Journal of
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Special COVID-19 Issue

Norman E. Taylor*

Welcome to our special COVID-19 issue of the *Journal of Community Safety and Well-Being*. We recognized early in the pandemic that there would be much for everyone to learn, and we hoped that, among the scholars, policy-makers, and practitioners that comprise our journal community, we might find some willing to contribute to this global learning, even as they were adapting daily to new challenges at home and at work. The response has exceeded our expectations, and this special issue is our largest to date, by far.

I would like to extend my appreciation to the many authors who have contributed with thoughtful and urgently relevant content, and to our Section and Contributing Editors and all of our Reviewers who helped us to complete the publication cycle in record time while maintaining high editorial standards.

I also want to acknowledge the incredible team at SG Publishing. Not only have they moved double our usual number of papers through to readiness during difficult personal times, they have also planned, designed and executed our transition to a whole new look and functionality for our Journal site. Our OJS 3 upgrade officially launches today in conjunction with this special issue.

The COVID crisis is far from over, and I can assure you the Journal will continue to feature relevant pandemic material in subsequent issues, even as other critical, emerging social priorities continue to form before our eyes. In the meantime, I encourage our Readers to dig deep into the 15 articles that comprise this issue.

Thanks to all of you for contributing to this vital CSWB dialogue in challenging times. Our open call for papers continues.

CONFLICT OF INTEREST DISCLOSURES

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

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EDITORIAL

Journal of
COMMUNITY SAFETY & WELL-BEING

COVID's reckoning: A crack in everything, and the light got in

Norman E. Taylor*

Ring the bells that still can ring
Forget your perfect offering
There is a crack a crack in everything
That's how the light gets in

From Anthem (Cohen 1992)

About two weeks after the lockdowns began in response to the COVID-19 pandemic, a major Canadian financial paper ran a headline that said, in part, "*From Nobodies to Essential Workers*" (Subramaniam 2020). The reference was to truckers, and in fairness to the journalist (but not so much to the tone-deaf editorial team) she was quoting the awkward observations of one driver on the new levels of attention and appreciation they were receiving. About six weeks further along, Registered Nurse Lauren Bailey wrote in a Toronto Star opinion piece, "… for me as a front-line worker, there is this itching paradox that has been rubbing me the wrong way. I am suddenly not "just a nurse." I am now a front-line worker and a supposed health-care hero. Unexpectedly, I am skipping lines, getting greatly appreciated discounts, pay raises, nightly standing ovations, and for the first time I'm feeling like I get the recognition that we deserve" (Bailey 2020).

It was around the time of the second article that I began to notice a common phrasing showing up on my social media feeds, to the effect that, "We sure are learning who the important people are." As much as both articles referenced above made me uncomfortable, it was that ugly sentiment that made me truly angry. "No, *we* are not!," was my offended reaction. "Hopefully, some might be learning how wrong it has been to ever consider any of these people … indeed any people … as *unimportant*." As the popular meme goes, "It's not pie!" A slice of respect for some should never deny or diminish the respect due to others.

But it has, hasn't it? For far too long, our global society has heralded the rich, the privileged, the powerful, while variously exhibiting, or passively tolerating, continuing levels of disregard, disrespect, and disempowerment of the everyman and everywoman. As more recent weeks have again thrown into vivid relief, even this is a sliding scale that still favours some, provides a tolerable stasis for others, while it metes out a brutal daily injustice for many, notably black and indigenous people, other people of colour, and other marginalized communities.

In my darker moods during this quarantine, I find I can neither reconcile nor quell my anger that any 21st-century human services system, and its multiple sub-systems, could have remained so blind and intractable for so long in the face of ample public health evidence, smarter social policy knowledge, and deafening, passionate appeals for justice, equity, and access. In clearer moments, I lean back on the basic optimism that has informed and guided my professional career. And here I recognize that, while none of this should be a surprise to anyone, we must seize upon this rare opportunity with all our might, before the crack heals over again and the darkness returns for more decades to come.

In her recent research into the barriers to real action on global warming, Lisa Taylor (2020) traces and examines decades of evidence that may also shed some light on the social policy intractability that recent events might now be dislodging in real time. Coining a new term "Contemporary Latent Neoliberalism," she offers four basic tenets that appear to have shaped, and which might explain, ongoing resistance to real and necessary progress in both our environmental and social systems. According to her study, they are globally evident as the following:

1. A focus on free-market capitalism (with the concept of infinite and continued growth, leading to an almost singular focus on shareholder value as the key economic driver and measure of success);
2. Light-touch by government (focused only on protecting the market from democratic challenges);
3. The hidden ruling elite (which includes think tanks, foundations, and academia using publications and social media as tools to produce and proliferate information specifically designed to steer the economy in the desired direction as and when necessary; and,
4. Social issues (including the environment) as subordinate to all else. (p. 36)

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Only time will tell how much the first three of these tenets might be ready to shift. But, the fourth is the one that will resonate immediately and viscerally for most of us working in community safety and well-being. It is also the one that has almost immediately changed, or at least revealed a new ability to change, during the recent crisis.

Within weeks of the pandemic declarations around the world, we witnessed almost daily examples of public policymakers, political leaders, and even financial barons switching off their more predictable patterns of "No, we can't" and "No, you mustn't." Instead, amid a sudden respect for, or perhaps merely a fear-induced new reliance upon, our public sector institutions (heretofore neglected whenever and to whatever extent possible), these reflex responses fell like dominoes, and changed to "Yes, we can," "Yes, we will," and "Please … yes, we must."

Authorized work-from-home arrangements? Curbside pick-up shopping? Sanitized public spaces? Yes, we can. Safe housing for the homeless? Harm-reduction measures for the addicted? Expanded budgets, ramped up supplies, and wage top-ups for essential workers? Yes, we will. Economic assistance to individuals, small businesses, renters? Basic decency for elders and long-term care residents? Yes, it seems, we must. Elevate the importance of listening to public health professionals? "Damn, I guess we better."

Enter phase two. As of this writing, we are now weeks into the searing and tragic images of the murder of George Floyd, and the largest-in-decades, continuing, and mostly peaceful demonstrations, supplanting coronavirus fears while laying bare the toxic and lethal anti-black and anti-indigenous racism, amid all the other shameful inequalities of our modern society.

The light got in. Better ways *are* possible. "No, we can't" or, too often more truthfully, "No, we simply don't want to," will just not cut it anymore.

We will recover from COVID-19. Let's never recover from our long overdue awakening.

CONFLICT OF INTEREST DISCLOSURES

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TRUST

Mental health and well-being of police in a health pandemic: Critical issues for police leaders in a post-COVID-19 environment

Jacqueline M. Drew* and Sherri Martin†

ABSTRACT

Law enforcement is an occupational group that is more "at risk" of physical and psychological harm, as its members are called on to be first responders to critical incidents, terrorist attacks, natural disasters, and traumatic events. This paper explores how the COVID-19 pandemic has provided new and somewhat unique conditions under which police must serve their communities. The scope of involvement and implications for the physical and psychological health and safety of law enforcement officers across the world is unprecedented—impacting every frontline officer on every shift. Building on an evidence-based review of research from previous events such as the World Trade Center attacks on 9/11 and Hurricane Katrina, this paper develops key insights about the likely impact of COVID-19 on the mental health of police. A call to action for police chiefs and their leadership teams, including actionable recommendations to guide strategic and operational plans, is presented. Consideration must not only be given to the issues faced by police during the active COVID-19 period. Police chiefs and police leadership teams must plan and prepare now to meet the mental health legacy that COVID-19 will leave in its wake, months and possibly years later.

Key Words Police mental health; PTSD; pandemic; police leadership.

INTRODUCTION

On March 11, 2020, the World Health Organisation (WHO) declared the novel coronavirus (COVID-19) a global health pandemic. As it rapidly spread, world leaders sought to flatten the curve of infection, slow its progress, reduce fatalities, and protect their healthcare systems from collapsing. The first group to experience stress were intensive care physicians, doctors, and nurses. As with previous outbreaks, such as SARS and MERS, those called to respond to a public health emergency experienced heightened workload demands, increased exposure, and an elevated risk of infection. During the SARS outbreak, one in five cases globally were healthcare workers (Chan-Yeung, 2004).

It is now apparent that first responders—and more specifically police, who are the focus of this paper—are experiencing significant health-related impacts. Law enforcement is an occupational group that is more "at risk" of experiencing comparatively large numbers of critical incidents or traumatic events due to the nature of their work (Chopko, Palmieri & Adams, 2018). Weiss et al. (2010) and Chopko, Palmieri, and Adams (2015), respectively, found that police were exposed across their careers, on average, to 168 and 188 potentially traumatic events. However, unlike health workers who are involved in public health emergencies, critical incidents in policing typically involve situations such as being threatened with violence (often with a weapon), witnessing abuse of children, death, and dying, and using deadly force. The scope of involvement of law enforcement officers across the world and the implications for their physical health and safety from COVID-19 are unprecedented due to the scale of the virus's impact. COVID-19 must be recognized as a critical event that is likely to induce trauma responses.

PURPOSE

This paper considers the impacts of COVID-19 on the mental health of law enforcement personnel. The paper presents an evidence-based review that lays the foundation on which to draw key insights about the likely impact of COVID-19 on

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police psychological well-being. It provides critical recommendations for police chiefs and their leadership teams to guide support and recovery following the current health pandemic. The mental health of police during the pandemic and, importantly, in its aftermath is discussed in the context of the literature on previous critical incidents and trauma events. For example, the World Trade Center terrorist attacks that occurred in New York on 9/11 and natural disasters, such as Hurricane Katrina, can provide relevant guidance to prepare for the likely longer-term consequences that may be experienced by police and which must be addressed by police agencies. Police chiefs and police leadership teams must plan and prepare now to meet the mental health legacy that COVID-19 will leave in its wake.

CONCEPTUAL REVIEW

Defining a Critical Incident—Does COVID-19 Fit?

A critical incident is a stressful event (trauma) that can interfere with the ability of an individual to manage everyday stress (Malcolm, Seaton, Perera, Sheehan, & Van Hasselt, 2005). Trauma exposure includes situations where the individual experiences a threat to self and a situation where they witness a threat or harm to others (Carlier, Lamberts, & Gersons, 1997; McCaslin et al., 2006; Stein et al. & Strong Star Consortium, 2012). Research by Stein et al. (2012) of active-duty military found the strongest adverse posttraumatic reactions in those who had experienced situations in which there was a threat to self.

Following events such as 9/11 and Hurricane Katarina, mental health providers were encouraged to recognize two unique sub-groups: 1) first responders at higher-than-normal risk due to terrorist events; 2) first responders who are simultaneously rescuer-victim, including experiencing personal and family impacts of the crisis (Castellano & Plionis, 2006). It seems that COVID-19 has added a third category, one that is potentially even more harmful due to is additive effects. First responders in the COVID-19 environment are likely to experience 1) higher-than-normal risk due to the ongoing and sustained physical threats posed by COVID-19; 2) being a rescuer-victim, specifically those who have contracted the virus as part of their duties; and 3) higher-than-normal stress due to the elevated physical danger that the job of policing poses for themselves and their families.

The Intersection Between Physical and Mental Health in Policing

COVID-19 presents critical challenges for police leadership in supporting personnel in an environment that has both physical and mental health impacts. In the COVID-19 environment it appears some lessons have been learnt from previous experiences, with much more rapid action to support law enforcement who fall ill, most notably with physical outcomes.

In the wake of the terrorist attacks of 9/11, scores of first responders suffered both psychological and physical effects from their response to the disaster. Years after the attacks, some first responders developed cancers and other physical illnesses deemed to have stemmed from work performed at attack sites. However, provision of benefits and official recognition of deaths from these illnesses as "line of duty" were delayed, causing added distress for the responders and their families (see United States Department of Justice, 2018, for discussion of September 11th Victim Compensation Fund). In 2019, it was reported that 241 NYPD members died of 9/11-related illnesses, compared with 23 killed in the attack—10 times the deaths at the time (Katersky & Parekh, 2019).

In the case of COVID-19, on April 9, 2020, the Bureau of Justice Assistance (BJA) (the component of the U.S. Department of Justice that administers the Public Safety Officers Benefits [PSOB] program), announced details of death benefit claims for a COVID-19–related death. It has been determined that "in the absence of evidence showing a different cause of death, BJA generally will find that the evidence shows a public safety officer who died while suffering from COVID-19 died as the direct and proximate result of COVID-19" (BJA, 2020). The U.S. Department of Labor has made changes to the procedures in the Office of Workers' Compensation Programs (OWCP) and will accept that the exposure to COVID-19 was proximately caused by the nature of the employment if the employee is a law enforcement officer or deemed to be in "high risk employment" (United States Department of Labor, n.d.). Additionally, the Fraternal Order of Police (FOP), the largest representative organization of law enforcement officers in the United States, with over 350,000 members, is actively engaged in lobbying for the passage of the "Safeguarding America's First Responders Act" (S.3607). The Act would establish a presumption that a law enforcement or other public safety officer who dies from COVID-19 or complications related to COVID-19 did so because they sustained a personal injury in the line of duty (Ripon Advance News Service, 2020).

Understanding the Relationship Between Experience of and Exposure to COVID-19 and Police Mental Health Outcomes

Evidence-based guidance for police chiefs and their leadership teams involves the critical issue of understanding the level of exposure of law enforcement to COVID-19 as an experienced trauma and, in turn, the likelihood that mental health issues will result. It is argued that COVID-19 embodies many of the elements of traumatic events that are already recognized in the law enforcement community.

Personal Threat to Safety

COVID-19 presents a real and serious risk of harm to self for police. When considering the impact of police work on the health of officers there are a number of data points. These include the number of officers who have been shot and/or killed in the line of duty and, from a mental health perspective, the number of police suicide deaths. Data released by the FOP in early May 2020 indicated that, up to that time, 93 officers had died in the line of duty due to COVID-19. Looking specifically at the New York Police Department (NYPD), with its more than 38,000 members, a city that has been an epicentre in the United States for infections, NYPD reported on 6 May 2020 that 4,652 of its members had returned to work, 452 uniformed members were out sick, and 41 members had died from COVID-19. Approximately 13% of its entire workforce has been medically impacted. To provide a comparative view, in early May 2020, the FOP reported that 93 officers nationwide had died due to COVID-19, 91 officers had been

shot, and 17 officers had been killed in the line of duty. From a mental health perspective, according to Blue H.E.L.P., 60 officers had died by suicide.

> **Key insight:** The levels of sickness and death being experienced by police in the COVID-19 environment are at least comparable and are likely to exceed yearly trauma statistics.

The risks to physical health of an officer from COVID-19 are clear as they continue to work within communities which themselves are in government-mandated lockdowns due the danger of infection. In April 2020 it was reported that half of the world's population, 3.9 billion people, across 90 countries had been asked or ordered to stay at home (Sandford, 2020). In addition, there have been reports in the news media across many countries of the weaponization of COVID-19 (Chung, 2020; Griffith, 2020). This involves members of the community, often in the context of arrest, spitting on officers and claiming to be infected with the virus. In the United Kingdom, it has been reported that at least 30 officers a day are being spat on (Hayes & Hymas, 2020).

> **Key insight:** COVID-19 poses a significant risk of harm to self, which represents one of the most significant factors linked to poor mental health outcomes following critical incidents, traumas, and disasters.

The distribution of officers who are experiencing risk to self from COVID-19 is more widespread than in other critical incidents more commonly seen in policing. Every single officer throughout the United States involved in operational duties, and this is also true in other countries, is working in a context that presents a risk of harm—every day, on every shift. Further, COVID-19 presents a situation that is sustained and protracted and not confined to specific community cohorts or geographic areas. Reports indicate that officers who are now returning to work following COVID-19-related sick leave are fearful that they will be re-infected, given immunity to the virus remains unknown (Dazio, Sisak, & Bleiberg, 2020).

Whilst police who responded to the World Trade Center attacks and to natural disasters such as Hurricane Katrina were required to work over a period of time under trauma-inducing conditions, we need to be prepared that police may work in an active COVID-19 era much longer. This pandemic also necessitates the return of officers to the exact situation, if not a riskier policing environment, that previously impacted on their physical health.

> **Key insight:** The geographic distribution of COVID-19 and its potential impact on all police officers is unprecedented and includes new challenges not previously experienced.

Impact on Families

Whilst the sustained and protracted nature of the stress experienced by officers themselves may be harmful, the pandemic, like other traumas, also has significant implications for police families. It is argued that the likelihood that negative spill-over will occur is exacerbated by the circumstances and nature of COVID-19. In the aftermath of Hurricane Katrina, many police had to cope with the impact of the hurricane on themselves and their families: many had lost homes, were without power and water, and did not return home for extended periods. It was reported that almost 80% of officers had their homes destroyed (Sims, 2007). In their review of policing disasters, Faust and Vander Ven (2014) described Hurricane Katrina as a worst-case scenario, as police were both victims and responders. Of relevance to this discussion, research undertaken by West et al. (2008) found that having a family member injured during the crisis was predictive of PTSD and depression, and having one's house rendered uninhabitable was predictive of depression.

> **Key insight:** Critical incidents, trauma, and disasters that directly spill over and impact on personal and family life, which are clearly present in a COVID-19 context, are associated with greater likelihood of poor mental health outcomes for police.

Further, in the circumstances of COVID-19, which are different to those we have seen in other events, officers are fearful of bringing home the virus to their families. In turn, it is likely that family members simultaneously worry about their police officer family member and the risk that the job of policing is now directly imposing on them. In the case of COVID-19, the job of a police officer is directly impacting the health and safety of family members to an extent that is atypical. Given these relatively unique circumstances of COVID-19, research as to the resultant prevalence rates of stress and subsequent mental health problems for police families is unknown. It is likely that usual levels of stress caused by the "routine" danger of police work will be significantly increased in the COVID-19 context.

> **Key insight:** The COVID-19 environment is likely to exacerbate stress that is being experienced by both officers and their families.

Rates of PTSD and Other Mental Health Problems

The prevalence of PTSD in police and first responders is associated with critical incidents and disasters, and it is interesting to examine rates of prevalence following different types of events. Overall prevalence of PTSD within police populations has been estimated to be between 7% and 19% (Faust & Vander Ven, 2014). Carlier et al. (1997) reported that the prevalence of PTSD amongst police officers involved in a single traumatizing event is around 7%. Based on a meta-analytic review of the literature, first responders in the first four years following 9/11 had a probable PTSD prevalence rate of between 8% and 12% (Lowell et al., 2018). It was reported that, shortly after Hurricane Katrina, 19% of officers reported PTSD symptoms and 26% reported symptoms of Major Depressive Disorder (West et al., 2008). Unsurprisingly, it is likely that different types of traumatic experiences will produce different prevalence rates in the short term.

We know that police need support during crises. However, longer-term impacts have also been documented. Symptoms often decrease post-disaster. For example, Brauchle (2006; cited in Bowler et al., 2012) reported that for rescue workers (including police) attending a natural disaster in Austria, PTSD symptoms fell from 25.7% after six weeks to 6.3% at six months post-incident. However, research studies

on rates of probable PTSD of police involved in 9/11 found that rates increased over time (Bowler et al., 2012). PTSD and comorbid depression and anxiety can develop after a delay of up to six years following such life-threatening events (Pole et al., 2001).

Key insight: Identification of the prevalence rates of PTSD and other mental health concerns during, immediately following, and in the years after COVID-19 is needed.

Drawing from research on 9/11, the three strongest predictors of probable PTSD over time were injury, losing someone to the event, and witnessing horror (Liu, Tarigan, Bromet, & Kim, 2014). If we consider the circumstances of COVID-19, it may be particularly important for police agencies to focus on and track the longer term psychological outcomes for officers who themselves were infected by the virus and/or who lost someone, whether that be a fellow officer or a member of their own family.

Key insight: Identification of groups that may be at greater risk of PTSD and other mental health concerns based on their personal experiences of COVID-19 is warranted.

It may be that the trajectory of mental health conditions is influenced by the type of critical incident or natural disaster being experienced. Given the somewhat unique nature of COVID-19 compared with other types of traumas experienced by police, police leaders must invest in monitoring programs. Through monitoring programs established after 9/11 we have been able to understand the trajectory of PTSD and associated psychological outcomes many years after the attacks.

Key insight: Tracking the specific trajectory of COVID-19, a potentially new type of critical incident/trauma event, is needed.

It must also be recognized that the impact of COVID-19 is unlikely to be confined to PTSD. Many officers may experience symptoms that do not meet the full PTSD diagnostic criteria and/or are suffering from other mental health concerns, such as depression and anxiety. Police responders to 9/11 reported subsyndromal PTSD at a rate of 15.4%, significantly higher than the 5.4% of police who met the criteria for PTSD (Pietrzak et al., 2012). Subsyndromal PTSD "was associated with substantially elevated rates of comorbid psychiatric disorders, functional difficulties, somatic symptoms, and perceived needs for mental health care" (Pietrzak et al., 2012, p. 840).

Key insight: Recognition and awareness of the full range of psychological outcomes resulting from COVID-19 is critical and should not be confined only to PTSD diagnoses.

Mental Health Responses to Critical Incidents and Disasters

Police leaders must consider what programs and initiatives are needed to support the psychological outcomes of COVID-19. While it is beyond the scope of this paper to fully review mental health approaches, a number of relevant themes are highlighted.

Among the most recognized interventions in policing and elsewhere is Critical Incident Stress Management (CISM). CISM is characterized by crisis intervention designed to be used as "emotional first aid" to stabilize and restore pre-crisis functioning (Mitchell & Everly, 1996). For many years, Critical Incident Stress Debriefing (CISD) or psychological debriefing was used, until it was established that evidence to support its use was lacking (Bastos, Furuta, Small, McKenzie-McHarg, & Bick, 2015; Roberts, Kitchiner, Kenardy, Lewis, & Bisson, 2019; Rose, Bisson, Churchill, & Wessely, 2002). Other approaches included Mental Health First Aid (MHFA) training (Intveld, 2016) and psychological first aid programs, such as Recognize, Evaluate, Advocate, Coordinate, and Track (REACT) (Marks et al., 2017).

