardless of the age of the police officers, but not necessarily disproportionate to their (lack of) exposure to specialised mental health training. The following comments are reflective of these perceptions, and demonstrate the potential for such attitudes to influence the way in which a police officer might approach a mentally ill individual in crisis, as well as the possible outcomes to such encounters:
…because mentally ill people can be extremely dangerous… it’s not all that different from somebody who’s doing an armed hold-up. I mean, their mental situation at the time is obviously very volatile and very unstable... You certainly have more of a different feeling about somebody who is mentally ill than you do about somebody who is doing an armed hold-up, but you still have your job to do and you are still going to deal with it in a similar fashion and, at the same time, try not to get hurt yourself38 (R. Rumbel, Research Interview, 27 September 2010).

These risk perceptions, which have the potential to stigmatise mental illness through associations of inherent violence, have not been actively discouraged or countered by police culture or the protocols of contemporary policing practices. For police, the very nature of their profession and its operational roles and responsibilities means their everyday experiences are framed as being particularly vulnerable to certain occupational risks. Police operational manuals corroborate this by suggesting that “almost everything” a police officer confronts in their frontline experiences “has some associated risk” (Donohue, Murphy, & Cowan, 2009, p. 217). The following comments from then-NSW Police Force Commissioner, Ken Moroney, are representative of this philosophy:

Police are so often engaged in dangerous and stressful work. It is a job in which risk is a by-word. Police often joke that policing is a contact sport, but the reality is that safety issues in our organisation need to be in the front of everyone’s minds. In the past we have focused particularly on those high risk areas of policing, such as undercover work, but there are clearly issues which affect police in the broader area of field operations (Moroney quoted in NSW Police Force, 2007).

Policing, in this respect, is configured as a ‘risky profession’ (Ericson and Haggerty, 1997). Frontline police officers are continually reminded of this by way of the mandatory requirements of police instruction, which advise that individual officers assess and manage the levels of risk they encounter as part of their everyday policing experiences in accordance with pre-defined operational protocols.

38 The comparison between armed robberies and mental health crisis interventions in the field of police operations is not uncommon in either the literature or news media commentaries on mental health crisis incidents. Those who have previously drawn on the analogy include well-known criminologist and police administrator, Deputy Commissioner J. J. Fyfe (quoted in Wilson, 2003), who was quoted as saying in an article for The New York Times: “Cops would much rather go to a stickup than an E.D.P. or a domestic. There’s no ambiguity. You know who the good guy is”.

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This ‘hypervigilance’ towards perceived levels of occupational risk may explain why some frontline police officers tend to overestimate the risks inherent to what might otherwise be considered relatively routine police operations. All the same, there are real risks to the interactions between police and mentally ill individuals in crisis in the community, and these cannot be disregarded.

If the individual in crisis is both in a highly irrational state of mind and in possession of an edged weapon or firearm, the risk intrinsic to the situation will obviously increase relative to a mental health crisis incident where these factors are negligible or absent (Kaminski, DiGiovanni, & Downs, 2004). Risk, in this respect, is registered on a number of levels; not just in relation to the possible risk of harm (either to self and/or others) posed by the individual in psychiatric crisis, but also in relation to the risks to which the mentally ill individual is exposed and, to whatever extent, rendered ‘vulnerable’ — for example, as a consequence of the escalation of the volatility of the event through the individual’s disturbed or psychotic behaviour and the need for police presence. ‘Risk’ is also registered in these encounters through individual perceptions of risk where ‘dangerousness’ lies ‘in the eye of the beholder’.

As Shah (quoted in Grieg, 2002) explains:

Notions of ‘dangerousness’ are closely related to particular value systems, as well as philosophical, moral and ideological perspectives. Clearly the major values and sociopolitical process in a society will tend to determine what will be perceived, defined, and officially labeled as dangerous, and how conditions and behaviors so labeled will be handled (p. 18).

Within policing circles, the increasing frequency of interactions between frontline police officers and mentally ill individuals in crisis has been identified as one of the single largest risks to police officer safety in the broader area of field operations (Donohue, Murphy, & Cowan, 2009). For obvious reasons, such claims do not sit

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39 A study by Klinger and Brunson (2009) examined 80 police officers’ detailed accounts of how they perceived what transpired during 113 incidents in which they shot citizens. The authors concluded that the majority of respondents had experienced “a wide range of sensory distortions” (p. 117), which raises questions about the ways police officers perceive and report events in which they have used deadly force (Alpert, 2009). Some observers claim that perceptual distortions of this sort must be taken into account when judging the appropriateness of police use of force (Patrick and Hall, 2005), particularly as it relates to the standards of ‘reasonableness’ established by Graham v. Connor in the United States.
comfortably with many mental health advocates and/or mental health consumers and their families and carers. For these individuals, police assumptions of ‘dangerousness’ in relation to mentally ill individuals are often incommensurate with their own perceptions of risk and vulnerability.

The influential role of news media in the construction of risk discourse
Conflicts in the institutional and lay interpretations of ‘risk’, ‘responsibility’ and ‘vulnerability’, as they relate to critical incidents such as fatal mental health crisis interventions, are primarily played out in two different arenas: the coronial (and sometimes criminal justice) system and the news media. It is principally through the latter that the story of a fatal mental health crisis intervention publicly unfolds and assumes narrative form. Public knowledge of these critical incidents is most often derived from news media reports; firstly of the fatal police-involved shooting, and then later in relation to the coronial inquest and any associated legal proceedings. It is within this news reporting that contested values of civil society are re-energised, emotions are galvanised and significant public debate is generated, particularly in relation to the moral authority of frontline police officers in their interactions with vulnerable people. More than simply ‘bearing witness’ to these events, news media reports play a fundamental and influential role in shaping public interpretations of fatal mental health crisis interventions and the responsibility and vulnerability of the individuals involved. For their part in this process, news media professionals act as ‘interpretive communities’ (Berkowitz & TerKeurst, 1999; Lindlof, 2002; Traquina, 2004; Zelizer, 1992, 1993, 2004; 2009) or as ‘risk-knowledge-brokers’ (Campbell, 2004) who have the power to provide wide exposure and credibility to select voices, claims and symbols. They serve as moral arbiters of the public discourse and socio-political environment that frames these critical incidents (Morris, 2006). The power of the news media to contribute to the process of where and how social problems are defined is significant. The way in which a story is told, to quote Tiegreen and Newman (2008), may “greatly affect the way media consumers perceive events in the world”. Every journalistic choice – from the types of sources used to the perspective taken – helps determine the “prominent themes or meanings
within or perceived from a news story as a whole” (Dorfman, Thorson & Stevens, 2001 cited in Tiegreen & Newman, 2008). However, this is not to say that media audiences cannot contest these dominant news frames, as this and other chapters in this thesis demonstrate.

4.3. Normative news frames of policing and mental illness

There have been numerous studies conducted into the ways in which news media portray mental illness, with a recognition of the relationship between media professionals and their adherence to ‘news values’ in the identification of ‘risk’ and risk-based identities, particularly the construction of mentally ill individuals as ‘deviant’ and ‘dangerous others’ (see Allen & Nairn, 1997; Blood et al., 2002; Blood & Holland, 2004; Coverdale et al., 2002; Hazelton, 1997; Nairn et al., 2001; Olstead, 2002; Philo, 1996; Wearing, 1993; Wilson et al., 1999). One of the most well-worn conclusions to come from these contemporary media-risk studies is that themes of criminality and violence continue to prevail in news media coverage of mental health/illness40 (Wahl, 1992). The Glasgow Media Group’s research is often cited in support of these claims, with attention drawn to their conclusion that 75 per cent of the media output analysed as part of the group’s study linked mental illness to violence; either against self or against others (see Philo, Henderson, & McLaughlin, 1994). Other studies of the mental health-related content from newspapers have also revealed “dangerousness to be the most common aspect covered” with it “rare to find stories of accomplishment or recovery” (Morris, 2006, p. 94; see also Wahl, 2003). This is a claim not without credibility. When asked about news media representations of mental illness, most of the mental health consumers consulted for the current research project indicated that the majority of stories they had either seen or read typically adopted a negative orientation towards depictions of mentally ill individuals; often portraying them as criminals. This was borne out

40 As a counter to these claims, research by Francis and colleagues (2004) found that the majority of items analysed (85.6 per cent) as part of their study of media reporting did not reinforce stereotypes about mental illness. However, the 14.4 per cent of items that did serve to reinforce such stereotypes frequently made references to violence, crime and unpredictability (Francis et al., 2004).
in an unprompted discussion about the news media’s representations of the fatal police-involved shooting of Roni Levi on Bondi Beach:

…what [the] news did with that case was, one, they made everybody aware that he was carrying a knife and, two, [that] he had schizophrenia. They were the two. Nothing in between; just the two facts and that’s, you know, like, it’s five or six years ago (sic) and still people remember that he had schizophrenia and he was carrying a knife (Mental health consumer, Research Focus Group, 20 August 2010).

For Lupton (1999), the logic of risk news remains intimately connected to ‘news values’ and other professional and institutional routines, which include particular perceptions about media audiences (see also Kitzinger, 1999; Kitzinger & Reilly, 1997). Research by Allen and Nairn (1997) into media depictions of mental illness and the use of ‘dangerousness’ claims that “the perceived need to capture readers’ interest” is often “implicated in the representation of people with mental illness as constituting a danger to the community” (p. 379). They conclude that, while the forms of dangerousness identifiable in their study were reported rather than sensationalised, the associations between dangerousness and mental illness were nonetheless “woven into the very fabric” of the media texts critiqued (Allen & Nairn, 1997, p. 379). This suggests that, in the context of news production:

… what qualifies as a ‘problem’ for any given society on any given day may have less to do with the objective breadth and depth of problematic conditions in society than with the things people are paying attention to and how they are perceiving them (Lawrence, 2000, p. 4).

What ‘risk’ means to various audiences and stakeholders “develops through the continuing and often changing representations of that risk in media content, as well as through other social and cultural practices” (Blood & Holland, 2004, p. 324). Risk reporting, however, very rarely parallels actual threat trajectories. Instead, argues Pratt (1995), mainstream media have a vested interest in popularising the fear of crime and deviancy through the use of material that “feeds and fuels the dangerousness debate, making the actual risks to us seem considerably greater than they really are” (p. 5). Previous research has identified, for example, that schizophrenia and substance use disorders are most commonly reported in the context of crime and violence and framed in relation to community risks and fears
(see Blood et al., 2005; Francis et al., 2003; Sieff, 2003). However, as previously discussed in Chapter 2, arguments in support of an inherent link between mental illness and violence are not conclusively borne out by the available evidence. The literature in this area continues to be characterised by contradictory findings, which can lead to confusion for the broader public, and this includes police officers too\(^\text{(41)}\) (Lipson, Turner, & Kasper, 2010). In spite of this, public misconceptions and fears of ‘madness’ as a precipitator to violence — especially that which is unprovoked, unpredictable and/or gratuitous — remain a driving force in populist approaches to policy-making and media representations, particularly that of the tabloid press and other news media (Bean, 2008).

Media framing theory, also known as ‘news framing’, informs evaluations of how this news context is presented and made understandable to the public (see Entman, 1993; Gamson, 1989; Gamson & Modigliani, 1989; Goffman, 1974; Price, Tewksbury, & Powers, 1997). The central proposition rests on a metaphor: just as a photographer may ‘frame’ a photo, so too it can be assumed that media professionals routinely ‘frame’ their news stories (Tewksbury & Scheufele, 2009). News framing occurs by “selecting and highlighting some facets of events or issues, and making connections among them so as to promote a particular interpretation, evaluation, and/or solution” (Entman, 2004, p. 5). In doing so, frames are directly implicated in facilitating a sense of resolution or reconciliation to issues in that they tend to define problems, specify causes, convey moral assessments, and endorse remedies (Entman, 1993; 2004; 2010). For its part, news framing analysis elaborates on “how media professionals ‘package’ information for audience reception and how that information is represented or portrayed” (Blood & Holland, 2004, p. 324; see also Gamson & Modigliani, 1989). Often, it is a media professional’s sense of ‘news values’, among other influences such as the constraints imposed by newsroom

\(^{41}\) Some researchers have argued that the risk of violence associated with mental illness is, in fact, modest relative to the risk associated with gender, age, education and previous history of violence (Davis, 1991; Link, Andrews, & Cullen, 1992; Link & Stueve, 1994; Marzuk, 1996; Monahan, 1992; Naples & Steadman, 2003; Penn et al., 1999; Swanson et al., 2006). Other studies have found that, when provided with accurate information about the relative risk of violence, people tend to perceive individuals with mental illness as less dangerous (see Penn et al., 1999).
work and cultural assumptions about audiences, that leads them to present issues within certain news frames (Gamson, 1982; see also Blood & Holland, 2004). These often reflect “persistent patterns of cognition, interpretation, and presentation, of selection, emphasis and exclusion” (Gitlin, 1980, p. 7). As Tankard (2003) suggests, the use of a news frame in and of itself is therefore not always as remarkable or revealing as the choice of news frame used. “For instance,” he writes, continuing the metaphor of the photo frame, “an elaborately carved, wooden frame provides a different feeling from a mass-produced, metal one” (Tankard, 2003, p. 98).

**Media monitoring and professional resources for the reporting of mental illness**

Studies that have sought to examine the reasons for the persistence of media frames that inherently associate mental illness with violence have attributed this trend to an ignorance among news media professionals and highlighted the need for “educational strategies to counter this” (Allen & Nairn, 1997, p. 376). In Australia, this has occurred through the development of self-regulatory reporting guidelines and advisory resources, such as *Reporting Suicide and Mental Illness: a Mindframe resource for media professionals*, which have been designed to promote awareness among media professionals of the issues related to suicide and mental health/illness and to optimise the reporting of these issues (see Commonwealth of Australia, 2010). *Reporting Suicide and Mental Illness*, which was released in 2002, was developed in consultation with mental health advocates and consumers, as well as peak media organisations, from an earlier version of the resource, *Achieving the Balance*, which had been produced three years earlier (Pirkis et al., 2008). *Reporting Suicide and Mental Illness* was adapted from this resource as a response to a number of the research findings referred to earlier in this chapter, with recognition of the important role of news media in influencing (stigmatising) perceptions and social attitudes towards suicide and mental illness (Commonwealth of Australia, 2010). In this context, *Reporting Suicide and Mental Illness* aims to improve the mental health literacy of not only news media professionals, but also the broader community (Jorm et al., 1997). “Centrally”, writes Holland and colleagues (2009), “the Australian resource and similar international resources are designed to protect
audiences perceived to be at risk and especially vulnerable to news coverage” (p. 144). Over the past decade, the effectiveness of these measures has been evaluated and documented via a series of literature reviews and framing studies (see Francis et al., 2001; Pirkis & Blood, 2001, 2010; Pirkis et al., 2002, 2008). In particular, two large-scale media monitoring projects have provided information about the way Australian news media report suicide and mental illness. Baseline data for the Media Monitoring Project was obtained in 2000/01 with a comparative analysis undertaken in 2006/07 (see Pirkis et al., 2002 and Pirkis et al., 2008 respectively). The most recent Media Monitoring Project report, Changes in media reporting of suicide and mental health and illness in Australia: 2000/01-2006/07, concluded that the overall volume of Australian media items related to suicide and/or mental health/illness had increased dramatically between the reporting periods from 17,151 in 2000/01 to 42,013 in 2006/07 (Pirkis et al., 2008). By 2006/07, there had been a four-fold increase in newspaper items alone, although the frequency with which issues of mental health/illness appeared as news items had decreased slightly (81.7 per cent in 2000/01 to 78.9 per cent in 2006/07) as had feature items (down from 9.3 per cent in 2000/01 to 8.1 per cent in 2006/07) (Pirkis et al., 2008).

Statistically significant was the increase in the proportion of newspaper headlines that featured inappropriate language when rated as part of the project against criteria from earlier versions of the Reporting Suicide and Mental Illness resource. Examples of terms characterised as inappropriate included ‘cracked up’, ‘crazy lunatics’, ‘nutease’, ‘a psycho’ and ‘lunatic asylum’ (Commonwealth of Australia, 2010, p. 3). In 2006/07, 8.2 per cent of items were identified as using inappropriate language in their headlines as opposed to 4.2 per cent of newspaper headlines rated in 2000/01. This was despite a dramatic decrease in the use of outdated, negative or inappropriate language overall between 2000/01 and 2006/07, with a significant improvement recorded respectively from 19.9 per cent of rated items to 5.8 per cent in the reporting periods (Pirkis et al., 2008). Significant improvements across a number of additional criteria, including ‘stereotyping’, contributed to the conclusion that, almost without exception, the overall quality of reporting on issues related to mental health/illness
had improved significantly during the life of the Media Monitoring Project (Commonwealth of Australia, 2010; Pirkis et al., 2008). Nonetheless, the capacity to make definitive statements about the extent to which exposure of individual media organisations and news journalists to the Reporting Suicide and Mental Illness resource has been attributable to such results is limited (see Pirkis et al., 2008, pp. 72-73; 77). This does not suggest that such an effect does not exist. Nor does it imply that further improvements in the reporting of issues related to mental health/illness cannot be achieved. Says Jaelea Skehan, Program Manager, *Mindframe* National Media Initiative:

...the resources are not the worth the paper they’re written on if you don’t have the manpower or the kind of engagement to go with it. It’s exactly why similar resources that have been developed internationally have shown no uptake by the media or haven’t shifted media reporting at all, because, really, things look black and white when you write them down and these are complex, very grey issues for media to report on, and there’s a lot of competing agendas... the best that we can do is explain why... the material might be in the resources or why some of the codes of practice exist; try and get them [media professionals] to understand it and have a bit of an attitude shift to then want to consider how that information is handled in the future (J. Skehan, Research Interview, 23 July 2010).

Since its development, Reporting Suicide and Mental Illness has been widely disseminated to media professionals via the *Mindframe* Media and Mental Health Project, managed principally by the Hunter Institute of Mental Health (HIMH) under the auspices of the *Mindframe* National Media Initiative, which is funded by the Australian Government’s Department of Health and Ageing. Project staff have supported media organisations in the use of the resource by “conducting face-to-face briefings and drop-in visits, offering ad hoc advice, distributing hard and soft copies of the resource and supporting materials, and providing ongoing follow-up” (Pirkis et al., 2008, p. 7; see also J. Skehan, Research Interview, 23 July 2010). Between February 2003 and August 2007, the HIMH conducted 277 visits to 125 media sources, including newspapers, and television and radio stations (Pirkis, 2008). Evaluations of the reach and impact of the resource have been periodically published by project staff (see http://www.mindframe-media.info).
Police agencies as a primary source of mediated risk information

Most media-risk studies suggest that the news media’s interest in the reporting of risk and discursive debates about risk (such as that associated with mental illness and violence) is heightened by factors such as ‘controversy’ (Allan, 2002) and ‘conflict’ (Peters, 1995). Camaj (2010) argues that the ‘conflict’ news frame, which typically emphasises the polarisation between two groups of stakeholders (e.g. bereaved family members and the police), conceptually deals with “event-oriented characteristics” (p. 638). In comparison, she claims, the ‘attribution of responsibility’ frame, often identifiable in news media coverage of fatal mental health crisis interventions, is a generic news frame more interpretative in nature, and is thus more closely related with “journalists’ cultures, ideologies and social norms embedded in contextual factors” (Camaj, 2010, p. 638). Writes Morris (2006):

> There is clearly much pressure being brought to bear from within the media industry itself from editorial staff, producers and directors to produce material that enhances the commercial appeal of the product being produced (p. 15).

The circulation of ethical guidelines, such as *Reporting Mental Illness and Suicide* — while resulting in positive trends in the use of more sensitive language about mental illness — has not necessarily translated into the *contextualisation* of mental health issues in the news media. In fact, traditional news media’s tendency to focus attention on the ‘deviant’ person in news reports of mental health crises in the community has more often than not resulted in a situation whereby “the media simplifies the interpretation to be made [by media audiences] and limits the range of actions considered appropriate” (Grieg, 2002, p. 227). This framing has the propensity to individualise the problem rather than address it structurally, systematically or contextually, because it “prevents the dangerous acknowledgment that such behaviour, given a particular set of circumstances, is something that all of us are capable of when emotions are running high and accustomed personal power and control regimes are threatened” (Fawcett & Karban, 2005, p.22). This is also a mode of explanation that promotes the construction of the ‘other’ as a way in which to legitimise forms of behaviour and power imbalances that would otherwise
be “deemed unacceptable without the use of this form of distancing” (Fawcett & Karban, 2005, p. 23).

What matters in the construction of news frames is therefore not only the repetition of certain words, images and actions (which essentially form, through their ‘routine’ association, a symbolic linkage), but also “whether and to what extent a view of the social world is actually adopted and applied to everyday life situations” (Altheide, 2002, p. 35). What has broadly been perceived as the “drip-by-drip association of mental illness with violence prevalent in media reporting has [therefore] been criticised for its prejudicial portrayal of the risks” mentally ill individuals pose to the public (Cross, 2010, p. 17). The concern is that, although news reports which frame mental illness in the context of conflict and violence or graphic images of violence typically relate to relatively rare or highly specific circumstances, they nonetheless tend to generalise the assumption of ‘dangerous threats’ as being correlative to all risk-based identities, but especially all people with a mental illness (Blood & Holland, 2004; Pirkis et al., 2002). Writes Ewald (1993):

The moment a population is identified as a risk, everything within it tends to become — necessarily becomes — just that. Risk has an allusive, insidious potential existence that renders it simultaneously present and absent, doubtful and suspicious. Assumed to be everywhere, it founds a politics of prevention (p. 221).

Within this ‘political’ framework, the efficacy of institutional authorities (e.g. police agencies) is often publicly judged by their capacity to curb the negative effects of fear associated with public risk by containing the identified risk and crucially preventing an anxious situation from turning into one of panic (Altheide, 2002). Writes Altheide (2002):

Carried with the message of fear are images and targets of what and who is to be feared. Attached to these ideal types of villains and threats are formal agents of social control associated with the available solutions to these problems (p. 56).

This dynamic is obviously complicated where the measures used to contain the threat eventuate in a public death, as in the case of a fatal mental health crisis intervention. Therefore, the irony, in the context of police responses to mental health crises in the
community, is that “talk about dangerousness” can sometimes only serve to increase public fears “rather than offering us protection” (Pratt, 1995, p. 5). News stories sourced to the police, in particular, with their emphasis on violence and graphic images of violence, have been found to frame mentally ill people as a risk to the community about which something must be done (Blood & Holland, 2004; Pirkis et al., 2002). In their discussion of police-media relations, Grabosky and Wilson (1989) claim that an imbalance of power relations resides at the heart of the news media’s willingness to replicate media coverage sourced to police; regardless of its emphasis and/or agenda. They write:

Even though the press recognise that the police manipulate the news media, reporters and editors often publish uncritically police accounts of crime. It is not that journalists actively promote the interests of the police or that they deliberately ignore other versions of particular crime events. Rather, the fragility of their relationship with law enforcement agencies demands that they acquiesce to the police version (Grabosky & Wilson, 1989, p. 29).

Previous research has left us in little doubt that media coverage “plays a significant role in the ways in which the community frames and views issues of crime, law and order, and social control” (McGovern & Lee, 2010, p. 445). This has previously led to criticisms about ‘moral panics’ and the overstatement of the public’s fear of crime in comparison to the reality of crime statistics (Altheide, 2002; Blood, Tulloch & Enders, 2000; Farrall & Lee, 2008; Furedi, 2006). The role of police agencies in the media’s dissemination of information about crime and law enforcement cannot be discounted, although police and media cooperation is not a new phenomenon. As Dowler (2002) points out, news media have often relied heavily on police agencies for information. In some countries, like Australia, this has led to the development of resources designed to support police in their encounters with the media, particularly around the accurate, responsible and sensitive communication of issues related to ‘vulnerable people policing’. In addition to its resources for media professionals, the Mindframe National Media Initiative has also issued a suite of materials to help police officers manage their interactions with media at incidents involving mental illness or a suspected suicide. This follows research that shows that the information collected by journalists on these matters.
from the police and courts is often some of the most problematic in terms of reinforcing negative stereotypes about suicide and mental illness, and vulnerable individuals (Mindframe National Media Initiative, 2011).

The *Mindframe* for Police project aims to build the capacity of police organisations to promote sensitive and appropriate reporting by ensuring that they have proper guidance for the provision of information on suicide and mental health/illness to news media professionals; an understanding of the potential impact of media reporting of mental illness and suicide, based on research evidence and with access to relevant reference material; and strategies to respond to positive and negative reporting of suicide and mental health/illness (Mindframe National Media Initiative, 2010).

The resources urge police to remain mindful of the language they use when referring to mental health or illness-related issues, either directly or indirectly, with media representatives and colleagues (Mindframe National Media Initiative, n.d). For example, police officers are advised to avoid using derogatory terms, such as ‘a mental patient’, ‘psycho’ or ‘schizo’, which “can lead to stigma and discrimination” (Mindframe National Media Initiative, n.d) and to focus on descriptions of an individual’s behaviour (e.g. ‘unusual’ or ‘erratic’) as opposed to implying something about their mental health status (e.g. ‘crazy’ or ‘deranged’).

As Jaelea Skehan explains:

...some of the difficulties with police are getting them to see what their role might be in media reporting of suicide and mental illness... Many of them just see the media as the enemy, and it doesn’t matter what they say, the media is just going to go off and report whatever they want in the first place (J. Skehan, Research Interview, 23 July 2010).

Contemporary pressures on journalistic staffing levels, resources and time have exacerbated the media’s reliance on police as ‘primary definers’ (Hall et al., 1978) of news stories, raising concerns about the capacity of police to “control much of the flow of information” about crime and criminality, and “frame a great percentage of narratives about law and order and policing” (McGovern & Lee, 2010, p. 459). This has reinforced the persistent view that police are the dominant party in the police-media relationship. However, as Mawby (1999) explains, and as this
chapter proceeds to demonstrate, “the media context in which both parties operate is now infinitely more complex and accordingly more difficult for an agency such as the police to control” (p. 267).

**Police as primary definers and ‘suicide by cop’ news narratives**

This does not preclude police administrators from attempting to set the agenda in relation to news media coverage of police use of force incidents. In stark contrast to the institutional discourse associated with police initiatives such as ‘vulnerable people policing’, the official narratives of police administrators following a fatal mental health crisis intervention frequently challenge the categorisation of mentally ill individuals as ‘vulnerable’. With the innate desire to attribute blame for the crisis and a need to deflect the criticism often directed towards police culture and state-based policies in the aftermath of these critical incidents, official police discourse has been known to defer responsibility for the fatal discharge of firearms to the mentally ill individual in crisis who, police claim, “willingly and knowingly undertook a risky activity” (Heath & O’Hair, 2009, p. 18). One of the increasingly common frames adopted in this defence is the phenomenon of ‘police-assisted suicide’ or ‘suicide by cop’. Police agencies claim that, in these scenarios, the mentally ill individual will have deliberately engaged in life-threatening behaviour “with a lethal weapon, or with what appears to be a lethal weapon, toward law enforcement officers or civilians specifically to provoke officers to fire at the suicidal individual in self-defense or to protect citizens” (Lamb, Weinberger, & DeCuir Jr, 2002, p. 1269). While this phenomenon was once particular to the legal discourse of coronial proceedings, it has more recently become common parlance in the public rhetoric about police use of deadly force. As a consequence, the trend towards ‘suicide by cop’ as an explanation for the sometimes deadly encounters between frontline police officers and mentally ill individuals in crisis has also become a familiar news framing device, often as a causal explanation for the need for police use of force in mental health crisis interventions.
As demonstrated by the recent public discourse about the fatal police-involved shooting of 15-year old, Tyler Cassidy, in Victoria, the term ‘suicide by cop’ is considered by many an “unfortunate expression” (Freckelton quoted in Farouque, 2011) that is “at once a judgment and a declaration of fact”, which “screams tabloid headline” (Farouque, 2011). News media reports that frame a fatal mental health crisis intervention as a suspected case of ‘suicide by cop’ tend to correlate these news frames with the news values of sensationalism and drama. They emphasise the ‘conflict’ over police use of deadly force, often at the expense of preferred reporting guidelines related to news media coverage of suicide. 

*Reporting Suicide and Mental Illness*, for example, recommends to media professionals that the method and location of suicides should not be described, displayed or photographed and should be discussed “in general terms only” where this information is considered important to the story (Commonwealth of Australia, 2010, p. 9). However, news media coverage of fatal mental health crisis interventions, including those that are labelled examples of ‘suicide by cop’, regularly feature specific, sometimes gratuitous, details about both the location and circumstances of the fatal police-involved shooting. This is especially problematic in light of the ambiguities inherent to the ‘suicide by cop’ phenomenon.

Despite the publication of a number of international ‘evidence-based’ studies in this area, the precise number of police-involved shootings that may be characterised as examples of ‘suicide by cop’ is difficult to determine. Not least of all, the concept is measured primarily by an individual’s state of mind and their intentions to end their life, which can be difficult to not only determine post-mortem, but distinguish from acute psychotic responses to other external or environmental factors. The scholarly literature generally makes little reference, for example, to the potential influence the sight of police firearms may have on the escalation of distress experienced by a mentally ill individual in acute psychiatric crisis, and what impact (if any) this may have on language and behaviours (e.g. pleading with police officers to shoot) otherwise perceived to be consistent with an individual’s intent to ‘suicide by cop’.
Such ambiguities are obviously less debatable where a suicide note exists. Deaths resulting from self-inflicted gunshot wounds in the presence of police are also rarely mentioned in the literature, despite the common influence of suicidality and mental illness. Presumably, the distinction between this and the discharge of firearms by police is what excludes self-inflicted gunshot deaths from the formal definitions of ‘suicide by cop’. This is in spite of the fact that such scenarios may broadly fit the characterisation of the phenomenon as a deliberate provocation of confrontational circumstances to bring about the inevitable death of the mentally ill individual in crisis (see Dalton, 1998).

As with most other police data, it is therefore essential that the inclusion criteria and methodologies of available studies of ‘suicide by cop’ be critically questioned in any researcher’s analysis of the issue, but especially in light of the disputes among those working in the field as to the validity of the phenomenon and its use, therefore, as a causal frame in news media reports of fatal mental health crisis interventions. This was evidenced by the mixed responses noted among research participants interviewed for the current research project. Despite an identifiable diversity of opinion on the subject, there was general agreement among the interviewees that, if ‘suicide by cop’ does exist as a phenomenon, it can only be attributed to a small number of fatal mental health crisis interventions in Australia. The following comments from Rob Ramjan, CEO of SFNSW, are representative of those also made by other research participants:

I suspect that there are some instances where the person is committing ‘suicide by cop’ and that’s bloody awful for the poor cop who pulls the trigger, because they’ve got that for the rest of their lives… So I’ve got no doubt that that happens in some circumstances, but I think it’s a very small number (R. Ramjan, Research Interview, 6 August 2010).

42 Such was the case in the death of Michael Malsbury, a 62-year old man who was fatally shot after he confronted British armed police with a gun during a siege. Two suicide notes were later found addressed to his wife (Farouque, 2011). A coronial inquest jury made British history, in 2003, when it returned a verdict of ‘suicide by cop’ as the cause of Michael Malsbury’s death (Allison, 2003). The verdict was immediately condemned as “perverse and dangerous” by a number of sector advocates whose work includes assisting the families of individuals who have died in police custody and/or during incidents involving armed police officers (see Coles quoted in Allison, 2003).
More detailed analysis of the frequency of ‘suicide by cop’ news frames in the context of statistical evidence of the prevalence of this phenomenon in police-involved mental health crisis interventions would be necessary to thoroughly examine this. This may prove a difficult task, depending on the availability of this data in the Australian context.

Anecdotal evidence, such as the comments of then-Victoria Police Chief Commissioner, Simon Overland, in an interview for ABC Local Radio, has suggested that police officers within the state of Victoria typically attend three or four ‘suicide by cop’ events each week (see ‘Police chief worried about ‘suicide by cop’’, 2011). Other notable studies have reported higher percentages (16 to 46 per cent) of fatal police-involved shootings as ‘suicide by cop’. However, the inclusion criteria in some of these studies have tended to be less rigorous than those of a study by Hutson et al. (1998), which found that ‘suicide by cop’ accounted for only 11 per cent of all police-involved shootings in a large metropolitan law enforcement agency in the United States (see Kennedy, Homant, & Hupp, 1998; Parent, 1996). More recent research by Mohandie, Meloy, and Collins (2009) determined that, among a sample of 707 North American police-involved shootings, around 36 per cent were thought to be police-assisted suicides. The group’s conclusions suggested that there was also an identifiable trend towards “a high degree of desperation, hopelessness, impulsivity, self-destructiveness, and acting out among subjects encountered by the police in such events” (Mohandie, Meloy, & Collins, 2009, p. 461).

The same may be said for mentally ill individuals who are experiencing an acute psychosis, although not all of these individuals may necessarily be seeking to end their lives through provocative or violent encounters with frontline police. A number of the participants in the current research project were at pains to stress that the invitation to ‘shoot me, shoot me’ — frequently cited in police encounters with mentally ill individuals exhibiting psychotic and/or violent behaviours (as demonstrated in the fatal shootings of Roni Levi and Paul Klein, among others)
— should not be interpreted as evidence of an unquestionable intent to ‘suicide by cop’, as has elsewhere been suggested. Such declarations may be as easily read as an implicit plea for assistance on the part of the person in psychiatric crisis. This qualification was more common to the discourse of mental health advocates, mental health consumers and family members of mentally ill individuals killed by police-involved shooting than it was to the discourse of police research participants, who tended to be more sympathetic to the probability of ‘suicide by cop’ as an experiential phenomenon.

4.4. Setting the agenda for public debate about police use of force

It follows that, if police are able to contribute to definitions of crime and social problems in news media coverage, and the constructions of subjectivity as these relate to mentally ill individuals in crisis, then community perceptions of police effectiveness and legitimacy may also be influenced by the higher visibility of police and their portrayals in the media. Dowler and Zawilski (2007) point to two contradictory observations: some research reveals a favourable disposition towards mediated representations of contemporary policing and frontline police officers, while other research implies that the police are more often negatively portrayed, particularly in news media. In the latter instance, public information can function as “a crucial first line of defense and offense” for police agencies (Chermak and Weiss, 2005, p. 503). The rise of police media units or public relations branches reflects this, as well as the increased recognition that police agencies need to proactively manage their visibility by promoting and preserving a positive public image (Mawby, 2001; Thompson, 1995). This may partially explain the favourable representations of police often associated with jointly-produced reality television programs (Dowler & Zawilski, 2007), such as COPS, The First 48, Police Interceptors, The Force: Behind the Line, Recruits, Crash Investigation Unit and Missing Persons Unit.

