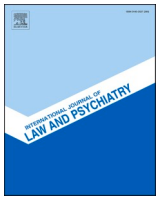
International Journal of Law and Psychiatry 74 (2021) 101648

Contents lists available at ScienceDirect

International Journal of Law and Psychiatry

journal homepage: www.elsevier.com/locate/ijlawpsy



The nature of police shootings in New Zealand: A comparison of mental health and non-mental health events

Anthony J O'Brien [a,*], Katey Thom [b], Sarah Gordon [c], Brian McKenna [d,g,h], Jacquie Kidd [d], Khylee Quince [e], Daniel J. Exeter [f]

[a] Te Huataki Waiora School of Health, University of Waikato, Hamilton, New Zealand
[b] Law School, Auckland University of Technology, Auckland, New Zealand
[c] Service User Academic, Department of Psychological Medicine, School of Medicine and Health Sciences, University of Otago, Wellington, New Zealand
[d] School of Clinical Sciences, Auckland University of Technology, Auckland, New Zealand
[e] School of Law, Auckland University of Technology, Auckland, New Zealand
[f] School of Population Health, The University of Auckland, New Zealand
[g] Auckland Regional Forensic Psychiatry Services, Waitemata District Health Board, Auckland, New Zealand
[h] Centre for Forensic Behavioural Science, Swinburne University of Technology, Victoria, Australia

ARTICLE INFO

Keywords:
Police
Mental health
Use of force
Firearms
Ethnicity

ABSTRACT

The use of firearms by police in mental health-related events has not been previously researched in New Zealand. This study analysed reports of investigations carried out by the Independent Police Conduct Authority between 1995 and 2019. We extracted data relating to mental health state, demographics, setting, police response, outcome of shooting, and whether the individual was known to police, mental health services, and with a history of mental distress or drug use. Of the 258 reports analysed, 47 (18%) involved mental health-related events compared to 211 (82%) classified as non-mental health events. Nineteen (40.4%) of the 47 mental health events resulted in shootings, compared to 31 (14.8%) of the 211 non-mental health events. Of the 50 cases that involved shootings 38% ($n = 19$) were identified as mental health events compared to 62% ($n = 31$) non-mental health events. Over half of the mental health events ($n = 11$, 57.9%) resulted in fatalities, compared to 35.5% ($n = 11$) of the non-mental health events. Cases predominantly involved young males. We could not ascertain the ethnicity of individuals from the IPCA reports. Across all shooting events, a high proportion of individuals possessed a weapon, predominantly either a firearm or a knife, and just under half were known to police and had known substance use. Of the 19 mental health events, 47.4% ($n = 9$) of individuals were known to mental health services and in 89.5% ($n = 17$) of cases whānau (family) were aware of the individual's current (at the time of the event) mental health distress and/or history. These findings suggest opportunities to prevent the escalation of events to the point where they involve shootings. Lack of ethnicity data limits the accountability of the IPCA and is an impediment to informed discussion of police response to people of different ethnicities, and Māori in particular, in New Zealand.

1. Introduction

Armed police responses have been thrust to the forefront of debate locally and internationally following the resurgence of the Black Lives Matter movement, awareness of heightened risk of use of force against Māori and Pasifika peoples, and increased media attention to these issues. (Dunham & Petersen, 2017; Forbes, 2020; Thom & Quince, 2020). In this paper, we review use of firearms by police in mental health-related events in New Zealand.

2. Background

New Zealand has a growing concern regarding the number of police responses to mental health-related events. In 2018, police reported that one in 10 people who were suicidal or experiencing mental distress were subjected to use of force by police (New Zealand Police, 2018). Use of force represents a continuum of police response including open hand techniques, handcuffs, physical restraint, pepper spray, and Tasers. In the 2018/19 year, police received 32,994 mental health-related calls,

* Corresponding author.
E-mail address: anthony.obrien@waikato.ac.nz (A. J O'Brien).

https://doi.org/10.1016/j.ijlp.2020.101648
Received 17 August 2020; Received in revised form 29 October 2020; Accepted 5 November 2020
Available online 4 January 2021

including 24,662 calls to suicide-related events (New Zealand Police, 2019).

