

Lecture Topic 2: Deviance as Rational Hedonism or Sickness

- Cesare Beccaria and Classical Criminology
- Cesare Lombroso and Positivist Criminology
- Implications for the 'Modern' Criminal Justice System
- Critique of the 'Rationality' Thesis and Positivist Criminology

Implications of the Beccarian and Lombrosion Approaches to Crime

- Criminology as a scientific and theoretical discipline developed out of their ideas about crime and human nature
- Impact on all areas of the criminal justice system: criminal policy, judicial philosophy and penal responses to crime
- The pervasiveness of the dual images of the criminal: the rational actor versus the automaton (Jock Young 1994)

Two Pillars of Criminology

- **Governmental Project:** The objective is to enhance the efficient and equitable administration of justice by charting patterns of crime and monitoring the practices of police and prisons
- **Lombrosian Project:** Aims to develop an etiological, explanatory science, based on the premise that criminals can somehow be scientifically differentiated from non-criminals

Cesare Beccaria and Classical Criminology

- Birth of Criminology in 1764
- His work on 'On Crimes and Punishments'
- The idea of the rational criminal
- Utilitarian approach to crime and punishment
- Governmental Project

every theory has a premise of theory of human nature

Beccaria - humans are anti-social, asocial and selfish but also rational

human beings are driven by the need of self preservation

On **CRIMES** and **PUNISHMENTS**

Fifth Edition



CESARE BECCARIA

Translation, Annotations, and Introduction by
Graeme R. Newman and Pietro Marongiu



Implications of Beccaria's Theory for the Modern CJS

the social compact - an important constituent of the social contract

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- The idea of social contract laid the foundation for 'modernity'
 - His idea of the rational criminal provided an important rationale for punishment – that of deterrence
 - As an utilitarian theorist, he called for an effective CJs
 - The idea of deterrence has seeped into every sector of the criminal justice system from the police to the judiciary to the penal system

law loses its deterrent power if people do not believe
in any area

Implications of Beccaria's Theory for the Modern CJS

- Punishment should be prompt
- Punishment should be certain
- Punishment should be proportionate to the harm caused by his or her crime
- Observation: Singapore has done exceptionally well in these three areas
- 'Rule of Law' thesis

Cesare Lombroso and Positivist Criminology

very clinically driven

- Birth of **positivist criminology** in 1876 (The Criminal Man)
- Notion of the 'born criminal' criminals are "seeds of bad nature"
- **Criminality an innate quality**
- **Existence of criminal types**
- Introduction of the concept of pathology into studies of crime and deviance



CRIMINAL MAN



Cesare Lombroso

TRANSLATED AND WITH A NEW INTRODUCTION

by Mary Gibson and Nicole Hahn Rafter

Cesare Lombroso and Positivist Criminology

- Idea that criminals are atavistic beings – a throwback to earlier stages of the human evolution (we appreciate the influence of Darwinism here)
- Disagreed with Beccaria over the notion of the rational criminal. For Lombroso, criminals are beyond repair, redemption and rehabilitation

influence on incapacitation (removal of offenders/likely offenders from society)

Implications of Lombroso's Theory for the Modern CJS

treating criminology as risk managing raises 2 issues:

- 1) the issue of science in criminology
 - expert witness is so "powerful", therefore their reasoning and proofs should apply to these expert witnesses
 - efficacy of evidence, how validated is the instrument, the process
- 2) ethical issues
 - can we keep people after their sentence
 - violate 1 person's rights to protect more people

- Modern criminal psychology and criminal psychiatry have their roots in the 'Lombrosian Project'
- Medicalization of crime - Foucault talks about the 'psychiatrization of crime'
- The influence of the 'psy sciences' embodied in the entry of expert witnesses into the criminal justice space
- Body becomes the site of control and intervention

Implications of Lombroso's Theory for the Modern CJS

Developments to look out for:

- Provided an important justification for the adoption of the incapacitation rationale for punishment
- Removing the offender from the circulation of legitimate society
- The importance of long-term and indeterminate sentencing in the CJS (Criminal Law (Temporary Provisions) Act, Preventive Detention, Corrective Training, LT1, LT2)