The management of the police-media relationship and the mediated image of policing have become even more vital within the contemporary managerialist environment in
which police operate, and in light of widespread concerns about police performance and misconduct (Mawby, 2001). Technological advances in the media have also had an impact (Mawby, 2001). Police officers have been subjected to increasing levels of scrutiny and public accountability as a result of surveillance technologies, including in-car video camera systems and audio-video recording devices on Tasers. Likewise, media audiences are no longer seen as passive consumers, often serving as sources of news in the mediation of crime narratives (McGovern & Lee, 2010) through the use of amateur footage in news stories about policing (for example, the Rodney King beating by LAPD officers). Police agencies now also regularly use social networking and video-sharing sites, like Facebook, Twitter and YouTube, to appeal for public information about crime and to provide updates on the status of investigations, often bypassing traditional news media to communicate directly with the community (Dick, 2011). All of these issues serve to complicate the orthodox view that police maintain the balance of power in the police-media relationship, and demonstrates that there is no longer a simple two-way communications process between news media organisations and police agencies (Mawby, 1999), or between news consumers and the media. It also raises the prospect that police can find themselves as vulnerable to news media representation as they can be benefited by it. This is especially the case where there is a clear disjuncture between mediated images of contemporary policing and the realities of police work (Christensen, Schmidt, & Henderson, 1982). This tension is most evident in the conflicts of interpretation identifiable between the lived experiences of frontline police officers and public discourse about the intentionality of police use of deadly force.

The inherent conflicts of ‘individualising’ and ‘systemic’ news frames
Scholarly research has concluded that “vicarious experiences of policing” can have “a substantial impact on perceptions of and confidence in police” (Herrington et al., 2009, p. 35). In particular, news depictions of controversial police use of deadly force responses to individuals in psychiatric crisis have important implications for how the public views police culture and mental illness more generally, and whether these specific incidents are considered typical or aberrations of contemporary policing.
practices (Hazelton, 1997). This, in turn, has significant implications for not only public trust in frontline police, but also the perceived legitimacy of police and the public’s general willingness to co-operate and collaborate with them (Herrington et al., 2009; Myhill & Beak, 2008; Novak, 2009; Tyler, 1989). It may also have some bearing on the tenor of future interactions between police officers and mental health consumers. The impact and influence of news media reports of high-profile incidents involving police use of deadly force is therefore a legitimate concern and ongoing consideration for police agencies, especially since news media coverage of police use of force incidents has previously been found to increase negative attitudes toward the police (Kaminski & Jefferis, 1998; Weitzer, 2002).

News media coverage of police use of force incidents is typically framed in terms of two distinct sets of causal claims, which Lawrence (2000) refers to as the ‘individualising’ claims of institutional discourse and the ‘systemic’ claims of non-officials and lay discourse. She explains:

Officials generally try to control the news by ‘individualizing’ these incidents, claiming that those subjected to police use of force brought that force on themselves with their deviant, violent behaviour… These individualizing claims contrast with ‘systemic’ claims about police brutality [or unreasonable excessive force], which are typically made by nonofficials. These claims cast brutality [or unreasonable excessive force] as an endemic and patterned problem arising from poor police management, inadequate police accountability, a hostile police subculture, or a racist culture more generally (Lawrence, 2000, pp. 14-15).

These discursive conflicts are discussed more definitively in the following chapter through the news framing analysis of the Paul Klein incident. But, according to Van Maanen (1980), police administrators typically want to communicate two primary impressions in their official interpretation and public representation of fatal police-involved shootings:

1) that the events leading up to the violent incident were matters of appropriate police concern and response and 2) that those members of the organization involved in the shooting were behaving within carefully prescribed and known limits of discretion (p. 150).
These ‘individualising’ claims, Lawrence (2000) argues, can be interpreted as “preemptive damage control strategies” (p. 39), given that they seek to not only dominate, but control the media message and ‘set the agenda’ for public discussions and interpretations of police use of deadly force incidents. As Campbell (2004) explains, “police narratives do not merely report what the police do — they also mark out and patrol the boundaries of acceptable and plausible policing practice” (p. 703). In doing so, it is typical for official police responses to fatal mental health crisis interventions to publicly demonstrate support towards the police officers involved in the critical incident, and a justification for the necessity of use of deadly force by these individuals — even before an investigation into the fatal shooting has commenced. This has repeatedly caused community disquiet about the perceived insensitivity of such official police responses in view of the fact that police “have already publicly committed themselves to a position” immediately after the fatal shooting (Walters, 2005). This can be seen to compromise the integrity of their involvement in the critical incident investigation (Walters, 2005).

The public discourse of family and friends of the deceased often highlights this incongruity in a ‘call and response’ exchange of risk communication about police authority and the legitimate use of police force. This lay discourse remains predisposed towards criticism of the police actions, with culpability for the death of their loved one directed towards the individual police officers involved, and police culture and management more broadly. This rush to attribute blame in the aftermath of a fatal mental health crisis intervention is not entirely unexpected, and reflects the fact that while police are expected to work in the public’s interest “they are also accountable to many publics and political agents with conflicting interests and goals” (Chermak and Weiss, 2005, p. 502). For their part, news narratives tend to reflect this ‘ebb and flow’ of risk communication, rather than present a contextualised version of events and “a steady or independent discussion of the issues over which… [these] power struggles are waged” (Bennett, 2009, p. 106).
The realities of a ‘risky profession’ versus perceived police practices

In the context of news media coverage of fatal mental health crisis interventions, public allegations and erroneous assumptions about ‘violent tendencies’ are not always restricted to claims about mentally ill individuals. They can (and often do) extend to value judgments about the necessity for police use of deadly force against such individuals or, more broadly, to allusions of a systemic tendency among frontline police officers to routinely resort to unjustifiable displays of coercive force (over less excessive measures) in their everyday policing and as part of police culture more broadly. This is the outworn notion that all police officers are “trigger happy cops” (Kaba quoted in Stephey, 2007). The perpetuation of such stereotypes in the press bears some correlation to, if it is not defined by, the temporal proximity of news media coverage to the critical incident. Often, these constructions of police subjectivity are most explicit where the lay discourse of bereaved family members has been given prominence within the news media coverage. However, these claims are often made without any requisite contextualisation of the circumstances leading to the police use of deadly force or the complexities of interactions between police and mentally ill individuals in crisis more generally (Clifford, 2010). Writes Lawrence (2000):

…police often view the media with suspicion and express frustration and bitterness over what they see as the media’s willingness to sensationalize the use of force without making the public aware of the difficulties and dangers faced by police officers (p. 49).

The police response to such identity constructions highlights the fact that, despite the trend towards the predominance of official police voices as primary definers of the news agenda, not all police officers believe the media always fairly represents them. While police media operations may have become “more co-ordinated and better prepared”, as Mawby (1999) points out, tensions remain within police circles about “the media and openness” (p. 267). These concerns are not unfounded.

According to the police officers consulted for the current research project, these tensions are particularly obvious where use of deadly force involving firearms is repeatedly framed as the by-product of a calculated ‘shoot to kill’ policy or
‘shoot first’ culture within the police force. In this context, the discretionary decision by police to discharge their firearms is framed as entirely incommensurate with both the reality and levels of risk posed by a mentally ill individual in crisis who is, more often than not, armed with only an edged weapon rather than a firearm.\(^{43}\) The difficulties often expressed by the public in reconciling the need for police use of deadly force against a person in possession of what is perceived to be a less-lethal weapon are well recognised by police officers themselves, albeit rarely contextualised within news media coverage. As one police officer told me:

> I understand what you’re saying and… my response to them would be, “well, you stand where I stood, put my boots on, and you show me how brave you are. You go in and wrestle him for the knife”… I can understand, you know, people [saying]… “Why didn’t the police tackle him from behind?” I mean, you just can’t afford to put yourself in danger and, if you put yourself in danger with something like that, you’re putting your workmates in danger, because all of a sudden, you’re on the ground, and he’s on the ground, and you haven’t effectively disarmed him, and they can no longer shoot him, because he’s in a wrestle with you and he’s got knives… But I can understand how, yes, somebody’s got a knife, but the police shot him, well, it doesn’t make sense (P. Brodie, Research Interview, 29 September 2010).

As explained in the previous chapter, family and friends of the deceased and other mental health advocates, after a fatal mental health crisis intervention, will often hold fast to the notion that police officers could have availed themselves of other less-lethal tactical measures in place of the decision to shoot. Regularly, this includes the argument that, where it was necessary to shoot, police officers should have aimed for the individual’s leg or arm, rather than the torso. These sentiments are frequently foregrounded in news media coverage of fatal mental health crisis interventions where the voices of bereaved family members predominate. The following comments from Melinda Dundas, the widow of Roni Levi, which featured in an episode of ABC TV’s *Four Corners* program, are representative of these sentiments:

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\(^{43}\) Between January 1990 and June 1997, around half of the 41 scenarios that resulted in a fatal shooting by police involved individuals carrying edged weapons (most commonly a knife or machete) or a weapon other than a firearm. The individuals killed in these incidents accounted for around two-thirds of all police shooting deaths of persons identified as suffering from a diagnosed mental illness (requiring psychiatric treatment) or ‘depression’ (Dalton, 1998). 

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The whole notion of a policy which says... when you use a firearm you’ve got to shoot to kill is really inhumane and I mean there’s no chance for a person. Roni was shot four times for God’s sake. I mean had he been shot once in the leg or the arm it would’ve been sufficient to hospitalise him, let alone four times. There wasn’t an organ in his body that was left functioning after that kind of response (Dundas quoted in ‘Lethal Force’, 2009).

Similar sentiments were expressed by a number of the mental health consumers, who participated in the current research project: “They could have shot him [Roni Levi] in the arm or the leg… [but] they’re not trained to shoot in the arm or the leg and spare the person; they shoot to kill” (Mental health consumer, Research Focus Group, 20 August 2010). Another mental health consumer said they felt “cheated” by Roni Levi’s death: “I was thinking, ‘look at this, there’s another victim’. He’s sick, you know, and they’ve just pulled their gun and, bang, see ya, you’re gone” (Mental health consumer, Research Focus Group, 20 August 2010).

Bearing in mind that the specialist weapons training provided to frontline police officers instructs them to aim for centre body mass in the discharge of firearms, the likelihood of lethal force as the outcome of a decision to shoot is not implausible. But it is not always the case that death is the motive and/or intent when a police officer determines to discharge their firearm. However, the intentionality of a fatal police-involved shooting is only ever debatable after the event, at which point it is regularly demonstrated that police officers, as Van Maanen (1980) contends, do not often regard shooting and killing as tightly coupled. Fatal police-involved shootings are “more attuned to the fearful particulars of one’s own safety than to a logic of deadly offense” (Van Maanen, 1980, p. 149). This is borne out by the following comments from a police officer who was involved in the Paul Klein incident. He suggested that a police officer’s intention in discharging their firearm is more often related, in operational circumstances, to stopping a perceived threat (usually an individual with a weapon), rather than killing them:

If he gets to a particular spot and I don’t shoot him and stop him — and it’s not about shooting him to kill him; it’s about stopping him — either my offside next to me is going to potentially get killed or I am… people see firearms and death; that’s all they see… We are trained
to shoot centre body mass, which likely is going to result in somebody’s death, but we don’t shoot to kill people. We shoot to stop (P. Brodie, Research Interview, 29 September 2010).

This subtle distinction brings into sharp focus the possibility that a shooting incident may just as easily end in the death of a police officer as it may the citizen involved. As Lawrence (2000) points out, mental health crisis interventions that result in violence and/or the police use of deadly force typically escalate to such a point through a chain of events and perceptions, although this does not necessitate a corresponding escalation in the chain of tactical options available to police, regardless of public perceptions to the contrary. Inspector Joel Murchie, Commander of the NSW Police Force MHIT, acknowledges that it is commonly expected that police officers will incrementally escalate their use of tactical options in response to a mental health crisis situation; starting with capsicum spray and then moving onto the use of a Taser and finally the discharge of firearms as a ‘last resort’. However, Murchie says, “it doesn’t work that way” (J. Murchie, Research Interview, 4 November 2010). He explains:

Communication is always going to be the first point of call, and that equally applies to somebody who may be having a psychotic episode. You’re going to try and talk to them and figure out what you’re dealing with, because quite often you’ll turn up and have no idea what’s going on… If that fails and the person is acutely psychotic and/or violent, which the two generally go together, or they’re covering a weapon or whatever else, then you look at that escalation of tactical options. But there’s no staggered response; you use whatever tactical option is relevant under the circumstances and that’s a judgment call, based on the circumstances you find yourself presented with (J. Murchie, Research Interview, 4 November 2010).

4.5. Conclusion

While traumatic events such as fatal mental health crisis interventions may therefore be considered relatively rare and unique circumstances — even isolated incidents — the specific ways in which Australian news media tend to report these incidents, and the news frames constructed in response to them, are likely to encourage audiences to draw general, often inaccurate and stereotypical, inferences about mentally ill individuals and the risks they may pose to the community — as well as
certain presumptions about police culture and the use of force. The problem with this, as Morris (2006) aptly points out, is that the misinformation typically perpetuated by these stereotypes, which often bear a questionable evidence base, is that they “can be so pervasive and powerful that we accept certain elements without question as representing the truth” (p. 11). This is cause for concern when considered in the context of research that demonstrates that many people, but particularly those lacking direct experience, will often derive their information about mental illness and mentally ill individuals from media representations (Sieff, 2003; Wahl, 1995). Police officers are no exception to this.

These sorts of negative identity constructions can lead to serious and harmful consequences for what O’Neill (1996) describes as the “social connections between agents” (p. 198). The perpetuation (and, worse still, acceptance) of such negative misconceptions has significant implications given that, as the Final Report of the Mental Health Crisis Intervention Ad Hoc Advisory Group suggests, the main reasons for “poor relationships between police and mental health consumers” is the result of fear and stigma — of which police and mentally ill individuals are not immune, and media treatment of mental health crisis interventions and mental health issues in general is a contributing factor, given its tendency towards perpetuating “inappropriate stereotypes” (Commonwealth Department of Health and Family Services, 1998, p. 7). As research for this thesis demonstrates, mental health consumers can be as susceptible to the influence of news media representations of frontline police as broader community attitudes can be towards negative depictions of mental illness. This can have real-world implications for interactions between mentally ill individuals and police officers, as explained by one mental health consumer’s response to news media coverage of the Roni Levi incident:

And I looked at that [news report]… and I used to think, “when’s my turn? Are they going to kill me too?” and I used to, like, really just have that episode like a news flash repeat itself in my mind…

(Mental health consumer, Research Focus Group, 20 August 2010).
The contribution of media-risk studies to this construction of risk knowledge and the experience of ‘media effects’ should not be discounted. In their own right, many of these studies perpetuate an equally simplified view of ‘risk’ as something to be avoided (Bakir, 2010). Very few contemporary media-risk studies acknowledge risk and the threat of violence as realistic possibilities in relation to acute mental health disorders, requiring improved assessment and mitigation in practice, as well as more accurate news framing and contextualisation to news audiences. Little of the available research seeks to explain why it is that news media professionals persist in perpetuating distorted portrayals of risk and mental illness (Allen & Nairn, 1997). Neither are there many studies within the body of literature that explore in any detail the attitudes of news journalists towards mental illness or, for that matter, the reflexive perspectives of media professionals on the news framing of mentally ill individuals — particularly where professional dissatisfaction is identifiable towards the inclination to value negative news frames as ‘newsworthy’ or in relation to the commercial pressures under which media professionals operate. These are, after all, “complex issues” for news journalists to convey in “a succinct manner with minimal research time”, often replete with the challenge of sourcing people with a mental illness and their family members for interview “because of the potential consequences for them to ‘go public’ about an issue that is still not well understood in the community” (Commonwealth of Australia, 2010, p. 21). These issues are addressed in further detail through the case study in the following chapter.
CHAPTER FIVE

Case Study: The Paul Klein incident

5.1. Introduction

This chapter takes the theoretical observations introduced in previous chapters about police-mental health crisis encounters and news media representations of these events, and explores these in relation to the case study of the fatal police-involved shooting of Paul Klein by members of the NSW Police Service in May 1998. The chapter addresses two of the research questions outlined in the introductory chapter of this thesis. Primarily, it examines which key stakeholders to critical incidents such as fatal mental health crisis interventions are typically the primary definers of the news media coverage of these traumatic events, and what impact this has on the construction of news frames about the police use of force in mental health crisis incidents. The chapter also examines the ways in which these key stakeholders and others who bear witness to these critical incidents (e.g. news media professionals) make sense of them in the context of their own situated experiences and mediated representations of risk knowledge.

The Paul Klein incident lends itself as a unique case study through which to explore these issues, because of the extensive and graphic news media coverage that was published and broadcast about the critical incident and its coronial proceedings. The chapter seeks to understand how these news media representations defined ‘risk knowledge’, and notions of ‘crisis’ and ‘deviance’ for and to the local
community. In terms of assessing the ways in which the Paul Klein incident was portrayed for this and other media audiences, the chapter uses a news framing analysis based on the understanding that “journalists contextualise and shape news content within some familiar frame of reference and according to some latent structure of meaning” (Rossall, 2011, p. 99). This is manifested within news texts by virtue of the journalist’s selection of sources of information, and the inclusion and exclusion of key words and phrases, and the stereotypical images and subjectivities that they produce (Entman, 1993). The point, as Rossall (2011) explains, is that a single news event can be “framed in various ways depending on the sources a journalist relies on, and whether the journalist chooses to highlight or exclude the various elements of the information they provide” (p. 99).

The chapter therefore explores the ‘normative’ news frames or ‘media templates’ (Kitzinger, 2000) that were used in news media reports of the Paul Klein incident. It identifies who it was that principally contributed to the process of ‘frame building’ (the primary definers), and asks whose best interests these news frames served, and whether their inherent valance (the emphasis on positive or negative aspects of issues) influenced public support for particular socio-political responses and/or reform measures related to crisis interactions between frontline police officers and mentally ill individuals in the community. Media templates remain closely aligned to news framing in that the news events by which they are defined serve as a dominant frame and key reference point that is transposed from one event to other events (Kitzinger, 2000). News media templates of fatal mental health crisis interventions are therefore a “crucial site of media power, acting to provide context for new events, serving as foci for demands for policy change and helping to shape the ways in which we make sense of the world” (Kitzinger, 2000, p. 81). As Kitzinger (2000) explains, these enduring news frames demonstrate “the importance of examining how events are cited at every level of the communication process: by journalists, in media reports and in everyday conversation” (p. 77). They also underline the value of studying:

…how particular cases are referenced in retrospect (rather than just at the height of the crisis) and exploring people’s memories and spontaneous associations with such cases. Clearly, identifying the
legacy of media coverage (and re-coverage) is as important as examining people’s ability to critique media texts at the time. The cumulative effect of different media messages is not simply a sum of the parts (Kitzinger, 2000, p. 77).

For these reasons, the chapter incorporates into its news framing analysis the personal and professional reflections of a number of the key stakeholders involved in the Paul Klein incident, especially those of news media professionals. As Tulloch and Lupton (2003) explain, such an approach “serves well in allowing us to explore the context of people’s lives, as well as the history of their experiences, and how these relate to their thoughts and feelings about risk” (p. 14). It also serves to better understand the workplace pressures and external influences on the media practices of journalists and other news practitioners. Following Kitzinger’s (2000) observations about the importance of retrospective reflection and critical analysis of news events, the chapter examines the dominant framing devices in the news media coverage of the Paul Klein incident across two primary reporting periods:

1) Immediately following the fatal police-involved shooting of Paul Klein and in the subsequent months of corresponding reporting (May to July 1998);
2) The lead up to and progress of the coronial inquest into Paul Klein’s death (September 1999 to January 2000).

A third timeline of news reporting (September 2004 to November 2006) — following the Klein family’s decision to claim for psychological damages — is examined in more detail in the following chapter.

The specific methods of data capture, and the researcher approach to news framing analysis within this chapter, have been explained in detail in the introductory chapter of the thesis. But, as part of the framework for this chapter, it is important to note that the news frames identified are researcher designations. They should therefore be read in a similar context to the competing discourses of official and non-official sources, which have been discussed in earlier chapters. I must also qualify that my interest in this chapter lies not so much with what was true or false in the news media’s reporting of the Paul Klein incident, but rather with how the subjectivities of
Paul Klein and the police officers responsible for his death were constructed, by whom, and to what identifiable effect and/or affective impact; particularly in terms of public risk perceptions and attributions of responsibility (and blame) for the critical incident. As Hirschfield and Simon (2010) explain, news media coverage of police use of force incidents, “especially those whose moral valuation is ambiguous” — as is typically the case with fatal mental health crisis interventions — often provides “a critical test of the resilience of dominant cultural images” (p. 156). This includes conventional associations and stereotypes of mental illness and frontline policing.

5.2. Lights, camera, action: ‘madness’ and mayhem in a suburban street

In the months before he died, 30-year old Paul Klein, a part-time security officer with the State Rail Authority, had become increasingly paranoid of police. In the hours before he died, he was convinced they were following him (Testimony of Karl Klein (father), Inquest into the death of Paul Simon Klein, 23 September 1999). Paul Klein’s experiences were not dissimilar from those of a number of other mentally ill individuals in crisis who have died as a result of a fatal police-involved mental health crisis intervention. In 2007, Daniel Rolph was shot by Western Australian police officers after a routine police inquiry about reports of suspicious behaviour (the delusional effects of a diagnosed mental disorder) escalated into a backyard confrontation at his parent’s house. The encounter resulted in the death of Daniel Rolph and a knife injury to one of the attending police officers. A family friend was later quoted as saying that Daniel Rolph had “always been scared of police” (quoted in Cox, 2007, p. 4). So too, Elijah Holcombe, who was fatally shot in Armidale, NSW, in 2009, after he armed himself with a bread knife from a local café while being pursued by an undercover police officer through the town’s main street mall, had developed a fear of police officers in the months before his death (Walters, 2009). At the time of his death, Elijah Holcombe had stopped taking his medication for depression, which had manifested as episodes of intense paranoia.
These included suspicions that he was being followed and monitored by the police (Kennedy, 2010).

Over a decade prior to this, Paul Klein had already become another statistic—the eighth fatal police-involved shooting in NSW over the previous five years (Jamieson, Kennedy, & Murphy, 1998; Keenan & Green, 1998). The events that unfolded on the evening of 26 May 1998 were not only dramatic, but tragically unforgettable, and also bore chilling similarities to the fatal police-involved shooting of Roni Levi on Bondi Beach the year before. Parallels were often drawn between both critical incidents in the news media. Like Roni Levi, the prominence of images in the news after the Paul Klein incident—capturing the shooting frame-by-frame—ensured Paul Klein a very public death. Claims were similarly made that Paul Klein had ‘menaced’ and ‘lunged’ at police officers before the fatal discharge of firearms. Likewise, early news media narratives and eyewitness accounts demonised Paul Klein as an ‘out of control’ madman, only to later be contested and replaced by the more conservative image of a ‘gentle giant’ who had courageously battled against his demons. For his family, the disturbed behaviour exhibited by Paul Klein in the hours before his death was a terrible and frightening ‘abnormality’ in what appeared to otherwise be a deceptively ‘normal’ life (see Klein quoted in Mardon, 1999b). Such comments provided additional force to the public’s yearning for answers (as has similarly been the case with other fatal mental health crisis interventions) as to why frontline police officers had been left with no other option, but the one of ‘last resort’.

This “use of the past to define the present”, as Lawrence (2000, p. 155) describes it, was expanded by some news media professionals and commentators to include other, lesser known, fatal police-involved shootings as latent news frames for the Paul Klein incident. A news report, published in the local tabloid newspaper, the Illawarra Mercury, on 28 May 1998, compared the Paul Klein incident to the

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44 A coronial inquest into Elijah Holcombe’s death was suspended in October 2010 after the NSW State Coroner referred the case to the DPP for the consideration of criminal charges against the police officer involved in the critical incident.
fatal police-involved shooting of Boris Milenkovski on 6 August 1992. On the face of it, the story served little purpose other than to remind readers that both shootings had occurred in the same suburb and had been witnessed by neighbours and family who were in the vicinity at the time of each incident (see ‘THE NIGHT TERROR CAME TO YORK ST: Second shooting in Berkeley’, 1998, p. 3). However, the inclusion of the story in the news media coverage of the Paul Klein incident also “invoked powerful collective memories” of a past event “to interpret the contemporary meaning of a disturbing news event” (Lawrence, 2000, p. 155).

In this respect, the inclusion of previous fatal police-involved shootings in news media reports of the Paul Klein incident directly appealed to and endorsed news values, such as ‘proximity’ (this is happening on our streets), and news frames of a ‘growing public risk’ (the repeated incidence of fatal police-involved shootings in the community). Readers were reminded of not only the prevalence of these critical incidents and the similarities between them, but also of the preventability of Paul Klein’s death:

...his death follows that of Mr Roni Levi who was shot on Bondi Beach last June. The speedy introduction of capsicum spray and extendable batons were among 12 wide-ranging recommendations the State Coroner, Mr Derrick Hand, made in March following the inquest on Mr Levi (Jamieson, Kennedy, & Murphy, 1998, p. 5). *The Sydney Morning Herald*.

The evocation of Paul Klein’s death in the context of the fatal police-involved shooting of Roni Levi and others served to bolster the claims of civil liberties groups that not only was Paul Klein’s death symptomatic of the systemic deficiencies in law enforcement, but that it was indicative of a trend towards the unreasonable and excessive use of force by frontline police officers. This was represented as a crisis of police accountability and legitimacy. These references to past events also raised a number of questions about the print media’s use of enduring news frames or ‘media templates’ as “rhetorical shorthand” (Kitzinger, 2000, p. 75) for the reporting of police use of deadly force incidents.
Subjective measures of ‘risk’ and the tragedy of miscommunication

On the night in question, Paul Klein had been at his grandmother’s house in the suburb of Berkeley, near Wollongong, on the south coast of NSW. According to evidence tendered during the coronial inquest into Paul Klein’s death, prior to the fatal shooting, he had been behaving in a disturbed manner as a result of the ingestion of an unknown quantity of amphetamines, and had fallen asleep on his grandmother’s lounge. On the floor beside him were a number of kitchen knives; several of which his mother, who was also present at the house, confiscated and locked in the boot of her car, which was parked on the street outside. When his mother tried to wake him some time after, Paul Klein became increasingly agitated, behaving aggressively towards her. It was unusual behaviour for him. After an altercation, his mother and grandmother retreated to a neighbour’s house, where Paul Klein’s mother made a call for police assistance. The police radio operator was told that Paul Klein was armed with a knife, was under the influence of drugs, and was acting irrationally. He had locked himself inside his grandmother’s house (Stevenson, 1999).

According to the testimony of a forensic psychiatrist, submitted as part of the evidence at the coronial inquest, Paul Klein had a 10-year history of mental health problems and amphetamine use. Reminiscent of the medical histories of a number of mentally disturbed individuals killed by police-involved shooting over the past decade in Australia, he had experienced sustained contact with local area mental health services before his death. This included three separate hospital admissions to an acute psychiatric ward over a 12-month period. He was also admitted, on one occasion, to a private psychiatric unit. Each admission was the consequence of what was formally diagnosed as a drug-induced psychosis and associated behavioural disturbance, auditory hallucinations and persecutory delusions precipitated by or secondary to intravenous amphetamine use. Paul Klein’s mental illness was known to police officers in the local area; on the first of his hospital admissions, he had been apprehended by police officers (including Senior Constable Sinclair, one of several officers to respond to the VKG police radio request for attendance on the evening of
26 May 1998), pursuant to Part 2 of the NSW *Mental Health Act 1990*\(^{45}\). Evidence suggests that, in the months preceding his death, Paul Klein was still taking his anti-psychotic medication and claimed to be drug-free, though he failed to attend the last two follow-up medical appointments with his physician (Statement of Professor P E Mullen, Inquest into the death of Paul Simon Klein, 1999). Analysis of blood samples taken at Paul Klein’s autopsy revealed ‘extremely high’ levels of methamphetamine in his system on the night of his death\(^{46}\).

Frontline police officers arrived at the house in Berkeley at approximately 9.10pm. Senior Constables Sinclair and Wild (Lake Illawarra 20) and Senior Constables Smith and Potts (Lake Illawarra 18) arrived shortly before Sergeant Rumbel (Lake Illawarra 14). They were closely followed by Senior Constables Gonzalez and Brodie (Lake Illawarra 450). According to coronial evidence, Inspector Grahame Maher (Lake Illawarra 10) arrived shortly before 10pm. The community-based mobile treatment team was immediately requested by police officers. They advised an estimated arrival time of 1.5 hours, although two male psychiatric nurses reached the scene much earlier. Senior Constable Sinclair briefed Sergeant Rumbel on Paul Klein’s psychiatric history before they both approached the house, requesting that he come out and speak to them. Paul Klein smashed his fist through a plate glass panel near the front door, telling the police officers to “fuck off” and to get his mother. Both Senior Constable Sinclair and Sergeant Rumbel retreated to the front yard of the property where, shortly after, smoke was observed coming from the premises. The fire brigade was requested. By this time, a small contingent of neighbours and other onlookers — news media included — had gathered in the street outside the house. Despite conflicting accounts as to the establishment of ‘inner and

\(^{45}\) Part 2 of the *Mental Health Act 1990* related to ‘Involuntary Admission to Hospitals’. This legislation has since been repealed and replaced by the *Mental Health Act 2007*, although the sections relating to police assistance, detention after apprehension by police, and police transportation of mentally disturbed individuals remain broadly consistent between the two statutes.

\(^{46}\) The disordered state of mind and acute psychotic disturbance induced by amphetamines may be indistinguishable in some individuals from an acute schizophrenic episode. Major symptoms of schizophrenia include delusions; hallucinations; thinking difficulties; loss of drive; blunted emotions; and social withdrawal (Kitchener & Jorm, 2002; SANE Australia, 2005). The disability caused by *severe schizophrenia* is said to be comparable to the disability from quadriplegia (Kitchener & Jorm, 2002).
outer perimeters’ and the police instructions provided to neighbours about evacuation, the surrounding area of the incident remained accessible to civilians and non-essential personnel for most of the critical incident.

At one point, Paul Klein emerged on the front verandah of the house in possession of two kitchen knives, which he used to inflict injury to himself, cutting his bare chest and neck. His jeans were visibly blood-stained. Police officers on the front lawn of the property, with their guns drawn, yelled at him to put the knives down. Paul Klein continued to pace the verandah, calling for contact with his mother and father. His appeals were refused by police. Sergeant Rumbel requested authorisation to deploy the SPSU and specialist police negotiators. According to the police officers consulted as part of the current research project, at the time, it was not uncommon for frontline police in the local area to come in frequent contact with mentally ill individuals in crisis as part of their everyday policing duties. These mental health crisis encounters often involved some level of confrontation, which necessitated the use of coercive force by police. Despite this, the training provided to local police officers responsible for responding to mental health crises in the community was significantly disproportionate to the prevalence of these interactions.

Nine serious knife incidents, categorised as ‘high-risk’ and involving (the threat of) self-harm, were cited during the coronial inquest into Paul Klein’s death as having taken place within the local region in the 16 months prior to the Paul Klein incident (Testimony of Senior Constable Stephen Wheeler, Inquest into the death of Paul Simon Klein, 21 September 1999). Six of these had involved SPSU tactical response, while another two had required SPSU deployment. For various reasons, specialist police negotiators had attended the incidents without the tactical support of the SPSU. At the time of the Paul Klein incident, police protocol dictated that only a regional commander retained the authority to deploy these units (a protocol that was subsequently changed as a result of Paul Klein’s death). However, on the night of the Paul Klein incident, VKG police radio operators were unable to make direct contact with the Regional Commander on duty, who was away with other regional
commissioned officers at a police conference near Canberra. The problem was a wrongly-transcribed mobile telephone number on a whiteboard. Attempts to contact another senior police officer able to authorise the request for SPSU attendance also proved unsuccessful. Specialist officers from the SPG and the most senior police negotiator who resided locally were alerted to the situation, and generally put themselves on standby, pending authorisation to mobilise (Stevenson, 1999).

On arrival at the scene of the incident, fire brigade personnel found themselves unable to gain access to the premises to extinguish the fire, due to Paul Klein’s presence in and about his grandmother’s house. As the Deputy State Coroner, Jan Stevenson (1999), explained at the coronial inquest into Paul Klein’s death, the fire at the premises:

…necessitated the spotlighting of the area around the house and street, [and] a large amount of noise from electricity generators and pumps and a multitude of fire brigade appliances, together with ambulance and personnel, were presented in front of the house. The ensuing noise caused or exacerbated police and Paul Klein to yell at each other in order to be heard.

There were eight frontline police officers, most with guns drawn and trained on Paul Klein, as well as a significant number more firefighters in the vicinity of the front yard, and ambulance officers, neighbours, news media professionals and Mrs Klein in and about the scene in the cul de sac. The extent to which the ambient noise from the emergency vehicle generators, the raised voices of police officers, pointed firearms, and bright spotlights served to escalate the situation and exacerbate Paul Klein’s mental distress and anxiety remains open to speculation. However, the Deputy State Coroner concluded in her final judgment that the “noise and activity whilst dealing with a person in a florid psychotic state could only have had the effect of increasing such psychoses” (Stevenson, 1999). In this agitated and disturbed mental state, Paul Klein repeatedly refused police appeals to disarm himself. He called on police to “draw your guns and shoot me”\(^47\). Paul Klein’s father, in a media interview conducted at the time of the coronial inquest, maintained that his

\(^{47}\) As evidenced by the raw footage recorded by WIN Television cameraman, Robert East, 26 May 1998.
son’s appeals were calls for help, rather than calls to be shot (see Klein quoted in *A Current Affair*, 1999). In evidence provided to the coronial inquest, Commander Graham Abel referred to it as an example of ‘suicide by cop’ (see the testimony of Commander Graham Abel, Inquest into the death of Paul Simon Klein, 21 September 1999). Mr Klein expressed a sense of frustration and dissatisfaction that police officers had seemingly run out of options so early in the piece (Klein quoted in *A Current Affair*, 1999). These are sentiments still maintained by Paul Klein’s immediate family.