Recent international studies have also indicated a significant number of incidents involving police use of firearms during interactions with people experiencing mental illness. Frankham (2018) and DeGue, Fowler, and Calkins (2016) examined the characteristics and circumstances of all fatalities ($n = 812$) resulting from the use of force by police from 2009 to 2012 across 17 States in the United States. The vast majority (93.6%) of the fatal injuries were inflicted by firearms. The researchers identified three significant subcategories of fatalities; those that were mental health-related; suspected "suicide by cop" (incidents where people engage in life-threatening and criminal behaviour to force the police to kill them [see McLeod, Thomas, & Kesic, 2014]); and those involving intimate partner violence. The mental health-related category comprised 22% of the total and was described as including mental health and/or substance-induced violent behaviour. Australian research by Kesic et al., (2010; 2012) investigated all 48 incidents of fatal police shootings in the state of Victoria between 1980 and 2008. Consistent with the international literature, the vast majority of fatalities by police use of firearms were male, on average in their thirties and occurred in a metropolitan area. All but six of the 48 cases had recorded histories with mental health services before the fatal incident occurred. Excluding substance use disorders, one-third of the group ($n = 16$, 33%) had been diagnosed with a mental illness. Half of those suffering from co-existing psychotic and substance use disorders had contact with mental health services less than two weeks before their death (Kesic, Thomas, & Ogloff, 2010; Ogloff et al., 2013).

International research trends toward an increasing number of police call-outs to individuals experiencing distress who belong to other underrepresented (and discriminated against) minority groups, who are at greater risk of being killed in an encounter with law enforcement (Lane-McKinley, Tsungmey, & Roberts, 2018). Porter's Australian study (2013) found that eight of the 98 police-related deaths of Indigenous Australians between 1992 and 2008 were police-inflicted deaths, with seven being gunshot related. Two people in the shooting cases had a history of mental illness and in half of the police-inflicted deaths the deceased person was using substances at the time of death (Porter, 2013).

The New Zealand Police have acknowledged and responded to the increasing call outs involving people in the community experiencing mental distress. In 2012, a comprehensive review of police practices conducted by the New Zealand Police Assurance Group resulted in policy, legislative, training and reporting recommendations to improve police response to mental health events (State Services Commission, The Treasury and Department of the Prime Minister and Cabinet, 2012). A specialist Mental Health Team based at Police National Headquarters was established in 2013 to implement the recommendations, with the aims of (i) improving outcomes for people who experience mental distress, (ii) managing the demand and risk associated with mental health-related calls for service; and (iii) working in partnership to improve the inter-agency response to people in mental health crisis.

To date, this has resulted in improvements in data gathering initiatives to better understand mental health demand and risk within the policing context; the development of policy for mental health and detention in police custody; the introduction of service-user led training in mental health for police officers and recruits; improved interagency collaboration; and the introduction of mental health triage (R. Sun, personal communication, April 1, 2020). The introduction of service user led training for officers has been found to have a positive impact on Police attitudes toward people experiencing mental distress (Davey, Gordon, & Tester, 2019). An Evidence-Based Policing Unit to conduct research and collate evidence related to police activities (www.police.govt.nz) has also been established.

New Zealand police officers are not routinely armed but carry OC spray (pepper spray), batons and Tasers. Since 2012 all frontline vehicles have a secured Glock 17 and at least one Bushmaster rifle (Keith, 2016). General Instruction F061 of the New Zealand Police provides for the use of firearms by police officers to defend themselves or others if they fear death or grievous bodily harm and cannot reasonably protect themselves or others in a less violent manner (https://www.police.govt.nz/news/release/3376).

Research has shown, however, that Māori are disproportionately impacted by a police use of force, often while experiencing mental distress. Māori, who comprise 16.5% of the overall population, are almost eight times more likely than Europeans to be subjected to police use of force (New Zealand Police, 2018). A descriptive analysis of Taser use between 2006 and 2007 found incidents involved people in mental distress in approximately one in five occasions, with the Taser almost three times as likely to be discharged in mental health compared to non-mental health cases (O'Brien, McKenna, Thom, Diesfeld, & Simpson, 2011). This pattern of higher use of Tasers in mental health cases was also reported by police in 2018 (New Zealand Police, 2018). O'Brien et al., (2011) also found that Māori (29%) and Pacific Island people (31%) were more likely to have their behaviour attributed to criminality than to mental distress (20% and 10% respectively) compared to Europeans subject to police response (40% vs 70%). More recently, a study of police responses to people in a mental health crisis found that 78% of the 86 cases studied involved the use of force and that whilst Māori were overrepresented in such police responses they were no more likely than Europeans to be subject to use of force (Holman, O'Brien, & Thom, 2018).