Castellano and Plionis (2006) compared three models of intervention: psychological first aid, CISM, and the FEMA/SAMSHA Crisis Counseling Program (CCP). The three approaches use similar frameworks, and all include a peer support component. Based on the lack of consistent outcomes of the interventions, Castellano and Plionis (2006) concluded that fluidity in intervention technique is needed, with customized and effective treatment dictated by the individual needs of the client in each unique and specific environment.

More rigorous program evaluations are needed to make stronger conclusions about the effectiveness of interventions (Bledsoe, 2003; Roberts et al., 2019). For example, despite several evaluation studies of CISM, one of the most commonly used crisis intervention approaches, its effectiveness continues to be debated (Bledsoe, 2003). Some studies have indicated that specific elements of the intervention may in fact exacerbate symptoms and be harmful (Bledsoe, 2003). Further, as demonstrated by Castellano and Plionis (2006), the interrelationship between client and environment may result in different outcomes.

The environment, circumstances, and impacts of the pandemic as experienced by police are somewhat unique. Even commonly used interventions may not be applicable, as evidence supporting even the more established methods is inconclusive, and customised versions of interventions may need to be developed. Typical responses to mental health effects of exposure currently involve interventions that focus on acute trauma. Determining how effective they will be with respect to COVID-19, a crisis that has the potential to last much longer, is difficult to judge.

Key insight: Given that evidence regarding the most effective mental health programs and initiatives in a post COVID-19 context is not definitive, it is likely that a suite of programs should be provided in both the short and longer term.

KEY RECOMMENDATIONS FOR POLICE CHIEFS AND LEADERSHIP TEAMS

Based on the findings of this paper and the key insights drawn, a call to action is urgently needed to support police personnel as they continue to experience the stresses of an active COVID-19 environment. Of equal importance is the need to strategically plan for post-pandemic.

Recent efforts to support law enforcement responses during the COVID-19 pandemic must be acknowledged. For example, both the International Association of Chiefs of Police (IACP) and the FOP have developed dedicated webpages specifically focused on dissemination of pertinent pandemic-relevant information, including physical health and safety recommendations (IACP, 2020; FOP, n.d.). Similarly, the Collaborative Reform Initiative Technical Assistance Center (CRI-TAC), consisting of the COPS office and nine other leading law enforcement agencies, has dedicated a portion of its efforts to providing resources to law enforcement for keeping themselves healthy during the pandemic (United States Department of Justice, n.d.).

Information is being provided in some forums on accessing mental health and wellness services, but there are few recommendations for coping in the longer term. There does not appear to be any advice to officers about the notion that, while they may not experience immediate distress, delayed psychological effects can be expected and they should monitor their psychological health over time and seek support even following the pandemic.

The specific recommendations below are made to assist police chiefs and their leadership teams in meeting the challenges they will likely face in a post-COVID-19 policing environment.

Support

Recommendation: Adequate support services should be available to assist officers in managing their mental health during the active COVID-19 period and provide continued access to support in the longer term.

Recommendation: Support programs should be numerous and multi-faceted as evidence demonstrating the effectiveness of current crisis intervention programs in the unique circumstances of COVID-19 is unclear.

Recommendation: Police agencies need to develop a methodology for identifying specific cohorts of police that may require additional support—those that are at higher risk due to greater trauma exposure.

Recommendation: Police agencies need to educate their police personnel on the delayed impact of COVID-19 for themselves and their families, ensuring understanding that mental health concerns are not necessarily immediate and that support is appropriate and available in the longer term.

Monitoring

Recommendation: Monitoring should go beyond PTSD and recognize psychological issues, such as depression and anxiety.

Recommendation: Police agencies need to be agile and able to identify officers that may not have reported symptoms during the COVID-19 active period but have delayed symptomology.

Recommendation: Monitoring should include police families, considering both the impact on the relationships of officers in the context of their family unit and the stress and mental health outcomes for families.

Evaluation

Recommendation: Police agencies need to monitor the use of support services in line with the numbers of officers in their agencies that report mental health problems.

Recommendation: Police agencies need to conduct ongoing evaluations of support services, ensuring that programs and initiatives are evidence-based and serve to maximally impact on improving police mental health.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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Leadership in the COVID-19 environment: Coping with uncertainty to support PSP mental health

Ronald D. Camp II*

In the context of the current COVID-19 health crisis, the public is becoming aware of the reality, if not the concept, of a VUCA (volatile, unknown, complex, and ambiguous) environment. For public safety personnel (PSP), VUCA is the normal context. In the COVID-19 environment, though, PSP seem to be dealing with VUCA on steroids.

An acronym coined by the US Army War College in 1987 (USAHEC, 2018), VUCA is used as a shorthand to quickly describe operational environments that are volatile, unknown, complex, and ambiguous. In a VUCA environment, organizational decision-makers are dealing with situations that change in rapid and unpredictable ways (volatile), in which critical information is unavailable (unknown), in which elements of the environment are many and interdependent, interacting in often unpredictable ways (complex), and that offer unclear action preferences and priorities (ambiguous) (O'Driscoll, 2019). VUCA environments, in turn, create uncertainty for individuals. This uncertainty pertains to the current state of the environment; the range of responses that might be available, appropriate, or desirable for a decision-maker in that environment; and uncertainty about what outcomes or effects might result from the actions actually taken (Milliken, 1987).

We see this uncertainty playing out on a daily basis for first responders. Randy Mellow, Chief of the Peterborough Paramedic Service and President of the Paramedic Chiefs of Canada, has referred to the current situation as Schrodinger's Pandemic for first responders: Paramedics need to assume simultaneously that they and their patients are both infected with the virus and not infected but in need of being shielded from the virus. In this environment, standard operating procedures intended to provide the best possible paramedical care to patients have been modified to reduce the potential spread of the disease between patients, paramedics, colleagues, and their families.

Police are facing a similar situation during the pandemic in enforcing laws meant to address the emergency. In a recent article, Torigian points out that, in the current context, police are forced to deal with the questions of whether they have moral authority to enforce extraordinary legal measures and "whether public health knowledge about community safety and well-being is a better guide than older ideas about 'public order'" (2020, p. 26).

Under normal conditions, PSP report substantial difficulties with occupational stressors associated with mental health disorder symptoms (Carleton et al., 2020). These stressors include operational issues, such as exposure to potentially psychologically traumatic events (PPTEs), but also organizational issues, such as leadership style, organizational engagement, and the social environment (Carleton et al., 2020). The types of uncertainty we see being created in this elevated VUCA context can, in turn, increase the probability that PSP will experience anxiety (Brosschot, Verkuil, & Thayer, 2016) and other operational stress injuries.

The question then is how PSP leadership can support their people in coping with the uncertainty and potential anxiety associated with the current COVID-19 pandemic. One option would be to offer support to PSP coping with elevated anxiety issues associated with the crisis. However, two-thirds of PSP would never, or only as a last resort, access support from PSP leaders (Carleton et al., 2019). At the same time, inconsistent leadership is one of the greatest sources of stress for PSP (Carleton et al., 2020). These findings suggest that it might be more effective for PSP leaders to look at how to support PSP mental health and well-being in VUCA situations before uncertainty and anxiety become problematic. They also suggest that leaders may need help focusing on leadership activities that support mental health and well-being.

Fundamentally, leadership is about three roles, or activity sets: to envision, align, and inspire the people in an organization (Kotter, 2001). Under environmental conditions generating high levels of uncertainty, it is important for leaders to set a consistent set of expectations (a vision) for coping with changing, ambiguous circumstances. This vision needs to explicitly state what the governing values of the public safety organization are and how the new policies, procedures, and actions are believed to be instrumental in helping PSP to deliver on those values. Under VUCA conditions, it is impossible to adequately plan and prepare for all possible contingencies. PSP will have to make the best decisions they can, in the field, with inadequate information, and then adjust their actions as they see the immediate results of their decisions to shape

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the situation in the moment to work towards some kind of acceptable outcome. In this context, mistakes are a given, a part of the process, not something to be avoided. But it is important for PSP, public safety organizations, and the public to ensure that these mistakes are part of a learning process in response to shifting organizational challenges and that this process leads to continuous (or incremental) performance improvement (Schein & Bennis, 1965, cited in Edmondson & Lei, 2014) that is consistent with the organization's, and individual PSP's, values.

The next step, given changes in decision and action rules (e.g., PPE procedures or extraordinary legal measures), is for PSP leaders to align PSP to new processes. This alignment comes through two-way discussion of the environment, changes in the environment, what the new decision and action rules are meant to help PSP cope with, and how to implement new processes. PSP and their leaders need to discuss how we expect new procedures to work, but also a range of contingencies for what to do when they don't work the way we first expected them to. They also need to have frequent post-incident reviews to discuss what is or isn't working, why we think that is the case, and what PSP and leadership can do to improve processes and outcomes, reducing uncertainty. These discussions are intended to align PSP to the new processes, but also to provide an opportunity to learn so as to adapt and adjust processes to support the actions of PSP in the field. This type of alignment serves to both reduce the level of uncertainty PSP have to cope with over time, as this frequent communication increases understanding of the environment, and to reduce the uncertainty about how leadership will respond to PSP uncertainty in the field.

These alignment discussions can also be the basis for inspiring PSP. PSP need psychological safety to be able to risk making mistakes in coping with the realities of a VUCA environment, meaning that the interpersonal risk that necessarily accompanies uncertainty and change (Schein & Bennis, 1965) is minimized (Edmondson & Lei, 2014). With negative consequences from peers and leaders reduced, individuals in these otherwise uncertain, changing contexts are more likely to feel secure and capable of changing their behaviour in response to shifting organizational challenges (Edmondson & Lei, 2014). According to Schein (1993), this psychologically safe interaction also "helps people overcome the defensiveness, or learning anxiety, that occurs when they are presented with data that contradict their expectations or hopes" (Edmondson & Lei, 2014, p. 25). This process further helps PSP to develop confidence in their decision-making and their ability to effectively adapt during the crisis. This confidence in turn creates resilience for PSP to deal with the stress associated with uncertainty.

Leadership is an essential factor in supporting PSP in coping with the factors related to COVID-19 that are challenging PSP's mental health and well-being. The COVID-19 pandemic is creating a more extreme VUCA environment for PSP. This environment is increasing the level of uncertainty that PSP must deal with. Combining this environmental uncertainty with the inherent dangers to the physical and mental health of PSP (e.g., PPTEs) increases the risk of anxiety and other operational stress injuries for PSP. Given that the three primary roles of leadership are geared towards reducing organizational uncertainty and giving subordinates the ability, authority, and support necessary to deal with the volatility and ambiguity of a VUCA environment, it is essential that PSP leaders concentrate on performing these roles, not just to promote organizational effectiveness, but to support the mental health and well-being of PSP during and after the COVID-19 crisis.

CONFLICT OF INTEREST DISCLOSURES

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COMMENTARY

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TRUST

Policing during COVID-19: Another day, another crisis

Konstantinos Papazoglou,* Daniel M. Blumberg,† Mike D. Schlosser,‡ and Peter I. Collins§,#

"Another Brick in the Wall" of Police Work

The COVID-19 virus is an unprecedented public health emergency. Although many police departments have adopted some novel activities for their officers to perform during the pandemic, such as reading books to homebound schoolchildren over the Internet (Johnson, 2020), for police officers, the current crisis is pretty much just another day at work. Police officers, like most first responders, are accustomed to performing their duties under the most critical circumstances. These are the heroes who run into schools as active shooters are murdering children, who help evacuate buildings during chemical leaks and bomb threats, and who apprehend violent criminals who would do them harm. Police officers routinely put their lives on the line to serve and protect the members of their community.

Without hesitation, police officers continue to work during the present pandemic. While most people are following physical distancing guidelines and many are able to work from home, public safety professionals are not afforded this luxury. On one hand, the crisis is unlike all others and poses some unique challenges for police officers, which are discussed below. On the other hand, however, current circumstances are reminiscent of obstacles faced by officers during previous crises and during the routine performance of their duties.

All first responders are cognizant of the risk of exposure to infectious diseases (e.g., Jahnke, Poston, Jitnarin, & Haddock, 2012; Shakespeare-Finch, 2011). It was found that "needlestick injuries occur with considerable frequency in this group of law enforcement professionals, suggesting an increased risk of becoming infected with bloodborne pathogens…" (Lorentz, Hill, & Samimi, 2000, p. 146). Specifically, research has shown that police officers reported elevated anxiety after contact with "blood and bodily fluids" and that pre-incident training about such exposures had no impact on post-incident anxiety levels (Dunleavy, Taylor, Gow, Cullen, & Roy, 2012, p. 384). Similar findings were observed from a sample of correctional officers whose job stress increased and job satisfaction decreased as their concern about "contracting an infectious disease on the job increased" (Hartley, Davila, Marquart, & Mullings, 2013, p. 334).

An important consideration to mitigate first responders' fears is the extent to which those exposed are provided adequate and immediate medical attention to assess whether the exposure resulted in any actual contagion. Unfortunately, HIV/AIDS, perhaps the most anxiety-provoking health crisis ever faced by police officers, which was discussed over twenty years ago (Flavin, 1998), is not ameliorated by quick medical assessment following possible exposure. Specifically, the threat of contracting HIV/AIDS lingers for months after possible exposure, since infection is not immediately detectable. This poses tremendous challenges for police officers and their loved ones, especially spouses/romantic partners, since that virus is also transmitted sexually.

Although more immediate than HIV/AIDS, the COVID-19 crisis also creates significant challenges for first responders' families. The COVID-19 pandemic adds yet another layer of stress to this already dangerous and stressful job. Officers continue to contract COVID-19, and the number of officer deaths is rising. As reported on CNN, in the city of New York alone, 29 members of the New York Police Department (NYPD) have died due to COVID-19 (Waldrop, 2020). The graphic reality is that the number of officers' deaths will probably keep increasing over the coming months.

Officers are not only concerned about their health, but also the health of their family members. This creates another challenge for officers who attempt to avoid "bringing" work home with them, since many people exposed to COVID-19 remain asymptomatic. Some of these family members may have pre-existing health issues, are elderly, or are in other high-risk groups vulnerable for contracting the COVID-19 infection. Consequently, officers who are concerned about their possible exposure to the virus during a shift may further isolate themselves (physically and emotionally) from family members to avoid infecting a loved one. This isolation adds to officers' already increased level of distress during this crisis.

The Essential Role of Police Leadership during COVID-19

Against the backdrop of the COVID-19 outbreak, it is essential now, more than ever, that officers have the support of their departments. Chiefs and Sheriffs must let their employees know that they appreciate the work they are doing, that their

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courage and dedication are acknowledged, and that they will do everything they can to keep officers as safe as possible in terms of both their physical and mental health. At the same time, law enforcement executives have to recognize the added stress on officers who have been tasked with policing violations of physical distancing regulations and the strain placed on officers arising from the ambiguity of fluctuating policies (e.g., Sisak, 2020).

Agencies have put into place numerous protocols in an effort to prevent officers from contracting COVID-19. These protocols are essential not only for officers' protection from COVID-19, but also for providing them with emotional support. For example, many agencies are adopting policies to limit officers' face-to-face interactions with citizens. If a police matter does not involve a violent crime or other emergencies, departments are now taking reports and handling minor issues over the phone or online. These criteria vary from agency to agency, but examples of minor problems include minor traffic accidents, thefts where there is no suspect, and lost or missing property. When officers do have to respond in person, they are being provided with masks, complying with physical distancing rules, and washing their hands regularly.

That being said, officers still need to balance their safety with their obligation to protect the public they serve. Officers must always respond to domestic disputes, in-progress fights, and other disturbances. As part of their regular duties, officers still have to make arrests, search arrestees, separate those who are fighting, control aggressive and resisting subjects, and so on. Regardless of the dangerousness of the call and the risk of contracting COVID-19, the police will respond to protect those who cannot protect themselves, to help those who cannot help themselves, and to maintain civil peace. What else can we do for these heroes?

Police officers' identities expand beyond that of their profession. They are husbands, wives, mothers, fathers, brothers, and sisters. They are citizens, just like those they serve. They have hobbies, are involved in community activities, and like to enjoy the same things as everyone else. They also have emotions and are susceptible to anxiety, depression, and other mental health conditions.

Although there are numerous obvious stressors for police officers, such as handling dangerous calls and witnessing violence and death, it has been shown consistently that organizational stressors are ranked the highest among working officers (Shane, 2010; Violanti & Aron, 1995; Violanti et al., 2017). Some of these stressors include the operation of a department, the bureaucracy, relations with coworkers, unfavourable policies, and a lack of recognition for good work. These are especially difficult against the backdrop of being disciplined for negative work performance, other officers not doing their fair share, a lack of supervision, and being treated differently than fellow officers (Shane, 2010; Violanti & Aron, 1995; Violanti et al., 2017).

However difficult, an essential part of officer wellness is to separate off-duty (family, friends, and leisure activities) from on-duty life (Gilmartin, 2002; Papazoglou & Blumberg, 2019). Because policing is such a vital part of an officer's identity, many carry this identity with them even when off-duty. The job itself interrupts family time, such as working odd shifts and holidays (Kirschman, Kamena, & Fay, 2014; Papazoglou, 2016).

Recommended Action Plan

Agencies must prioritize protecting officers' emotional health as much as their physical health. Given that officers frequently complain about the stress coming from within the organization, this is the ideal time for agency leadership to step up and create a positive organizational environment for their officers. The following are some suggestions for police leaders and organizations in general to protect officers' mental and physical health and maintain their well-being:

- First and foremost, communicate with officers:
  - Let them know how much you appreciate their courage during this pandemic
  - Ensure consistent communication (physical distancing or virtual meetings)
    - Check in with them to see how they are
    - Perform wellness checks
    - Keep them updated on departmental procedures and changes
  - Ask your officers what they need from you
- Provide information on how officers can seek help if needed, including departmental and outside counselling, as well as peer support groups (virtual meetings)
- Guide them on how to monitor themselves without fear of judgment regarding stress-related reactions. For instance, if they notice changes in their functioning not noticed before the COVID-19 crisis outbreak (e.g., migraine headaches, sore muscles, disrupted sleep), they should be able to seek help from health professionals
- If possible, given strained staffing needs, provide officers with additional time off (e.g., days off, vacation days) if they experience fatigue or exhaustion and especially for those who appear to be highly concerned and overwhelmed by having to care for a vulnerable person at home or are required to assist in homeschooling their children
- Offer additional resources, for example:
  - *What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19),* by Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html
  - *Law Enforcement Information on COVID-19,* by the International Association of Chiefs of Police (IACP) https://www.theiacp.org/resources/document/law-enforcement-information-on-covid-19?utm_source=Informz&utm_medium=email&utm_campaign=Informz+Email
  - Confidential support – *Bulletproof* https://www.bulletproof.org/
  - Confidential support – *Copline* https://copline.org/
  - Confidential support – *National Suicide Prevention Lifeline* https://suicidepreventionlifeline.org/

In conclusion, these are novel times due to a novel virus. Viruses change quickly as they acquire genetic variations. Law enforcement, as well, has to change quickly to adapt to these unusual times. It is therefore paramount that we continue to protect officers psychologically, in addition to protecting them physically.

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TRUST

COVID-19 and the impact on police services

Shahin Mehdizadeh* and Katy Kamkar†

With the COVID-19 pandemic, we are increasingly hearing that our protectors are also vulnerable and need protection. Police are exposed to a unique set of challenges in their day-to-day duties that can increase the risk of health concerns from occupational stressors, including operational and organizational stressors.

Providing adequate police service to citizens in Canada is a challenging task. Regardless of the organization, all police officers have to make continuous adjustments in their service delivery to meet the expectations of citizens across the country.

During the past several weeks, all police services have been challenged even more due to COVID-19. Just like many other front-line essential services, police have had to make changes and implement processes to allow front-line staff to provide the services citizens deserve, all the while keeping themselves safe in performing their duties. Police work is very rewarding and noble, yet challenging and stressful at times. The added pressures police officers face due to COVID-19 have certainly added to their level of stress. For that reason, many police service organizations have implemented more support initiatives to ensure that their members are mentally prepared to deliver on their mandate in our current situation and beyond. In this paper, we discuss some of the impacts of COVID-19 on police services and offer some self-care strategies.

INCREASED RISKS AND UNKNOWN THREATS

Police officers are the first responders to deal with the public during high-risk situations. There is always a threat of violence towards them. However, COVID-19 has presented a new threat to them as they, like any other citizen, are at risk of being exposed to this virus. The difference is that police, much like other essential services such as health professionals, fire, paramedics, and others, must respond to calls, which, in most cases, means dealing with unknown situations. COVID-19 now presents an extra element of risk to these responders, and they all recognize a need to be more diligent.

RISK TO FAMILIES

The fact that police officers' daily interactions with the public can put them at risk of exposure to COVID-19, and in turn, may further expose their loved ones to the virus, also adds stress. In some cases, they may be returning home to family members with compromised immune systems for different reasons such as illness, medication, or pregnancy. COVID-19 now adds to the list of other diseases they are exposed to such as Hepatitis C, tuberculosis, and many other health risks that can harm their family members.

SOCIAL ISOLATION

It is every citizen's duty to respect the rule of social isolation or distancing procedures during the COVID-19 pandemic. The difference is that police are often not able to work within those parameters. Even though police officers are doing much more to protect themselves, there are many instances where regardless of their protective equipment use or other measures, they will be exposed to the virus. When one officer is exposed to the virus, the impact can be significant, as the rest of the team members may need to be tested, and even taken off work to ensure the virus is not further spread. This can be very taxing on organizational resources and on the members themselves, as the remaining officers must maintain the same level of service with fewer people.

MENTAL HEALTH AND OPERATIONAL STRESS INJURIES (OSI)

The COVID-19 pandemic has presented additional occupational stressors to police, for instance due to threats and assaults from the public, as well as exposure to the virus, increasing the risk of operational stress injuries (OSI). Police work does increase the risk of psychological work-related injuries. OSI are persistent psychological difficulties resulting from operational or service-related duties. Some common mental health problems include depression, anxiety disorders, trauma and stressor-related disorders, in particular post-traumatic stress disorder (PTSD), and/or substance use disorders.