Implications of Lombroso's Theory for the Modern CJS

- Over-medicalization of crime: heightens the problem of scientific evidence and moral resolution
- Expansion of social control: net-widening and net-strengthening backed by 'science'
- Racialization of crime (already a problem in the US, UK, Australia and Malaysia)
- Longer-term penal regimes spell re-entry issues: effects of institutionalization
- Reduction in welfarism as a result of medicalization, individualization and depoliticization

ST 13/11/10
13/10/11

'Marsiling Baby' to hang for murder

He killed his girlfriend after finding her in bed with another man earlier

■ By SELINA LUM

A 24-YEAR-OLD man was found guilty yesterday of murdering his 18-year-old girlfriend in Ang Mo Kio more than two years ago.

Friends and family of Pathip Selvan Sugumaran who packed the courtroom wailed as the High Court passed the mandatory death sentence on him for the murder of Miss Jeevitha Panippan.

The body of Miss Jeevitha, a private student and kindergarten teacher, was dis-

covered on July 8, 2008, behind an electrical substation opposite Block 154, Ang Mo Kio Avenue 5. She had 15 external injuries, out of which three wounds were fatal blows.

Pathip, who is known to his family and friends as "Marsiling Baby", did not dispute that he killed her on the night of July 7, 2008.

But he claimed that he had been provoked by Miss Jeevitha who had taunted him by saying her new beau was better in bed. He said he lost self-control and his mind was "blank" during the stabbing.

Defence psychiatrist Tommy Tan said Pathip has attention deficit hyperactivity disorder (ADHD), a condition associated with impulsivity and rage, and that this abnormal mental state reduced his respon-

sibility for the killing.

But these defences were rejected by the High Court yesterday.

Pathip and Miss Jeevitha became lovers in April 2008. A month into their relationship, she reported him to the police for rape – they had unprotected sex after an argument and she was worried about getting pregnant. But they continued to date.

On the morning of July 7, 2008, Pathip went to her flat at Block 157. When he peeped into her bedroom from outside, he saw her in bed with a man.

That evening, he bought a kitchen knife. He later told police that he wanted to use the knife to threaten her into telling the truth about the man.

On the same day, he met Miss Jeevitha

and her mother at Block 155 and he said he wanted to marry her.

After the older woman went off, Pathip pulled her to the back of the substation and confronted her.

He said that when she told him that

her new beau was better in bed, he whipped out the knife and stabbed her while she shouted "I love you". After she collapsed, he kissed her and removed a gold chain he had given her.

Later, Pathip and his mother crossed the Causeway but she returned to Singapore alone. The next day, he decided to return after she told him over the phone that the police would take her to the police station if he did not.

In his written judgment, Justice Kan Ting Chiu said Pathip's claim that his mind "went blank" was not consistent with his actions. If that had happened, he would have been alarmed to see her bleeding when he snapped out of it, and would likely have called for help. Instead, he just left her there.

He also said the defence has not established that Pathip had ADHD. Reports from Pathip's days in school and national service showed that he functioned normally.

Justice Kan added that Pathip talked about his mind going blank only when he saw Dr Tan in October last year.

The judge said it was clear that Pathip's mental processes did not cease during the attack.

Pathip's lawyer, Mr Subhas Anandan, said his client would be appealing.

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'Marsiling Baby' escapes gallows

By SELINA LUM

A 26-YEAR-OLD man escaped the gallows after the Court of Appeal yesterday set aside his conviction of murdering his girlfriend four years ago.

But Pathip Selvan Sugumaran, who was 22 when he stabbed 18-year-old Jeevitha Panippan, is not completely off the hook.

The former safety supervisor was instead found guilty of a lesser charge of culpable homicide not amounting to murder.

Pathip, in remand since his arrest in 2008, smiled on hearing the verdict. His mother Saroja Muniandy, 45, who was in court, said: "I'm very happy."

