Appendix 2—Research Supporting Recommendations on Tasers/ECWs

**Proposed Policy:** The use of a Taser against a person must be limited to situations where the person presents an immediate threat of serious bodily harm to themselves or another person. Tasers must not be used against children in schools, people who are especially vulnerable, or people who are simply running away.

I. **Taser use does not effectively de-escalate situations and does not replace firearm use.**

In 2010, the Chicago Police Department modified their policies to allow Tasers to be used by patrol officers. A 2019 study by Duke University and the University of Chicago found that this policy change “led to a sharp increase in the use of Tasers, but no decline in the use of firearms.”¹ This is true for the country as a whole: a 2019 investigation from APM into Taser effectiveness found that, between 2015 and 2017, police in America shot someone after a Taser failed to subdue them 258 times.² In that same period, 106 other incidents escalated after a Taser did not subdue the individual.³ Younger officers especially are likely to use Tasers to “unnecessarily escalate situations, ultimately resulting in the use of excessive force,” a 2018 study found.⁴ A Reuters report found that “many police officers are not trained properly on the risks and [Taser] weapons are often misused.”⁵ Indeed, the abuse of tasers in Black and Brown neighborhoods is part of CPD’s pattern and practice of excessive force documented by the US DOJ. The DOJ found that “[s]ome CPD officers resort to Tasers as a tool of convenience, with insufficient concern or cognizance that it is a weapon with inherent risks that inflicts significant pain” and that CPD officers regularly use Tasers to “quickly resolve non-violent

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² Angela Caputo, et al., *Tased, then shot*, APM Reports, May 9, 2019.
³ *Id.*
II. Tasers have contributed to the deaths of numerous people throughout the U.S., and can have particularly negative effects on vulnerable populations and individuals who are running away.

A Reuters study found that at least 49 people died after being shocked by a Taser in 2018, and at least 1,081 people have died following Taser use since the early 2000s (with Tasers found as a contributing cause in at least 21%). Even young, healthy individuals face adverse effects due to Tasers: a 2015 study performed on healthy college students indicated that auditory recall and processes were affected after tasering for up to an hour. These risks are elevated for vulnerable populations. In 2017, Chicago paid $500,000 to Elaina Turner, who was tasered three times in the abdomen, back, and leg while pregnant and subsequently miscarried. Tasers have been shown to cause ventricular fibrillation in pigs, leading to their death, and to cause cardiac arrest in humans. Studies have shown that Tasers can also adversely affect people with pacemakers and implanted cardioverter-defibrillators.

Tasered someone who is trying to run away can be especially dangerous. In January 2018, Chicago police tasered Stephen Baldwin while he was trying to hop a fence. He fell, hitting his head

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7 Id. at 145.
on the pavement, and was treated for a brain bleed after the incident. In 2017, Chicago paid $200,000 to the family of 23-year-old Dominique Franklin Jr., who was tasered while fleeing, causing him to fall into a light pole and onto the ground. He was in a coma for two weeks before he died.14

Because tasers can be deadly, have caused such serious injuries, and have routinely been abused in Chicago, it is especially important to limit their use to circumstances in which a person presents an immediate threat of serious bodily injury or death.

III. Taser policies should be narrowly written.

Taser policies should be stringent and carefully delineated, because officers operating in restrictive use of force frameworks use force less readily than those operating within permissive policy environments, as a 2016 study showed.15 The Police Executive Research Forum (PERF) recommends that Tasers are only to be used against persons “who are exhibiting active aggression or who are actively resisting in a manner that . . . is likely to result in injuries to themselves or others.”16 Tasers “should not be used against a passive subject.”17 They further recommend that Tasers should not be used “against pregnant women, elderly persons, young children, and visibly frail persons” or handcuffed subjects, and that a force investigation be conducted every time a taser is used against a subject in an at-risk category (“young children, individuals who are elderly/frail, pregnant women”).18

13 Jessica D’Onofrio & Will Jones, Video released by COPA shows Chicago police officer use Taser on man running away during South Side traffic stop, ABC 7, January 26, 2018.
14 David Thomas, Largest City Hall settlements include election night arrests, CHICAGO DAILY LAW BULLETIN, September 7, 2017; Mitch Smith & Adam Sege, Family, friends mourn man hit by cop’s Taser: Chicagoan fell into light pole, was in coma for 2 weeks, CHICAGO TRIBUNE, June 8, 2014.
17 Id.
18 Id.
PERF additionally says that “[f]leeing should not be the sole justification for using an ECW against a subject.”

In 2005, the Stanford Criminal Justice Center made recommendations to the City of Mountain View regarding their Taser policies. They recommended that Taser use be limited to “circumstances under which the use of lethal force would also be permitted.” They note that the purpose of Tasers is “to subdue violent and dangerous individuals,” and Tasers should be used “only on dangerous individuals and never on individuals who are passively resisting arrest.” They also note that Tasers should never be used on “vulnerable populations such as children, pregnant women, the elderly, the mentally ill, and those under the influence of drugs.” Best practice conforms to Stanford’s recommendations. See, e.g., Use of Less Lethal Force: The Electronic Control Weapon (ECW), Philadelphia Police Department (September 18, 2015) (Tasers must be prohibited against “elderly/frail persons, young children,” “any women who appear pregnant,” individuals in elevated positions, individuals in physical control of a vehicle, handcuffed individuals, “subject[s] where officers receive information that the subject has any heart ailments, conditions or has a pacemaker,” or individuals who “attempt[ ] to ingest or is suspected to have ingested narcotics.”); Critical Issues in Policing Series: An Integrated Approach to De-Escalation and Minimizing Use of Force (Police Executive Research Forum, 2012) (prohibiting use of tasers against vulnerable individuals and people who are handcuffed or who are simply running away).

Amnesty International recommends that Taser use be prohibited outright because of their inherent danger, but if it is allowed, it should be “strictly limit[ed] . . . to situations where the alternative

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19 Id.
21 Id.
22 Id. Best practice conforms to Stanford’s recommendations. See, e.g., Use of Less Lethal Force: The Electronic Control Weapon (ECW), Philadelphia Police Department (September 18, 2015) (pr.
would be use of deadly force.” They also recommend that officers be prohibited from using Tasers on pregnant women, the elderly, children, emotionally disturbed persons or people who are mentally or physically disabled, people in vulnerable positions (e.g. in an elevated position, or near flammable substances), and people under the influence of drugs. Additionally, when dealing with mentally ill individuals, officers should make efforts to involve mental health specialists, and policing methods based on force “should only be used as a last resort.” Individuals should not be shot with a Taser for “resisting arrest or fleeing a minor crime scene, unless they pose an immediate threat of death or serious injury that cannot be controlled through less extreme measures.”

23 USA: Excessive and Lethal Force? Amnesty International’s Concerns about Deaths and Ill-Treatment Involving Police Use of Tasers, Amnesty International.
24 Id.
25 Id.
26 Id.