In addition to common mental health conditions, risks can also include pain, physical injuries, physical health problems, such as cardiovascular disease, and a range of psychosocial stressors (e.g., financial strains, relationship

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strains), all as part of operational or service-related duties. With the accumulation of traumatic incidents and occupational stressors, vulnerability tends to increase and tolerance tends to go down, in turn increasing risk for burnout and physical and mental health problems.

Other health concerns that police and first responders can face during the COVID-19 pandemic include compassion fatigue and moral suffering. Compassion fatigue is the stress that results from the traumatized individual rather than the trauma itself. It often involves excessive preoccupation with the suffering of trauma survivors. The pain can be felt cognitively, physically, psychologically, and emotionally. Providing care to trauma victims, being repeatedly exposed to their traumatic experiences, and offering empathetic support to trauma survivors can increase stress levels, leading to negative emotional reactions and, in turn, compassion fatigue.

With COVID-19, police officers are seeing, close up and often, the devastation families can experience when loved ones are separated and/or cannot reunite. They are also having to address increasing calls related to domestic violence or abuse to children as a result of social isolation regulations. Finally, they are faced with enforcing rules on business closures and witnessing the pain resulting from the financial devastation.

Moral injury can also have long-lasting emotional and psychological impact. When we believe we did not do enough or did not do the right thing, this can lead to moral distress as a result of internal tension. Moral injury is a disruption in our trust. A psychological disequilibrium can take place within the self, where actions of self or others are not in harmony with one's moral values, ethical values, core beliefs, and expectations. Certainly, protecting the public during the COVID-19 pandemic can increase moral distress as a result of the many inherent existing challenges.

HIGH NOTES

Even though COVID-19 has increased the level of stress for police, most are appreciative of the community support for them and their efforts, according to conversations with many officers during the past few weeks. This is significant and very positive for them and their personal health. Also, many feel fortunate to have a continuing job during these tough economic times and, more importantly, a job that provides safety to citizens and presents them with many opportunities to make a difference. After all, COVID-19 is impacting every citizen and, during such times, it is important to maintain a positive mindset to get through it. The key may be to monitor the impacts in the future and to ensure all officers have the continuing supports they require.

BUILDING AN INDIVIDUALIZED APPROACH TO SELF-CARE AND RESILIENCY

Continuous efforts are being made to reduce stigma (personal, self, and workplace) and to address common health conditions as part of the prevention (primary, secondary, and tertiary) continuum of care in order to reduce risk factors, build on protective factors and resiliency, and work on optimizing interventions in the workplace.

We want police officers and first responders to know they are not alone in meeting their mental health needs when they help others—they can reach out for help if and when needed, from peer support to consultation with a mental health professional.

Some proactive mental health strategies for officers:

- Normalize all your emotions and thoughts. Do not fear them, as they are educational and provide cues to take action.
- Practice grounding. Distinguish current from potential worries, and focus on what you can control. This will help you to remain centered on the moment and the present time, "the here and now." Use your senses, what you touch, see, hear, sense, and smell, to help you. For example, feel the air touching your face. The more grounded you are, the more connected you are to reality. In turn, you will feel more in control and make healthier and more balanced decisions.
- Reframe negative thoughts and worries by putting them into perspective, balancing your thoughts in addition to identifying your strengths, resources, and support to help problem-solve, make healthy decisions and move forward.
- Practice psychological flexibility. Re-evaluate and revise your thoughts, expectations, and goals to ensure they match the current reality, and you can achieve a realistic outcome. The more flexible you are the more you will feel resilient.
- Health is health, whether mental or physical. Work towards a lifestyle that includes a balanced diet, physical activity, proper sleep habits, seeking quality social support and setting meaningful activities.
- Identify positives every day and practice gratitude. Build compassion satisfaction by focusing on the positives of your work, being proud of your accomplishments regardless of the outcome, and focusing on a sense of satisfaction from helping others while also working on setting boundaries. Emotional boundaries tend to change over time and help maintain compassion and empathy without overly taking on someone else's pain or tragedy. You also need to focus on your own needs, feelings, and rights while you are taking care of others. It will help you to do work more efficiently and prevent the risk for burnout.
- Practice self-compassion by being kind to yourself, not judging yourself, being mindful of your thoughts and feelings, and putting them into perspective; acknowledge and accept that you are a human being and accept the imperfections that comes with being human.
- Avoid substance misuse.
- Focus on your breathing and slow down your breathing rate.
- Do not hesitate to seek professional help if you are experiencing increasing psychological distress; difficulty initiating tasks or taking care of responsibilities; chronic low mood, or excessive anxiety that is increasingly difficult to manage; lacking pleasure in activities; difficulties with sleep and/or concentration; increasing distressing memories of an incident or chronically reliving a traumatic event or other symptoms that cause you concern.

Finally, we would like to thank you for your service and for all that you do.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest. The editor and co-author, K. Kamkar, serves as a Section Editor for the Journal of CSWB.

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SOCIAL INNOVATION NARRATIVES

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Community-based pandemic preparedness: COVID-19 procedures of a Manitoba First Nation community

Grace Kyoon-Achan*,† and Lynda Wright†

ABSTRACT

The COVID-19 pandemic has impacted the Canadian health, social and economic landscape beginning early in 2020. Efforts to stem the viral tide have called into cooperation international, federal, and provincial governments. These governments are drawing on public health and socio-economic measures to prevent outbreaks in some cases and reduce infections and death rates in others. First Nations are a seemingly peripheral part of the general response, with communities being served by Indigenous Services Canada, a federal government institution responsible for First Nations health care. A participant observation process enabled the reporting of the community's steps in pandemic planning and preparation. We showcase the work being accomplished on the ground in Nisichawayasihk Cree Nation, a community in northern Manitoba. This includes strong local leadership, evidence-based planning and decision-making, pooling and coordinating resources, ongoing communication, traditional medicines and health approaches, planning for mental health supports, ensuring food security and general safety for community members. All levels of community-based leadership along with strong, measured and well-coordinated action are required to prevent the outbreak of viral infections in First Nation communities.

Key Words First Nations; pandemic; planning and preparation.

INTRODUCTION

First Nations (FN) communities in Canada are tucked within provincial health systems, with federal support, and often follow provincial and federal leads, requirements, and mandates on matters of national concern. The COVID-19 pandemic has tested the country's ability to plan, prepare for, and respond to a public health threat of global proportions. There is a paucity of literature outlining how FN have acted or should respond in the face of pandemics to protect their people and communities. Such information would highlight strengths, provide a reference and offer examples to other Indigenous communities on useful steps that can serve to protect people in rural or remote FN communities. By reason of remoteness and/or rural living, Indigenous communities face unique geographical barriers, differential access to health care services, and limited health care personnel, often resulting in poorer health and outcomes (Benchimol et al., 2018; Goodridge, Lawson, Rennie, & Marciniuk, 2010; Harasemiw et al., 2018). These challenges are exacerbated during national emergencies such as pandemics.

A report on lessons learned from the 2009 H1N1 influenza pandemic in Canada, noted how structural and administrative deficiencies in managing the pandemic resulted in negative impacts on Indigenous communities even as they became disproportionately burdened by the disease. The report outlined challenges in responding to the H1N1 influenza pandemic that ranged from insufficient infection control, inadequate supplies and equipment, insufficient human resources and training to structural racism hampering the government's response and action in the case of Indigenous populations and communities. To remedy the situation for future incidents, the report recommended preventive planning, attending to existing social determinants of health, improved infrastructure, and designing context-specific interventions. However, the report provides limited express information on how Indigenous communities planned for or responded to the pandemic (National

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Collaborating Centre for Aboriginal Health, 2016), which is the focus of this article.

As the world reels in the wake of a new coronavirus pandemic, it has been invaluable to share information and useful practices from across countries and communities in order to contribute to wider disease prevention and management efforts. It is to this end that this article reports on the emergency planning and preparation procedures of Nisichawayasihk Cree Nation (NCN) a Manitoba FN that has so far been successful in preventing an outbreak of the new coronavirus pandemic in the community. NCN is located about 800 kilometers north of Winnipeg, Manitoba and about 80 kilometers north of Thompson, Manitoba which is its closest town. NCN is Cree-speaking, with about 4,500 residents and over 5,000 members. The community is bordered by three rivers (Burntwood, Footprint, and Rat) and lush forests. NCN is an enterprising community whose outlook, against a long colonial history, is to work diligently towards self-determination and local empowerment. This article is shared in the hopes of learning together and spurring on other Indigenous rural and remote communities.

BACKGROUND

The Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 previously known as 2019-nCoV) is unprecedented in its severity and transmissibility. COVID-19 hit an unprepared world by storm in late 2019 and unfolded in full view of concerned peoples and communities globally. From Wuhan Hubei province China, the initial epicenter where the virus is said to have started (Wu et al., 2020), the disease has now travelled far and wide, reaching 212 countries and infecting well over 3 million people with nearly 240,000 deaths worldwide (World Health Organization, 2020b). Many watched with keen interest as China struggled to curtail the spread of the virus and to understand its nature and transmission characteristics. As more information became available, it was understood that the virus had high severity and mortality rates. Severity was higher in older patients, disproportionately affected people with comorbidities, and most infected patients had a history of exposure to Wuhan or others who had recently travelled to Wuhan, the epicenter (Guan et al., 2020; Fan, Fan, Li, Shi, & Liang, 2020; Liang et al., 2020; Xu et al., 2020).

Clinical symptoms were said to include a dry cough, runny nose, fever, and gastrointestinal infection symptoms (Guo et al., 2020; Lai, Shih, Ko, Tang, & Hsueh, 2020). Imaging characteristics included presentation with bilateral, multifocal lung lesions detected using chest computed tomography (CT) scans (Fan et al., 2020; Xu et al., 2020; Zhang, Qiao, & Zhang, 2020). It is now known that COVID-19 is also spread through human to human contact through the respiratory tract, mainly through droplets and close contact with infected persons (Guo et al., 2020; Lai et al., 2020; Wang et al., 2020; Yang et al., 2020). Transmission is also noted to be high in locations frequented by large numbers of people, such as retail stores (Wang et al., 2020). Other details about the virus are being documented to inform further action, with modeling studies giving pointers on the possible impact of the disease, depending on preventive measures assumed (Li et al., 2020; Zhang et al., 2020).

The COVID-19 spread attained pandemic scale on March 11, 2020 (World Health Organization, 2020a). It arrived on Canada's shores through Ontario in January 2020, when a man who had travelled back from Wuhan, China, presented with symptoms and tested positive for the virus (Government of Canada, 2020a). To date, over 40,000 cases and 2,000+ deaths have been reported in Canada (Government of Canada, 2020b). Canada is also reporting known disease characteristics of cough, dyspnea, headache, general weakness, and pneumonia of greater severity in people with pre-existing conditions of cardiac disease, respiratory disease, and diabetes, with a near balance in gender distribution—55% female and 45% male—and rising numbers of community transmissions (Government of Canada, 2020b).

THE CANADIAN RESPONSE

The Canadian government joined international collaboration and coordination efforts with the World Health Organization (WHO) and also responded locally by keeping all Canadians frequently updated, putting out travel advisories against non-essential travel to high incidence countries. There have been repatriations of Canadians abroad, response coordination with all provinces and territories as well as with Indigenous leaders in the form of issuing public health guidance for surveillance and infection prevention and control (Government of Canada, 2020c). Funding was also disbursed to provinces and territories, but by and large, provinces and territories are responsible for activating public health measures such as reducing gatherings in public and providing direct health care to patients. Schools, places of worship, and non-essential retail shops were advised to shut down and companies were asked to operate from home as much as possible. Attention was also pledged to the needs of "federal populations," including FN peoples and communities (Government of Canada, 2020c).

In Manitoba, Indigenous Services Canada (ISC) has been working with FN to support emergency response activities mainly by providing up-to-date COVID-19 information through weekly teleconferences, online (https://www.gov.mb.ca/covid19/updates/index.html) and by daily provincial COVID-19 updates and news conferences (Government of Manitoba, 2020). ISC has also distributed emergency preparation support funding and delivered Personal Protective Equipment (PPE) to an unverified number of FN communities, in keeping with federal commitments (Indigenous Services Canada, 2020).

It is interesting that the federal government made a commitment, in the face of the COVID-19 pandemic, to support access to health services that would be comparable with that of other Canadians (Government of Canada, 2020c). Historically, First Nations in Canada have not enjoyed comparable health services—or comparable health for that matter (Adelson, 2005; Barnabe et al., 2017; Beavis et al., 2015; Bombak & Bruce, 2012; Chen et al., 2015; Eggertson, 2015; Gone et al., 2019). This has led to calls for government accountability for persistent neglect (Abdolhosseini et al., 2016; TRC, 2015). Poorer structural and social determinants also elevate disease risk in FN populations and communities (Bethune et al., 2018; Browne et al., 2016; Coombes et al., 2018; Gracey & King, 2009; Greenwood & de Leeuw, 2012; Hajizadeh, Hu, Bombay, & Asada, 2018), so that quasi-emergency planning tends to

perpetually be operating in FN homes and communities. While the country seemed to have suddenly awakened to the importance of a comparable health services approach to address a pandemic, FN can be said to be reasonably acquainted with acute planning in daily unpredictable life. Regardless, that announcement was a welcome development to NCN, where people were stunned by the rapid spread of COVID-19 and welcoming of the federal response efforts overall.

METHODS

A participant observation lens (Anzul, Ely, Freidman, Garner, & McCormack-Steinmetz, 1991) was applied to guide information collection and reporting structure and accuracy. Observation included attendance and documenting of meetings, planning sessions, teleconferences, and reviewing COVID-19 situational updates and information. A summary of key activities over a six-week period (March 1 to April 30, 2020) is reported.

Gathering Strength to Combat COVID-19

Manitoba FN that had their eyes on the news and could imagine the potential havoc COVID-19 could wreak on their populations began assessing available resources to protect people and communities. NCN was guided along by a systems-thinking orientation in which all factors that could influence the outbreak and spread of COVID-19 were considered. Causal loop diagrams were drawn to depict case scenarios of how the disease could make its way into and spread within the community (Bradley, Mansouri, Kee, & Garcia, 2020) or conversely, how loopholes could be blocked to prevent an outbreak. The community recognized that in order to prevent or control an outbreak, appropriate clinical and public health measures would need to be in place. The community needed to: 1) Understand the virus, its nature and transmission characteristics; 2) Evaluate the population and any factors that could make them susceptible and yield poor disease outcomes, for example elderly patients or those with predisposing conditions; 3) Determine disease transmission routes, such as travel-related or community transmission potential; 4) Develop infection control pathways. In the case of COVID-19, there are no therapeutics or vaccines (Guo et al., 2020; Lai et al., 2020; Yang et al., 2020).

Preventing and Controlling COVID-19 in the Community

Having come through the H1N1 pandemic in 2009, FN understood that rural and remote communities plan differently than the general urban population (Mostaco-Guidolin, Bowman, Greer, Fisman, & Moghadas, 2012; Mostaco-Guidolin, Greer, Sander, Wu, & Moghadas, 2011; Mostaco-Guidolin, Towers, Buckeridge, & Moghadas, 2013). The best line of defense would be to ensure as much as possible that there are no outbreaks in the first place. NCN leadership comprised of Chief and Council (C&C) members, directors and managers of programs in the community, emergency and public health teams (which was to become to community's pandemic planning and preparation team [PPPT]), promptly sprang into action. The PPPT came together and started with a review of a pre-existing emergency response plan. Key emergency procedures, roles and responsibilities of C&C, Nurse-in-Charge (NIC), the local Emergency Management Office (EMO), and officers were identified and highlighted. Available human resources for possible redeployment were identified as were other skilled people in the community, such as hunters, medicine pickers, and auto and electrical repairpersons. These skills and capacities would be useful in the event of a community emergency trigger and possible lockdown. The PPPT also identified and prepared locations that could be quickly converted for clinic, testing, and quarantine use and took comprehensive stock of available equipment and supplies at the local nursing station.

Specific Steps

These are the specific steps that were taken as part of the community's pandemic planning and preparation.

1. Reviewing emergency plans—A key step in our community pandemic planning was having emergency response documents in place. This provided a rallying document for the public health team and community leadership. It also provided a sense of preparedness and confidence that the community was ahead of the pandemic with an implementable plan.
2. Joint decision-making—Joint decision-making with public health, nursing staff and community leadership was crucial. The public health team provided information and recommendations on infection prevention and control measures, including hyper disinfecting high-traffic areas, such as the school and recreational facilities in the community. The NIC provided information on testing, priority populations, and facility capacities in the community. Leadership informed the community through memos and fielded questions. Memos and factsheets were distributed throughout the community to guide individual and corporate action. For example, the local school and teachers were duly briefed on the nature, transmission, and current situation of COVID-19. C&C observed and responded to teachers' concerns during the town hall-style briefing, and those discussions led to the decision to shut the school until further notice. This happened well ahead of provincial announcements of school closures for the rest of the year. This measure to prevent a possible outbreak among students and teachers happened quickly because all concerned leadership was together in assessing the situation and jointly making decisions along with the school board and education general authority.
3. Reviewing evidence—C&C requested and received expert public health information on COVID-19. The public health department conducted a comprehensive review of literature on the disease and provided evidence summaries to the PPPT. The team wanted to operate and make evidence-backed decisions based on information and ongoing updates from reliable sources.
4. Traditional health knowledge—The emergency PPPT called for medicine people in the community to prepare traditional medicines for the traditionally inclined in the community. Medicine people in the community went out on the land harvesting and

preparing medicines for the entire community. Preparations were to support personal immunity and to help disinfect households and public spaces. Traditional health practices were also conducted by medicine people for psychosocial and spiritual support. Sweat lodges, smudging, prayers, and land-based activities observing stipulated physical distancing measures were offered. Medicine bundles were readied and placed at the local counselling department for pick-up and distributed from house to house, especially to Elders who could not go to pick up their bundles.

5. Mental health and well-being—There was a significant amount of fear and anxiety in the population regarding contracting the infection and anxiety about what could happen to the community if there was an outbreak. Studies show that this tendency towards fear, anxiety, and worry in emergencies is commonplace (Mawson, 2005). Fear and anxiety can be worsened by loneliness—caused by self-isolation and quarantine measures in some instances—among individuals, older adults, and even health care workers and requires mental health supports (Banerjee & Rai, 2020; Cai et al., 2020; Goethals et al., 2020; Zhang & Ma, 2020). A mental health therapist and trained counsellors in the community were placed on alert to provide support when necessary to community members and for workers. They were to be proactive in reaching out to people who may be vulnerable in such cases, such as Elders, the bereaved or people in palliative care or struggling with predisposing conditions. There were intentional moments of prayers at meetings and planning sessions to help people stay calm and rely on the Great Spirit.
6. Securing public trust in authorities—C&C, together with the public health team, decided early on to frequently share accurate and reliable information with the community. This was intended to curb misinformation leading to panic, which was already quite rampant as people lifted false, incomplete, or contradictory information from Facebook or other social media. Some of the information circulating on social media was not consistent with public health or scientific evidence on COVID-19. It was also crucial to communicate all possible risks to individuals and the community as a way to motivate action and propel full adoption of recommended public health measures of hand washing, cough etiquette, physical distancing, and PPE use when in inevitable contact with an infected person.
7. Communication—The Chief provided information and updates on the local radio in both Cree and English. Information sheets and flyers were also developed or obtained from reliable sources and hand delivered to all homes in the community. In addition, weekly memos were placed on the community's website and emailed to all staff. Communication kept the community abreast of any action the leadership was taking to protect the people. All avenues were explored so that no one would be left behind on information or any measures being taken. For example, a physical distancing measure was instituted, restricting mass gatherings to not more than 50 people at first, and then to not more than 10 people within two weeks. The nature and culture of the community is that people operate in warm close-knit relationships. Visiting, hugging, and sharing food are common, especially during community activities (fishing derbies, sports, powwow, etc.) and gatherings during funerals. Proper and adequate communication helped the community understand and observe physical distancing.
8. Infection control measures—The public health department conducted training sessions on PPE, provided information on disinfecting households, and frequently used spaces and homemade disinfecting sprays and wipes with bleach which can be effective against viral pathogens. Store-bought disinfecting supplies were also distributed to families with young children and those who would normally receive homecare services. Homes and living conditions were assessed during the door-to-door information distributions, families needing extra supplies were supported or advocated for to receive additional services, such as mould removal, food, and cleaning supplies.
9. Stockpiling and supports—Food packages were prepared for the most vulnerable members of the community and especially those with young children. The packages included non-perishable food items, cleaning supplies, personal hygiene supplies, diapers, and baby wipes. The local store was encouraged to stockpile groceries as uncertainty mounted regarding the COVID-19 pandemic. In the nearby town of Thompson, the pandemic had created panic and pandemonium with people hyper-shopping and items being out of stock for weeks at a time. Ordering those items directly into the community was a way to have sensible rations and prevent community members from commuting in and out of the community several times to see if needed items had become available in stores in town. Being assured of food and supplies had a calming effect on the population, making it easier to implement necessary public health measures such as stay-at-home orders.
10. Community safety—Following a systems analysis of possible COVID-19 impact on the community, C&C instituted a pre-emptive local state of emergency on March 20, 2020. A lockdown of the community also came into effect on March 22, 2020. NCN was one of the first communities to institute these measures in northern Manitoba. Community members with business outside of the community were advised to complete all obligatory business they had outside the community within a stipulated number of days and return to the community in preparation for the lockdown. The PPPT required the development of contingency work and business plans including taking stock of essential workers who were to stay on active duty during the lockdown. This step helped cushion any economic impact and maintain business function on a scaled back but active level.

11. Accounting for everyone—The PPPT implemented procedures for receiving all returnees into the community within a specified time period. This included members who had been living in urban centres and some who had become homeless and used homeless shelters in towns and cities. Spaces were prepared in which returnees could be quarantined and monitored for symptoms over a two-week period before reuniting with families. If they developed any symptoms, there were procedures laid out on homecare monitoring or safe transfer to hospital care. This step welcomed all members back home while also keeping the rest of the community safe.

