Journal of
COMMUNITY SAFETY & WELL-BEING

Law enforcement, public health, and so much more

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This article is related directly to the Law Enforcement & Public Health (LEPH) Conference in Edinburgh, Scotland, October 2019.

In this current issue, we are pleased to invite all our readers to share in the growing success and promise of a global embrace of collaborative academic and practical solutions at the intersections of public health, individual, family, and community health and well-being, community safety, social justice, and equitable criminal justice. The recent LEPH2019 conference in Edinburgh, Scotland, provided convincing evidence of this broadening evolution in research and practice. Our journal is proud to have played a continuing role in the global LEPH community since 2017, and we are pleased to feature several more papers in this issue and in forthcoming issues. Papers with a direct link to LEPH2019 are so identified in our Table of Contents.

The Edinburgh experience also provided this Editor-in-Chief with many opportunities to interact directly with our international readers, reviewers, and authors over the course of seven days in October. I had the chance to deliver remarks and/or presentations on a variety of LEPH and CSWB topics at four separate pre-conference and conference events. Each time, it was gratifying to encounter many in attendance who were already familiar with our publication and to meet many others who became immediately interested in learning more about how they might become involved.

One of these events was a specially convened Meet-the-Editor session on the final day of the conference. We thank the organizers for making this encounter possible, and though it was not as heavily attended as we might have wished, we noted that this was certainly the same situation for many of the highly valued concurrent sessions underway throughout. Nonetheless, those who came to the session came from several different countries, reflected a mix of academic disciplines, and included some pracademics from policing and other justice and public health roles.

The discussions that took place offered guidance and encouragement for the journal in equal measure. On the guidance front, we learned that our Open Access status is not yet widely recognized, and several attendees urged us to make that message more clear. According to them, it is one of the strongest features of the *JCSWB*. We do not charge author fees, we do not have a paywall for readers and researchers to access our issues and archives, and we aim to serve a wide and diverse mix of voices that might otherwise have no channel for expression and publication. We are taking that advice seriously and will be promoting these aspects of the Journal more actively, on a regular basis, and to a wider audience as much as we can.

As for encouragement, we had some interesting conversations about the double edge of our editorial posture. We know, and others acknowledged, that we face a continuing challenge in attracting papers whose authors may feel duty-bound to publish in more established, high-impact factor, and sector- or discipline-specific publications. We knew this when we started our journal, and we know it will remain a continuing challenge we have to face until such time as our own impact is measurable under conventional terms.

Perhaps the high point, however, was that these sobering observations were accompanied and overtaken by high praise for the unique multi-disciplinary niche and the more open editorial policy we have set for our journal.

This encouragement may have derived from the ideal context of this conference, itself designed to celebrate and advance the highly collaborative and still-emerging fields that intersect as LEPH and CSWB. It may have been due to the mix of academics and pracademics that was highly evident among the sessions and social interactions all week.

We prefer to think it is mostly because it just makes good and timely sense to have a journal that is uniquely suited to confronting complex challenges, advancing new knowledge, and sharing the collaborative solutions that can truly make a difference in the lives of those who need them the most.

We offer our congratulations to the organizers of LEPH2019, our appreciation to our Scottish hosts, who were gracious and welcoming throughout the event, and our thanks to the authors featured in this and other *Journal of CSWB* issues who collectively reflect the tremendous and innovative work being done by so many, in their own nations and around the world.

Our open call for papers continues.

CONFLICT OF INTEREST DISCLOSURE

The author has continuing business interests that include providing advisory services to communities, police services, and related human service agencies.

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ORIGINAL RESEARCH

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TRUST

Vietnam's policing in harm reduction: Has one decade seen changes in drug control?

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This article is related directly to the Law Enforcement & Public Health (LEPH) Conference in Edinburgh, Scotland, October 2019.

ABSTRACT

Alongside raising awareness and creating activities to develop a harm-reduction approach in the HIV/AIDS campaign since the end of the 2000s, broader harm-reduction interventions in Vietnam were also deployed that included several positive steps. Police forces, a fundamental sector in reducing the supply of illicit drugs, were also involved, partly to concretize this approach. As the first paper to examine the role of police in harm-reduction interventions in Vietnam, the current study utilizes qualitative approaches relying on in-depth interviews conducted with multiple key informants from government and its related bodies, United Nations personnel, and non-government organizations (NGOs), as well as police officers. We uncover noticeable progress in changing minds and approaches to apply harm reduction in drug policy, particularly within policing. However, major barriers in regulations, slow acceptance by police forces, and a lack of curriculum and courses in police training have limited harm-reduction approaches. As the first study to review and assess the policy of harm reduction after one decade, the paper contributes to a deeper understanding of the nature of Vietnam's police provisions to balance and improve harm reduction in drug control.

Key Words Harm reduction; law enforcement; policing; decriminalization of drug use; Vietnam

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INTRODUCTION

Due to the proximity of the Golden Triangle—one of the world's largest illicit drug production regions—and a porous border with neighbouring countries (Cambodia along the South, China along the North, and Laos along the centre), Vietnam has, in recent times, been considered a primary demand destination and transnational hub for illicit drugs in Southeast Asia. Most traffickers take advantage of difficult geographical, topographical, and climatic conditions across Vietnam's other borders—with China to the north and Cambodia to the south—which provide many official as well as unofficial pathways to transport illegal drugs to and/or through Vietnam and beyond (Hai, 2019a, 2019b). Meanwhile, the drug transportation and drug use situations have reached alarming levels. The percentage of drug-addicted persons in the whole country is also a serious concern, impacting negatively on social order, economic development, and public health. Police detect and arrest an annual average of nearly 20,000 cases and more than 25,000 drug offenders, respectively. In the first quarter of 2019 alone, they investigated 6,552 drug-related crimes and seized more than six tons of illegal drugs—more than the number of cases and quantities seized in all of 2018. Meanwhile, Vietnam also admits that there are at least 225,099 drug addicts registered by authorities, and about 1,600 people die of drug overdoses in Vietnam each year (MOLISA, 2018; MPS, 2018).

Drug control measures between the post-revolution period (*Doi Moi* in Vietnamese) in 1986 and the decriminalization of drug use in 2009 have almost all involved policies and strategies focused on supply and demand reduction. Quite similar to the situation in developing countries in mainland Southeast Asia, such as Cambodia, Laos, and Myanmar, Vietnam was slower than the rest of the countries in the ASEAN region (such as Thailand, Malaysia, the Philippines, and Singapore) to use harm-reduction interventions. The harm-reduction approach to drug control in Vietnam was derived from its symbiotic relationship with HIV/AIDS. In other words, it is only since the harm-reduction practices used in HIV/AIDS programs and policies were introduced and implemented in the mid-2000s that applying similar practices to drug control policies has been encouraged and promoted. One of the main reasons for this situation is that the two affected groups, HIV/AIDS and people who inject

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drugs (PWID), are strongly interlinked, as around 30% of the HIV-positive population are PWID. There are an estimated 250,000 adults and children living with HIV and 226,900 PWID (Tam et al., 2018; UNAIDS, 2018). In contrast, there has been no notable change in policing to apply harm-reduction interventions, particularly with anti-narcotics police (ANP) and administrative management of social order police (AMSOP) forces, except for some minor cooperation, collaboration, and supports in the form of projects conducted by the Ministry of Health (MOH), the Ministry of Labour, Invalids, and Social Affairs (MOLISA), and the United Nations Office on Drugs and Crimes (UNODC) (Jardine, Crofts, et al., 2012; Vuong, 2012). According to Hong et al. (2012), police officers often focus on preventing and controlling drug use as their highest priority rather than supporting harm reduction. This has led to a practical irony in that, although they are leaders and operators of harm reduction in their own field, not all ANP and AMSOP officers actually understand it, which has limited the scope of the contributions of law enforcement agents (LEAs) to harm reduction in drug use at the local community level. Yet, in some cases, they have also exhibited a more common pattern of seeking drug addicts and pushing them into compulsory detoxification centres (CDCs) rather than advising those addicts to go to voluntary treatment communities (Dung, 2019; Thu et al., 2017). The main aim of the current paper is therefore to review and assess changes and adjustments in policing intended to align with harm-reduction interventions during the decade since drug use was decriminalized in Vietnam in 2009. Additionally, sharing the findings of interviews also provides inside stories and showcases the dilemmas and hesitations of the interviewees, with a view to explaining why expanding harm reduction among Vietnamese police remains slow and inconsistent.

METHODS

Interviews were conducted at multiple levels. First, the authors consulted and examined the Office of Government, including activities at the Prime Minister level relating to social welfare and community affairs and including harm-reduction interventions based on concerns for drug-user health. Secondly, three pillar sectors in Vietnam's national strategy on preventing and combating drug concerns were examined: the Ministry of Public Security's (MPS's) ANP department, which is the permanent lead on monitoring; the department responsible for addressing social evils (MOLISA), and the department focused on HIV/AIDS (MOH), which, together, intervene to prevent and treat transmission of HIV/AIDS in connection with drug policies. Thirdly, purposive interviews among representatives of hot-spot drug-related areas in Hanoi and Nghean province were also conducted to clarify and assess their current understanding of and approaches to harm-reduction interventions. Ten interviewees were selected and invited to share their opinions in interviews lasting 45 to 60 minutes. In accordance with the People's Police Academy of Vietnam's Ethical Approval Statement, respect for personal confidentiality and the rights of law enforcement and government officers, these interviews were not recorded. Almost all handwritten notes taken during the interviews were jotted down in Vietnamese language first. Transcripts of interviews were prepared and analyzed using thematic analysis after double checking by all authors and then translated into English before entry for analysis. These descriptive transcripts were analyzed using NVivo 12 for Mac. All section headings used below were repeated among interviewees, and original quotations are shared as faithfully as possible to respect the valuable contributions made to this study.

RESULTS

Decriminalized Drug Use is One of the Most Important Triggers of Harm-Reductions Interventions

Although the legal documentation related to drug treatments has been revised and supplemented several times, from the *Ordinance on Handling of Administrative Violations* in 1995 to the *Law on Drug Prevention and Control* in 2000 (LDPC) and the *Law on HIV/AIDS Prevention and Control* in 2006, harm reduction in drug policies in Vietnam has not yet been applied regularly to the process of drug detoxification. In 2009, the first countries in Southeast Asia began to decriminalize drug use, while almost all countries in the entire ASEAN state still pursued a campaign of rhetoric with the goal of being a drug-free zone by 2015. Vietnam has also been making a critical change to build up its national strategy in drug control by implementing harm-reduction interventions alongside supply-and-demand reduction approaches. This change is still a slow transition from social evil to harm reduction, as Windle (2016) has argued, but an important one:

> It is not only proof of a considerable milestone in Government drug policy but also shows tremendous effort on the part of all related authorities and the social public towards viewing the drug user/addict as a chronic patient rather than an offender. (Interviewee 1)

The amendment of the law on drug prevention and control passed in 2008 marks the first time harm reduction was recognized as a priority method for drug control (at article 34a).[1] Accordingly, as of the 2009 Vietnam Penal Code, the illegal use of drugs is no longer "subject to criminal prosecution" but is only "administratively handled," with fines under certain conditions; otherwise, addicts may be sent to CDCs. The fact that the illegal use of narcotics is not considered a crime does not mean simply tolerating such acts but requires more effective and sustainable handling measures, such as medical treatment combined with labour, home, and community education as well as CDCs.

> In addition to decriminalizing the illegal use of drugs, in society, the consensus in conducting harm-reduction solutions is increasing. Many seminars given by MOLISA,

[1] According to article 34a, interventions to reduce the harms of drug addiction are measures to reduce the harmful effects related to drug-use behaviours of drug addicts, which cause harm to themselves, family, and community. Interventions to reduce the harmful effects of drug addiction are implemented among drug addicts through prevention programs suitable to socio-economic conditions. The Government shall specify interventions to reduce the harms of drug addiction and organize the implementation thereof.

> MOH, and MPS on this topic have been organized to recognize the importance and share the experience of harm-reduction implementation. (Interviewee 3)

> In our view, cooperation with the health sector is the most achievable milestone to make a connection between harm reduction and public health in drug policies, and it can also build a bridge to law enforcement for cooperating and collaborating in utilizing methadone maintenance therapy (MMT) in drug detoxification. (Interviewee 4)

To support and deploy this important change, the Government permitted the pilot application of the MMT model in 2008 in Hai Phong and Ho Chi Minh City before starting it in Hanoi at the end of 2009. It was extended to 12 cities and provinces as of 30 June 2012 to treat nearly 10,000 patients, who have experienced reduced harms caused by using opioids, including HIV, hepatitis B and C resulting from needle sharing, death from overdose and related criminal activities, and a reduction in illicit drug use and injection that has improved the quality of life of addicts (Tam, Long, Manh, Hoang, & Mulvey, 2012). Notably, in 2015, five years after drug use was decriminalized, the Phu Son Prison in Thainguyen province, with support from UNODC Vietnam, launched the first MMT service unit for prisoners in Vietnam to offer adequate treatment to prisoners affected by drugs, who account for over 30% of prisoner population. A retired senior police officer made the following observation:

> As you can see, with positive changes in policies for drug addiction, which now view drug users as patients in need of treatment, almost all drug users in society, even if they are imprisoned, have the right to access an MMT service. I consider this to be a remarkable record in our policing approaches since decriminalizing drug use in 2009. (Interviewee 2)

To Begin, We Did Not Really Recognize the Nature of Harm Reduction in Drug Policy

Although the 2008 LDPC provided support for harm-reduction measures as well as decriminalizing drug use in the new penal code in 2009, the 2012 *Law on Handling Administrative Violations* (LHAV) continues to categorize drug use as an administrative violation, and users are still frequently sent to CDCs, under certain conditions. Yet these legislative documents also contain contradictory regulations with regard to handling drug users and/or addicts that lead to "disconcerting and confusing information regarding an integrated implementation among local authorities and other functional agencies" (Interviewee 5). As the ANP officer who covers legal matters in terms of drug policies of the MPS noted:

> Clause 1, Article 27, and Clause 2, Article 28, of the 2008 LDPC stipulates that in cases where drug addicts do not voluntarily enter detoxification, the CDCs shall be applied in the community under decisions of the presidents of commune-level People's Committees. However, I can point out that the 2012 LHAV has not specified this content; unless otherwise stated, the authority to make a decision and direct those addicts into CDCs will belong to the district court. Also, the 2008 LDPC regulates the time limit for compulsory detoxification as one to two years, but Clause 2, Article 95, of the 2012 LHAV requires between six months and two years. (Interviewee 7)

Several conflicting regulations in drug laws have also led to barriers and difficulties in solving drug addiction after decriminalization in 2009. As well, the situation with drug addicts is increasingly complicated. According to statistics as of November 2008, the number of drug addicts nationwide was 120,455. In 2018, the number of addicts nationwide was 225,099, an increase of 87% compared with 2008. This unexpected figure "has introduced more pressure to our duties: protecting community safety as well as trying to detoxify drug users in our areas" (Interviewee 6). Consequently, local police forces have actively carried out investigations, grasped the situation of drug addicts, and coordinated with relevant actors, including AMSOP officers, to compile and open documents on managing drug users, while also consigning drug addicts to CDCs. In terms of sharing among AMSOP officers in Hanoi after the first years of decriminalizing drug use, Interviewee 9 made the following comment:

> Although the decriminalization of drug use took effect on 1 January 2010, we had puzzled about what to do with them [addicts]. Frankly, we did not exactly know what were the best ways to deal with them if they were not criminalized and without prisons. Alternatively, before the new national detoxification scheme [in 2014], we elected to send them into CDCs as one of the more flexible solutions at that time, where at least they were under the continuing control of the authorities.

