Journal of
COMMUNITY SAFETY & WELL-BEING

Systemic or systematic: Officer presence and the eye of the beholder

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Some years back my closest family members began to collectively curate a text message thread that my youngest grandchild immediately labeled as "FamJam." Without anyone establishing express rules, in practice it has been reserved for urgent family news, great achievements and amusing novelties, and generally sharing items deemed by each sender as worthy of immediate full-family appreciation. A few weeks ago, I stumbled upon a Twitter meme, original source unknown, and I quickly recognized its FamJam worthiness. I was impressed by the amused and insightful responses it generated equally across my oldest and youngest family members. Maybe you have seen it too.

The meme consists of a simple six-second video clip wherein two oddly random captions appear side by side, with an audio track below set to play on command. If you look to the left of the video image, you will clearly hear spoken from the synthesized track, "Green Needle," the phrase written on that side of the screen. But, simply hit replay and look instead to the right, and just as clearly, you will hear "Brainstorm," the caption on that side of the screen. Essentially, you hear what you see, despite the wide apparent differences in those phrases. I took this to be the high-tech 21st century equivalent to those low-tech monochrome sketches I first encountered as a child, decades ago. You may recall the one where, depending on how you focused, or maybe on what attitude you brought into the exercise, the same image would present itself as either a wicked old witch or a fashionable young woman. Life's beauty, we learn early, is in the eye of the beholder. Let's park that thought for a moment, and I promise there will be some sense to my story.

Social media also figures into this next part. Since the tragic murder of George Floyd, the term "*systemic* racism" has featured heavily in the global discourse and, I would venture, to nobody's surprise. In particular, there have been many accusations of systemic racism levelled against the police, everywhere. What is surprising to me is how often the corresponding responses from police leaders, politicians, and others, who, in my own opinion, should all know better, have been expressed as stark denials of "*systematic* racism." Does anyone else think that slight word twist is a big problem? I am left to wonder if this is an innocent malapropism or a deliberate attempt to reframe the issue, and thus the denial, and it astonishes me that someone might choose to distort the accusation and then mount their defence on the more inculpatory charge.

Paraphrasing from Merriam-Webster (2020), the term "systematic" connotes actions that are "methodical in procedure and plan," and deliberate and purposeful in execution. It is this same distortion that leads police leaders and their advocates to lean heavily on the "bad apple" argument. Over and above the original distortion, there are two huge problems with that argument. The first is that no one can agree on how many bad apples there are, much less on how we might go about finding them and tossing them out. The second lurks in the familiar but rarely invoked conclusion to the "one bad apple" adage, the part that warns, "… spoils the whole bunch."

We learn from another dictionary that the term "*systemic*" actually derives from the medical field, where it describes conditions "relating to the entire organism as distinguished from any of its parts" (Miller-Keane, n.d.). Whether one chooses to define the entire organism as policing or, more accurately, as the full state and social apparatus that defines and shapes the lived experience in our communities, the message is the same. Those aggrieved by systemic racism have not just come to fear and mistrust an unspecified number of bad apples. Many have lost whatever faith they had, which they have tried for generations to build and sustain, in the entire system that is meant to serve them as well and as purely as it serves others. Even if you are the shiniest apple in the basket, this is still about you. It is about me. It is about all of us who need to listen before we defend.

Let's take this right to the coal face of police interactions, where many currently heated debates are centering on escalation versus de-escalation by responding police. In post-event reviews, police will typically defend an officer's actions on the basis of his or her conformance to training and procedure, wherein various "use of force" policies have established a common principle. Officers are authorized by law to raise successive and prescribed levels of force, up to and including lethal force, but only in a graduated response to each escalation in the subject's threatening behaviour. In most such models, the

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first rung on that ladder is "officer presence," deemed by police trainers to be the passive starting place for the interaction, and from which compliant behaviour from the subject holds the key to stopping any escalation at all. But what if, as a result of long and painful experience with systemic racism, or as a result of failed services from other parts of the same racist–colonial system, the fearful or agitated subject deems "officer presence" as the first escalation, and perceives no other option than to respond in kind? If we fail to examine and better understand the impacts of systemic failures on individuals and families, and the way these same failures produce disproportionality in volatile encounters, we will likely never agree on what has truly transpired in any of these situations to everyone's satisfaction. More importantly, we may never be able to learn enough to change course and reduce the tragic outcomes that arise from too many such interactions.

We hope to take this discussion further, among others, in our upcoming year-end issue, 5(4), which will be themed to the broad, diverse, and challenging pathways to *systemic reform*. Our call for papers is out, and there is still time to submit your innovative research, narrative propositions, and instructive commentaries on this broad theme.

