An update on Taser use in Queensland

This paper provides statistics on Taser use by officers from the Queensland Police Service (QPS) over the last two years and compares it to data reported in our more comprehensive review in 2011, Evaluating Taser reforms: a review of Queensland Police Service policy and practice. We conducted these analyses to confirm that the key trends identified in our 2011 review continue today and to target our next phase of Taser research.

It is important to understand the limited aims of this paper. It does not seek to explain Taser use trends or look for causal connections among the data we have collected. This was solely a data collection undertaking.

We will examine possible explanations for these trends in our next phase of Taser research. Further announcements about our upcoming program of Taser research will be provided on the CMC website.

This paper was released to inform interested parties and the Queensland community.

About this paper

The current Taser policy was introduced by the Queensland Police Service (QPS) in September 2009. In April 2011, the Crime and Misconduct Commission (CMC) published Evaluating Taser reforms: a review of Queensland Police Service policy and practice, which evaluated the effects of the current policy, comparing Taser use in the eight months prior to, and 10 months after, its introduction.

Overall, the introduction of the current policy seemed to have improved how QPS officers were using Tasers. Nevertheless, the CMC was concerned about some aspects of Taser use and committed to further examining these areas, including:

- multiple and prolonged Taser discharges
- use of Tasers against people from potentially ‘medically vulnerable’ or ‘at-risk’ groups
- use of Tasers against Indigenous people
- injuries sustained to people who are the subject of a Taser use.

Since that report, the CMC has continued to monitor Taser use by the QPS, focusing in particular on the key areas noted above. Using information primarily obtained from QPS Taser Usage Reports (TURs), this paper compares the most recent data available (the two-year period between 22 July 2010 and 30 June 2012) with data from the period following the introduction of the current policy (the 10-month period between 22 September 2009 and 21 July 2010, also reported in Evaluating Taser reforms).

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1 Including those believed by police to have an underlying mental or physical health condition, and those suspected of being under the influence of alcohol and/or drugs at the time of the incident.
Summary of findings

• The frequency of Taser use has increased compared to the period after the introduction of the current Taser policy. In fact, Tasers are being used more frequently now than they were before the current Taser policy was introduced.

• The way Tasers are being used has largely remained the same. The majority of operational Taser uses continue to involve the presentation of the Taser without actual deployment.

• Uses where the Taser was deployed in both probe and drive stun modes by a single police officer during the same incident have decreased slightly.

• The proportion of people that were the target of multiple and/or prolonged deployments has decreased.

• Although the proportion of multiple and/or prolonged Taser discharges has decreased, more than one-quarter of people who were the target of a Taser deployment were still subjected to multiple and/or prolonged discharges.

• Indigenous Queenslanders are still overrepresented among people who were the subjects of Taser use, although they remain less likely than people described as Caucasian to have the Taser actually deployed against them.

• A large proportion of people who were the target of a Taser use continue to be substance-affected, and most multiple and/or prolonged Taser deployments involved people believed to be under the influence of alcohol and/or drugs.

• The proportion of people who were suspected of having a mental health condition remains high and has increased slightly over time; however, the proportion of these people who were the target of an actual Taser deployment has remained stable.

• There was a slight decrease in the proportion of people who were the target of a Taser deployment that sustained an injury or medical complication.

• Although there was some reduction in the proportion of injuries and medical complications associated with Taser deployments, the majority of Taser-related injuries are still caused by people falling on hard surfaces while incapacitated by the Taser.

A note about terminology

A ‘use’ of a Taser includes both ‘presentations’ and ‘deployments’.

A ‘presentation’ of a Taser includes any instance where an officer points a Taser in the direction of a person, or holds the Taser against a person (that is, presses or rests the Taser against the subject’s skin or clothing) without deploying the Taser.

A ‘deployment’ of a Taser includes any instance where the Taser is activated in probe mode and/or drive stun mode:

• Deploying a Taser in ‘probe mode’: when two probes connected to the Taser are fired at the person. A ‘successful’ Taser deployment occurs when both probes connect to the person, causing them to experience uncontrollable muscle contractions immobilising them for the period that the device is activated.