In 2019, following the terrorist attack on a Christchurch mosque (Hawi, Osborne, Bulbulia, & Sibley, 2019), police announced significant increases in the availability of Tasers and firearms for police, with a 50% increase in simulation training. In October 2019, police began a trial of Armed Response Teams (ART) across three police districts chosen due to having the highest number of firearms seized, located and surrendered, as well as being most resources with specialist armed offender squad officers (Armed Response Team trial, 2020). A six-month trial took place, which saw Māori comprising 50% of those arrested by the ARTs. The findings confirmed fears that Māori would be disproportionately targeted by these teams (Forbes, 2020). The trial was discontinued in June 2020, following significant pushback from Māori and minority communities, with the Police Commissioner stating that routine arming "[did] not align with the style of policing that New Zealanders expect". This decision coincided with the international Black Lives Matter movement (Drakulich, Wozniak, Hagan, & Johnson, 2020) that also saw marches in New Zealand calling attention to police brutality among minority and Indigenous populations (Owen & Chumko, 2020).

Despite international studies reporting that the use of force is more prevalent with people experiencing co-existing mental health and substance use disorders (Morabito, Socia, Wik, & Fisher, 2017), there remains little investigative focus on the use of force by New Zealand police during callouts to mental health-related events. No research has explored the use of firearms by the police in mental health-related events. This article reports firearm use by police in New Zealand, comparing mental health with non-mental health-related events and investigating the role of ethnicity.

2.1. Method

The study used a cross-sectional design utilising all publicly reported cases of police shootings between 1995 and 2019.

2.2. Setting and data source

In New Zealand, all police shootings are investigated independently by the Independent Police Conduct Authority (IPCA). The IPCA was established in 2007 to function as an investigative body independent from the New Zealand Police (www.ipca.govt.nz). The IPCA took over the functions of the former Independent Police Complaints Authority which was established in 1995. Under section 12 of the Independent

Police Conduct Authority Act 1988, the IPCA has two functions:

- To receive complaints (i) alleging misconduct or neglect of duty by any member of Police or (ii) concerning any Police practice, policy or procedure affecting a complainant; or
- To investigate incidents in which a member of Police (acting in the execution of his or her duty) causes or appears to have caused death or serious bodily harm.

The IPCA is required to investigate all police shootings. The IPCA publishes all such cases, including those of the predecessor body, on their publicly accessible website (www.ipca.govt.nz), allowing researchers to analyse an almost complete dataset of police shootings in New Zealand.

2.3. Sample

Our sample consisted of all IPCA narrative reports published between January 1995 and December 2019. A total of 302 reports were sourced from the IPCA website.[1] Reports were considered ineligible if they reported cases that did not involve contact with a member of the public. Examples of excluded reports ($n = 44$) were reviews of police policies or procedures, reviews of previous cases and disciplinary or other investigations of police officers. From the remaining 258 reports, those that involved cases of fatal and non-fatal shootings by police were identified independently by two or more authors, providing a final sample of 50 cases. The number of cases that were 'mental health events' was then determined using criteria that were applied by two or more authors independently ($n = 19$). Cases were categorised as mental health events if the IPCA report explicitly stated that the party had a 'mental illness/disorder/condition' history (or related terms), or was a current consumer of mental health services, or was identified by police as experiencing mental health issues not officially recorded. Any variances between decisions by the team were discussed until an agreement for inclusion/exclusion was determined. In three cases it was difficult to apply the inclusion criteria and a collective decision was made to be inclusive and assign the cases as mental health events.

2.4. Analysis

We extracted content from the reports regarding the demographics of individuals including their recorded gender, age, ethnicity, the locality of each case, the police response (including other use of force), the outcome of the shooting, and the IPCA decision. Information as to whether the individual was known to police, mental health services, and with a history of mental health or drug use was also extracted.

Ethics consent was not required as the data were drawn from the publicly available cases hosted on the website of the IPCA.

3. Results

Initial analysis considered the total database of 258 eligible cases. From those cases 47 (18%) were classified as mental health-related events compared to 211 (82%) classified as non-mental health events. Mental health events were more likely than non-mental health events to involve police use of firearms. Nineteen (40.4%) of the 47 mental health events resulted in shootings, compared to 31 (14.8%) of the 211 non-mental health events (Fisher's exact test 0.0041, $p < .05$).