Accordingly, in 2010, the ANP cooperated with grassroots police groups to gather and send 10,000 drug addicts to CDCs. These numbers were then reduced to 7,705 in 2011 and 1,894 in 2015 (MPS, 2019). This specific reduction arose from updated adjustments made by the Government in the period of 2011 to 2015, which proclaimed the National Strategy Plan on Drug Prevention, Combating and Control through 2020, and Towards 2030, which called for actions that are "closely combined with combat, supply reduction, demand reduction and harm reduction." At that time, most drug users and addicts were encouraged to choose admission into centers for treatment—education—social labour (TESL), rather than CDCs, to concretize their patient's rights, though these two centers are quite similar in their applications of "cold turkey" methods (Aldhous, 2005). However, while both MOH and MOLISA bodies and agencies endeavoured to support many positive pathways in terms of healthcare and social welfare to help those patients, the police force had not yet learned to deploy these changes in advanced ways (Hong et al., 2012; Jardine, Anh, & Hong, 2012).

In contrast, as stated by Interviewee 8,

> for us [ward police], it is one of the practical challenges we must face without sufficient knowledge about harm reduction in policing, dealing with drug addictions and

> collaborating with health sectors to apply MMT for them [addicts] at our local communities.

Clearly, it is reasonable to assume that many police officers, including ANP and AMSOP, feel perhaps too much emphasis is placed on "harm reduction" and not enough on "supply reduction" as per their usual duties. As a result, the role of the police in harm-reduction intervention in the first five years of decriminalizing drug use, in reality, is still at the very least being questioned. As the AMSOP of Nghean confessed:

> On the one hand, we must meet the criteria to bring drug addicts into CDCs, but on the other hand, we also encounter obstacles from conflicts of policies in terms of HIV, drug-related crime, and harm reduction, as well as obstacles from the families of drug addicts, and the pressure of keeping the community safe and clean. This has pushed our team into the situation of being between the hammer and the anvil. (Interviewee 10)

There Is a Need to Change Attitudes and Actions to Implement Harm-Reduction Approaches in Policing

In 2012, over 5,000 law-enforcement signatures from all over the world were obtained in support of harm reduction. Vietnam's police delegation also joined and signed this Statement of Support, leading to one Vietnamese translation version provided alongside versions in five official languages, which were presented at the inaugural meeting of the International Police Advisory Group in Melbourne. In August 2013, five senior officers from the Cambodia police force together with six first pioneers of Vietnam's representatives from the People's Police Academy were invited to Australia to undertake public-health leadership training in a three-week course to focus on Police as Collaborative Leaders in the HIV Response (LEAHN, 2013).[2] On that occasion, one of them shared their thoughts about their expectations in applying this harm-reduction knowledge in policing:

> Harm reduction is an important part of drug prevention, so a new perspective on this is needed. In our opinion, the use of harm reduction measures in drug prevention is not a compromise with drug enforcement but is rather a complement to this work, especially in the work of drug detoxification. However, which measures should be selected to ensure high effectiveness and avoid misunderstanding about social awareness needs to be clarified and assessed as carefully and as practically as possible in our police force.

[2] This program was hosted by the Law Enforcement and HIV Network (LEAHN) and the Nossal Institute for Global Health, University of Melbourne, and included practical sessions from practitioners in family-based methadone, community harm-reduction services, and police from Victoria and New South Wales. It provided an opportunity for aspiring leaders and trainers within policing institutions in Vietnam and Cambodia to build their own, and, by extension, their respective police forces', capacity to work collaboratively to respond to HIV among Key Affected Populations.

Traditionally, within the scope of the internal emphasis among police on an abstinence approach, harm reduction is conceptualized as a form of propagative education to share and warn of the many negative impacts of drugs to help people avoid them, and even never try them (Dung, 2019). "If you ask me about the nature of this intervention [harm reduction], I can only think that I do the best to protect myself and be as careful as possible when in contact with addicts, particularly if they are HIV/AIDS" (Interviewee 5). Ironically, while ward police officers often play an important role in monitoring, filtering, and selecting which inject drug users (IDUs) will be nominated for an MMT program, they have still been using their personal experience and internal criteria to clarify "good" vs "bad" IDUs and applying this to their decisions since the first pilot deployed in 2009 (Hong et al., 2012; Jardine, Anh, et al., 2012). This has led to an ineffective effort between police and health and social affairs sectors to cooperate, consult, and decide on the specific criteria to use to implement harm-reduction interventions at the local community level. As an ANP officer of Hanoi pointed out:

> Most police ward officers in my district management are armed with the knowledge that PWIDs are disproportionately affected by HIV, with high prevalence rates. Many of them are often reluctant to confess that they don't understand the link between policing and HIV risk. Therefore, I think we need to change our attitudes, behaviours, and also knowledge about harm reduction and should perhaps be re-educated, supplementing these new experiences to us in police training institutions. (Interviewee 7)

DISCUSSION

In this first study to review what has changed in harm reduction among Vietnam's police since drug use was decriminalized in 2009, the current findings show that, while police play many roles in the fight against drug crimes, they often assume that their duty in drug prevention is in conflict with supporting harm-reduction activities, which leads to stress at work and in their relationship with the community. In a situation similar to that of the Australian police two decades ago, when harm minimization was introduced there, despite being a force that directs and conducts harm-reduction activities, not all police are aware of it, and some still have doubts and think it contradicts their drug-combating responsibilities (Lough, 1997; Maher & Dixon, 1999). Accordingly, both needle exchange and methadone treatment are believed by some police officers to be in conflict with their main task of supporting the operation of rehabilitation centres. This even leads to stigma in terms of their community's expectations when citizens think the police give clean syringes or methadone to addicts (Hong et al., 2012). To bridge this gap, they must not be judgmental and must forget their moral prejudices against illicit drug-taking, as the cost is just too great to miss the opportunity for reducing the amount of drug use; reducing the harm that drug users experience per unit of drug used; reducing the harms that drug users impose on others; and reducing the harms caused by production, trafficking, and distribution of drugs (Caulkins & Reuter, 2009). Twenty years

ago, when the Australian Police approach to "harm minimization" campaign began, Lough (1997, p. 172) recommended that "local operational police must become both pragmatic and rational; then, and only then, will law enforcement become truly mutually compatible with harm minimization rather than mutually exclusive." To some extent, therefore, in Vietnam, it is necessary to set up a multiple police team, between ANP officers, who focus on detecting drug trafficking cases and look for groups/organizations involved in drug use, and AMSOP officers, who control and monitor local citizens, including addicts and drug users, at their hosted management sites. The head of a team should assign police officers to coordinate with health clinics, population leaders, village heads, neighbours, families, and social organizations to supervise and manage drug addicts and offenders in the community.

Ten years after the first four-year research project (2009–2012), the Law Enforcement, Harm Reduction, Nossal Institute project (LEHRN), funded by the Australian Development Research Awards and implemented by the Nossal Institute for Global Health at the University of Melbourne in mainland Southeast Asia, including Cambodia, Laos, and Vietnam, there are no further similar projects to encourage LEAs in Vietnam to continue this paradigm (Thomson, Moore, & Crofts, 2012). One of the most achievable impacts of this project is to support some MMT pilots in these countries, such as in the Tu Liem district, Hanoi, with leading clinics to serve PWID through methadone treatment. However, the program's expectations of treating, consulting, and assisting the addicts during pre- and post-detoxification has suffered from limited knowledge and insufficient training in how to approach these MMT interventions within police forces, including ANP and AMSOP officers—limits which have become key barriers to deployment (Jardine, Anh, et al., 2012). Meanwhile, there is a need for more specific evidence and effective activities to promote the application of harm-reduction interventions by police in drug control as one of three "pillar" policies (supply-demand-harm reduction) since the decriminalization of drug use in 2009. Most high-ranking representatives of MPS tend to be cautious and approach this trend as slowly as practically possible. It is one of the specific reasons that explains why, even though the first pioneering delegates of Vietnam were invited to attend the leadership program for policing in harm reduction in Melbourne more than five years ago, the expected vision to implement a harm-reduction curriculum in police institutions is still under discussion and not underway, as the international community had hoped. This in spite of the fact that senior delegations of MPS joined and signed the Amsterdam Declaration on Police Partnerships for Harm Reduction in October 2014 in Amsterdam (LEAHN, 2013, 2014). Unlocking the potential of police and community partnerships in harm-reduction responses is urgently needed. It is an issue that must be prioritized at this stage to insist on the important role of police in changing drug policies in Vietnam. Specifically, rather than focusing solely on arrest campaigns, police (ANP and AMSOP) should join forces with public health and build up their new evidence-based perspectives on treatment with MMT and NSPs by changing and updating current police training courses to link with improved public health knowledge.

CONCLUSIONS

Harm reduction is an important part of drug prevention, and a new perspective on this is needed. The use of harm-reduction measures in drug prevention and control is not a compromise with drug-use reduction efforts but rather a complement to this work, especially in the area of drug detoxification. However, questions remain about which measures should be selected to ensure high effectiveness and avoid misunderstanding about social awareness. Therefore, harm-reduction measures must have the same strict legal regulations as those for reducing drug supply and demand. Furthermore, it is necessary to also create a stronger consensus among ministries, departments, and agencies on harm reduction so that all localities and industries can firmly apply and implement these solutions.

The current research also shows that, in Vietnam's social context, police involvement in harm-reduction interventions is necessary. However, in order for police to adequately assume this role, they need to be equipped with knowledge about harm-reduction approaches and related procedures. Awareness-raising activities for police to reduce their prejudice towards drug users should be implemented immediately. Laws and policies also need to be further improved to reduce conflicts between drug laws and HIV laws, and guidelines on harm reduction for police and other partners need to be widely disseminated and supported to promote more effective cooperation between sectors. Coalitions across sectors can furthermore improve the capacity to better contribute to the common goal. Last but not least, regarding training, only when Vietnam's police accept to add a community-based health curriculum into their current training courses will true community-based policing, and the effective contributions of policing in harm reduction, become a reality.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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TRUST

Withholding homicide victim names: Looking for a win-win solution for families and the police

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ABSTRACT

Although withholding the names of homicide victims from the public is a relatively new police practice, it has proven to be controversial, with the media, legal scholars, and victim advocacy groups often opposing these policies. In order to better understand the issue of withholding names, we examined the prevalence of these practices in Canada's largest municipal police services. These results were further explored in a series of semi-structured interviews with stakeholders from 20 victim services and advocacy organizations. Analysis of the interview and survey results reveal that the key priority of the police is maintaining the integrity of their investigations, and all other issues are secondary. Although the issue of withholding information has become contentious, many of the arguments become moot, as the friends and family members of these victims often post the information related to these deaths on social media, effectively bypassing both the press and the police. Implications for policy development are discussed in light of these findings.

Key Words Homicide investigations; crime victims; privacy; public interest.

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INTRODUCTION

After 2010, a growing number of Canadian police services started to withhold the names of homicide victims from the press and public. The rationale for withholding this information was to respect the privacy needs of the victims' families. A Royal Canadian Mounted Police (RCMP) spokesperson stated, "We don't have the right to release (names) unless we are furthering an investigation, or basically the public interest overrules the privacy aspect of it" (Potkins, 2017, para. 19). The RCMP's position is not unique. Penney (2018) examined the practices of various Canadian police services with respect to releasing the names of homicide victims and did not find a consistent approach across the country. There appears to be no clear reason for these changing policies. For instance, there have been no recent meaningful changes in federal or provincial privacy laws. The federal government's *Privacy Act*, for example, which guides the actions of the RCMP and other federal law enforcement agencies, hasn't been amended in 30 years (Potkins, 2017). Nor does there appear to be any precipitating incident(s) that led to this policy change.

Instead, the practice of withholding names seems to be evolving from an increased awareness of victims' rights and the recognition that many victims of crime have been historically dissatisfied and angered by the actions of the people working within the justice system (Policy Centre for Victim Issues, 2014). It is plausible that the increasing awareness of victims' rights has had an impact on agency policy-making, with a move to interpret privacy legislation more conservatively.

Regardless of why information-sharing practices are changing, withholding victims' names has become a contentious issue between the police, the press, and other stakeholder groups. The press opposes the practice of withholding names and contends that the public has a right to know what is happening in their communities. The Media Coalition (2019, p. 1) argues that "A policy which presumptively prohibits public release of the names of homicide victims is inconsistent with the *Charter*-protected right to an open justice system and is out of step with the Canadian sense of community." Some victim advocacy groups also support releasing this information to the public, as they believe that withholding names contributes to stigmatizing family violence (Alberta Council of Women's Shelters, 2019). Moreover, limiting information about homicide and other serious offences reduces our understanding of those crimes, including changes over time and the vulnerability of different population groups. Legal scholars, such as Penney (2018), also oppose police policies that withhold information from the public, arguing that the public should have access to this information to ensure that government actions are transparent.

Although the issues related to the public's access to government information and the right to privacy have been analyzed by legal scholars, there has been comparatively little academic scholarship shedding light on these issues. In order

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to respond to this gap in the extant literature, we examined the practice of withholding homicide victims' names using a mixed-methods approach that included semi-structured interviews of victims' advocacy organization stakeholders as well as a survey of Canada's largest police services. In what follows, we provide a review of the extant literature, a description of the data and methods used in our study, and the results of our analyses. That section is followed by the implications for police practice in light of these findings.

BACKGROUND

Balancing the Public's Interests and a Family's Privacy

The two opposing positions on withholding the names of homicide victims centre on the issue of privacy rights of victims and their families, on the one hand, and the public's right to know about crimes occurring in their communities, on the other. Journalists argue that the right to know about crime and victimization, including the names of homicide victims, is in the public's interest, and Simons (2017) observes, "It's time to speak up for an open, transparent justice system. It's time to stand up for the nameless, who can no longer speak for themselves" (para. 23). The Media Coalition (2019) reports that the "public release of the names of homicide victims is vital to the public interest in allowing the public to receive important information about their local community and understand the broader social context in which they live" (p. 1). Writing about the public's interest, Brown (2008) notes that the issue "must be shown to be one inviting the public attention, or about which the public has some substantial concern because it affects the welfare of citizens, or one to which considerable public notoriety or controversy has attached" (pp. 137–138). In *R v. Canadian Broadcasting Corporation*, the Supreme Court addressed the issue of a publication ban prohibiting the identification of a young homicide victim that was imposed after the CBC had already posted the information on their website. The Court recognized the freedom of the press and said there was a tangible, immediate utility to the posting of the identifying information and that it was in the public's interest to access that information (see *R v. Canadian Broadcasting Corporation*, 2018, p. 211).