CONCLUSION

Collaborative planning is crucial for community preparedness during pandemics, or indeed any emergencies. Reliable and frequent information provides guidance and calms the community while decisions are made on the best paths forward. NCN has demonstrated that FN have the capacity to pull together, pool resources and fight for the well-being of our people. As at the writing of the article, there are no COVID-19 cases recorded in the community. This makes a compelling case for community-based pandemic preparedness for all FN communities. Outside resources are important and do play a significant role, and community preparation is a bedrock without which chaotic situations can and do become uncontrollable, manifesting in fear, anxiety, and panic. A strong and prepared leadership is instrumental in maintaining confidence and marshalling resources to protect FN people and communities during pandemics.

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CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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SOCIAL INNOVATION NARRATIVES

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STRENGTHS

Enhancing resilience during the COVID-19 pandemic: A thematic analysis and evaluation of the warr;or21 program

Jeff Thompson*

ABSTRACT

The novel coronavirus (COVID-19) has negatively impacted the world in a variety of ways. Thousands have died, many more have fallen ill, and it continues to have a disastrous impact on the global economy. The virus has also significantly impacted people's well-being and their mental health, where the effects are expected to continue long after businesses begin to re-open. Promoting resilience and positive mental health coping strategies are, therefore, vital to assisting people as this pandemic continues and long after a sense of "normalcy" returns. This paper, a program analysis of warr;or21, a resilience program, utilizes qualitative research methods to share the insights of participants who completed the program during the COVID-19 pandemic. The warr;or21 program was designed initially to enhance resilience in law enforcement and other first responders and has since been adapted for the general public. The data reveals that, from the perspective of the participants, warr;or21 has helped many of them cope and manage positively, specifically amid the COVID-19 pandemic. Thus, the warr;or21 program has the potential to help enhance people's resilience and mental health during future adverse events as well as to be used proactively to further develop a person's overall mental health and resilience.

Key Words Grit; mental health; positive psychology; gratitude; empathy.

INTRODUCTION

The novel coronavirus (COVID-19) has negatively impacted the world in a variety of ways. As of today, May 10, 2020, according to Johns Hopkins there is a total of 279,734 deaths and 4 million cases (John Hopkins University, 2020). These numbers continue to rise. Further, the virus produced a disastrous impact on the global economy as the most affected countries are responsible for 40 percent of the global economy (Craven, Mysore, Singhal, & Wilson, 2020). The pandemic has also significantly impacted people's well-being and mental health, with reported high rates of anxiety, depression, and distress (Coe & Enomoto, 2020). Another report states that nearly half (45%) of adults living in the United States say their worry and stress associated with the COVID-19 virus has negatively impacted their mental health (Panchel et al., 2020). The negative impact of COVID-19 could be due to a variety of factors, including pre-existing conditions, loss of employment, social isolation, and burnout from those still employed during the ongoing pandemic (Panchel et al., 2020). These effects are expected to continue long after businesses begin to re-open, and the result is expected to create a behavioural health crisis (Coe & Enomoto, 2020), with mental health concerns growing as a second curve that will need to be addressed (Ortega, 2020). Promoting resilience and positive mental health coping strategies is, therefore, vital to assisting people as this pandemic continues and long after a sense of "normalcy" returns.

This paper uses qualitative research methods to conduct an evaluation of the warr;or21 program and share insights of the participants who completed it during the pandemic. The warr;or21 program was designed to enhance resilience in law enforcement officers and other first responders and has since been adapted for the general public. The data in this report reveals that, from participants' perspectives, this program has helped many of them cope and manage positively, with many specifically mentioning the positive benefits the program had while they were in the midst of the COVID-19 pandemic. As of the date of this publication, another report, which specifically explores the perspective of first responders (from other

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cohorts) who have participated in the warr;or21 program has been submitted for publication with similar findings. An additional report, which has a much larger sample size with the majority of participants being non-first responders, is near completion and also has similar findings.

PROGRAM EVALUATION

The following research question was established to guide the evaluation of the program: How did the participants perceive the warr;or21 program impacted them, specifically while participating in it during the COVID-19 pandemic?

Thematic analysis is used to address this question, reporting the insights and experiences of participants (Braun & Clarke, 2008; Thomas, 2003). Braun and Clarke further explain that this methodology seeks to share the reality of the individual and how they perceive an experience. The analysis conducted for this paper followed the six phases suggested by Braun and Clarke: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Considering there are overlaps and similarities between many qualitative approaches, grounded theory practices also assisted with the analysis as the data was broken down into manageable pieces to determine the conceptual direction to be followed (Packer-Muti, 2009). The purpose, similar to thematic analysis and other qualitative methodologies, is to reveal themes that have emerged (Bloor, 1978; Bound, 2011; Creswell, 2007; Wolcott, 1990).

The data source is participant comments provided during the program, as well as the post-program survey used to evaluate the warr;or21 program. Program participation, giving feedback, and completing the post-program evaluation survey were voluntary.

The examination of the data consists of both inductive analysis, as the themes are strongly linked to the data itself, and theoretical analysis, as the construct of the warr;or21 program helped guide the analysis. An example of inductive analysis is that COVID-19 was never indicated as a prompt for reflection during the program or during the post-program survey. Instead, the participants chose to connect their program experiences with the ongoing pandemic. An example of theoretical analysis is using the program's design and key practices as a lens to gain the insight of the participants. This includes exploring statements made about the benefits of the breathing exercises, which are a core practice in the warr;or21 program.

THE WARR;OR21 PROGRAM EXPLAINED

The warr;or21 program, created by the author, is a 21-day resilience program that is conducted through the Google Classroom application and can be accessed through Google Classrooms on a variety of devices (from smartphones to computers). The program takes place over the course of 21 days, Monday through Friday, meaning participants have weekends "off." Each day during the program, participants receive an alert on their mobile devices (by allowing notifications through the app) containing a link directing them to a file that contains the day's daily practices. The daily practices, which take 10 to 15 minutes to complete, are structured around the daily key word: a quote, five minutes of controlled breathing practice, a short science-based article on the key word, a brief reflection on the key word and the article to guide them during the rest of their day, and a gratitude practice. It is suggested that all of the practices be completed in the morning, except the gratitude practice, which it is considered better to complete in the evening just before going to sleep.

PARTICIPANTS

The warr;or21 had multiple cohorts participating in the program during the COVID-19 pandemic. For this report, a purposeful sample of one cohort consisting of 46 participants was selected to conduct the program evaluation using thematic analysis. Participants in each of the cohorts voluntarily joined the program, and outreach was conducted by the author through informal networks, email lists, and through referrals from previous participants. Participants in this cohort were from Spain, the United Kingdom, and the United States, and various agencies for the first responder participants. A purposeful sample, common in qualitative research (Palinkas et al., 2015), was used to restrict the participants to one particular cohort. The cohort had just completed the program at the writing of this report, thus making them ideal to offer their knowledge and experience of the program during the COVID-19 pandemic (Creswell, 2007; Patton, 2002). A total of 16 participants completed the post-program survey: 4 males, 12 females; 10 civilians, 1 civilian in law enforcement, 4 uniformed law enforcement members, and 1 (other) first responder in the program.

THEMES

As a result of using the thematic analytical six-phase framework (Braun & Clarke, 2008), the individual experiences that were shared by participants were grouped into the following five themes: the impact of the warr;or21 program on the individual while in the midst of the global COVID-19 pandemic, the overall design of the program, the breathing practices, the gratitude practice, and the personal benefit of participating.

COVID-19 and the warr;or21 Program

Without being solicited, numerous participants mentioned the benefits of participating in the warr;or21 program while being in the midst of the global COVID-19 pandemic. These benefits include warr;or21 providing them consistency and normalcy during a time when the pandemic had taken aspects of control away from people's everyday lives:

> "Thank you for inviting me to complete this program. It has provided me with a sense of calm and normalcy in this unprecedented time."

> "This course has been an amazing way to start my days during these uncertain and unstructured times."

> "I am grateful for being able to take something good from these hard times. This program is definitely helping me to keep centred and enjoy simple moments."

Other participants stated how the program's specific practices helped them:

> "During the crazy C19, the readings, journals and breath work kept me grounded. Brought me back to centre and provided me tools to deal with some very stressful situations."

> "Doing this course during COVID-19, when there is so much stress and uncertainty, has really helped me be less reactive through the breathing exercises and practice gratitude nightly through journaling."

However, other participants were more generalized about how the program assisted them:

> "Truly [there was] was no better time to take on this challenge."

> "This program has come at the most important time and has a deeper meaning than any of us could have ever expected."

> "Thank you for these perspectives as they couldn't fall at a better time."

Certain participants explained how the benefits of the program extended to others too, both in their professional and personal lives:

> "It was a pleasure to complete the 21 days during this insane time. It could not have been at a better time to help me and my family cope."

> "I have been stressed and on edge worrying about my family and their health during this pandemic. This program has made me take time out of my day for myself."

Again, the comments related to COVID-19 shared by the participants both during the course and as part of the post-program were not solicited. Instead, they each chose to connect the program to something personally meaningful. The multiple statements made related to life amidst COVID-19 demonstrate how this theme emerged from inductive analysis (Braun & Clarke, 2008; Thomas, 2003).

The warr;or21 Program Design

The warr;or21 program's design is based on numerous other resilience programs and practices (Emmons, 2010; Gillihan, 2018; Hanson, 2016; Korb, 2015; Reivich & Shatte, 2003; Seligman, Steen, Park, & Peterson, 2005; Siegel, 2018; Southwick & Charney, 2018; Tabibnia & Radecki, 2018; Wilson, 2016) and has been purposely constructed to provide participants with daily practices that are both practical and science-based. Research has also demonstrated the importance of being flexible and having various resilience practices available (Bonanno, 2013; Wu et al., 2013). Feedback from participants noted how the program's design specifically helped them, especially when asked in an open-ended manner in the survey what they liked most about the program:

> "The structure. The daily themes."

> "It gave a structured outline for each day."

> "Each day was to the point with actionable steps."

Additional participants shared their appreciation, specifically with respect to the program's structure:

> "The program was a well-structured, deeply informed step into practical mindfulness practice."

> "Just thanks for pulling it all together and presenting it in a concise format."

> "The structure of the program was quite helpful. The readings, questions, and comments allow for a unique self-exploration in a relatively short period of time. It pulled together many of the lessons I have learned over the years in an accessible manner and allowed for a deeper reflection each day, which we often take for granted."

Finally, the following two participants mentioned the structure of the program, specifically with the various practices connected to the daily controlled breathing:

> "I liked the way it built on existing knowledge as a way to develop the learning, but also gradually built the physical skills associated with the breathing exercises while also embedding the habit of doing them."

> "I loved how the program integrated starting the positive habits it talks about via the breathing and gratitude exercises. I also appreciated the many different sources it pulled from—the extra reads were great."

The controlled breathing practices are one of the core practices of the program and emerged, as previously stated, as a theme based on both inductive and theoretical analysis.

Controlled Breathing Practices

The warr;or21 program consists of various controlled breathing practices that are part of the daily core morning routine. As previously shared, controlled breathing can help reduce anxiety and depressive symptoms, improve focus and sleep, and regulate emotions (Doll, 2016; Doria, de Vuono, Sanlorenzo, Irtelli, & Mencacci, 2015; Greenberger & Padesky, 2016; Kwekkeboom & Bratzke, 2016; Pozuelos, Mead, Rueda, & Malinowski, 2019; Siegel, 2018). Participants expressed appreciation of doing these practices:

> "Enjoyed the breathing exercise. Found it to be calming, refreshing, refocus, and if sleepy will put you to sleep."

> "The breathing exercises have become a beneficial ritual every evening in my home."

Finally, the following participant connected the controlled breathing practices with the other core practice of the warr;or21 program, expressing gratitude:

> "The breathing and gratitude exercises are something I definitely wish to continue even after the program is over."

The breathing practices, along with evening practice in gratitude, were included specifically due to the overwhelming research detailing their importance to resilience and positive mental health (Chu, 2016; Cunha, Pellanda, & Reppold, 2019; Dean, 2013; Doll, 2016; Doria et al., 2015; Emmons & McCullough, 2003; Emmons, 2010; Greenberger & Padesky, 2016; Korb, 2015; Kwekkeboom & Bratzke, 2016; Pozuelos et al., 2019; Siegel, 2018). Because of the importance of the breathing practices, the warr;or21 program was specifically designed to have them start the day (controlled breathing) and conclude each day (gratitude practice).

Gratitude Practice

The gratitude practice, based on the specific structure for this program, is unique; however, at the same time, it is based on numerous similar practices that the literature has stated as being beneficial to one's mental health and resilience (Chu, 2016; Cunha et al., 2019; Dean, 2013; Emmons & McCullough, 2003; Emmons, 2010; Korb, 2015; Neff, 2015). Based on the literature, a distinct gratitude practice was developed. Each evening the participant is instructed to write in a notebook the following three things for that day: one thing that made them happy, one kind thing someone did for them, and one kind action they did for someone else.

To increase the purposeful, daily reflection, participants are asked not to repeat details they write in the journal during the 21-day course. Various gratitude practices are beneficial; however, writing down things one is grateful for has especially been shown to have benefits (Cheng, Tsui, & Lam, 2015; Fritz, Armenta, Walsh, & Lyubomirsky, 2019). Finally, engaging in the gratitude practice was designed to be completed close to bedtime, as this, too, has been shown to have benefits with helping people sleep (Korb, 2015; Wood, Joseph, Lloyd, & Atkins, 2009).

Some participants specifically stated the positive impact the gratitude practice had:

> "Practicing gratitude has made me a much happier person. I am no longer the angry individual that I was a couple months ago and people have taken notice [of] that."

> "I have found a lot of success in writing my thoughts out. And focusing on our gratitude questions each night."

One participant associated gratitude practice with their perspective and sense of agency, focusing on what they do have control over and also appreciating certain aspects of what is happening. Hanson explains "agency" as being the cause and not the effect (Hanson, 2018). This is critical to resilience as it can counter feelings of hopelessness:

> "When I work at finding gratitude, when I work at giving kindness, when I work at pausing and resetting my story—that makes me feel good and allows me to rise above what is happening around me."

Other participants stated the importance of gratitude and how they are sharing it with others:

> "For myself, gratitude is the most powerful tool for wellness. Although it may seem difficult at times, it becomes very easy to implement and very easy to spread."

> "I'm going to start posting my daily gratitude practice on Facebook in the evenings and challenge my friends to start one of their own."

The above comments demonstrate how gratitude emerged as a theme while evaluating the warr;or21 program. The participants' reflections are also consistent with the previously mentioned research studies that have established gratitude practices as being critical to developing and enhancing resilience.

Personal Benefits

The warr;or21 program is presented to participants as part of the personal journey to find personal well-being and mental health. The program emphasizes that, regardless of one's employment or tasks in life, it is necessary to look after oneself. The participants are reminded that this is not selfish; it is smart. Considering the program was created for law enforcement and first responders, this is critically important, especially during the COVID-19 pandemic, as psychological trauma has been described as the next crisis for front-line workers (Mock, 2020).

This theme of the program providing a personal benefit to participants emerged through both inductive analysis and theoretical analysis. The participants shared the following comments freely, while also replying specifically to a post-program survey question asking them to describe what the program meant to them.

Here, some of the participants shared their gratefulness by realizing the personal benefits the program had for them:

> "The program gave me confidence and the tools to really start depending on myself to take care of myself."

> "By sitting down to review materials, I feel it is the only time in my day to focus on something for me."

> "A tool to explore your mind, learn about yourself and find new ways to build mental resilience."

> "Thank you for a great experience and the wealth of mind-blowing information. Between the videos and articles, I really learned a lot."

Although these reflections do not specifically mention COVID-19, the following two participants reflected on the timing of the program:

> "I have learned (from the past 19 days in fact) that being mindful for yourself is so more important now."

> "I think the program is super. I took it at a time when I did need it the most."

The following participants detail how the third pillar of resilience in the warr;or21 program, which emphasizes having a purpose that benefits the self while also supports others, impacted them:

> "It has also forced me to 'pause' during my day to make time for myself, which helps me better serve others."

> "I sincerely believe that this program helped me to deal with stressors in a more thoughtful and meaningful way, and strengthening my resilience allowed me to be there for others."

The program also provided participants an opportunity to motivate themselves further to continue improving their resilience and mental health after the program had finished:

> "I thought this program was a great catalyst and motivator in helping me pursue more resilience in my life and helping me to find a fulfilling career path."

The above participants' statements, about the personal benefits they gained by participating in the program, demonstrate how this program had a significant impact on them.

CONCLUSION

Programs like warr;or21 and other resilience programs cannot be limited to quantitative statistical analysis. Resilience involves a person's perspective. When measuring terms like *success* and *impact*, it is only through a qualitative methodology that the information in this report can be gathered, address the guiding question, and allow the five themes to emerge: the impact warr;or21 had on participants during the COVID-19 pandemic, the design of the program, the controlled breathing exercise, the gratitude practice, and the personal benefits of participating in the program. We acknowledge that this report uses one type of analysis to examine the impact of the warr;or21 program, and thus is limiting in numerous ways.

To conduct a more robust program evaluation, further research is needed to determine the program's impact. This research includes evaluation during the program, the immediate effects after it is concluded, and also exploring the long-term impact. This can include both qualitative and quantitative methodologies.

Qualitatively, similar strategies can be further expanded and used with participants to gauge their perspectives prior to participating, throughout the program, immediately upon completion, and after a set time has passed since finishing warr;or21.

The sample size was small and consistent with qualitative methodologies which does not limit the findings given the scope and purpose of this report. However, future studies can complement these findings and enhance them by using quantitative methodologies. A larger sample size and a sophisticated strategy involving quantitative analysis can expand on the individual experiences and themes that have emerged in this report to identify significant relationships from the data (including comparisons between subgroups such as first responders and civilians, males and females, geographic location, and other key areas).

This analysis has shown that, based on the feedback from participants in the program, warr;or21 offers individuals an opportunity to enhance their resilience and mental health, especially during the tumultuous COVID-19 period, as many continue to be impacted by this global pandemic. The warr;or21 program also has the potential to help people enhance their resilience and mental health during future, adverse events. Finally, and importantly, the warr;or21 program should also be considered to proactively develop a person's overall mental health further. As the program continues to expand with participants, so too must its evaluation and scientific analysis to measure the impact it has on participants.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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Journal of
COMMUNITY SAFETY & WELL-BEING

Mobilizing the police from the top down as public health partners in combatting COVID-19: A perspective from Vietnam

Hai Thanh Luong,* Melissa Jardine,† and Nicholas Thomson‡

The coronavirus (COVID-19) was declared a global pandemic by the World Health Organization on 11 March 2020. The pandemic is having a profound impact on global order, the global economy, and the health and well-being of millions of people across the globe. As its impact continues to unfold, the relationship between public health capability and policing responses has become a focus of analysis. Vietnam has so far managed to avoid a health catastrophe, and, given its proximity to China, this bears further examination.

COVID-19 was first documented in Vietnam on 23 January 2020, when Ho Chi Minh City officials reported two confirmed cases involving people who had recently travelled from Wuhan, in Hubei province, China. At the time of writing, the last case recorded was "patient number 268," with 223 patients making a full recovery and no death toll after three months (Minh & Bich, 2020; Viet-Phuong et al., 2020). Most COVID-19 cases have involved people travelling to Vietnam from overseas. Vietnam's effective response to COVID-19 is founded on its experience with the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak, which involved significant collaboration with international agencies and foreign governments (Lucius, 2009).

TOTAL STATE RESPONSE TO COVID-19

Vietnam, alongside China, is one of few countries with a one-party state. In response to the emergence of COVID-19 in Wuhan, the Vietnam Party-State (VPS) directed all levels of government and society to respond to the unfolding situation and take immediate measures to prevent and control the epidemic (Viet-Phuong et al., 2020). The General Secretary-President of the VPS invoked the national slogan to officially declare that "fighting the COVID-19 epidemic is like fighting the enemy," referring to Vietnam's protracted fight for independence in the 20th century from colonial French and United States administrations. Through positioning the state response to COVID-19 as a fight to protect national security, the Government and Party continued a narrative which protects and entrenches Communist Party legitimacy, protects economic and social stability, and protects the well-being of the people, while mobilizing the entire political system and all citizens in the response (Lucius, 2009).

One part of Vietnam's Communist state response is the activation of a permanent steering committee on disease prevention and control, the National Steering Committee for COVID-19 (NSCC). It includes representation from multiple Government ministries, departments, branches, mass organizations (e.g., Women's Union and Ho Chi Minh Youth Union), and officials and soldiers from the armed forces and law enforcement agencies (Minh & Bich, 2020). The NSCC coordinated the implementation of strict public health and security measures to prevent the spread of COVID-19.

Police and security forces have emerged as key resources in the response to the global pandemic. In Vietnam, the Ministry of Public Security (MPS) established their own Steering Committee for the Prevention and Combat of COVID-19, with the Deputy Minister as its head. Subsequently, police officers at all levels of government were instructed to be more active in disease prevention and control, including receiving instructions from public health leaders. Throughout the state, under the leadership of the VPS, the NSCC, and the NSCC's branch of MPS, police and security forces deployed their professional training to control, monitor, and limit community transmission of the virus by enforcing a community-wide lockdown.

There are four key approaches to COVID-19 initiated under the supervision of the NSCC that are relevant to the police and security forces. These approaches were adopted in staged combination depending on specific circumstances, speed of spreading of the virus, and size of population and were designed to ensure the effectiveness of each stage of the campaign to prevent and control COVID-19 in Vietnam. Firstly, the police and security forces were mobilized to provide information and education to the community about the risks of COVID-19 transmission and what actions were required to prevent transmission. Secondly, security guards were deployed to cooperate with local administrators and public health officials to isolate COVID-19 patients or people under quarantine and to secure the surrounding area. Thirdly,

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security forces monitored and guarded specific locations 24 hours a day where new COVID-19 cases emerged. Finally, police investigated other crimes associated with the pandemic, such as the spread of misinformation, including with respect to the Government and Party's national response. At least seven offenders were arrested for attempting to embezzle the State's budget investment to distribute medical equipment in the Hanoi Centre of Disease Control.