This current issue, 5(3), invokes another duality in several of its featured articles. This is the duality of compassion versus authority. In recent years, police services worldwide have introduced new evidence-based methods for addressing long-standing safety and well-being issues in new and more compassionate ways, including in their response to domestic and intimate partner violence, sexual violence, interactions in response to mental health crises, and restorative justice. Research and practice have combined to produce new on-scene tools, collaborative response partnerships, and trauma-informed skill sets. But, here again, as the researchers and authors in this issue will collectively demonstrate, what is intended by some is too often not what is perceived by others. To be sure, there are a lot of successes reported in these articles, to the credit of a lot of committed and professional police officers, among others. But they also reveal that these successes remain inconsistent, and current progress is likely inadequate to our times.

Of what use are evidence-based and peer reviewed risk assessment tools, data-driven analytics, hard-won partnership models, and restorative practices if they are not deployed and applied, maybe not universally, but at least in the vast majority of situations? What hope is there for partnership responses to mental health crisis incidents, or for trauma-informed responses to domestic violence/intimate partner violence (D/IPV) and sexual violence if police officers are still too often perceived as leading with the foot of authority, more so than joining others in extending a truly systemic hand of compassion?

Are otherwise well-intentioned police services allowing the historical and colonial patterns of an enforcement culture to get in their own way? And if so, what steps, what leadership, and what learning will it take to unseat that culture in the greater service of equity, compassion, and community?

Perhaps this might be helped along by more police officers, alongside other human service professionals, learning the real differences between systematic actions and systemic conditions. And, with a greater humility, listening, hearing, and gaining new insight into how their own presence might appear, as the forward face of an entire system, as seen through the eyes of the beholders.

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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Journal of COMMUNITY SAFETY & WELL-BEING

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Chris Schneider* and Chris Bushell*

We're delighted to support the *Journal of Community Safety and Well-Being* (Journal of CSWB) in its vital work in advancing research and innovation in community safety. As a technology company, our day-to-day focus is on delivering exceptional operational efficiency and effectiveness through NicheRMS. We work every day with our police partners around world to innovate and refine the NicheRMS information management platform so it evolves with changing needs. But the work of the Journal of CSWB reminds us of the bigger picture behind the "day job"—the Journal's work to promote research and transformation will help deliver what really matters—the best possible outcomes for our communities.

As Deputy Minister, Dale McFee initiated support for the Journal, and as Editor in Chief, Community Safety Expert Norm Taylor has led its growth and success to date. Chief Dale McFee and Norm Taylor have worked tirelessly to advance multi-agency information and data collaborations, leading towards improved social and safety outcomes for communities and individuals. We share this vision: NicheRMS advanced open platform integration capabilities are a natural fit, enabling 21st-century leaders to deliver innovative multi-agency collaboration.

This is an important moment in our quest for broad and inclusive community well-being solutions. We share a collective desire for social equity and well-being for individuals, families, and communities and look forward to supporting thought leaders at the forefront of this work through our partnership.

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Norman E. Taylor*

On behalf of our Editorial Board, our Publisher, and our global JCSWB community of authors, reviewers, and readers, it is my privilege to welcome Niche Technology to the team and to thank them for their generous support to the ongoing operations of our journal.

We remain grateful for the financial support of the Community Safety Knowledge Alliance (CSKA) Board throughout our first four years of operation, and we look forward to their continuing participation as our Publisher of Record.

Our journal has entered a new phase of growth and influence across the CSWB and LEPH spectrum, a field for collaborative solutions that is growing worldwide in its relevance and urgency with every day in 2020 and beyond.

The support of such a progressive and caring organization as Niche, along with their express commitment to our editorial independence, opens new opportunities for knowledge generation and exchange, innovation in public policy and practice, and improved community safety and well-being outcomes, everywhere.

We look forward to sharing this journey together.

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TRUST

Use of the ODARA by police officers for intimate partner violence: Implications for practice in the field

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ABSTRACT

Despite research demonstrating the validity of the Ontario Domestic Assault Risk Assessment (ODARA) for appraising risk of subsequent intimate partner violence, gaps remain with regard to its actual use by police officers in the field. The primary goals of the current study were to assess the rate at which the ODARA was used by police officers for intimate partner violence (IPV) in the Canadian context and to identify factors associated with its use. The current study used 142 randomly selected police files meeting criteria for IPV from three police agencies in an Atlantic Canadian province, following province-wide training on domestic violence and the ODARA. The ODARA was used by police in 60.3% of cases, though more commonly when physical violence was present at index (70%). Significant ODARA use variation was noted across the three police agencies. ODARAs were more likely administered when the suspect was using drugs/alcohol (76.4%), the incident was between parties in a current intimate relationship (67.0%), when physical violence occurred in the index event (70.6%), and when a weapon was used (84.2%). Decisions to arrest and recommend charges to the prosecutor were predicted by higher ODARA total scores, above and beyond the influence of the police organization, suspect/victim characteristics, and incident context variables. Results are discussed in the context of police discretion/decision-making and the need for stronger implementation and policy use guidelines for risk appraisal by police officers, which includes a better understanding of IPV and the ODARA.