• Deploying a Taser in ‘drive stun mode’: when deployed this way, the Taser works like a stun gun. The probes are not usually fired. Instead, the Taser is pushed directly onto a person’s skin or clothing. The Taser does not immobilise the person, but causes acute pain in the area where the Taser is applied.

• Deploying a Taser in ‘probe and drive stun modes’: when the person is the subject of at least one probe deployment and one drive stun deployment by a single police officer during the same incident. The drive stun mode can be used in combination with the probe mode to complete an incapacitation circuit.

• Accidental deployments: when an officer inadvertently deploys a Taser in either probe mode or drive stun mode.

A ‘deployment’ of a Taser may involve:

• A single discharge: when the Taser is deployed once and cycled for one continuous five-second cycle.

• Multiple discharges: when more than one Taser cycle is targeted at a person during an incident, either by the same officer or by different officers.

• Prolonged discharge: when the Taser is applied for longer than five continuous seconds.
Recent trends in Taser use

Average number of recent Taser uses
Tasers were used 1187 times between 22 July 2010 and 30 June 2012. This equates to an average of 51.0 Taser uses per month.

As shown in Figure 1, Taser use has increased. Tasers are being used more frequently now (51.0 uses per month) than they were in the period following the introduction of the current Taser policy (34.8 uses per month). The average number of Taser uses per month in the most recent data is also higher than the average number of uses under the initial policy that was in place when Tasers were first introduced into the general policing environment (48.0).

Figure 1: Average Taser uses per month

![Bar chart showing average Taser uses per month](source: QPS Taser usage data)

Nature of recent Taser uses
Throughout the remainder of this paper, we report the frequency of Taser uses or subjects rather than raw or average numbers. When making comparisons between the most recent Taser use data and data reported in our 2011 review, we compare the proportion of Taser uses in each period rather than raw numbers because the two time periods are not equal (10 months and 24 months). It is therefore important to interpret raw numbers with caution.

This section summarises operational Taser uses in the most recent period (n = 1114). ‘Operational’ refers to those uses where the Taser was used intentionally by the deploying officer and excludes accidental deployments.

Most recent operational Taser uses involved the presentation of the Taser without actual deployment (75.0%, n = 835):
- Just over 20 per cent of all operational uses (22.5%, n = 251) involved the deployment of the Taser in probe mode.
- Only a very small proportion of operational uses (1.3%, n = 15) involved the deployment of the Taser in drive stun mode.
- Thirteen uses involved the deployment of the Taser by a single officer in both probe and drive stun modes (1.2%).

This breakdown of operational uses by type of deployment is shown in Figure 2.

Figure 2: Breakdown of Taser uses (22 July 2010 to 30 June 2012)

![Pie chart showing breakdown of Taser uses](source: QPS Taser usage data)

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2 The figure of 1187 includes all Taser uses, including accidental Taser deployments.
3 To obtain an average monthly usage figure based on whole months, we excluded uses between 22 July and 31 July 2010; however, these were included in the overall analysis.
4 This is the only time we refer to uses under the initial Taser policy in this paper. All subsequent comparisons are between uses under the current policy reported in our 2011 report and the most recent Taser use data.
5 There were 73 accidental deployments in the most recent period (6.1% of all uses). The proportion of accidental Taser deployments has almost halved compared to the previous period (from 11.5%, n = 40 to 6.1%, n = 73).
Although the average number of Taser uses per month has increased in the most recent period, the way police are using Tasers has broadly remained the same as in the period following the introduction of the current policy. For example, the majority of operational uses involved the presentation of the Taser without actual deployment (75.0% during both time periods). The proportion of uses in probe mode only has also remained relatively stable (from 22.7%, \(n = 70\) to 22.5%, \(n = 251\)).

However, the more recent data shows that the proportion of uses by a single officer in both probe and drive stun modes has decreased (from 1.9%, \(n = 6\) to 1.2%, \(n = 13\)) while the proportion of uses in drive stun mode (including uses in probe and drive stun modes and uses in drive stun mode only) has remained relatively stable (from 2.2%, \(n = 7\) to 2.5%, \(n = 28\)).