Attempts by members of the mobile treatment team to negotiate with Paul Klein, who was lucid for only very short intervals, also proved unsuccessful. Reflecting on these and their own attempts to diffuse the situation, one of the police officers who participated in the current research project told me:

...we tried a number of times to engage him and talk to him, but he was just... he was seeing straight through people, and he wasn’t making eye contact... it was very difficult to get any sort of interaction with him. Yeah, and we tried with the mental health team; came out, they tried, and got basically the same result (P. Brodie, Research Interview, 29 September 2010).

Paul Klein continued to insist that his mother be brought to him. On at least two occasions, psychiatric nurses from the mobile treatment team facilitated this, accompanying Mrs Klein from the neighbour’s house across the road. The Deputy State Coroner noted in her final judgment that speaking to his mother only served to increase Paul Klein’s agitation (Stevenson, 1999). He continued to inflict injuries to himself with the knives, and remained in close proximity to the intense heat of the house fire, until the flames forced him from the verandah to the front lawn of the property (see Stevenson, 1999). At this point, police officers retreated further towards the edge of the roadway. They continued to shout at Paul Klein to disarm himself, while he shouted for them to “shoot me, I want to fucking die, shoot me” (Record of interview between Detective Sergeant Joseph Mura and Senior Constable Troy Wild, 27 May 1998). At no point were other family members called to attend the incident, despite Paul Klein’s frequent requests.
to know his father’s whereabouts. This was also in spite of the fact that other family members, including Paul Klein’s father and brother, had been effective in negotiating with Paul Klein during earlier episodes of erratic behaviour and mental health distress. Ian Hickie from the Brain and Mind Research Institute argues:

Anyone who’s worked in the mental health area would understand that what you need are people who are familiar and potentially not threatening, potentially not in uniform, potentially not escalating the situation. People do not understand the extent to which a person in this situation… is already scared, is already terrified… (Hickie quoted in ‘Closing Ranks’, 2012).

As the intensity of the heat and flames from the house fire increased, Paul Klein moved towards a garden tap close to the house in the front yard. He put the knives down on the ground and washed his hands. Picking the knives back up, he moved in the direction of police. As Paul Klein advanced towards the edge of the roadway between two cars, police officers continued to shout at him to “put down the knives”. He continued to move in the direction of the roadway and the police officers. Shortly before 11pm, and with Paul Klein within metres of police, two frontline officers, Sergeant Rumbel and Senior Constable Wild, fired three bullets into Paul Klein’s chest, fatally wounding him. He died on the roadway outside his grandmother’s house (Stevenson, 1999). Two minutes after the shooting, police at the scene received authorisation to mobilise the SPSU; a police negotiator arrived at the scene four minutes later (Connolly, 1999a).

(A more detailed chronology of the Paul Klein incident is included as Appendix B.)

**Exposing the vulnerabilities of contemporary policing and mental health crises**

A subsequent coronial inquest into Paul Klein’s death was held over two sittings in the months of September and December 1999. The testimonies of 18 witnesses were heard over six days, and formal statements were tendered by a number more. Deputy State Coroner, Jan Stevenson, delivered her findings on the seventh and

48 As evidenced by the raw footage recorded by WIN Television cameraman, Robert East, 26 May 1998.
49 As evidenced by the raw footage recorded by WIN Television cameraman, Robert East, 26 May 1998.
final day of the coronial inquest. The coronial proceedings raised two distinct, but not entirely unrelated questions in relation to the Paul Klein incident:

1) Whether Paul Klein’s death could have been prevented; and

2) Whether, given the outcome of the critical incident, Paul Klein’s death was justifiable.

The Deputy State Coroner determined that neither the actions of Sergeant Rumbel nor Senior Constable Wild met the ‘indictable offence’ test formulated by Section 19 of the Coroners Act 1980, and discussed in Chapter 3 of this thesis. Both officers were cleared of any blame and/or professional misconduct in relation to Paul Klein’s death. According to the Deputy State Coroner, the police officers had acted in ‘self-defence’. She determined that “Paul Simon Klein died on 26 May 1998 at Berkeley of gunshot wounds to the chest inflicted by police in the course of their duties” (Stevenson, 1999). Newspapers reported that some family members wept at the self-defence finding, and Paul Klein’s father maintained that he “didn’t see Paul threaten anyone” (Klein quoted in Dennis, 1999c, p. 3). He was further quoted in local news media as saying that there were:

…a number of things the Coroner had failed to deal with and the issue was not closed. The family would be talking further with legal representatives before deciding whether to take the matter to the Director of Public Prosecutions (Dennis, 1999c, p. 3). (Illawarra Mercury).

There were a number of deficiencies in the police response to the incident, identified at inquest and alleged in subsequent legal proceedings, which warrant mention in the broader context of a critical discussion about the complexities of police interactions with mentally ill individuals in crisis. Principal among these were the failures to:

- Properly train and equip police officers in dealing with mentally ill persons;
- Make available or use alternative means of restraint or to subdue Paul Klein in circumstances where police SOPs provided that, if shots were to be fired, the police must shoot for the centre body mass of the target;
- Restrict access to the area (thereby allowing members of the news media to film and photograph the scene); and
• Ensure that proper and effective callout and deployment procedures existed for the police units best equipped to deal with the mental health crisis intervention (i.e. SPG, SPSU, and police negotiators).

Ellen Connolly (1999b), a reporter for The Sydney Morning Herald, lamented in her media coverage of the Paul Klein coronial inquest, that the “dreadful irony” of the police protocol requiring contact with the Regional Commander for authorisation to mobilise the SPSU (and the deadly consequences of the delay in doing so) was that “permission was needed to use shields and batons but no such authority was needed for police to draw their revolvers and shoot a man” (p. 40). Perhaps an even greater tragedy, from the family’s perspective, was the admission by Inspector Grahame Maher, the senior officer in charge of the scene on the night of Paul Klein’s death, that the decision to shoot Paul Klein if he continued past the footpath at the front of the property (a figurative ‘line in the sand’) had been predetermined more than half an hour before Paul Klein was shot dead by police. Beyond this point, Paul Klein was determined to be a ‘threat’ that could ‘no longer be contained’ 50. Disputes over the degree to which Paul Klein represented a ‘threat’ to police were prominent throughout the coronial inquest and news media coverage of Paul Klein’s death. In what remains a disturbing VKG police radio transmission, cited during coronial proceedings, Inspector Maher is heard to say, “He’s out the front with a knife. We’re going to shoot him in a minute” (Testimony of Inspector Grahame Maher, Inquest into the death of Paul Simon Klein, 22 September 1999).

5.3. Contextualising framing practices to understand framing effects 51

In her final coronial judgment, the Deputy State Coroner observed that the facts relating to the death of Paul Klein were “well accepted”, perhaps more so than in any other coronial inquest into a fatal mental health crisis intervention in Australia, due to the existence of the photographic and filmic records of the fatal shooting

50 The perception of ‘risk’ and ‘dangerousness’ as it relates to Paul Klein takes on another dimension here; no longer is the measure of ‘risk’ based solely on a subjective judgment about Paul Klein’s demeanour and behaviour, but on a ‘technical rationality’ based on a spatial measure of ‘risk’ and threat containment.

51 This subhead is inspired by de Vreese’s (2010) critical observation that “to investigate framing effects, we first need to know more about framing practices” (p. 192).
(Stevenson, 1999). Despite the contemporary prevalence of and accessibility to mobile technologies and digital platforms, and the corresponding ability for everyday witnesses to capture to film (typically via mobile phone camera) controversial, violent and/or traumatic events as they happen — often ‘scooping’ news media to become a coveted news source in their own right — the Paul Klein incident remains one of the few, if not the only, fatal police-involved shooting in Australia to be recorded in such complete and graphic detail (R. East, Research Interview, 29 May 2009). More to the point, it remains one of the few critical incidents, apart from the Roni Levi incident, to have been represented in such detail in the public’s imagination by its very graphic news visuals. Media coverage of other more contemporary critical incidents, such as the fatal police-involved shooting of Elijah Holcombe, have included the grainy still frames of CCTV footage, but these images have not become representative of the incident in the same way as those of the Roni Levi and Paul Klein incidents.

Some of this is attributable to media access; with minimal barriers established around the perimeter of the Paul Klein incident, local news media were able to capture to film a significant portion of the 1.5-hour sequence of events that eventually led to and included the fatal shooting of Paul Klein. Police officers in attendance did not prevent them from doing so. As evidence tendered to the coronial inquest suggested, and as has since been confirmed by participants in the current research project, many of the attending police officers were unaware of the local news media’s presence until after the fatal discharge of firearms. This ensured that the final hours of Paul Klein’s life were able to be recorded by local WIN Television cameraman, Robert East. The audiovisual footage subsequently screened on local and national news bulletins, not just in the following week, but on various occasions throughout the following year. Photographs taken by press photographer, David Tease, also appeared extensively in print in both the local tabloid newspaper, the Illawarra Mercury, and the metropolitan broadsheet, The Sydney Morning Herald.
One of the recurring themes to emerge from research interviews with several of the news media professionals involved in the Paul Klein incident included the perception that the circulation of these news images had been the catalyst for subsequent changes in local police protocols, which altered the formerly congenial working relationship between local news media and police officers in the region:

…I think it was a shock to them [the police]… in terms of how their processes had allowed, or their systems had fallen down, to the extent that this photographer was so close to them… after that happened, any police incidents in the area, the media in general were shepherded well away… I’m sure they [local police officers] got instructions from police hierarchy that it should never happen again (N. Hartgerink, Research Interview, 27 April 2007).

Visualising ‘madness’: the eyewitness authority of news images and video footage

One of the more controversial news images to emerge from the Paul Klein incident was reproduced on the front page of the Illawarra Mercury the morning after Paul Klein’s death. The photograph, printed in colour across the entire middle half of the page, clearly depicted Paul Klein’s bloodied body lying on the roadside moments after the fatal shooting. A headline above the photograph read ‘SHOT DEAD’\(^{52}\), printed in bold capitals across the width of the page. Underneath the image, the subhead, ‘Police gun down Berkeley man’, appeared in less prominent typescript. Beneath this, text in a breakout box framed the accompanying news story as an ‘EXCLUSIVE FROM THE SCENE’, providing the news report with added legitimacy and authority in its identification of the journalist and photographer as witnesses to the trauma. These textual framing devices served as a footnote to the newspaper’s page one visual layout, given the graphic nature and prominence (especially its centrality) of the picture. “On the face of things”, writes former journalist, Professor Barbie Zelizer (2010), news media professionals “value images for their ‘eyewitness’ authority and the act of ‘having been there’ that a photograph

\(^{52}\) By most accounts, Paul Klein was, in fact, still alive at the time the photograph was taken. There are therefore parallels that might be drawn between the news framing of this photograph and the iconic image of Ruth Snyder’s execution at Sing Sing Prison, which appeared on the front page of the New York Daily News on 13 January 1928 under the banner headline, ‘DEAD!’, though Snyder was still alive at the time the photograph was taken. This suggested a “different temporal moment”, writes Zelizer (2010, p. 35). “The contingency of the image”, she explains, “needs to be necessarily undone by the public, which relies on the various leads and conventions to turn the image into one of certainty, even though certainty is not depicted” (Zelizer, 2010, p. 74).
implies... photographs help journalists credential their coverage by drawing on photographic verisimilitude and realism to show that one was present to witness an event” (pp. 15-16).

Cross (2004) refers to the idea of ‘visualising madness’ in his article about the predominance of the lay conception that ‘madness is as madness looks’; that mentally ill individuals are able to be identified by their appearance and behaviours — by the imaging of their illness — and are therefore often publicly represented, particularly in television programs, by the idea of difference. There is a substantial body of literature that theoretically and empirically explores the persistent correlations made between photographs and reality (‘the camera does not lie’), and the implications of these assumptions on viewer perceptions and interpretations of news events (see, for example, Woollacott, 1982). “The cultural authority of mechanical recording”, writes Peters (2001), “lies in the claim to document events without the filter of subjective experience” (p. 716). A number of seminal authors in this area (see, for example, Barthes, 1982; Berger, 1980; Burgin, 1982; Sontag, 1977; Tagg, 1988; Zelizer, 2002b; 2010) have actively sought to challenge such ‘truth claims’. Their work has sought to dismantle what has been broadly perceived as a misguided fidelity to the verisimilitude (the assumed ‘truth’) of visual images. In contrast, they claim that photographs are no less the subject of mediation and malleability, through acts of selection and editing, than other mediated forms of representation. As Messaris and Abraham (2003) explain, “choosing one view instead of another when making the photograph, cropping or editing the resulting image one way instead of another, or simply just choosing to show viewers one image out of the many others that may have been produced at the same place and time” (p. 218) bears special relevance to the veiled articulation of particular ideologies.

Although much of the literature on photography and the power of the visual image does not refer to visual framing as such, a significant proportion of it indubitably has a direct bearing on the process. According to Schwalbe (2006), visual framing is a “continuous winnowing process” (p. 269) that begins with the choice of events to
cover and is followed by the selection of what pictures to take, and how to take them. The process “continues in the newsroom with decisions about which images to publish, what size to make them, and where to position them on the page” (Schwalbe, 2006, p. 269). When news media professionals choose which photograph or piece of video footage to use, it is an act of framing; just as crafting verbal or textual news narratives is through the use of particular language choice. But, as Coleman (2010) points out, choosing something “based on journalistic values or because the image grabs attention, or even simply because the page needs a photo, can have consequences beyond what the journalist envisioned” (p. 243) — that is, it can have framing effects.

The Illawarra Mercury’s front page photograph — one of a series of images taken on the night of the fatal police-involved shooting — depicted five of the police officers involved in the critical incident standing around Paul Klein’s body (see Appendix C). An ambulance officer is identifiable to the left of the image. A member of the mobile treatment team stands in the background behind the police officers. He looks towards the camera; the only person to do so in the photograph. Paul Klein’s mother’s car is identifiable on the right-hand side of the image. Two of the police officers are clearly shown standing on Paul Klein’s hands; the blood on Paul Klein’s body contrasts sharply against their blue uniforms.

Recalling this moment in a research interview over a decade later, one of the police officers depicted in the photograph commented:

… the man was deceased at the time, but we didn’t know that, and at the time when that picture was taken, they [the police] did have a foot on his hand. He was also being covered… whilst I removed all the knives and made sure there were no other knives on him before I could call the ambulance people into treat him. I couldn’t take a risk that he still had the ability to slip a knife into the ambulance people, so that’s what we were retrieving at the time, but the picture in isolation certainly looks like, you know, it has a bad showing for us, I guess… looking at it in isolation, it makes it look like we’re the aggressors… (R. Rumbel, Research Interview, 27 September 2010).

One of the more questionable aspects of the photograph’s selection was that the faces (and therefore identities) of Paul Klein and each of the police officers were clearly
identifiable to readers in the local community in the hours immediately after the incident. In this ‘frozen moment’, the facial expressions of the police officers displayed no real sense of urgency; they offered the impression that this was a routine operational procedure. To readers, their facial expressions could easily have been (mis)interpreted as showing indifference, particularly in light of the ‘SHOT DEAD’ headline. This was the interpretation offered by one of the participants in the current research project in response to seeing the Illawarra Mercury’s front page for the first time as part of an exercise in ‘photo-elicitation’53, conducted during the research interview: “It is an unfortunate photo… None of them have got an expression of concern, so it’s really awful for the cops as well. They’re casual; it’s taken in a moment of, “oh well, you know, we’ve shot him”…” (R. Ramjan, Research Interview, 6 August 2010).

In a recent interview with Dr Jan Servaes for Amherst Community Television (2010), Barbie Zelizer lamented that the ways in which visual images are currently used in the news, particularly in times of trauma and crisis, is a reflection that there exists a “profoundly insufficient set of clear standards” for the ethical incorporation of visual images as news framing devices in the reporting of traumatic events. This is despite, according to Zelizer, an ever-increasing predilection towards the use of the visual in news media coverage of this kind. She argues:

…what we have is a gravitation towards one kind of tool for news relay that we haven’t really thought out. We haven’t thought how it works, when it works, who it works on, and in which ways. That, to me, is also a question of [audiovisual] literacy. But it’s a question of literacy among journalists; it’s a question of literacy among journalism educators… How can we create circumstances for more thoughtful engagement with [traumatic] public events? (Zelizer quoted in Amherst Community Television, 2010).

It does not necessarily follow that disturbing photographs should be deemed impermissible within news media coverage of trauma and ‘mediated public crisis’; quite the contrary, in fact. As Wischmann (1987) argues: “The right to photograph

53 For more detailed information on the theoretical-methodological aspects of ‘photo-elicitation’ as a research technique, see Collier (1957; 1987), Harper (2002), Pink (2007) and Wagner (1979).
news events should not be restricted. But the right to photograph does not necessarily mean all photographs should be published” (p. 68). What Zelizer’s observations therefore embody is a call for improved ‘emotional literacy’ and self-reflexivity in media practice. According to the ‘best practice’ principles of trauma reporting, the inclusion of disturbing photographs in news media coverage warrants professional scrutiny where such visual news framing is either inappropriate to context or harmful (Kawamoto, 2005). This includes situations where the visual images intrude on the pain and traumatic recovery of individuals or where images do nothing to contribute positively to public understandings and community attitudes. Demonstrating that editors and journalists “frame news in particular or characteristic ways” is therefore a process that “inevitably leads to questions of the consequences of those framing decisions” (Blood and Holland, 2004, p. 326). This is perhaps best identified in cases where it is alleged that there has been a “collapse of journalistic standards” or a “dereliction of journalistic duty” (Kitzinger & Reilly, 1997, p. 346). The parameters of this duty are often ambiguous, however, in relation to ‘public’ and ‘private’ interests, particularly where public deaths or deaths in violent and controversial circumstances are involved. Nonetheless, as Harcup (2007) suggests, “[d]eath can bring out the worst in journalism” (p. 65).

This is not to suggest that all news media professionals act irresponsibly in their reporting of violent death and traumatic incidents or that news media coverage of this kind is inherently bereft of either compassion or sincerity. As Brown (1987) reminds us, “[j]ournalists are human beings, even when they are doing the work of journalism. Yet they often get caught between the obligations of their jobs and their obligations as citizens” (p. 79). More to the point, the matter of whether and when news media professionals should show compassion towards the people and the issues they report on, and more thoughtful engagement towards the images they use in these representations, is not always readily identifiable in professional codes of ethics and/or reporting guidelines (Brown, 1987). Compassion as an ethical virtue does not easily translate into a reporting standard or professional code of practice.
(Brown, 1987). Nonetheless, as McLellan (1999) writes, while news media professionals:

…often regard their work as ‘here today, gone tomorrow’, those directly affected by a traumatic event often closely and repeatedly examine media reports to help them construct meaning, i.e., both a broad chronology of what happened and, if possible, why it happened… Their use of the media to construct meaning appears particularly important, because victims and experts [have] noted that individual news reports or images… [have] often been triggers for distressing responses (emphasis added; p. 59).

**Newsroom decision-making, the journalistic ego, and critiques of the readership**

According to the *Illawarra Mercury*’s then Acting Editor-in-Chief, Nick Hartgerink, on the night of the Paul Klein incident, he had been at home when he received a phone call from *Illawarra Mercury* news journalist, Tim Keeble. Keeble had told Hartgerink that “the police have shot dead the guy at the house” and that he and the newspaper’s photographer, David Tease, had just returned to the office with “a fantastic photo” showing “the whole scene” (N. Hartgerink, Research Interview, 27 April 2007). Hartgerink recalls:

I walked in, and as I walked into the photography department, David [Tease] was bringing the picture up on the [computer] screen… and, I must admit, my first reaction was I’ve never seen a more dramatic news picture taken by us… it just floored me, and from that moment I didn’t doubt that it would go on page one. That was my decision as soon as I saw it. I thought, “my god, what a picture… I’ve got to use that big on page one” (N. Hartgerink, Research Interview, 27 April 2007).

The photograph of Paul Klein moments after the fatal shooting was not the first image of a ‘dead’ body the newspaper had published on its front page. However, Hartgerink claims that it remains one of the most graphic, if only for the ‘agency’ and ‘action’ inherent within the image. These aspects, he argues, appeal to traditional news values:

Absolutely, it’s an action packed picture. You’ve got the police standing over the person that they’ve just shot, his blood is actually self-inflicted rather than the gunshot wound, but is still covered in blood, and you’ve got the ambulance guy arriving right on the scene at the very instant he’s bent down and he’s ready to move in on this guy,
obviously to try and treat him... you’ve got everything happening at the time. It couldn’t be a more dramatic picture for my liking (N. Hartgerink, Research Interview, 27 April 2007).

These experiential reflections on the professional imperatives and influences associated with media practices — specifically, editorial decision-making — are reminiscent of the findings of an early seminal study on visual framing, published by Lang and Lang (1952). The study demonstrated that ‘news conventions’ and ‘news values’ often dictate the selections of news images by media professionals. News photographs depicting a sense of ‘action’ were considered preferable to the inclusion of ‘passive’ news photographs (Lang & Lang, 1952; see also Coleman, 2010). Reinhardt (2007) expands on this idea in his discussion of images that depict violence and suffering:

Photographs of this kind burn into memory: it is hard to forget them, even when we want to do so. Nor are these indelible images easy to avoid. They often come to us unbidden and unanticipated, with the turn of a page, a glance at a screen — a brief look, and the contours of consciousness are changed. Receptivity to such photographs is partly a matter of individual temperament and conviction... The meaning of these images are at once singular and shared, intimate and public... it may be that, when suffering is conveyed most vividly, the photograph itself arouses the greatest ire: an image may even be a kind of violation of privacy, say, or of dignity, adding insult — another kind of injury — to the injury that is pictured. The depth of concern... aroused in these circumstances suggests that the stakes in the photographic representation of suffering are high (p. 14)\textsuperscript{54}.

In an interview for the current research project, conducted almost a decade later, Hartgerink defended the decision to publish the front page ‘SHOT DEAD’ visual image on the basis of its news value:

Well, look, my only defence is that it’s a fantastic news picture, and that it happened. It was a dramatic incident that happened on our streets, and we’re in the business of reporting news (N. Hartgerink, Research Interview, 27 April 2007).

\textsuperscript{54} At the heart of most critical analysis of images of death and deviance, however, lies an inherent contradiction — one which suggests that while such images have the continuing power to provoke, their proliferation also has the potential to create ‘compassion fatigue’ (defined by an intrinsic passivity that is identified most obviously by the act of turning away).
Hartgerink concedes that he is “quite amazed” that he ran the photograph, but remains adamant that, with an opportunity to reconsider his actions, he “probably would make that [same] decision again” because:

It’s the kind of image as news people, as news hounds if you like to use the slang, if you didn’t use it, you would regret it for the rest of your professional life. You’d think: “Remember that night we had that fantastic photo and we blew it, we didn’t use it?” So there is an element of, kind of… journalistic ego; that our people were on the spot for this dramatic incident that happened on our streets (N. Hartgerink, Research Interview, 27 April 2007).

It should not be assumed, however, that such images are always inevitably published without correlative newsroom discussions and/or debates about the ethics of their publication. Some colleagues in the Illawarra Mercury newsroom, for example, expressed reservations over the choice of news image for the front page of the newspaper the morning after Paul Klein’s death. Despite these concerns, Hartgerink recalls that he remained “quite convinced” the photograph should be printed, and done so across seven columns to “dominate” the page (N. Hartgerink, Research Interview, 27 April 2007). He says that none of his colleagues strongly objected to this editorial decision, despite whatever reservations they may have voiced earlier (N. Hartgerink, Research Interview, 27 April 2007). But, in retrospect, at least one of Hartgerink’s colleagues expressed some discomfort towards the way in which the front-page news story and its visual layout had been framed. During a research interview for this doctoral thesis, Tim Keeble, the news journalist on scene the night of the Paul Klein incident, revealed:

… you know, it’s funny, I felt a bit bad about it. I had that sort of mixed feeling about having your name on it thinking like, “is this what it’s all about to have a scoop; a front page by ‘Tim Keeble at the scene’…”? I remember just thinking like, “it’s not that exciting...” It certainly didn’t give me any good feelings, like, the gun reporter like, “oh, man, I got the story”. I’m just thinking, “a guy still got shot last night”… I think you’ve got to have a certain ice in your veins to be able to do straight up news desk kind of work (T. Keeble, Research Interview, 23 August 2007).
The publication of the ‘SHOT DEAD’ image on the front page of the *Illawarra Mercury* inevitably raises a number of ethical issues and questions, including whether:

- It was in the ‘public interest’ to see Paul Klein’s ‘dead’ body to understand the implications of a fatal police-involved shooting of someone in mental distress;

- The publication of this and other visual images of the critical incident added to public understandings of the complexities of police-involved mental health crisis interventions;

- The publication of the image was justified in the context of the secondary trauma and harm caused to Paul Klein’s family and the police officers; and

- The news values of ‘public interest’ and the public’s ‘right to know’ carried more weight than the minimisation of harm (to Paul Klein’s family and the police officers in the initial instance and, secondly, to sensitive readers).

Following the publication of the ‘SHOT DEAD’ front page, the switchboard at the *Illawarra Mercury* received an unprecedented number of complaints (N. Hartgerink, Research Interview, 27 April 2007). Local newsagents reported that, after collecting their 27 May 1998 edition of the *Illawarra Mercury*, a number of customers had returned throughout the morning, in protest, to cancel their subscriptions to the newspaper. Many at the *Illawarra Mercury*, including Hartgerink, were “quite surprised at the depth of the reaction” from the public. He recalls:

> [There were a] lot of very angry people, quite disgusted, I would say, with the [news]paper. The tone of the complaints was, “I shouldn’t have to confront this kind of scene at my breakfast table when my family’s

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55 Data from the Audit Bureau of Circulations (2010) shows that, in the two quarters leading to the reporting period inclusive of the news media coverage of the Paul Klein incident, the *Illawarra Mercury*’s circulation figures (measured as average net paid sales per publishing day) had already started to decline, and continued to regress in subsequent years. This is despite some claims raised during the current research project that the edition of the *Illawarra Mercury* featuring the front page news story of the Paul Klein incident sold in excess of the newspaper’s usual Wednesday circulation.
there, kids and so on. It’s just too graphic, too dramatic, an event. There’s a body… a blood covered dead body”. And look, I can see their point of view (N. Hartgerink, Research Interview, 27 April 2007).

The general tenor of reader complaints was reflected in two separate ‘Letters to the Editor’, published in the Illawarra Mercury on 2 June 1998. Both focused on the inter-related issues of ‘media ethics’ and ‘media effects’, although neither specifically used these terms. Each letter writer was particularly critical of the ethical implications of the publication of the Illawarra Mercury’s front-page visual layout. Both questioned its potential to produce detrimental impacts on the bereaved family and friends of the deceased, and highlighted the secondary traumatic effects for unsuspecting readers who had been confronted (and affronted) by the newspaper’s front page. Enduring news frames about the sensitivities of children and the negative consequences of repeated and gratuitous exposure to violence in the media were evident in both letters. One author’s framing of the issue was strongly reminiscent of many of the arguments proposed in the context of ‘moral panic’ debates over the causal effects of media saturation in relation to representations of crime and deviance: “Promoting scenes like that, is it no wonder that we live in an increasingly violent society?” (Phillips, 1998, p. 10). Both letters demonstrated, quite distinctly, the idea of resistant readings among consumers of news media, and the contested nature of news frames; the way in which, as Pirkis and colleagues (2008) have elsewhere noted, “[t]o every frame, there is the potentiality of a counter frame” (p. 125).

Commentary on the ethics of ‘bearing witness’ to tragedies and traumatic events such as the Paul Klein incident were prevalent throughout both ‘Letters to the Editor’. The author of one of the letters questioned the reflexivity of the person responsible for the decision to publish the image and objected to the “ethical standard” and “lack of professionalism”, as they perceived it, inherent within this editorial choice (Agnew-Ryan, 1998, p. 10). The author of the letter asked whether Paul Klein deserved “to have his blood-stained body, with a clear view of his face, blasted across the front page?” (Agnew-Ryan, 1998, p. 10). She indicated that, while she had purchased the newspaper that morning, “before I took the paper from the store I gave
the front-page back to the newsagent” (Agnew-Ryan, 1998, p. 10). The second letter writer also criticised the ethics of the newspaper’s photographer:

Most decent people, if witnessing something like that, would turn away in shock. I know I would. However, your photographer stopped and got close-up photos of a bloodied dead man. The [Illawarra] Mercury took the right (to look away) from all its readers (including children) and plastered that appalling photo on the front page for all to see (Phillips, 1998, p. 10).

Contemporary guidelines on the ‘best practice’ principles of trauma reporting seek to address these sentiments in their advice to news media professionals to:

- Warn readers about graphic content rather than surprise them.
- Give them an opportunity to choose not to read the article or view the images or to protect their children from viewing them (Kawamoto, 2005, p. 16)

As evidenced by the responses of its readers, no cautionary principles were adopted by the Illawarra Mercury in its reporting of the Paul Klein incident. However, this was not entirely inconsistent with the newspaper’s editorial philosophy.

The politics of looking and the ethical implications of telling people what to see

By the time of the Paul Klein incident, the Illawarra Mercury had earned itself a dubious reputation as a result of regular appearances on the ABC TV program, Media Watch, whose role it was (and still is) to expose and scrutinise questionable media practices. The “merciless lampooning” of the newspaper by the program’s then-host, Stuart Littlemore, had turned the Illawarra Mercury into “a byword for the excesses and frailties of tabloid journalism” (‘Citizen Cullen’, 1998). True to this reputation, the newspaper continued its provocative visual news framing of the Paul Klein incident in its 28 May 1998 edition. In Hartgerink’s absence, the editorial responsibility for the follow-up news media coverage reverted to Peter Cullen as then Editor-in-Chief of the newspaper (N. Hartgerink, Research Interview, 27 April 2007). The edition featured a full front page photographic storyboard of 11 colour images framed by the headline, ‘COUNTDOWN TO TRAGEDY’, and the subhead, ‘The night terror came to a ‘perfect’ Berkeley street’ (see Appendix D).
Each image was accompanied by an independent photo caption, which taken together effectively guided readers through the newspaper’s (mis)interpretation of the sequence of events leading to Paul Klein’s death. This visual pastiche included as its final frame a smaller reproduction of the ‘SHOT DEAD’ image from the previous day’s front page (Frame 11), as well as a blurred image that supposedly illustrated the moment of the fatal shooting (Frame 10). To the naked eye, the photograph displayed grainy shadows of barely identifiable individuals and cars on a street. The visual image was nowhere near print quality, and its ‘newsworthiness’ and inclusion were questionable on this basis alone. The front-page photographic composition concerned Hartgerink, who admitted that he would never have followed up the previous day’s front-page news framing with similarly graphic news media coverage of the critical incident:

I remember being pretty horrified by that [the front page from 28 May 1998]. Not so much because it wasn’t a good news page, because it was a very good news page. But I just remember thinking, “god, we’ve offended so many people... maybe they’ll get over it if we don’t re-offend them”... particularly in light of the intense reaction that we had, that would have definitely tempered my view (N. Hartgerink, Research Interview, 27 April 2007).

The relationship between the visual images and their captions served to anchor the photographs within a specific narrative of uncontrolled violence, dangerousness, and risk and resistance, closely associated with Paul Klein. Many of the selected visual frames depicted Paul Klein in what readers were encouraged to interpret as threatening stances; chest exposed and often with knives raised in hand as if to impose (self-)harm. This construction of ‘risk subjectivity’ was repeatedly supported by the photo captions: ‘Klein waves a knife at police and orders fire crews to leave’ (Frame 4); ‘Klein slashes himself repeatedly during the siege’ (Frame 8); ‘Klein refuses police orders to drop the knife’ (Frame 9); ‘Still armed, Klein is shot

The publication of this series of images, depicting various stages of the Paul Klein incident, coincided with a similar visual layout, published in The Sydney Morning Herald on the same print date. This followed a request from staff at the metropolitan broadsheet for access to the photographs taken by David Tease on the night of Paul Klein’s death after the Illawarra Mercury’s publication of the ‘SHOT DEAD’ front page on 27 May 1998 (N. Hartgerink, Research Interview, 27 April 2007).
twice and falls to the ground’ (Frame 10). The interpretive relationship between the visual and textual news frames reflected what Hall (1981) has elsewhere identified as the “very common practice for the captions to news photographs to tell us, in words, exactly how the subject’s expression ought to be read” (p. 229). This reflexive connection is also referenced by Butler (2009) in her more contemporary critical analysis of the practice of ‘embedded reporting’ in the Iraq conflict and the ‘referentiality’ of wartime photographs, such as the Abu Ghraib images of torture. Butler (2009) writes:

The photographs are not only shown, but named; the way that they are shown, the way they are framed, and the words used to describe what is shown, work together to produce an interpretive matrix for what is seen (p. 79).

This does not necessitate that the meaning implicated by the photo caption and its ‘referentiality’ will, with certainty, match the reality of the news event represented in the photograph or a viewer’s own interpretation of it. The first image in the Illawarra Mercury’s front page visual chronology, for example, depicted Paul Klein silhouetted against the light on the front verandah of his grandmother’s house with a kitchen knife raised towards his chest. The caption for the photograph instructed readers, ‘Paul Klein, 30, threatens to kill himself’ (‘COUNTDOWN TO TRAGEDY: The night terror came to a ‘perfect’ Berkeley street’, 1998, p. 1), even though there was no verifiable evidence to support this. The second frame of the photographic storyboard showed Paul Klein slumped forward over the railing of the front verandah with his head bowed and rested on his crossed arms. In the background, the house is well ablaze. The photograph was captioned, ‘Klein shields his eyes as flames take hold’ (‘COUNTDOWN TO TRAGEDY: The night terror came to a ‘perfect’ Berkeley street’, 1998, p. 1). An alternate or counter-reading to this news frame might suggest that, judging by his body language and visible demeanour, the photograph more persuasively depicts a less dramatic set of circumstances than those suggested by the newspaper. This proposition is further validated when the news image is viewed in the context of the real-time audiovisual footage recorded by

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57 In the rush to exclusively report on the Paul Klein incident, the Illawarra Mercury consistently misreported in the days after the incident the number of times Paul Klein had been shot by police on 26 May 1998.
WIN Television cameraman, Robert East, which shows that the still frame referred to as emblematic of Paul Klein shielding his eyes from the house fire more accurately depicted a mentally distressed and debilitated Paul Klein for whom the house fire was of little consequence at the moment the photograph was taken. He leans forward over the verandah with his head rested on his forearms in what could be argued as a gesture of mental torment and exhaustion, rather than as an act of shielding his eyes from the flames. What we might conclude from this example is that the evidentiary force often ascribed to news photographs remains inherently dependent on context and mediation; most obviously identifiable in the news framing of these visual narratives.