Of the 50 events that involved police shooting, 44% ($n = 22$) resulted in fatalities. All but two shooting cases involved males, with a mean age of 30 years, with most shootings ($n = 36$, 72%) taking place in a public area, such as a shopping area, recreational facility, or main street. We could not ascertain reliable data on ethnicity from the IPCA reporting, as it was not routinely included. Over half of the individuals were in possession of a firearm ($n = 27$, 54%). In the majority of cases, firearms were the only use of force employed by the police ($n = 37$, 74%). A comparison of mental health and non-mental health cases is presented in Table 1.

Thirty-eight per cent ($n = 19$) of the 50 police shooting cases were identified as mental health events, compared to 62% ($n = 31$) shootings identified as non-mental health events. Among the mental health events, 57.9% ($n = 11$) resulted in fatalities, compared to 35.5% (n = 11) of the non-mental health events. These differences did not reach statistical significance.

We were able to discern from the IPCA reports that 47.4% ($n = 9$) of the individuals at the centre of the 19 mental health events were known to mental health services, with 36.8% ($n = 7$) of individuals known to police. Just over half of the individuals ($n = 10$, 52.3%) at the centre of the mental health events had used substances at the time of the event. In non-mental health events ($n = 31$), just under half of the individuals (41.9%, $n = 13$) were known to police at the time of the incident and 35.5% ($n = 11$) had used substances at the time of the event. All of the 19 individuals in the mental health events were in possession of a weapon, most likely a firearm (68.4%, n = 13) or a knife (31.6%, $n = 6$). Most individuals in non-mental health events (80.6%, $n = 25$) were also in possession of a weapon, predominantly either a firearm (45.2%, $n = 14$) or knife (16.1%, $n = 5$). In 89.5% ($n = 17$) of the mental health events whānau (family) were aware of the individual's current (at the time of the event) mental health distress and/or history. All shootings were found to be justified by the IPCA, however, in many cases recommendations were made to improve police responses to mental health crises.

Table 1
Characteristics of shooting cases ($n = 50$).

Variable	Mental health ($n = 19$)		Non mental health ($n = 31$)		Fishers Exact	X^2	p
	n	%	n	%			
Fatal outcome	11	57.9	11	35.5	0.150	2.40	0.121
Setting							
Private	5	26.3	9	29.0	1.00	0.0431	0.836
Public	14	73.7	22	71.0			
Weapon							
Firearm	13	68.4	14	45.2	0.395	3.61	0.306
Bladed weapon	6	31.6	5	16.1			
Motor vehicle	0	0	3	9.7			
Other	1	5.3	3	9.7			
Threat to others	19	100	24	77.4	0.035	4.9887	0.026
Substance use	10	52.3	11	35.5	0.255	1.4219	0.233
Other use of force[a]	6	31.6	7	22.5	0.521	0.4957	0.481
Officer status							
Armed Offender Squad[b]	8	42.1	13	41.9	1.00	0.2192	0.640
General duties	11	57.9	18	58.1			
Known to police	7	36.8	13	41.9	1.00	0.1273	0.721
Known to mental health services	9	47.4	na				
Whānau knowledge of mental health distress/history	17	89.5	na				

[a] Includes OC spray, dogs, Taser, batons.
[b] Includes one Special Tactics Group response.

[1] We are aware that there were two further cases involving police shootings referenced in New Zealand media that were subject to IPCA review but which are not publically available on the IPCA website. The reasons for non-publication have not been disclosed. These two cases have not been included in this publication.

4. Discussion

This is the first study to report the use of firearms by New Zealand Police in events involving people experiencing mental distress. The study was able to draw on an almost complete database of reports on police shootings over 25 years. As has been reported internationally, people experiencing mental distress in New Zealand are disproportionately likely to face an armed police response. Also, that response is more likely to prove fatal for people experiencing mental distress compared to those without. Consistent with the international literature, the majority of fatalities from police use of firearms were male, on average in their thirties and occurred in a metropolitan area (Kesic et al., (2010; 2012). Our results are consistent with earlier New Zealand research that showed disproportionate Taser use with people experiencing mental distress (O'Brien et al., 2011).