Key Words   Police decision-making; risk assessment; police discretion.

INTRODUCTION

The expansive role of police in responding to intimate partner violence (IPV) has resulted in various initiatives such as specialized units, domestic violence courts, and the mandatory use of risk assessment tools such as the Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al., 2004). Despite research demonstrating the validity of the ODARA for appraising risk of subsequent intimate partner violence (Hilton & Harris, 2009; Jung & Buro, 2017), gaps remain with regard to its actual use by police officers in the field (Lauria et al., 2017). Studies are needed to examine how formalized risk assessments are used by responding officers and under what conditions they are more likely to use them (Ariza et al., 2016; Campbell et al., 2018) to inform policy and practice.

To better understand police responses, we investigated how often and in what context Canadian police officers relied on the ODARA in IPV cases. Our analysis details the rate at which the ODARA was used by police officers and the factors associated with its use in IPV calls to uncover the conditions that impact police officers' decisions to complete the ODARA. The ODARA was used most frequently in cases when physical evidence of the abuse was present. We also found that police officers did not always complete the ODARA, even in cases where the incident met the IPV definition. Our findings contribute to the limited studies on the use of the ODARA and offer important policy insights on how to increase police officers' use of the tool.

Our paper proceeds with a literature review and a discussion of the challenges of risk tools in policing. Our analysis is organized in two sections: the administration and legal process. We then discuss the impact of our work and the areas in need of future research.

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Why Use Risk Assessment Tools in IPV Cases?

In the context of IPV, the main purpose of risk assessment is to improve protection for individuals who are experiencing IPV and to provide risk management strategies for those individuals who present higher risk of inflicting potential harm (Hoyle, 2008). There are various marked benefits to utilizing risk assessment instruments in cases of violent crimes, specifically within incidents of IPV. For example, risk assessment can help identify high-risk situations and lead to informed response strategies (Bonta & Andrews, 2017; Canales et al., 2013). It also helps raise awareness about the risks that IPV incidents carry and provides a means for consistently and accurately flagging high-risk offenders (Canales et al., 2013; Department of Justice Canada, 2014). Furthermore, risk assessment allows criminal justice personnel to appraise the level of danger that a victim faces and should guide professionals in how best to create an informed, proactive risk management plan rather than relying on reactive responses to IPV incidents (Canales et al., 2013).

In court, risk assessment provides evidence judicial personnel can use to make informed decisions within the criminal justice system pertaining to an offender's level of risk (Milgram et al., 2015). It further provides a common language for professionals to use when discussing risk and risk mitigation (Canales et al., 2013). More importantly, when professionals deviate from the risk appraisal generated by evidence-based risk assessment instruments, the judgments rendered tend to be less accurate in their capacity to predict future criminal behaviour (Chappell et al., 2013; Guay & Parent, 2018; Wormith et al., 2012).

Despite the numerous benefits that risk assessment provides, there are a number of concerns with the use of these tools. The concept of "risk" is ambiguous, and there is little consensus in the empirical and theoretical literature on what is meant by risk within the context of IPV (Kropp, 2004). The operationalization of "risk" as a construct and the tools used to appraise this risk can vary depending on the context in which they are being used (e.g., police vs. forensic mental health setting; pre-trial detention vs. institutional security placement) and by whom they are being used (e.g., mental health professional, police, victim support services), since these tools are designed to be practical and relevant for those using them (Ariza et al., 2016; Hoyle, 2008; Kebbell, 2019; Kropp, 2004).

The training required to accurately complete risk assessments is also a concern in the policing context (Ariza et al., 2016; Belfrage et al., 2012; Bowen, 2011; Messing & Thaller, 2013; Storey et al., 2014; Ward-Lasher et al., 2017). Often, the tools take time to complete and require information that is not readily available to police or is not easily attainable (Hoyle, 2008; Storey et al., 2014). From a police perspective, training is essential to ensure that police officers are accurately and appropriately implementing risk assessment tools, yet various studies have concluded that training for police officers on IPV generally is limited, let alone training on how to conduct risk assessment within the IPV context (DeJong et al., 2008; Gover et al., 2011; Poon et al., 2014; Robinson et al., 2016; Spivak et al., 2020; Tatum & Pence, 2015). By examining how risk assessment tools are used, guidelines can be implemented to improve their utility (Spivak et al., 2020).

Finally, and arguably most importantly, police officers hesitate to use risk assessment tools within the context of IPV partly because it reduces their discretionary power (Ballucci et al., 2017; Hoyle, 2008, Kane, 1999; Gover et al., 2011). The lack of training for frontline officers in many elements of risk assessment, such as diagnosis and treatment (Ariza et al., 2016), may also contribute to their frustration with risk assessment tools, particularly given that many officers are receptive to using such tools if they receive adequate training on them (Campbell et al., 2018; Robinson et al. 2018). Research has also found that police officers' understanding of IPV impacts whether they will use a risk assessment tool (Gill et al., 2019; Robinson et al., 2016).