Pathip, known by his nickname Marsiling Baby, did not deny stabbing the victim. His defence was that he had been provoked by her taunt that another man she was seeing was better in bed than him. This made him lose self-control

during the stabbing.

At his murder trial in November 2010, the High Court rejected the provocation defence and convicted him of murder.

He appealed. Yesterday, the appeal court found that he had lost self-control as a result of Miss Jeevitha's remark.

Justice V. K. Rajah, delivering the three-judge court's judgment, said her taunt ought to be seen in the context of her previous occasions of infidelity and the fact that Pathip had earlier that day seen her behaving intimately with the other man.

The taunt probably "transported his passions to such an extent that he entirely lost his self-control momentarily".

Pathip and Miss Jeevitha, a kindergarten teacher, met through a mutual friend in 2007.

Pathip, who gave an account of their relationship during his trial, said she had up to 16 boyfriends

at that time. They became lovers in April 2008 but their relationship hit a snag the next month.

He became suspicious of her relationship with a male friend whom she admitted she was inti-

mate with. Pathip said he forgave her and told her not to do it again.

Around this time, he wanted to take up a course at ITE College East but put it on hold as she wished to retake her GCE O levels

and had no money. He said he lied to his grandmother that he needed money for his fees but gave it to Miss Jeevitha for her studies.

During the same month, after a string of arguments, they made

up and had unprotected sex. She reported him to the police for rape. When he asked her why, she said she was confused and promised to withdraw the complaint.

But she became unhappy when she learnt he had talked to her father about the report, and told him to give himself up. He did and was released on police bail.

On July 7, he went to her flat at Block 157 Ang Mo Kio Avenue 5. When he looked into her room from the corridor, he saw her in bed with a man.

That evening, he bought a kitchen knife to threaten her into telling the truth about the man. He met her and her mother at Block 155 and said he wanted to marry her. After her mother left, he asked her about the man, and she said he was better in bed.

He took the knife and stabbed her as she shouted "I love you". After she collapsed, he kissed her and removed a gold chain he had given her as a symbol of marriage.

The appeal court will hear sentencing submissions next Wednesday. The punishment for culpable homicide is life imprisonment or up to 20 years' jail and caning or a fine.

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Dealing with mentally ill offenders



EYE ON SINGAPORE

By KHUSHWANT SINGH
COURT CORRESPONDENT

LOW Ji Qing, 48, has been in and out of prison for theft since 1980, spending a total of 16 years inside. Yet when he was charged with theft in May last year, he was placed on three years of supervised probation.

He had been diagnosed as suffering from fetishism, and was aroused sexually by the smell of women's leather wallets.

The district court had decided that probation, coupled with treatment for his mental condition, was the better option than packing him off to jail again.

Under the probation order, Low had to stay at a crisis centre for men and attend a treatment programme. A review was also scheduled to take place in six months.

But four months into his three-year probation, he stole wallets from two women.

Usually that would have sent him straight to jail for contravening the conditions of his probation. But in February, a district court allowed him to continue his probation.

Lawyers say this – and a sprinkling of other cases – reflects the courts' new approach to dealing with offenders who have psychiatric ailments. The change resulted from the new Criminal Procedure Code that took effect on Jan 2 last year. Among other things, the code introduced sentencing options such as mandatory treatment orders, which compel an offender to undergo psychiatric treatment for up to two years.

A Subordinate Courts spokesman said eight sex offenders were given mandatory treatment orders last year.

The courts are also sending those suspected of sex offences such as obscene acts, molestation and underage sex for in-patient assessments at the Institute of Mental Health (IMH). These determine if the suspects are suffering from a mental illness, which may have an impact on sentencing.

From January to May this year, more than 30 people were referred from the courts for in-patient assessments, said Dr Jerome Goh, chief of the department of forensic psychiatry at the IMH.

The police, probation officers and defence lawyers also send some individuals suspected of minor sexual offences for IMH assessment. These offences include the committing of obscene acts and offences related to fetishism and voyeurism, which range from stealing women's clothing to trespassing on women's toilets.