**Turning event into spectacle: the visual ordinariness of death made dramatic**

Although the printed news media coverage of the Paul Klein incident forms the primary focus of news framing analysis in this chapter, the (audio)visual news frames of the incident also received widespread attention, both on local television and throughout the coronial inquest into Paul Klein’s death. The video footage of the incident was broadcast *ad nauseam* in the updates leading to the nightly news bulletin of one of the region’s television stations, WIN Television. This footage was additionally aired on several of the network’s affiliated programs — taking the images to a national audience within 24 hours of the incident. The edited news package that went to air on WIN Television’s nightly news bulletin of 27 May 1998 featured graphic video of Paul Klein’s self-mutilation and a high frequency of provocative language. It was no less dramatic in its news framing than the actual event, except in its final frames. At the point at which he was shot by police, WIN Television froze a video frame of Paul Klein advancing towards the roadway, knives in hand, captured two seconds before the shooting, but retained the real-time running audio of the gunshots over the still image. By breaking the sequence of action at this particularly memorable representational moment, viewers were encouraged to “embellish numerous emotional, imaginary, and contingent schemes” in relation to the ‘about to’ moment depicted in the still frame (Zelizer, 2010, p. 18).
However, as Zelizer (2010) points out, “when viewers complete the sequence of action, they often do so in ways that do not correspond with what happens on the ground” (p. 18).

Issues of news sensitivity and media ethics aside, the ‘ingenuity’ of WIN Television’s editorial decision to freeze frame the image of Paul Klein immediately prior to the shooting, rather than run with the real-time footage, is that in this instance it effectively repudiated the visual ‘ordinariness’ of death by employing viewer imagination to ‘fill in the blanks’ and carry through the melodramatic coding of the broadcast news media coverage of the Paul Klein incident. As Zelizer (2010) explains, this compositional focus meant that it was “up to the public to provide the end — the inevitability of death — to the picture by appending contingent and imagined sequences of action” to what was shown (p. 58). The ‘about to’ image, she writes, “does not show death. Yet it is death, and its realization beyond the frame of the camera, that makes the picture meaningful” (Zelizer, 2010, p. 58).

Such was the prominence of the WIN Television video footage that a copy of it was played to the court on the opening day of the coronial inquest58. At the time, some members of Paul Klein’s family, and several of the police officers involved in the incident, left the courtroom in anticipation of its distressing content. The video footage was consistently referred to throughout the coronial inquest as incontrovertible visual evidence of the events leading up to and including Paul Klein’s death. It was considered to be, as WIN Television cameraman, Robert East, described it, the “most independent witness” (East quoted in Connolly, 1999d, p. 21). Despite this contextualisation, the footage was continually (re)framed and (re)interpreted to support the contrasting arguments of ‘reasonableness’ (in relation to the police use of deadly force) presented by legal representatives for

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58 Despite WIN Television cameraman, Robert East, and Illawarra Mercury photographer, David Tease, being credible witnesses to the Paul Klein incident, neither were requested to appear at the coronial inquest into Paul Klein’s death. The video footage and photographs they captured of the incident were given precedence as legal evidence over their personal testimonies. Investigators on the critical incident did not request a witness statement from David Tease until 8 March 1999; almost 12 months after the Paul Klein incident. An earlier statement by Robert East, on 28 May 1998, is significantly deficient of any detail about the actual incident; instead documenting his professional duties on the night.
the NSW Police Force, on the one hand, and Paul Klein’s family, on the other. This is emblematic of the way in which, as Kahan, Hoffman and Braman (2009) point out, different people will interpret events in different ways, whether they observe them live or on tape. For Paul Klein’s family, the video stood as incontestable evidence of systemic deficiencies and police negligence, and the ineffectiveness of frontline police officers to de-escalate and resolve the situation by non-lethal means. For the police officers involved, the video footage provided evidence of the volatility of the situation and the ‘dangerousness’ of Paul Klein. It also served, according to the police officers consulted for the current research project, to exonerate them of claims of professional misconduct. For police, the video footage substantiated that they had appropriately exhausted all tactical options available to them on the night before resorting to the discharge of firearms:

…in hindsight, we should have had him [the cameraman] on top of the rescue truck... filming the whole thing, because that was our saving grace… we had this footage of the incident, which vindicated all the police that were there… so I’m glad that he got the footage; not necessarily glad that it went all over the news… (P. Brodie, Research Interview, 29 September 2010).

When the rights of authorship and ownership are subjected to (mis)appropriation
But the visual images did not just appear and reappear incessantly as enduring news frames throughout the local media’s coverage of the Paul Klein incident and the coronial inquest into his death; they were also readily transported, recycled and replayed in other multiple contexts. As is often the case with ‘iconic’ news photographs and audiovisual news frames — particularly those related to public deaths — the news images of the Paul Klein incident were repetitively re-appropriated and re-contextualised. Once used in court for evidentiary purposes, the news images were reframed as ‘public property’; their rights of ownership were subsequently disregarded, as was the need to seek permission to appropriate the news images for other purposes. Wischmann (1987) cites a similar experience with regards to the various contexts in which other sensitive images of violent deaths have been published. He makes specific reference to the Pulitzer Prize photograph of Jeff Miller’s body on the roadway at Kent State University after he was killed by a
National Guard bullet during student protests in May 1970. Wischmann (1987) writes: “When one has the misfortune to die in public, private rights evaporate, superseded by that slippery public right to know” (p. 68).

Several research participants independently noted that the television footage of the Paul Klein incident had subsequently been re-contextualised for a variety of purposes; it had been used as a teaching resource at the NSW Police College in Goulburn for the tactical management of incidents, as a case study in the training of mental health and psychiatric nurses, as a practical case study in seminars about news media production, and as promotional images for a local television station’s nightly news broadcasts. This was despite the personal objections of Paul Klein’s family and their resistance to these appropriations of the audiovisual images, without their prior consultation or consent59. There are useful parallels that might be drawn here between this experience and the reflections of risk academic, John Tulloch (2008), whose own image — bloodied and bandaged at Edgware Road Tube station immediately after the terrorist attacks on the London Underground on 7 July 2005 — “became, in the words of many media sources then and later, ‘one of the iconic images’ of 7/7” (p. 162). Most notably, the image of Tulloch’s bloodied face was published on the front page of The Sun newspaper in the United Kingdom, accompanied by the words, ‘Tell Tony he’s right’, in support of then-British Prime Minister Tony Blair’s anti-terror legislation. This was despite Tulloch’s own personal rejection of the legislation (see Tulloch, 2008). The experience made Tulloch (2008) aware, as he says, of the “negotiation needed in engaging with a variety of what governmentality theorists call the technologies of different risk rationalities” (p. 163). This is a theoretical framework that is also applicable to the Klein family’s resistance towards the self-interested (re)constructions and interpretations of Paul Klein’s ‘risk subjectivity’ in terms incommensurate with their

59 In at least one instance, this recontextualisation of the WIN Television footage caused significant distress and vicarious trauma to a nursing student who had known Paul Klein, but had been unaware that he was the subject of the mental health training video scheduled to be shown in class until after screening of the video had commenced. There is a secondary issue of relevance here — separate to the politics of authorship and ownership of visual images — that relates to the ethical imperative to appropriately frame and preface the display of sensitive images and/or audiovisual materials, particularly when they are used, for example, for educative purposes or academic presentations.
Butler’s (2009) reflections on the publication and circulation of images of torture at Abu Ghraib also bear some relevance:

There was ‘news’ because there were photos, the photos laid claim to a representational status, and traveled beyond the original place where they were taken, the place depicted in the photos themselves. On the one hand, they are referential; on the other, they change their meaning depending on the context in which they were shown… within a frame of potential or actual legal proceedings the photo is already framed within the discourse of law and of truth… The frame permits, orchestrates, and mediates that relation (pp. 80, 81, 82).

5.4. What the newspapers said: framing trends in print media coverage

Much of what was written, as a complement to what was shown, in the newspapers about Paul Klein and the circumstances of his death was similarly sensationalised, and often over-emphasised the more dramatic and graphic news values of the incident. This was sometimes at the expense of factual accuracy. More often, it correlated with an absence of contextualised reporting — particularly in the early stages after the event, when textual news frames tended to be highly episodic or event-driven and focused on the who, what, where, when and how of the incident and, more generally, on news frames of ‘conflict’ and ‘responsibility’ (see Semetko and Valkenburg, 2000). This was as true of regional news media coverage as it was metropolitan, and was identifiable in both the news reports of tabloid and broadsheet newspapers. The trend towards this style of event-driven news media coverage of the Paul Klein incident is consistent with the conclusions drawn in Iyengar’s (1991) seminal analysis of news reporting of social issues, such as poverty, crime and unemployment, in the United States, which found that daily news media coverage was strongly biased towards an episodic interpretation of events, as opposed to a thematic news frame. According to Iyengar (1991), the former refers to news that is

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60 See Coleman (1987) for another interesting first-person perspective on the personal and professional implications of the re-contextualisation of images. A recognisable photograph of Coleman’s son, dirty and tear-stained after falling off a horse during a riding lesson, made its way from his freelance photographer friend’s contact sheets to the files of the friend’s stock agency, only later to be requested by a textbook publisher for use in a volume on child abuse. “All of those involved (my friend, the agency representative, my son, and myself) knew very well that on the occasion depicted in that photograph my son was a ‘victim’ of nothing more malevolent than a combination of accident and carelessness — certainly not child abuse,” writes Coleman (1987, p. 63). “Yet the agency was, in effect, asking me to permit this image to be used as visual evidence of an entirely different nature…” (Coleman, 1987, p. 63).
presented in event-oriented terms (providing little context to or interpretation of related social issues) and is often determined by the negative nature of the event. This is often the case with fatal mental health crisis interventions, if only by virtue of the controversial circumstances of the individual’s death and the traumatic impacts of this. In contrast, thematic news frames tend to examine “broader social phenomena”, which may place news events in the context of “some rising trend or troubling social condition” (Lawrence, 2000, p. 94).

News frames, particularly those that featured in the Illawarra Mercury in the week after the fatal shooting, incorporated a more thematic interpretation of events by framing the Paul Klein incident in terms of ‘public crisis’ and political debate, particularly in relation to public perceptions of police performance and the introduction of alternative less-lethal options of coercive force. These news narratives tended to draw on predictable and enduring news frames about the intrinsic dangerousness and unpredictability of mentally ill individuals in crisis (which resonated with audience knowledge and understandings of the fear and stigma associated with mental illness) to focus more actively on constructing contested notions of ‘risk’ in relation to frontline policing practices. Throughout this ‘mediated public crisis’, little contextual information was provided to readers about the real risks to the community. News reports later reframed Paul Klein’s subjectivity in more ‘humanised’ terms as opposed to the stereotypical image of the ‘madman’ that had previously been depicted. However, these (re)configurations were often inherently event-driven and did not contextualise Paul Klein’s death or mental illness. Nor did they contextualise the complexities of interactions between frontline police and mentally ill individuals in crisis. Instead, these (re)configurations remained bound to clearly identifiable episodic news frames (i.e. they continued to be predominantly framed in the context of the Paul Klein incident) even when they sought to examine the broader social and institutional phenomena related to the police use of force.
The emergence of enduring news frames of policing and mental health crisis

However, the first reports of the fatal police-involved shooting of Paul Klein were not characteristic of the continued news media coverage, nor were their news frames unchallenged. The issue of culpability was highly contested in early news media coverage, especially in relation to the responsibility of individual police officers. Moral judgments and ambiguities were prevalent in the news frames constructed. News reports in the *Illawarra Mercury*, in particular, highlighted the conflict between institutional discourse and non-official or lay discourse. Most often at issue was the adequacy of the discretionary decision-making of individual police officers involved in the Paul Klein incident. References to police performance and the moral ambiguities of police use of deadly force dominated many of the early newspaper headlines after the critical incident:

- ‘THE NIGHT TERROR CAME TO YORK ST: Cops are ‘gung-ho’’ (1998, p. 2). (*Illawarra Mercury*).
- ‘THE NIGHT TERROR CAME TO YORK ST: Police had to shoot to kill: union’ (1998, p. 3). (*Illawarra Mercury*).
- ‘Officers had ‘no option but to shoot’’ (Jamieson, Kennedy, & Murphy, 1998, p. 5). (*The Sydney Morning Herald*).
- ‘When police shoot to kill… They’re damned if they do – and dead if they don’t’ (Cullen, 1998, p. 5). (*Illawarra Mercury*).
- ‘Why shoot to kill and not shoot to disable?’ (Hicking, 1998, p. 18). (*Illawarra Mercury*).
• ‘Why must police shoot to kill?’ (Dunreath-Cooper, 1998, p. 8). (Illawarra Mercury).

• ‘Police are just doing their job’ (Parker, 1998, p. 8). (Illawarra Mercury).

As Blood and Holland (2004) suggest: “For newspaper readers, the headline is usually pivotal because it directs readers to what is at stake and helps them attend to what is in the frame and not to what is excluded” (p. 324). Early news reports privileged institutional discourse and were structured around claims by police spokespersons (as official police sources) and politicians. These individuals included the NSW Police Minister, the Secretary of the NSW Police Association and senior-ranked commissioned officers (or the ‘police brass’) of the NSW Police Service. These voices were not always in accord.

Defending the actions of the police officers involved in the Paul Klein incident, the NSW Police Association was especially critical of the failure to adequately resource officers against “what occurs in these situations and the huge risk police are actually at” (Remfrey quoted in ‘THE NIGHT TERROR CAME TO YORK ST: Police had to shoot to kill: union, 1998, p. 3). The delay in the provision of capsicum spray to frontline police officers was framed in a number of newspaper reports as evidence of a ‘public crisis’ in the politics of contemporary policing and law enforcement. This established very early in the news cycle an emphasis on the generic news frames of ‘conflict’ and ‘responsibility’ — both of which would remain prominent throughout the continued news media coverage of the Paul Klein incident. Sustained reporting of the public conflict between the rhetoric of the NSW Police Association and the NSW Police Minister was evident across a number of regional and metropolitan newspapers. This mediated exchange pointed to the

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61 Lay voices were not entirely absent from early press coverage of the Paul Klein incident. The Illawarra Mercury, in particular, published several eyewitness accounts as a result of interviews with neighbours and family friends. Most of these individuals were supportive of the police officers involved in the incident and sympathetic to the need for the police use of deadly force. Others were highly critical of police procedures and taken by surprise by Paul Klein’s ‘abnormal’ behaviour. The only inclusion of comments from Paul Klein’s family immediately after the incident was the reproduction of a brief statement on 27 May 1998, released to the Illawarra Mercury the night before, which appealed for a full investigation into Paul Klein’s death and for privacy from media intrusion while they “lay their beloved son to rest” (Klein family quoted in ‘THE NIGHT TERROR CAME TO YORK ST: Family pleads for full inquiry’, 1998, p. 2).
more controversial, and therefore ‘newsworthy’, characteristics of the incident, as defined by news media professionals, and served to politicise Paul Klein’s death:

NSW Police Minister Paul Whelan yesterday defended the Government’s record on providing equipment for police to deal with violent offenders after the fatal police shooting in Berkeley… He said capsicum spray would be issued to all operational police by July as part of new equipment to resolve dangerous incidents (‘THE NIGHT TERROR CAME TO YORK ST: Minister defends police shooting’, 1998, p. 2). (*Illawarra Mercury*).

The conflicts between these official voices and their respective professional and political interests were also often highlighted and/or contrasted against the commentary of ‘critical non-officials’ (Lawrence, 2000), such as representatives of justice and civil liberties groups, who were typically labelled ‘do-gooders’ by their critics. These voices questioned the need for police to shoot Paul Klein dead, and provided some of the more radical perspectives among news frames of the Paul Klein incident. In a news report published two days after the fatal police-involved shooting, Kitty O’Gorman from Justice for Young People was quoted as telling the *Illawarra Mercury* that: “Our cops aren’t the judicial system, we don’t have capital punishment, it’s not their job to serve a sentence when they’re arresting someone” (see O’Gorman quoted in ‘THE NIGHT TERROR CAME TO YORK ST: Cops are ‘gung-ho’’, 1998, p. 2). Father Brian Jones, a parish priest in the local area, who presided over Paul Klein’s funeral service, also expressed what the *Illawarra Mercury* described as a “considered but forceful criticism of senior members of the [NSW] Police Service” (Carty, 1998d, p. 1). His calls for an overhaul of police procedures were prefaced in the opening paragraphs of the news story, which appeared on the front page of the newspaper on 4 June 1998: “If the same procedures that were in place last week are in place this week then someone in the [NSW] Police Service is not doing their job” (Jones quoted in Carty, 1998d, p. 1).

As the press coverage of the Paul Klein incident developed, responsibility for the fatal shooting became less concentrated and more broadly contested. News frames reflected a shift in the attribution of blame from the police officers involved in the incident to the NSW Police Service and politicians for their failure to adequately
prepare and properly resource frontline police officers for interventions to highly volatile and potentially violent situations involving mentally ill individuals in crisis. These news frames impacted on the subjectivities of police officers earlier constructed in and by the press, with references to police officers involved in the Paul Klein incident often framed in more sympathetic terms than they had been previously. This was evidenced by news frames that emphasised the vulnerabilities of frontline policing as a result of increasing levels of crime and violence, and corresponding systemic deficiencies in the resourcing and training of police officers to counteract such threats. In contrast, news frames that either contested or expanded on the attributions of blame earlier constructed in news reports suggested Paul Klein was responsible for his own death. Other news reports framed mental illness as having an ‘agency’ of its own, suggesting that Paul Klein’s psychosis should be held accountable for the fatal police-involved shooting:

On that night the demons which he had hidden so well burst forth and took over, transforming him from a nature-loving gentleman into a monster (Carty, 1998c, p. 3). (Illawarra Mercury).

This served to intensify the ‘public crisis’ constructed in news media reports. It also amplified the unpredictability and uncertainty of the risks associated with mentally ill individuals, and the threat to police officers in their encounters with mentally ill individuals in crisis, and in terms of their everyday policing practices more broadly.

**An exception to the rule: individualising claims and control of the news message**

This contestation of news frames of the ‘attribution of blame’ was consistent with the way in which — as discussed in the previous chapter — news media coverage of police use of force incidents is typically framed in terms of the ‘individualising’ claims of institutional discourse and the ‘systemic’ claims of non-officials or lay discourse (Lawrence, 2000). The ‘individualising’ claims evident in the news media coverage of the Paul Klein incident attempted to place responsibility for the use of deadly force with Paul Klein. This was exacerbated by the absence of appropriate references to Paul Klein’s mental illness and the contextualisation of his disturbed behaviour on the evening of his death. In a news item published in the
Illawarra Mercury two days after the fatal mental health crisis intervention, NSW Police Association Secretary, Paul Remfrey, was quoted as saying: “If these people do not arm themselves with guns or knives, then this situation would not occur” (see Remfrey quoted in ‘THE NIGHT TERROR CAME TO YORK ST: Police had to shoot to kill: union’, 1998, p. 3).

The implications of Remfrey’s comments were far-reaching; not only did his broad reference to ‘these people’ serve to generalise all mentally ill individuals (particularly those experiencing psychosis), but in doing so, it criminalised mentally ill individuals in crisis and portrayed them as responsible for their own injuries or deaths as a consequence of police-involved mental health crisis interventions. It also excused the possible contribution of systemic deficiencies (be they operationally-oriented or related to mental health care) to the fatal outcome of the incident. Paul Klein’s death was therefore adopted as a moral exemplar to other mentally ill individuals of the risks of armed confrontations with frontline police. This news framing failed to acknowledge the cognitive impairment experienced during episodes of acute psychosis, and assumed that all mentally ill individuals in crisis maintained the capacity to not only be self-reflexive about their disturbed behaviour, but to curb this behaviour in compliance with police requests. These implications were reinforced in the printed press when Remfrey’s quote was reproduced verbatim on the same day in another news report published in The Age newspaper (see ‘Police shoot dead man after two-hour siege’, 1998, p. 5).

In keeping with Tankard’s (2003) identification of observable news framing mechanisms, the quote featured prominently as the concluding statement to the news story. A separate news item in The Sydney Morning Herald also featured several quotes from Remfrey, which were identical to the comments printed in the news reports of both the Illawarra Mercury and The Age newspapers. However, the specific quote about Paul Klein’s agency and culpability for his own death was excluded in preference to Remfrey’s comments about the necessity for police officers to ‘shoot to kill’ Paul Klein. This quote was similarly used as the concluding
statement to *The Sydney Morning Herald*’s news report (see Jamieson, Kennedy, & Murphy, 1998, p. 5).

As Lawrence (2000) points out, individualising claims such as these are not exclusively official; they may also be attributable to both witnesses who attest that the deceased threatened police officers prior to the police use of deadly force and to public perceptions that the deceased “deserved their treatment at the hands of police” (p. 37). This was true of news media coverage of the Paul Klein incident. On 30 May 1998, the *Illawarra Mercury* published an image of Paul Klein’s grandmother’s house with police crime scene markers on the roadway outside as a visual accompaniment to Peter Cullen’s editorial on the critical incident. The caption beneath the photograph read: “Terror came to Berkeley when Paul Klein, covered in blood from self-inflicted knife wounds, menaced police. What could they do but shoot him?” (see Cullen, 1998, p. 5). An earlier news report quoted a witness and neighbour as saying, “The police were wonderful — in the circumstances they could not have done anything else” (Graham quoted in Carty, 1998a, p. 2), while another said, “I don’t think the police could have done any better without them getting hurt themselves” (Leng quoted in Carty, 1998b, p. 3).

Readers were encouraged to see Paul Klein’s death as a straightforward case of ‘crime control’ (read: law enforcement), while still also recognising the inherently constructed and contested nature of ‘public crisis’ and event-driven ‘risk’ and ‘problem’ definitions as they related to the moral ambiguities of police use of deadly force (Lawrence, 2000). On the one hand, the individualising news frames of police officials served to ‘normalise’ the necessity for police use of deadly force in the Paul Klein incident. They portrayed it as “consistent with departmental policies and with public expectations of how officers should behave in dangerous situations” (Lawrence, 2000, p. 37). This was supported by references to the fatal police-involved shooting of Paul Klein as ‘a last resort’ and amplification of the “the dangers police faced daily” (Whelan quoted in ‘Police shoot dead man after two-hour siege’, 1998, p. 5). These individualising news frames imparted political
legitimacy to the police use of deadly force, portraying it as a sensible and officially sanctioned response to a violent world (Lawrence, 2000). This detracted attention from a detailed examination of the lawfulness and necessity of the fatal police-involved shooting of Paul Klein. These issues were more obviously addressed in the ‘Letters to the Editor’ published in the *Illawarra Mercury* (detailed later in this chapter). However, many of these individualising news frames did lend credence to calls for alternative less-lethal tactical options, such as capsicum spray, under the rubric of a more ‘ethical’ approach to police-involved mental health crisis interventions in the context of the increased ‘riskiness’ of frontline policing.

**Discursive conflicts and the interpretation of police vulnerability and responsibility**

These news frames were not inconsistent with the conclusions drawn by previous research into the ways in which official police accounts typically present examples of police use of force as a legitimate and necessary, albeit tragic and unfortunate, procedural response (and outcome) to a serious threat (Lawrence, 2000; Van Maanen, 1980). Comments from the NSW Police Minister, published on the second day of reporting of the Paul Klein incident, reflected this: “It is a tragic event, a tragedy for everybody — but it just shows you that every day police put their lives on the line and it shows the profession of policing is a very tough job” (Whelan quoted in ‘THE NIGHT TERROR CAME TO YORK ST: Minister defends police shooting’, 1998, p. 2). (*Illawarra Mercury*). News frames that contested this interpretation of events were similarly consistent with identifiable trends in the conflict between institutional and lay discourse after a fatal mental health crisis intervention. “Competing interpretations”, writes Hirschfield and Simon (2010), “invert stereotypical roles, casting criminal suspects [and mentally ill individuals in crisis] as ‘sympathetic victims’ and the police, as villains” (p. 156).

Police officers were often depicted in the news media coverage of the Paul Klein incident as ‘protectors of society’— what Lawrence (2000) describes as the “vulnerable thin blue line between order and chaos” (p. 30). Where these representations were contested, these same police officers were otherwise portrayed
as ‘trigger happy cops’. The latter news frame was often supported by extreme and unsubstantiated claims about policing that depicted police officers as “gung-ho, reactionary and violent” (O’Gorman quoted in ‘THE NIGHT TERROR CAME TO YORK ST: Cops are ‘gung-ho’’, 1998, p. 2). Criticism was also directed towards police training and what was perceived as the purposeful instruction of police officers to ‘shoot to kill’ with few alternative methods for mental health crisis resolution. Police officers involved in the current research project have obviously refuted such claims. As previously explained in Chapter 4 of this thesis, they argue that a police officer’s intention in discharging their firearm is more often related, in operational circumstances, to stopping a perceived threat (usually an individual with a weapon), rather than killing them. Despite this, NSW Police Association Secretary Peter Remfrey’s widely circulated responses to suggestions from civil liberties groups that Paul Klein “should have been shot in the leg” endorsed, even if inadvertently, the enduring news frame that not only were police officers instructed to ‘shoot to kill’, but that Paul Klein was a significant enough threat to the community as to warrant such a response:

To shoot him in the leg is not only unrealistic but ridiculous. When someone is coming at you with an intent to kill, you do not shoot him in the leg, you shoot to kill... No member of the police force relishes taking such action. They do (it) as a last resort when their lives and other innocent lives are placed at risk (Remfrey quoted in ‘THE NIGHT TERROR CAME TO YORK ST: Police had to shoot to kill: union’, 1998, p. 3). (Illawarra Mercury).

Although Remfrey’s comments were technically rational and, one might argue, a necessary counter to more extreme and misguided perceptions of police operational policies and procedures, they nonetheless stood in stark contrast to his calls for the widespread introduction of capsicum spray to enable police officers to more effectively defuse dangerous situations. This implied that police officers had discharged their firearms not “as a last resort”, as claimed (see Remfrey quoted in Jamieson, Kennedy, & Murphy, 1998, p. 5), but as the only available option. This sentiment was endorsed by the reflections of at least one of the police officers who had been involved in the Paul Klein incident:
If you’re in fear of being killed or seriously injured, that’s it; it’s the firearm. It’s changed now, because we’ve got other options, but at that particular time, they were the options we had. You used a baton if you were in danger of being overpowered or assaulted… this bloke’s got a knife and he’s coming at you, so you’ve got to go up to your next option, which was your firearm (P. Brodie, Research Interview, 29 September 2010).

A panacea to the problem: the disputed effectiveness of capsicum spray

The adequacy of police operational procedures, training and available tactical options persisted throughout the news media coverage of the Paul Klein incident. In many cases, the print news media used what Gamson and Modigliani (1989) have elsewhere referred to as ‘reasoning devices’ to inform the public how to judge and remedy what was repetitively framed as the questionable use of deadly force by frontline police officers. The violent circumstances of Paul Klein’s death served as a moral compass for appeals to principle for the widespread introduction of not only capsicum spray as a less-lethal alternative to police use of firearms62, but also enhanced police training in negotiation techniques when dealing with mentally ill individuals in crisis (see ‘THE NIGHT TERROR CAME TO YORK ST: Cops are ‘gung-ho’’, 1998, p. 2; ‘THE NIGHT TERROR CAME TO YORK ST: Police had to shoot to kill: union’, 1998, p. 3). Coronial recommendations from the inquest into the death of Roni Levi were also frequently cited as evidence that “little appeared to have improved” since the fatal police-involved shooting on Bondi Beach (Doris quoted in Connolly, 1999c, p. 5; see also Jamieson, Kennedy, & Murphy, 1998, p. 5). Arguments in favour of the introduction of alternative less-lethal tactical options were often framed in absolute terms; that the use of capsicum spray would have guaranteed an altered outcome to the confrontation between police officers and Paul Klein. This was the case, despite there being no evidence to support the certainty of such claims63. Similar appeals to principle were identifiable in earlier news media coverage of the fatal police-involved shooting of Roni Levi, whose death, by virtue of

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62 The fatal police-involved shooting of Paul Klein preceded the availability of capsicum spray to frontline police officers, although there were some suggestions that the critical incident expedited its subsequent introduction to local area police officers two months later (Sorenson, 1998).

63 One can only speculate as to what influence the availability and use of capsicum spray might have had on the outcome of the incident, and whether it may have prevented Paul Klein’s death.
its controversial circumstances and widespread publicity, continues to be recalled as a moral ‘reasoning device’ in contemporary debates about police use of Tasers as an alternative to the police use of deadly force.

News media coverage of the debate over the introduction of capsicum spray in the context of the death of Paul Klein was consistently framed as a panacea to the police use of deadly force. However, its efficacy in reducing the incidence of dangerous crisis situations confronting frontline police was rarely questioned as it has been in more contemporary news media coverage of both this and Tasers as less-lethal tactical options. The only print media coverage at the time of Paul Klein’s death to counter news frames constructing capsicum spray as a panacea to the problem of police use of deadly force was a thematic news story published in the weekend edition of *The Sydney Morning Herald* on 30 May 1998. The news report undermined earlier claims that capsicum spray would reduce the incidence of fatal police-involved shootings by drawing heavily on ‘expert’ risk knowledge and Victoria Police statistics that indicated “the spray was not effective in 14 per cent of cases” and that there were a number of “circumstances in which it could not be used” (Dixon, 1998, p. 44). The risk discourse constructed by the news report effectively privileged the authority and discourse of policing experience over the data-driven discourse of the academy and the findings of previous research studies.

Despite the difference in jurisdiction and the fact that the news item was specifically oriented towards the experiences of Victorian police officers, the news framing conflated Paul Klein’s death with the notorious incidence of fatal police-involved shootings in Victoria; “something Victorian police have a propensity to do” (Dixon, 1998, p. 44). By framing NSW police performance and the Paul Klein incident in the context of these prominent and negative news frames about

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64 In 2008, with the State Government’s $1.02 million investment in the rollout of Tasers to frontline police officers, NSW Police Commissioner, Andrew Scipione, publicly announced that the fatal police-involved shooting of Roni Levi could have been avoided “had officers been armed with stun guns instead of pistols” (Patty, 2008, p. 3). Similar ‘reasoning devices’ were also adopted in relation to the Roni Levi incident and its appropriation as a catalyst for public debates about the introduction of random drug testing of police officers (see Police Integrity Commission, 2001).
Victorian policing, these news reports implied that the police actions representative of this violent and reactionary period of policing were applicable to all frontline police officers, including those involved in the Paul Klein incident. Similar news frames that stereotype and generalise the discretionary actions of frontline police officers have been identified in more recent television coverage of fatal mental health crisis interventions, including ABC TV’s ‘Lethal Force’ episode of the *Four Corners* program, which screened on Australian television on 26 October 2009. This points to the enduring nature of such news frames and the constructions of frontline police officers as ‘trigger happy cops’.

5.5. The (re)framing of Paul Klein in news media coverage

Throughout the initial news media coverage, there were few suggestions that Paul Klein’s substance use disorder and pre-existing mental health problems may have contributed to his disturbed behaviour and self-injury, despite evidence to support this explanation (i.e. Paul Klein’s known psychiatric history). A rare exception was a neighbour’s reference to his refusal to have treatment for “some type of mental illness”, buried in paragraph 12 of an 18-paragraph news item, which was published in the *Illawarra Mercury* two days after Paul Klein’s death (see Graham quoted in Carty, 1998a, p. 2). There were no obvious attempts to clarify the specific nature of the mental illness experienced by Paul Klein in subsequent news items until the coronial inquest into his death more than a year after the fatal police-involved shooting. At this time, information about Paul Klein’s previous psychiatric diagnoses and amphetamine use was published (see Dennis, 1999a; Mardon, 1999d). Prior to this, only cursory references to his “six bouts of irrational behaviour in the past two years” (Klein quoted in Carty, 1998d, p. 1) and the “mental illness he had been battling” (Carty, 1998d, p. 1) had been included in news media coverage of Paul Klein’s funeral, nine days after his death.

Don’t mention he’s mad: the disavowal of mental illness in print news frames

None of the *Illawarra Mercury*’s early news stories mentioned ‘mental illness’ in their headlines, nor did those of other newspapers. Mental health expert opinion was
also absent from the majority of news media coverage of the incident. So too were any significant references to Paul Klein’s previous engagement with mental health services. Despite recurrent references to Paul Klein’s self-inflicted injuries, and the framing of his death as an example of ‘suicide by cop’, news media coverage failed to provide contextual information relevant to issues of self-harm and suicide, including information for help-seeking readers. There was also very little reference to Paul Klein in newspaper headlines prior to news media coverage of the coronial inquest into his death. Where he was mentioned, Paul Klein was rarely referred to by name. More often, he was de-identified and dehumanised; early newspaper headlines depicted him as a nameless ‘man’, ‘victim’ or a ‘blood-stained body’ (see, for example, Agnew-Ryan, 1998; Carty, 1998a; 1998c; Jamieson, 1998; Keeble, 1998).

On a number of occasions, Paul Klein’s disturbed behaviour on the night of 26 May 1998 was referred to as a consequence of his ‘problems’: news narrative code for ‘mental illness’. These references were particularly obvious in news items that included quotes from neighbours and family friends, who indicated that they had either negligible to no (risk) knowledge of Paul Klein’s mental disorder and his psychiatric history. In this context, Paul Klein’s disturbed behaviour on the evening of his death was described as uncharacteristic and unexpected, which resonated with “public understandings of the mentally ill as violent, unpredictable and as dangerous others” (Blood & Holland, 2004, p. 330). This served to reinforce common (mis)conceptions about the volatility of mental health crises in the community. The language adopted by neighbours and family friends recurrently emphasised the aberrance of Paul Klein’s personality and his demeanour on the night of his death in comparison to the perceptions most people shared of him:

Paul was a nice bloke with a heart of gold. He’d do anything for anyone. There was no clue about the pressure building up inside him. I didn’t know he had any problems. I suppose a lot of people don’t let you know what’s building up inside and that’s unfortunate. Paul just went snap and it was a tragedy (Griffiths quoted in Carty, 1998c, p. 3).