### Multiple and prolonged discharges

This section is based on an analysis of 251 people who were the subject of an actual Taser deployment. Figures presented in this section exceed 100 per cent and 251 subjects because 11 subjects were the target of a multiple and prolonged discharge during the same incident.

Most people who had a Taser deployed at them in the most recent period were the target of a single five-second Taser discharge (68.9%, \(n = 173\)). Nevertheless, more than one-quarter of people subjected to a Taser deployment were the target of a multiple discharge (27.1%, \(n = 68\)). A much smaller proportion were the target of a prolonged discharge (8.4%, \(n = 21\)).

Consistent with our previous review, a considerable proportion of people who had a Taser deployed at them more than once during the same incident were the target of two discharges.

As shown in Figure 3, although the proportion of multiple Taser deployments continues to be high, the proportion of people who were the target of a multiple discharge (37.7% \(n = 26\) to 27.1%, \(n = 68\)) or prolonged discharge (from 15.9%, \(n = 11\) to 8.4%, \(n = 21\)) has decreased substantially compared to the previous data period.

#### Figure 3: Subjects of multiple or prolonged Taser discharges

![Figure 3](image-url)

**Source:** QPS Taser usage data.

### Medically vulnerable and at-risk groups

People from ‘medically vulnerable’ and ‘at-risk’ groups continue to be the subjects of Taser uses.

#### Indigenous people

- Indigenous Queenslanders remain overrepresented among people who are the subjects of a Taser use. In the most recent period, they comprised 22.6 per cent \(n = 232\) of all people who were the subject of a recent Taser use even though they account for only 3.5 per cent of the Queensland population (Australian Bureau of Statistics 2012). Although Indigenous Queenslanders are still overrepresented in Taser data, the level of overrepresentation is slightly lower than that found in QPS arrest data (25.5%) (QPS 2011).

- However, Indigenous people were slightly less likely to be the subject of an actual Taser deployment (22.8%, \(n = 53\)) compared with people described as being Caucasian (25.2%, \(n = 169\)).

- Comparing the two periods, the proportion of Indigenous people who were the subject of a Taser use has remained relatively stable (from 21.6%, \(n = 65\) to 22.6%, \(n = 232\)), as has the proportion of Indigenous people who were the target of an actual Taser deployment (from 20.0%, \(n = 13\) to 22.8%, \(n = 53\)).
People affected by drugs and/or alcohol

- Over three-quarters of all people subject to a recent Taser use were believed to be affected by drugs and/or alcohol (76.3%, n = 774). Of these, just over one-quarter were the target of an actual Taser deployment (26.4%, n = 204).
- A very large proportion of people who were the target of multiple and/or prolonged Taser discharges were believed to be substance-affected (84.6%, n = 66).
- Comparing the two periods, the proportion of people subject to a Taser use who were believed to be substance-affected has remained relatively stable (from 78.8%, n = 234 to 76.3%, n = 774), as has the proportion of people believed to be substance-affected who were the target of an actual Taser deployment (from 23.9%, n = 56 to 26.4%, n = 204). Similarly, a large proportion of people who were the target of multiple and/or prolonged Taser discharges continue to be substance-affected (from 78.6%, n = 22 to 84.6%, n = 66).

People with an underlying health condition

- Very few people who were the target of a recent Taser use were suspected of having a physical health condition (1.3%, n = 13). Of these 13 people, relatively few were the target of an actual Taser deployment (38.5%, n = 5).
- Comparing the two periods, the proportion of people subject to a Taser use who were suspected of having a physical health condition has decreased slightly over time (from 3.6%, n = 11 to 1.3%, n = 13), as has the proportion of actual deployments against these people (from 45.5%, n = 5 to 38.5%, n = 5).
- A considerably larger proportion of people subject to a recent Taser use were believed to have a mental health condition (24.2%, n = 249). Of these, around one-third were the target of an actual Taser deployment (34.9%, n = 87).
- Comparing the two periods, the proportion of people subject to a Taser use who were believed to have a mental health condition has increased slightly over time (from 17.2%, n = 52 to 24.2%, n = 249). Notwithstanding this increase, the proportion of actual deployments against these people has remained stable (from 34.6%, n = 18 to 34.9%, n = 87).