Despite the prevalence of risk assessment tools in correctional decision-making, their presence in policing is relatively new. The decision-making practices prior to the advent of risk assessment tools, however, offer strong evidence for their mandatory implementation. In the absence of risk assessment tools, police officers used their subjective judgment and experience to assess risk. Police officers most commonly respond to incidents of IPV without a risk assessment tool, instead taking into consideration the characteristics of the incident (Tatum & Pence, 2015; Dawson & Hotton, 2014; Poon et al., 2014; Durfee & Fetzer, 2016; Kane, 1999). These characteristics tend to include situational, offender, and victim factors. Much of the literature suggests, for example, that serious assaults resulting in victim injury and incidents involving a weapon have been found to increase the likelihood of arrest (Poon et al., 2014; Dawson & Hotton, 2014; Tatum & Pence, 2015). Prior criminal history is another key determinant in arrest decisions made by police officers in IPV cases (Dawson & Hotton, 2014; Tatum & Pence, 2015; Poon et al., 2014).

Extra-legal factors also shape police officers' responses to IPV. Police officers, for example, are more likely to make an arrest when a child is present at the scene (Tatum & Pence, 2015). Although the impact of gender and race are less conclusive in the literature, studies have found that women are less likely to be arrested in IPV incidents than men (Johnson & Conners, 2017; Poon et al., 2014), and that Indigenous women are more likely to be arrested than white women (Johnson & Conners, 2017; Poon et al., 2014). This finding is true even in cases where the woman may not be the aggressor, due to dual charging policies (Poon et al., 2014). In the absence of a risk assessment tool, the characteristics of the police officers themselves, such as gender and experience level, play a role in how they decide to respond to an IPV call (DeJong et al., 2008; Gracia et al., 2014). Studies also show that police agency resources, training practices, and the policing philosophy impact decision-making by police officers (Dawson & Hotton, 2014; DeJong et al., 2008). Furthermore, charging practices vary significantly across Canada, demonstrating that contextual factors influence police decision-making when risk assessment tools are not employed in this process (Dawson, & Hotton, 2014).

Police attitudes towards and perceptions of IPV also play a significant role in how they respond to these calls (Ballucci et al., 2017; Gill et al., 2019). Officers hold problematic views of IPV calls for service. Some police officers oversimplify the IPV experience, blame the victim, have patriarchal attitudes towards women, and presume that the victim will not cooperate (DeJong et al., 2008). These preconceptions often

result in failure to issue a warrant for arrest (DeJong et al., 2008). Male police officers who score high in sexism show a preference for conditional law enforcement in cases of IPV (Gracia et al., 2014). Further to this point, many officers do not view sexual abuse as a form of IPV, which results in a decision not to respond to these calls with as much frequency (Durfee & Fetzer, 2016; Johnson et al., 1994). While this is troubling, progressive policing philosophy and the gender of the officer have been found to increase enlightened views of IPV and impact responses in a positive way (DeJong et al., 2008).

The positive impacts of informed decision-making and risk assessment in police responses to IPV are supported in the literature. The level of risk has been shown to be an important factor in determining whether or not police will act on the complaint and whether or not they will apply for an intervention order in cases of IPV (Trujillo & Ross, 2008). Similarly, Belfrage et al. (2012) found that police officers' risk assessments often influenced their decision-making in terms of risk management (Belfrage et al., 2012). Informed police response, through the use of risk assessment tools, could reduce offending and increase victim satisfaction with the police (Messing et al., 2014). Victim-related factors, such as their characteristics, level of fear, and vulnerability, also shape police decisions (Trujillo & Ross, 2008). For example, Storey and Strand (2017) found that in cases with female victims, officers' risk management recommendations were related to the presence of victim vulnerability factors, as well as the overall identified offender risk level (Storey & Strand, 2017). The consideration of victim-specific factors increases the complexity of police decision-making in response to IPV.

As the literature reflects, there are challenges to implementing and ensuring proper use of risk assessment tools by police officers. Despite these challenges, however, studies overwhelmingly conclude that positive change can result from standardized responses that involve risk assessment practices. Risk tools identify the factors and indicators for IPV predictive of escalation and danger that are not commonly known to police officers. Risk assessment tools provide the knowledge police officers require to make better-informed decisions that can ultimately result in more effective responses to IPV and better protect victims and the community. With the appropriate training, risk assessment tools can decrease bias, provide structure for discretionary decision-making, and increase standardized practices, benefiting police officers nationwide by improving the uptake of such tools in the field (Gover et al., 2011; Campbell et al., 2018)

METHOD

Sample

The sample used in the current study is a sub-sample of data from a larger project. The current data represents police use of the ODARA in the year 2015. The ODARA is a score-based risk assessment instrument developed specifically for police officers. It consists of 13 items, including police and criminal record information, index incident factors, relationship factors, assault history, indications of substance abuse, and barriers to victim support (Hilton et al., 2010). The data was collected following province-wide training on domestic violence dynamics and risk factors, the importance of risk appraisal for informing police and community responses,

and the use of the ODARA itself by representatives of the instrument's developers. Thus, most officers responding to the calls for service used in the current study should have been knowledgeable about IPV in general, informed about organizational policy on the use of the ODARA, and educated with regard to how to score the ODARA.