Despite these comments, news reports did not expand on this news frame with thematic discussion of the social stigma of mental illness or the negative impacts of
social fear and stigma on the help-seeking behaviours of mentally ill individuals. Most newspapers instead chose to emphasise the way in which Paul Klein’s ‘abnormal’ behaviour on the night of his death had been made all the worse by the fact that “there was nothing to suggest Mr Klein had any problems” (Jamieson, 1998, p. 5). For all intents and purposes, Paul Klein led a relatively ‘normal’ life as far as witnesses were concerned: “This was a close, loving family”, said neighbour and family friend, Mrs Smith (quoted in Jamieson, 1998, p. 5). (The Sydney Morning Herald). Another neighbour, Mr Wolfgang (quoted in Jamieson, 1998), expressed amazement that “this was a man I sometimes spoke to when he came to cut his grandmother’s lawn. He never said much, but he was always polite” (p. 5).

There were no notable attempts to understand the symptoms of psychosis or to contextualise the ways in which mental illness had impacted on Paul Klein’s life and that of his family, or even on other mentally ill individuals who had similarly experienced mental health crises. News frames instead consistently objectified Paul Klein and his experiences of mental illness and promoted, sometimes more explicitly than others, a discourse of fear; readers were encouraged to consider the threat that other equally unpredictable and violent individuals (read: dangerous others) existed unnoticed and unidentified in the community.

As discussed in the previous chapter, contemporary reporting guidelines and news media resources, such as Reporting Suicide and Mental Illness, recommend media professionals consider the broader context of mental disorders and accurately report issues related to mental illness to improve public understandings and community attitudes towards mental illness, and encourage help-seeking among mentally ill individuals (see Commonwealth of Australia, 2010). The Paul Klein incident preceded the publication and circulation of these resources. One might therefore speculate that part of the reason early news frames of the incident tended to focus on public perceptions of police performance, as opposed to issues related to mental illness, may have been because news media professionals were uncertain, uncomfortable and/or ill-informed as to how to appropriately report such matters. The absence of mental illness as a prevailing news frame in the reporting of the
Paul Klein incident may furthermore have been attributable to the heightened social stigma towards mental health/illness in the 1990s, and a general reluctance to publicly discuss and address issues related to mental health in the local community. These are, of course, speculative propositions. However, news media professionals who participated in the current research project indicated that, at the time of Paul Klein’s death, their training in issues related to mental health (and the ethics of trauma reporting) was negligible. This was true also for the police officers who were involved in the Paul Klein incident.

On the other hand, the absence of explicit references to Paul Klein’s mental illness in news reporting of his death was consistent with the guidance provided by contemporary reporting guidelines and media resources, which continue to question the relevance of the disclosure of mental illness in news stories. In this way, the news media coverage of the Paul Klein incident might be regarded as an example of responsible news reporting. But, in the context of fatal mental health crisis interventions, there is also reason to suggest that the failure of news media professionals to accurately, ethically, and appropriately disclose the presence of mental illness should be questioned. This is particularly the case where a person’s mental illness and psychiatric history is known and/or where a failure to disclose may result in news frames that promote (albeit inadvertently) inaccurate and stigmatising assumptions about the relationship between mental illness and violence. This is not to suggest that mental illness should be included in news reports for the sake of disclosure alone, but that its inclusion as a news frame should be appropriately contextualised where disclosure serves to improve public understandings and community attitudes towards the complexities of mental illness and interactions between police and mentally ill individuals in crisis.

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65 For example, *Reporting Suicide and Mental Illness* states: “Media guidelines and codes of ethics stress the right to privacy. Is it relevant to the story that the featured person has a mental illness? What are the consequences for their health, safety and livelihood if you disclose their mental illness?” (Commonwealth of Australia, 2010, p. 21).
As Entman (1993) explains, there are times when merely reporting an event without any additional explanation, contextualisation, or analysis can serve to reinforce existing stereotypes and pre-defined ideas about certain subjectivities (see also Sieff, 2003). In the case of fatal mental health crisis interventions, this is as much applicable to frontline police officers in their use of deadly force as it is to mentally ill individuals in crisis. Achieving an appropriate and constructive balance between the benefits of disclosure vis-à-vis non-disclosure of mental illness is, therefore, a delicate process; an exaggeration of the effects of mental illness on an individual’s behaviour, particularly where this is associated with violence, risk and/or trauma, may further endorse and promote inaccurate stereotypes of mentally ill individuals as inherently violent. However, there is reason to question whether it is sufficient to suggest that, in the context of fatal mental health crisis interventions, news media professionals focus on the person first rather than labelling the person by their diagnosis (see Commonwealth of Australia, 2010). This is particularly the case if doing so, without reference to mental illness, may result in a de-contextualised exaggeration of violent behaviours with longer term detrimental effects on either community attitudes towards mentally ill individuals or the subjectivities of mental health consumers (where mental illness is later disclosed in relation to the critical incident) or on bereaved family members and friends of the deceased.

**Madness is as madness looks: manufacturing the ‘out of control’ madman**

Despite the absence of explicit references to Paul Klein’s mental illness in early reports of the events leading to his death, the terms used to describe his physical appearance and disturbed behaviour were nonetheless consistent with common stereotypical depictions of mentally ill individuals in crisis. In one news item, published in the *Illawarra Mercury* two days after his death, a neighbour described Paul Klein on three separate occasions as “out of control” in the hours leading to his tragic death (see Leng quoted in Carty, 1998b, p. 3). The dramatic language used in her account of Paul Klein’s disturbed behaviour endorsed this news framing, and formed the ‘factual basis’ of the news report:
The lad came out and just sliced his wrists with a big carving knife… It was horrifying. It was terrible. He just had shorts on and after he slit his hands and the blood was pouring out he wiped the blade of the knife on his chest. We thought he was going to stab himself in the chest… He kept shouting… He was just out of control (Leng quoted in Carty, 1998b, p. 3).

This news item featured as part of special extended media coverage of the Paul Klein incident, published in the *Illawarra Mercury* two days after the critical incident. The collection of news reports, published under the banner headline, ‘THE NIGHT TERROR CAME TO YORK ST’, included several separate news items, which each sought to ‘give voice’ to a different perspective on the fatal shooting. These ranged from the official responses of police sources to the lay discourse of both justice and civil liberties groups and neighbours and family friends who had witnessed the critical incident. Among these, the latter accounts were some of the most melodramatic in terms of both rhetoric and broader news frames. Their inclusion in news media coverage added nothing to the public debate about the politics of police use of deadly force or the contextualisation of mental illness. The *Illawarra Mercury*’s special extended media coverage of the Paul Klein incident therefore reflected the way in which, as Sieff (2003) explains:

> Providing all sides of a story may result in frames overemphasizing a less credible, extremely vivid perspective. Interviewing neighbors of a person with a mental illness may provide especially vivid, but not particularly valid reports of behavior, and may serve to reinforce the notion that the individual is violent or unable to live independently (p. 265).

This was symptomatic of not only this selection of press coverage, but of news media coverage of the Paul Klein incident more broadly. Despite the exclusion of explicit references to Paul Klein’s previous diagnosis of and psychiatric treatment for a mental disorder, most news reports continued to draw on media templates of mentally ill individuals as ‘mad, bad and dangerous to know’; labelling Paul Klein a “knife-wielding madman” (see, for example, Carty, 1998c, p. 3; Cullen, 1998, p. 5) and a “huge risk” to both police and the local community (see Remfrey quoted in

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66 In actual fact, Paul Klein was wearing jeans on the evening of his death; pointing to the fallibility of memory and eyewitness testimony.
‘THE NIGHT TERROR CAME TO YORK ST: Police had to shoot to kill: union’, 1998, p. 3). Print news media coverage consistently and often inappropriately over-emphasised the more dramatic details of the incident, such as highlighting Paul Klein’s bloodied appearance as a consequence of his self-inflicted injuries. The sensationalised and alarmist reporting of this appealed to the traditional news values of violence, drama, peril and conflict:

He was armed with a carving knife which he used to slash his arms and wrists throughout the siege. His arms and jeans were covered with blood from the self-inflicted wounds (Keeble, 1998, p. 1).

He was just shouting all the time… dripping with blood and shouting… He was just out of control… The boy came down into the garden and had this knife, waving it with all the blood dripping… He was just out of control (Leng quoted in Carty, 1998b, p. 3).

**Personalising the risk and trauma of fatal mental health crisis interventions**

A particularly provocative and controversial editorial by Peter Cullen, then Editor-in-Chief of the *Illawarra Mercury*, published in the weekend edition of the newspaper following Paul Klein’s death, went so far as to describe Paul Klein as “programmed to kill” (Cullen, 1998, p. 5). The editorial referred to Paul Klein’s refusal to disarm himself, despite repeated police requests, as irrefutable evidence of his “highly probable intention of killing one of them” (Cullen, 1998, p. 5). Contextualisation of the effects of drug-induced psychosis on an individual’s cognitive functions was excluded in favour of an ‘agency’ news frame: “Police asked him at least six times to drop the knife. He was advancing menacingly and ignored all police calls to stop” (Cullen, 1998, p. 5). The editorial repetitively and effectively constructed certain perceptions of ‘risk’ in relation to Paul Klein; often either where there was none or, at the very least, no substantial evidence to support these claims. Not unlike official police discourse prior to it, which consistently framed Paul Klein as having “an intent to kill” (see, for example, Remfrey quoted in ‘THE NIGHT TERROR CAME TO YORK ST: Police had to shoot to kill: union’, 1998, p. 3), Cullen’s editorial used these risk constructions to highlight the vulnerabilities of
It would be interesting to know how any of these people would react if they were face to face with a knife-wielding madman who had just torched a house and slashed himself… I do wonder how they would react if Paul Klein had lunged forward and plunged the knife into the heart of the nearest policeman. Probably not a murmur from them (Cullen, 1998, p. 5).

This was not the only sensationalised and questionable framing device used in Cullen’s editorial. In what might be considered a rather bizarre example of ‘editorial licence’, in the 17th paragraph of Cullen’s opinion piece, the Paul Klein incident was compared to “another point which should alarm us all” — a series of 15 hold-ups in the local community over the past two weeks “with bank staff, customers and children being terrorised” (p. 5). This had a double negative effect: not only did it criminalise Paul Klein as “a felon”, comparable to armed robbers, but it was also significantly alarmist in terms of its constructions of ‘risk’ and ‘public crisis’, especially with regard to the increasing prevalence of serious violence in the local community, and the capacity of police officers to respond effectively to this. The inclusion of statistics lent credibility to these assertions. According to Cullen’s editorial, the fatal police-involved shooting of Paul Klein, combined with the recent trend in robberies, demonstrated “just how bad the extent of the violence has become in our city” (Cullen, 1998, p. 5). He argued: “Our police are up-front trying to stem this tide of violence with inadequate manpower. Almost daily they are put in life-threatening situations… They had no choice [but to shoot] at Berkeley on Tuesday night” (Cullen, 1998, p. 5).

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67 My criticism is not directed towards Peter Cullen’s sympathy for the police officers involved in the Paul Klein incident, but rather his journalistic choice to communicate this compassion at the expense of Paul Klein’s subjectivity and its continued framing in association with often inaccurate and inappropriate constructions of risk and dangerousness. More positively, Cullen’s editorial did serve to provide some context to the police use of deadly force by highlighting “the number of times police do overpower and disarm people with knives” without killing them (Cullen, 1998, p. 5); a point conveniently forgotten in the ‘normative’ framing of fatal mental health crisis interventions and public discussions of police use of force incidents.
In a familiar reversion to latent news frames and the use of the past to make meaning of disturbing contemporary news events, Cullen’s editorial attributed the root of the problem to the “lip service” authorities had paid to the adequacy of police resourcing in response to mental health crisis interventions since the “tragic shooting” of Roni Levi on Bondi Beach the previous year (Cullen, 1998, p. 5). He argued:

Both Police Minister Paul Whelan and Police Commissioner Peter Ryan have waxed lyrical about the urgency of giving police other methods and devices to deal with these siege type situations. What have they given the police? Absolutely nothing… Shame on the politicians (Cullen, 1998, p. 5). (*Illawarra Mercury*).

According to Cullen’s editorial, justice and civil liberties groups which condemned “a situation where they [police officers] were forced to shoot and kill a felon [like Paul Klein]” (p. 5) had further contributed to the ‘public crisis’, which threatened to overcome the local community. Without doubt, Cullen’s editorial remained irrefutably sympathetic towards and protective of the virtues of frontline policing. This is a news frame, in relation to the Paul Klein incident, that may well have been influenced by what some participants in the current research project identified as the reciprocal nature of the close working relationships often developed between police officers and news media in smaller communities and regional areas. This is a contention elsewhere endorsed by previous studies of police-media relations (see Barak, 1994; Chermak & Weiss, 2005; Ericson, 1995; Lawrence, 2000). Writes Hirschfield and Simon (2009): “Collegiality with and privileged access to police may foster identification with police values and obligations to carry out public relations functions on behalf of the police” (p. 158).

**Provocation for provocation’s sake: the creation of controversy for public response**

On the other hand, according to former colleagues who participated in this research project, the acerbic writing style adopted by Cullen in his ‘editorialising’ of the Paul Klein incident was more broadly reminiscent of his personal editorial philosophy and general approach to news journalism. It was an ethos that was strongly promoted within the newsroom culture of the *Illawarra Mercury*, while the newspaper continued under Cullen’s leadership and editorial direction.
News journalist, Tim Keeble, pointed to an editorial policy that sought to cultivate controversy and provocative news journalism:

It was much more a blokey culture in those days, you know… we were a confronting newspaper. Let’s be controversial and worry about a lawsuit later… Yeah, it was just this, “go and do it; let’s get on with it”… “if it’s bad, tell it like it is. If this lunatic was on the bloody verandah and cut himself up, let’s just put it in there” (T. Keeble, Research Interview, 23 August 2007).

In a tribute to Cullen following his death, his protégé and successor, Nick Hartgerink (2000), wrote in a report for the Illawarra Mercury:

Throughout his 13 years at the helm of this newspaper Peter wrote a Saturday column entitled From The Editor’s Desk, and he set out to make it as controversial as he could… People either loved or hated what he had to say. Perhaps because of this column, Peter was a greatly misunderstood man in this community. All too often they saw just one side of him — the hard-hitting, controversial, opinionated newsman (p. 6).

In his reflections on Cullen’s provocative editorial on the Paul Klein incident, Hartgerink reiterated his earlier sentiments:

…that was the sort of thing that Peter would do. He was a very controversial person who encouraged controversy… it was designed to get people thinking, let’s say, or arguing or whatever. He never sought to take the middle road. He would take an extreme position… (N. Hartgerink, Research Interview, 27 April 2007).

In keeping with this motivation, Cullen’s editorial about the Paul Klein incident became the catalyst for a series of ‘Letters to the Editor’, published in the Illawarra Mercury throughout the following week. These shifted the public discourse from one of moral judgment on the appropriateness of the newspaper’s early reporting of the Paul Klein incident to polarised debate about police performance and mental health crisis response. None of the letters selected for publication (and analysis) included specific reference to or commentary on Cullen’s descriptions of Paul Klein. However, in defending the risks inherent to frontline policing, at least one of the letters similarly criminalised Paul Klein (and mentally ill individuals more generally) by conflating agreement with the general point of Cullen’s editorial with recent news media coverage of the Paul Klein incident:
“These police are the barrier between the citizens of our city and armed criminals” (Luchetti, 1998, p. 12). Among the letters published, opinions were divided. Of the five letters selected for news framing analysis, which were printed in the week following Cullen’s editorial, two were strongly sympathetic towards the ever-increasing risks of contemporary policing for frontline police officers. Both acknowledged the tragedy of the Paul Klein incident, and borrowed from an ‘affect’ news frame to highlight the inherent difficulties of a police officer’s decision to discharge their firearm:

In an environment where police are criticised, complaints are encouraged and crime is rising, I salute those police who are prepared to put their lives on the line so that we may sleep safely… An armed confrontation is incredibly stressful. The decision to take a human life… is the biggest decision any police officer will make in his or her career (Luchetti, 1998, p. 12).

Undoubtedly what took place recently at Berkeley, resulting in the shooting death of a young man, was a tragedy. However… It is my understanding that the police service ruling is that guns are only to be drawn in life-threatening situations — and if used, it is shoot to kill. If our society does not like the way the police service handles these life-threatening situations with mentally ill — or dangerously overwrought — people then stop calling the police and call the mental health service instead (Parker, 1998, p. 8).

In contrast, the three other ‘Letters to the Editor’, similarly concerned with police performance, criticised the actions of police officers in the Paul Klein incident, and the police use of force more broadly. The authors of the letters specifically questioned police training and what was consistently referred to as the ‘shoot to kill’ policy of the NSW Police Service. In doing so, they often inadvertently contested previous news frames that over-emphasised Paul Klein’s ‘dangerousness’ on the night of the fatal shooting:

…my only criticism in such cases, is that just as these well-trained, gun-toting police are such good shots that they can shoot to kill, they could just as easily shoot to disable… (Hicking, 1998, p. 18).

Surely, with batons drawn, six officers could have disarmed this man. We have also seen, through many demonstrations on TV, what pressures a fire hose can generate… This man had an illness and also a death-wish on this particular night, but have we all, at some time
or other, because of some anguish or stress of our own, not contemplated what was going through this man’s mind? (Parker, 1998, p. 16).

I thought police officers were supposed to be trained in some sort of self-defence, and the use of batons, but obviously they’re only trained to shoot holes in things… From the footage seen on television of the Berkeley siege, it seemed to me that there were any number of ways to disarm the alleged offender without shooting him (Dunreath-Cooper, 1998, p. 8).

Another version of Paul Klein: unsettling the ‘dangerous other’ news frame

Despite such passionate public rhetoric, the comments published in Cullen’s editorial arguably remained the most insensitive media labels used in news media coverage of Paul Klein’s death. They were countered only by a separate news item, published in the same edition of the newspaper, which attempted to “paint a picture of Paul [Klein] in complete contrast with the shocking images which came out of York St, Berkeley” (Carty, 1998c, p. 3). The news frames used in this news story more consistently reflected the guidance provided by organisations such as the Dart Center for Journalism & Trauma on the principles of ‘best practice’ reporting of traumatic incidents, including a focus on human life; the use of pertinent details that described Paul Klein as he lived; the use of images of his life; avoidance of unnecessary and gratuitous details about his death; and the inclusion of quotes and anecdotes from Paul Klein’s relatives, friends and colleagues (see Hight & Smyth, 2004). In particular, the news item provided a counter frame to prior news constructions of Paul Klein as an ‘out of control’ and ‘dangerous other’ by reframing his subjectivity in terms of family memories and a more ‘humanised’ portrait of a “nature-loving gentleman” and “active sportsman” (Carty, 1998c, p. 3). This news frame did not necessarily seek to expunge the earlier stereotypical news constructions of Paul Klein’s subjectivity in as much as it sought to depict another version of Paul Klein, a counter-memory, as emphasised in the leading paragraph of the news item:

This is the Paul Klein his family remembers. Far from the image of the knife-wielding madman who slashed himself repeatedly before being
shot dead by police, this Paul Klein is a devoted family member and keen sportsman (emphasis added; Carty, 1998c, p. 3).

This news framing is consistent with broader trends identified in news media coverage of fatal mental health crisis interventions, where a more ‘humanised’ representation of the deceased is frequently adopted, often as the temporal distance or propinquity of news reporting increases relative to the news event and its initial episodic press coverage. This also often coincides with the increased prominence of thematic news frames and the personal narratives of bereaved family and friends of the deceased.

An exemplar of this, the Illawarra Mercury’s ‘counter’ news item made significant use of an ‘affect’ news frame to both personalise and contextualise the family’s grief since Paul Klein’s death. It was the first time that public comment from the family had been published since a brief three-sentence statement in the Illawarra Mercury the day after the fatal police-involved shooting (see ‘THE NIGHT TERROR CAME TO YORK ST: Family pleads for full inquiry’, 1998, p. 2). The earlier absence of family perspectives was acknowledged in the third paragraph of the news item where readers were told that Paul Klein’s “devastated family members yesterday broke their silence” to pay tribute to “the CityRail guard who will live on in their memories as a much-loved family member” (Carty, 1998c, p. 3). These memories, as well as those of former colleagues, and additional details about his academic record and sporting achievements, served to humanise Paul Klein and counter the objectification of previous news media coverage. They also (re)defined public recollections of Paul Klein in terms broader than the graphic images of his death; they (re)framed him as a man who had once lived a ‘gentle and loving’ and productive life, and described him as he had lived, rather than by how he had died. The inclusion of two family photographs as a visual frame to the news item depicting what Paul Klein had looked like in life — one of a smiling Paul Klein, dressed in a tuxedo, and the other identifying him amongst a group of school friends — supported this (see Appendix E). More importantly, these photographs reflected a literal attempt to
reframe Paul Klein’s subjectivity “in complete contrast to the image that has been portrayed” (Carty, 1998c, p. 3).

Readers were encouraged to identify with Paul Klein as “a devoted family member, dearest son, beloved grandson, caring brother and loving uncle” (Klein family quoted in Carty, 1998c, p. 3). Most significantly, the newspaper’s headline asked readers, for the first time throughout its press coverage, to identify with Paul Klein as a ‘victim’ (see Carty, 1998c, p. 3). Contemporary reporting guidelines suggest that referring to someone with a mental illness as a ‘victim’ is outdated (see Commonwealth of Australia, 2010). However, this may be complicated by a mentally ill individual’s involvement in a traumatic event where their death is the result of controversial circumstances. In the context of the Paul Klein incident, the description of Paul Klein as a ‘victim’ was not necessarily negative in connotation, nor was it entirely inaccurate; its use referred to Paul Klein’s death as a result of a police-involved shooting, rather than in reference to any perceptions of mental illness as an unfortunate affliction or life sentence (see Commonwealth of Australia, 2010). The only other news report in early news media coverage to similarly reframe Paul Klein as a ‘tortured soul’ and “a virtuous man” (Jones quoted in Carty, 1998d, p. 1) followed several days later on 4 June 1998 with the Illawarra Mercury’s press coverage of Paul Klein’s funeral. Other than this, no newspapers devoted any significant space to specialist feature stories and/or commentaries in their early news reporting of the incident.

5.6. Media temporality and frame-changing: agency and affect
Subsequent news reporting of the Paul Klein incident, particularly the Illawarra Mercury’s press coverage of the coronial inquest into Paul Klein’s death, was less inflammatory and more measured in its constructions of ‘risk’ and the media labels used to describe both Paul Klein and the police officers involved in the incident. News frames of the coronial inquest in the year after Paul Klein’s death were obviously episodic by virtue of the event-driven nature of the coronial proceedings. However, the regional and metropolitan printed press constructed news
frames that were also thematic insofar as they provided some context and interpretation to the critical incident, particularly in relation to the issue of ‘agency’ and the likelihood that Paul Klein, while experiencing psychosis, “would not have understood what was going on” (Klein quoted in Mardon, 1999a, p. 1). These news frames contributed to a broader contextualisation of several important social, political and public health-related issues/debates, including perceptions of and experiences with mental illness; the complexities of interactions between police and mentally ill individuals; and the systemic deficiencies of contemporary policing. The more generic news frames of ‘conflict’ and ‘responsibility’ (which centred on subjective and technical ‘risk’ rationalities) continued to prevail throughout news media coverage of the coronial inquest. However, in an interesting shift from earlier news media coverage of the incident, these news frames became closely linked to the discourse of ‘affect’, which was identifiable as an increasingly prominent news frame in its own right throughout press coverage of the coronial inquest into Paul Klein’s death.

A number of news reports featured detailed commentary extracted from the personal trauma testimonies of witnesses at the coronial inquest. This served to highlight the ways in which affective discourse is able to challenge the settled frameworks through which more ‘rational’ discourses, such as the law, come to reflect and act upon the world. These news reports often featured conventional photographs of witnesses on their way to or from the coronial court. In a ‘democratisation’ of the news construction of identifiable ‘victims’, police officers were rarely depicted in uniform (they wore plain clothes). These news frames also integrated, more seamlessly and sensitively, personal trauma narratives with social impact narratives than had previously been the case. For example, a number of the news media reports of the coronial inquest into Paul Klein’s death emphasised the emotional aspects of trauma-related work as well as the negative framing effects of fatal mental health crisis interventions: “…Mr Klein said he would never forget the graphic media images that followed the shooting. Those images, in particular, had put an enormous strain on the family, Mr Klein said” (Dennis, 1999b, p. 5).
As part of its press coverage on 24 September 1999 (and over subsequent print dates) the *Illawarra Mercury* extensively detailed the more sensitive and affecting aspects of the coronial inquest. Its news story — one of two published in the 24 September edition — opened with the following observations, which incorporated more sensationalised language and imagery than otherwise featured in the remainder of the *Illawarra Mercury*’s news media coverage of the coronial inquest:

Sixteen months after two terrified police officers gunned Paul Klein down on a Berkeley street, the reverberations from the three bullets fired that night are still being felt… Experienced police called this week to give evidence at an inquiry into his death blanched at the suggestion they view the knives he was carrying. Others declined to look again at photographs taken that night (Dennis, 1999b, p. 5).

To emphasise the point, the *Illawarra Mercury*’s news story promoted an affect-driven interpretive news frame in relation to the testimonies tendered to the coronial inquest, especially those of Paul Klein’s father and two of the police officers involved in the Paul Klein incident. News framing, in the case of the latter, emphasised the traumatic impacts for frontline responders, particularly those involved in fatal mental health crisis interventions. It served to (re)introduce an individualised and ‘humanist’ discourse to news constructions of police subjectivities, which had previously been absent from the binary representations of police officers as either ‘protectors of society’ or ‘trigger happy cops’. Also identifiable within the *Illawarra Mercury*’s news media coverage of the coronial inquest was a shift in news framing from that of ‘public crisis’ to a reconfiguration of the Paul Klein incident as ‘public tragedy’. This was borne out by the newspaper’s reorientation of its reporting of the event from a preoccupation with the principal issues of ‘responsibility’ and ‘culpability’ (although, these remained evident in later press coverage) to the discourse of ‘vulnerability’ and the idea that “[n]o-one who was there, it seems, was left unaffected” (Dennis, 1999b, p.5). This was especially evident in the newspaper’s 24 September 1999 press coverage of the coronial proceedings:

Yesterday, on the fourth day of the inquest into his son’s death, Karl Klein took the stand to talk about his family’s ongoing trauma… The sheer horror of the events that unfolded in that quiet Berkeley cul-de-sac in May last year had made the suffering so much worse,
he said. Mr Klein has retired early from his job and his wife Theresa is undergoing counselling (Dennis, 1999b, p. 5).

On Wednesday a distressed and at times tearful Senior Constable Michelle Sinclair said she had feared she was about to die at any minute… The police officer has worked for just four days since the shooting. She is now on leave awaiting a medical discharge because of anxiety attacks (Dennis, 1999b, p. 5).

Senior Constable Murray Smith also was there that night. He, like Snr Const Sinclair, was unable to view the knives or photographs. Born and bred in Wollongong, Snr Const Smith has moved out of the area since the shooting, unable to cope with life here since (Dennis, 1999b, p. 5).

This reorientation of news media coverage resulted in a more equitable distribution of editorial space to both the affective dimensions of the Paul Klein incident and the personal trauma narratives of its key stakeholders. In keeping with this, the Illawarra Mercury’s news media coverage of the coronial inquest included more prominently the perspectives of Paul Klein’s family. This was evidenced, in particular, by a special front page news story on 18 September 1999 in the weekend edition of the Illawarra Mercury prior to the coronial inquest. This special news report continued within the newspaper as an extended series of smaller news items under the banner headline, ‘The death of ‘Post’, a gentle giant’ (see Mardon, 1999a; 1999b; 1999c; 1999d). The news items sustained the more ‘humanised’ news framing earlier constructed in relation to Paul Klein with the continued and expanded inclusion of family memories and tributes from former colleagues and sporting team mates, who readers were told had “dedicated a best and fairest award”, the Paul Klein Memorial Trophy, “in his honour” (Mardon, 1999c, p. 5). News frames countered the stereotypical image of the ‘knife-wielding madman’ with depictions of Paul Klein as a “most gentle and calm person” (Wilkins quoted in Mardon, 1999c, p. 5). His disturbed behaviour on the night of his death continued to be framed as an unexpected dramatic transformation in his usual personality: “The picture everyone saw of him when he was killed was nothing like him. It was a totally abnormal night in an otherwise normal life” (Klein quoted in Mardon, 1999b, p. 4).
However, in a deviation from earlier constructions of the ‘gentle giant’ news frame, the Illawarra Mercury’s special news report expanded its press coverage to thematically address the question of the reasonableness of the police use of deadly force on the night of Paul Klein’s death. It specifically framed these questions in the context of the family’s search for ‘justice’ and as an opportunity to ‘set the record straight’ in relation to previous news media coverage of the Paul Klein incident. Drawing on Kawamoto’s (2005) argument, the use of the personal narrative technique in these news items reflected the fact that the journalist more than likely “had to develop a trusting relationship with his or her subjects and enter their world for a period of time”; not an altogether easy task for news media professionals, given that emotional trauma is “a difficult topic to report on because human suffering is often a very private and personal experience” (p. 9). In this respect, the special news report was geared towards not only a reframing of Paul Klein’s subjectivity, but also the reclamation of ‘voice’ and ‘agency’ by and on behalf of Paul Klein’s family.

The special feature included several photographs of the family, including Paul Klein’s nieces and nephews, surrounded in some cases by his sporting trophies. In one image, Paul Klein’s father was shown with the same photograph of his son, dressed in a tuxedo, which had featured in newspaper coverage the previous year on 30 May 1998. This particular image of Paul Klein was reproduced three times throughout the special news report. In an ‘erasure’ of the visual aide memoires of ‘madness’, there were no reproductions of photographs taken on the night of Paul Klein’s death. On the contrary, the included quotes from family members attempted to redress this public image of Paul Klein by seeking to redefine the parameters of ‘normality’ and ‘abnormality’ or what Foucault (1978) previously referred to as the “constant division between the normal and abnormal, to which every individual is subjected… [a] binary branding” (p. 199). These inverted news frames attempted to ‘normalise’ Paul Klein’s disturbed behaviour and his mental illness:

Even Paul Klein’s family admits he wasn’t a saint. He was a keen sportsman, a dedicated CityRail train guard and a fun-loving gentle giant, but he had his share of problems. In his final 18 months of life
Paul was trying to cope with episodes of erratic behaviour… But his close-knit family stood by him through it all and never gave up on the 30-year-old (Mardon, 1999b, p. 4).

Rather than continuing to promote a discourse of fear related to the unidentifiable existence of ‘dangerous others’ within the community, news frames suggested that Paul Klein was “just a normal person” (Klein quoted in Mardon, 1999b, p. 4) who was admired by family and sporting friends, well regarded in the workplace, and was not known to retaliate with violence to any provocations. These ‘normative’ news frames sought to ‘normalise’ the idea of mental illness more generally by suggesting that mental health problems could indiscriminately affect anyone in the community.

5.7. Conclusion

Since the Paul Klein incident, the Illawarra Mercury has published a number of news reports about contemporary policing practices and mental illness, which have deviated from this binary branding of risk-based identities. A review of a selection of these news items found that their reportage was significantly thematic in orientation as compared to earlier news stories about the Paul Klein incident. These later news reports more directly (and often sympathetically) sought to redress misconceptions of mental illness, especially its persistent correlation with violent behaviour, and to contextualise the affective impacts of trauma work often experienced by frontline responders, like police. It also sought to more comprehensively address the systemic deficiencies experienced within the mental health care system in the local region. These developments in reportage were evidenced in the headlines to a selection of news stories, which were published in succession to one another throughout February, November, and December 2000:

- ‘Violence by mentally ill ‘misread’: resistance often wrongly pictured’ (Turk, 2000a, p. 8).
- ‘System failing pressured police: officers treated ‘like imbeciles’’ (Mardon, 2000, p. 5).
- ‘Changes vital for valuable service: mental health under the spotlight’ (Turk, 2000b, p. 9).
These shifts in the news frames constructed by the newspaper in its reporting of contemporary frontline policing and mental illness highlight the potential for and the benefits that contextualised reporting can derive for interpretations of risk, trauma and crisis (particularly in smaller regional communities), as well as the power of news media to influence public perceptions and inform socio-political debate on these issues. News framing devices are integral to this process, just as newsroom culture and (challenges to) the editorial philosophies of media organisations are central and distinguishing features of news media practices. This suggests that more appropriate and sensitive news framing of the Paul Klein incident may have been possible had print and broadcast news media committed to the enterprise of contextualised and reflexive reporting of these complex issues, rather than to the virtues of traditional news conventions and values, which often seek to emphasise the more dramatic and sensationalised aspects of controversial events. As the personal reflections of the media practitioners in this chapter illustrate, there are various ways in which a single news event can be framed, depending on the discretionary media practices and editorial decisions of these news media professionals (Rossall, 2011). Sometimes, in the case of dramatic and controversial news events, these framing selections and constructions can be motivated by nothing more than what can be described as an ‘innate news sense’ and ‘journalistic ego’ (N. Hartgerink, Research Interview, 27 April 2007). Regardless, these editorial decisions reflect “what is deemed significant or newsworthy, the constraints imposed on newsroom work and routines” and the “cultural assumptions” that editors and journalists make about their audiences (Blood & Holland, 2004, p. 325) — some of which can be highly questionable and contestable.

For the most part, visual and textual news frames of the Paul Klein incident centred on questions of the ‘reasonableness’ of and alternatives to police use of deadly force and contested interpretations of the ‘threat’ Paul Klein presented to police and the community. As the chapter has shown, the central question to underscore many of these news frames was whether police officers had any option other than to shoot Paul Klein on the night of his death. This framing of ‘agency’ as it related to
the Paul Klein incident — who was to blame for the death and the nature of the life lived by Paul Klein — persisted throughout the news media coverage and formed the basis of early newspaper constructions of ‘public crisis’. This was stimulated by mediated representations of an inadequately equipped police force ineffectively and inappropriately attempting to deal with dangerous situations and the increased incidence of violent offenders in the community. These risks, although not entirely baseless, were often overstated and/or unsupported by verifiable evidence, particularly in their causal association of the fatal police-involved shooting of Paul Klein with increased levels of criminality and the widespread vulnerability of the community to mentally ill individuals in crisis. The relatively rare circumstances of a fatal mental health crisis intervention were constructed as both salient and ‘normative’ so as to amplify public risk perceptions and elicit serious community concerns and socio-political debate, which was based predominantly on a discourse of fear and the reshaping of “collective identities” of people as ‘at risk’ and ‘potential victims’ (Altheide, 2010, p. 146).