We found a lack of reporting by the IPCA on the complete demographics of individuals, which places constraints on the ability to ensure police accountability. The IPCA does not routinely report demographic variables such as age, ethnicity, and gender. The lack of systematic reporting of demographic information by the IPCA means that particular groups subject to armed police response cannot be specifically examined. Māori and Pacific people are more likely to be represented in crime statistics (Elers, 2012; Shepherd & Ilalio, 2016) and there have been concerns of disproportionate police use of firearms against Māori (Rākete, 2020). Māori are also more likely than non-Māori to experience mental distress (Russell, 2018) and so to be involved in mental health related police contacts. It is likely, therefore, that the sample analysed in this study also disproportionately included Māori experiencing mental distress being subject to the most extreme use of force by police. A systematic review of police use of firearms in the United States has shown a strong relationship of police use of firearms with fatalities among the Black population (McLeod, Heller, Manze, & Echeverria, 2020). The lack of ethnicity data raises questions about how the IPCA meets its obligation of ensuring police accountability. These questions are given added urgency in the context of the international Black Lives Matter movement (Jee-Lyn García & Sharif, 2015) which has drawn attention to people of colour disproportionately experiencing use of force by the Police (Drakulich et al., 2020). Both the IPCA and New Zealand Police declare that they are "committed to being responsive to Māori as tangata whenua[2] recognising the Treaty of Waitangi as New Zealand's founding document." (Our Commitment to the Treaty of Waitangi, nd; Māori and Police Working Together, nd). We consider the lack of reporting ethnicity data by the IPCA to be a significant omission in the landscape of armed police responses and a significant impediment to informed discussion of police response to people of different ethnicities, and Māori in particular, in New Zealand.[3] In 72% of shooting events, there was no use of police force (e.g. open hand techniques, handcuffs, physical restraint, pepper spray, and Tasers) other than firearms. In some events, it was evident that situations escalated quickly, and the police were confronted with firearms at an early stage in the incident. This phenomenon has also been reported by Kesic, Thomas, and Ogloff (2012). In such cases, it may be difficult for police to employ less-lethal options such as OC spray or Tasers. This suggests that Tasers are not likely to lead to reductions in the use of lethal force by the police, an argument frequently made in favour of Taser deployment (Wolf and de Angelis, 2011). By contrast, some cases involved prolonged standoffs between police and the individual. In such cases, there may be opportunities to access mental health information from service providers or family members, which might assist in negotiations.

The extent of police shootings over the 25 years presented in this study is relatively low when compared with other policing jurisdictions such as the United States, Canada and Australia, although higher than those of Germany, England Wales and Japan (Statista Research Department, 2020). The decision to abandon the continued use of Armed Response Teams following the 2019/20 trial suggests that police use of firearms is unlikely to increase in New Zealand. The Police Commissioner has also stated that police will not be routinely armed (Bush, 2019). However, it is evident that even with a relatively low level of direct police access to firearms, people experiencing mental distress, particularly Māori, are disproportionately subject to an armed response.

In some jurisdictions, concern about police use of firearms on people experiencing mental distress has prompted initiatives to improve the police responses to mental health events (Donohue & Andrews, 2013; Khalsa, Denes, Pasini-Hill, Santelli, & Baldessarini, 2018). In the New Zealand context, current initiatives by the police to improve responses need to consider how the presence of mental health issues contributes to police decision making in relation to the use of force generally, and the use of firearms specifically.

The presence of firearms in 68.4% of mental health events might appear to support a link between mental distress and violence. However, firearms were also present in the non-mental health events at a rate of 45.2%. Despite perceptions to the contrary, mental distress is neither a necessary nor sufficient cause of violence (Varshney, Mahapatra, Krishnan, Gupta, & Deb, 2016) and the association with mental illness in general is low (Ahonen, Loeber, & Brent, 2019). The major determinants of violence are socio-demographic and socio-economic factors such as being young, male, substance use and of lower socioeconomic status (Stuart, 2003). The first three of these factors were evident in both groups in the current study. The use of alcohol and other drugs, noted in 52.3% of mental health events and 35.5% of non-mental health events, is a contributor to violence, whether it occurs in the context of concurrent mental distress or not (Fazel, Smith, Chang, & Geddes, 2018; Van Dorn, Volavka, & Johnson, 2012). However, substance use alone is unlikely to explain the difference between the two groups.

The main value in these findings is to bring the extent of police shootings that are mental health-related to the attention of all those involved in such events. Most individuals at the centre of mental health events were known to mental health services and/or the police. The very high proportion of cases where family/whānau were aware of the individual's mental health issues is consistent with Frankham's (2018) study showing that family or friends were the most frequent source of the initial call to police relating to individuals with mental distress. This suggests opportunities for police to use that information to engage with the individual and their whānau to minimise escalation of their response. Frankham (2018) suggests a preventive approach could include training for emergency call takers in recording and conveying information about mental health issues.