"NOTHING IN, NOTHING OUT"

In addition to physical distancing, governments across the globe have sought to prevent the spread of COVID-19 through public health interventions such as lockdowns and restrictions on movement. Vietnam's experience and capability to mobilize the community, government agencies, and law enforcement institutions in responding to new infectious disease outbreaks appears to have been advantageous in mitigating the full impact of SARS since 2003 (Lucius, 2009). Moreover, Asian countries with close proximity to the source of the outbreak, which might usually be expected to bear the brunt of virus spread, demonstrated preparedness through a number of effective responses, including high- and low-technology solutions, such as in Singapore and Vietnam (Heymann, Mackenzie, & Peiris, 2013). Crucially, China's neighbours' rapid responses to the threat of an epidemic in the early stages averted the crisis now seen in countries much farther afield.

One of the most prominent strategies in policing applied in Vietnam is "nothing in, nothing out"—which refers to denying unauthorized people entry or exit to and from isolated areas or their peripheries without official permission. Furthermore, in the isolated zones, police officers are always present 24 hours a day 7 days a week to maintain compliance with the lockdown (see Figure 1). A joint team comprising multiple agencies, including police, was created to inspect all people moving in and out of their provincial boundaries, particularly at cross-border points between Vietnam and its neighbouring countries such as China, Cambodia, and Lao PDR, as well as at its international airports (Minh & Bich, 2020; Viet-Phuong et al., 2020).

A strict lockdown approach was implemented initially in Vietnam to control and isolate approximately 10,000 people of Son Loi village (about 40 kilometres from Hanoi). In Son Loi, five people were infected with the virus in mid-February 2020, which resulted in the village being isolated under strict quarantine for 21 days to ensure no new cases emerged before relaxing the quarantine conditions. After successfully containing COVID-19 infections in Son Loi, the risk of infections coming from overseas travelers became the focus, particularly after patient number 17 arrived from Europe. As a result, the Government instituted mandatory 14-day quarantine at state facilities or voluntary camps. At the high point, there were more than 70,000 people in quarantine (Minh & Bich, 2020; Viet-Phuong et al., 2020).

FIGURE 1 Nobody in, nobody out. Isolated COVID-19 zone at Son Loi Commune, Vinh Phuc Province, Vietnam

COMMUNITY-BASED POLICING IN COVID-19

There is no agreed definition of community policing, though it is generally underpinned by key principles, including focusing on building ties and working closely with local residents as well as establishing relative trust between police and community through interactions with people and the public (Jenkins, 2016; Tyler, 2011). In Vietnam, the Party-State ideology requires that national security bodies, including the police, loyally serve the Communist Party (Hai, 2019; Jardine, 2020). Since their establishment in 1945, the Vietnamese police have acted as the "sword and shield of the Party" to protect the regime (Grossheim, 2018). In the context of COVID-19, protecting the health of the people in turn protects the legitimacy of the Party. As a result, one of the most distinguishing features of Vietnam's COVID-19 response resembles a community policing model, where frontline officers, who have extensive capability for community engagement at the ward and commune level, exchange information related to the VPS directives on prevention and containment strategies. This relationship enables police to use discretion in urgent situations and have up-to-date intelligence on potential risks (Turner & Rowe, 2020). In response to the spread of COVID-19, Vietnamese police distributed essentials, such as face masks, hand wash and sanitizer, among other medical provisions. In addition, at the community level, police provided their accommodations to support local residents who were required to shelter temporarily in isolation. In turn, local residents cooperated with police and provided reliable information relating potential COVID-19 cases to police officers through public notification boxes or private hotlines.

According to their duties under the NSCC and in cooperation with public health officials, police checked all residences and commercial and entertainment centres to prevent the spread of COVID-19 by knocking on every door to ensure compliance with the lockdown orders, including monitoring people who had returned from overseas and were in isolation. At each house, police examined the household registration book, educated the owner about their responsibility to maintain accurate records, and reminded the owner to declare relevant information transparently. Police also reminded residents to ensure relatives returning from overseas were quarantined. For example, after two weeks with no new cases in the whole of country, when COVID-19 patient number 17 was detected in Truc Bach Street, Hanoi (see Figure 2) on 6 March 2020, all ward police officers were deployed to guard the quarantine zone and check all accommodation whether owned or rented in the surroundings.

FIGURE 2 Lockdown at COVID-19's infectious areas at the Truc Bach ward, Hanoi

Police enforced home-based quarantine for all residents in Truc Bach Street to detect any residents who may have been in contact with infected patients or even passed through contagious areas. To do so, police went door-to-door checking in with local residents and traced patient number 17's routes and tracks before infecting.

FINAL THOUGHTS

Nationwide lockdowns in Vietnam resulted in trade-offs between strict lockdown measures and limitations on freedom of movement. While lockdowns and quarantine are appropriate responses to prevent the spread of a contagious virus, Vietnam's approach was strictly enforced and incredibly effective. The extent of local dissent to the NSCC and MPS instructions are unclear, particularly because publication of information or views which are unsupported by the Party may lead to arrest (Minh & Bich, 2020). In contrast, some Western democracies, such as the United States, have seen people outdoors protesting their rights to freedom of movement—even in a pandemic.

With respect to intense police involvement in the pandemic, one of the risks for frontline ward-level police officials is that by going door-to-door to inform, educate, and monitor the community for compliance, they may be at increased risk of infection due to their close proximity to suspected cases, patients, and their relatives. It is unclear to what extent police received professional training regarding the prevention and control of COVID-19. Nonetheless, the policing structures provided important mechanisms for disseminating information and personal protective equipment (PPE) to frontline officers, as seen by a police branch of the Women's Union that mobilized to distribute PPE and food to officers (Bo Cong an, 2020).

Vietnam's capability for expansive local-level police engagement in a pandemic provides useful insight into different models of community policing. It demonstrates how a close relationship between police and local residents as a form of community-based policing can work productively (Grossheim, 2018; Palmer, 2020). In the Vietnamese context, the application of "zero tolerance policing" amid high rates of virus spread may have ensured high community compliance with the VPS's COVID-19 directives on physical distancing regulations. In Vietnam, people can be sentenced to up to seven years in jail for the use of force or threats towards authorities executing their duties. Vietnam's leaders appear to have strong support from the community for their response to COVID-19 and acceptance of the limitations on personal rights. Nonetheless, it remains to be seen which aspects of the Vietnamese approach can be applied in other countries.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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COMMUNITY SAFETY & WELL-BEING

Addressing the "shadow pandemic" through a public health approach to violence prevention

Lara C. Snowdon,* Emma R. Barton,* Annemarie Newbury,* Bryony Parry,* Mark A. Bellis,* and Joanne C. Hopkins*

ABSTRACT

Experts from across the globe have warned of the adverse consequences of COVID-19 lockdown and physical distancing restrictions on violence in the home, with the United Nations describing it as a *shadow pandemic*. This social innovation narrative explores how a public health approach to violence prevention is implemented in Wales during the COVID-19 pandemic by the multi-agency Wales Violence Prevention Unit. The article highlights early trends in monitoring data on the impact of COVID-19 restrictions on violence, including likely increases in domestic and sexual violence and abuse, concerns over the safety of children and young people, both online and in the home, and increased reporting of elder abuse. The article supports the notion of a *shadow pandemic*, emphasizing the lack of data that routinely measures violence in the home and online that disproportionately affects women, children, and older people, as well as vulnerable and minority populations. This renders these forms of violence much less "visible" to policy-makers in comparison with violence in public spaces, but they are of no less public health significance. Through sharing this narrative and early findings, we call for increased focus on the development of new data collection methods and violence prevention programs during the COVID-19 pandemic and in the future.

Key Words Policing; partnerships; emergency services; multi-agency approach; data analysis; data-led practice.

INTRODUCTION

The impact of lockdown measures on violence has been described by the United Nations (UN News, 2020) as a *shadow pandemic,* with calls for a "ceasefire" in people's homes from Secretary-General António Guterres. Internationally, news outlets, governments, and non-governmental organizations have widely reported on surges in demand for domestic abuse helplines (UN News, 2020), concerns over online safety (Internet Watch Foundation, 2020), stalking, and harassment (Paladin National Stalking Advocacy Service, 2020), and increases in adverse childhood experiences (NSPCC, 2020), with experts voicing concern that the conditions of lockdown magnify existing violent and abusive behaviour and create new risks.

This social innovation narrative explores how the newly established Wales Violence Prevention Unit (VPU) is taking a public health approach to preventing violence during the pandemic, referencing how the team has capitalized on an extensive history of partnership between policing and public health. We also discuss the emerging literature on COVID-19 and violence, explore trends in monitoring data, and indicate how this approach, developed by the Wales VPU, adds to the global evidence base.

COVID-19 and Violence

There is a rapidly emerging literature on the association between violence and infectious disease restrictions, as researchers, frontline professionals, and policy makers begin to comprehend the social and health implications of restrictions enforced by governments across the globe in response to the COVID-19 pandemic. There are strong indications that population levels of interpersonal violence have increased within intimate partner, familial, and carer relationships, as well as violence and abuse online, with a profound impact for children, adults, and families. Concurrently, violence within public spaces, including the night-time economy, has reduced as people are encouraged to stay at home.

Whilst causation of violence is multi-factorial (Krug et al., 2002), it is apparent that pandemic restrictions have heightened the risk of violence, especially in the home and online, exacerbating the behaviour of perpetrators, and decreasing

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the ability of victims to access support (see Figure 1). Risk factors discussed in the emerging literature on COVID-19 and violence include: quarantine and social isolation, stress, anxiety, and mental health issues, changes to working patterns and loss of employment, alcohol and drug abuse (Gunnell et al., 2020), weak institutional responses (Walton & Falkner, 2020), and reinforcement of traditional gender roles (Blaskó et al., 2020). Concurrently, there is a loss of access to protective factors such as schools, access to friends, extended family, the workplace, and other support mechanisms (Social Care Institute for Excellence, 2020).

Further to this, the social, economic, and health impacts of lockdown measures have not been distributed evenly across populations. As Ahmed, Ahmed, Pissarides, & Stiglitz (2020) advise in their commentary in *The Lancet*, "pandemics rarely affect all people in a uniform way." Violence is no exception to this rule, with women, children and young people, older people, and those who are socially-isolated and/or vulnerable at a higher risk of victimization, as the risk of violence moves out of public spaces into the home.

The contextual and changing nature of restriction measures mean that trends in violence will likely be dynamic as social rules are enforced or relaxed. Considering the longer-term implications for violence when public health measures are lifted, particularly if there are considerable social and economic changes that increase unemployment, poverty, and inequality, is of critical importance. For example, it's likely that we will see increases in interpersonal violence in the night-time economy as bars and pubs reopen, and there may be changes to patterns of collective violence such as civil tension, unrest, hate crime, violent extremism and conflict, and violence and exploitation from serious organized crime groups as a "new normal" emerges.

Wales Violence Prevention Unit

The Wales Violence Prevention Unit (VPU) is a partnership of people from an alliance of organizations working together to prevent all forms of violence in Wales. Established through funding from the Home Office in 2019, the core team comprises members from the four police forces across Wales, the South Wales Police and Crime Commissioner, Public Health Wales (PHW), Her Majesty's Prison and Probation Service (HMPPS), Home Office Immigration and representatives from the voluntary sector (Wales Violence Prevention Unit, 2020). The Wales VPU is one of eighteen similar violence prevention units established across England and Wales in 2019.

The Wales VPU has adopted the World Health Organization (2020) public health approach to violence prevention. This approach uses the principles of public health as a framework for investigating and understanding the causes and consequences of violence and preventing violence through evidence-based prevention programs, policy, and advocacy. The approach emphasizes the importance of a multi-agency partnership and the value that the collective expertise of partners can bring to the table. Through this approach, the VPU aims to develop a whole-system response to preventing all forms of violence in Wales.

- Social isolation and quarantine measures
- Mental health concerns including stress and anxiety
- Loss of income, unemployment, financial insecurity
- Alcohol and drug abuse
- Reinforcement of traditional gender roles
- Weak institutional responses
- Socio-economic vulnerability

Concurrent loss of protective factors:

- Closure of workplaces, schools, places of worship
- Decreased access to support services
- Decreased access to friends, family and colleagues

FIGURE 1 Emerging risk factors for COVID-19-related violence

Police and Public Health Partnerships in Wales

The development and launch of the Wales VPU rests on a long history of police and public health partnership with a focus on addressing vulnerability and the root causes of violence and crime. Numerous programs and policies such as the Adverse Childhood Experience (ACE) Hub (ACE Support Hub Cymru, 2020), the Early Action Together Program (2020), the Cardiff Model (Crime and Security Research Institute, 2020), South Wales Violence Surveillance System (VSS) (Barton et al., 2016), and the Welsh Government Future Generations Act (Welsh Government, 2015) have all built the international case for police and public health partnership through a trauma-informed and child-centred lens.

The governance, relationships and approaches that have been jointly developed through these innovative programs have equipped policing in Wales with the tools to adapt to the changing demands of modern policing and, likewise, ensured that public health professionals are able to "keep a finger on the pulse" of policing and emergency service demand in order to understand and address underlying vulnerability. The Wales VPU builds on this history of partnership and has been able to adapt the system in response to changing demand relating to the COVID-19 pandemic and restriction measures.

Implementing a public health approach to violence prevention during COVID-19

As a focused, multi-agency unit supported by a team of public health analysts, the Wales VPU is in a unique position to provide knowledge, capacity, and capability to support the violence prevention and response measures of partners and stakeholders. Building on a solid foundation of partnership working, the VPU's strategic approach to violence prevention during the COVID-19 pandemic is focused on four strands of action:

Data analysis

The Wales VPU brings partnership data together through weekly monitoring reports. These reports analyze and monitor all forms of violence to identify trends, patterns, and hotspots emerging during the crisis. This "real time" violence surveillance enables partners (such as the Welsh Government, policing, HMPPS, and voluntary sector partners) to initiate data-led prevention and response measures both now and when public health measures are lifted, as well as adding to the evidence base for future events.

Strategic communications

The Wales VPU works with partners to shape and align evidence-informed communications. As a multi-agency team, we are in a unique position to identify opportunities and gaps, share strategic intelligence, and ensure that partners have the most up-to-date knowledge and evidence to inform their communications.

Supporting frontline services

The Wales VPU is uniquely placed to listen to our partners and provide support, advocacy, and information to frontline services. For services commissioned by the VPU, most intervention work has moved online, with providers working tirelessly to prevent violence and protect those at risk.

Information, guidance and evidence

The Wales VPU acts as an information hub for guidance, information, research, and evidence relating to violence prevention. Through our website, regular e-Bulletins, and partnership working, the VPU is able to share information, resources, and guidance with partners to inform evidence-based practice.

Violence and COVID-19: emerging trends in Wales and the United Kingdom

The Wales VPU violence and COVID-19 weekly monitoring reports collate and analyze data from a range of partners. Data sources include: police data, accident and emergency department (A&E) data, helpline and service demand data from voluntary sector partners, a weekly monitoring survey for professionals, media reports, and data from the Public Health Wales (2020) national engagement survey on health and well-being. Table I shows an overview of the data sources used within the Wales VPU violence and COVID-19 monitoring reports and highlights a number of emerging trends. Intelligence gathered to date supports the idea that those already vulnerable are at greater risk of violence and abuse as a result of COVID-19 restrictions. Whilst it is too early to draw conclusions, here we discuss some of the early trends emerging from the data:

Violence against women and girls and domestic and sexual violence and abuse

Professionals have routinely expressed concern over the risk lockdown measures pose to domestic abuse victims, with restrictions exacerbating existing abusive behaviour by perpetrators. Wales has seen a mixed picture regarding reporting of domestic abuse to emergency services and the Welsh domestic abuse helpline (managed by Welsh Women's Aid), which both saw an initial decrease, followed by a gradual return to pre-lockdown levels (Table II). This was in stark opposition to the English domestic abuse helpline, which saw an initial significant increase in calls and website visits, and CrimeStoppers (a UK-wide charity for anonymous reporting of crime) reported a significant increase in calls relating to domestic abuse from the beginning of UK lockdown measures. This raised concerns of underreporting and lack of opportunity to report in Wales.

However, in recent weeks as lockdown has been extended and the Welsh Government and partners have implemented a communications campaign with the aim of increasing reporting, both police reports and Welsh domestic abuse helpline calls have begun to increase and now resemble pre-lockdown demand (Table II). South Wales' Health Board data also reflects this steady increase in reporting. Since A&E domestic abuse assault attendances remain similar to pre-lockdown figures despite an overall drop in all assault-related attendances, domestic abuse A&E attendances now reflect a greater proportion of those requiring medical attention because of violence (Table II). Welsh Women's Aid also report increased severity and complexity of abuse, anxiety and mental health issues among their service users.

The UK Report Harmful Content (RHC) helpline (for 13 years and above) reports a significant increase in cases and website visits, and a week-on-week rise in reports since lockdown began (Table III), with the vast majority of cases from women. The most common concerns include: coercive control, domestic abuse, harassment, intimate image abuse, and stalking. Calls to the UK Revenge Porn Helpline (for adults) almost doubled in April 2020 compared with the same period in 2019, with a significant rise in calls regarding sextortion. Traditionally, this would be male victims, but the last month (April 2020) has seen a rise in the number of female victims. Concerns are now being raised by professionals over increases in sexual violence as lockdown measures are gradually lifted and the night-time economy reopens.

Children and young people

During childhood, we are especially vulnerable to the main determinants of health: living conditions, family income, employment, education, and access to health services. Global modelling predicts a stark increase in child mortality as a result of diversion of healthcare to adults with COVID-19 (Sinha et al., 2020). We know that infection and mortality rates are higher in areas of higher deprivation; children in these areas will also be impacted by food insecurity, poor-quality housing, no access to outside space or to electronic devices or internet.

Our analysis raises a number of concerns regarding children and young people experiencing violence during lockdown restrictions. The likely increase in domestic violence and abuse indicates that children and young people will be experiencing this in the home, with less opportunities to have the support of friends, extended family, schools, and other protective mechanisms (Social Care Institute for Excellence, 2020). Further data indicates a possible increase in adverse childhood experiences, including the National Society for the Prevention of Cruelty to Children (NSPCC) reporting that "parent/adult health/behaviour" is the most common category of report to their helpline for children and, within that, "parental alcohol/substance misuse" the most common sub-concern.

Child abuse and neglect experienced in the home is also a concern, with restriction measures exacerbating the behaviour of abusive adults. The NSPCC reports a large increase in both the number and overall proportion of counselling sessions about emotional abuse of children, and a significant increase in calls from adults regarding concerns about a child relating to neglect, physical abuse, and emotional abuse (Table IV).

As with adults, reports of child sexual abuse and exploitation (CSAE) online is an area of high concern (BBC, 2020). NSPCC helplines have seen a large increase in child welfare contacts where Coronavirus was mentioned specifically in relation to sexual abuse online. The Internet Watch Foundation (2020) reports that it has blocked millions of

attempts to download child sexual abuse imagery online during lockdown and the UK's National Crime Agency is investigating more than 120 cases of "Zoombombing" with child abuse imagery. It appears highly likely that online CSAE is increasing amidst less opportunities to report offences, increased time online by both victims and perpetrators, and children experiencing abuse less likely to be recognized by peers, teachers, and others in the community who would previously have provided support and reported incidents (Social Care Institute for Excellence, 2020).

TABLE I Wales VPU violence and COVID-19 weekly monitoring report data sources

Violence Type	Data Sources	Frequency of Data Received	Demand Immediately Post-Lockdown	Demand 2 Months Post-Lockdown
Domestic violence and abuse	Four Welsh Police Forces [Dyfed Powys, Gwent, North Wales, South Wales]	Weekly	Decrease ↓	Increased – now similar to pre-lockdown levels ↑
	Welsh Women's Aid [Live Fear Free helpline]	Weekly	Decrease ↓	Increased and stabilised – now similar to pre-lockdown levels ↑
	Refuge [national domestic abuse helpline]	Once	Increase ↑	Increase ↑
	CrimeStoppers	Weekly	Increase ↑	Increase ↑
	South Wales' Health Board data	Monthly	Held at 'normal' levels despite overall decrease =	Held at 'normal' levels despite overall decrease =
Sexual violence and abuse	South Wales Police Force	Weekly	Decrease ↓	Increased – now similar to pre-lockdown levels ↑
	Report Harmful Content Helpline	Bi-monthly	Increase ↑	Increase ↑
	UK Revenge Porn Helpline	Bi-monthly	Increase ↑	Increase ↑
Child abuse and sexual exploitation	Tarian ROCU [Regional Organised Crime Unit]	Weekly	Increase [IIOC online offences] ↑	Increase [IIOC online offences] – demand fluctuates week on week ↑
			Decrease [CSA] ↓	Decrease [CSA] ↓
	Childline [adult and professionals helpline]	Weekly	Increase ↑	Increase ↑
	NSPCC [adult concerns]	Weekly	Increase ↑	Increase ↑
Elder abuse	Hourglass [UK national charity]	Monthly	Increase ↑	Increase ↑
Night-time economy	South Wales Police Force	Monthly	Decrease ↓	Decrease ↓
	South Wales' Health Board data	Monthly	Decrease ↓	Decrease ↓

VPU = violence protection unit; DA = domestic abuse; NSPCC = National Society for the Prevention of Cruelty to Children; IIOC = indecent images of children; CSA = child sexual abuse.