Given that the reporting of public deaths and critical incidents such as these is often associated with more obvious examples of a “dereliction of journalistic duty” (Kitzinger & Reilly, 1997, p. 346), it is relevant to consider the role of contemporary news media resources in providing guidance to news media professionals on these issues and the additional sensitivities and vulnerabilities associated with this kind of trauma reporting (particularly in light of its potential framing effects). As this chapter has shown, these reporting guidelines do not always fit seamlessly with the ambiguities of fatal mental health crisis interventions. While contemporary reporting guidelines and media resources provide guidance on the reporting of death as a consequence of suicide, for example, they tend to focus more exclusively on the impacts of negative or irresponsible reporting in the context of ‘survivors’ of mental illness. The guidelines are limited in their applicability to situations in which the mentally ill person may be deceased, particularly as a consequence of controversial and/or traumatic circumstances, such as those specific to a fatal mental health crisis intervention or a suspected ‘suicide by cop’ incident. The ethical complications that
controversial deaths of (or even by) mentally ill individuals in crisis raise in relation to issues such as the disclosure of mental illness also have broader, albeit often unacknowledged, implications for the development of contemporary reporting guidelines and media resources, and the commonly accepted attributes of socially responsible journalism and ‘best practice’ trauma reporting.

By failing to inform readers of Paul Klein’s mental health status at the time of his interaction with police, early press coverage of the critical incident precluded the capacity for a sensible and informed debate about the complexities of mental health crisis intervention, and the adequacy of resourcing and training for operational police officers in their engagement as ‘frontline responders’ to mentally ill individuals in crisis. As discussed, these early news reports more simplistically framed mentally ill individuals in crisis as a ‘social problem’ and police use of deadly force as a ‘public crisis’; thereby politicising Paul Klein’s death. Solutions ranged from improved personal responsibility on the part of mentally ill individuals experiencing psychiatric crisis through to the introduction of less-lethal alternatives to firearms for frontline police officers who, not unlike Paul Klein, were conversely typecast as either ‘sympathetic victims’ or ‘reactionary and violent villains’. There was no critical discussion about early prevention or ethical intervention to mental health crises from a mental health perspective. The contributions of systemic deficiencies in mental health care to Paul Klein’s psychiatric distress and the fatal outcome of his crisis encounter with local police were also neglected in the news framing of the Paul Klein incident. Such refrains have become more common in the news media coverage of contemporary fatal mental health crisis interventions (see, for example, the news reports of the death of Elijah Holcombe).

Enduring news frames and stigmatising stereotypes of the ‘knife-wielding madman’ and out of control ‘monster’ strongly implied that Paul Klein was an unpredictable ‘dangerous other’ who was beyond treatment and the management of his mental disorder. The potential for these risk constructions to perpetuate the stigma often associated with mental illness in the community was substantial and had far-reaching
implications; not least of all for the secondary trauma experienced by Paul Klein’s bereaved family and friends. This might be cause to suggest that, in the reporting of critical incidents such as fatal mental health crisis interventions, news frames of mental illness need to be more appropriately balanced against the ethical demands of reporting on trauma and violence. To date, however, these reporting guidelines and media resources have often been published independently of one another, which has resulted in these issues being treated separately and in a piecemeal fashion.

What the news framing analysis of the Paul Klein incident and other fatal mental health crisis interventions therefore highlights is that there may be some benefit to a broader inclusion of relevant intersections of content from and within each of these areas of reporting guidelines for news media professionals. In particular, online learning resources and self-study units made available through organisations like the Dart Center for Journalism & Trauma (see, for example, Hight & Smyth, 2004; Kawamoto, 2005) may have broader relevance to contemporary media resources, such as Reporting Suicide and Mental Illness, and other industry codes of ethical journalistic practice. In addition, the news framing analysis of the Paul Klein incident reveals that framing effects, as these relate to the ethical guidance of the reporting of mental illness and trauma, are not solely defined by the nature and extent of news media representations. Nor are they restricted to relevance in terms of verbal or textual news frames at the exclusion of visual news images. News framing effects may also relate to the diffusion of news media coverage, and the impact of repeated exposure to particular media portrayals. This may not necessarily be contained to the news media reportage of a single news event, but can also incorporate the way in which a single news event can become a media template or ‘rhetorical shorthand’ (Kitzinger, 2000) for the news reporting of contemporary fatal mental health crisis interventions. The precedents established in these media templates can promote a pattern of news reporting that can be highly problematic.

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68 As Coleman (2010) suggests, the “special qualities of visual images underscore the point that, in some cases, visual framing may actually matter more than verbal framing” (p. 235). At the very least, visual images of mentally ill individuals say something about how media technologies and the cultural forms they produce are implicated in the aesthetic construction of ‘madness’ (Cross, 2010).
particularly where these precedents are based on the perpetuation of stigmatising constructions of subjectivity and news frames that do not seek to contextualise for news media audiences the complexities and ambiguities of controversial and traumatic risk-based news events. This does not preclude the development of more socially responsible patterns of news reporting and media templates, which seek to centrally address the ways in which “the public navigates the gap between experience and representation” (Zelizer, 2010, p. 62) in its interpretation and critical discussion of contemporary police use of force incidents and mental illness. However, as the following chapter demonstrates, this presents an imperative for news media professionals to self-reflexively evaluate the ways in which they — as mediators of this public risk knowledge — construct their news narratives about fatal mental health crisis interventions in relation to the situated knowledge and experience of key stakeholders.
CHAPTER SIX

‘News framing effects’ and the ‘affective turn’ of trauma reporting

6.1. Introduction

This chapter introduces the notion of traumatic effects to the interpretative frameworks and news frames associated with fatal mental health crisis interventions. Where previous chapters have identified the predominant sources of risk information for and the framing practices of news journalists and other media professionals, this chapter explores the research questions outlined in the introduction of this thesis with regards to the ‘news framing effects’ of this reportage on individuals who may have been involved in and/or traumatised by a fatal mental health crisis intervention. The purpose of the chapter is to explore the discourses constructed from both within and external to the news media industry about the risks, responsibilities and vulnerabilities associated with crisis and trauma reporting. My interest lies with the ways in which news media texts are used to make sense of these critical incidents in broader spheres, such as legal discourse, and the negotiation that occurs between the interpretations of these events in news media texts and the situated experiences of their key stakeholders (i.e. the gap between lived experience and mediated representation).

In the context of the Paul Klein incident, this manifested in legal proceedings against the NSW Police Service for its failure to restrict news media access to the scene of the critical incident, which it was claimed led to psychiatric injury for Paul Klein’s
family. The chapter examines the way in which these legal proceedings brought into question the ethics of news media practices and the social responsibilities of the press in ‘bearing witness’ to traumatic events, such as fatal police-involved shootings of mentally ill individuals in crisis. Writes Couldry (2006): “Cases where media coverage of a crime and its victim’s family intrudes into that family’s grief raise difficult, but neglected ethical questions” (p. 133). It is an area, as Couldry (2006) claims, that is “riven with difficult boundary decisions”, particularly with regard to “where the protection around private individuals should be drawn” (p. 134) and, I would add, towards which individuals this protection should be directed.

It is difficult for others without direct experience of such events to truly understand or appreciate the magnitude of the trauma endured by those individuals involved in and impacted by a fatal mental health crisis intervention. Traumatised people, as Tumarkin (2005) observes, are constantly haunted; they have to “live with the past that refuses to go away” (p. 12). The act of ‘bearing witness’ is therefore a fraught practice; one that attempts to “represent trauma and atrocity through words and images that always function reductively” (Tait, 2011, p. 1222). It is often difficult to do adequate justice to the representation of this trauma and its implications, which may be more far-reaching than one might have anticipated. Strong negative community sentiment towards adverse incidents involving mental illness can, for instance, put at risk substantive broader mental health reforms. It can also threaten the credibility of police and the public’s trust in them (Herrington et al., 2009). Several of the police officers present on the evening of the fatal shooting of Paul Klein either subsequently sought medical discharge or early retirement from the NSW Police Service. Others requested transfers to another LAC or returned to service only after an extensive period of personal leave; a not altogether unfamiliar experience in such circumstances.

Of course, the negative impacts on Paul Klein’s family and friends have been just as severe, if not more pronounced — to the extent that some family members remain adamant that the trauma experienced by the police officers involved in the death of
Paul Klein will never compare to the pain these individuals have experienced (and continue to experience) as a result of the loss of their loved one. For these bereaved individuals, the traumatic effects experienced by police officers involved in the Paul Klein incident will never be able to offer any emotional solace or consolation. Several family members continue to experience psychological, emotional and financial distress, attributable not only to Paul Klein’s death, but also the traumatic effects of the subsequent legal proceedings and the news media’s persistent intrusions on the family’s grief and privacy immediately after the critical incident. The memories of these experiences are pervasive and are often intensified, according to family members, by the anniversary of Paul Klein’s death or other milestone dates, such as family celebrations, where the absence of their loved one is most palpable. For some family members, the pain of the incident is as pronounced a decade after the incident as it was the evening of Paul Klein’s death. News reports of subsequent fatal mental health crisis interventions also tend to reignite these memories.

This necessitates some discussion of the ethics of news media practices, and the potential conflicts that exist between the traditional ideals of news journalism (e.g. objectivity) and more contemporary shifts in risk and trauma reporting towards an affective dialectic or rather the emotionally-driven logic of news production, which is often accompanied by problematic levels of self-reflexivity and in which ‘emotion’ is regularly defined as a core ‘news value’. The chapter maps the shifts in more recent news media reporting of fatal mental health crisis interventions and the ways in which the mediated first-person testimonies and personal trauma narratives (i.e. situated knowledge) of bereaved family members of the deceased, as primary definers of the news agenda, have been embraced as positive developments in news media’s engagement with traumatised subjects. The chapter questions whether this style of ‘soft journalism’, with its emphasis on the search for meaning, and human perseverance and resilience in the face of adversity (Bonner & McKay, 2007; Lester & Hutchins, 2012), is nonetheless exploitative of vulnerable or traumatised individuals and what potentially harmful effects the publication of this
lived experience can reproduce for other significant stakeholders whose voices are, by comparison, marginalised in public debates about the police use of force.

As the basis for this analysis, the chapter draws on the personal testimonies of the police officers interviewed for the current research project, as well as two recent examples of ‘soft journalism’, which masqueraded as investigative journalistic news texts — a radio broadcast of *The Law Report* concerned with coronial inquests of fatal mental health crisis interventions, and an episode of the television programme, *Four Corners*, which explored the use of lethal force by frontline police officers in four critical incidents involving the deaths of mentally ill individuals in crisis. The chapter challenges the conventional assumption that police hold the balance of power in these police-media relationships by identifying the ways in which the ‘technical’ standards and formal guidelines of their profession can actually ‘marginalise’ the voices of individual police officers who have been involved in a fatal mental health crisis intervention. The personal trauma narratives of these police officers and their own subjunctive interpretations of their involvement in a critical incident can be as emotionally-charged and subversive to the official discourse of police administrators as the affective discourse of bereaved family members, although these personal trauma narratives rarely feature as often in news media texts.

### 6.2. Beyond the traditional ‘media effects’ model of news media impacts

The commercial imperatives of news media organisations, combined with more recent advances in telecommunications and digital technologies, have increased the pressure on news media professionals to “report events quickly and, due to the very nature of competition, with increasing intimacy” (McLellan, 1999, p. 59). “For those outside the media”, writes McLellan (1999), “it is often difficult to understand that journalists face enormous challenges to achieve accurate reports within relentless deadlines” (p. 60). For individuals impacted by traumatic events, these structural and systemic variables offer little excuse for news media coverage that exploits the vulnerabilities of its subjects, especially where this serves the
interests of news values and/or commercial advantage. Structural changes in the media landscape, including increasing competition and commercialisation, have therefore led to a situation where the “topicality and urgency of the question of ‘social responsibility’ of the media is growing” (Bardoel & d’Haenens, 2004, p. 22). Inherent within this paradigm is a call for increased media sensitivity and reflexivity; “attention to the details of one’s own life and the lives of those with whom one comes in contact” (May, 1996, p. 92). There is now an even stronger impetus to ask how much of the rush to cover news events is healthy — for news media audiences and practitioners alike — and at what point does “the focus on increasingly graphic details move the media from covering an event to intruding upon the vulnerable, those people affected by that event?” (McLellan, 1999, p. 59). The importance of these questions, and the advocacy for responsible and respectful reporting of traumatic events and traumatised subjects, is made all the more apparent by ‘media effects’ research, which has shown that there may be “unseen and ongoing impacts on victims, survivors, families, friends and communities of such media coverage” (McLellan, 1999, p. 59).

The allegedly harmful effects of media coverage have “been a perennial topic of debate and object of research” (McQuail, 2003, p. 139) within journalism and media studies, and continue to play a significant role in contemporary discussions of media responsibility and accountability. Traditional ‘media effects’ research has favoured the ‘stimulus-response’ or ‘transmission’ model and its hypothesis that there exists the possibility of a direct causal link between media exposure and the enactment of physical harm to self and/or others by the persons exposed (McQuail, 2003). This hypothesis often centres on claims of copycat behaviour and the “corrupting effects” of the “rising tide of media violence” (Barker & Petley, 2001, p. 1). This preoccupation with the relationship between media exposure and the prevalence of certain defined behaviours has often resulted in ‘media effects’ approaches that are predominated by behaviourist and cognitive paradigms, which tie research in this area to a “very restricted conception of media responsibilities, and an overly narrow framework for evaluating media performance” (Blood & Pirkis, 2001, p. 165).
These frameworks often disregard the ways in which people’s responses to news media content are shaped by their act of ‘bearing witness’ to tragedies like fatal mental health crisis interventions, and their lived experiences of frontline policing and mental illness, as well as their personal interactions with news media professionals. One reason for these oversights is that the traditional ‘media effects’ model has been predicated on the concept of the audience as homogeneous and passive, and unable to resist or counter the potentially detrimental impacts of sensitive media content. As Tulloch (2008) explains, this characterisation conveniently ignores over two decades of research on the ‘active audience’ and the variations between “the responses and media uses of different individuals” (p. 155). The shortcomings of the ‘passive audience’ concept are vividly demonstrated by an analysis of news reporting of fatal mental health crisis interventions. In such circumstances, individuals associated with these critical incidents may (as media consumers) actively resist and contest the news frames constructed of the event and its associated subjectivities, but still (as news subjects) experience harmful secondary effects (e.g. vicarious traumatisation or a sense of victimisation) as a direct result of their exposure to this media content and the experience of being the subject of news media coverage. As one of the police officers who was involved in the Paul Klein incident explains:

…I could see myself, at some point in the future, having to do exactly the same thing as I did that night, and then I could see the headlines saying, ‘trigger happy cop kills another one’, or something like that. And I thought, I can handle that, but I see no reason why my family should be subjected to that, and when they [the NSW Police Force] offered me an early retirement, I took it (R. Rumbel, Research Interview, 27 September 2010).69

The assumption that news media texts operate (and are read) in the simplistic ways suggested by traditional ‘media effects’ research is therefore problematic (Holland, 2012). As the qualitative research for this thesis and other scholars have

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69 This admission resonates strongly with Klinger’s (2004) observations that police officers remain acutely aware of how use of deadly force is often portrayed by the press and how the public will come to interpret the ‘reasonableness’ of their actions through this relationship (see also Novak, 2009).
shown, there is a need for news media representations to be analysed and understood in relation to changing historical conditions, the shifting contexts in contemporary policing and mental health care reforms, the different rules that govern news media outputs, and the “consciousness and expectations that audiences bring to them” (Holland, 2012, p. 221; see also Cross, 2004, 2010; Harper, 2009). This does not preclude the existence of real-world effects as a consequence of mediated representations, but rather reorients more traditional conceptions of ‘media effects’ towards what I prefer to term news framing effects — which take account of the various conditions of news framing practices and the ways in which situated knowledge and lived experience can impact on the construction and contestation of particular frames in news texts. This expanded view of the traditional ‘media effects’ argument also accounts for the more enabling aspects of news framing practices; for example, the ways in which news media coverage of fatal mental health crisis interventions can provide a vehicle for marginalised individuals or social groups (e.g. bereaved families and friends) to access the media arena (Lawrence, 2000). Another example might be the ways in which news reporting of these critical incidents can become, in its own right, a precursor or catalyst to positive socio-political and/or institutional reform. This (re)conceptualisation also accommodates for a critical discussion of the ways in which positively perceived news frames, such as those that include the voices of individuals with lived experience of trauma, can have potentially negative framing effects for other stakeholders of these same events.

Irrespective of the criticism towards traditional ‘media effects’ research, there is still a significant belief in the existence of media influence and the potential for negative impacts as a result of exposure to risk and trauma reporting. Some of this can be traced to a public mistrust in news media. But it can equally be attributed to the ‘intimacy’ that exists between news audiences and media texts in the immediate aftermath of traumatic events. As discussed in the previous chapter, while news journalists often regard their work as ‘here today, gone tomorrow’, it has been shown that many individuals directly affected by a traumatic event “often closely and
repeatedly examine media reports to help them construct meaning, i.e., both a broad chronology of what happened and, if possible, why it happened” (McLellan, 1999, p. 59). It is precisely this ‘context’ to traumatic events that is sought after in the turn towards news media texts, despite the fact that this reporting often presents a de-contextualised representation of these events. Nonetheless, this use of the media “to construct meaning appears particularly important”, as McLellan (1999) explains, because “victims and experts [have] noted that individual news reports or images” have often been “triggers for distressing responses” (p. 59).

This raises a series of important questions about where the responsibility lies for the risk mitigation of potentially negative news frames and framing effects. What are the ethical and moral limits of news media responsibility in relation to risk and trauma reporting? Who should news media professionals be responsible to (and for) and how should this be determined? Should ‘public interest’ serve as the yardstick by which the boundaries of ethical behaviour are measured? What place do ‘private interests’ have in this equation? To what extent should these parameters be negotiated on a continuing basis? Many of these questions go straight to the heart of critical discussions about the ‘social responsibility’ of news media, and the ethics of news media practices and journalistic interventions (Hodges, 1986). Couldry (2006) suggests that questions such as these may prompt us to revise our thoughts on media regulation more generally, and to also rethink the media outlet as “not just an outlet for news transmission but as a public space where the social world is constructed” (p. 139). Within this framework, Couldry (2006) argues, the “aim of media ethics should be to encourage reflexivity of all parties to the media process, not only media professionals” (p. 136).

This argument carries additional weight in the context of fatal mental health crisis interventions where the reliance on news texts as evidentiary sources of sense and meaning in the immediate aftermath of these traumatic events is not always restricted to the relationship between news text and media consumer. The interpretation of news texts can — and often does — extend to (and is reconfigured by) constructions
of meaning within other institutional domains, such as the courtroom and legal discourse. The news media coverage of the Paul Klein incident provides an example of this in its (re)framing as a crucial piece of credible evidence in the coronial inquest into Paul Klein’s death. Risk assumptions about the potential for traumatic effects as a consequence of the relationship between graphic news texts and already traumatised media consumers featured as part of the coronial recommendations (Stevenson, 1999). It was suggested that the Paul Klein incident had demonstrated the necessity for coroners, through legislation, to be able to “limit media use of material of a sensitive nature that would cause distress to the relatives, friends and other interested persons of the deceased” (Stevenson, 1999). The Deputy State Coroner, Jan Stevenson (1999), recommended “some power should be able to be exercised by Coroners to prevent over-use of such sensitive material or at the least to specify in what form or ways such material should be used”70. Stevenson (1999) claimed that the news video footage of the Paul Klein incident had been “so graphic it would make anyone with an ounce of humanity say what is depicted is totally unacceptable, and an outrage in a civilised society”. She conceded that, when viewed in isolation to the other evidence tendered at inquest (such as records of interview and the testimonies of individual police officers), the “horrific nature” of the video evidence had been so persuasive as to encourage her to preliminarily consider termination of the matter for referral to the DPP (Stevenson, 1999). Stevenson (1999) maintained that, in light of its harmful content, the “continual airing of the film” had undoubtedly impacted negatively on the health and wellbeing of not only Paul Klein’s family, but also the police officers involved in the critical incident. Somewhat naively, however, she claimed that these traumatic effects may have been remediated by the use of still photographs, which she argued would have been “more appropriate in television coverage rather than the continual playing of the tape which caused such distress to the Klein family, and indeed to officers” (Stevenson, 1999).

70 An earlier request for a suppression order in relation to the incident’s news media coverage — particularly the video footage — had previously been denied by the NSW State Coroner, Derrick Hand, after inquiries by police in the hours after the fatal shooting of Paul Klein. The inability of the NSW State Coroner to legally issue a suppression order was cited as the reason for the refusal, according to evidence tendered to the coronial inquest into the death of Paul Klein.
Despite the potential for such recommendations to be viewed as a legislative imposition on the moral limits of professional news media practices and as an external threat to the ‘freedom of the press’ to serve the ‘public interest’, Stevenson’s recommendation attracted barely any critical commentary from news media professionals themselves. It was simply reported that the then Attorney-General, Jeff Shaw, for reasons unknown, had “chose[n] not to act on the recommendation” proposed by Stevenson71 (‘At the scene of the crime’, 2004, p.16). It may have been that Shaw recognised what Stevenson had failed to in her criticisms of the local news media coverage of the Paul Klein incident — that the coronial inquest itself had functioned as a catalyst for the repeated and broadened circulation of these sensitive media materials, by virtue of their (re)framing as coronial evidence. The point was not lost on those immediately impacted by the local news media coverage of the Paul Klein incident and the coronial inquest:

…[the coronial inquest] opened some wounds again, so it’s like a year later; it’s splashed all over the news again, it’s in the [news]papers. You’ve got to be there, you’ve got to confront the family… I felt sorry for them, but there was some criticism from the family about the police part… It was more, down the track, when I’m trying to run away from it, and suppress this bad thing that’s happened in my life, and it just... it just keeps popping up, so it has that impact on you; I didn’t really want to see that [media coverage of the incident]. And, years later, there it is. You’re sitting down watching the news and there’s a video; there it is again. “Shit, I thought I’d put that to bed”, you know? (P. Brodie, Research Interview, 29 September 2010).

71 Since then, the Coroners Act 1980, which was current at the time of the coronial inquest into Paul Klein’s death, has been amended. The changes have sought to reflect the emergent influence of the Internet and social media as mediums for and sources of news media coverage and information. However, the revised Coroners Act 2009 does not deviate substantively from its predecessor with regards to the powers of the Coroner to prevent the publication of evidence where doing so might be regarded as being in the ‘public interest’ or in the interests of the personal security of any person (Section 74, Coroners Act 2009). From a layperson’s perspective, this would suggest that there were already legislative provisions available at the time of the coronial inquest into Paul Klein’s death that may have, with some qualification, afforded the Deputy State Coroner the opportunity to personally limit the repeated use and circulation of relevant news media materials, should such an action have been warranted.
6.3. The legal scrutiny of police duty of care and traumatic news effects

Such was the trauma engendered by the graphic and repetitive nature of the news media coverage of the Paul Klein incident — print and broadcast media combined — that Paul Klein’s family subsequently initiated an unsuccessful claim for aggravated damages against the State of New South Wales. They alleged that the state was vicariously liable for the negligence of the NSW Police Service and the individual police officers involved in Paul Klein’s death. It was alleged that police had breached their ‘duty of care’ by failing to establish a perimeter around the scene to exclude non-essential personnel, and that the distress caused by repeated media interest and re-use of the video footage and news photographs from the incident — captured as a result of the absence of police perimeters — had caused nervous shock for some members of the Klein family. No media organisation was named as a respondent in the case. In 2006, the civil action was dismissed in the NSW Court of Appeal (see Beazley, Santow, & Young, 2006).

Chappell and Graham (1985) claim that when critical incidents involving the police use of deadly force come under judicial review, they usually do so “in civil rather than criminal courts” (p. 71). By and large, the onus falls on plaintiffs to prove the unlawfulness of police behaviour (Freckelton, 1996). The reality, writes Freckelton (1996), “is that people suing police generally start from a profoundly disempowered position” (p. 177) and face considerable difficulties in proving that a ‘duty of care’ was owed by police officers. Establishing a ‘duty of care’ is necessary, however, if harm caused to the plaintiff by the negligence of police actions is to have some redress (Shircore, 2006). In Australia, only a small proportion of critical incidents involving police use of force have reached the courtroom (see, for example, those detailed by McCulloch & Palmer, 2005). Those cases that have made it before the courts have rarely resulted in convictions, although this is not to say that civil actions are unable to act as catalysts for “facilitating the accountability of police to the community” (p. 173). One of the notable exceptions in terms of plaintiff success in Australia is the case of Zalewski v Turcarolo in which $116,000 of ordinary damages were awarded to Turcarolo, a mentally ill man with paranoid schizophrenia, who was
shot by police in October 1985 in Pascoe Vale, Victoria. Turcarolo was confronted by police while sitting on the floor of his bedroom in possession of a shotgun. In a disturbing parallel to the Paul Klein incident, Turcarolo’s father had been the one to call police, anticipating that they would be able to persuade his son to disarm himself as they had previously done when Turcarolo had armed himself with a knife. The court’s decision in the case represented an example of “a higher than normal award of damages” (Freckleton, 1996, p. 175), although in the context of the event, it was still a modest amount, since Turcarolo was rendered a quadriplegic as a consequence of the police-involved shooting and what were determined to be the negligent actions of police officer, Sergeant Anthony Zalewski (for more information on this case, see Freckleton, 1996; Hamdorf et al., 1998; Zalewski v. Turcarolo, 1994; Zalewski and Anor v. Turcarolo, 1995).

The decision to sue: a potential test case for news media coverage of trauma and crisis

By comparison, the legal proceedings relevant to the operational response of police officers involved in the Paul Klein incident represented something of a departure from previous liability cases involving the police use of force. Not only did the court case question the central tenets of contemporary policing practices, but in the specific claims about the negligence of police officers, legal scrutiny of the news media practices associated with the critical incident was also foregrounded. The ‘fourth estate’ ideal of journalistic access to crime scenes as a mechanism by which to scrutinise and ensure accountability of operational police procedures and professional conduct was repeatedly (con)fused with the issue of news media responsibility and accountability. The limitations of the ‘freedom of the press’ model and conceptions of information in the ‘public interest’ were repeatedly positioned alongside questions about the ethical boundaries of mental health crisis interventions and police ‘duty of care’ to laypersons. The inference was that police officers bore a responsibility for the local news media’s (mis)representations of the Paul Klein incident. The assumption was based on the claim that police officers could have reasonably foreseen the ‘not insignificant’ risk that the Klein family would suffer psychiatric injury from repeated exposure to news items about the critical incident as
a result of the police failure to establish a perimeter around the scene and restrict media access to it (Rajendran, 2004). However, the question of whether police officers should have established an external perimeter that excluded news media access to the Paul Klein incident was distinct from the heart of the complaint, which focused more exclusively on the question of ethical news media interventions and the social responsibilities of the press in the mediated representation of traumatic events, particularly those involving fatal outcomes. The strength of the public defence of press freedom by news media professionals in response to the legal proceedings supported this.

News reports about the proceedings were strangely negligible in the regional printed press, especially the *Illawarra Mercury*72. However, the case featured in commentary in metropolitan newspapers, such as *The Sydney Morning Herald*. Most of the news items published afforded little regard for the implications of the court case on contemporary policing practices (especially police operational discretion). Instead, the media commentary focused on the potential precedent the case might set for news media coverage of crime, and the media’s ability to scrutinise police operations. This mobilised a fierce defence of the ‘fourth estate’ ideals of journalism and news media’s ‘right’ as gatekeepers to expose professional misconduct, where evident, and to hold sources of institutional power to public account. It was claimed that a finding in favour of police liability would result in limitations on the freedom of the press. Several media commentators argued in defence of news media access as a means by which to hold state agencies accountable. In doing so, some turned their defence of press freedom into an attack on Paul Klein’s reputation and the actions of his family in bringing the damages claim to court.

Several newspaper reports constructed news frames that criminalised Paul Klein and emphasised his actions and behaviour without requisite contextualisation of his mental illness or the experience of acute psychosis. They remained preoccupied with

72 The exceptions were the *Illawarra Mercury*’s reproduction of news reports distributed by AAP General News Wire (see, for example, ‘Bereaved family wins right to sue’, 2005, p. 2).
the legal debate over semantics — the distinction between whether Paul Klein had been the “subject of an investigation” or a “face-to-face confrontation with police” (see Marshall and Scotting respectively quoted in Coopes, 2005, p. 1). One newspaper report labelled Paul Klein as “high on drugs” before his death73 (‘At the scene of the crime’, 2004, p. 16). The focus of these news items was less on the ethical and operational complexities and trauma associated with Paul Klein’s mental health crisis and subsequent death (i.e. the context of the critical incident) and more on the ‘criminal behaviour’ he had demonstrated while experiencing psychosis (e.g. setting fire to his grandmother’s house and arming himself with knives).

In the print media’s attentive defence of its ‘fourth estate’ ideals, a number of the news reports inferred that the legal proceedings brought by the Klein family were ‘un-Australian’ and undemocratic; that they were oppositional to the values of a ‘free society’ (see, for example, ‘At the scene of the crime’, 2004). One news report quoted Gerald Stone, a former Executive Producer of the Australian current affairs television program, 60 Minutes, as saying:

Australia is becoming litigious enough and the idea you can sue the police because they didn’t stop someone taking pictures of their son committing a crime… seems to be quite out of keeping with what most Australians are on about (Stone quoted in Lamont, 2004, p. 5).

News media professionals conceded that media access to critical incidents should not be untrammelled where there were sound operational reasons for police to limit or prohibit the access of representatives of the press. However, there was a noticeable absence of self-reflexivity on the part of these media commentators as to whether the news reports of the Paul Klein incident had, in fact, breached the professional standards of journalistic practice so readily espoused in the critical response to the legal proceedings. There was also little consideration as to whether the news media coverage of the critical incident may have produced secondary traumatic effects for its news subjects (or even the news media professionals responsible for the

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73 This was the phrase used by a prominent senior police officer in his testimony at the coronial inquest into Paul Klein’s death. Inspector Grahame Maher conceded in cross-examination that he had been briefed on arrival at the scene on 26 May 1998 that Paul Klein had a history of mental illness, although no information was provided to him about Paul Klein’s amphetamine use or whether drugs were a contributing factor to his psychotic state on the night of his death (see Testimony of Inspector Grahame Maher, Inquest into the death of Paul Simon Klein, 22 September 1999).
news reportage). Ethical concerns about the risks of ‘harm’ as a consequence of the media’s access to the scene and subsequent news framing of the Paul Klein incident, and general responsibilities for the effects of publication, were often dismissed as being restrictive of the media’s right to ‘freedom of expression’. These claims from media commentators often appeared to be motivated by longstanding anxieties about the limits of news media authority and the perceived erosion of press freedom in the wake of recurrent debates about the regulation of professional media practices:

> There will be sound operational reasons why police keep reporters and film crews away from crime scenes; perhaps they would hamper investigations or it may be for their safety. However, it should not be because pictures, audio or written reports might cause hurt to someone… The responsibility for dealing with sensitive material must rest with the media themselves. Yes, this means there will be lapses of taste and judgement. However, the news media have, in the main, discharged their responsibilities carefully over the years, keeping gratuitous horrors off their pages and screens. The courts must be careful not to set any precedent that would ultimately circumscribe the community’s right to be informed (‘At the scene of the crime’, 2004, p. 16).

However, as the Paul Klein incident demonstrates, the freedom of the press is not necessarily “a sufficient condition for the production of timely and useful public information” (Bennett, 2009, p. 105) or contextualised news reporting. Neither is the news framing of the Paul Klein incident an exceptional or isolated case, as suggested above.

One could argue that, had the Paul Klein incident been successfully resolved by police through non-lethal means, it would not have attracted as intense interest as it did from the local news media, nor would it have received as extensive news media coverage. The issue of news media access to the scene is therefore relevant insofar as, without the graphic images of the fatal shooting, the news media coverage of the Paul Klein incident would have been diminished. However, this says nothing of the news framing practices relevant to the mediated representation of the incident. Despite the existence of these visual images, news media professionals could have easily made any number of alternate editorial decisions about their use of the images.
as visual news frames for the Paul Klein incident. This may have included the choice of photographs and audiovisual sequences for inclusion.

Given that there is reason to question what seeing Paul Klein’s ‘dead’ body added to public understandings of the Paul Klein incident and the broader complexities of mental illness and police-involved mental health crisis intervention, the local news media could have run the news story without the particular news images it chose to use. Alternatively, it could have framed the news story in terms of the life lived by Paul Klein, rather than focus on the controversial circumstances of his death; although, it is easy to see from the testimonies of those such as then Acting Editor-in-Chief of the Illawarra Mercury, Nick Hartgerink, how ‘news values’ dictated the choices made in this respect. Nonetheless, news media professionals might have made alternate editorial decisions about the aesthetics of the images in terms of size, placement and colour; the verbal framing of the images as identified in newspaper headlines and news image captions; and the diffusion of still frames and moving images (specifically their repeated and graphic use). As Couldry (2006) suggests, “the scale and extent of harm media may cause are affected by the repetitions built into what media do” (p. 133). What is meant by ‘harm’, however, is open to a range of interpretations and assessment.

“In journalism”, writes Richards (2009), “harm can take many shapes and forms, ranging from the ways in which individual practitioners interact with news subjects to invasion of privacy, intrusive behaviour and offensive reportage”74 (p. 17). Often, research conducted under the rubric of journalism and media studies, focuses on the concepts of ‘harm’ and ‘vulnerability’ as they relate to the subjects of news stories, with an emphasis on the treatment of vulnerable news subjects with respect and dignity, particularly where these individuals have been traumatised by recent events (e.g. bereaved families) or are already disadvantaged in everyday life and are typically positioned at the margins of society (e.g. mentally ill individuals).

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74 For fuller discussion of harm and the media, see Plaisance (2009).
Less often, this research focuses on news media professionals, even though as Richards (2009) points out, in journalism, ‘being vulnerable’ can just as easily refer to the “psychological vulnerability of practitioners when reporting traumatic events” (p. 18) as it can refer to the key stakeholders of these news events.