The Media Coalition (2019) also argues that naming victims can assist the investigative process and is consistent with the *Charter*'s guarantee of freedom of expression and the press, adding that when names are withheld, there is a corresponding lack of transparency that undermines the public's confidence in the justice system. Although withholding the names of homicide victims is a relatively new issue, the police and press have always grappled over how much information will be released to the public. Writing about Canadian police services, Ericson (1989) says, "the police have a particular bent toward reticence and secrecy" (p. 211), and they are tasked with balancing censorship and publicity.

Supporters of full-disclosure policies are critical of police organizations that are reluctant to share information about crime and victimization with the public. The Canadian Broadcasting Corporation's database of the 461 people involved in fatal encounters with the police between 2000 and 2017, for example, shows that 23 of these people are unnamed (Marcoux & Nicholson, 2018). Some find it troubling that a person can die in police custody—or be killed in an interaction with the police—and their name, age, ethnicity, and sometimes the circumstances surrounding their death are unknown to the public (Shantz, 2019). Other agencies associated with the justice system also regularly withhold information from the public. Five of the civilian oversight organizations that investigate serious incidents involving the police—such as Ontario's Special Investigations Unit—stopped releasing the names of victims unless there was an investigative necessity (Canadian Civilian Oversight Agencies, 2015). The Canadian Civilian Oversight Agencies (2015) argue that they present all of the relevant information surrounding the cases they investigate but are withholding names because:

> Knowing the injured or deceased person by name, instead of as "the affected party" or "complainant" adds nothing of additional relevance. It does, however, add greatly to the public exposure that will be imposed on the injured person or the family of the deceased. We would argue that the right to privacy of the individuals concerned far outweighs what the public will gain by knowing the name. (p. 1)

Lupick (2017) reports that the British Columbia Coroners Service also stopped releasing the names of homicide victims in 2017. Thus, police policies restricting the dissemination of information about these events in one jurisdiction may be influencing the actions of other criminal justice organizations.

It is plausible that police decisions to withhold information from the public about crime could have a significant impact if incremental changes over a period of years have a long-term impact on information sharing. In September 2019, for example, the Ontario Provincial Police (OPP) announced that they were no longer reporting the gender of suspects or victims. The OPP indicated that the decision to withhold that information from the public came after "a regular review of the *Police Services Act*, the *Freedom of Information and Protection of Act*, as well as the *Ontario Human Rights Code* forced the change" (Dubinski, 2019, para. 4), even though Dubinski observes that none of those acts or regulations have recently been amended or changed.

Although withholding the names of homicide victims is a relatively new practice, there is a long-standing practice of the police managing the amount of crime-related information disseminated to the public (Ericson, 1989). The police routinely withhold information to protect the identities of crime victims, their family members, and witnesses. The police also withhold information from the public in order to carry out investigations. Some privacy advocates are critical of this stance, claiming that police interests in identifying a suspect may bias their decision-making with respect to the public's need to know about issues related to crime. These decisions are made by the police service and are typically not subject to external review or scrutiny. Penney (2018) contends that "Instead of giving police unfettered discretion to decide whether to invade privacy, whenever feasible we require that this decision be made by a neutral and impartial arbiter" (p. 31). In what follows, we briefly examine publication bans on court-related information, as well as agency practices in releasing victim names.

Publication Bans

Judges can restrict the amount and type of information about crimes that can be released to the public using publication bans. According to the Government of Canada (2015) such a ban "prevents anyone from publishing, broadcasting or sending any information that could identify a victim, witness, or other person who participates in the criminal justice system" (p. 1). Broadly speaking, there are three types of discretionary or mandatory publication bans. The Canadian Judicial Council (2007) describes how publication bans are automatically and permanently issued for information concerning a complainant's sexual history, information in confidential records such as medical or psychiatric reports, or information coming from the interviews of jurors or actually identifying jurors (pp. 14–25). Other publication bans are automatically issued but are temporary and expire once some action has been taken, such as information arising from search warrants if a suspect has been charged.

Discretionary publication bans can be issued for information from bail or show-cause hearings, preliminary hearings, and in regular court proceedings. Of specific relevance to this study are discretionary bans pursuant to section 486.5 of the *Criminal Code of Canada*, which is a "general provision allowing for the protection of witnesses or victims" (Court of Appeal for British Columbia, 2017, p. 3). Discretionary bans are often imposed in sexual assault and child victim cases—to protect the privacy of these victims—although are otherwise intended to be rarely used (see *R. v. Mentuck*, 2001). According to Jacobsen (2015), "the Supreme Court of Canada has reiterated on several occasions that judges should only impose publication bans when absolutely necessary and on the clearest of evidence that a ban is required to advance the ends of justice" (p. 1).

The key difference between the police withholding information and the courts imposing a publication ban is that judicial decisions are transparent to the public, as they are made in open courts. Moreover, these discretionary bans can be appealed, and in *Dagenais v. Canadian Broadcasting Corporation* (1994), the Canadian Broadcasting Corporation appealed the court's decision to temporarily ban the broadcast of a television program that may have influenced a jury deliberating a real case. In *Dagenais*, the Court held that, while judges can impose these bans, they must also consider their effects on the right to freedom of expression, the right of the accused to a fair and public trial, and the efficacy of the administration of justice, which were priorities laid out in the Court's decision about publication bans in *R. v. Mentuck* (2001, para. 32). Not surprisingly, journalists oppose publication bans, with Metcalf (2018) arguing that these bans undermine the public's right to know.

Releasing Victims' Names

There is virtually no mention of the issue of releasing homicide victims' names in the scholarly literature. As a result, our review of the literature is primarily based on a review of federal and provincial legislation, agency reports, and information from advocacy groups and the media (see Burnett, Ruddell, O'Sullivan, & Bernier, 2019, for a comprehensive review of associated legislation).

The federal government, as well as all provincial and territorial governments, have enacted privacy legislation, and Ontario's *Victims' Bill of Rights*, 1995, specifically notes that the parents, children, dependents, and spouse of a person killed in the commission of a crime are considered victims. The preamble to Ontario's legislation states that victims are to be treated in a manner that does not increase their suffering or discourage them from participating in the justice process. The issue of privacy, however, is only mentioned once, and there are no specific guidelines about balancing the needs of the public and those of victims. In Alberta, by contrast, the *Freedom of Information and Protection of Privacy Act* (FOIP Act) makes specific reference to the disclosure of information that is harmful to personal privacy. Section 40(1)(b) allows the release of information "if the disclosure would not be an unreasonable invasion of a third party's personal privacy," although the disclosure must be reasonable and necessary.

Most reporters writing about the issue of balancing the privacy of a crime victim and the public's interests have described the changing police practices related to releasing this information. These accounts reveal that, while privacy legislation is seldom updated, police services are interpreting this legislation more conservatively in terms of respecting the wishes of family members of homicide victims to withhold their names. Spokespersons from the Royal Canadian Mounted Police (RCMP) often refer to section 8 of the federal *Privacy Act*, which states that "the public interest in disclosure clearly outweighs any invasion of privacy that could result from the disclosure," or to instances where the personal information is publicly available, which is defined in section 69(2) of the *Act*. Depending on the circumstances of a case, the RCMP will only release a name if the individual's family consents or if the disclosure aids in an investigation. The RCMP's position, however, has been criticized, and the agency has been called secretive (Potkins, 2017).

In order to develop a consistent approach to releasing or withholding victims' names, a number of police services are using frameworks to help their decision-making. The Alberta Association of Chiefs of Police (2017), for example, developed and adopted a decision-making framework for its members. Since that framework was released, however, several Alberta police services, such as the Edmonton Police Service, have developed new guidelines (Ramsay, 2019). Those changing policies reveal that these practices are dynamic.

METHODS

Two strategies were used to conduct this study: an online survey of Canada's largest police services and a series of semi-structured interviews with members of victim advocacy and victim-serving organizations. Most of the interview participants were from Alberta-based organizations, although representatives from Canada's largest advocacy organizations were also invited to participate. Interviewers asked about organizational policies, privacy concerns, agency positions regarding police practices (regarding the release of information), and the criteria that police should use in determining whether to release a victim's name. The interviews were carried out in March and April 2019. Most averaged from 30 to 45 minutes in length.

A link to the 17-item online survey was also sent to the executive leadership of 37 of Canada's largest municipal police services on March 13, 2019, and over three-quarters (28 agencies) responded by April 5, 2019. Respondents were

asked about their agency's practices surrounding the release of information about homicide victims, who made decisions about releasing information, and the relationships between the police, media, and victim advocacy groups. Many of the questions had a qualitative component, and respondents could add their comments. Over one half of the agencies were based in Ontario, with the rest distributed across the nation, although there was only one respondent from each of Quebec and Atlantic Canada.

RESULTS

Survey Results

Initial examination of the survey data revealed that the primary objective related to the release of any information by a police service was to preserve the integrity of its investigations, and the decision to release information was often delegated to the officers in charge of the homicide or equivalent unit (e.g., criminal investigations division). The following summarizes the five key findings from the survey:

(1) Agency Policies: More than one third (36%) of the agencies released the names of all homicide victims, 54% released the names depending on circumstances of the case, 7% always withheld those names, and one agency did not provide a response. Some specific qualitative comments from the respondents include the following: "We release the names of homicide victims for a number of reasons. We never want to live in a society where someone can be murdered in secret." "We do not name young persons and consider victims of murder/suicide occurrences on a case-by-case basis." "We respect the wishes of families not to release if they request. I cannot think of a time this has happened though." "Without the name being released, we could lose valuable tips or witnesses." Although over one-half of the respondents indicated that they considered the circumstances on a case-by-case basis before releasing a victim's name, some respondents indicated that withholding information from the public can harm the integrity of their investigations.

(2) Decision Makers: Even in police services that routinely release victims' names, there are often investigative reasons to manage the type of information released to the public and when that information is released. Overall, however, the respondents indicated that maintaining the integrity of the investigation was their overriding goal. In over three quarters (77%) of the cases, the investigators responsible for the homicide or equivalent unit made the decision to release information, and in the remaining organizations, the Chief or other executive officer made that decision in conjunction with the investigators. Some respondents provided specific comments with respect to who decides to release information: "Collaborative decision between corporate communications, the investigative team (homicide unit) and the senior management of the service." "We work closely with the sergeant in charge of the investigation to determine what information we release and when it is released." "In the event of an unsolved homicide, I feel that it is imperative to get the name of the victim out there. This stimulates the collective memory of the community and can lead to tips that would otherwise not be called in."

(3) Family Wishes: Fifty-four percent of the respondents indicated that the family's wishes were considered when it came to releasing the names of homicide victims. The investigators typically inform families that it is often difficult to prevent a victim's name and information about the case from being shared on social media by friends or other relatives of the victim. Once that disclosure happens on social media, the media often use that information in their reports. Anecdotal accounts, however, suggest that reporters prefer to cite multiple unofficial sources of information if no confirmation from the police, coroner, or other agency is forthcoming. Given that reality, the respondents indicated that they tried to respect the family's wishes for privacy: "I strongly believe that family of victims should be part of the decision to release the name in order to respect their wishes and requests for privacy." "Investigative integrity is of the utmost importance (obtaining all information possible). However, we also will weigh family wishes in how we proceed. To date it has not been an issue." Ultimately, the respondents indicated that the victim's family wishes to release a victim's name were respected unless withholding that information negatively impacted their investigations.

(4) Social Media: When asked whether information about victims was posted on social media before the police service released a victim's name, half (50%) indicated that names were always or usually posted prior to the police release of information, and 43% indicated that names were sometimes posted on social media prior to police releasing that information. "At the end of the day, with social media, oftentimes our hands are tied regardless and the names will be released…. It can be beneficial if we have the opportunity to get in front of the release and guide the public story." "Releasing the name leads to credibility, versus not commenting—when it usually is known already in the world of social media." In some respects, the ability of a murder victim's acquaintances, friends, and family members to post information on social media platforms such as Facebook undermines any official police policy related to the disclosure of information to the public. Moreover, when the police are not the first to release these names, the information posted on social media can be misleading, erroneous, or incomplete, which can lead to unfounded rumors and speculation.

(5) Media Practices: When asked whether the media released information about victims' names prior to the police release of that information, about half (48%) of the respondents indicated this was not applicable as their agencies always released names; in almost all the remaining agencies the media always, usually, or sometimes (45%) reported this information before the police. "Media gets the name from

social media. We are trying to lessen the burden on the family and assist in dealing with [the] media." "I think that most often in today's world, the name is out anyway. Using the media properly ensures the police still control the message." The survey respondents also indicated that the media also has access to information about these cases once a suspect has been apprehended and the information presented in open court. Unless there is a publication ban, the media is then free to report the names of the suspect and the deceased.

Interview Results

The 20 semi-structured interviews examined issues related to policies on releasing victims' names, privacy concerns, when information should be released, and the criteria for releasing the names of homicide victims. While most respondents supported releasing the names of homicide victims, what differed was the preferred approach or process. Respondents were divided primarily between police services releasing the name immediately and in every case and, in contrast, releasing the name in conjunction with the family's wishes. Feedback confirmed the need to balance the value of public awareness with the need for human dignity and respect when information about a homicide is shared with the media for public release.

Respondents further indicated that ensuring appropriate guidance, time, and support reduces the stressors on affected family members and minimizes the risk of additional trauma. Specifically, they mentioned sharing key information with families about the nature of the media release, and helping to adequately prepare the family and include them in the process. "[There] needs to be criteria for investigators to follow, particularly when it relates to sitting down with the family and explaining why the name should be released and preparing them for what might happen next once the name is released." Further to that point, many participants felt strongly that police should not be making "policy" decisions with regard to the release of a victim's name without consultation from key community stakeholders, the victim's family, and even the media. "Police cannot decide this all on their own. We need to bring together police, the media, and the families affected as a bit of a 'think tank.' Homicides can be an opportunity to educate and prevent."

In fact, respondents felt strongly that a consistent, transparent framework or policy should be established and based on specific criteria, which may include items such as notifying next of kin, consulting with the family, providing appropriate support services to families, prioritizing investigation needs, and developing specialized protocols to manage cases where children are involved. Many inferred that this should not only be included in provincial legislation, it should extend nationally across Canada. It was also suggested that police officers who consistently work homicide cases should have specific training on such policy to ensure consistent standards when working with families of homicide victims.

DISCUSSION

Our analysis of the interview and survey results reveals the burdens that police leaders and investigators confront when weighing the costs and benefits of releasing information about serious crimes to the public. The survey results, for example, reveal that most large police services still release the names of homicide victims, although those releases sometimes only confirm information that has already been reported by the media or on social media.

The need for a common approach to releasing victim names was a consistent theme that emerged from the interviews. Many respondents believed that a consistent policy framework was needed to guide agency decision-making. Some suggested that such a framework should be developed at the national level, so that family members would be treated in a consistent manner across the country. It was posited that making decisions based on such an approach would reduce inter-agency inconsistencies and increase transparency. Respondents did not identify any specific agency that might guide such a discussion, but this might be an opportunity for the Canadian Association of Chiefs of Police to develop a national policy statement.