TABLE II Domestic violence and abuse data sources

Violence Type	Data Sources	Frequency of Data Received	Demand Immediately Post-Lockdown	Demand 2 Months Post-Lockdown
Domestic violence and abuse	Four Welsh Police Forces [Dyfed Powys, Gwent, North Wales, South Wales]	Weekly	Decrease ↓	Increased – now similar to pre-lockdown levels ↑
	Welsh Women's Aid [Live Fear Free helpline]	Weekly	Decrease ↓	Increased and stabilised – now similar to pre-lockdown levels ↑
	Refuge [national domestic abuse helpline]	Once	Increase ↑	Increase ↑
	CrimeStoppers	Weekly	Increase ↑	Increase ↑
	South Wales' Health Board data	Monthly	Held at 'normal' levels despite overall decrease =	Held at 'normal' levels despite overall decrease =

DA = domestic abuse

TABLE III Sexual violence and abuse data sources

Violence Type	Data Sources	Frequency of Data Received	Demand Immediately Post-Lockdown	Demand 2 Months Post-Lockdown
Sexual violence and abuse	South Wales Police Force	Weekly	Decrease ↓	Increased – now similar to pre-lockdown levels ↑
	Report Harmful Content Helpline	Bi-monthly	Increase ↑	Increase ↑
	UK Revenge Porn Helpline	Bi-monthly	Increase ↑	Increase ↑

TABLE IV Child abuse and sexual exploitation data sources

Violence Type	Data Sources	Frequency of Data Received	Demand Immediately Post-Lockdown	Demand 2 Months Post-Lockdown
Child abuse and sexual exploitation	Tarian ROCU [Regional Organised Crime Unit]	Weekly	Increase [IIOC online offences] ↑	Increase [IIOC online offences] – demand fluctuates week on week ↑
			Decrease [CSA] ↓	Decrease [CSA] ↓
	Childline [adult and professional helpline]	Weekly	Increase ↑	Increase ↑
	NSPCC [adult concerns]	Weekly	Increase ↑	Increase ↑

IIOC = indecent images of children; CSA = child sexual abuse; NSPCC = National Society for the Prevention of Cruelty to Children.

Elder abuse

There is concern that criminals are using the current situation to abuse and defraud people, specifically targeting older people due to their perceived vulnerability; and lockdown conditions have exacerbated and further isolated older people in abusive relationships with spouses, families, or carers. Hourglass, a UK national charity tackling harm and abuse of older people, has seen a 34% increase in calls to their helpline since lockdown began (Table I). An increase in callers reporting psychological, financial, and physical abuse related to the impact of lockdown and COVID-19 response has been noted.

DISCUSSION

Internationally, the violence-related consequences of the COVID-19 pandemic restrictions are likely to vary depending on countries' public health control measures, sociocultural and demographic structures, and existing welfare supports. Despite a gradual lifting of lockdown measures in Europe and North America, a second wave of the pandemic or other infectious diseases could resurface at any time. People can live with the devastating consequences of violence for many years, not just during the outbreak itself. As such, unless robust response and prevention measures are established, second peaks or new infections will be met with even greater chronic and sustained stress to those affected by violence.

Critically, the context of COVID-19 has created an opportunity to look more at the violence that happens in people's homes and online and not just at the more visible violence in public spaces, including the night-time economy. Measuring violence during the COVID-19 pandemic highlights a lack of data on violence experienced in the home and in "private" spaces (including online) that disproportionately affects women, children, and older people, as well as vulnerable and minority populations. Available data measuring forms of violence experienced by these groups is both less accessible and less frequently collected. Monitoring data on violence during COVID-19 restrictions only amplifies this and supports the notion of a "shadow pandemic" that may be less visible but is of no less public health significance.

Developing new and innovative data collection methods and violence prevention programs, such as whole-system approaches, building community resilience, and empowering bystanders, including neighbours, friends, family, and the community, is of critical importance. This will ensure that the global violence prevention community can learn how to cope with other pandemics and crises, but we should also emerge better equipped to deal with the abuse and neglect that happens in people's homes and online, whether there is a pandemic or not.

Contributing to a global conversation and sharing learning, research, and ideas, is of utmost importance to develop this system change and growth. We hope that, by sharing this narrative of the work in Wales, we can help to better define the public health role in violence prevention, emphasize the importance of multi-agency teams working together to prevent violence, and highlight the importance of monitoring the impact of COVID-19 restrictions on violence. This will produce a more resilient system that is able to prevent violence both during the pandemic and in the future.

CONCLUSION

Repeated calls from global bodies, the media, victims, and professionals have warned of the adverse consequences of COVID-19 lockdown restrictions on violence. This social innovation narrative explores how a public health approach is implemented to monitor trends in violence and inform violence prevention activity in Wales during the pandemic. Based on early trends from this data, specific concerns are

identified including likely increases in domestic and sexual violence and abuse, concerns about the safety of children and young people both online and in the home, and concerns around increased reporting of elder abuse. The article addresses the lack of data that routinely measures violence online and in people's homes and discusses the opportunity that the pandemic has created to focus on these forms of violence and develop new data collection methods and prevention programs. In conclusion, the collaborative role of public health, criminal justice, and voluntary sector partners is emphasized, to prevent violence during the COVID-19 pandemic and in the future.

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CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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SOCIAL INNOVATION NARRATIVES

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SERVICES

Recovery-oriented practices within the Dartmouth Wellness Court: The Wall of Hope

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ABSTRACT

This paper describes the Wall of Hope art installation as a product of recovery-oriented practices within the Dartmouth Wellness Court that contributes to a culture and language of hope within the courtroom environment.

Key Words: Courtroom; art.

INTRODUCTION

In response to a growing recognition of the criminalization of mental illness and overrepresentation of people with mental illnesses in prisons and jails, the province of Nova Scotia established its first mental health court program in Dartmouth, Nova Scotia, in 2009 (Campbell, Adams, Ennis, & Canales, 2015). The purpose of this court program is to connect court participants, those whose offending behaviour is linked to their mental health concerns, with supportive services and monitoring while going through the criminal justice system (Campbell et al., 2015). In addition to the mental health court program, this court has since expanded to include an Opioid Drug Court Program, an Alcohol Court Program, and a Judicial Monitoring Program, collectively known as the Dartmouth Wellness Court. These court programs are supported by the Nova Scotia Department of Justice and the Nova Scotia Health Authority. The Judiciary, legal professionals, mental health clinicians, and community organizations work together to meet the needs of court participants by applying recovery-oriented principles to target the root causes of crime. There are six dimensions of recovery-oriented principles outlined by the Mental Health Commission of Canada (MHCC) (2016): 1) creating a culture and language of hope; 2) recovery is personal; 3) recovery occurs in the context of one's life; 4) responding to the diverse needs of everyone living in Canada; 5) working with First Nations, Inuit and Métis; and 6) recovery is about transforming services and systems. As part of a recovery-oriented approach to court services, the team recognizes the important role they play in an individual's recovery journey and supporting a culture and language of hope (Allott, Loganathan, & Fulford, 2002). The Wall of Hope has emerged as a product of recovery-oriented practices and a way for past participants to share messages of hope with future participants.

The Wall of Hope art installation is a compilation of artwork created by participants of the court programs including paintings, penwork, poems, rug hook, 3D art, and photographs of varying styles and abilities that are displayed within the courtroom. Accompanying the Wall of Hope is a phrase displayed behind the judge's bench for all to view that says "just because you have a past does not mean you have no future" (Dieleman, Kiepek, Campbell, Abriel, & Williams, 2018). This style of art displayed in the courtroom environment contributes to the transformation of the court services to include "a service culture and language that leads to a person feeling valued, important, welcomed and safe" (MHCC, 2016, p. 15). The idea is that recovery is possible for all, including people involved in the criminal justice system, and that hope stimulates recovery. Within this concept, nurturing hope is the starting point for any recovery-oriented model with the acknowledgement that recovery is fundamentally about hope.

THE WALL OF HOPE

The Wall of Hope is a visual symbol of a safe, welcoming, and inclusive environment within the courtroom in contrast to a traditional courtroom environment. The initial vision for the Wall of Hope was "a space for art to be seen and appreciated … [we] really wanted it to be something special, that stands out and provides hope. Everyone has gifts and talents, and when they're able and given the liberty to express themselves in the

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way that makes them feel comfortable, that also gives hope" (Dieleman, Kiepek, Campbell, Abriel, & Williams, 2018).

One of the authors, with lived experience as a participant of the program, explained that the Wall of Hope "is for people coming in there like I did, on my first day, and I looked around and I saw all these different paintings, and pictures, and drawings, and things … And that gave me hope right there. I have to say, the first day I went into the mental health court, I was a mess, I was so scared, I didn't know what was going [to happen] and within minutes of the judge taking her place in the court, the whole mood of the court started. And to me it was a mood of acceptance, compassion, empathy … and I believed that this was a place where I was going to succeed from day one" (Dieleman et al., 2018). The Wall of Hope contributes to an environment that fosters hope and encouragement for a difficult time in a person's life. This same author speaks to how the Wall of Hope and the message behind the judge's bench, "just because you have a past does not mean you have no future" (Figure 1), decreased the stress and anxiety that he felt when entering the courtroom. In that moment, he recognized that the wellness court team was there to support him in his recovery journey, much more than to deliver a sentence meant to match the harm done by a crime. He states that there was nothing better than to see the phrase behind the judge's bench on his first day in the courtroom. He says, "I seen that, and I thought—wow. It's hope. It's hope!" (Dieleman et al., 2018).

The Wall of Hope is comprised of works of art created by program participants who identified art as a meaningful part of their recovery. Meaningful interactions with the Chief Judge during court sessions would often lead to participants disclosing their enjoyment for and/or creation of artworks. This was seen as an important part of supporting participants' recovery, and the judge would seize the opportunity to invite participants to contribute their work to the Wall of Hope. For one participant, the external validation that his enjoyment and pursuit of painting is a legitimate part of his recovery made him feel positive, especially because it was "out of the ordinary of something [he] would do, and [he] was quite proud of it and … absolutely honored to have her ask [him] to display [his art] amongst some very, very fine pieces of work from past participants in the program" (Dieleman et al., 2018). Not only was this person honoured to contribute, but feeling included in a group of people who have completed the program may lead to a greater sense of self-esteem and decrease feelings of isolation.

FIGURE 1 Dartmouth Wellness Court, Dartmouth Provincial Court, Nova Scotia, Canada

Each piece of art on the Wall of Hope tells an important story. "There's a bigger story than just that painting behind it and how it all came to be, but that particular piece is significant of my first baby step into reaching out, crossing a boundary that I am starting to do things that I've never done before that I always wanted to do, and moving forward in a way that I never thought I would move forward before" (Dieleman et al., 2018). For some, the contribution of a piece of art represents a turning point in their recovery, while for others it was an opportunity to try something new. These stories and images give hope to future participants in the program, who are stepping into the court for the first time and may be very frightened and anxious. When they see the Wall of Hope, they realize that, "people who have come through this court system and probably entered at a very low point in life, such as I did … they came through it as well and they came out better [on] the other end" (Dieleman et al., 2018).

CONCLUSION

As a practice innovation, the Wall of Hope reveals how art can instill hope within a courtroom environment and stimulate recovery. "I needed to see that just to calm me down that little bit and I really, I took a breath and there was something that just told me, I don't know what's going to go on in here but I think it's going to be alright" (Dieleman et al., 2018).

Service providers play a crucial role in influencing and encouraging hope (Allott et al., 2002). Therapeutic courts and other similar environments should explore initiatives like the Wall of Hope for creating a welcoming and safe environment that promotes recovery and nurtures hope based on the art and stories of those who have walked through its doors. When participants can create a physical (and empowering) change to the courtroom, this may serve as a visual reminder to participants and professionals of the value of justice services that align with recovery-oriented principles. As an essential component of positive recovery outcomes, establishing hope within a wellness court environment is key (MHCC, 2016). The Wall of Hope is a visual reminder to all those who walk into the courtroom that recovery is possible and that "just because you have a past does not mean you have no future."

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Occupational Therapy at Dalhousie University, is the principle investigator of the research project, which is examining four wellness courts across Nova Scotia, including the Dartmouth Wellness Court. Robin Campbell and Stephanie Zubriski are PhD in Health candidates at Dalhousie University working with this research team.

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COMMENTARY

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SERVICES

Pandemic policing: Highlighting the need for trauma-informed services during and beyond the COVID-19 crisis

Daniel J. Jones*

ABSTRACT

There has been a move towards trauma-informed services in multiple systems whose services are provided by police, medical doctors, nurses, teachers, and social workers, to name a few. Trauma-informed practices are best described as understanding the psychological and physiological impacts of trauma in a strengths-based framework. This becomes increasingly important in a policing context during the COVID-19 pandemic. The potential for increased intimate partner violence, child abuse, trauma, and other Adverse Childhood Experiences (ACEs) may have implications for years to come that will impact justice systems, health care, and education. Having trauma-informed police services may mitigate this and provide police with the skills to identify and address issues early on to work towards getting the necessary supports to families in need.

INTRODUCTION

There is no doubt that the COVID-19 pandemic has changed the world, and the need to reduce infection by flattening the curve (Laupacis, 2020) has resulted in orders and new legislation to social distance, stay home, and self-isolate as much as possible. It has also resulted in massive job losses and economic crisis (Ichino et al., 2020). With this come multiple stressors that impact families. There are reports worldwide of increased intimate partner violence and concerns about the safety of children in unsafe homes (Abel & McQueen, 2020; Campbell, 2020). What does this mean for Canadian policing, both during and post pandemic? With increased intimate partner violence, child abuse, and unsafe home environments comes trauma to adult victims, offenders, and an increase in Adverse Childhood Experiences (ACEs). While not everyone who experiences ACEs ends up in the justice system, many people who are incarcerated do have significant childhood trauma (Jones, Bucerius, & Haggerty, 2019). The impact of ACEs reaches far beyond the justice system. They are a precursor to a myriad of health problems ranging from addiction to cancer. It has been demonstrated that the level of trauma experienced in the formative years seems to set lives down a course that increases the probability of incarceration, unemployment, poverty, mental health, and addictions, much of this beyond their own control due to the brain injury caused by their respective traumas (Merrick et al., 2017; Messina & Grella, 2016; Finkelhor, Turner, Shattuck, & Hamby, 2015).

Trauma-informed policing is using a strengths-based approach and understanding the physiological and psychological impacts of trauma from a police operational lens (Bateson, McManus, & Johnson, 2019). In the Canadian context, there also needs to be particular attention paid to the impact on Indigenous communities, as the need to physically distance and isolate in one's home because of COVID-19 may trigger past trauma from government assimilation strategies such as residential schools. The residential school program was established to assimilate the population by removing Indigenous children from their homes to educate them in colonial schools. In these schools, they were forbidden to practice any and all traditions celebrated by the Indigenous Peoples of Canada. They were also only allowed to speak English or French and were punished, often physically and harshly for speaking their own Indigenous language (Sinclair, 2016). The "Sixties Scoop" was another assimilation policy, where Indigenous children were arbitrarily removed from their homes and adopted by mostly white middle to upper-class families (Regan, 2010). As a result of these assimilation policies, Indigenous children often hid in homes, and were isolated so as not to be detected by authorities (Sinclar, 2016;

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Regan, 2010). Hence, the experiences of isolation during the pandemic may be triggering for Indigenous peoples and their families who experienced the Residential School System or the "Sixties Scoop." The triggering of past trauma is a key component of complex trauma (Bath, 2008) and may have an impact on police when interacting with individuals in Indigenous communities. This issue will require trauma-informed education provided to police officers to be inclusive of Indigenous-specific trauma information. Including the concept of intergenerational trauma as a result of government assimilation policies in the training will ensure that there is no community harm done with trauma-informed policing (Brave Heart, Chase, Elkins ,& Altschul, 2011; Pihama, 2017). Trauma-informed policing becomes of significant importance as there will be lasting impacts on mental health from the trauma associated with COVID-19 and the world's response to the pandemic (World Health Organization, 2020a). These mental health ramifications will inevitably land on the police for response. The police are often seen in the Canadian context as frontline mental health workers, since many calls for service that police respond to have a mental health component (Shore & Lavoie, 2019). Being trauma informed, both during and post pandemic, will allow the police a greater understanding of who they are interacting with and how to interact with this community in a more confident manner (Ford, Newbury, Meredith, Evans, & Roderick, 2019).

DISCUSSION

The concept of trauma-informed care is based on three pillars, "Safety, Connections and Managing Impulse Control" (Bath, 2008). All frontline service providers and all professionals who have contact with individuals who have experienced trauma can play an important role in the healing process (Bath, 2008, Ko et al., 2008). The police are the entry point into the criminal justice system, and the first two pillars of trauma-informed care, Safety and Connections (Bath, 2008), are two areas where the police can thrive in being trauma informed. Working with partner agencies in the community and being able to provide alternatives to arrest is an opportunity for police to be crucial in the role of addressing trauma. Alternatives to arrest and connecting people to the proper resources can make for a safer community (Engel et al., 2019) because it goes to address the root cause of crime rather than just the specific crime itself (Braga & Weisburd, 2006).

Policing has historically failed to understand the justice client, regardless of whether it is the victim, the offender, or a combination of both (Jones et al., 2019). Policing has traditionally conducted law enforcement business in a manner that has failed to understand the trauma that people have experienced either during the incident at hand or throughout their life course (Bateson et al., 2019). Understanding trauma also leads to understanding vulnerability, and when police are provided with trauma-informed training, they become more confident and better equipped to deal with vulnerable populations (Ford et al., 2019). If police officers are properly trained to understand the impacts of trauma, they will have a greater ability to positively interact with individuals and work to redirect or off-ramp them with alternatives to arrest while reducing crime (Barberi & Taxman, 2019; Engel et al., 2019). Providing police with the requisite understanding of trauma leads to an increase in compassion on the part of police officers for the people with whom they are interacting, regardless of whether it is an offender or a victim (Ford et al., 2019).

In the current world climate, with the necessity of physical distancing and levels of isolation to flatten the curve on the spread of COVID-19, there have been reports of worldwide increases of intimate partner violence (Campbell, 2020). The evidence on trauma in a post-pandemic society is scarce, due to the rarity of the situation. However, disasters result in spikes in Post Traumatic Stress responses, increased alcohol and drug use, and other mental health crises (Galea, Merchant, & Lurie, 2020), regardless of whether they are natural (e.g. hurricanes, tsunamis, earthquakes, etc.) or human-initiated mass traumas (terrorist attacks, mass shootings, etc.). The need for trauma-informed response to mitigate the issues arising due to the COVID-19 pandemic is clear, and early intervention strategies with social agencies are required to assist with the impacts (Galea et al., 2020).

How the police in Canada respond to the trauma of COVID-19 will have repercussions for years to come, both positive and negative. Police in Canada are still trying to recover from a fractured relationship with Indigenous Peoples as a result of policing policy and practice during colonization and the Canadian government assimilation policies, including Residential Schools and the "Sixties Scoop" (LeBeuf, 2011; Nettlelbeck & Smandych, 2010). Trauma-informed policing is a way to rebuild and build trust and legitimacy within communities (Love-Craighead, 2015; Ko et al., 2008) and work towards less incarceration, while making the community safer (Engel et al., 2019). By taking a trauma-informed approach and training police officers in respective departments across the country, police leaders can provide a better and more informed service to citizens (Ford et al., 2019). Ensuring that a portion of this training is also related to the historic trauma of Canadian Indigenous Peoples (Brave Heart et al., 2011, Pihama et al., 2017) will allow for a better policing response to the issues of the current trauma, which may be influenced by the historic trauma.

The need for trauma-informed policing is clear (Bateson et al., 2019; Ko et al., 2008), but equally important is a need to work on changing police culture. Over the past several years, there has arguably been a shift in policing that has made police more militarized and less connected with community (Balko, 2013). There is a history of police arresting to solve a problem. However, in the long run, the decision to arrest can create more problems than it solves (Harmon, 2016). These problems range from increased recidivism of the arrested person, to interruption of treatment that is addressing the root cause, to loss of community and familial supports for the arrestee and increased costs to the tax payer for charges that are often not prosecuted (Harmon, 2016). Arresting our way out of problems has not solved the continuous increase in crime. There is a necessity for problem-oriented policing to address social problems (Braga & Weisburd, 2006). Crime is often a symptom of greater social and individual issues, and trauma-informed practice is a way to address problems at the root cause of criminal behaviour (Bateson et al., 2019, Ko et al., 2008). The necessary shift for police is a need to be more strategic on when to arrest and when to work towards an alternative to arrest (Engel et al., 2019).

There needs to be a clear understanding of the potential to misuse a trauma-informed approach and ACEs as a predictive tool for future criminality or as an offender-management strategy (Bateson et al., 2019). There is a history of police failing to follow evidence-based practice or at times to mould the evidence to fit existing interventions (Kalyal, 2019). In order for this to be successful, it is vital that police leaders are clear about the importance of trauma-informed policing and the necessity to intervene differently with a focus on community safety and well-being rather than a focus on arrest and detention. When arrests are used sparingly and there is a focus on off-ramping offenders whenever possible, there has proven to be a reduction in reoffending and in overall crime statistics (Engel et al., 2019; Braga, 2017).

The critical role of the police in ensuring community safety and well-being must be maintained. At this time there is fear of police abuses of power and disproportionate policing of marginalized populations, with the increased police powers as a result of the pandemic (Luscombe & McClelland, 2020). This is in part because, as the COVID-19 pandemic hits communities, it impacts the marginalized and vulnerable at greater rates than any other demographic (Luscombe & McClelland, 2020). The need for trauma-informed policing therefore becomes highlighted, as does the necessity for alternatives to incarceration. When police arrest and incarcerate people, there are impacts to the families and the individual in the best of circumstances—the impacts are now exacerbated by the COVID-19 pandemic. The potential to contract COVID-19 in a prison setting leads to increased fears of incarceration by families of offenders and the incarcerated themselves. Prison settings are ripe for the spread of infection, and prisoners are more likely to be impacted by the Coronavirus (World Health Organization, 2020b; Lofgren, Lum, Horowitz, Madubuowu, & Fefferman, 2020; Stephenson, 2020). Police control the entry into the criminal justice system and must be strategic in the use of arrests and detention during this pandemic and beyond.

It is necessary to provide training on trauma-informed policing if police organization leaders are to set trauma-informed practice as an operational priority. Training in a time of physical distancing is difficult, but there are several online training programs that will assist with creating trauma-informed practice in police organizations. For instance, the *Canadian Police Knowledge Network* has a course on trauma-informed practice that can be completed online.