The sample consisted of 142 individual police files involving suspects of IPV. These files were randomly drawn from police agency records by staff who were provided with search parameters that included a call for police service that stemmed from a dispute, harassment, threat, or assault complaint or was flagged for IPV and that directly involved adults (18+ years) in a current or former intimate partner relationship. The researchers reviewed these files to ensure that there was a clearly identifiable suspect and complainant role for the parties involved in the call. Failing this, a new file was requested. A total of 139 IPV incidents occurred in 2015, and three additional cases from 2014 were included because the ODARA for these cases was completed by police in 2015. Of these IPV incidents, 78% included a physical assault.

As shown in Table I, most suspects in the sample were male (78.0%), and had a mean age of 35.7 years (*SD* = 13). Ethnicity information was not consistently recorded in police files, but for cases where this information was known (*n* = 98), most suspects were white/Caucasian (85.7%). The majority of complainants were female (77.3%), had a mean age of 33.4 years (*SD* = 13.85), and were also primarily white/Caucasian (89.9%) among the 89 cases where this was known. Most cases involved a current intimate partner relationship (74.3%) among heterosexual couples (99.3%).

Measures

Police Records Coding Guide

The research team adapted a coding guide previously developed under the Canadian observatory on the justice system response to IPV (Ursel et al., 2008). This guide was used to capture information about the index IPV event (e.g., date of incident, involved abusive behaviours, nature of injuries, presence of witnesses or children), suspect and victim characteristics (e.g., age, gender, employment status, history of IPV), relationship characteristics (e.g., duration of relationship, status of relationship as current vs. former), and police action to the index event in terms of legal actions taken (e.g., arrest and charge recommendation). Most variables were coded as Yes/Present, No/Absent, or unknown. In addition, two other measures were embedded in the coding guide to capture the severity of attempted violence and the severity of injury experienced by the victim in the course of the index event: the Level of Violence Scale and Level of Injury Scale (Messing, 2007).

Level of Injury Scale (L-Injury)

The degree of physical injury experienced by the victim of the IPV index event was captured using a scale developed by Messing (2007) from police records involving domestic violence situations. Severity of injury is rated by the evaluator across 5 different levels. Level 0 is scored when there are no injuries or complaints of pain/injury. Level 1 is scored when there are complaints of pain in the absence of visual injuries. Level 2 captures minor injuries such as marks, swelling, and

TABLE I Descriptive statistics for reviewed case files

Variable	%	M (SD)
Suspect Characteristics		
Gender		
Male	78.0%	—
Female	22.0%	
Age	—	35.66 years (12.96)
Ethnicity		
White/Caucasian	85.7%	—
Minority	14.3%	
Prior contact with police		
No prior contact	61.3%	
Prior contact	38.7%	
Alcohol/drug use at index		
Yes	39%	
No	61%	
Victim Characteristics		
Gender		
Male	22.7%	—
Female	77.3%	
Age	—	33.39 years (13.90)
Ethnicity		
White/Caucasian	89.9%	—
Minority	10.1%	
Alcohol/drug use at index		
Yes	21.3%	
No	78.7%	
Relationship Characteristics		—
Sexual orientation		
Heterosexual	99.3%	
Homosexual	0.7%	
Relationship status		
Current relationship	74.3%	—
Prior relationship	25.7%	
Relationship duration		
more than 1 year	77.5%	—
less than 1 year	22.5%	
If separated, separation duration[a]		
less than 1 year	88.2%	—
more than 1 year	11.8%	
Children at home		
Yes	63.8%	
No	36.2%	
Index Event Details		
Physical violence		
Yes	78.6%	
No	21.4%	
L-Violence score	—	2.58 (1.32)
L-Injury score	—	1.09 (1.28)
Arrested by police		
Arrested	52.5%	
No arrest	47.5%	
Charge recommended by police to prosecutor		
Charge recommended	48.5%	
No charge recommended	51.5%	
When recommended, did prosecutor approve charge[b]?		
Approved	76.7%	
Not approved	23.3%	

Note. [a]This variable is only relevant to 33 cases whose relationship status was "separated" at the time of the police call for service and for whom duration of separation was known. [b]Cell values are based on the 60 cases for which police recommended a charge to the prosecutor following arrest of the suspect.

scratches, while moderate injuries resulting in bruising, black eye, cuts, or a bloody nose are scored as Level 3 injuries. Severe injuries are scored as Level 4 and include broken bones, missing/broken teeth, loss of consciousness, and severe cuts requiring stitches or more serious interventions. Hospitalization and death would also be scored as Level 4 for the purposes of the current study, though not specifically noted in Messing's scheme. Prior research has found high inter-rater reliability for scoring the L-Injury scale, and higher injury scores were related to higher ODARA risk scores in cases where physical injury had occurred (Moser, 2012).

