Chapter 7

Medical Issues Relevant to Restraint

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1. INTRODUCTION

In 2000–2001, there were 1.25 million people arrested for notifiable offenses in the United Kingdom by 130,000 officers, with each detention involving the potential for several restraint techniques, so it is inevitable that forensic physicians will have involvement with restraint issues (1). Although this topic is common, doctors ignore it at their potential peril. Forensic physicians’ involvement with these issues involves many of the core attributes needed in the practice of high-quality forensic medicine, including the need for good history taking from as many involved parties as is practical to clearly establish events, and a precise examination recorded clearly and contemporaneously. Objectivity must be maintained in the light of differing histories, and there is a need to keep abreast of developing restraint techniques that may bring new clinical problems. However, regardless of how careful police officers may be, there is the potential for serious injury requiring further medical intervention, and the real possibility of being a witness in a legal process, such as police disciplinary procedures.

During restraint, any force used must be proportionate to the threat faced, lawful, and necessary. The restraint process is particularly challenging where the potential detainee has a mental health problem or is intoxicated. In addition, the officer, in retrospect and under close scrutiny, must be able to demonstrate that his or her actions were entirely appropriate. It must be recognized
that at the time of restraint, officers may not have the luxury of time for a full analysis using prior information or the knowledge that experience, combined with extensive training and retraining, brings. As an independent doctor, excellent clinical management by the forensic physician throughout the case enables the doctor to act as a high-quality witness if needed. The doctor also has a duty to report any instance where excessive restraint appears to have been used, and such concerns should be communicated to the senior police officer on duty immediately. The forensic physician needs to be aware that equipment may be misused; for example, a long-barreled metal torch could be used as a striking weapon in some circumstances, and, indeed such lights were withdrawn in the United States to prevent this from happening.

Although the basic principles of restraint are similar throughout the world, there are many variations both throughout countries and within individual states where there are no national police forces. It is also an evolving subject involving research by organizations, such as the Police Scientific Development Branch in the United Kingdom, as well as the practical outcome of restraint techniques when used by officers.

2. RIGID HANDCUFFS

Until the early 1990s, handcuffs linked both wrists by a short metal chain, but apart from restricting arm movements, they offered little else in terms of restraint, and if only one wrist were attached to them, the handcuffs could quickly become a flail-like weapon. Rigid handcuffs, such as Kwik Cuffs, were first trialed in 1993 and have since become standard issue in the United Kingdom and the United States. In Australia, there is a mixed use of chain-link and fixed-link handcuffs.

Although the ratchet mechanism is the same as with the older cuffs, the fixed joint between the cuffs gives several distinct advantages. Holding the fixed joint allows easy application because simple pressure against the wrist enables the single bar to release over the wrist and engage the ratchet. The ratchet can be locked to prevent further tightening but can also only be released with the key, which requires the detainee to cooperate by keeping still. If the cuffs are not locked, then progressive tightening can occur. Correctly tightened cuffs should just have enough space for an additional finger between the applied cuff and wrist. The hands are usually cuffed behind the back one above the other, because handcuffing to the front may provide opportunities to resist detention.

Even with only one wrist in the cuffs, control by the officer can be gained by essentially using the free cuff and rigid link as a lever to apply local painful pressure to the restrained wrist. Techniques allow a detainee to be brought to the ground in a controlled manner or the other wrist to be put within the cuffs.