CONCLUSION

The COVID-19 pandemic has a multitude of impacts on policing, from increased powers to enforce public health orders to modelling shift schedules to ensure that there is no interruption of police services to the community in the event of police officers becoming infected. This global issue has highlighted the need for trauma-informed policing practice. The impacts of trauma from a global pandemic will put a strain on the mental health of many (Galea et al., 2020). The police need to be armed not only with lethal and less-than-lethal options on their duty belts, they need to have a clear understanding of who the justice client is. Experiencing trauma does not make an individual an offender, but many people who are incarcerated have a significant amount of trauma (Jones et al., 2019). Having trauma-informed practice woven through the respective police services will result in increased legitimacy (Love-Craighead, 2015), and ensuring that the interventions change as a result of this will reduce crime and make a safer community (Engel et al., 2019; Braga, 2017). The future of policing has a definite need to move away from the arrest-and-detain practice to strategically arresting some and strategically offering alternatives to arrest for others in order to make communities safer (Engel et al., 2019). There will be a follow-up social narrative article with a practical guideline to implement trauma-informed practices into police agencies.

CONFLICT OF INTEREST DISCLOSURES

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COMMENTARY

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SERVICES

COVID conditions trigger renewed engagement on the future of technology-enhanced learning (TEL)

Sidney Reid*

For many Canadians, the global COVID-19 pandemic has impacted our lives in ways we had not previously experienced. The shuttering of businesses, closure of schools, reduction in public services, public health measures, and states of emergency across the country have changed everything about the way we live and work. This includes sweeping changes to how education, training, and skills development are implemented in the public safety community across the country. Since COVID-19, there has been a diverse response to how organizations are addressing training, ranging from cancelling all training in the short-term to quickly pivoting to modified delivery modes, such as online learning and virtual classrooms.

The Canadian Police Knowledge Network (CPKN) was founded in 2004 by a group of thought-leaders from police, government, and academia. The purpose was to advance and evolve training and education through technology-enhanced learning. What began with four online courses and a handful of partners has now grown to a network of over 450 agencies and multiple types of technology-enhanced learning solutions. Those original visionaries allowed us to be perfectly poised to help police and public safety respond to COVID-19 and our new virtual reality.

Over the past three months, CPKN has been engaging police and public safety agencies from across the country in a series of discussions about the pandemic and its current and future impacts on the world of training. Some common themes have emerged from these discussions.

1. **Changes to training delivery are not a short-term solution.** Many services have had to delay certain classroom-based learning, meaning when physical distancing restrictions are lifted, there will continue to be an excess demand for available classroom space and trainer resources. Changes to more technology-enhanced learning are longer-term solutions.
2. **Training standards are important.** Provinces set policing standards that include expectations for training and its delivery and assessment. When considering alternate modes of training delivery, two sets of standards should be considered: provincial police training standards and instructional design standards. Solid instructional design standards can ensure police services are continuing to train to meet necessary service requirements.
3. **Budget constraints will likely be part of a new training reality.** There is still a lot of unknown around budgetary impacts, but governments at all levels will be looking for efficiencies where possible as the economy re-opens. Training units should plan for and consider cost efficiencies where possible.
4. **Mental health training will continue to be a priority.** Mental health is a priority topic during the pandemic. Canadians are facing challenges that have impacts on mental health. Police officers will be required to respond to an increasing number of calls for service related to mental health crises while also navigating new strains and stresses on their own mental health, particularly as physical distancing requirements, changes to patrol operations, and concerns about contracting COVID-19 impact their daily work. Training and support for personal mental health as well as responding to mental health calls is a priority.
5. **The time is right to explore new modes of technology-enhanced learning (TEL).** There are pockets of organizations across the country using emerging modes of TEL including micro-learning, virtual reality, and virtual classrooms. Understanding the successes and failures of these implementations and best practices can help Canadian public safety organizations develop and successfully implement newer modes of training delivery.
6. **Evaluation needs to be at the heart of all training** Research (Thalheimer, 2017) has long shown that technology-enhanced learning is just as effective as, or more effective than, classroom learning because of the techniques and standards used in training and course development. Evaluating training for its effectiveness will be an important

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> piece of ensuring effective learning. For many organizations, there is an added challenge presented by COVID-19 restrictions. How can competencies be adequately evaluated for skills that require physical or human interaction? There is interesting research on the effectiveness of virtual and simulated assessments that can be explored as well as finding other technologies that allow for in-person skill evaluation.

Though the pandemic has presented many challenges, there are opportunities in exploring solutions to these challenges. As an organization, CPKN's primary focus is to deliver high-quality technology-enhanced professional development that meets the evolving needs of Canadian policing. With such a mission, CPKN is well placed to support public safety organizations and play a role in this transformation. Founded on the principle of being "for police by police," CPKN is a network that consists of our Board of Directors, National Advisory Committee, police community, and public safety partners. We have spent the past year engaging in the process of developing a strategic plan which remains highly relevant in the "new normal" of COVID-19.

Carving a successful road forward will include adhering to our core principles, which include leading and inspiring professional development by providing access to TEL that adheres to sound instructional standards, using appropriate technologies and delivery methods, and above all else, collaboration. By harnessing the knowledge, experience, and best practices of the CPKN Network, the public safety community can embrace technology to deliver effective, timely, and relevant training that meets the emerging needs of all Canadian policing professionals.

CONFLICT OF INTEREST DISCLOSURES

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COMMENTARY

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JUSTICE

Community safety and repurposing the police before, during, and after a pandemic: Methodological notes

Ron Levi,* Todd Foglesong,† and Matt Torigian†

The text below is a lightly edited version of our response to a call for research proposals on COVID-19. We wrote it in early April 2020. We reproduce it here as a source of insight for how to think about stressors, strains, and possible changes to the role of the police. The proposal raises the issue of when police leaders explicitly must reckon with the future of policing in the aftermath of crises.

INTRODUCTION

Police leaders everywhere are saying that COVID-19 is a "game-changer," a shock to the system of public safety so great that it is causing them to "throw out the old rule books." "This is policy development at the speed of crisis," one police leader told us, with another saying he "hardly recognized" the organization he heads. But is it true? What kinds of changes are being wrought in policing, and how radical are they, really? Will the economic and social recovery from the COVID-19 pandemic require a redefinition of the role of the police in the production of safety and community well-being in our society? If so, what changes will the recovery need from policing now, and who will make them happen?

Maybe nothing will change in the end, and local police forces will respond reactively to infractions through the current paradigm of "law enforcement." Another possibility is that the recovery will require temporarily tethering parts of policing to public health needs, with police conscripted into epidemiological surveillance and vector isolation. A third possibility is that the public health recovery will necessitate the tethering of policing to the economic logic of social investment, through proactive harm reduction and social inclusion. Such a shift would involve the police taking directions from public health authorities rather than their chiefs.

Which possibility is more likely? Right now, the signs are mixed. Some police organizations are employing old ideas about how to preserve public order in crises—such as stern threats to punish disobedience. Others appear to be adapting ideas borrowed from public health about how to foster voluntary compliance with civic norms—through moral exhortation, anticipatory praise ("thank you for not thieving"), and carefully dosed interventions on suspected vectors (such as gangs or vulnerable groups). No one knows whether any strategy is working, or how to measure "working." And no one knows whether the police will revert to older criminal justice ideas about how to generate public safety before the pandemic and the recovery are over.

In other words, how would one know if policing is being "transformed" or "remade" in the sociological sense of these words? What kinds of changes in the thought style of policing, the organizational forms it takes, and the purposes to which its resources are put would indicate that policing is being transformed before our eyes in the course of responding to COVID? We expand on these through three research questions.

1. What strategies of policing during the pandemic and for the eventual recovery are being implemented, and where? Are police agencies focusing their resources on neighbourhoods and groups that are conventionally "high risk" for crime, or paying attention to needs in areas that are considered vectors for viral growth? What information about public health is guiding the deployment of scarce resources? Are projections of behavioural patterns drawn from street-level intelligence and officers' intuitions, or from statistical models from other agencies such as public health? Are police officers using old-school techniques of quarantine, isolation, and contact tracing, or distal technologies of messaging, nudging, and building voluntary compliance? What are the strategies, in other words, for community safety during COVID-19?
2. Are measurements about what is a good outcome or positive result in policing changing in the course of the pandemic and eventual recovery? Are the metrics of success in policing still tied to incidents and individuals involved in crime, or are they attached to trends and patterns in well-being at the level of population? Are headline-grabbing crimes being supplanted by statistical charts of harm, risk, and precaution?

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3. Is what is "thinkable" in policing changing (Koehler, 2020)? Is police leadership changing to address the pandemic and support eventual recovery? Are the advice of public health experts and the principles of community well-being now guiding police operations, or are mandates and imperatives from criminal justice still ascendant? Are front-line officers being encouraged to clinically problem-solve and shape community dynamics?

These questions are crucial for addressing the COVID-19 pandemic. Research demonstrates that people engage in anticipatory behavioural change based on their impressions of police activity—and that collective beliefs about the reliability, trustworthiness, and helpfulness of the police influence whether people will reach out to them in times of crisis (Campeau, Levi, & Foglesong, 2020; Hagan, McCarthy, Herdad, & Chandrasekhere, 2018; Stein & Levi, 2014; Desmond, Papachristos, & Kirk, 2016). What police do will shape public behaviour, public health, and social order.

METHODOLOGY

The impossibility of in-person research during the pandemic and the challenges of capturing the attention of people and agencies may prohibit conventional empirical research on policing.

One research method we will use will involve analysis of statements, claims, and declarations of police leaders and elected officials about the role of police during COVID-19. Using text analysis software, including statistical topic models, we will collect and code media reports, press releases, and social media from ten police departments in Canada, the United States, the United Kingdom, and Israel (Toronto, Vancouver, Montreal; Cleveland, New York, Los Angeles; London, Manchester; Tel Aviv, Jerusalem). The resulting dataset will represent public-facing accounts of how pandemic policing is defined and practiced. It will also provide a bank of material to engage police leaders.

A second research method will involve the statistical analysis of administrative data on the deployment of police resources across three Canadian cities, especially the rates of dispatched "calls for service" for public order complaints and social hazards, as well as reports of violent offenses and property crime. We will analyze changes in the spatial patterns of deployment during the pandemic and contrast them with public health data about the incidence and prevalence of COVID-19 infections. Do police activities in response to requests for help unrelated to property crime and violence overlap with epidemiological patterns? These data will represent how pandemic policing shifts Canadian police operations.

A third research method will consist of private interviews and small focus group discussions with police leaders, online, using a semi-structured interview protocol. These will be recorded and transcribed. We will shift to face-to-face interviews and focus groups if they become possible over the timeframe of the project. A transcript of group conversations will then form the foundation of short policy papers. We also expect some police leaders to be co-authors of these papers, which should make it more likely that the ideas and insights from the research will be acted upon.

The research team has extensive experience across these qualitative and quantitative methods, with extensive practitioner networks with police in Canada, the United States, and abroad.

PANDEMIC POLICING AND RECOVERY POLICING

Many social scientists and police executives believe that we are currently testing the limits of social order as well as policing. This is partly because there are unanswered questions about civil unrest and the likelihood of individuals to continue to abide by public health mandates to quarantine, self-isolate, or shelter in place (Briscese, Lacetera, Macis, & Tonim, 2020). In addition, despite reports of reductions in violent crime during social isolation, we are witnessing increased reporting of domestic violence and child abuse (Carlson, 2020). Broad concern over the well-being of children prompted Prime Minister Trudeau, on 29 March 2020, to announce an additional $7.5 million for the Kids Help Phone (Malik, 2020). Analyses are emerging of the potential effects of COVID-19 on organized crime, with reports suggesting a disruption in smuggling, and an increase in fraud and corruption in the health sector (Behar, 2020).

But there appears to be little foundation in social science for making a reliable assessment of the resilience of the social order in the face of such strain. Episodes of civil unrest have emerged after public health quarantines and curfews in countries with histories of violence and political tension (Madhav et al., 2017), but social science research tells us little about what we might expect elsewhere. A recent public health analysis concludes that "we know relatively little about population behaviour in serious pandemic situations" (Balinska & Rizzo, 2009).

Research in social psychology indicates that in this vacuum of being unable to anticipate civil disobedience, what matters are the ideas of intervention that police, politicians, and others rely on—including the degree of coercion that police choose to deploy, or the degree to which they emphasize well-being. These then have effects on social behaviour (Drury, Novelli, & Stott, 2013).

In addition to our own conversations with police leaders, there are ample signs in the media that police and political leaders are aware of this insight and trying to shape perceptions. The police are being thrust into the public health effort as a threat, rather than an enabler of positive social behaviour. On 26 March 2020, Prime Minister Trudeau announced to Canadians that "if you do not comply with these instructions, you could face serious fines and even prison time." In the United States, police in Rhode Island announced profiling protocols to enforce quarantine by stopping cars with New York license plates. In Israel, police are focused on explaining physical distancing but are also issuing tickets and requiring individuals to document why they are outside of their homes. And in Brazil, gangs have ordered favela residents to stay home or risk being "punished" (Breiner, 2020; Briso & Phillips, 2020; McCausland, 2020; Trudeau, 2020).

Though their operations have rapidly changed, police agencies appear to have largely resisted a public expansion of their role and understood these exhortations to be a symbolic invocation of their authority rather than a call to action. There have been few arrests. Some agencies acknowledge that

punitive enforcement of ordinances is still "hypothetical;" a Montreal police inspector affirmed that "the instructions that have been given to our police officers are that this is a tool to be used as an extreme last resort" (Gatehouse, 2020). It appears that the public subordination of policing activity to public health strategies is at times awkward for police. Some in the United States are clumsily beseeching people to desist from crime—as if it were an act of physical distancing: "We will let you know when you can return to your normal criminal behavior," one police department advised. Another announced in an awkward attempt at humour that they will update "when we deem it's appropriate to proceed with yo bad selves" (Coleman, 2020).

Other police agencies have expressed worry for their own officers as well as for the future of police–resident relations if the police operate in an overly aggressive manner when dealing with community well-being. "You can't exercise social distancing when you're taking police action," one chief said (Elinson & Chapman, 2020). And a spokesperson for the Chicago Police Department said that while they are enforcing a directive to shelter in place, they are "not looking to arrest the entire city of Chicago," and while "we've got to contain it, […] [w]e are not trying to make this a police issue. This is very much a public health issue" (Schuba, 2020).

Yet other police departments are enthusiastically trying on the discourse of public health and seem to be thinking through what its precepts could mean for their professional role and identity. One example comes from the Israeli police, which has taken on the very language of public health to rethink policing: "Anyone who understands law enforcement," a senior officer reports, "knows that without administrative or criminal sanctions when appropriate and at the right dosage, there will be no deterrence or obedience or compliance with rules that were designed to protect the lives of all of us" (Breiner, 2020). Others, in private conversations, tell us that they are working with new partners in public health—and are excited about the possibilities for enhancing community safety as a result.

These examples do not cover the full spectrum of responses. Yet they provide an early indication of the range. Administrative data from police agencies would provide an indicator of how pandemic policing has also had effects for police operations.

Yet policing will also need to change again, as recovery from COVID-19 evolves. Many international organizations predict extreme economic consequences. The World Bank is advising of an "unprecedented shock." In Canada, Michael Sabia (2020) cautions that we are in "uncharted territory" since countries have "essentially shut down their economies." This too will require new police practices, measurements, and leadership strategies.

That said, if police alliances with health are occurring now, we know very little about what a police role and mandate should be in helping to foster a pandemic recovery, and about what questions of safety and security may emerge during that effort. Some criminologists claim that violent crime tends to increase after large-scale shocks such as war (Gartner & Kennedy, 2018), and theories invoked to explain this observation—including trauma, economic instability, the rise of illicit economies, and the loss of political legitimacy of state officials during wartime—may be analogous to the struggle to the COVID-19 economic recovery. While findings on crime during the Great Depression are the subject of dispute (Sellin, 1937; Huzel, 1986), economic uncertainty, inequality, unemployment, and distrust of law enforcement agencies are all causally linked to crime and community disorder—and are further linked with negative health outcomes (Sampson, 2012). To what signs of distress and disorder will politicians and police leaders respond first and with greater force?

There are existing if underused models for policing that may resonate with future-oriented public health and economic needs—and some of these focus as much (or more) on social investment and inclusion as on incident response and risk reduction. These ideas of social investment have been identified in Canadian policing as "community safety and well-being," with leadership in Ontario, and attracting the attention of police leaders worldwide. The premise is that rather than incident response, policing should be enmeshed with health care, social services, and education—with the measurements for success in police leadership tied to identifying and responding to service gaps of communities, including poverty, youth services, and mental health needs (Hawkes, 2016). These data- and partnership-driven approaches to integrate policing into a larger system of service providers may be uniquely suited to pandemic policing and economic and social recovery, when we can anticipate significant economic insecurity, social dislocation, and uncertainty over the future.

CONCLUSION

Albert Camus's (1947) novel on the cholera epidemic implied that social disruption and disorder would be greatest just as the health epidemic ended. A thorough recovery from the pandemic might require a genuine reconsideration of the role of the police in the production of both community safety and social order. Police leaders know they need to work differently during the COVID-19 pandemic and its recovery, and are innovating to do so—and they can benefit from research to support these police reforms. Yet police, public health experts, and elected officials also have little guidance on how to work together to facilitate the economic and social recovery. Collaborative research along these lines can help devise potential strategies, prompted by the COVID-19 pandemic and its effects, to achieve these goals and produce well-being.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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COMMENTARY

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JUSTICE

The case for prison depopulation: Prison health, public safety and the pandemic

Howard Sapers*

Recently, I have been hearing about two related questions: Why is it important to implement accelerated release from custody as part of the response to COVID-19, and will public safety be jeopardized as a result?

The profile of those in custody suggests a vulnerable, high-needs population. Pre-existing physical and mental health issues, history of substance abuse, history of sexual and physical abuse, low educational attainment, chronic under- or unemployment, unstable housing, and social relationships are typical. The demographics are also troubling. In Canada's federal prisons, 25% of the population is serving an indeterminate (life) sentence and a growing proportion of all prisoners are aged over 50 (now more than 1 in 4). While the 2016 census found 4.9% of Canadians self-identified as Indigenous and 3.5% as Black, 30% of all prisoners are Indigenous (this grows to over 40% for women), and 8% are Black. The over-representation in prison of Indigenous and Black Canadians, as well as those with histories of substance misuse and mental illness and those who are aging and dying, is a long-standing trend. The needs they have for support, care, and safety do not fade away during a public health emergency.

In 2015, the Canadian Medical Association published an article by Lynn Stewart, a Senior Research Manager at Correctional Service Canada (CSC), that included the following observations:

> There is reason to be concerned that rates of chronic health conditions of federal inmates may be increasing because of demographic shifts in the incarcerated population. For example, the proportion of incoming offenders aged 50 years or older has grown over the last 10 years, from 7.5% in 2003/04 to 13.3% in 2012/13. Among incarcerated offenders in 2012/13, 21.5% were 50 years or older. Older inmates generally require more healthcare services than younger inmates because they are more likely to have chronic diseases and disabilities and consequently have more specialized needs for care and assistance with mobility and daily living. Despite the increase in the proportion of older inmates, the overall inmate population is younger than the general Canadian population: based on the latest census, 15% of the general population is 65 years and older, as compared with 3.5% of federal inmates.
>
> Another factor that could affect the overall prevalence of health conditions among federal inmates is the increased proportion of inmates who are of self-reported Aboriginal ancestry. From 2003/04 to 2012/13, the Aboriginal federal inmate population increased by 47.2%, and in 2012/13, 23% of federal inmates were of self-reported Aboriginal ancestry. Overall, Aboriginal populations in Canada face a higher prevalence of health conditions and a lower life expectancy than the non-Aboriginal population. Evidence suggests that many of the health conditions seen in the general population of Aboriginal Canadians (e.g., diabetes, obesity, and drug and alcohol abuse) are more prevalent in Aboriginal inmate populations. Other areas that affect the relatively lower life expectancy of Aboriginal inmates are the higher rates of suicide and injury from violence. (Stewart et al., 2015)

COVID-19 is an infectious disease that can easily spread amongst people in close contact. Infection comes either through exposure to droplets produced by coughing, sneezing, or talking, or as a result of touching surfaces contaminated by the droplets. Onset of illness is reported to occur within 2 to 14 days of exposure, and severity of symptoms can quickly escalate. People with underlying or pre-existing conditions related to their immune or respiratory systems appear to be the most vulnerable to this disease. There are no vaccines or proven antivirals currently available. COVID-19 can be deadly. The U.S.-based Prison Policy Initiative has stated: "Prisons and jails are amplifiers of infectious diseases such as COVID-19, because the conditions that can keep diseases from spreading—such as social distancing— are nearly impossible to achieve in correctional facilities." (PrisonPolicy.Org, 2020)

Conclusions concerning the health status of prisoners in Canada (Kouyoumdjian, Schuler, Matheson, & Hwang, 2016) included the following:

> Canadians in correctional facilities have poor health across a range of health status indicators, a finding that is consistent with international data on persons who experience imprisonment. This information is relevant to physicians who assess and treat persons while in custody

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or after release, as it might inform history taking, counselling regarding pre-test probability, investigations, and management strategies.

Information on health status is also important for defining areas of focus for improving health and healthcare. Healthcare in correctional facilities is largely delivered by government authorities in Canada, which makes the lack of data on some key indicators of health striking, including on mortality after release, chronic diseases, injury, and healthcare access and quality. Among other measures, the implementation of electronic medical records, which are still not available in correctional facilities in many jurisdictions, could facilitate the collection and management of data on many health status indicators.

Taken together, prisoner demographics (an aging population with generally poorer health than people outside of prison, a high proportion of vulnerable and marginalized populations heavily negatively impacted by the social determinants of health, a high prevalence of substance misuse and mental health issues), security-driven infrastructure not well suited to providing health promotion, prevention, and treatment, challenges in recruiting and retaining health professionals, and a lack of data and analysis to help shape healthcare strategies, planning, and provision make Canada's jails and prisons dangerous places for those in custody during this pandemic.

Too many structural and operational barriers must be overcome before current levels of incarceration can be safely maintained. The dual purpose of prisons is to protect the public and prepare those who are incarcerated for safe and timely return to the community. Both goals are undermined by the pandemic. Public safety and public health both suffer when prison conditions threaten the health and well-being of those in custody and those who are responsible for their care.