Further research should involve gathering and analysing the relevant information, including the use of police databases triangulated with mental health services utilisation data and accurate ethnicity data, to gain a more in-depth understanding of individuals at the centre of these incidents (e.g. Kane et al., 2018; Kesic et al., 2012; Lebenbaum, Chiu, Vigod, & Kurdyak, 2018). Such research should be enhanced with qualitative insights from individuals who have experienced a police response while in a mental health crisis and carried out in partnership with Māori to ensure the principles of data sovereignty are upheld (Raraunga, 2018).

The past year has seen several developments of significance for police use of firearms and hence for people experiencing mental distress. The Christchurch terror attack of March 2019 (Hawi et al., 2019) was followed by widespread deployment of armed police at events across the country, such as the ANZAC Day[4] commemoration, that were considered

[2] Indigenous people

[3] Since this manuscript was prepared the IPCA has indicated its intention to report ethnicity data on an annual basis.

[4] ANZAC Day is a national day of remembrance observed in Australia and New Zealand that commemorates New Zealanders and Australians and who served in wars, conflicts, and peacekeeping operations (McCreanor, Wetherell, McConville, Moewaka Barnes, & Moewaka Barnes, 2019).

to have the potential for further terrorist activities (www.nzherald.co.nz/nz/news). The 2019 police trial of armed patrols raised concerns about the potential impact on people experiencing mental distress (Wilson, 2019). The findings of the current study give support to these concerns as they suggest an increase in more direct police access to firearms has the potential to lead to their disproportionate use against people experiencing mental distress in general, and Māori experiencing mental distress more specifically.

5. Limitations

A limitation of this research is the nature of the database used. IPCA cases cannot be considered representative of overall police activity, or police response to people in mental distress. Nevertheless, in the absence of other reported data, the IPCA cases do allow for some understanding of police use of firearms in cases involving people experiencing mental distress and especially in cases involving police use of firearms. The content analysis was reliant on the details provided in the IPCA reports. This meant we could not identify in all cases important details such as ethnicity, official records of psychiatric diagnosis, mental health service engagement, or accurate drug use history. Despite the dataset providing an almost complete set of cases over the 25-year study period, the overall numbers involved are relatively low, limiting the power of statistical analysis.

6. Conclusion

In New Zealand, people experiencing mental distress are disproportionately likely to be subject to armed police response and more likely to be killed in armed encounters. While individuals subject to fatal police response are likely to be in possession of firearms and are likely to have used substances, these factors do not explain the observed differences in police use of firearms. Police and whānau (family) knowledge of individuals' mental health history suggest opportunities for intervention and negotiation with individuals in crisis. Future studies should utilise police databases triangulated with mental health services data to better understand the nature of mental health events involving police. Greater attention to the relationship between ethnicity and police response is required. We argue that all IPCA reports should include demographic information regarding ethnicity to ensure public access to information on police practices in its entirety.

Declaration of Conflicting Interests

No conflict of interest.

Funding

No funding to declare.

References

Ahonen, L., Loeber, R., & Brent, D. A. (2019). The association between serious mental health problems and violence: Some common assumptions and misconceptions. *Trauma, Violence & Abuse, 20*(5), 613–625.

Armed Police Teams trial. (2020). Retrieved from https://www.police.govt.nz/can-you-help-us/armed-response-team-trial.

Bush, M. (2019). New Zealand Police not moving to routine arming. Retrieved from https://www.police.govt.nz/news/commissioners-blog/new-zealand-police-not-moving-routine-arming.

Davey, S., Gordon, S., & Tester, R. (2019). Addressing police discrimination regarding mental distress using a service user-led and interpersonal contact/education based 'e-learning'. *Police Practice and Research*, 1–17. https://doi.org/10.1080/15614263.2019.1689128.

DeGue, S., Fowler, K., & Calkins, C. (2016). Deaths due to use of lethal force by law enforcement: Findings from the National Violent Death Reporting System in 17 U.S. states, 2009–2012. *American Journal of Preventative Medicine, 51*(5S3), S173–S187U. https://doi.org/10.1016/j.amepre.2016.08.027.

Donohue, D., & Andrews, G. (2013). NSW Police force mental health intervention team. Forging a new path forward in mental health and policing in the community. In D. Chappell (Ed.), *Policing and the mentally Ill international perspectives* (pp. 65–104). Boca Raton, Fl: CRC Press.

Drakulich, K., Wozniak, K. H., Hagan, J., & Johnson, D. (2020). Race and policing in the 2016 presidential election: Black lives matter, the police, and dog whistle politics. *Criminology, 58*(2), 370–402. https://doi.org/10.1111/1745-9125.12239.