6.4. Encountering traumatised subjects: the ‘affective turn’ in news media practice

Despite the frequency with which news media professionals come in contact with events of a sensitive or traumatic nature, the dominant professional ideologies of news journalism have traditionally dictated that news media professionals remain impartial or ‘objective’ towards their witnessing and reporting of such events. This principle has previously been criticised for not only being counter-intuitive, but for preserving the expectation that news media professionals should remain “emotionally absent” (Davies, 2009, p. 41) from their news media practices and the narratives they construct. As Zelizer (quoted in Amherst Community Television, 2010) explains:

The persistent belief and lingering adherence to the tenets of objectivity [in news journalism] does more to provide critical failures for journalism than it does to produce any kind of good journalistic record-keeping… I think we need to be far more strident in our journalism scholarship; about using research and using intellectual argument as a way to bring journalists into a different kind of engagement with the world that is longer in duration, it is fuller in its understanding of context, it is more proactive in terms of what it anticipates might come into play…

In recent years, as the role of media audiences in news production has become more explicit, and the involvement of media professionals in their work has broadened in acceptance (Petersen, 2011), a ‘different kind of engagement’ has emerged in the reporting of traumatic events. This has heralded a more nuanced view of journalistic practice and a growing appreciation of the role of ‘emotion’ in news media, which has been interpreted by some as a reaction to the normative model of ‘objectivity’ that has predominated journalism studies and the ideals of news production (Blood, 1998). This emergent style of journalistic storytelling has coincided with the popularity of the ‘soft journalism’ format, which eschews the
masculinist ‘hard-hitting’ techniques often associated with current affairs and investigative journalism in favour of a focus on the search for meaning, altruism, human injustices, and perseverance and resilience in the face of adversity (Bonner & McKay, 2007; Lester & Hutchins, 2012). This mode of address is typically directed at ‘ordinary people’ and their concerns (Bonner, 2003; Lester & Hutchins, 2012; Turner, 2010). Within the context of news media reports of fatal mental health crisis interventions, this shift has seen emotional discourse start to perform many of the same functions once associated with rational dialogue (Petersen, 2011), particularly in more thematic explorations of these traumatic events. What has emerged is a more intimate approach to storytelling where ‘emotion’ has become a common news framing and narrative device within news texts. This has produced an unresolved tension between affective news frames and facts-based reporting, given that this style of news journalism has “increasingly acted in a subjunctive mode, notwithstanding journalistic blushes to the contrary” (Cottle, 2004, p. 195). It has also revelled in the otherwise commonsensical idea that news media professionals are not only thinking, but feeling individuals whose personal responses to subject matter may inform their professional media practices and their news framing of controversial and traumatic events. This is despite the fact that, as Blood (1998) argues, the idea of the journalist as “a neutral and detached transmitter of information has never been valid” (p. 102), even though the performance of rationalist ‘objectivity’ has traditionally dominated in news discourse.

The ways in which journalists and their working conditions are constructed is now increasingly understood “less in terms of procedures for documenting the facts and more in terms of what it feels like to encounter traumatized people” (Rentschler, 2010, p. 467). This has been reflected in recent trends in mainstream journalism education and training, particularly in the United States, towards the incorporation of resources to meet the potential impacts of crisis and trauma reporting on news media professionals. Rentschler (2010) points to the development of training texts and films, such as Covering Columbine (Moritz, 2001) and The Language of Emotional Injury (Dart Center for Journalism & Trauma, 2002), as emblematic of the
broader push towards an understanding that “journalists bear an affective and psychological relation to the scenes and people they cover, counter to the professional ideologies of detachment and distanced observation” (p. 448). In Australia, the development of practical resources such as the Dart Centre for Journalism & Trauma’s audiovisual production, News Media & Trauma — a DVD produced “by news people for news people” about their non-voluntary responses to traumatic events (Dart Centre for Journalism & Trauma – Australasia, 2008) — have similarly advanced the need for an improved ‘ethics of self-care’ among news media professionals. These professional training and support mechanisms have sought to cultivate a ‘trauma-oriented social consciousness’ among news media practitioners by depicting news journalists as being “psychologically connected to their work, whether they choose to be or not” (Rentschler, 2010, p. 448). To a less obvious extent, this has also been an active attempt from within the news media industry to address the dynamics of ‘emotionality’ vis-à-vis ‘professionalism’. As Bondi (2007) suggests: “News discourse often shows a tension between hiding and displaying emotions, which may construct arguments and debates on “les raisons des emotions” (Plantin 1998), with a view to both private and public emotions” (p. 412).

This performance of a ‘trauma-oriented social consciousness’ therefore has the potential to illustrate the ways in which the affective dimensions of news media practice can contribute meaningfully to the construction of a public literacy around the specific social and political issues related to traumatic events — in a manner that moves beyond the representational. There is, for example, in the context of fatal mental health crisis interventions, an opportunity for news media to reduce the fear and stigma associated with mental illness and interactions between frontline police officers and mental health consumers. This might involve public education on the situated or experiential realities of mental illness and episodes of acute psychosis; the complexities that these latter, potentially volatile, states of mental ill-health can engender for frontline police encounters; and the broader systemic failures in the mental health system that regularly contribute to mental health crises in the community. However, this requires a more contextualised form of news reporting on
these issues, and a more inclusive and socially useful engagement with personal trauma narratives than has previously been identified in news media, and as has been evidenced by the news framing analysis of the Paul Klein incident in the previous chapter.

One reason for this is that the discourse of family members of the deceased — who have increasingly supplanted the ‘individualising’ claims of official voices such as police administrators to become the primary definers of the news agenda — is typically affective in orientation (underscored particularly by grief and anger). It is often motivated by what might be characterised as a search for ‘judicial remedy’ or the public attribution of responsibility and culpability for the incident as an indirect means of private catharsis. As a consequence, this discourse is not always based on an evidentiary force, but more often than not relies on a series of moral judgments where ‘facts’ may be misconstrued by strong emotions. These perspectives are no less real and should not be dismissed. Nor should they be censored or erased. After all, one of the central arguments of this thesis is that, in the context of fatal mental health crisis interventions, the predominance of institutional discourse has traditionally silenced and, in some cases, systematically depleted, the importance of the experiential as a contributor to risk communications, and thereby also those questions that should be asked by lay discourse about institutional behaviours and professional ethics. The transformative and reformative potential of these personal trauma narratives must therefore be recognised. As Butler (2009) argues, “[o]pen grieving is bound up with outrage, and outrage in the face of injustice or indeed of unbearable loss has enormous political potential” [emphasis added] (p. 39).
To seek to limit the power inherent to these personal trauma narratives, rather than harness it, may therefore be to limit the power of ‘affect’ (Butler, 2009), and its ability to positively contribute to the development of improved mental health literacy and the critical consideration of moral questions about systemic authority (and deficiencies) as these relate to the tragic outcomes of psychiatric crises in the community. The problem therefore lies not with the inclusion of these
personal trauma narratives, but with their framing and the imbalance between stakeholder voices.

The marginalisation of police mental health trauma narratives

Fatal mental health crisis interventions can have “devastating and long-term consequences — not only for the person’s family and loved ones, but also for the police officer[s] involved and for community attitudes and perceptions” (Office of the Public Advocate – Queensland, 2005, p. 1). While the emotional impacts on family and friends of the deceased may be more immediately apparent to those who ‘bear witness’ to such tragedies (researchers included), as the research for this doctoral thesis demonstrates, the trauma experienced by the police officers responsible for the discharge of firearms can be equally ruinous to the lives of these individuals. Many police officers involved in a fatal mental health crisis intervention will “never recover from such circumstances and themselves suffer severe psychological problems after such incidents — often for the rest of their lives” (Carroll, 2005, p. 22; see also Police Federation of Australia, 2005). Following the fatal police-involved shooting of teenager Tyler Cassidy in 2008, Rod Porter, a former Detective Inspector with the Victoria Police, wrote in an online editorial for the Australian newspaper, the Herald Sun:

I’m a former copper who once shot a man dead, and I’m also the father of a 15-year-old boy… No police officer joins the force because they want to shoot someone dead… At the time, preserving my own life was the priority… You have to act in what you think is the most appropriate way. But once that happens and the danger is eliminated, you start to question yourself… The fact I was involved in the taking of a life will stay with me until I die (Porter, 2008).

While police are expected to be prepared to face critical incidents in the execution of their frontline responsibilities, they are not immune from being personally affected by these situations (Conway & Parkes, 1996). The “profound and unavoidable changes [that] take place in the body and the brain when a person is placed under severe stress” feature extensively in policing research on the ‘body alarm reaction’ or what is more commonly known as the ‘fight or flight’ reflex (Conway & Parkes, 1996, p. 33). These changes may have a dramatic impact on the discretionary decision-making of
even the most professional, well-trained and experienced police officer. The ‘normative’ expectations of lay discourse dictate that police should be impermeable to such reactions, especially where the issue of life and death is concerned. With few exceptions, it is society’s expectation that, in a mental health crisis intervention, police officers will “take charge of the individual for the safety and well-being of all concerned” (McElvain & Kposowa, 2008, p. 507).

Many of the police officers who participated in the current research project expressed a sense of frustration at the broad assumption that, once a police officer puts on the blue uniform, they become super-human and impervious to the frailties of human nature, including the fear, uncertainty and threat often experienced during a mental health crisis intervention. One police officer summed up the pressure of public expectation by stating that it sometimes felt as though police officers were not supposed to have families or a “life outside the cops” (P. Brodie, Research Interview, 29 September 2010). According to Inspector Joel Murchie, Commander of the NSW Police Force MHIT, this is something the NSW Police Force has attempted to address as part of its MHIT training program:

That’s something we do stress on the first day of the course is that the public have that perception that we’re ten foot tall and bullet proof. But once we become police officers and, again, we’re certainly reflective of the community we come from, we’re all human beings, we have the same weaknesses as anybody else and, yes, there’s going to be issues and you’ve got to try and move forward with it. But one thing we also stress at the start of the training is… that some of the information we do cover off on [in] the [MHIT] training can be confronting, and that if you are uncomfortable or there is an issue with it, feel free to take a walk or pull one of the facilitators aside and just let them know that there’s a problem and we can work around it, because some of the stuff we do is confronting and can hit a raw nerve, because it could reflect directly on what some [police officers] are experiencing in their real life; either with themselves or somebody else (J. Murchie, Research Interview, 4 November 2010).

The cumulative impacts of involvement in a fatal mental health crisis intervention on police officers already routinely exposed to the negative effects of trauma work are evidenced, where available, in police officer testimonies:
…people don’t call police when they’re happy or when something good’s happened in their life… So you’re dealing with people’s misery all the time; whether it be them getting broken into or they’ve been assaulted by somebody or… you name it. So all that can just chip away, and chip away, and chip away (P. Brodie, Research Interview, 29 September 2010).

I couldn’t sort of look at a police officer and I just couldn’t look at a uniform. It just sent me into a complete state of anxiety... I eventually gathered up my uniform[s] and I just threw them into the large incinerator we have out the back. Many years of policing and seeing horrific things, being at horrific events had all come to a head. And this was just the one that tipped me, where my mind just apparently closed down and said, “That’s it, no more” (Schiller quoted in ‘The Guns of Adjungbilly – Part 2’, 2005).

**Speaking up/speaking out: ‘cop talk’ as therapeutic discourse**

Part of the reason for the disjuncture between public expectations and the realities of contemporary policing may be that the situated knowledge of frontline police officers has generally been absent from news media reports of fatal mental health crisis interventions. This is largely attributable to official protocols, which dictate that individual police officers are not allowed to discuss their involvement in such critical incidents with each other or other police colleagues, except for official police investigators. In addition to strict drug and alcohol testing procedures, police officers are also required to be separated from one another immediately following a fatal police-involved shooting. The same is true of courtroom situations and the prohibitions placed on individual police officers with regards to speaking to the media after a critical incident. These restrictions are required to avoid any accusations of collusion between police officers with regards to details of the incident, and to ensure consistency, transparency, impartiality and rigour in relation to the formal critical incident investigation. The concern for coronial inquests, in particular, is that interactions between involved police officers following a fatal mental health crisis intervention may potentially impact on the integrity of the version of events provided by these officers and (in contrast to) other eyewitnesses. Separation of police officers involved in critical incidents, such as fatal mental health crisis interventions, is therefore perceived as being the surest way in which to obtain a ‘correct’ version of
In light of such protocols, conversations that are allowed to take place between police officers in the immediate aftermath of a fatal mental health crisis intervention will often be viewed suspiciously and may later be scrutinised and questioned, particularly during coronial proceedings.

The individual discourse of these police officers is therefore often suppressed, if not rendered silent, in the aftermath of such critical incidents, particularly with regards to their personal responses to and interactions with each other and with news media. This can perpetuate the perception of police culture as insular and self-serving, and create the impression that police officers are not impacted by their involvement in a fatal police-involved shooting. More to the point, the strict adherence to formal critical incident protocols often negates the possibility of a compassionate institutional response to police officers involved in a fatal mental health crisis intervention, since police rules are regularly privileged over subjective experience and affective impacts. This has the potential to create a conflict between the institutional support individual police officers expect in carrying out their duties in the service of the police force and the indifference with which some police officers have been treated in the aftermath of a fatal police-involved shooting:

…so we’re actually back at the police station, we’re in the meal room all talking as a group. At some stage, they come and say, “no, you’re not allowed to talk to each other”, and they put us in individual rooms and just left us there… It’s probably the worst thing they could have done… I understand why they did what they did, but it wasn’t nice and you were just generally angry. Like, here we were told by somebody who’d been through exactly the same thing, “make sure you talk”, and then someone else comes in [and says] “what are you doing talking? You shouldn’t be talking to each other…” Here we are trying to help each other, you know? And then they start interviewing us, so you get interviewed in exactly the same way as you would interview a criminal (P. Brodie, Research Interview, 29 September 2010).

In these instances, police officers responsible for the fatal discharge of firearms are only ever able to deal with their emotional responses in private and within the confines of the professional culture in which they exist; one in which requests for “additional assistance” may be perceived as “signs of cowardice” (Hogan, 1988a,
p. 87). For many, particularly longer-serving police officers, inter-collegial discussions or what I term here as ‘cop talk’ may therefore be one of the few coping mechanisms available to them and with which they are familiar. ‘Cop talk’ amongst colleagues who have either been involved in or who are at least compassionate towards police officers who have been involved in a fatal mental health crisis intervention may serve to ‘normalise’ the shooting or render a sense of ‘typicality’ to what is otherwise a highly disruptive and traumatic event (Van Maanen, 1980). Such collegial discourse, when allowed to occur, can also be ‘transgressive’ in that dialogue of this kind is often characterised by comments and observations that are “typically kept out of polite and public discussion” (Van Maanen, 1980, p. 153). In particular, this dialogue can conflict with official police public relations-style interpretations and representations of critical incidents, highlighting the way in which inwardly-oriented collegial actions can often question or ridicule, and occasionally even challenge, administrative interpretations and representations of police-involved shootings (Van Maanen, 1980).

The public discourse constructed by police administrators immediately after a fatal mental health crisis intervention may therefore be seen to be ‘procedural’ or what Van Maanen (1980) terms “a paper reality” (p. 151) since, to the police officers involved, words will often seem inadequate to fully describe the incident itself and its repercussions. As Lawrence (2000) notes in her work on news media coverage of incidents involving police use of force: “The behaviours that indicate to an officer that it is time to pull the trigger, to take the most extreme example of use of force, may be difficult to reconstruct into a narrative that sounds well reasoned and convincing to people after the fact” (p. 38). This is a point acknowledged by few researchers within the field of police use of deadly force studies; a notable exception being Van Maanen (1980), who rightfully argues that, despite the evidence to suggest there are often characteristic features associated with fatal police-involved
shootings, most studies of these incidents are “second-order theories or abstracted reformulations” (p. 147). These interpretations are often “chilling but ultimately cold, accurate but irrelevant, statistically powerful perhaps but personally meaningless”, says Van Maanen (1980, p. 147). In short, they typically tend to “reduce to quantitative measures matters of qualitative concern” (Van Maanen, 1980, p. 147). This is not to suggest that quantitative studies that seek to code and compare certain features of police-involved shootings — with a view to developing an explanatory theory or model — offer little value to the critical analysis of fatal mental health crisis interventions. Rather, in keeping with Van Maanen’s (1980) observations, my point is that, while this is an important analytic task, it must be remembered that:

...for the police officer, such a theory will have no essential application for it will always be superficial to the contextually embedded phenomenon it attempts to understand. This is also true for those theories the police themselves construct to order and explain what ‘really happened’ in a given violent episode. Theories of any kind, insofar as they are useful to the police, represent little more than scaffolding, something to be erected or demolished according to the demands of a given situation and the particular interests of those involved in that situation (p. 156).

As previously discussed, the public rhetoric of police administrators is more often than not intended to protect the reputation of the police force as an institution, rather than the individual officers involved who may, in fact, experience a sense of marginalisation within and by the police organisation in the aftermath of a fatal mental health crisis intervention. On this point, a deeply entrenched sense of cynicism was identifiable among the police officers who agreed to be interviewed for the current research project, and who had been involved in the Paul Klein incident. The reasons for this are varied and open to researcher speculation. However, the responses provided as part of the interviews with these former and serving police

75 These features typically include, according to Van Maanen (1980), a young armed male “involved in a minor civil dispute at night with few witnesses present and, somewhat more speculatively, directly disobeying an officer’s command” (p. 146). A more complete overview of these ‘typifications’ as they relate to fatal police-involved shootings, and to which Van Maanen’s work refers, are traceable to the earlier literature of Harding and Fahey (1973); Keegan (1972); Milton, Halleck, Lardner, and Abrecht (1977); and Sandveg (1973). While the body of this literature is specific to the experiences of fatal police-involved shootings in the United States, there are extenuating circumstances certainly transposable to the contemporary Australian context (particularly as it relates to fatal mental health crisis interventions); not least of all situation-specific characteristics, such as ‘threatening behaviour’ and ‘endangerment to public safety’, that are frequently cited post-incident (by police) as contributors to an officer’s decision to discharge their firearm.
officers suggest that such cynicism may be attributable to a perceived failure on the part of the police organisation to support these individuals, either at the time of the critical incident (e.g. through a lack of operational support and resourcing) and/or following the incident (often described in terms of the absence of professional compassion within formal critical incident investigations and the lack of therapeutic support and counselling for traumatised police officers). In particular, one of the police officers interviewed for this doctoral thesis expressed objections to being judged by other colleagues (especially the police hierarchy) and members of the public who had never been placed in a similar operational situation before (R. Rumbel, Research Interview, 27 September 2010). Some of these same points were also highlighted by the NSW Deputy State Coroner as part of the findings of the coronial inquest into Paul Klein’s death:

I believe if such senior officers had exercised some common humanity that police at the scene may well have been more receptive to undertaking psychological counselling, safe in the knowledge they would not have felt denigrated but only supported by senior police and fellow officers (Stevenson, 1999).

Police research participants involved in the current research project acknowledged that changes had since occurred with regards to the levels of institutional support provided by the police force to frontline officers involved in a fatal mental health crisis intervention: “…there is a lot of support for… police that attend incidents like that these days, but… that sort of support when I first joined would have been frowned on” (R. Rumbel, Research Interview, 27 September 2010). Prior to the introduction of protocols requiring the separation of police officers after such critical incidents, it was common for police officers to discuss their experiences of violent encounters or their involvement in a fatal police-involved shooting with their colleagues, often for their own psychological and emotional comfort76: “…you just got together with your mates and you had a few beers and you talked about it, and that was the way we dealt with it, and that was the way I continued to try and deal with it” (R. Rumbel, Research Interview, 27 September 2010).

76 See also comments of Deputy State Coroner, Jan Stevenson, during testimony of Senior Constable Murray Smith, Inquest into the death of Paul Simon Klein, 23 September 1999.
For some police officers, this type of ‘debriefing’ among colleagues following a critical incident remains an innate part of their response to their involvement in and exposure to work-related trauma. While ‘cop talk’ of this kind may serve as a legitimate and traditional mechanism for coping with stress and trauma for the police officers involved, such inter-collegial discursive (re)constructions of fatal mental health crisis interventions might understandably be viewed as insensitive and unsympathetic by family and friends of the deceased. For one, the collegial discourse typical to conversations between police officers tends to depict violence and its aftermath as “a casual occupational matter, as business as usual” (Van Maanen, 1980, p. 152). This more often than not reflects the culture of policing more generally. The apparent absence of guilt reactions among police officers towards a fatal mental health crisis intervention therefore says more about “the occupational culture of policing and the sociology of emotions than it does about policemen (sic) as individuals and the psychology of emotions” (Van Maanen, 1980, p. 156). More to the point, it says something about the representational limits of trauma and the unsustainable nature of risk communications in the aftermath of such critical incidents. The danger is that the continued elusion of ‘affect’ within this discourse can promote longer-term negative consequences for individual police officers in the form of unhealthy behavioural ‘coping mechanisms’, and a continued misrecognition (either by self or by their colleagues) of their need for emotional and psychological support, as expressed by some of the police officers interviewed (R. Rumbel, Research Interview, 27 September 2010; P. Brodie, Research Interview, 29 September 2010).

6.5. Selective news frames of ‘situated knowledge’ and traumatised subjects

Despite this, more contemporary news media reports of fatal mental health crisis interventions continue to obscure the possibility of individual police officers being framed as legitimate ‘victims’ of these critical incidents or in terms of their own vulnerabilities. This does not mean that the foregrounding of the emotional discourse of bereaved family members of the deceased is correlative to poor quality journalism or that every hint of the personal is a capitulation to emotional indulgence or
‘tabloidisation’ (MacDonald, 2000). But the selective use of situated lay knowledge and ‘emotion’ as a dominant narrative device within news texts about fatal mental health crisis interventions is not always a condition sufficient enough to produce contextualised reporting and socially responsible or socially useful news journalism. These news framing devices can unjustifiably or inappropriately influence and shape “political and ethical judgements, orienting publics to [ultimately detrimental] ‘normative and moral orders, to responsibility and blame, intentionality and social evaluation’” (Edwards, 2001, p. 242). There is therefore reason to questions the limits of social responsibility for news media professionals in these circumstances, especially when other stakeholders, such as police officers and coroners, are bound by legal convention and occupational protocols not to respond to the ‘truth-claims’ made in the press by aggrieved family and friends of the deceased or those published as part of editorialised news narratives of media professionals themselves.

**The Law Report’s radio broadcast on coronial inquests**

To cite an example, on 15 April 2008, the Australian Broadcasting Corporation (ABC)’s Radio National programme, *The Law Report*, broadcast a story about the outcomes of the combined coronial inquest into the deaths of four mentally ill men (Thomas Dion Waite, Mieng Huynh, James Henry Jacobs and James Michael Gear) in the state of Queensland. All of the men had been shot and killed by police officers, between October 2003 and February 2006, while experiencing psychotic episodes. Police officers involved in each of the critical incidents had been exonerated and their actions deemed ‘reasonable’ under the circumstances they were presented with in the course of their duties. There was “nothing the police officers could have done”, according to the coroner, “to better manage the situation so that the need to shoot did not arise” (Barnes, 2008, p. 141). Notwithstanding, there were a number of coronial recommendations made in response to obvious shortcomings in the legislative policies and procedures related to mental health care and service delivery; pre- mental health crisis planning; critical incident review; and interagency information-sharing. Listeners of *The Law Report* were informed that, for two years, the programme’s reporter, Heather Stewart, had followed three of the grieving families through their
journey and the coronial inquest, and while each had “put their faith in” the coronial process, they had felt “very disappointed” by the outcomes and with what they claimed were “factual errors” in the coroner’s report (‘Coronial inquests’, 2008). The families also believed, according to Stewart’s report, that the findings of the coronial inquests “did not do enough to identify measures that might prevent similar tragedies from occurring in the future” (‘Coronial inquests’, 2008). The coroner in the combined coronial inquest, which addressed each of the cases, was Queensland State Coroner, Michael Barnes, who was later interviewed for this doctoral research project.

In terms of its merits, the radio programme cast a unique light on the personal traumas experienced by families whose loved ones have been killed in circumstances related to police-involved mental health crisis interventions. It also raised legitimate concerns about the systemic problems inherent to the coronial process, including the significant period of time that often transpires between death and coronial inquest, which can prove to be an extremely traumatic experience for the individuals involved in these critical incidents. The programme also raised concerns about the poor implementation of coronial recommendations by public sector agencies:

The Queensland Ombudsman, David Bevan, released a report finding only 40% of coronial recommendations were acted on in relation to 72 inquest reports written by Queensland coroners in 2002, and 2003, involving 23 public sector agencies… there were cases where little or nothing had been done by public sector agencies to implement recommendations made by coroners to prevent similar deaths occurring (‘Coronial inquests’, 2008).

However, the radio broadcast was questionable in its approach to these problems. Rather than addressing these issues at a systemic level, The Law Report repeatedly framed these problems as unique to the coronial inquest into the deaths of the four mentally ill men. While the coroner was considered responsible for this and framed as deficient in his professional judgment, by comparison, each of the mothers of the deceased men were described in detail as sympathetic figures who were either “immaculately groomed” or what the reporter, Heather Stewart, referred to as “the sort of person you could bump into anywhere and have a chat with”
(Stewart quoted in ‘Coronial inquests’, 2008). There were no obvious counterbalances to this or attempts to contextualise the ‘emotional labour’ of coroners or the pressures of the coronial system on them, except for the following comments from retired NSW Coroner, Derrick Hand (quoted in ‘Coronial inquests’, 2008): “It’s very hard for families to come to grips with it… One of the problems of course is that some families just want to blame someone, they’re not really interested in the true facts, they just want to blame someone, irrespective of how the thing happened”.

Stewart’s attempts to mobilise an affective response to the perceived social injustices of these deaths and her appeals for public sympathy for the bereaved families, while admirable and not necessarily unwarranted, did more to summon an embodied experience of traumatic events than it did to provide listeners with a nuanced understanding of either the challenges for frontline police officers in responding to mental health crises in the community or why fatal mental health crisis interventions continue to occur and how they might be prevented. This style of reporting resonates with Martin Bell’s (1997; 1998) concept of the journalism of attachment, which he proposes is a replacement to the dispassionate journalistic practices of the past. He writes:

By this I mean a journalism that cares as well as knows; that is aware of its responsibilities; that will not stand neutrally between good and evil, right and wrong, the victim and the oppressor (Bell, 1998, p. 16).

Bell’s ideas have previously been criticised for the way in which they advocate the articulation of affect as distinct from the politics it may be harnessed to; effectively displacing politics for a moral response (Tait, 2011). But does this mean that we should read ‘emotion’ as a potentially corrupting force (and discourse) within news journalism? Or does it require that embodied news media practices be measured against other journalistic ideals, such as ‘balance’ and ‘fairness’? The ABC’s principles and standards for editorial practice, which appear in its official Editorial Policies (ABC, 2011), clearly describe the public broadcaster’s journalistic values, which include accuracy, integrity, impartiality and responsibility. Editorial judgments are to be based on news values and not on political, commercial or sectional interests, and should not unduly favour one perspective over others.
(ABC, 2011). There is also a complementary emphasis on balance in reporting, which must follow the “weight of evidence” (ABC, 2011, p. 6). This does not infer that a news journalist’s professional integrity should be impugned for not adhering to the “truth-respecting methods” required to achieve “the proper goal of journalism: arriving at the truth of the matter” (Kieran, 1998, p. 23), but rather that ‘emotion’ may influence whose truth is privileged in the news media’s framing of traumatic events.

*The Law Report* sought to achieve a public contextualisation of personal experiences, but it did so at the expense of ‘balance’ and to the exclusion of the important testimonies of other significant stakeholders (i.e. it presented only one set of ‘truth-claims’). These stakeholders (whether by choice or by circumstance) included the frontline police officers involved in each critical incident and, most notably, the coroner, Michael Barnes, who was unable to comment on the specifics of the coronial inquest, although this was not mentioned in the programme. The decision to foreground the personal trauma narratives of bereaved family members and ‘eyewitnesses’ at the exclusion of the testimonies of other stakeholders (or the contextualisation for their absence) had certain implications for these individuals. It also showed that the ABC’s policy framework was a difficult fit for *The Law Report* and its intimate approach to storytelling. Reflecting on this journalistic approach, Barnes says:

> It’s fine to say, “I’m just providing a forum to let other people see the emotional impact of the process on participants”. But when they [news journalists] are making factual assertions, I would have thought… [the journalist] probably has some responsibility to correct the record or at least raise the possibility that these perhaps aren’t factual assertions, but are more manifestations of the emotional journey that these people are going on. I accepted an opportunity to respond and talk about the [coronial] process, but I couldn’t – because of legal convention – get into a debate about the facts and, to that extent, I would have thought that the journalist did have more responsibility (M. Barnes, Research Interview, 2 June 2008).
Four Corners and the politics of police use of lethal force

Similar questions as to the ‘ethics of responsibility’ and its limits for news media professionals reporting on traumatic events were raised in relation to the ABC’s Four Corners programme after its ‘Lethal Force’ episode screened on Australian television in October 2009. The principal question the programme sought to answer was whether Australian police are “up to the job” of dealing with mentally ill individuals in crisis in the community and whether they know the difference between “the use and abuse of lethal force” (McDermott quoted in ‘Lethal Force’, 2009). The programme looked at four incidents, in different parts of Australia, where people experiencing mental illness or psychological distress had died after being shot or tasered by police (‘Lethal Force’, 2009). These included the death of Roni Levi and another three critical incidents involving the deaths of Elijah Holcombe, Tyler Cassidy and Antonio Galeano. At the time of the television broadcast, these latter cases had not been processed through the coronial courts system. In spite of this, the Four Corners programme included testimonies from ‘eyewitnesses’ to these critical incidents and featured prominently the emotive narratives of bereaved family members. Their comments consistently criticised the actions of police officers in each critical incident. The only frontline police officer to feature in the episode and who had previously been involved in a fatal mental health crisis intervention was Anthony Dilorenzo, who had discharged his firearm in the Roni Levi incident. Despite there being a question mark over whether Dilorenzo was a reputable inclusion to the programme (because of many of the issues raised in Chapter 3 of this thesis), his experiential narrative was undermined by lines of journalistic questioning that inferred police officers were trained to ‘shoot to kill’. These claims were reinforced by the comments from Roni Levi’s widow, Melinda Dundas, as previously discussed in Chapter 4. Contemporary police initiatives, such as the specialised mental health training of NSW police officers, were framed as inadequate with no acknowledgment of the advances in police attitudes towards mentally ill individuals, evidenced (at that time) by the interim results of the independent evaluation of the NSW Police Force MHIT pilot program.
Some of the online noticeboard comments from ABC viewers supported *Four Corners*’ framing of frontline police as inadequately trained, ‘trigger happy’, and directly responsible for the fatal outcomes of the four incidents covered by the programme. However, a number more (some whose authors self-identified as police officers, others who indicated they were individuals with experience of mental illness) criticised *Four Corners* for its ‘biased’ and ‘agenda-driven’ style of journalism. They claimed the programme was an example of media manipulation:

> What a disgraceful excuse for journalism 4 corners. To say you have told one side of the story would be putting it lightly. Perhaps explaining the ‘victims’ actions prior to police arrival may have helped explain to your viewers why the police thought it necessary to draw their weapons. The police may have made mistakes in some of these cases, but I doubt any of them got out of bed hoping to shoot someone. If Id wanted to see this type of one sided rubbish I would have tuned into a current affair or today tonight (Robert H, 26 October 2009, 9:49:27pm).

There were a number of questions raised about the ethics of the inclusion of ‘eyewitnesses’ and the testimonies of family members associated with critical incidents, which had not yet proceeded through the coronial courts:

> It seems the ABC now has the power to circumvent the natural course of justice in this country. In at least two of the case studies offered last night, some of the ‘facts’ reported during the show are yet to be substantiated before a coronial inquiry. The anti-police stance adopted by the producers of the programme was breathtaking, to say the least. If ever I find myself in the unenviable situation where I am confronted by an armed, mentally ill individual, my first emergency call will be to the ABC and they can send over the *Four Corners* production team to diffuse the situation (veryconcerned, 27 October 2009, 10:49:01am).

Many of the online respondents also expressed concerns that the programme’s evident prejudices towards police officers could have detrimental real-world impacts on contemporary policing and mental illness. Some online comments suggested that the programme’s absence of context about the complexities and risks inherent to police encounters with individuals experiencing acute psychosis would raise public expectations of police as ‘frontline responders’ to mental health crises in the community. Most interestingly, a significant proportion of online respondents referred to the failings of the mental health system as a contributor to the fatal
outcomes of each case, with comments posted by both police officers and members of the public (including mental health carers) similar to the following sentiments:

While I feel sympathy for those people portrayed in these stories I am also saddened by the attitude that the police should be to blame. This is a failure of a system that does not have enough funding or resources. I am a frontline police officer who day in and day out sees the results of a failing system of those who suffer mental illness. I have seen countless times where a person is taken to a mental health facility using our power under the mental health act, to see them walk straight back out again with no treatment and it then results in them harming themselves or others… When Police are at the point of interacting with these people its usually at crisis point there is no reasoning with the persons, they are not coherent… Why don’t you ever talk about the failings of the system that got those poor people to a point where they were no longer in control (georgie, 26 October 2009, 9:38:05pm)77.

6.6. Conclusion

There has previously been much criticism directed towards news media for its general resistance towards the construction of thematic news frames, which would otherwise provide broader context for media consumers in relation to traumatic events. Traditionally, the news media coverage of fatal mental health crisis interventions has not been an exception to this. The lack of context, in these cases, has predominantly been attributable to the general absence of lay discourse and lived experience, as expressed by the voices of those involved in and impacted by fatal mental health crisis interventions — namely, the individual police officers responsible for the discharge of firearms and the family members of the deceased. Media reports of more recent fatal mental health crisis interventions have sought to redress this with a more central focus on bereaved family members as primary definers of these news events. This is especially true of circumstances where family and friends of the deceased have been proactive in their use of news media as a platform for their criticisms of the police operational response. In many cases, these individuals have also used the opportunity to (re)define the subjectivity of their loved one in terms of shared memories of the life they lived, rather than the circumstances by which they died.

77 I acknowledge that these examples of trauma-oriented journalism — The Law Report and Four Corners programmes — require further critical examination. While it is not possible to undertake this within the scope of the current research project, it is my intention to complete a more detailed critical analysis of these examples at a later date.
As discussed in this and previous chapters, there is undoubtedly an intrinsic value to the inclusion of these often-marginalised voices in terms of the sharing of lived experience and their contribution to sense-making in relation to controversial and traumatic events. News narratives that feature the very personal stories of trauma associated with the death of a loved one in unanticipated and violent circumstances resonate strongly and emotionally with media audiences. These news frames presume a moral responsibility; they compel us to believe that a public response to these critical incidents is required (Cohen, 2001). But while attempts to redress the absence of lay voices and situated knowledge has served to highlight the value of the experiential in news framing practices, the trend towards de-contextualised reporting of these critical incidents continues. The result is that often the individual police officers involved in the incident are held accountable in the court of public opinion for the fatal outcomes to mental health crises whose tragedies are, more often than not, attributable to broader deficiencies in the mental health system, and the care and treatment of mentally ill individuals in the community. These systemic failures regularly precede the need for police-involved crisis intervention.