Lawyer Ravinderpal Singh, who represented Low, said that he has made five referrals this year. Previously, he hardly made any referrals, as such assessments carried much less weight then.

"Psychiatric assessments have become increasingly relevant in courts recently, with judges specifically asking for these reports," he said.

"Treatment is now considered a valid option besides a fine or a jail term," he added.

Several recent cases bear out his observation. Low is one such example.

Forensic psychiatrist Todd Tomita from the IMH stated in his report that while Low could receive medication in prison, he was unlikely to be able to receive behavioural therapy for fetishism, which might prove useful in helping him control his behaviour.

Thus, instead of jail, Low's probation will continue, and he has to attend a programme run by the Ministry of Community Development, Youth and Sports (MCYS) that treats people with addictions. He also attended the Atypical

Theft Offender treatment programme conducted by charity group We Care Community Services. Introduced in 2009, it caters to kleptomaniacs, as well as people who steal because of sex and gambling addictions or eating disorders.

New mental health guide 'dangerous'

International manual treats normal behaviour as illness, say some experts

LONDON: Millions of healthy people – including shy or defiant children, grieving relatives and people with fetishes – may be wrongly labelled as mentally ill by a new international diagnostic manual, said specialists at a meeting in London.

In a damning analysis of an upcoming revision of the influential Diagnostic and Statistical Manual of Mental Disorders (DSM), psychologists, psychiatrists and other experts said new categories of mental illness identified in the manual were at best "silly" and at worst "worrying and dangerous".

"Many people who are shy or bereaved... will suddenly find themselves labelled as mentally ill," said Professor Peter Kinderman, head of Liverpool University's Institute of Psychology, at the briefing on widespread concerns over the manual.

"It's not humane, it's not scientific, and it won't help decide what help a person needs."

The DSM is published by the American Psychiatric Association (APA) and lists definitions and diagnostic criteria for all mental disorders.

More than 11,000 health professionals have already signed an online petition calling for the development of the fifth edition of the DSM to be stopped and re-thought.

Experts said some diagnoses – for conditions like "oppositional defiant disorder" and "apathy syndrome" – risk medicalising behaviour which most people would consider normal or just mildly eccentric.

At the other end of the spectrum, the new DSM could give medical diagnoses for serial rapists and sex abusers – under labels like "paraphilic coercive disorder" – and may allow offenders to escape prison by providing an excuse for their behaviour, the experts said.

Dr Simon Wessely of the Institute of Psychiatry at King's College said a look back at history should make health experts ask themselves: "Do we need all these labels?"

He explained that the 1840 Census of the United States included just one category for mental disorder but by 1917, the APA was already recognising 59. That rose to 128 in 1959, to 227 in 1980, and to around 350 disorders in the fastest revisions of DSM in 1994 and 2000.

Dr Allen Frances, chairman of the committee that oversaw the previous DSM revisions, said the fifth edition would "radically

expand the boundaries of psychiatry" and result in the "medicalisation of normality, individual difference, and criminality".

Dr Nick Craddock of Cardiff University cited depression as a key example of where DSM's broad categories were going wrong.

He said that in previous editions, a person who had recently lost a loved one and was suffering low moods would be seen as experiencing a normal human reaction to bereavement. But the new criteria would ignore the bereavement, look only at the symptoms and class the person as having a depressive illness.

Another example cited was "oppositional defiant disorder" – a condition in which a child "actively refuses to comply with majority's requests" and "performs deliberate actions to annoy others".

"That basically means children who say 'no' to their parents more than a certain number of times. On that criteria, many of us would have to say our children are mentally ill," said Prof Kinderman.

In Singapore, the Ministry of Health said that while the DSM was a widely used manual, psychiatrists did not rely on it alone.

"Practitioners generally do not just adhere to the DSM criteria in making a diagnosis," a ministry spokesman said in response to queries by The Straits Times.

"Any diagnosis for mental illness needs to take into account the peculiarities of each case and the social and cultural context of the patient."

"Individual clinicians need to exercise their own judgment before making a diagnosis of mental disorder, as mental illnesses are inherently complex."