Injuries or other medical complications

In the most recent data available, slightly under 10 per cent (8.8%, n = 22) of people who were the target of a Taser deployment were reported by the QPS to have sustained an injury or medical complication following the deployment.\(^{10, 11}\) This proportion has decreased slightly over time (from 11.0%, n = 8 to 8.8%, n = 22).

Although injuries are not frequent, and have decreased slightly, the majority of injuries are still caused by people falling on hard surfaces (from 50.0%, n = 4 to 63.6%, n = 14).

Conclusion

Our analysis of the most recent data available on Taser use by QPS officers shows some signs of improvement. For example, compared to the previous period, the proportion of uses in probe and drive stun modes by a single police officer and the proportion of multiple and prolonged deployments have decreased.

However, a number of concerning trends that we identified in our 2011 report persist. The proportion of multiple and prolonged discharges remains high as does the overrepresentation of Indigenous people and people from medically vulnerable and at-risk groups among the subjects of Taser use. Although trends in a number of these areas have improved since our last review, the fact they continue warrants further attention.

Our monitoring of Taser use by the QPS is ongoing. We will continue to monitor the use of Tasers by QPS officers through our internal complaints and investigations functions and undertake further research on the key areas of concern identified in our previous review and confirmed in our most recent analysis.

\(^9\) We relied on the information included in the narrative sections of the TUR to determine if the person was believed to have any underlying physical or mental health condition/s. As such, any change in the proportion of subjects of a Taser use believed to have an underlying physical or mental health condition may be attributed to the level of detail included by the reporting officer and may not necessarily reflect an actual change in the subjects of Taser uses.

\(^{10}\) We relied on the narrative sections of the TUR to determine whether the subject sustained any complications after the deployment. Minor injuries such as bruises, abrasions or lacerations from the probes coming into contact with the person’s body were excluded. There is a possibility that we may have underestimated the number of subjects who sustained an injury or medical complication following a Taser deployment.

\(^{11}\) Most people who sustained an injury following a Taser deployment were the target of a single discharge (n = 15); seven subjects that sustained an injury were the target of a multiple or prolonged discharge.
Note about data

Data sources
This paper draws on information obtained from Taser Usage Reports (TURs), Significant Event Messages and a sample of Taser download data provided by the QPS for multiple and prolonged deployments and deployments in drive stun mode. For further information about this data and our analyses, see Evaluating Taser reforms.

Number of cases
Based on information contained in TURs, we identified 1092 incidents in which a Taser was used in the 24-month period of analysis (22 July 2010–30 June 2012). These incidents involved 1187 uses and 1032 subjects. The number of uses and the number of subjects are different from the number of incidents as one incident may involve one or more uses and zero (accidental deployments) or more subjects.

The figure of 1187 uses excludes two uses identified through the QPS’s review of Taser download data. These were excluded from our analysis due to insufficient information about the incident and the subject(s) involved. The figure of 1032 subjects excludes information from 12 deployments against animals and three Taser uses (presentations only) against groups of people, or subjects, where individuals were not identifiable.

Figures presented in this paper only include those uses that were reported via a TUR. We are aware of a very small number of Taser uses where the deploying officer did not submit a TUR. These figures also exclude Taser uses by officers from the Special Emergency Response Team.

Missing data
Cases with missing data were excluded on an analysis by analysis basis; as a result the total sample sizes vary slightly between analyses.

Limitations
There are several limitations with the data we analysed from TURs. For instance, there may be inaccuracies and incompleteness in this data due to the potential difficulties for officers recalling high-stress incidents, the time required to complete a TUR accurately, and the fact that a TUR is the reporting officer’s subjective account of events.