This is not to broadly excuse the police use of deadly force against mentally ill individuals in crisis, but to suggest that, in perpetuating the idea of ‘vulnerability’ and ‘responsibility’ as incompatible binaries (that is, that there are always ‘victims’ and ‘villains’ in these incidents), news media coverage continues to ignore the complexities of these events. It also neglects the traumatic effects of these critical incidents on the police officers involved, and continues to perpetuate the more provocative or salient aspects of a fatal mental health crisis intervention, without the requisite contextualisation of these events and their associated social issues. This style of journalistic reporting has broad and serious implications for contemporary policing, not only in terms of reputational damage and the management of its public image, but more practically in terms of its relationship and interactions with mental health consumers in the community. News stories of police use of force resonate strongly with media audiences (Lawrence, 2000; Dowler & Zawilski, 2007) and stereotypes of frontline police officers as ‘gung ho’ and ‘trigger happy’ can have
negative framing effects in terms of both public confidence and willingness to cooperate with police, and the levels of fear and stigma associated with police contact by mental health consumers. It is important therefore that police agencies recognise (and respond to) the fact that their interactions with news media reflect a complex set of relations that may not always produce favourable outcomes for the organisation. These interactions with news media can leave police officers vulnerable to harmful constructions of risk-based identities with real-world implications for frontline policing and crisis encounters with vulnerable people in the community.

As Lester and Hutchins (2012) suggest, there is a time and place for soft journalism of the kind identified in more contemporary news media reports of fatal mental health crisis interventions, given “its deserved appeal and capacity for insight into human character and emotional experience” (p. 664). It also provides a potentially useful space for traditionally marginalised voices to be heard in socio-political debate (Cottle, 2000). But the “unique structure and unavoidable partiality of the storytelling on display also demands journalistic circumspection in restricting the range of rationalities and knowledge claims being moulded and presented” (Lester & Hutchins, 2012, p. 664) — particularly in light of the news framing effects this style of media coverage can have in terms of trauma-oriented news journalism. What examples, such as The Law Report and Four Corners broadcasts therefore provide is an opportunity to further the debate about the potentiality and limits of news media responsibility and the capacity for news media to create “a space of recovery for news audiences, victims and journalists” in which these individuals can define their experiences of trauma in their own terms (Rentschler, 2010, p. 468). The ‘affective dialectic’ of contemporary news frames and the use of “video and photographs of the injured, or worse, the dead” in news media coverage about fatal mental health crisis interventions may proffer “certain collective identifications”, but towards what political ends? (Rentschler, 2010, p. 472). To what extent does this journalistic approach perform an ethical intervention to important social and public health issues, such as contemporary policing and mental illness? Is there even a reason to suggest it should?
The purpose of raising these and the other related questions throughout this chapter is not to dismiss the more positive aspects of trauma training for news media professionals or the reparative potential of the news encounter. Nor are these questions raised with the intention of undermining the testimonial imperative of trauma or the ways in which these emotive expressions can function as a direct response to the “dominant professional ideologies” of news media production (e.g. psychological detachment and objectivity), which typically “deny the psychic and emotional dimensions of journalistic work, and the labor that builds public cultures to address trauma” (Rentschler, 2010, p. 470). What I hope these questions might, in fact, stimulate is a rethinking of the parameters of the ‘public service’ function of news journalism\textsuperscript{78}, and that this might be done in a way that is able to combine a commemoration of the dead and facilitation of community-based processes of traumatic recovery following crisis events with a more inclusive and functional approach to news media’s social and ethical responsibilities. This would inevitably require the promotion of a news media culture that is dedicated to the endeavour of inspiring and contributing to \textit{real collective change}, such as socio-political reform, improved public mental health literacy, and sustainable risk communications — regardless of the commercial advantages that this may or may not derive, and without automatically perceiving these responsibilities as public accountabilities or externally-imposed limits to press freedom. As Couldry (2006) argues, public reflection “on the benefits as well as the harms committed by media institutions, provided those institutions are willing to reflect on how they live up to the ethical standards appropriate to them, can only strengthen media freedom in the long term, not weaken it” (p. 132).

I am not the first to advocate the need for news media professionals to more actively recognise and adopt an educational imperative within their reporting of important social and public health issues, such as contemporary policing and mental illness.

\textsuperscript{78} One could assume that news media professionals working for public broadcasters might face fewer conflicts over the notion of their ‘public service’ function, since this is more explicitly stated and understood in relation to the nature of public broadcasting. However, what this means in practice might be seen to be complicated by examples such as the \textit{The Law Report} and \textit{Four Corners}’ broadcasts on fatal mental health crisis interventions.
Newspaper editor, Steve Smith (1997), for example, has previously called on media practitioners to make greater use of civic framing in their journalism — what he describes as news framing that deals with public life and focuses on process — as opposed to the conflict frame, which is more frequently adopted with its emphasis on the antagonist or opposing forces in a situation. Likewise, Zelizer (quoted in Amherst Community Television, 2010) has previously urged journalists to be more reflexive about their news media practices: “The idea that journalists have a role to play [in social change]… is a sound one, but it is not being realised,” she explains. Part of the problem is that there is “an inordinate amount of time… spent seeing the crisis of journalism through the prism of the press failing its fourth estate functions or its cousin, the public right to know” (Fray, 2011). According to Zelizer (quoted in Amherst Community Television, 2010), this has left us with “a growing distinction between what we want and what we have on the ground, and how to bridge that”. She argues: “I think we need to be far more strident about figuring out how to get the journalism we need” (Zelizer quoted in Amherst Community Television, 2010). This is essential, particularly in the context of crisis and trauma reporting, where the way in which news journalists report a news story has the significant potential to “come apart from what the story actually is” as a consequence of the “natural interests, agenda and prejudices” of news media professionals driving their perception of the facts (Kieran, 1998, p. 34).

This is by no means an illegitimate media practice. As Kieran (1998) rightfully points out, news is essentially value-laden. It is therefore misguided and misleading to presuppose that there is a ‘right’ way to report on traumatic events, such as fatal mental health crisis interventions, since all news is necessarily evaluative, and partially dependent on those who interpret it (Kieran, 1998). “On such a view”, writes Kieran (1998), “we should not be surprised that news media reports often diverge over both how certain facts and which facts are salient” (p. 27). Kieran’s (1998) argument is based on the assumption that there is “a plurality of different possible legitimate news reports” (p. 27) and that these various journalistic interpretations will be borne out across the spectrum of news reportage.
However, more recent news reports of fatal mental health crisis interventions have lacked the plurality on which Kieran’s (1998) observations are based (see, for example, the *Four Corners* episode, ‘Closing Ranks’, which screened on Australian television in March 2012, and which replicated many of the same ‘soft journalism’ storytelling techniques as the earlier *Four Corners* episode on ‘Lethal Force’). While it may therefore be acceptable to assume that new media’s privileging of particular ‘truth-claims’ is legitimate in the news reporting of fatal mental health crisis interventions, does this make it appropriate or socially responsible? Does it simply provide an emphasis on distinct aspects of the trauma associated with fatal mental health crisis interventions? Or does it create potentially harmful misrepresentations of these events and their experiential effects?

One favourable outcome, as I see it, would be the development and endorsement of ethically sound media practices that enable news audiences and other stakeholders to understand the complex and often polarising issues related to fatal mental health crisis interventions, without resorting to the pitfalls of continually framing these news stories (with neither context nor reflexivity) as conflicts between ‘victims’ and ‘villains’ and ‘winners’ and ‘losers’. The fact of the matter is that, where fatal mental health crisis interventions are concerned, there are no winners. As one of the police officers involved in the Paul Klein incident told me:

There are no winners, hell no, and when you talk about six police who could never return to full duties, just from that incident. It’s not just about the death of a person; we’ve had police from that incident ended up in mental institutions as a result of that incident (P. Brodie, Research Interview, 29 September 2010).

In the pursuit of favourable outcomes, one might suggest that the responsibilities of journalists need go no further than to ensure that they “make clear their attribution of sources, provide evidence for their report, make clear the reasoning involved, relevant background beliefs and the possible motives of key players” (Kieran, 1998, p. 31). However, I would like to think that, in the development of ‘socially useful’ news media coverage, the ethical responsibilities of
journalists and their reporting of traumatic events might extend beyond this. As Simpson and Coté (2006) argue:

It’s no simple matter to give the victims equal space. Humane reporting [of traumatic events] does not simply call for equal time or column inches for victims in the news. It requires a new set of assumptions about the person who suffers trauma and new thinking about how to apply those ideas to the basic work of journalism (p. 8).
CHAPTER SEVEN

Conclusion

The main aim of this thesis has been to investigate the different, often conflicting, interpretations and representations of fatal mental health crisis interventions and how these are constructed by and between news media and other key stakeholders, such as frontline police officers and bereaved family and friends of the deceased, who are often left traumatised by these critical incidents. This research has taken an interdisciplinary approach to examine these mediated constructions through the lens of a qualitative interpretive framing analysis, which has attempted to elevate the lived experiences of these key stakeholders within the research, so that their personal testimonies centrally inform the aims of the thesis. In this way, this research contributes to a broader understanding of public discussions of complex social issues, and the ways in which the lived experiences of fatal mental health crisis interventions are translated into public knowledge through processes of mediation and contestation.

As Lawrence (2000) explains, these traumatic events are typically “fraught with ambiguity, clashing perspectives, high emotions, and deeply divided perceptions of the world” (p. xii). These discursive conflicts of sense-making and their ‘emotional labour’ have the potential to significantly influence the ways in which others, without direct experience of these critical incidents, both interpret and respond to them. This is particularly the case in the translation of traumatic experiences into mediated representation, where news audiences are invited to ‘bear witness’ to private emotions and are provided with an ‘injunction to care’ or rather a motivation to morally respond to these mediated events (Pantti, Wahl-Jorgensen, & Cottle, 2012).
The vulnerabilities of the thin blue line in the response to mental health crises

As highlighted by this thesis, it is primarily through news media and legal discourse that most of our public knowledge about fatal mental health crisis interventions is constructed. Within these spaces, we are invited to ‘bear witness’ to the personal trauma narratives of those individuals most deeply impacted by these very public deaths. Quite rightly, in these moments of mediated engagement, news media professionals have the capacity to open up public debate about preceding conditions of vulnerability and issues of risk management and responsibility. But ‘bearing witness’, as this thesis has shown, involves multiple dimensions, and how news media professionals ‘witness’ public deaths and traumatic events, like fatal mental health crisis interventions, and enable their audiences to do so secondhand, “is not always a settled state of affairs” (Pantti, Wahl-Jorgensen, & Cottle, 2012, p. 94). Bearing witness, in the context of journalistic priorities and news values, and engrained news framing practices, often proves “to be peculiarly stunted, selective and insensitive to the distant suffering of some people but not others” (Pantti, Wahl-Jorgensen, & Cottle, 2012, p. 94). That is to say that there are always both mediated proximities and distances to the performance of ‘media witnessing’ (Peters, 2001).

As my research has shown, when mediated, fatal mental health crisis interventions are often framed according to established news narratives (or media templates) and framing devices that have increasingly become invested with emotion. The trend towards this style of ‘soft journalism’ (Bonner & McKay, 2007; Lester & Hutchins, 2012) and the performance of a ‘trauma-oriented social consciousness’ (Rentschler, 2010) has arguably served to facilitate opportunities for those, such as bereaved family and friends, to share their invaluable personal mental health trauma narratives. At the same time, it has also served to unsettle traditional hierarchies of power in risk communications and police-media relations. As detailed in Chapter 4, the information collected by journalists from police agencies, as traditional primary definers of news, has sometimes been the most problematic in terms of reinforcing negative stereotypes about vulnerable individuals.
Initiative, 2011). This shift in the power balance of police-media relations is therefore perhaps not entirely undesirable. But, for its consequences, it has rendered frontline police officers more vulnerable to stereotypical risk-based constructions of subjectivity in the news; the implication being that all police officers are ‘trigger happy cops’. The research interviews conducted as part of this project have revealed a very different story from the one cast by these stereotypes. It is one that resonates more closely with Lawrence’s (2000) observations from her own work on media representations of police brutality. She writes:

…I have been impressed throughout my research by the profoundly difficult situations that police officers face in using force appropriately and effectively (Lawrence, 2000, p. xii).

So too, this has been my experience in relation to the current research project; to the extent that many of my preconceptions about the use of force in police-involved mental health crisis interventions have been reconfigured as a result of the research, and particularly as a consequence of my critical engagement with those police officers involved in and impacted by the Paul Klein incident. The opportunity to listen to these ‘insider perspectives’ has elucidated the nuances and challenges of sustained trauma work, like frontline policing. Given the introductory statements of this thesis, and the recognition that the conflicts between institutional and lay discourse in the aftermath of such traumatic events often appears irreconcilable, this is a perspective that, I suspect, will not sit comfortably with every research participant and/or key stakeholder to these critical incidents.

Nonetheless, this research has brought about a realisation that frontline police officers experience their own vulnerabilities in their interactions with mentally ill individuals in crisis, and also as part of the contemporary police-media relationship with respect to the construction of mediated representations of police subjectivity (and police culture) in the aftermath of police use of force incidents. As discussed in Chapter 6 of this thesis, they can also experience a sense of personal vulnerability within the professional structures in which they operate. Contrary to popular expectations, the ‘blue uniform’ is not a shield to the normative responses of individuals in volatile circumstances. Police may be trained to deal with crime and
violence, but they remain representative of the community from which they are drawn. As such, they are what I term ‘border crossers’; that is, they are expected to simultaneously work within the formal protocols of contemporary policing practice, while being susceptible to the same traumatic effects and emotional responses as other lay stakeholders involved in and/or impacted by critical incidents, like fatal mental health crisis interventions. The tensions between these subjective and technical risk rationalities, which police are expected to personally and professionally negotiate, form a fundamental part of their everyday policing experiences and practices. Yet, there seems to be a broad resistance — sometimes from within the police force itself — to recognise and ‘give voice’ to this situated knowledge. Whether (and how) these tensions can be resolved on the professional level to facilitate more sustainable risk communications between the key stakeholders of critical incidents, such as fatal mental health crisis interventions, and to foster more effective systemic measures to ensure their prevention, is uncertain. On these terms, this thesis has raised more questions than it has answered. The concluding reflections in this chapter are therefore as much about the possibilities for future research and dialogue around these complex issues as they are about recommendations for more sensitive and sustainable outcomes to frontline police-mental health encounters and their mediated representations.

Systemic failures in the responses to mentally ill individuals in crisis

If we are to address the idea that there are mediated proximities and distances of ‘bearing witness’ to trauma and the sometimes marginalised, but no less important

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79 Given Blood et al.’s (2004) definition, earlier outlined in Chapter 1 of this thesis, one might assume that risk communications may be defined as sustainable, or at the very least successful, where one stakeholder (as communicator) manages to convince another (as recipient) of the validity of their assessment of risk (Heath & O’Hair, 2009). However, an alternate definition of sustainable risk communications might involve the extent to which such communications raise the level of mutual understanding of relevant issues and actions for those involved, satisfying them that they are adequately informed within the limits of available risk knowledge (Heath & O’Hair, 2009). This does not preclude, contrary to what Heath and O’Hair (2009) suggest, the possibility of contested opinions about the ‘reasonableness’ of behavioural responses to perceived risks. Nor does it, in my view, disqualify approaches to risk that involve emotionality and intuition. Rather, such a definition begins to deconstruct the way in which, in prevailing views of risk communication, “risk is the primary phenomenon and communication is a secondary and subordinate process” (Kinsella, 2010, p. 267). A more dialogic and rhetorical model of (sustainable) risk communications would instead be predicated on the importance of the communications process, rather than the salience of the risk alone, although both ‘risk’ and ‘communication’ remain “deeply entangled phenomena” (Kinsella, 2010, p. 270).
personal narratives of key stakeholders like frontline police, then we must also remember that it is not simply a ‘dereliction of journalistic duty’ (Kitzinger & Reilly, 1997) and news media response-ability that is to blame for these discursive absences in the mediated representations of fatal mental health crisis interventions. As previously discussed, police protocols dictate that individual officers are not permitted to speak to news media about their involvement in a critical incident, pending independent police investigation. It is therefore the ‘individualising’ claims of police administrators, who speak on behalf of the organisation, which fill these silences and seek to control and define the news media agenda in the aftermath of a fatal mental health crisis intervention — often as a counter to the ‘systemic’ claims of non-official voices. This institutional risk discourse, even if inadvertently, serves to narrow the space in news narratives for the personal stories of those within its own ranks. The vulnerabilities that these circumstances expose individual police officers to — not only in terms of their mediated representations in news media, but also in their return to frontline service and the public’s scrutiny of their personal credibility — is not often acknowledged or addressed in the literature on contemporary policing. This literature, as it also relates to the dynamics of interactions with vulnerable populations, has traditionally sought to explore many of these issues in abstracted terms as part of quantitative research that has focused on body counts, the predictive determinants of police use of force, and mental health crisis response times. While these measures have been important to the development of ‘vulnerable people policing’ as well as more recent initiatives, such as MHIT or CIT-style models of police mental health response, the research for this doctoral thesis has shown that the statistics reveal only part of the story. What this data has largely failed to account for are the more qualitative aspects of these critical incidents, such as their systemic and discursive patterns of experience and representation.

As discussed in Chapter 5 and the case study of the Paul Klein incident, there were a number of identifiable similarities between the events that precipitated this critical incident and the fatal police-involved shooting of Roni Levi (as well as the subsequent deaths of those such as Ali Hamie, Jim Hallinan, Elijah Holcombe,
and Adam Salter). These similarities included obvious deficiencies in each individual’s mental health care and treatment, and the operational response of frontline police officers who were not adequately equipped to respond to mental health crises in the community. There were also a number of similarities in the news media coverage of the Paul Klein and Roni Levi incidents and the patterns of news frames adopted, which have since served as a template for the reporting of subsequent deaths in similarly controversial and contestable circumstances; in many cases, despite some of the improvements in police contacts with mentally ill individuals in crisis. This study has demonstrated that this abstracted style of news reporting bears its own deficiencies, especially in terms of how it constructs identities within its narratives and interprets these and the traumatic events with which they are publicly associated. The subjunctive binaries on which these news frames are built (e.g. the construction of ‘victims’ and ‘villains’) and the economic benefits that are often served by news media’s perpetuation of these institutional and lay discursive conflicts does little to educate the public on the risks and complexities inherent to police interactions with mentally ill individuals in crisis. In truth, it does more to perpetuate the social stigma that surrounds mental illness and the public mistrust of frontline police — particularly in its neglect of the ways in which broader deficiencies in the mental health system, and the care and treatment of mentally ill individuals, have contributed to increased mental health crises in the community. As explained in the previous chapter, these systemic failures regularly precede the need for police-involved crisis intervention; challenging the perception that public accountability for the fatal outcomes of police-involved mental health crisis interventions starts and finishes with the individual officers who discharge their firearms.

In view of the institutional rules and procedures, which limit the ability to include the personal experiences of individual police officers involved in a fatal mental health crisis intervention, it could be argued that there are some intractable barriers to the act of ‘bearing witness’ on the part of news media professionals in the aftermath of such critical incidents. By this logic, news frames would also inevitably be unable to
accommodate for the contextualisation of the complexities inherent to contemporary policing and mental illness, and the intersections between the two, as this thesis claims is warranted. This raises a number of questions about the role of news media in the reporting of fatal mental health crisis interventions, and the educative function and reformatory potential of crisis and trauma reporting more broadly. As Tierney and colleagues (2006) point out, the mediated representation of critical incidents, like fatal mental health crisis interventions, often serves to publicly constitute them as ‘focusing events’ that “give vent to contending discourses and projects for change in moments of heightened reflexivity” (Pantti, Wahl-Jorgensen, & Cottle, 2012, p. 5).

The potential for news media professionals to contribute to this social reform is significant in light of their role as moral arbiters of the public risk knowledge of police use of force encounters.

But, as fatal mental health crisis interventions, such as the Paul Klein incident have shown us, it has more regularly been other stakeholders that have taken up this impetus for change. Certainly, this has been the case within the police force itself, particularly in NSW. This has resulted in identifiable progress in state-based mental health crisis response, as detailed in earlier chapters and summarised in Figure 5 in this chapter. Some of these initiatives, such as the NSW Police Force MHIT, while not explicit in their attempts, have sought to address the more subjunctive experiences of contemporary policing and interactions with vulnerable populations in the community. Mental health consumer panels and simulated mental health crisis scenarios and role plays, while central to the specialised mental health training of frontline police officers, also offer an opportunity to facilitate more sustainable risk communications between these key stakeholders by bridging the gaps between representation and lived experience and forging a mutual understanding of both the challenges and realities of contemporary policing and the experience of living with a mental illness. This, as Cochran, Deane and Borum (2000) remind us, “promotes a philosophy of responsibility and accountability to consumers of mental health services, their relatives and the community” (p. 1315). It also has the ability to
**Figure 5: Progress in state-based mental health crisis response (NSW)**

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<tbody>
<tr>
<td>Mobile mental health crisis response teams</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>24-hour mental health crisis response teams</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Formal cooperation between public mental health services and police during mental health crisis intervention</td>
<td>No¹</td>
<td>Yes²</td>
</tr>
<tr>
<td>Formal police/mental health protocols for cooperative approach to mental health issues</td>
<td>No</td>
<td>Yes³</td>
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<tr>
<td>Police/mental health interdepartmental committees</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Use of police negotiators during mental health crisis situations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Use of capsicum spray by police as an alternative to firearms</td>
<td>No</td>
<td>Yes⁴</td>
</tr>
<tr>
<td>Public mental health service involvement in police training</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Consumer/carer involvement in police training</td>
<td>No⁵</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* Data have been extracted from the following source:


¹, ³ Plans are underway.

² Informal ad hoc arrangements only.

⁴ Defined by the Overarching Response Flow Chart of the NSW MOU and associated interagency operational protocols, including the MARIA Guideline.

⁵ Includes local protocols developed through interagency LPC meetings.

⁴ Alternatives to firearms, such as Tasers, have also been deployed to frontline police.
inspire the trust and confidence of mental health consumers in frontline police and their crisis encounters with one another. While police agencies are obviously required to address many of these obligations as part of “the legislative and policy frameworks governing responses to individuals with a mental illness, this does not absolve or minimise similar requirements of other stakeholder organisations” (Herrington & Clifford, 2012, p. 126). One might argue that, in the case of fatal mental health crisis interventions and the mediated representations of mental illness and police use of force, this includes news media professionals.

Future research opportunities
From the interpretive news framing analysis outlined in Chapter 5, it is evident that the local news media, particularly in the early stages of reporting of the Paul Klein incident, played a fundamental role in generalising the Klein family’s private tragedy as emblematic of deeper public problems separately associated with the risks of caring for mentally ill individuals in the community and the tendency for ‘trigger happy cops’ in the police force. These same news media might have gone on to perform an indispensable role in preparing the basis on which attempts could be made to counter these misconceptions with contextualised news reporting of the realities of mental illness and contemporary policing. For the most part, however, the news media coverage of the Paul Klein incident failed to embrace this wider reflexivity and transformative potential (for social change) as offered by the levels of public engagement with the critical incident.

This is not to suggest that news media professionals should be solely responsible for public literacy about the complexities of police interactions with mentally ill individuals in crisis, and the significant personal impacts associated with these events where they end in fatal outcomes. Nor should my comments be read as an endorsement of the idea that all news media practitioners are motivated by irresponsible objectives or that there are no negligent police officers in our society. But, if we are to arrive at a more informed understanding of the conflicts in our discursive interpretations and representations of complex social issues, such as the
risks and vulnerabilities of frontline policing and mental health crises in the community, then surely we must be open to the ways in which different people experience different responses to these issues. It is often only through the ‘insider perspectives’ and situated risk knowledge of key stakeholders to fatal mental health crisis interventions, and their reporting, that we are offered this “invaluable vantage point from which to better discern the complex of factors and forces at work” (Pantti, Wahl-Jorgensen, & Cottle, 2012, p. 91). As Kesic and colleagues (2011) argue: “While there is no question that the facts of the stories need to be reported, there specifically needs to be much more emphasis placed on contextualising these messages” (p. 10) and their construction.

There are many opportunities for further research on these fronts; an exploration of the vulnerabilities of professionals who are regularly engaged with trauma-work is but one, the reformatory potential of coronial-media relations is another as are the legislative limitations of coronial recommendations. The identification of recurrent patterns in the systemic deficiencies that often precede fatal mental health crisis interventions inevitably raises the question of why the lessons derived from these critical incidents have not been translated into effective measures for their prevention. Why is it that fatal mental health crisis interventions continue to make news headlines? The reasons for this, as I have explained, are varied and not always easily identifiable or resolved. But it does seem reprehensible that many of the coronial recommendations related to these systemic patterns of response, which have been addressed case-after-case in the findings of coronial inquiries into the deaths of mentally ill individuals by police use of force, have previously been disregarded. Any statutory recommendations made following a coronial inquest require, in due course, a reply from the individual or organisation to which a recommendation refers and/or is directed (NSW Office of the State Coroner, 2008). But, as explained in Chapter 3, the recommendations, in their own right, are not binding and implementation is not mandatory.
If deaths involving state agencies are matters of such “substantial public interest” (Hogan, 1988b, p. 117), it would seem only reasonable to suggest that measures be introduced to ensure the improved transparency of both coronial proceedings and the outcomes of communications between coroners and key stakeholders identified in coronial recommendations, particularly where these relate to controversial critical incidents like fatal mental health crisis interventions. This warrants further research into the communications practices associated with coronial inquiries and the extent to which coronial recommendations have traditionally been attributable to the institutional implementation of systemic and/or legislative reforms in the areas of operational policing and mental health. In addition to this, the research recognises the need for systematic reviews of existing ‘preventive’ police initiatives, such as MHIT and CIT-style models of mental health response and specialised mental health training of frontline police officers. Police agencies and news media professionals also operate in a newly diversified media environment that includes a plethora of ‘new media’ channels and formats (McGovern & Lee, 2010) and the research acknowledges that these may have some bearing on the nature of news framing practices and the contemporary reporting and public interpretation of traumatic events, such as fatal mental health crisis interventions. So too may the increased role of ‘affect’ or ‘emotion’ in news journalism, although this remains a relatively underdeveloped area of study within contemporary analyses of news media practices. The scope for further research into what Wahl-Jorgensen (2012) terms ‘the strategic ritual of emotionality’ in news journalism, and specifically trauma reporting, is considerable.

More difficult to resolve, however, is how it is that, as researchers and practitioners, we might be able to encourage pragmatic changes in the reporting of traumatic events to ensure that complex social issues, such as contemporary policing and mental ill-health, are better contextualised for news audiences. This is complicated by a number of factors, not least of all the political economy of journalistic practice and the fact that the news value of critical incidents, such as fatal mental health crisis interventions, is more often associated with the sensational and controversial
(as crime news), rather than the educative imperatives these events reflect in terms of the development of public literacy and sustainable risk communications (as public health news). For its place in the research landscape, this thesis has attempted to expand the conventional ideals of responsible and sensitive reporting of fatal mental health crisis interventions to consider the responsibility and vulnerability of and potential news framing effects on all key stakeholders involved in these critical incidents; police included. In doing so, it has sought to better understand the private experiences of public trauma, and highlight the ways in which news media (mis)representations of these situated experiences can sometimes serve to replicate their traumatic effects. It is hoped that this critical engagement in the public discourse about contemporary policing and mental illness contributes, albeit through some small measure, to the advancement of public understandings of the lived experiences and inherent complexities of fatal encounters between mentally ill individuals and frontline police as well as to more contextualised and reflexive news framing practices in the future.

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**Legislation and Legal Proceedings**


Appendix A

Milestones in the development of the National Mental Health Strategy, 1991-2008
Milestones in the development of the National Mental Health Strategy, 1991-2008
Appendix B

Chronology of the Paul Klein incident
# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A/Inspector</td>
<td>Acting Inspector</td>
</tr>
<tr>
<td>Const</td>
<td>Constable</td>
</tr>
<tr>
<td>DOI</td>
<td>Duty Operations Inspector - Police Commissioner’s Representative</td>
</tr>
<tr>
<td>D/S or D/Sgt</td>
<td>Detective Sergeant</td>
</tr>
<tr>
<td>LA</td>
<td>Internal Affairs</td>
</tr>
<tr>
<td>Insp</td>
<td>Inspector</td>
</tr>
<tr>
<td>KK</td>
<td>Karl Klein (Paul Klein’s father)</td>
</tr>
<tr>
<td>LAC</td>
<td>Local Area Command</td>
</tr>
<tr>
<td>MTT</td>
<td>Mobile Treatment Team</td>
</tr>
<tr>
<td>P/C</td>
<td>Probationary Constable</td>
</tr>
<tr>
<td>PK</td>
<td>Paul Klein</td>
</tr>
<tr>
<td>S/C</td>
<td>Senior Constable</td>
</tr>
<tr>
<td>Sgt</td>
<td>Sergeant</td>
</tr>
<tr>
<td>SPG</td>
<td>State Protection Group</td>
</tr>
<tr>
<td>SPSU</td>
<td>State Protection Support Unit</td>
</tr>
<tr>
<td>SOO</td>
<td>Senior Operations Officer (VKG)</td>
</tr>
<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>Supt</td>
<td>Superintendent</td>
</tr>
<tr>
<td>TK</td>
<td>Terri Klein (Paul Klein’s mother)</td>
</tr>
<tr>
<td>TM</td>
<td>Tanya Maher (Paul Klein’s girlfriend)</td>
</tr>
<tr>
<td>VKG</td>
<td>Police Radio Operators</td>
</tr>
</tbody>
</table>

Note that interview transcript with Senior Constable George Young, SOO Warilla VKG, indicates that all times provided in police radio log are actually five minutes behind actual timing/recording of events.

Electrodata digital recorder has its own time, which normally runs consistent with the clocks in the operations room, but on this occasion, "It appears that it has been in fact about 5 minutes out of order, as far as correlating with the operations room times" (S/C George Young).

17.45 hrs

- A fire spread from house to another house - Requested assistance to neighboring houses.

17.47 hrs

- 10:00 PM - Attempt to 911 management: The names listed on the fire door were not found.

17.50 hrs

- 10:00 PM - Fire spread from house to another house.

17.58 hrs

- 12:00 PM - Attempt to 911 management: The names listed on the fire door were not found.

26 MAY 1983
- "It's clear weather. South-Eastern Fagan (weather direction, 5/100)".

- "I saw an APB on the screen. It's a good one."
Assistance Commissioner’s Premises address of J. Anderson on scene. Apologies for delay and trouble on incident.

DO contact J. Anderson on scene to inform him that your officer will be attending the scene.

DO receive J. Anderson from Inspector Paul Jones from J. Anderson. J. Anderson’s directions will be attended the scene.

As per where is subject to a briefing list by P/S. Paul Hennessy.

DO receive call from Commander’s Support Unit. Call to be attended by police involved.

DO contact the Fire Service. Do not attend to the immediate on scene. The immediate on scene is attended.

DO contact the Fire Service. Do not attend to the immediate on scene. The immediate on scene is attended.

Conduct an interview with the Police Officer / Fire Officer. Conduct an interview with all witnesses and other officers.

Wherever you are, your duties are to carry out your duties as requested by the Fire Officer and then to report back to your station.

If you are attending to a fire or a rescue operation, please ensure that you are wearing appropriate PPE.

If you are attending to a rescue operation, please ensure that you are wearing appropriate PPE.

If you are attending to a rescue operation, please ensure that you are wearing appropriate PPE.

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Appendix C

Front page, the *Illawarra Mercury*, 27 May 1998

(PDF copy courtesy of Nick Hartgerink)
Police shot a man dead after a tense standoff at a house in Berkeley late last night.

The man had sat the York St house all night and had kept police at bay for close to two hours by threatening to kill himself.

The man, called Paul, appeared to be in his mid to late 30s.

He was armed with a carving knife which he used to slash his arms and wrists throughout the siege. His arms and jeans were covered with blood from the self-inflicted wounds.

About 11pm, flames from the burning house forced the man out into the front yard, where he yelled abuse at police and challenged them to shoot him.

A police crisis team spoke with the man and repeatedly ordered him to drop the knife but he refused.

He continued to walk towards the officers who had drawn the gun. He was shot twice from close range.

The man fell to the ground and was treated by ambulance officers but died.

CONTINUED PAGE 3

ABOVE: Police stand over the body of the man they had shot dead in York St, Berkeley, last night after he had kept them at bay for two hours, slashing at his wrists and arms with a carving knife.

RIGHT: The York St house that the man had sat all night before abusing and challenging police to shoot him.
Appendix D

Front page, the *Illawarra Mercury*, 28 May 1998

(PDF copy courtesy of Nick Hartgerink)
COUNTDOWN TO TRAGEDY

Paul Klein, 30, threatens to kill himself.

Klein shields his eyes as flames take hold.

Fire engulfs the house, forcing Klein off the verandah.

Klein waves a knife at police and orders fire crews to leave.

Firemen get the blaze under control.

Klein’s mother is escorted away after speaking to her son.

The fire reignites and spreads through the York St house.

Klein slashes himself repeatedly during the siege.

The night terror came to a ‘perfect’ Berkeley street.

PICTURES, STORIES – Pages 2, 3
Appendix E

Shifts in news frames of the Paul Klein incident

*Illawarra Mercury*, 30 May 1998, p. 3
Gun death family's grief

Shooting victim 'gentle and loving'

By LISA CARTY

This is the Paul Koster family's story. The shooting, which took place in front of the Koster family home, shocked and saddened the community.

The family described Paul Koster as a gentle and loving man who was loved by many. They recalled his kind and caring nature, and his dedication to his family and community.

The shooting took place on a quiet street in the city, and the family was left reeling from the sudden loss. They spoke of their grief and the need for comfort in such a time of need.

The family urged the community to come together and support each other in times of tragedy. They emphasized the importance of compassion and empathy in the face of such loss.

In a statement, the family said:

"Paul was a gentle soul who brought joy to everyone he met. He was a dedicated family man, always putting his loved ones first. We are heartbroken by his loss and will miss him every day."

The family thanked those who have reached out to them in this difficult time. They also thanked the community for their support and urged everyone to come together and support each other in the face of tragedy.