Given the complexity of some homicide cases, however, there may be no single solution: releasing too much information can harm a family's privacy, especially when these crimes involve child victims or other vulnerable people. On the other hand, withholding a victim's name might jeopardize the integrity of an investigation. Given this lack of consistency across the country, Saskatchewan's privacy commissioner indicated that a clear policy about releasing victim names might only come after a court decision (Cowan, 2018). The Supreme Court, however, has generally ruled in favour of the public's interest in accessing information about crime and has recognized the freedom of the press when considering publication bans.

It became evident after reviewing the interview and survey results that police services attempted to abide by the wishes of the victim's family to release or withhold information, although maintaining the integrity of the investigation was their most important priority. The interview results, however, also highlighted the importance of police services consulting with the family members throughout the investigation and providing support and guidance. In many cases, family members would change their minds about withholding a name after learning that their loved one's name would ultimately be reported, whether the police released that information or not. Some family members, by contrast, wanted the names of these victims released because they did not want these people to be forgotten.

Regardless of respondents' positions about releasing or withholding information, a key finding of this research was that users of social media typically bypassed the police and media by reporting information about these cases, including a victim's identity. Once posted online, the information retrieved from social media was often disclosed by the media, but even after such disclosure, reporters would still attempt to confirm the information. Ninety-three percent of the survey respondents revealed that, in their agencies, information was always or sometimes released on social media prior to police notification. Bypassing the police can have ramifications for the integrity of investigations, the spread of inaccurate information, and notification of next of kin, who might find out from social media that a loved one has been murdered.

One outcome of our study was that some respondents

feared that withholding information about serious crimes, such as the names of homicide victims, may be the first step in a process that further restricts our access to information related to serious crime. The OPP decision in September 2019 to withhold information about the gender of offenders or victims is one example. Hayes (2019) notes, "Concerns have been raised by researchers and anti-violence advocates, who fear this move will blur the public's understanding of the realities of violence against women and intimate partner violence" (para. 2). One particular concern regarding the change in OPP policy is that it makes it more difficult to track violence against women, which limits our understanding of gendered violence.

Decisions to withhold information may have impacts beyond the needs of the media or academic researchers. Farquhar (2019) contends that restricting information about women killed in domestic violence incidents can contribute to victims feeling isolated, and they may be less likely to seek help. Farquhar says that, in order to address issues of domestic violence, we need to shed light on the topic rather than suppress that information.

CONCLUSIONS

Since the 1990s, there has been increasing attention paid to the experiences of crime victims and their families. While these individuals may enjoy increased visibility and greater participation in the justice system today, some advocacy groups say they are still excluded from participating in decisions that are made about their cases (Policy Centre for Victim Issues, 2014, p. 3). Despite the enactment of the *Canadian Victims Bill of Rights*, some victims report being re-victimized in their encounters with the criminal justice system. One issue that is important for crime victims and their families is maintaining their privacy after violent crimes occur. Our study of withholding the names of murder victims highlights the tension between the public's need to know about crimes in their communities and the privacy needs of crime victims and their families.

There are indications that the debate over releasing or withholding information from the public will intensify as agencies associated with the criminal justice system—such as coroner's offices and police watchdog agencies—are also withholding information from the public. Furthermore, the police seem to be placing more restrictions on the information they release, as demonstrated by the OPP's decision in September 2019 to withhold information about gender in their media reports (Dubinski, 2019). These restrictions on releasing information have not been driven by new legislation and, instead, seem to have come from an increasingly conservative interpretation of existing privacy legislation. The problem with many police decisions in this regard is that these judgements are made behind closed doors and neither the public nor the press are privy to their considerations in the decision-making processes (Penney, 2018). Given a lack of consensus on releasing victims' names, it seems prudent to work towards finding a win–win solution that meets the needs of both the families and the police.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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COMMUNITY SAFETY & WELL-BEING

Policing of sex work in South Africa: The positive policing partnership approach

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This article is related directly to the Law Enforcement & Public Health (LEPH) Conference in Edinburgh, Scotland, October 2019.

ABSTRACT

All aspects of sex work are criminalized in South Africa. Due to their marginalized position in society, sex workers are often the target of police violence and human rights violations, all of which have far-reaching implications for public health. Existing complaint mechanisms and police oversight structures rarely ensure accountability for sex worker human rights violations. In 2016, various sex work sector stakeholders and allied civil society members partnered in a collaborative project to document the operational policing challenges and record a contemporary evidence base of sex worker rights violations by law enforcement. The findings demonstrated that violation of sex worker human rights is systemic, pervasive, and entrenched. The project approach helped catalyze a move away from more traditionally adversarial approaches, with stakeholders from the South African sex work sector forming the Positive Policing Partnership (PPP) as an advocacy vehicle to drive positive, solution-focused engagement on the operational policing challenges. The PPP focuses on collaboration, innovative partnerships, and capacity building. Concurrently, the COC Netherlands Dignity, Diversity and Policing project has successfully embedded a rights-based police training curriculum in partnership with the South African Police Service (SAPS). These projects employ different strategies and frameworks to catalyze positive change and to support effective engagement between the sex work sector, law enforcement, and government. This article provides a snapshot of the formation, activities and progress of these projects to date, teamed with a summary of key strategies and learnings.

Key Words Prostitution; law enforcement; capacity building; operational policing; vulnerable population groups; community-based organizations (CSOs); human rights.

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INTRODUCTION

Scope of Sex Worker Rights Violations by Law Enforcement

South African law criminalizes all aspects of sex work (Sexual Offences Act, 1957; Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007). Public by-laws and regulations criminalizing "loitering" and "public nuisance" further expose sex workers to wide-ranging policing powers (Gould & Fick, 2008; UNDP Global Commission, 2012, 36–37). The literature describes the impact of the criminal law and its enforcement on sex worker health, safety, and human rights during interrogation, arrest, and detention. This includes unlawful arrest and detention (Fick, 2006a; Fick, 2006b; Scorgie *et al*., 2013; Rangasami, Konstant & Manoek, 2016; Human Rights Watch & SWEAT, 2019), corruption through taking bribes and demanding sex to avoid arrest (Fick, 2006a; Fick, 2006b; Newham & Faull, 2011; Manoek, 2012; Human Rights Watch & SWEAT, 2019), torture (Evans & Walker, 2018), sexual assault and rape (Fick, 2006b; Gould & Fick, 2008; Scorgie *et al*., 2013), and assault by law enforcement (Gould & Fick, 2008; Manoek, 2012; Rangasami *et al*., 2016; Evans & Walker, 2018). Sex workers' fear of engagement with law enforcement officers extends to the reporting of crimes against them and others. Sex workers have reported that police officers refuse to believe them when they attempt to report crimes including rape and assault (Pauw & Brener, 2003; Fick, 2006a; Scorgie *et al*., 2013; Evans & Walker, 2018; Human Rights Watch & SWEAT, 2019).

Civil Society Advocacy Strategies

Over the last 20 years, civil society organizations (CSOs) working on sex worker human rights have utilized various strategies to highlight and address these human rights challenges. The Sex Worker Education and Advocacy Taskforce (SWEAT) (www.sweat.org.za/who-we-are-2/who-we-are-2/) was established in 1991 to advocate for the rights of sex workers, while sex workers formed the Sisonke Sex Worker

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National Movement in 2003 (Sisonke, A Case Study of Sex Worker Movement Building in South Africa, 2016). They've worked with litigation organizations, such the Women's Legal Centre (WLC), to bring legal challenges against the South African Police Service (SAPS) and other government departments for human rights violations. In 2009, the WLC, on behalf of SWEAT, challenged the police practice of arresting sex workers, keeping them detained without charges, and releasing them in the Cape Metropole. In the case of *SWEAT v The Minister of Safety & Security & 7 Others (2009),* the judge instructed the police to stop their harassment of sex workers.

In 2012, a complaint of ongoing law enforcement violations was lodged with the Commission for Gender Equality (CGE), requesting systemic interventions to remedy the situation. The CGE's recommendations included that SAPS convene sex work sensitization workshops with the assistance of CSOs to train its Station Commanders on the rights of sex workers and to refrain from human rights violations; that the National Commissioner of SAPS instruct all members to immediately cease arresting, harassing or following outreach workers for carrying out their work, and to stop confiscating condoms from sex workers. While some police training has been provided by the CGE (personal communication between CGE Director of Legal Services and Dr. Marlise Richter, 18 June 2019), as at August 2018, the CGE reported the SAPS National Commissioner had failed to adequately respond to the recommendations (CGE Head of Legal Services Marissa Van Niekerk presentation at PPP Conference, 14 August 2018, Johannesburg).

Over the years, various research reports (Manoek, 2012; Rangasami *et al*., 2016; Evans & Walker, 2018; Human Rights Watch & SWEAT, 2019), petitions, and memoranda to government departments have been lodged, but they have seldom received a response. In addition, the WLC and SWEAT formed a Human Rights Defender Project called "Every Sex Worker A Human Rights Defender," where sex worker peer educators train their colleagues about their rights and provide appropriate referrals. Civil society organizations have also conducted training workshops with police officers to provide contextual analysis and background to sex work and the rights and duties of sex workers and police. Regrettably, these strategies have had limited impact on operational policing behaviours to date.

THE POSITIVE POLICING PARTNERSHIP (PPP)

PPP Formation

In 2016, Sonke Gender Justice (Sonke), a CSO working in partnership with SWEAT and the Sisonke Sex Worker Movement, commissioned a research report on sex work and contemporary policing in South Africa. The report described the policing experiences of 120 sex workers (Evans & Walker, 2018). A sample of the raw data was published by Sonke in an interim consultation format (Evans, 2017), and a range of South African academics, policing and security experts, CSOs, and government agencies were interviewed to obtain multi-perspective expert input on the framing of the final report (Evans & Walker, 2018).

This strategy of proactive invitation to participate in framing the research report findings, recommendations, and remedial approaches helped establish a crucial initial tone of solution-focused engagement, inclusion, capacity building, and multi-faceted approaches to address the documented human rights violations. Stakeholders from Sonke, SWEAT, and Sisonke met in August 2017 for a strategic planning workshop to discuss the interim report findings, consultation recommendations, and sector advocacy approach on policing issues. Three primary questions were posed:

- What is the scope of the problem of sex worker human rights violations by police?
- Are there systemic trends?
- What actions could the sector take to more effectively engage with and capacitate police and government authorities to reduce the level of policing human rights violations against sex workers?

A collective decision was made to move away from the more traditional adversarial complaint-based advocacy and to form the Positive Policing Partnership (PPP) group as a sector vehicle to drive a more collaborative, inclusive, and solution-focused model of engagement. The PPP approach focuses on active capacitation of the sex work sector, civil society, government, and law enforcement to work together more effectively on improving policing outcomes for sex workers. The approach involves three distinct strategies:

- Catalyzing improved understanding, by government and the public, of the human rights violations being experienced by sex workers through publication of evidence-based research.
- Identifying both the challenges and potential solutions, including capacitating partnerships.
- Consistent messaging and advocacy accurately targeted at senior levels of government, law enforcement, and oversight bodies where the capacity to bring about change resides.

PPP Capacity Development

Whilst the PPP membership has expanded to include other civil society representatives from the sex work sector, health sector, civil society, and international NGOs, such as COC Netherlands and Amnesty International South Africa, the approach is still in the inception stage of addressing governance and secretariat frameworks, funding, and resourcing aspects of the model. In the meantime, it continues to develop capacity and presence in the advocacy space, including convening PPP conferences in 2018 and 2019, and targeted advocacy events focused on cooperative problem solving through multidisciplinary approaches to the challenges. The PPP recently convened a national strategic positive policing roundtable consultation event with sector, academic experts, and policing representatives in Cape Town and published the report Positive Policing Practices and Sex Work, Proceedings of a Roundtable Discussion May 2019 (Sonke, 2019).

Key PPP Activities

Ongoing Engagement with Law Enforcement, Government and Police Oversight Authorities at National and Provincial Levels

From late 2016, Sonke and others on behalf of the PPP have strategically engaged with various sex work sector and external organizations on the research report activity, the policing of sex work, police oversight, and sex work generally, including the following:

- Strategic meetings and presentations to the South African Police Service (SAPS) on a draft National Police Standing Operating Procedure on Sex Workers
- Strategic meetings and events with the Gauteng provincial Department of Community Safety in relation to the policing of sex work, police oversight, and operational challenges at specific hot spots
- The South African Human Rights Commission and African Policing Civilian Oversight Forum annual policing dialogue events
- ISS (Institute for Security Studies) and Corruption Watch events focused on different aspects of law enforcement
- Lodging a detailed submission in response to the Civilian Secretariat for Policing Consultation on the White Paper on Safety & Security in December 2017, which consolidated various strategic recommendations to support the safety of sex workers and effective oversight of law enforcement operations in the sex work context
- Presentations to higher level executive groups including the South African Expert Panel on Policing, National Civilian Secretariat for Policing, and Independent Police Investigative Directorate
- Tshwane Multiparty Women's Caucus Roundtable Dialogue on Sex Work.

Being invited into these spaces enables engagement with stakeholders capable of championing change at both provincial and national levels.

Research Report Launch Event

Sonke and SWEAT engaged with the ISS to host the March 2018 launch event for The Policing of Sex Work in South Africa final research report (Evans & Walker, 2018). The COC Policing Dignity & Diversity Project contributed valuable policing and government connections to secure police participation, including a senior SAPS guest speaker. This multi-partner approach supported leveraging the various CSO partners' relationships with law enforcement, policing oversight authorities, and government to attract an audience that was relevant and engaged with the topic. The event was simultaneously used to formally launch the PPP approach of solution-focused engagement.

The launch event was framed as the presentation of a portfolio of contemporary service experiences of a marginalized population group. Report recommendations were purposively left wide as a strategy prompting the start of conversation rather than being framed as a prescriptive list to be checked off. The event focused on identifying the challenges and signposting possible solutions for discussion and action. The launch format encouraged exploration of possible solutions through guest presenters, public panel discussions, and a subsequent closed dialogue event between sex work sector, government, and law enforcement stakeholders. The South African Civilian Secretariat for Police's SaferSpaces website (https://www.saferspaces.org.za/be-inspired/entry/positive-policing-partnership) hosts the launch video, research reports (see, for example, Institute for Security Studies, 2018; Sonke Gender Justice, 2017; 2018), and submissions. A sample of media articles is included in the reference section.

The event was livestreamed via the Internet and attracted extensive media coverage, including newspaper, online, and television media. This generated multiple opportunities for the PPP to participate in public and government discourse on sex work issues, including criminalization, policy, law reform, and police oversight. The research report and launch also attracted international attention, including Human Rights Watch New York, which has subsequently published independent research, findings and recommendations on the policing and health experiences of South African sex workers (Human Rights Watch & SWEAT, 2019).