Correctional services around the globe have been adapting to the pandemic. Most are changing policy and practice, while some jurisdictions have altered corrections legislation and regulation. The intent is to decrease the number of people in custody and reduce the likelihood of infection for those who remain.

A recent article published in *The Lancet* provides a sobering international overview (Burki, 2020). Unsafe, unsanitary, and crowded conditions of confinement, inadequate access to health services, poor nutrition, and a health-compromised prisoner population characterize the jurisdictions reviewed in the article. The key conclusion is that decarceration is the "only answer" to meeting the threat of COVID-19 and that several jurisdictions have in fact prioritized release as their response (Burki, 2020).

On April 28, 2020, the Prison Policy initiative reported 49 separate local, county, and state initiatives reducing custody populations in response to COVID-19 (PrisonPolicy.Org 2020). These include a 44% drop in the Hennepin County, Minnesota jail population and a 41% decrease in Denver, Colorado following the release of those over 60, those who are pregnant, those with health vulnerabilities and those with less than 60 days remaining in their sentence. Dallas County, Texas released 1,000 prisoners to help reduce transmission, and Los Angles County Sheriff's Department is releasing people with less than 30 days remaining on their sentences.

Some U.S. jurisdictions are taking proactive measures, others are responding to court orders. Some state governors (including Tom Wolf in Pennsylvania, Jay Inslee in Washington, and Phil Murphy in New Jersey) have signed executive orders to facilitate the early release of sentenced, non-violent prisoners. The press release announcing the Washington State initiative is explicit that the purpose of accelerated release is to affect physical distancing:

> The Washington State Department of Corrections is planning for the transfer of incarcerated individuals back to their communities. The goal in transferring a limited number of individuals to the community is to provide more physical distancing within the state's correctional facilities. (Department of Corrections, Washington State 2020)

The issues and challenges driving concern and action internationally are not dissimilar to the those faced in Canada. Canadian jurisdictions have implemented initiatives to both reduce intake and to mitigate health risks. Common elements of the response to COVID-19 by correctional services across the country include enhanced personal protection measures for staff that follow general public health advice, provision of written infection management information to employees, provision of personal protective equipment, and screening and temperature checking of people entering facilities. Movement in and out of, as well as within, correctional facilities has been significantly restricted. Programs, activities, and other forms of association have been cancelled or curtailed. In-person visits are almost uniformly forbidden, and telephone and video contact has been enhanced. Testing of prisoners with flu-like symptoms is commonplace.

Between March 12, 2020, and April 15, 2020, Ontario reduced its custody population by 29%. This was achieved through regulatory changes and collaborative efforts between ministries, police, and other agencies to increase the use of video court appearances, encourage the use of non-custodial sentences, permit longer-term temporary absences, conduct remote parole hearings and reduce the number of bail hearings. Ontario Corrections now proactively performs a temporary absence review for all prisoners with less than 30 days remaining on their sentence and is granting temporary absences to those serving intermittent sentences (Ministry of the Solicitor General, 2020).

British Columbia released nearly 6% of its in-custody population between March 1, 2020, and April 1, 2020. Most of those released were serving intermittent sentences. Their release followed individual risk assessments prompted by a desire to reduce the potential for an outbreak within the province's jails. Pre-trial intake has also declined, further reducing the in-custody population. B.C. Corrections has initiated daily pandemic planning meetings within all its jails.

Manitoba has used Unescorted Temporary Absences to reduce its custody population and to allow those sentenced to intermittent incarceration to serve their sentences at home. The "count" as of April 27, 2020, was 1,638, down from an average daily "count" of 2,144 during the fiscal year ending March 31, 2020.

As of April 22, 2020, Nova Scotia had reduced its custody population by nearly 50% (from 452 to 251). Temporary absences for those serving intermittent sentences and those

within 30 days of their sentence ending, public health–focused case reviews and the use of video bail hearings on weekends and over Easter contributed to the reduction. Between March 1, 2020, and March 23, 2020, Newfoundland and Labrador released 17 prisoners from custody who were within 30 days of the end of their sentence. An increase in bail hearings has led to a reduction of the remand population.

Clearly, provincial and territorial governments are aware of the risks to the health of custodial populations during a pandemic and are engaged in mitigation initiatives. While some jurisdictions are reporting few or no cases of COVID-19, all are taking preventive measures, including early release. The use of temporary absences, identification of at-risk individuals, enhanced case work and assessment and working with community partners have contributed to reduced custody populations and a decrease in the potential spread of disease.

Concerns have been expressed that early release initiatives will compromise public safety. There is no evidence to support this concern. There is evidence that incarceration rates and crime rates are predominately independent of each other. As Andrew Coyle, the founder of the International Center for Prison Studies, has said:

> We can safely say that the difference in rates of imprisonment between the United States and neighbouring Canada, between England & Wales and Germany, between New Zealand and Australia and between the other countries which I have mentioned cannot be explained by differences in levels of crime. (Coyle, 2011)

A brief prepared for the Prison Policy Initiative documented 14 examples of large-scale decarceration in the United States, Finland, Czech Republic, Israel, Italy, and Russia (Wagner, 2020). What all these examples share is no documented increase in crime rates or seriousness.

A Canadian example of safe decarceration took place in Alberta between 1993 and 1997. During that period, Alberta saw its use of incarceration drop by 32% (Webster & Doob, 2014). This drop was not because of a sudden decrease in arrests, charges, or prosecutions, but the result of fiscal policy driving all provincial government departments to cut budgets and reduce spending. Once again, there is no evidence of a crime wave following the decarceration.

Parole success rates in Canada are high. The successful completion rate for federal day parole releases in 2017–2018 was 92.2%. Most day parole breaches result from violation of conditions of release, not new crimes. Over the last five years, the rate of violent re-offending for federal prisoners released on day parole averaged 0.1%. The success rate for federal prisoners released on full parole has increased to 90.5%, while the rate of violent re-offending for those in the community on full parole has been decreasing over the last five years, averaging 0.5% (Public Safety Canada Portfolio Corrections Statistics Committee, 2018).

The topic of a January 2020 gathering of justice sector leaders in Montreal was Alternatives to Short-Term Custody. Deliberations were informed by presentations from Scotland, Denmark, and Norway—jurisdictions that have made efforts to reduce or eliminate short-term sentences to custody. The common theme that emerged was that short sentences are not effective deterrents and may in fact contribute to criminality. The clear policy implications are that Canada should avoid short periods of incarceration and pay rigorous attention to the principle of restraint that requires incarceration to be used as a last resort.

When people are sentenced to prison, they are not sentenced to further punishment that may arise from the circumstances of imprisonment. Correctional services are not supposed to add to the sentence of the court through unreasonably harsh, punitive, or dangerous conditions of confinement. The threat of COVID-19 in prison poses a grave risk to health. Death can come suddenly after exposure, particularly if health treatment is not immediately available. I believe this is above and beyond what could be considered as the inherent pains of imprisonment, and that accelerated release will save lives without compromising public safety.

CONFLICT OF INTEREST DISCLOSURES

The author declares there are no conflicts of interest.

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"She completely twisted the body language": Pandemic, parody, politics, and comedy in the era of coronavirus

Oluchi Gloria Ogbu*

INTRODUCTION

The outbreak of the infectious coronavirus disease known as COVID-19 has grown into a global pandemic. Consequently, a public health emergency was declared on January 30 (WHO, 2020). The virus has affected more than 200 countries resulting in over four million cases and close to 300,000 deaths worldwide to date (WHO, n.d). Political leaders around the world have used daily press briefings to provide coronavirus updates to the public. This article explores how two female comedians have created parodies from comments made during press briefings of President Trump of the United States and Governor Cuomo of New York State to the delight and entertainment of some people and the disgruntlement of others. This article further examines how Twitter users interacted humorously and, to an extent, politically to these parodies.

At one of his coronavirus press briefings, the President of the United States spoke about exploring the potential of injecting disinfectant and light into the body as possible cures for the coronavirus disease (MSNBC, 2020; NBC Politics, 2020). Although, in a later statement, the President said his comments had been made sarcastically (Dale, 2020; Timm, 2020), whether they were meant as sarcasm or not, they generated new conflicts and fuelled existing political tensions, such as providing a basis for political opponents to call out the President's handling of the pandemic, with House speaker Pelosi suggesting on Twitter that the President's comments reflect his and his administration's thoughts about science. Her tweet reads, "the situation we are in today is a result of Republicans' rejection of science and their duty to govern" (Pelosi, 2020). Also, the former Vice-President of the United States and the Democrat's leading presidential candidate tweeted "I can't believe I have to say this, but please don't drink bleach" (Biden, 2020). This comment made by President Trump's main political opponent in the November 2020 presidential election has already gathered more than 1.5 million likes on Twitter to date. Also, as a result of the President's musings about disinfectants, producers of disinfectants and public health officials have spoken out against ingesting cleaning products and the harm in those suggestions (Valinski, 2020; Reuters, 2020).

Consequently, #disinfectant became a Twitter trend, generating a lot of news, debates, conflicts, and comic relief. The consequences of the pandemic lockdown include an increase in the use of social media platforms such as Twitter and TikTok, a video-sharing app. Since the lockdown, TikTok has become a popular platform through which videos are being shared on other social media networks such as Twitter, creating new celebrities amid the pandemic. Also, there is an increase in the number of users who see the videos as a viable means to keep busy and stay sane in an environment filled with unease and concern (Kale, 2020; Bhatt, 2020). Two female comedians have used the contents from President Trump's and Governor Cuomo's daily briefings on coronavirus for humour skits created with the TikTok app. The pandemic-related comedies created by Sarah Cooper, who describes herself on her Twitter account as a writer, comedian, and author based in Brooklyn NY, and Maria DeCotis, another New York-based comedian, have been retweeted by thousands of people. The parodies by these two comedians have produced many comments from those who find the videos entertaining and emotionally fulfilling and a few from those who do not see the humour in them. For example, Sarah Cooper's TikTok video posted on Twitter which she tagged *How to medical* has already gathered more than 16 million views, with over 400,000 likes and 16,000 comments, as well as more than 140 retweets. These incidents show how comedy is becoming viral through social media (Jones, 2019). The coronavirus pandemic has had many life-changing impacts on people, on comedy and humour, and also on those interacting with skits produced during this period.

Parody, Culture, and Politics

Apart from their role as entertainment, comedy and humour have been used as a dissident tactic against oppression (Cheurfa, 2019), a call for action, and a means to persuasively disseminate information to the public, (Becker & Bode, 2017;

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Jennings, Bramlett, & Warner, 2019). Studies show that comedy has become an important means of learning, made more valuable and persuasive when it is processed effortfully (Jennings et al., 2019). Their use as a strategy for discussing social and political issues does not take away from the therapeutic value of comedy and humour in that they provide a sense of belonging and connection, thus serving as a form of cultural intervention for individuals within a social group (MacRury, 2012). Another advantage of comic relief is the positive element of producing laughter, which can improve physical and mental well-being, such as promoting healthy aging (Berk, 2015).

Political satire can be entertaining, educational, and a persuasive method to move the public into action (Becker & Bode, 2017). As a form of political humour, parody can serve different functions: it can be an important feature that supports and nourishes public culture in a democratic environment, it evokes laughter through the images projected, and it can demonstrate the limitations in communication and speech (Harriman, 2008). However, as a source of awareness creation or entertainment, the impact of political comedy and humour varies (Becker & Bode, 2017; Jennings et al., 2019). Its influence will depend on how people view and utilize political comedy—only those who value political comedy will be affected by the content, either as entertainment or information, while those who do not are unlikely to learn from or be persuaded by the content (Jennings et al., 2019).

Another unique feature of parody is that, as an imitation of or "take off" on an original work or character, it often goes on to create an entirely new work (Posner, 1992, p. 68). In the case of Cooper and DeCotis, parody allows them to bring in their own creativity through their facial and body interpretations of the original character(s) and the use of accessories. For these female comedians, "there is both a taking from … and an injection of creativity, large or small" (Posner, 1992, p. 68). In effect, parody makes a joke of what the original character said, showing how speech can reproduce itself in ways not originally intended, which may include the use of add-ons such as exaggerated facial expressions (Harriman, 2008).

Original vs Add-Ons and Response(s)

In at least three of her skits posted on Twitter, Maria DeCotis who gives Sarah Cooper credit for the inspiration of her parodies of Governor Cuomo (DeCotis, 2020d), lip-synced to coronavirus press briefing speeches of Cuomo, and her videos have garnered support from the Twitter community including tweets and retweets from other comedians and actors (Ehrlich, 2020). In her May 1, 2020, video, titled *@NYGovCuomo talking about his daughter's boyfriend*, DeCotis dressed as Governor Cuomo, accessorized her parody with a knife and a bottle of wine, and also acted out the characters of the governor's daughter and the daughter's boyfriend (DeCotis, 2020a). In another video, *Breaking News: Governor Cuomo learns communication skills from daughter Mariah*, DeCotis also played the characters of both Cuomo and his daughter Mariah (DeCotis, 2020b). Yet again in *Breaking News: Governor Cuomo talks about his daughter Michaela's adult life*, her additional accessories and characters include the daughter, the boyfriend, and Cuomo smoking, eating, and flinging cigarettes (DeCotis, 2020c). Likewise, in her parodies of President Trump, Sarah Cooper's accessories include a lamp, a supposedly disinfectant bottle, and a writing board, and her parody also includes misspelling hydroxychloroquine and sniffing a marker (Cooper, 2020). In all these parodies, the words uttered by Cuomo and Trump were not altered by Cooper and DeCotis in any way.

Sarah Cooper's most popular video on Twitter to date is the one tagged *How to medical* which has received more than 16 million views thus far. Cooper's facial expressions have incited laughter and criticism against the President. The viral impact of this parody validates the view that comedy as a means of entertainment and sharing information with the public is made more effective by the use of social media (Jones, 2019; Jennings et al., 2019). Through her body and facial expressions, Cooper creates entertainment, but the absurdity of some of the President's speech is also made more obvious in Copper's parodies (Cooper, 2020a, 2020b). This also supports the argument that parodies can expose the limitations of speech (Harriman, 2008). Cooper's parody of Trump titled *How to more cases than anybody in the world* was posted on Twitter on May 14 and already has more than 8 million views. In this TikTok video, Cooper lip-syncs to President Trump's argument for why the United States has more coronavirus cases, with the obvious inferred conclusion being that the U.S. has more cases because they do more testing (Cooper, 2020b). Some tweets lauded Cooper's creative addition to the video, for example one person tweeted "I cannot believe I had to scroll this far down to find a comment about the pen sniff. Comedic gold" (Tampson, 2020), and another person tweeted "the misspelled hydroxychloroquine is a nice touch" (Paul, 2020).

The majority of responses to this video complimented Sarah Cooper. Michael DeCrow tweeted "Sarah, you are pure genius. Your clips are one of the things that I actually look forward to seeing on Twitter. Thank you for these hilarious clips. Super well done" (DeCrow, 2020). Others, however, tweeted that the President's words were taken out of context—for example, The Boss tweeted: "You guys twist his speech. What he meant is, other countries like INDIA are not showing more cases and fatalities, since they are not doing more testing, which is correct." (The Boss, 2020a)

The irony here is that this form of comedy is unique in that the comedians are neither twisting or changing the comments of President Trump and Governor Cuomo—their only addition is in their creative use of accessories and their body and facial expressions, as, in this case, marker sniffing, misspelling, and exaggerated facial expression to add context. To people who noted that these were the President's exact words, The Boss responded:

> Okay, for those who are asking, this is a recorded speech and how can some one twist it, I don't deny that it's a recorded speech. But, please be educated that human brain interprets a speech, both by the spoken language and the body language. She completely twisted the body language. (The Boss, 2020b).

While this statement might seem absurd, it raises questions regarding content and understanding, that is, what was intended, what was implied, and what was interpreted. These tweets show that the impact of parodies will vary depending on the value viewers place on them (Jennings et al., 2019). Apart from showing the barriers in communication, parodying

politicians can also confirm people's opinions about them, particularly when they disagree with or consider the subject/character irrelevant and illogical for example, Peter Binney tweeted "You're awesomely funny. I could watch your videos on a loop and laugh for hours. Unfortunately, the parodies demonstrate just how bizarre and ignorant this President is. Thanks for what you do!" (Binney, 2020).

These images in parody also evoke other sentiments, such as the questioning of the appropriateness of such humour—which I will call *Paro-com appropriateness*—which also begs the question, is there an appropriate time or environment for laughter? As one person's tweet seems to imply, a pandemic outbreak is not the time: "There is no time for making people laugh I think you are just wasting your time! This virus is a big thing don't make fun of it it just makes fun of you" (Abidat, 2020). Again, the answer to the question of appropriateness depends on who is viewing and the interpretation they give to the videos. As with the parodies of Trump made by Sarah Cooper, some tweets show that people are finding the comments by Cuomo during his press briefings incredulous. Here are some of the tweets:

> "wait, did he really say this!!!" (AbuSalayman, 2020)

> "I would not have believed this except I saw the news conference where Governor Cuomo actually said these things. And I was thinking, what?" (Parquet, 2020)

The majority of the tweets, however, appreciate the subject and the humour in the videos (Halliday, 2020; Haley, 2020). Many find the videos of Governor Cuomo entertaining as well as emotionally uplifting:

> "Sitting here going thru Twitter & being emotionally crushed by the state of the world. Then I saw this & I smiled & I laughed, then, I watched it again & I smiled & I laughed again. Just what I needed." (Reid, 2020)

Still others cannot separate entertainment from politics (Nate, 2020):

> "…His government used funds that should have purchased ventilators and PPE but did not. Federal governments taxpayer money had to bail out his state! Shameful!" (Anderson, 2020)

> "In all seriousness, I'm sick of having to listen to Cuomo's happy family stories when all I want to know is if we're all going to … die." (Gomez, 2020)

As has been argued, parody can depict the limitations of communication and speech (Harriman, 2008). It also offers an opportunity for comedians to relay original messages into which they inject their own ideas (Posner, 1992). In other words, it offers a means for comedians to share their own perspectives on issues. Sarah Cooper, for instance, takes a humorous stance on political issues, she injects her creativity into her videos to expose the limitations and highlight the absurdity of the President's arguments and speeches (Noor, 2020; Hunt, 2020). Cooper makes this stance more explicit in her own words "I look at it as taking off the emperor's clothes" (Hunt, 2020, para. 4). Lip-syncing political leaders also provides an opportunity to share her political perspectives and those of others. For example, in her interview with *The Guardian*, Cooper mentioned people's great dislike for the President, also stating, "I feel like we have been gaslighted for years, been told it is totally normal for a president to say things like this. It is a very validating thing to see something remind you that, no, this is actually ridiculous and we can all agree on that" (Noor, 2020, para. 11). And some agree with Copper's opinion, as some tweets seem to express (Flanagan, 2020; Melissa, 2020; Brevity, 2020).

Maria DeCotis states that her aim in making these parodies is to keep people entertained during this coronavirus outbreak, and one way she can do that is through humanizing Governor Cuomo—showing the hilarity in his speeches—but in doing this, she has also found a personal gain, an internal vigour, and liveliness (Hunt, 2020). DeCotis humanizes Governor Cuomo by parodying his coronavirus press briefing speeches, particularly the ones about his daughters, their tendency to criticize and disagree with him, which includes highlighting his flawed communication skills. While providing entertainment through parodying Governor Cuomo, DeCotis hopes to stay away from delving into politics, "I'm not really commenting on his politics. Its more this human moment he had in this international crisis" (Hunt, 2020, para. 17). But given the current global health crises and the present political climate in the United States (being an election year), can comedians and their craft afford to be free from politics? Some tweets reveal that, contrary to her intentions, her videos cannot remain free from political inferences and allegations:

> "The facts are he cut medicaid in his state during a pandemic. He's a clown who deserves to lose his job." (Nate, 2020)

> "I knew he was a smart man! Could we get him to run for president, he is the only person who has shown the slightest amount of intelligence in this country SINCE JFK!" (positive thinking, 2020)

The popularity of the parodies created by Sarah Cooper and Maria DeCotis demonstrates that, in times of relative peace and during a global pandemic, indeed "…people still need to laugh" as DeCotis opines (Hunt, 2020, para. 18). But it also suggests that people would always interpret the content of a comedy according to their affinity with the mode of dissemination (Jennings et al., 2019). In this case, the interpretation is that comedy and humour will always have some political inferences. This argument is made more potent during this global health crisis and the fact that it is an election year in the United States.

CONCLUSION

As outlined earlier in this article, some studies have demonstrated the many roles that comedy and humour play in everyday life, such as being a tool to create mental health awareness (Wright, Twardzicki, Gomez, & Henderson, 2014).

In other circumstances, people have utilized humour as a tool of resilience in times of grief (Cheurfa, 2019).

One unique feature of the parodies discussed in this article is that they are usually very short. It falls on the comedians to pack a lot of context into these videos through their creative accessories, body language, and facial expressions. Despite the length, many people find these videos very entertaining, informative, and easy to relate to, for example:

> "In all seriousness, watching @MariaDeCotis@ sarahcpr videos are somehow more informative/ entertaining than the actual press briefings. Thank you for helping us get through these tough times..." (marse, 2020).

Clearly, comedians are in a position to use their medium to raise awareness about social and political issues, and even if comedians do not explicitly delve into political discourse, political views are injected through public interactions with their contents. Consequently, even if the aim of comedy and humour is laughter or entertainment, it can also have political connotations. Further, comedians have the power to decide on *paro-com appropriateness*, as political validity is in the power to choose; the process of deciding the content of what comedy skits to produce comes from a particular position (social or political). This article suggests that despite the many benefits, comedy and humour cannot stay free of politics, even when the aim of creating comedy skits is not always political for some comedians. To put it another way, the popular understanding is that research is political because of the researcher's interest; the argument here is that comedy and humour skits are equally political because of the comedian's interests, as interests determine the choice of character and influence the themes produced.

CONFLICT OF INTEREST DISCLOSURES

The author declares that there are no conflicts of interest.

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