Level of Violence Scale (L-Violence)

Given that a perpetrator may use physical violence on a scale of severity that may or may not correspond to the injury this violence inflicts (e.g., tried to hit the victim, but missed), Messing developed a second scale to capture attempted violence independent of the actual injury. This scale is used to appraise the severity of physical violence used by the perpetrator at the index offense based on 5 levels of increasing severity. Level 0 is scored when there was no physical violence enacted or attempted. Level 1 is scored when indirect forms of physical violence occurred, such as vandalism and forcible entry. Level 2 is scored for minor acts of violence that may include such acts as throwing objects, punching and slapping, and Level 3 captures moderate acts of violence, including strangulation, kicking, grabbing, and slamming. Finally, severe violence is scored as Level 4 and includes enacted or attempted acts, such as punching and biting. We also added other serious violent acts not captured by Messing's scale, including shooting/attempting to shoot and stabbing/attempting to stab. Past research has demonstrated high inter-rater reliability for this scale, as well as identified positive correlations between the L-Violence scores and ODARA risk scores when some form of physical violence was present at the index event (Moser, 2012).

Ontario Domestic Assault Risk Assessment (ODARA)

The ODARA (Hilton et al., 2004; Hilton et al., 2010) contains 13 items that are rated by the assessor based on information normally available to police, either through a search of police databases or interviews with the involved parties and witnesses. These items tap into criminal history, behaviour during IPV (e.g., assault on victim when pregnant), characteristics of the index offense (e.g., confinement of partner, threats to harm or kill), information pertaining to the relationship context (e.g., victim has children from previous relationship), as well as the victim's circumstances (e.g., existing barriers to support) and signs of substance abuse. These items are rated as either Yes, present (scored a 1) or No, absent (scored a 0). The ratings across items are then summed to generate a total risk score. Based on statistical analyses by the test developers, cut points have been established for the total score to aid interpretation for risk appraisal. Specifically, scores of 0 to 3 are interpreted as representing a low risk of subsequent IPV, scores of 4 to 6 represent moderate risk, and scores of 7 or higher reflect a high-risk individual.

Based on file-coded scorings of the ODARA by researchers, the ability of the ODARA has adequate inter-rater reliability (Hilton et al., 2008) and can reliably predict subsequent IPV among male perpetrators at least to a moderate degree based on Receiving Operator Characteristics Curve analyses (Hilton & Harris, 2009; Jung & Buro, 2017). The ODARA produced the strongest predictive validity estimates among intimate partner risk measures in a meta-analysis by Messing and Thaller (2013). Validity data with the ODARA is more limited with female perpetrators of IPV, most of which has relied on very small samples ($n \leq 30$), with mixed results. Both Hilton et al. (2014) and Moser (2012) found that the ODARA produced moderate to large effect sizes for predicting subsequent IPV, though the actual rates of reoffending across risk levels were different from those generated with males. However, McTague (2018) recently found that the ODARA was an unreliable estimator of subsequent IPV for female perpetrators in a larger sample of 99 women who came into contact with police for IPV perpetration. Given the limited validity data available for females, the New Brunswick Government's Department of Public Safety did not recommend the use of the ODARA for women (or youth) in their guidelines for use by police agencies. However, females were included in the current study to assess practices of use among the partnering police agencies with this sub-group. As noted, there is no data on the validity of the ODARA when scored by police in real-time in the field.

Procedure

The three policing agencies involved in the current study were invited to partner on a research project aimed at understanding the influence of the ODARA on police response to IPV and to inform the development of a police–community strategy for IPV. The three agencies agreed to participate in the study and facilitated access to their case records for examination by the researchers after the researchers and our graduate-level research assistants received appropriate security clearances and Research Ethics Board approval from the University of New Brunswick (omitted for blind review) for secondary use of the information. The three police agencies provided records from cases that included both urban and rural catchment areas. Although each of these organizations adopted use of the ODARA by their frontline officers, they varied in their context and policy application regarding IPV-related services and implementation of the ODARA. Specifically, Organization C had a Domestic Violence Court operating within its jurisdiction, whereas the other two organizations operated within a traditional criminal and family court context. Organization B was unique in that it had a dedicated family violence coordinator who was tasked with ensuring compliance with domestic violence abuse protocols established by the province and completion of the risk assessment tool. Organization A adopted the provincial policy for use of the ODARA, but expanded its use to females. They had no dedicated domestic violence coordinator at the time of data collection but worked in collaboration with victim services in an informal capacity in this regard. These variations in policy, context, and procedure created a unique opportunity to examine the influence of organization variations on the use of the ODARA in the current study.