Key PPP Lessons

Project Approach

- By working collaboratively, the sector is able to engage and contribute more widely to strategic activities supporting sex worker human rights.
- By partnering with organizations outside the traditional sex work sector actors and enlisting more mainstream groups, the sector gains access to those who have established power and/or relationships relevant to the changes sought in behaviours, law, and policy.
- A sector vehicle like the PPP enables better coordination, sharing of resources, and strategic messaging. Advocacy products are utilized more widely across different forums.
- The PPP approach requires consistent and skilled resourcing to work effectively. Actions need to be timely and proactive, with a consistently visible sector presence, otherwise the efficacy of the group is diluted and reputational damage limits future partnerships.

Issue Framing

- Reframing challenges can effectively reset relationships and help move them from adversarial to more co-operative interactions. Instead of focusing on what government is not delivering, the challenge can be to identify what the sex work sector advocates can do to inform, assist, and capacitate government and police to deliver a different form of policing that is more in line with human rights and legal mandates.
- The narrative needs to be changed from focusing on the illegality of sex work to focusing on human rights-compliant policing behaviours. By directly linking the issues to gender-based violence and human rights, advocates are able to cut through some of the stigma and cultural barriers confronting sex workers.
- Evidence-based research is a very powerful tool to engage government when it can be directly linked to government responsibilities and deliverables across policing and

more general national and provincial government service delivery domains.
- Significant first-hand quoting of witnesses in reports is a particularly effective strategy to provide vital platforms for sex worker voices and experiences. These statements clearly resonated with readers and audiences, helping to contextualize the sex workers' experiences with their co-existing roles of family and community member.
- Presentations and key messages must be provided in a format that the audience can engage with. Utilize diverse formats such as videos, sharing stories, infographics, etc.
- Information must be packaged for the particular target. Sonke (2018) produced a short documentary about sex worker and police interactions entitled *Don't Beat Me About the Bush*, which was formatted specifically for national broadcast by the South African Broadcast Corporation Special Assignment programme to reach the national audience and uploaded onto their web page, which had 359,000 subscribers at the time of broadcast.

Relationship Building

- Particularly with very protocol-driven institutions such as law enforcement, considerable time and effort are required to build relationships with individuals and specialist units and to understand the language used in those environments.
- Advocates should engage with mid- and senior-level police, those who have an ability to make actions happen. It is important to come to meetings with strategies that address the problem across shared policing zones and boundaries.
- Request that police appoint a liaison officer. Share details of challenges and feed good news stories back to police. Acknowledge and support good behaviour at the coal face of police operations with individual stations, police commanders, and investigating officers.
- Create opportunities for two-way communication—create the space to hear feedback from police about sex worker behaviour as well as articulate challenges with policing behaviours. Educate police about sex workers, and sex workers about policing.
- Do not limit interactions only to situations of conflict. Establish a personal connection, check in regularly, demonstrate an element of concern and interest in police welfare. Acknowledging that police efforts are recognized and appreciated enables a human relationship, which helps overcome the stigma attached to sex work.

Sector Knowledge, Skills, and Capacity

- Lack of knowledge of government processes and access points is a barrier to effective engagement. Time must be invested in studying and understanding the structures you need to engage with.
- Partnering with non-traditional sector partners enables reaching a wider audience and targeting of potential new sector champions not usually leveraged on sex work issues.
- Being present in the space and linking with the police and oversight organizations is key. By attending general policing and security events not quite on topic, introductions and leads to other organizations in the policing and oversight space are sourced which facilitate access to the right meetings and people. This may take some time, and the route might not be that obvious at first.
- Proactively look for opportunities to engage. Unless you are proactive and in the right spaces, you are not going to meet the powerful people who can bring about the change you are seeking. Advocates need to enlist powerful allies—people who do have a voice in that discussion space and are able to champion issues or perspectives.

THE SOUTH AFRICAN POLICE SERVICE DIGNITY, DIVERSITY, AND POLICING PROJECT—PROMOTION AND PROTECTION OF HUMAN RIGHTS, DIGNITY, AND SAFETY FOR ALL

Key Project Strategies and Activities

Since 2015, a Dutch organization, COC Netherlands (COC), partnered with South African CSOs and SAPS to deliver a national harm-reduction intervention targeting violence and human rights violations affecting sex workers, people who use drugs (PWUD), lesbians, gays, bisexuals, trans, and intersex (LGBTI). The Dignity, Diversity, and Policing Project (DDP) implemented an innovative multi-perspective strategy to address the needs of these community groups. The DDP project was implemented through a memorandum of understanding (MOU) between COC and SAPS, but its scope provided for other CSOs, such as the PPP, to engage with SAPS through that relationship.

The project developed a sensitization manual targeting police knowledge gaps and discriminatory and stigmatizing attitudes to educate police to embrace dignity and diversity when policing the sex work, PWUD, and LGBGTI communities. The project initially trained 25 police to train the trainers, who then tested the manual out with a further 173 police and piloted the revised manual with another 60 police. The sensitization manual was successfully registered as a SAPS in-service training manual, and the partnership expanded to train 1,300 operational police officers through financial support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Key Project Lessons

- Behind-the-scenes lobbying and advocating for change is critical to ensure police officers understand the dangers of their behaviours, which hinder national health outcomes.
- Quiet diplomacy proved to yield better results than confrontation and assigning blame when working with police.
- Developing an in-depth understanding of the SAPS environment, complex systems, and structure through a context and needs assessment significantly contributed to the beneficial outcomes.
- International collaboration with COC Netherlands was key to the success of the project. Formalizing of the COC and SAPS partnership through a MOU served as authorization by senior management to implement the project.

- Use of trained SAPS officers as facilitators enhanced police-to-police lobbying and advocacy for quick buy-in and understanding from learners.
- Use of independent advocates and members of key population groups as subject matter experts and facilitators provided practical experiences and expert knowledge during manual development and the rollout of training.
- Patience and persistence pays off when dealing with bureaucratic and rigid structures of law enforcement agencies.
- A top-down approach is more appropriate than bottom-up when dealing with the executive levels of law enforcement agencies on new strategic initiatives. During the rollout phase, the DDP's bottom-up approach worked well to sensitize police line managers.
- An extensive Lessons Learnt report is available at https://international.coc.nl/wp-content/uploads/2018/12/LL-48-October-2018_Original.pdf.

CONCLUSION

The positive policing partnership strategies described above generated initial progress in creating a forward-looking interface between civil society, government, law enforcement, and the sex work sector. It is through this developing interface that opportunities for long-term change can be created. It facilitates the building of trust, meaningful conversations, information sharing, partnership strengthening, tool creation, and inclusive training, which in turn foster mutual engagement and commitment in catalyzing improved policing outcomes for sex workers. The fundamental shift in approach from adversarial to multi-perspective capacitation opens up new possibilities by allowing stakeholders the freedom to adopt different stances and consider innovative solutions based on goodwill and partnership rather than blame, shame, and forced accountability.

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CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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COMMENTARY

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STRENGTHS

Bringing research closer to collaborative practice at LEPH2019

James Clover*†

This article is related directly to the Law Enforcement & Public Health (LEPH) Conference in Edinburgh, Scotland, October 2019.

The fifth iteration of the Law Enforcement and Public Health Conference (LEPH2019), hosted in Edinburgh, Scotland, focused on what conference conveners entitled Collaborative Leadership. Among the range of intended objectives the well-attended international conference strives to achieve, the collection of both delegates and presenters hope to use innovative research to improve the quality of health and safety in all communities. New for 2019 was the introduction of a PhD workshop and master class, as part of a plenary experience intended to provide PhD students an international platform to share their respective research and contributions to the scholar and practitioner community.

Thirteen PhD candidates from across the globe and from varied backgrounds and experiences were welcomed to the plenary by Professor John Middleton, the current president of the Association of Schools of Public Health in the European Region (ASPHER). Professor Middleton shared his personal experience in translating research into measured practice to be leveraged for future social and policy responses.

The collection of PhD topic presentations was divided into three general themes: *Criminal Justice Systems' Response to Public Health Issues*, *Contemporary Policing: Education, Training and Communication*, and *Mental Health and Vulnerability*. Presenters were allocated only five minutes to pitch their thesis and findings, followed by questions from other presenters and attending guests.

The spectrum of topics included a description of lived experiences and expectations from incarcerated adult females in Canada, to which Mr. Dan Jones, from the University of Huddersfield, aligned the prisoners' voices describing the systemic lack of supportive programing in the community compared with the prison setting. University of Melbourne student Ms. Melissa Willoughby described how leveraging coroner data might provide evidence to prevent violence-related deaths amongst people in direct contact with the criminal justice system.

The group learned of the work being conducted by Ms. Donna Evans and others in South Africa. The RMIT Melbourne academic and practitioner described the complicated and often adversarial relationships between law enforcement, sex workers and the community at large. Violence perpetrated by clients and police against sex workers, stigma and culturally entrenched beliefs, and well-established barriers to bureaucratic reform all point to the efforts described being daunting. However the presentation included anticipated opportunities for positive change, focusing on establishing venues for discussion and collective dialogue to seek out shared values and health expectations by all parties involved.

Mr. Robert Skinner, from Heriot-Watt University, took top prize, a complementary membership to the Global Law Enforcement and Public Health Association, for his presentation *Approximately there: Video-mediated interpreting in a frontline policing context*. This research, which explores how those with hearing disabilities can engage with the criminal justice system, provided deep consideration of the baseline of services that need to be provided for all clients that are potentially to be served. The themes of the research included (1) the use of videoconferencing technologies to locate a British Sign Language/English Interpreter, (2) how police staff and interpreters work together, (3) the potential to provide meaningful access to deaf citizens, and (4) the broader context of how police interact with all diverse populations.

At the completion of the presentations, the cohort of students was subject to a master class, provided by Dr. Isa Bartkowiak-Theron, from the University of Tasmania, in a discussion on how academics, practitioners, and those with lived experience struggle to find a shared definition of what vulnerability means. The day concluded with a question-and-answer period with attending guests, including Dr. Bartkowiak-Theron, Dr. Middleton, Liz Aston, Director of the Scottish Institute of Police Research, and Dr. Maria McLennan, from Police Scotland.

There exists a necessity to bring together promising and innovative academic research with existing and profitable experience. How to help the fields of criminology and public health benefit from each other, and find collaborative ways

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to both lead and support students in their research, is a primary tenet of the Global Law Enforcement and Public Health Association (GLEPHA). The GLEPHA Education Special Interest Group will be dedicating energy to delivering a second iteration of the PhD workshop and master class at the LEPH2021 conference, in Philadelphia, and it is hoped that readers of the *Journal of CSWB* will consider sharing this information with potential participants for future consideration.

CONFLICT OF INTEREST DISCLOSURES

The author declares there are no conflicts of interest. This submission does not necessarily reflect the opinions of the author's affiliations.

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ORIGINAL RESEARCH

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SERVICES

Police and health operational staff perspectives on managing detainees held under Section 136 of the Mental Health Act: A qualitative study in London

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ABSTRACT

Detention under section 136(1) of the Mental Health Act 1983 allows for the police to detain a person from a public place and "remove [them] to a place of safety" if it is "in the interests of that person or for the protection of other persons in immediate need of care or control." This study examines the interface between police and health professionals covering the conveyance and transfer of detainees to a place of safety and on completion of the assessment prior to inpatient admission. One hundred ninety-six professionals were interviewed across police (*n*=38), London Ambulance Service (*n*=2), Mental Health or Emergency Department staff (*n*=63), and Approved Mental Health Professionals (AMHPs)/Section 12 doctors (*n*=93). The data was analyzed thematically using a Framework analysis. The conveyance and transfer of detainees was framed by various elements of detainee risk. Healthcare professionals cited clinical risk, risk associated with substance misuse, professional safety, culture of risk aversion, staffing issues, and fear of certain detainee groups as the main issues. For police, risk was discussed within the context of institutional or professional fear of negligence due to an adverse incident. It is argued that the negative framing of risk at this point of the detention process by all professionals creates a negative therapeutic environment for detainees. Whilst safety is an essential part of the detention process, these distinctions problematize the process for a detainee. The article argues for a more balanced framing of risk to establish a more therapeutic interaction between detainees and police and healthcare providers.

Key Words Section 136 of the Mental Health Act 1983; risk management; safety.

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INTRODUCTION

The role of police, mental health, and emergency care services in managing the rising demand for interventions has been well documented and is often discussed within the context of financial constraints (Loughran, 2018; Allison, Bastiampillai, & Fuller, 2017; Iacobucci, 2017). For people experiencing a mental health episode in public, use of Section 136 of the *Mental Health Act* 1983 (with amendments included within the *Policing and Crime Act* 2017) allows for police to detain a person and, "in the interests of that person or for the protection of other persons, remove that person to a place of safety." There is flexibility surrounding the definition of a place of safety, which has generally been accepted to be suites attached to existing mental health units or in Emergency Departments within a general hospital. The Mental Health Code of Practice (2016 Code of Practice for Wales) refines the definition as ensuring access to provision of specialist health-based services and support. Use of police custody as a place of safety is only allowed in exceptional circumstances since it is seen as an inappropriate venue for treating people in mental health crises (HM Inspectorate of Constabulary, 2013; Lancet, 2013).

Changes to the provisions (Sub-section 1C) of Section 136 allow for a consultation process with a medical practitioner to support the detention process. Guidance has focused on the process of detention, including deciding on an appropriate location for a place of safety and the maximum

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detention time permitted (Department of Health/Home Office, 2017). The significance of the detention process has largely been neglected from the academic debate in this field. The complexity inherent in the process of transferring an individual undergoing a mental health crisis to a place of safety has been noted to include a range of operational and cross-cultural perspectives that limit the effectiveness of police working with health partners (Short, MacDonald, Luebbers, Ogloff, & Thomas, 2014; de Tribolet-Hardy, Kesic, & Thomas, 2015; Hollander, Lee, Tahtalian, Young, & Kulkarni, 2012; Paterson & Best, 2015). This results in wide variations in the approaches used (HM Inspectorate of Constabulary, 2015). Alongside financial resourcing issues, these factors have been cited as reasons for turning people away at a place of safety and the subsequent delay in receiving treatment (Royal College of Emergency Medicine, 2016; Borschmann, Gillard, Turner, Chambers, & O'Brien, 2010).

Moreover, commentators have been critical of the police's approach to managing people in mental health crisis due to a lack of understanding of an individual's mental health needs (McDaniel, 2019; Independent Commission on Mental Health and Policing, 2013; Clifford, 2010). Studies of detainee perspectives have highlighted the traumatic nature of the detention process, which has resulted in dissatisfaction with both police and health professionals (McGuinness, Dowling, & Trimble, 2013; Laidlaw, Pugh, Riley, & Hovey, 2010; Jones & Mason, 2002). For mental health services, there is an evidence base that largely focuses on treatment and approaches within a ward context once a person is admitted as an inpatient (Slemon, Jenkins, & Bungay, 2017). For detainees, the importance of the police transfer to health services was seen as "framing" the subsequent treatment or support received. Put another way, if the process of transfer between police and health professional was seen negatively, this perception affected detainees' subsequent views of how well their condition was treated (Sondhi, Luger, Toleikyte, & Williams, 2018).