Associate Professor Daniel Fung, chairman of the medical board at the Institute of Mental Health, agreed. He said that the DSM was a useful classification system for facilitating communication among experts on mental health illnesses but it should not be the only tool in clinical diagnosis.

Dr Thomas Lee, a psychiatrist in private practice, did not think there was a great risk of healthy people being wrongly diagnosed as mentally ill.

"Although the DSM serves as a diagnostic guide, in our clinical assessments, we also rely on other tools such as our clinical experience, research and discretion," he said.

Meanwhile, the revision of the DSM is still at the consultative stage; the manual is targeted to be out next year. The review so far has included a tightening of the definition of autism that would sharply reduce the skyrocketing rate at which the disorder is diagnosed.

DOES NOT HELP PATIENTS

"It's not humane, it's not scientific, and it won't help decide what help a person needs."

Professor Peter Kinderman, head of Liverpool University's Institute of Psychology, voicing concerns over the manual.

DEFIANT OR MENTALLY ILL?

"That basically means children who say 'no' to their parents more than a certain number of times... are mentally ill."

Prof Kinderman, citing an example of where the manual's broad categories were going wrong.

ST
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DIAGNOSTIC AND DRUG EXUBERANCE

Soon, we'll all be labelled mad

By ALLEN FRANCES

“WE ARE all mad here,” explains the Cat to Alice when she wonders about the strangeness of Wonderland. Well, life is starting to follow art. If people make the mistake of following DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), the new diagnostic manual in psychiatry that was published on Saturday, pretty soon all of us may be labelled mad.

When I worked on the task force for DSM-4, we were very concerned about taming diagnostic inflation – but we only partly succeeded. Then four years ago, I became aware of the excessive enthusiasm around all the new diagnoses being proposed for DSM-5, including many that were untested. I hate to rain on anyone's parade, but I knew this would be disastrous for the millions of people who were likely to be mislabelled, stigmatised and given excessive treatment.

In the United States, the “sick” are distinguished from the “well” by the diagnostic and statistical manuals developed by the American Psychiatric Association. The problem is that definitions of mental disorders are already written too loosely and are applied much too carelessly by clinicians, especially by the general practitioners who do most of the pre-

US. But the measles outbreak and ADHD rates prove Britain is not out of the woods. Bad ideas from America sometimes have much more influence than they deserve.

My advice is to be an informed consumer. Never accept a diagnosis or a medication after a cursory evaluation. A psychiatric diagnosis can be a turning point in your life – as important as choosing a spouse or a house. Done well, it can lead to life-improving treatment; done poorly, it can lead to an inaccurate label and harmful treatment.

People who have mild and transient symptoms don't need a diagnosis or treatment. The likelihood is they are visiting the doctor on one of their worst days and will get better on their own. Medication is essential for severe psychiatric problems but does more harm than good for the worries and disappointments of everyday life. Better to trust time, resilience, support and stress reduction. The writer is professor emeritus at Duke University, North Carolina. The full version of this article can be found on The Conversation (theconversation.edu.au), which carries analysis by academics and researchers in Australia.



A boy receiving the combined measles, mumps and rubella vaccination in Britain. The recent measles outbreak there has been blamed on a campaign against vaccination, based on the disproven belief that it causes autism. PHOTO: AGENCE FRANCE-PRESSE

home.

'Psychiatrists, don't become hired guns'

Beware of being taken for a ride by offenders, prosecutor advises

■ BY KIMBERLY SPYKERMEN

FORENSIC psychiatrists run the risk of being seen as "hired guns" of defence lawyers if they are not objective and truthful in court, Principal Senior State Counsel Bala Reddy said yesterday.

Speaking on the second day of the first Forensics Conference here organised by the Singapore Academy of Law, the former district judge said defence lawyers are increasingly relying on forensic psychiatry to support claims that their clients offended because of mental illness.

Soon after Justice of Appeal V.K. Rajah set a sentencing precedent in 2007 when he granted a serial shoplifter suffering from kleptomania probation instead of jail, Mr Reddy said there was a "significant spike" in the number of people accused of theft claiming a similar illness.