Designated policing staff from three organizations randomly pulled a total of 150 files initially (target of 50 files per organization), but eight cases were excluded due to excessive missing information. These files were all concluded cases with known legal outcomes (e.g., cleared by no charge, cleared by charge or conviction). All files were taken from

2015, after officers had received IPV and ODARA training. The researchers on-site at the respective police organization reviewed police records. These files varied in the quality and quantity of information contained within them across organizations but typically included police officer narratives describing the index event, victim and suspect demographic details and statements, and sometimes criminal record sheets and prosecutor information in terms of approved charges, convictions, and sentences stemming from the index event if the matter had proceeded to court. If the ODARA had been completed, this was noted and the police-scored items and total score were recorded. Findings pertaining to this latter aspect of the larger study were not included in the current study as the focus was solely on whether officers used the ODARA.

Two graduate students and two of the authors assumed primary responsibility for coding files. Training on the coding process was provided through discussion, practice coding, and review of coding decisions until consensus was reached. Then inter-rater reliability was formally assessed on 20% of the cases drawn from various points in the data coding process to minimize coder drift. Inter-rater reliability of the coding guide was assessed by Kappa for categorical variables and Inter-class correlation coefficients (two-way, random model) for continuous variables. Only variables with inter-relater reliability values (Kappa and ICC) > .60 were used for the analysis.

RESULTS

Administration of the ODARA

The ODARA was administered by police in 60.3% of the reviewed cases of IPV. Despite randomly pulling files from of the three police organizations, there was significant variation in ODARA administration rates across them, $\chi^2(2) = 31.67$, $p < .001$, *Cramer's V* = .48. Specifically, Organization C infrequently administered the ODARA (32.0%) relative to Organization B (90.0%) and Organization A (64.0%). Administration of the ODARA was not dependent on the reporter of the incident to police (victim, $\chi^2(2) = .00$, $p = .99$, *Cramer's V* = .002; suspect, $\chi^2(2) = 00$, $p = 1.00$, *Cramer's V* = .00; child, $\chi^2(2) = 2.10$, $p = .15$, *Cramer's V* = .12; other relative, $\chi^2(2) = 2.74$, $p = .10$, *Cramer's V* = .14; neighbours/friends, $\chi^2(2) = .60$, $p = .44$, *Cramer's V* = .06). Thus, there did not appear to be apparent bias in ODARA use as a function of the reporting party.

Table II contains additional comparisons across suspect, victim, relationship context, index event details, and legal responses for cases in which the ODARA was administered when responding to an IPV incident relative to when it was not. As described in the table, the ODARA was more likely to be administered when the suspect was using drugs/alcohol (76.4%), was employed (79.4%), and was on probation/community supervision (80.0%). No victim factors were associated with ODARA use; however, the ODARA was more likely to be used when the incident was between parties in a current intimate relationship (67.0%), when physical violence occurred in the index event (70.6%), and when a weapon was used (84.2%). It should be noted that officers did not administer the ODARA in 29.4% of IPV calls that involved physical violence where risk appraisal was likely warranted by policy. Overall, Table II results indicate no evidence of

apparent demographic characteristic biases in the choice to use the ODARA, given the absence of significant variations across suspect or victim age, gender, and ethnic status. The duration of the current relationship or the duration of separation, broadly defined in the current study, were also similar across ODARA and non-ODARA use files.

To better understand ODARA use as a function of index event severity and Organization nuances, a multivariate analysis of variance (MANOVA) was conducted with ODARA use (yes/no) and Organization type (A, B, C) entered as independent variables and the L-Violence and L-Injury scores as dependent measures. The omnibus model produced a significant main effect for the completion of the ODARA on these severity measures, *Pillai's Trace* = .11, $F(2, 131) = 8.45$, $p < .001$, $\eta_p^2 = .11$, but no significant main effect of organization on severity measures, *Pillai's Trace* = .05, $F(4, 264) = 1.81$, $p = .12$, $\eta_p^2 = .04$. However, a significant interaction between Organization and ODARA administration was observed across severity measures, *Pillai's Trace* = .12, $F(4, 264) = 4.37$, $p = .002$, $\eta_p^2 = .11$. Follow-up univariate analyses of variance indicated that this interaction was significant for both the L-Injury and L-Violence scales, $F(2, 132) = 8.78$, $p < .001$, $\eta_p^2 = .12$ and $F(2, 132) = 3.47$, $p = .03$, $\eta_p^2 = .05$, respectively. As shown in Figure 1, administration of the ODARA was unrelated to the severity of attempted violence during the index event in Organization A given its overlapping standard error bars. However, interpretation of the standard error bars for Organization C indicate that ODARA administration in that organization was more likely in cases with higher mean L-Violence scores than lower forms of violence. Use of the ODARA for Organization B was also associated with a higher mean score on the L-Violence score, but its standard error bars overlapped with L-Violence scores for cases where the ODARA was not used. Figure 2 depicts a similar interaction pattern for the L-Injury scale.