Despite the problems inherent in the detention process requiring a transfer from police to health services, there has been little examination of the nature of the issues underpinning this intersection between partner organizations. The aim of this paper was to explore the intersection between all organizations involved across London and, in particular, to understand the motivations and views of operational staff throughout the process.

METHODS

Design

One hundred ninety-six professional stakeholders involved in the use of Section 136 within London were recruited and interviewed one-to-one or in focus groups using semi-structured schedules between April and December 2016. The sampling strategy included ensuring representativeness through geographical coverage that covered North, South, East, and West London, stratified by inner- and outer-London. The stakeholders included operational police (n=38) and a range of health professionals at the various stages of the Section 136 process, including London Ambulance Service (n=2), clinical Mental Health or Emergency Department staff (n=63), and Approved Mental Health Professionals (AMHPs)/Section 12 doctors (n=93).

Data Analysis

The approach used the six-stage "Framework" method that allowed for the analysis of cross-sectoral qualitative data (Gale, Heath, Cameron, Rashid, & Redwood, 2013; Ritchie & Lewis, 2003). The stages include the recording and transcription of interviews (Stage 1), which allowed for the research team to become familiar with the discussions (Stage 2). Inductive, or "open," coding was undertaken by the research team to create a coding structure that described the Section 136 process (Stage 3). The fourth stage developed a working analytical framework, which was enhanced through the use of NVivo 10 to support the organization and analysis of the data. A spreadsheet was used to "chart" the emerging themes into a framework matrix that allowed for a visual interpretation of themes from different professional perspectives (Stage 5). The final stage interpreted the themes as they emerged, and to support this, a Delphi group of one operational police officer and two mental health professionals was established to explore the themes from differing organizational perspectives.

RESULTS

Themes

Mapping the detention process identified points of tension between police and health professionals often compounded by problems in communication and interpersonal relationships. However, the emergent theme underpinning the relationship between police and health professionals revolved around the concept of managing "risk." Risk occurred across four levels: (a) risk to the detainee resulting from self-harm or suicide ideation, (b) risk to health staff from violent acts committed by the detainee, (c) risk to the general public caused by detainee acts of violence or aggression, and (d) risk to organizations through reputational damage caused by any of the above adverse events. The complex notions of risk are explored below.

Clinical Risk

For health professionals, there was an overriding concern of an inaccurate or misdiagnosis. Interviewees revealed concern that some physical conditions were "similar to" mental health symptoms. For example, issues with head trauma or neurodegenerative conditions, such as Parkinson's disease, were cited. This resulted in an initial assessment that required a confirmatory diagnosis from an Emergency Department to be "medically cleared." Some health professionals lacked the expertise in the relevant areas of medicine and did not have access to the required diagnostic equipment to determine whether there were underlying physical health issues with detainees. There was also a further clinical risk when there was doubt over the detainee's medication regime (including adherence to strong mental health medicines). This was seen to be a specific issue when the detainee exhibited polypharmacy (when the detainee was taking more than one medication for an array of symptoms).

> It can at times [be] a time-consuming and difficult process understanding patient needs, what their actual diagnosis is [as] they may not always be aware of what is going on, let alone tell me what medicine they are taking. It is important to get it [the diagnosis] right; otherwise we are

creating problem after problem down the line. (Interview 77, Mental Health Nurse)

Risks Due to Drug and Alcohol Consumption

Cutting across issues with clinical risk is the effect on detainees of drug and alcohol consumption. For some suites, the criteria for admission to a Section 136 suite was based on the levels of alcohol in the blood or on an assessment of the level of intoxication. For detainees, there was an initial assessment at the point of entry into a Section 136 and others thereafter by AMHPs to approve access as an inpatient. For interviewees, alcohol consumption created a major barrier to implementation of timely assessments:

> We've done a breathalyser, and they're actually two and half times over the legal limit. We then say good, actually we're not going to come out, give us a call back in two hours. What's the point of going out to undertake an assessment for somebody who's completely bladdered? (Interview 28, AMHP)

For clinical staff, drug and alcohol intoxication could also mask the symptoms of physical health conditions (e.g., slurring of words, erratic behaviours). Moreover, there was a reluctance to become the front-line treatment for acute substance misuse, including the management of acute withdrawal symptoms. This was considered to require a response from addiction specialists. There was a particular concern among health practitioners over the possibility of detainee overdose resulting from interactions with other medication (particularly antipsychotic medication but also analgesics such as pregabalin or gabapentin).

Compounding the uncertainty over drug and alcohol consumption was perceived changing trends in patterns of use. Health professionals stated that, in terms of illicit drug use, there has been a shift away from the "traditional" use of opiates (heroin) towards a range of new substances including "party drugs," such as gamma hydroxy butyrate (GHB), ketamine, and methamphetamine, often compounded by excessive use of cocaine powder (which was seen to be increasingly pure). Use of opiate-based analgesics, such as tramadol, combined with excessive alcohol consumption was also noted among some detainees. In addition, health and police professionals highlighted "spikes" in the use of novel psychoactive substances (such as "spice") that were particularly prevalent amongst homeless and chaotic detainee populations. For health professionals, there was uncertainty about the treatment of detainees who used these substances, requiring reassurance from acute services that there were no immediate underlying physical health conditions that may affect the detainee's treatment.

Thus health professionals did not feel confident that the treatment provided was appropriate and safe. Detainee drug and alcohol issues further exacerbated the need for "medical clearance," which also lengthened the time required to complete an assessment. This was due to a "sobering" up process, because the assessment at the point of entry into a Section 136 suite and by the AMHP could only be undertaken when the detainee was considered to be fully conscious and able to answer detailed questions. For police, this created a degree of confusion, as police operated a "walking, talking" rule: if a detainee could walk on their own and talk coherently, they were deemed to be sufficiently sober to engage with health professionals. Indeed, as Weston and Trebilcock (forthcoming) argue, police feel particularly ill equipped to predict the risks posed by people displaying mental health issues and often have to step in as "minders" until other health and social care services are able to respond. This disparity in the criteria used for the management of detainees with drug and alcohol issues was the cause of a considerable degree of tension between police and health professionals. The interviews and discussions with police (and some health professionals) cited cynicism that mental health staff "hid behind" these approaches to avoid dealing with problematic cases: "There are some very good mental health services, and there are a lot of people in the old mindset of 'if it's drugs and alcohol, it's not mental health. No, we don't want it'" (Interview 33, Mental Health Nurse).

Risks to Professional Safety

A key sub-theme for health professionals was the need to ensure the safety of staff from acts of aggression and violence by detainees. Interviewees noted that the levels of aggression had worsened over the last few years, with health professionals receiving verbal and physical abuse. Health professionals were either reluctant to engage with aggressive detainees or required police support in the management of antisocial behaviours:

> There is a real concern about risk, and when you go in and assess, and so often there are about five staff that come in with you, and I'm not sure that is helpful to the assessment process, but sometimes it is easy to get caught up in the anxieties of the aggression of the person in the room… This does affect the person, just the humane treatment of that person really does matter. (Interview 3, Focus Group Section 12 Doctor/AMHP)

Culture of Risk Aversion

A common theme of the study was an underlying sense of risk aversion when treating detainees. Risk aversion was often perceived to be associated with the experience of the professionals involved:

> If they're walking across the road and they're staggering, [saying] "I'm going to kill myself"… because of our culture of "you've got to cover yourself and make sure," and sometimes [detainees] were horrified they were taken there [to a Section 136 suite]. You still get ones that maybe go one step further when they're sitting on a bridge, but I'm not going to risk it. (Interview 29, AMHP)

> I think a lot of the difficulties I've had are when the SHO [senior house officer] staff are less experienced, and I've had situations where they're saying they [detainees] don't have a mental disorder, they've got a bit of anxiety and depression, and the person [detainee] wants to leave and think they should go. The SHO wanted to call the SPR [specialist registrar] or Section 12 [doctor]. They're just, I think, a bit intimidated or frightened and want someone a bit more senior, so when I got there, the person clearly did not have a mental disorder, but they still felt the person should be in hospital. (Interview 32, AMHP)

The emphasis on risk aversion resulted in a reliance on National Health Service (NHS) "rules and procedures." Many health professionals interviewed suggested that defaulting to the agreed procedures was a means of "back covering" to ensure there was no personal, professional, or institutional liability.

> I've seen a lot of those policies, and they're about 40 pages long. Staff don't understand them. They're written just for sort of corporate back-covering. I think the policies need to be more practicable and make sense to the people on the ground. And actually, it would be based on common sense as opposed to what they think should be done. (Focus Group Interview 13, Mental Health Staff)

Staffing and Stigma towards Certain Detainee Groups

There was a major tension in the relationship between staff and risk management. For many suites at the time of the study, inpatient ward staff were "drafted in" to manage Section 136 suites. The lack of specialist training (for example on restraining methods) and a reliance on agency nurses were cited as barriers to the effective treatment and management of detainees. Mental health professionals cited the unintended consequence of drafting ward nurses to oversee the Section 136 suite. Here, a loss of staff continuity in the inpatient wards resulted in agency staff being unaware of a patient's specific needs. This type of situation in turn feeds to patient disengagement and, on occasion, leads to acts of aggression that require police involvement.

In addition, there was often an underlying pejorative view of certain segments of the detainee population, including detainees with chaotic lifestyles, such as homeless people and ex-offenders. This was heightened for long-term drug misusers:

> The heroin addicts are the worst. They are just horrible, nasty people, really manipulative, always trying to get something over you. It can be hard to [treat] them but you just have to swallow your pride. If I had my way, I wouldn't work with them. (Interview 59, Mental Health Staff)

The concept of managing risk also had implications for the police. As Stanford (2012) argues, there may be particular risks, for police officers, attached to dealing with volatile and vulnerable individuals, and with this can come an assumption about their very identity posing risks and being problematic. Officers were often required to take over the management of a detainee to ensure engagement with various health professionals (for example, movement to a Section 136 suite, to an Emergency Department to be "medically cleared," and back to the suite for further assessment). Many police officers highlighted the tension that this created, especially in relation to alcohol consumption or when the reasons for behaviour were unclear. As one interviewee states,

> Most of the time they are sober, they had a couple of drinks, and to us they're completely sober. I think most people are, after one or two drinks, but they [Section 136 suite] won't take them, which is frustrating for us [as] it causes arguments between us. (Interview 34, British Transport Police Officer)

Another interviewee echoes this sentiment:

> If we bring someone in for mental health concerns… on occasion they've been excluded on medical grounds, and sometimes those reasons aren't always clear. They've come back to… Hospital, and then we'll wait a number of hours before they're brought back. So police officers are being delayed [when] there might not be a need to delay them… high blood pressure is often given as a reason, which I think probably isn't a very good reason. (Interview 42, Metropolitan Police Liaison)

For police interviewees, there was a sense that policing was used as a societal "back-stop" to manage the most chaotic and vulnerable in society and, in particular, individuals with whom no one else wants to work:

> There's literally no one left to do it. What else can we do? Everyone can finish their shift and go home, job done. We have to make sure no one does anything stupid because they [other NHS services] all know we are there 24/7 to pick up the pieces. (Interview 8, Metropolitan Police Officer)

The motivation for police to act as a "back-stop" for individuals with an acute mental health need can be explained by the police's own perceptions of risk. In this context, many of the police officers interviewed stated that the professional and institutional risk related to an adverse event such as a detainee suicide or committing an arrestable act was a major concern:

> We're responsible for that individual. Really we're the only ones who are under the pressure and the scrutiny to make sure that they get to where they need to get to. Nobody else is going to be criticized for the length of time it takes or if something goes wrong or if they're injured while they're in our care. It's on us. Nobody else really has the same amount of concern that the individual officer has. (Interview 2, Metropolitan Police Officer)

As Patterson and Best (2015, cited in McDaniel, 2019, 5) suggest, such uncertainty can lead to the police taking the most risk-averse course of action available to them.

DISCUSSION

The literature has largely focused on the police perspective of conveying and transferring detainees subject to Section 136 of the *Mental Health Act*, 1983 (Short et al., 2014, Hollander et al., 2012). Commentators are critical of the police "culture of complacency" (McDaniel, 2019:2) when it comes to mental health. Discussions of the use of legislative levers to support the detention process have focused on the increasing use of Section 136 (Loughran, 2018) and response models aimed at reducing this use (Puntis et al., 2018).

This paper argues that the conveyance and transfer of detainees on Section 136 grounds is framed by concepts of risk for both health and police professionals and is an issue independent of the operational model deployed. In a clinical sense, concepts of "defensive practices" have been used to

describe health approaches to managing complex and at-risk patients (Reuveni, Pelov, Reuveni, Bonne, & Canetti, 2017; Studdert et al., 2005). These practices can be seen to deviate from standard clinical practice because of their goal of reducing any potential liability to claims of clinical negligence. "Defensive practices" include "assurance behaviours" or "positive defensive medicine," whereby referrals are made to other clinical services to reassure the referring clinician that all aspects of an individual's health have been examined. "Negative defensive practices" involve the reluctance of clinicians to be involved directly in the treatment or management of "high-risk" patients (Reuveni et al., 2017).

From a health perspective, there is a literature examining practices for managing patients in psychiatric treatment within the context of restrictions of liberty and restraint in an inpatient setting (Muir-Cochrane, O'Kane, & Oster, 2018; Slemon et al., 2017; Manuel & Crowe, 2014). Commentators have argued that mental health conditions are synonymous with unpredictable and dangerous behaviours. Such factors affect perceptions of personal and professional safety, as clinicians are held responsible for any adverse consequences to individuals and fear litigation (Slemon et al., 2017). From a mental health perspective, in a psychiatric inpatient environment, clinicians establish defensive practices by "shifting responsibility" through fear of any unforeseen and adverse consequence during treatment (Slemon et al., 2017; Crowe and Manuel, 2014). These practices include strict adherence to documentation, referrals to senior clinicians (e.g., psychiatrist), and spreading the decisions about an individual's treatment across clinical staff (Manuel & Crowe, 2014).

For police, similar discussions argue for an organizational trend towards risk aversion arising from fear of detainee self-harm or death whilst in police custody (Thomas & Forrester-Jones, 2019; Wood & Watson, 2017). Consequently, this paper argues that the various perceptions of risk shown above framed by these two defensive practices on the part of both police and health professionals in the management of detainees on a Section 136 further problematize the experience of these detainees.

This focus on defensive practices has a number of consequences. Firstly, the nature of the interaction between police and health staff is placed on a defensive footing and focused on the avoidance of an adverse event happening rather than on developing a therapeutic relationship with the detainee involving shared outcomes. Police may not appreciate the need for detainees to be "medically cleared," and the transfer to and from mental health units to acute Emergency Departments creates cross-disciplinary tension. As this study has shown, the difference in perceptions of what is considered an "acceptable" level of drug and alcohol intoxication is a major point of tension between police and health professionals. For police, using up valuable police resources in what seems like "dead time" (Herrington & Pope, 2014) is a major factor in the perception of the effectiveness of the conveyance process.