He noted that in just the past six months, there have been 10 Newton hearings, where private psychiatry reports were challenged by the prosecution after the accused had pleaded guilty.

A Newton hearing is a hearing held to resolve disputed points in a case and ascertain the correct basis for sentencing.

The prosecution usually obtains psychiatric evaluations from the Institute of Mental Health (IMH), while the defence can opt for a private psychiatrist.

Over the same period last year, such hearings were practically non-existent, said Mr Reddy.

The prosecutor said many disputes were resolved after the defence's psychiatrist conceded that he had erred in his diagnosis.

"Psychiatric reports are prepared by professionals who are experts in the field of psychiatry. Forensic psychiatrists must be prepared to defend every finding or diagnosis made," Mr Reddy said.

He cited the example of primary school teacher Shanti Krishnasamy, who pleaded guilty to altering three examination scripts earlier this year.

Psychiatric reports from a pri-

vate psychiatrist diagnosed her with major depressive disorder.

However, after the prosecution decided to challenge the assessment, the psychiatrist withdrew his findings.

Mr Reddy said forensic psychiatrists should ensure they keep a healthy dose of scepticism to ensure that they do not get taken for a ride by offenders.

A clear ethical framework and a requirement that all psychiatric expert witnesses be made legally, or professionally, accountable for their diagnoses and testimonies in court could be another solution, he said.

Mr Reddy also proposed that offenders be diagnosed by the IMH, as the hospital is known to be objective, impartial and willing to stand by its reports.

Senior lawyer Peter Low of Colin Ng & Partners felt that forensic psychiatrists who provide unreliable evidence in court will be found out very quickly.

"The forensic psychiatrist has a duty to assist the court and should be impartial regardless of who has hired him...no expert wants to go to court and be labelled as not credible."

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Keeping an eye on expert witnesses



By ANDY HO
SENIOR WRITER

IN RELEVANT cases, the courts use expert science witnesses to navigate their way through disputed science. The idea is for both prosecution and defence to offer their best experts and, in the cut-thrust and parry of cross-examination, the best science prevails, upon which a right decision is made.

But there could be issues with such experts which would be remediable if the Court of Appeal reviewed their testimony when such decisions are appealed. Traditionally, however, it tries to steer clear of any science evidence.

A patient may sue a doctor over unscientific therapies or novel medical devices at the High Court, whose decisions are appealed to the Court of Appeal. Or, complaints about a doctor for such matters may reach the Singapore Medical Council (SMC) whose disciplinary committee (DC) decisions are also appealed directly to the Court of Appeal. (Thus, both DCs and the High Court are "lower courts").

In appeals against DC decisions especially, the court has repeated-

ly stressed a high degree of deference to its scientific findings and an unwillingness to scrutinise them in *Gobinathan Devathasan v SMC* (2010) and *Low Chai Ling v SMC* (2012), for instance.

This hands-off approach of appeals courts is indeed the norm in most common law countries, the United States excepted.

The traditional rationale for this approach is that the lower court sees all witnesses in person, so its judge is best positioned to assess their credibility. But even if this were so, the standard for admitting an expert witness is very lax. In criminal cases, this standard was set in *R. v Turner* (1975), defining the expert as one who can "furnish the court with scientific information likely to be outside the experience and knowledge of a judge or jury".

Given that a judge is unlikely to be also a scientist, the one admissible as a science expert need not be very highly qualified, in theory.

In practice, once admitted as an expert, almost any evidence he offers becomes admissible. His bare say-so could convict, which would be a miscarriage of justice if the highest court will not review the science on appeal. This is indeed the British experience.

One such case involved a renowned child-abuse expert who said in his book, *ABC Of Child Abuse*, that "one sudden infant death is a tragedy, two is suspicious and three is murder, until

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A15 Good times over for Western Australia

A14 Dark horse Republican candidate for President



Number of fatal police shootings in US jumps

Death rate this year more than twice that tallied over past decade: Report

WASHINGTON - US police have shot and killed 385 people during the first five months of this year, a rate of more than two a day, according to the Washington Post.