Dunham, R. G., & Petersen, N. (2017). Making black lives matter: Evidence-based policies for reducing police bias in the use of deadly force. *Criminology & Public Policy, 16*, 341. https://doi.org/10.1111/1745-9133.12284.

Elers, S. (2012). Police interactions with Maori: A contributing factor in disproportionate crime statistics. *Australasian Policing, 4*(2), 40 (No doi available).

Fazel, S., Smith, E. N., Chang, Z., & Geddes, J. R. (2018). Risk factors for interpersonal violence: An umbrella review of meta-analyses. *The British Journal of Psychiatry, 213*(4), 609–614.

Forbes, M. (2020). Police Commissioner Andrew Coster agrees unconscious bias still exists within police. https://www.newshub.co.nz/home/new-zealand/2020/06/police-commissioner-andrew-coster-agrees-unconscious-bias-still-exists-within-police.html.

Frankham, E. (2018). Mental illness affects police fatal shootings. *Contexts, 17*(2), 70–72.

Hawi, D., Osborne, D., Bulbulia, J., & Sibley, C. G. (2019). Terrorism anxiety and attitudes toward Muslims. *New Zealand Journal of Psychology (Online), 48*(1), 80–89 (no doi available).

Holman, G., O'Brien, A. J., & Thom, K. (2018). Police and mental health responses to mental health crisis in the Waikato region of New Zealand. *International Journal of Mental Health Nursing, 27*(5), 1411–1419. https://doi.org/10.1111/inm.12440.

Jee-Lyn García, J., & Sharif, M. Z. (2015). Black lives matter: A commentary on racism and public health. *American Journal of Public Health, 105*(8), e27–e30.

Kane, E., Evans, E., Mitsch, J., Jilani, T., Quinlan, P., Cattell, J., & Khalifa, N. (2018). Police interactions and interventions with suspects flagged as experiencing mental health problems. *Criminal Behaviour and Mental Health, 28*(5), 424–432. https://doi.org/10.1002/cbm.2078.

Keith, L. (2016). Specialist armed police used to protect officers and the public, top cop says. Retreived from https://www.stuff.co.nz/taranaki-daily-news/news/83926709/specialist-armed-police-used-to-protect-officers-and-the-public-top-cop-says.

Kesic, D., Thomas, S., & Ogloff, J. (2010). Mental illness among police fatalities in Victoria 1982–2007: Case linkage study. *Australian and New Zealand Journal of Psychiatry, 44*, 463–468.

Kesic, D., Thomas, S., & Ogloff, J. (2012). Analysis of fatal police shootings: Time, space, and suicide by police. *Criminal Justice and Behavior, 39*(8), 1107–1125. https://doi.org/10.3109/00048670903493355.

Khalsa, H. M. K., Denes, A. C., Pasini-Hill, D. M., Santelli, J. C., & Baldessarini, R. J. (2018). Specialized police-based mental health crisis response: the first 10 years of Colorado's crisis intervention team implementation. *Psychiatric Services, 69*(2), 239–241. https://doi.org/10.1176/appi.ps.201700055.

Lane-McKinley, K., Tsungmey, T., & Roberts, L. W. (2018). The Deborah Danner story: Officer-involved deaths of people living with mental illness. *Academic Psychiatry, 42*(4), 443–450. https://doi.org/10.1007/s40596-018-0945-z.

Lebenbaum, M., Chiu, M., Vigod, S., & Kurdyak, P. (2018). Prevalence and predictors of involuntary psychiatric hospital admissions in Ontario, Canada: A population-based linked administrative database study. *BJPsych Open, 4*(2), 31–38. https://doi.org/10.1192/bjo.2017.4.

McCreanor, T., Wetherell, M., McConville, A., Moewaka Barnes, H., & Moewaka Barnes, A. (2019). New light; friendly soil: Affective–discursive dimensions of Anzac day commemorations in Aotearoa New Zealand. *Nations and Nationalism, 25*(3), 974–996. https://doi.org/10.1111/nana.12474.

McLeod, L., Thomas, S., & Kesic, D. (2014). The frequency and nature of resolution of potential police provoked shooting encounters. *International Journal of Law and Psychiatry, 37*, 383–389. https://doi.org/10.1016/j.ijlp.2014.02.009.

McLeod, M. N., Heller, D., Manze, M. G., & Echeverria, S. E. (2020). Police interactions and the mental health of black Americans: A systematic review. *Journal of Racial and Ethnic Health Disparities, 7*(1), 10–27. https://doi.org/10.1007/s40615-019-00629-1.