Fear of aggression and antisocial behaviour can also lead to stigmatization of segments of the detainee population, especially drug misusers. This may result in negative outcomes for this group of detainees and, moreover, highlights the notion of detainees as "police property," whereby police are required to lead in the management of difficult and vulnerable groups (Reiner, 2010, cited in McDaniel, 2019). This has important implications, as research with detainees has shown that the conveyance and transfer of an individual in mental health crisis is framed by that experience (Sondhi et al., 2018; Jones & Mason 2002), and negative experiences can determine perceptions of the service received and outcomes gained from treatment (Nyttingnes, Ruud, & Rugkåsa, 2016). Detainees may perceive the experience of detention under Section 136 as a single (often traumatic) episode of care, albeit fragmented by limited recall of the entire event, comprising the sum of its parts as opposed to understanding that there are multiple organizational contacts involved in the detention process (Sondhi et al., 2018). If the detention process is framed by fear and negativity underpinned by defensive practices on the part of both police and health services, then it is likely that any future response model will face the same barriers and tensions.

Although the study aimed to be representative through geographical coverage (by inner-outer as well as north-south-east-west London) and has a large sample size, several limitations should be noted. The study covers London only, which may not be representative of other areas. Indeed, other commentators have been critical of this reliance on London to describe the Section 136 process (Borschmann et al., 2010; Laidlaw et al., 2010). The study was conducted prior to the introduction of the roll-out of street triage schemes, and although some interviews were undertaken with workers, they did not explain adequately how this service could address the issues raised in this paper. In addition, at the time of the study, there were moves to establish dedicated Section 136 suites, and moves to reconfigure service provision across London occurred after the fieldwork had been concluded.

CONCLUSIONS

The role of police in the detention of individuals in acute mental health crisis under Section 136, and related legislation internationally, is often described negatively. This study is one of the few to consider the detention process across police and health partners by interviewing a wide range of professionals involved in the detention process. We argue that defensive practices by both police and health services negatively frame the conveyance and transfer process from the point of detention to admission to a place of safety. The framing is focused on risk and fear of the occurrence of adverse events for which professionals and their institutions will be blamed. For detainees, the conveyance and transfer processes are integral to their cognitive framing of the Section 136 event. Detainees have highlighted the importance of the therapeutic interaction and "being cared for" and how satisfaction with the experience can affect subsequent treatment outcomes (Sondhi et al., 2018; Katsakou & Priebe, 2007).

For police and clinical staff, the identification of risks to the individual, staff, and general public associated with often chaotic and traumatic episodes of care are paramount. Yet the implementation of defensive practices across police and health staff negatively frame the detention for detainees and create other problems (such as worsening of a mental health condition and exacerbating negative attitudes to police and health services). Whilst the management of detainee risk is essential across police and health services, we argue that there is a need for a shift to establish a balance between safety

and the creation of a therapeutic environment for detainees. Furthermore, as McDaniel (2019) argues, this needs to be accountable, ethical, and transparent.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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Releasing hope—Women's stories of transition from prison to community

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ABSTRACT

This article embodies two key narratives among many that have emerged from a 14-year research project. The first narrative is of a community-engaged solution, a peer health mentor program, which was imagined during a prison participatory health and university research project, as described in *Arresting Hope*. The second is the narrative of *Releasing Hope*, a collection of writings by women with incarceration experience sharing their experiences, their challenges, and the barriers they face as they seek to heal from fractured and interrupted lives. A unique form of collaboration, innovation, research creation, and knowledge dissemination, *Releasing Hope* invites readers to reconsider communal perceptions, attitudes, and resistance towards those with incarceration experience, who struggle each day to be seen, not as former criminals, but as women capable of reimagining and enacting new lives. These two narratives illustrate the possibilities present when women are empowered with voice and agency. In the article, we aim to capture the spirit of both projects, in the interspersing of text and image, a collage of voices that speak to the experiences and learning that emerged through these two research ventures.

Key Words Peer health mentor; participatory health research; narrative.

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INTRODUCTION

> *When you listen carefully, you can hear a resonant song of hope… To live with hope requires immense courage, forgiveness, and patience.*
>
> *—Carl Leggo*

We dedicate this article to the memory of Dr. Carl Leggo (1953–2019).

Many women with incarceration experience deeply understand the notion of the revolving door of prison. They enter prison, they leave, they return. They also experience extreme anxiety upon their release, which triggers traumatic memories of childhood and sexual traumas, broken families, and violent relationships. Poverty, lack of housing, unfinished education, and minimal employment opportunities exasperate their anxiety, despair, and health disparities (Kinner & Wang, 2014).

What do women need in order to find hope in shaping healthy lived experiences after they have been released from prison? Is it possible to interrupt the revolving door, to reimagine entry into communities that have failed or ignored the multiple challenges incarcerated women face when the gate is unlocked? What happens if there is someone waiting for you at the bus stop on your release, someone who walks those first 48 hours by your side?

This article embodies two key narratives among many that have emerged from a 14-year research project. The first narrative is of a community-engaged solution, a peer health mentor program, which was imagined during a prison participatory health and university research project as described in *Arresting Hope* (Martin, Korchinski, Fels, & Leggo, 2014). The second is the narrative of *Releasing Hope*, a collection of writings by women with incarceration experience sharing their experiences, their challenges, and the barriers they face as they seek to heal from fractured and interrupted lives (Martin, Korchinski, Fels, & Leggo, 2019). A unique form of collaboration and innovation, research creation, and knowledge dissemination, *Releasing Hope* invites readers to reconsider communal perceptions, attitudes, and resistance towards those with incarceration experience, who struggle each day to be seen, not as former criminals, but as women capable of reimagining and enacting new lives.

These two narratives illustrate the possibilities present when women are empowered with voice and agency. In this article, we hope to capture the spirit of both narratives, in the interspersing of text and image, a collage of voices that speak to the experiences and learning that emerged through these two research ventures. Figure 1 is an illustration from *Releasing Hope*.

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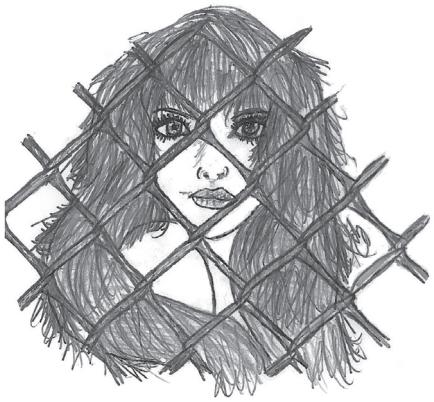

FIGURE 1 Mo Korchinski, lead pencil and charcoal on paper.

BACKGROUND AND PARTICIPATORY RESEARCH

Participatory health research (PHR) engages community members in issues that deeply concern them (Wright et al., 2013). Community members, in this case women with incarceration experience, are recognized as experts with perspectives, knowledge, insights, and experience that can help inform, guide, conduct, and interpret the emergent research. Participatory health research recognizes the important value that those living the experience may bring to understanding issues, connecting with community members, and engaging with research by participating in research design and implementation, being involved in reflection and feedback, and sharing the knowledge gained amongst themselves and their community.

> This kind of bottom-up approach to solving problems that are relevant to a community is a method that works well for all involved, compared to outsiders looking in, telling a community what its problems are, and how to change those problems. No one likes being told what their problems are, what they should do about them, or how to go about making those changes; but ask someone what their problems are, what they think they can do about it, and what you can do to help facilitate that kind of change, and you are likely to get a fairly positive response. (Women in2 Healing, p. 8)

Our research team's relationship with women with incarceration experience began through PHR inside the Alouette Correctional Centre for Women (ACCW). Incarcerated women signed up as researchers on the project, some staying for a week, others for months. As women were released from prison, many wanted to continue with the research. Their experiences of reintegrating back into their communities led us to continue our collaboration with formerly incarcerated women and to focus our research on the challenges and barriers faced by women post-incarceration.

ACCW is located 53 kilometres from Vancouver in an isolated, not easily accessible woodland. Unless family members or friends with cars meet them at the gates, incarcerated women—who originate from communities across the province—are transported upon their release to the local bus loop, given a bus ticket, and expected to find their way back to their community. Previous research has demonstrated that 85% of women leaving our provincial prison system are homeless or have unstable housing (Janssen et al., 2017). There is a general lack of safe housing for women throughout the province, but this lack is even more extreme for women who are leaving prison. Most drug treatment centres require that clients be using substances for 30 days *before* entering the centres, thus excluding women who are released from prison. Without safe housing, secure income, meaningful work, and counselling for trauma, women after prison release get caught back up in the revolving door of homelessness, substance use, crime, and prison.

Incarcerated women, during our earlier in-prison research (Martin, Murphy, Chan, et al., 2009; Martin, Murphy, Hanson, et al., 2009), gave voice to their vast fears about the first few days following their prison release: they needed support from someone who understood what they were experiencing; someone to hold their hand as they transitioned from prison to the outside world. Our research, inspired by women who had worked as peer researchers on earlier research projects post-incarceration, led to the creation of the Unlocking the Gates to Health (UTG) Peer Health Mentor program. This program sought to help women through their immediate transition from inside prison to the outside community. As well, as part of the research, our desire to share our learning with the public led us to publish *Releasing Hope*, the result of a collective project of gathering, editing, and presenting the voices of women willing to share their stories.

Story One: Unlocking the Gates

Mo Korchinski had nearly 30 years of incarceration experience before she finally was able to free herself from the dizzying cycle of repeated recidivism. After successfully completing a four-year degree in social work, during which time she was actively engaged in post-incarceration research and activities, Mo became the UTG program manager. Mo serves as a dynamic example of how trauma and addiction recovery is possible for women given support over time. Her resiliency and determination to make a difference—from reconnecting with her lost children, to battling cancer, to becoming a spokesperson for the homeless—while writing and producing films (Collaborating Centre for Prison Health and Education – Publications and Media) and engaging in research in meaningful ways, seem key to Mo's re-entry into her community.

> We have a chance as women with lived experience to help women being released from prison. As peers we understand the emotion and fears that build upon our release. When the gates open, a person has a choice. To give in to the old way or walk along side a peer who will guide you to a choice of freedom. (Mo Korchinski, in Martin et al., 2019, p. xiii)

Unlocking the Gates to Health was initiated by those with incarceration experience on our research team in recognition of the importance of immediate support in the form of a peer health mentor waiting for each woman released from prison to help her re-enter her community. Actively involved in the conceptualization and implementation of UTG, along

with other women and UBC faculty members, Mo had a clear understanding of the issues and concerns of those stepping through the prison gates to confront the outside world. Peer health mentors were hired and trained—all women with incarceration experience, located in different communities throughout BC—whose responsibilities were to meet individual women released from prison, and to assist them during the critical first 48 hours after release.

> Every week, we review the week's on-line court registry, and record the names of all women who appear as "in custody." We mail a letter to every newly incarcerated woman including a description of the Unlocking the Gates to Health (UTG) peer health mentor program and our office toll-free number, the UTG staff cell number for weekends and evenings, and an invitation to phone us and enrol in the program.
>
> Our UTG program is accessible to incarcerated women seven days a week and no one is excluded. Our staff is composed of women who have all been incarcerated themselves: we have first-hand knowledge about the challenges women face when they leave prison. Women inside prison feel safe and understood while forming a trusting relationship with us; most incarcerated women have had a hard time trusting others. We come alongside women with compassion, empathy, and a caring heart; we have been there. We listen to their fears and hopes for release and we help connect them to the right resources and we help them to create a safe release plan. (Mo Korchinski, in Martin et al., 2019, p. 146)

The UTG program helps women who leave prison to feel safe and supported on those initial days of release. Women are also supported in achieving their individual health and social goals. Being able to connect women with a peer health mentor who has prison experience gives women hope that they too can beat the cycle of incarceration and addiction. Also, women tell us that they bring their UTG invitation letter with them when they leave prison, and they use the letter as a lifeline if they get in trouble or need support in the community. Women can contact the UTG office if they have been out in the community for a while and need support.

Many women coming out of prison need help with food, shelter, medication, and clothing the day they get released, not a month later. Women are more likely to return to substance use, and to overdose and die, if they have no support and resources when they are released from prison. Going back to the streets is the easiest option for someone who has nowhere else to go.

> Our program is assisting women to connect with the health and community resources they have identified that they need. This can give them their best chance of ending the cycle of abuse. Generations of families are being affected by addiction, trauma, and crime, and UTG gives women the hope, purpose and support they need to end the revolving door. (Mo Korchinski, in Martin et al., 2019, p. 147)

The peer health mentors were sensitive to the despair and anxiety of the women, as they waited for the woman they were mentoring to arrive at the local bus loop and get out of the prison wagon, plastic bag of belongings in hand.

> As I sat at the bus stop, I started having the same feeling in my gut that I used to have when I got out. Sitting at that bus stop triggered those feelings in me. I started remembering the last time I was released and dropped off at the bus loop. All I had were the clothes on my back (which, I might add, were filthy) and a bus ticket to Vancouver. At that point in time, I never tried to convince myself I could get clean or change my life. I just wanted to get on that bus and get to Vancouver to get high as fast as possible. I never had anyone waiting for me and never set up any support because I thought it was a waste of my time because I'd only screw it up. These are the kinds of thoughts that go through women's heads when getting out of jail, especially women with addictions, low self-confidence, no self esteem, and no self worth. (Pam Young, in Martin et al., 2019, pp. 143–144)

What the peer health mentors understood was the pain, grief, and challenges faced by women seeking to re-enter society, the level of distrust and lack of financial and housing support they face, and the undercurrent of unresolved traumas experienced as children and/or young women that led them to self-medicate through drugs, with all that begets. Figure 2 is an illustration from *Releasing Hope*.

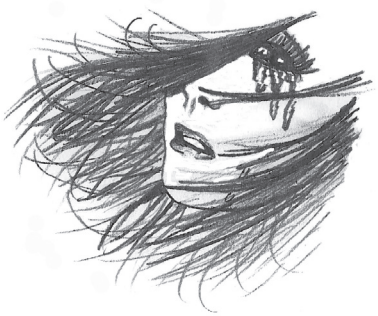

FIGURE 2 Mo Korchinski, lead pencil and charcoal on paper.

As of March 2018, a total of 346 women have phoned the UTG office from inside the correctional facility, seeking advice, support, guidance and practical help. Half of these women requested the support of a peer health mentor and met with a mentor at a mutually agreed location immediately upon their release. Recognition of the value of a peer mentor program, as documented by UTG (McLeod et al., 2019), has led to the recent establishment of community transition teams that include peer health mentors overseen by the John Howard Society and by the Provincial Health Service Authority, in collaboration with the BC Corrections Branch. The design of the UTG program multi-method evaluation evolved, in an iterative participatory way, as peer health mentors gradually gained expertise in crafting interview questions to be asked of women who are being mentored. Women's narratives illuminate the importance of support —during those critical hours following release and in the longer term.