The death rate is more than twice that tallied by the federal government over the past decade, a count that officials concede is incomplete, the newspaper reported last Saturday.

The analysis is based on data the Post is compiling on every fatal shooting by police this year, as well as of every officer killed by gunfire in the line of duty.

"We are never going to reduce the number of police shootings if we don't begin to accurately track this information," said Mr Jim Bueermann, president of the Police Foundation, a non-profit organisation dedicated to improving law enforcement.

The Post analysis comes as a national debate is raging over the use of deadly force by the police,

especially against minorities.

Protests have erupted following several high-profile deaths of black men at the hands of police, most recently in Baltimore, where 25-year-old Freddie Gray died after sustaining a spinal cord injury while in police custody.

In Cleveland last November, police shot dead 12-year-old Tamir Rice over what turned out to be a replica gun that fires plastic pellets.

Federal Bureau of Investigation records over the past decade show about 400 fatal police shootings a year, or an average of 1.1 deaths a day. Reporting of shootings by police agencies is voluntary.

But the Post's analysis indicates the daily death toll for this year is close to 2.6 as of May 29. At that pace, police will have shot and killed nearly 1,000 people by year's end, the paper said.

The analysis shows about half the victims were white, and half

were minorities. Among the unarmed victims, two-thirds were black or Hispanic. Based on census numbers for the areas where the killings took place, blacks were killed at three times the rate of whites or other minorities.

The victims ranged in age from 16 to 83, with the largest number - 118 - falling in the 25-54 age group.

The Post's analysis sheds light on the situations that most commonly gave rise to fatal shootings.

About half of the time, police were responding to people seeking help with domestic disturbances and other complex social situations. These included a homeless person behaving erratically, a boyfriend threatening violence or a son trying to kill himself.

More than 80 per cent were armed with potentially lethal objects, mostly guns.

Ninety-two victims - nearly a quarter of those killed - were identified as mentally ill.

Dozens of other people also died while fleeing from police, the Post's analysis showed. A significant proportion - 20 per cent - of



A video screengrab showing police officer Michael Slager shooting 50-year-old Walter Scott in the back as he was running away in North Charleston, South Carolina, in April. Slager was charged with murder.
PHOTO: AGENCE FRANCE-PRESSE

THE 385 SHOOTINGS

BY SEX

- Men - 365
- Women - 20

BY RACE

- White - 180
- Black - 105
- Hispanic - 57
- Asian - 6
- Others/unknown - 37

BY AGE

- 25-34 - 118
- 35-44 - 94
- 45-54 - 62
- 18-24 - 55
- Over 55 - 39
- Under 18/unknown - 17

BY ARMED OR UNARMED VICTIMS

- With gun - 221
- Knife or blade - 68
- Unarmed - 49
- Car/truck - 22
- Toy weapon - 13
- Others - 12

SOURCE: WASHINGTON POST



them were unarmed. Running is such a provocative act that police experts say there is a name for the injury officers inflict on suspects afterwards: A "foot tax".

Police are authorised to use deadly force when they fear for their lives or the lives of others.

Three of the 385 fatal shootings resulted in an officer being charged with a crime.

Current and former police chiefs and other criminal justice officials told the Post that police must begin to accept responsibility for the killings. Many deaths were the result of poor policing, they said.

"We have to... start focusing on what is preventable. Most are preventable," said Mr Ronald Davis, head of the Justice Department's Office of Community Oriented Policing Services.

Police "need to stop chasing down suspects, hopping fences and landing on top of someone with a gun", Mr Davis said. "When they do that, they have no choice but to shoot."

REUTERS



Chronology of Ideas

- Classical / Positivist Criminology 1764 and 1876 respectively
- Functionalist Sociology 1893 to 1960s
- Symbolic Interactionism 1960s to 1980s
- Radical / feminist Criminology 1970s to 1980s
- Administrative Criminology 1980s to present

*The time periods are conceptual categories developed to demonstrate the currency and influence of the ideas of crime at a particular socio-historical era