Morabito, M., Socia, K., Wik, A., & Fisher, W. (2017). The nature and extent of police use of force in encounters with people with behavioral health disorders. *International Journal of Law and Psychiatry, 50*, 31–37. https://doi.org/10.1016/j.ijlp.2016.10.001.

New Zealand Police. (2018). New Zealand police tactical options research report. Retrieved from https://www.police.govt.nz/sites/default/files/publications/annual-tactical-options-research-report-7.pdf.

New Zealand Police. (2019). *Annual Report 2018/19. Wellington, New Zealand Police*.

O'Brien, A., McKenna, B., Thom, K., Diesfeld, K., & Simpson, A. (2011). Use of Tasers on people with mental illness a New Zealand database study. *International Journal of Law and Psychiatry, 34*, 39–43. https://doi.org/10.1016/j.ijlp.2010.11.006.

Ogloff, J., Thomas, S., Luebbers, S., Baksheev, G., Elliott, I., Godfredson, J., … Moore, E. (2013). Policing services with mentally ill people: Developing greater understanding and best practice. *Australian Psychologist, 48*, 57–68. https://doi.org/10.1111/j.1742-9544.2012.00088.x.

Owen, C., & Chumko, A. (2020). Black Lives Matter: Thousands at Auckland and Wellington marches. https://www.stuff.co.nz/national/politics/121745476/black-lives-matter-thousands-at-auckland-and-wellington-marches.

Porter, L. (2013). Indigenous deaths associated with police contact in Australia: Event stages and lessons for prevention. *Australian & New Zealand Journal of Criminology, 46*(2), 178–199. https://doi.org/10.1177/0004865813483294.

Rākete, E. (2020). Maori and Pacific dread armed police patrols. Newsroom. Retrieved from https://www.newsroom.co.nz/2020/06/09/1223468/mori-and-pacific-dread-armed-police-patrols.

Raraunga, T. M. (2018). Principles of Māori data sovereignty. Retrieved from https://static1.squarespace.com/static/58e9b10f9de4bb8d1fb5ebbc/t/5bda208b4ae237c

d89ee16e9/1541021836126/TMR+Ma%CC%84ori+Data+Sovereignty+Principles+Oct+2018.pdf.
Russell, L. (2018). *Te Oranga Hinengaro: Report on Māori mental wellbeing results from the New Zealand Mental Health Monitor & Health and lifestyles survey*. Wellington: Health Promotion Agency/Te Hiringa Hauora.
Shepherd, S. M., & Ilalio, T. (2016). Maori and Pacific islander overrepresentation in the Australian criminal justice system—What are the determinants? *Journal of Offender Rehabilitation, 55*(2), 113–128. https://doi.org/10.1080/10509674.2015.1124959.
State Services Commission, The Treasury and Department of the Prime Minister and Cabinet. (2012). *Formal review of the New Zealand Police. Wellington, Author*.
Statista Research Department. (2020). Rate of civilians killed annually by the police in selected countries 2019. Retrieved from https://www.statista.com/statistics/1124039/police-killings-rate-selected-countries/.
Stuart, H. (2003). Violence and mental illness: An overview. *World Psychiatry, 2*(2), 121 (no doi available).
Thom, K., & Quince, K. (2020). Black Lives Matter outrage must drive police reform in Aotearoa-New Zealand too. Retrieved from https://theconversation.com/black-lives-matter-outrage-must-drive-police-reform-in-aotearoa-new-zealand-too-139965.
Van Dorn, R., Volavka, J., & Johnson, N. (2012). Mental disorder and violence: Is there a relationship beyond substance use? *Social Psychiatry and Psychiatric Epidemiology, 47*(3), 487–503.
Varshney, M., Mahapatra, A., Krishnan, V., Gupta, R., & Deb, K. S. (2016). Violence and mental illness: What is the true story? *Journal of Epidemiology & Community Health, 70*(3), 223–225.
Wilson, M. (2019). Mental Health Foundation of New Zealand says ART trials must stop. https://www.mentalhealth.org.nz/home/news/article/271/mental-health-foundation-of-new-zealand-says-art-trials-must-stop (Accessed March 12 2020).
Wolf, B., & De Angelis, J. (2011). Tasers, accountability, and less lethal force: Keying in on the contentious construction of police electroshock weapons. *International Journal of Criminology and Sociological Theory, 4*(2) (no doi available).