> R. was very relieved to have an escort to the island as she didn't know her way around Vancouver and didn't want to end up stuck in downtown Vancouver using again. (Peer Health Mentor, in Martin et al., 2019, p. 145)

> J. calls the office on a regular basis. Her son just passed away from an overdose while she's been in, so she's been having a really hard time. I hope with some more encouraging I can convince her to give recovery a try. She is almost there, especially since her sister overdosed this year too. (Peer Health Mentor, in Martin et al., 2019, p. 154)

> S. has called me many times before her release and after her release. I've tried to encourage her to go to recovery, but she's not interested at this time. (Peer Health Mentor, in Martin et al., 2019, p. 148)

> Although L. said she didn't need a mentor, we've stayed in touch quite often. She was doing extremely well for about three months, but she recently relapsed and I've been working with her mother, who lives in the interior, to get her into a recovery house. (Peer Health Mentor, in Martin et al., 2019, p. 158)

> Since B. is transgendered, she stressed to me how important women's clothing was to her as she said she needed to be able to pass as a woman. She also connected with a wig store and they donated some good wigs to her. (Peer Health Mentor, in Martin et al., 2019, p. 155)

One consequence of UTG has been ongoing investment in its peer health mentors in terms of education and training through workshops, comradeship, learning to work collaboratively, leadership skills, problem-solving, and decision-making. Peer health mentors demonstrate increased job skills and education, self-confidence, compassion, and advocacy. Peer health mentors give presentations to a wide-variety of audiences, have successfully completed university-level programs, and have engaged in a variety of research projects beyond UTG.

> Peer mentoring empowered me to get involved in other projects and better myself. For instance, I worked last summer on a research project studying my community. I went out and did surveys and invited people to come to focus groups to determine what kind of support was most needed in the neighbourhood. In this project, I sometimes challenged myself because I had to talk to and work with people I normally wouldn't talk to. I had lots of doors slammed in my face. But when I did connect with people who sincerely cared about the community, it made it all worthwhile. And it was another research project under my belt! (Pam Young, in Martin et al., 2019, p. 145)

> Today I can say that I have the best rewarding job I could ever have thought to have. It also can be heart breaking. Women who I met 15 years ago are still struggling with addiction and are still going in and out of the revolving door of prison. I have learned over the years that I have to take a step back and not take it to heart that someone that I care about is not ready to change. I can tell them how great life can be away from the drugs, the crime, and the street life, but I know a person has to be ready for that change. All I can do is be there for the women, and I will never give up on a woman who is still lost, hurting and alone on the streets or behind the walls of prison. (Mo Korchinski, in Martin et al., 2019, pp. 157–158)

Unlocking the Gates to Health has had its own challenges, as peer health mentors struggle to remain hopeful in the face of the dark stories of those who fall through the cracks, as they struggle with their own challenges and disappointments. We have learned that recovery is a long-term journey, with inevitable relapses. Most recently, however, our research through the peer health mentor program has taken on a new urgency:

> Working with women whom I have done time with or whom I have used drugs with is not as easy as I thought it would be. After years of doing time together, it is great to see so many women who I consider my family, but it seems like we had more respect behind the walls of prison than we do on this side of the wire fence. Lots of strong personalities butting heads and forgetting to have respect and compassion for each other! We are more sensitive about our feelings than when we hid behind street life and drugs. I sometimes feel like a referee in a hockey game that is out of control. (Mo Korchinski, in Martin et al., 2019, p. 152)

> When I wake up every morning, over my morning tea, I look on Facebook and I see 'RIP' on women's pages. Five women died of opiate (fentanyl) overdose in Maple Ridge in 24 hours just before Easter 2017. It's become the norm. When we first started the peer health mentor program, we wanted to know how to stop women from relapsing and using. Now we want to know how to stop women from dying. (Mo Korchinski, in Martin et al., 2019, p. 154)

Releasing Hope, Knowledge Creation and Dissemination through a Collection of Women's Writings

How then, as participatory health researchers, can we share the stories and challenges of women, and recognize the barriers that women face when released from prison? How can we ensure that an understanding of their challenges and needs reaches the policy makers, community leaders, and financial gatekeepers who resist the costs of social housing, or legalizing drugs? How might women with incarceration experience speak to those who fail to understand that substance use, mental wellness, and community security are intertwined with personal experiences of child abuse, sexual abuse, violent or controlling relationships, the horrific experiences of residential schools for First Nations children travelling across generations, and trauma experienced by broken families, poverty, and violence, leading to self-medication, substance use, mental illness, and incarceration?

> My story is about recovering from my broken life, heart, and putting the pieces back together, and I didn't know

> where to start, I started to run. I started to run for my life. I ran because I didn't know what else to do, the pain was too great, and my body hadn't felt pleasure in a long time…. I felt pleasure, I felt alive, I felt I can live without dope and I started to run, I ran home to myself, I ran home to my self…. I was running to new beginnings, putting my troubles beneath my feet, moving forward, breath in and breath out, my past behind me where it belongs. (Amanda Staller, in Martin et al., 2019, p. 91)

The idea of knowledge creation and mobilization in the form of a public audience publication is fairly recent (Leavy, 2019), and yet, arriving at this form of creating and disseminating knowledge came fairly easily, given the generosity and wealth of material offered. Early on in the course of our research inside prison, we encouraged women to write about their experiences. *Arresting Hope* (Martin et al., 2014) describes PHR and the experience of women incarcerated inside ACCW from 2005 to 2007. *Arresting Hope* documents and interweaves the writings of incarcerated women and those working alongside, seeking to enact a different kind of correctional centre, one where the women are given agency and empowered to reimagine what a prison might be.

Releasing Hope (Martin et al., 2019) is our second knowledge creation and dissemination research artefact. Those engaged in post-incarceration research projects, including the UTG project, were encouraged to journal, write poetry, tell their story, contribute to the *Women in2 Healing* newsletter, and write about their experiences following their release from ACCW. Our research led to the conceptualization, compilation, and editing of *Releasing Hope*, which crafts together the stories of multiple research projects undertaken by our research team post-incarceration and of the lived experiences of women stepping beyond the prison gates. *Releasing Hope* describes the journey of formerly incarcerated women and the barriers (financial, emotional, familial, systemic) that they confronted during their reintegration into the community. *Releasing Hope* touches on the stories of individual women and our learning from multiple PHR projects that made visible their lives, their hopes, their dreams, and their fears. Upon their release from prison, and our continuing research with formerly incarcerated women, the challenge remains how to reimagine the process and enable lives interrupted to begin anew.

> I feel empowered by the women I have in my life today, and it all started the day I walked out of those cement walls. I was blessed to have three amazing women greet me outside the door, one of them being Mo, and the other two, women I had met in recovery years before who always stayed in my heart, even when my heart had slipped away through the chaos of my life.
>
> Today I am full of questions, and having women like Mo in my life, who are willing to answer those questions, has helped me considerably on my journey. Today I am coming up on one year clean and it has been 10 months since my release from ACCW. Today my life has purpose and direction. I started post-secondary in 2016 and am following in the footsteps of Mo. My ending will turn out differently but my journey started the same, just a lost little girl stuck behind the gates of ACCW. (Colby, in Martin et al., 2019, p. 155)

Releasing Hope presents a carefully chosen sequence of texts that have been aesthetically organized much like a story composed by a documentary film maker. There are many kinds of texts in *Releasing Hope*, and many of these texts are like fragments of coloured glass that reflect and refract the light in different ways as the glass is turned and seen from different perspectives.

Releasing Hope is a labour of love, an expression of hope. The invitation we offer in *Releasing Hope* is to linger with the fragments of stories, to respond with heart and imagination, to empathize with the stories of incarceration, renewal, forgiveness, grief, loss, fear, love, and hope that shape the lives of so many people. It takes tremendous courage for women to go back in time, to dig into their memory, to re-live traumatic formative years, and to write. They travel back to remember because they want to make sense of their present; they want to understand, so they can heal and move forward; they want to contribute to the learning of others.

> I wanted to be able to survive without ever looking over my shoulder again. It's extremely hard for women leaving the criminal lifestyle to move past their addict ways of thinking and addict behaviours. Luckily for me, I had a lot of support from other women in my life and from my partner, who encouraged me to let go and find another way.
>
> After two years of sobriety, I let go of that way of thinking. Now I feel a huge sense of freedom. I don't have to look over my shoulder anymore. (Pam Young, in Martin et al., 2019, p. 191)

Upon release from incarceration, the challenge is to reimagine lives interrupted. Hannah Arendt (1958) invites us to reimagine each encounter in our lives as an opportunity for renewal, renewal of who we are and how we wish to be present in the world, in relation to others. *Releasing Hope* is a call to action, from those with incarceration experience, and to those who strive to walk alongside, a learning journey that points towards collaboration, shared responsibility, communal innovation and investment, and deep compassion.

The responsibility for successful re-integration is a communal responsibility, where barriers, systemic and otherwise, need to be identified and actions taken—actions that, as Arendt (1958) proposes, truly engage all in the world's renewal. Our learning has been in listening to what matters, as articulated and envisioned by those engaged in the UTG peer health mentor program and those who have participated, women reaching out to women, with the hope that this time, the revolving door will not be their story.

MOVING FORWARD

How do we evaluate our research, even as women continue dying on the streets from fentanyl poisoning, as so many continue spinning in recidivism? We continue through the UTG peer health mentor program to seek clues to what actions are successful in supporting women and have, through the years, identified conditions for successful re-entry into society. Critical are caring relationships, sustainable housing, meaningful work, financial stability, trauma counselling, and individual and communal resilience—these are not unexpected.

When asked, those who are successful in re-entry simply state, "I was done": done with addiction, done with being in prison, done with living on the streets, done with living in pain. This is beautifully expressed in Mo's poem in Figure 3.

DONE BUTTON

Mo Korchinski

I get asked a lot what was it that helped me to stop using drugs.
Why am I one of the few
who has left my old life behind
and become success in my life?
I now have an education, a job I love, family and great friends,
all because something happened and I was done.

Did someone push a button and
POUFF!!

I was done?

I'm not sure there is one answer except I was done.
Like a button was pushed and I was done.

If I could figure it out and put it all together
and make a magic 'done button'
Wow! How many people could be saved from addiction!!

I'm not sure if it's age, or if I was just sick of living a life of chaos
all I know is that I was done.
I just wish others could see how great life can be clean and sober.
I never worry about going to jail or running out of drugs or not having a home to go to.

Life is amazing…

FIGURE 3 Poem written by Mo Korchinski, from Releasing Hope.

We celebrate those who are successful, peer health mentors and co-researchers with incarceration experience, those who have been mentored, and we recognize that each individual's journey is one that cannot be judged, only witnessed, so that we might learn, and be humble in the gifts offered by their courage, resilience, and willingness to be present in our research. The drawing in Figure 4 is a reminder of hope.

For all our social programs, communities, neighbours, and individuals are often reluctant to receive into their midst those whose narratives of pain, self-medication through substance use, and incarceration make them nervous.

> My driving force is to give truth to people who others see on the streets as homeless addicts. My goal is to get them to see others as human beings—someone's grandmother, mother, daughter, aunt, or sister—and to humanize the sad reality of childhood trauma that leads most to escape into addiction. All humans want to be loved and accepted, not judged and beaten down. We need to rise above the stigma of addiction and love others who are lost souls looking for a way to escape life. (Mo Korchinski, in Martin et al., 2019, p. 372)

What became so evident in our research, both within the prison and without, was the pain and guilt that women

FIGURE 4 Mo Korchinski, lead pencil and charcoal on paper.

experienced—the shame of losing their children to substance use and the deep desire to be moms to the children they deeply love (Figure 5). Here is a systemic challenge, and an individual one—how do we learn to see women with incarceration experience not as criminals, nor drug addicts, but as women seeking renewal: mothers, daughters, aunts, sisters, nieces, granddaughters in our midst?

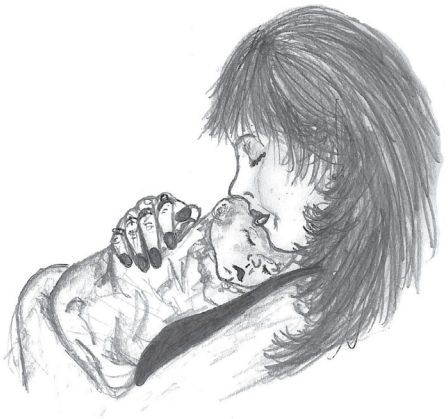

FIGURE 5 Mo Korchinski, lead pencil and charcoal on paper.

CONCLUSION

And so continues our research journey with those with incarceration experience, who seek to successfully re-engage in their communities, with their families, hopeful though scarred by years of trauma, incarceration, substance use, broken relationships, despair. Many, we know, will return again and again to prison. And yet, with each opening of the gates, there remains the opportunity for hopeful new beginnings.

> In between arrest and release there is a space… and in that space there is the opportunity to choose. The support needed is simply to help the choosing process,

> because in that choice lies freedom. (Alison Granger-Brown, in Martin et al., 2019, p. xiii)

Our research challenges us to question and reimagine our actions of hospitality, in relationship, within community. We, as researchers, community workers, and educators, are invited to engage as witnesses and activists in our communities' actions of hospitality and support those who arrive in our midst, eager and willing to begin anew. What becomes painfully obvious through our research is society's continued complicity, the systemic and communal barriers and perceptions that continue to penalize rather than actively support and welcome women as they journey home to their true selves. The responsibility now is to enact policies and practices and re-examine attitudes in order to reconsider the reception of women with incarceration experience in the community.

> That was the day I decided with my whole heart that I was going to put everything I could into life again. (Amber Christie, in Martin et al., 2019, p. 165)

For those concerned about the health of women in prison and the conditions facing them upon their release, the UTG peer mentor program and *Releasing Hope* provide accessible, sensitively attuned windows into the experiences of those who have lived the high-wire tensions of re-integration after incarceration as they seek to reclaim their lives. *Releasing Hope*, as a documentation and form of knowledge mobilization, illuminates the experiences of women outside the gates as they step forward into leadership, and strengthens our learning, as witnesses and allies, walking alongside those who have the courage to reimagine what might be possible anew. The poem in Figure 6 captures the magnitude of what these women are facing.

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CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

What are you feeling most hopeful about?

I Am Hopeful About

everything:

changing
being free
being happy
finding a job
being a mom
losing weight
going to college
doing things right
getting on my feet
getting healthy again
beginning a new life
getting my life on track
having a life without drugs
learning more about spirituality
working things out with my family
moving forward with my life
putting my record behind me
regaining my husband's trust
keeping my shit together
maintaining a steady life
staying out of jail
living a good life
taking care of me
supporting peers
taking initiative
being content
staying clean

everything:

FIGURE 6 Found Poem, created by Carl Leggo, from *Releasing Hope*.

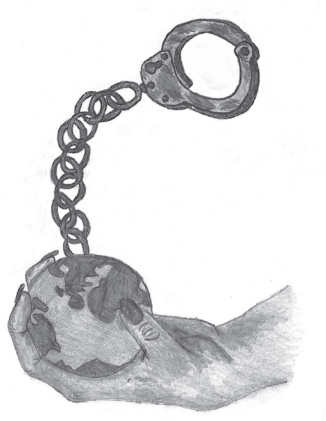

FIGURE 7 Mo Korchinski, lead pencil and charcoal on paper.

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