ODARA Administration and Legal Responses

In terms of legal responses (see Table II), when the ODARA was administered, the officer was more likely to arrest the suspect (70.2%) than when they did not use it (26.8%). Beyond simple administration, higher total ODARA scores generated by the officers predicted suspect arrest, Area Under the Curve = .78 [95% CI .67,.89], representing a large effect size for this outcome. Once arrested, officers recommend charges to the prosecutor for most cases, but this was more likely when the ODARA was used (100%) relative to when it was not (71.4%). However, ODARA administration had no significant influence on whether the prosecutor approved the charge; that said, prosecutor charge approval post-arrest was high regardless of whether the ODARA was administered (72% when used/100% when not used).

DISCUSSION

Our study presents several important findings concerning the use of the ODARA in the field by police officers. First, the ODARA was used with most IPV cases, yet several factors impacted when it was more likely to be used. Police officers generally followed protocol that outlines how to determine which cases necessitate the use of ODARA. However, there was site variation in the frequency with which the ODARA was used. Organization C used the ODARA

TABLE II   Comparison of case parameters as a function of ODARA administration

Variable	ODARA Used % / M(SD)	No ODARA Used % / M(SD)	χ^2 or F-Statistic	Cramer's V or η_p^2
Suspect Characteristics				
Gender	56.9%	43.1%	2.00	.12
Male	71.0%	29.0%		
Female				
Age (years)	35.37 (13.26)	35.80 (12.54)	.04	.00
Ethnicity			.96	.33
White	85.7%	26.5%		
Minority	73.5%	14.3%		
Employed			6.54*	.35
Yes	79.4%	20.6%		
No	44.4%	55.6%		
Prior contact with police			6.91**	.22
Yes	75.5%	24.5%		
No	53.0%	47.0%		
On Probation			5.07*	.19
Yes	80.0%	20.0%		
No	55.7%	44.4%		
Alcohol/drug use at index			10.11***	.27
Yes	76.4%	23.6%		
No	49.4%	50.0%		
Victim Characteristics				
Gender			1.32	.10
Male	68.8%	31.3%		
Female	57.4%	42.6%		
Ethnicity			.90	.10
White	74.7%	25.3%		
Minority	88.9%	11.1%		
Pregnant (females)			3.46	.16
Yes	100%	0%		
No	58.5%	41.5%		
Employed			.09	.04
Yes	73.5%	25.5%		
No	69.2%	30.8%		
On probation			.39	.05
Yes	75.0%	25.0%		
No	59.6%	40.4%		
Alcohol/drug use at index			2.83	.14
Yes	73.3%	26.7%		
No	55.4%	43.6%		
Relationship Characteristics				
Relationship status			8.76**	.25
Current	67.0%	33.0%		
Prior	38.9%	61.1%		
Relationship duration			3.49	.20
more than 1 year	75.0%	25.0%		
less than 1 year	51.5%	48.5%		
Children at home			.04	.02
Yes	61.7%	38.3%		
No	60.0%	40.0%		
Jealousy of suspect towards victim			1.23	.09
Yes	75.0%	25.0%		
No	58.8%	41.4%		
Index Event Details				
Physical violence			22.02***	.40
Yes	70.6%	29.4%		
No	23.3%	76.7%		

TABLE II Continued

Variable	ODARA Used % / M(SD)	No ODARA Used % / M(SD)	χ^2 or F-Statistic	Cramer's V or η_p^2
Index Event Details Continued				
Weapon use±			5.37*	.20
Yes	84.2%	15.8%		
No	56.2%	43.8%		
L-Violence score	3.04 (1.03)	1.91 (1.44)	28.65***	.17
L-Injury score	1.39 (1.31)	0.66 (1.12)	11.80***	.08
Legal Responses				
Arrested by police			25.46***	.43
Yes	70.2%	26.8%		
No	29.8%	73.2%		
If arrested, was charge recommended by police?			16.68***	.49
Yes	100%	71.4%		
No	0%	28.6%		
If recommended, did prosecutor approve charge?[b]			3.65	.25
Yes	72.0%	100%		
No	28.0%	0%		

Note. With the exception of legal responses variables, all cross-tab comparisons percentage values are reported from within the perspective of the descriptor variable status. Cross-tab comparisons percentages for legal response variables are reported from within the perspective of ODARA use status. ± Fisher's Exact Test was used for statistical significance given small cell size in this variable. [b]Cell values are based on the 60 cases for which police recommended a charge to the prosecutor following arrest of the suspect.
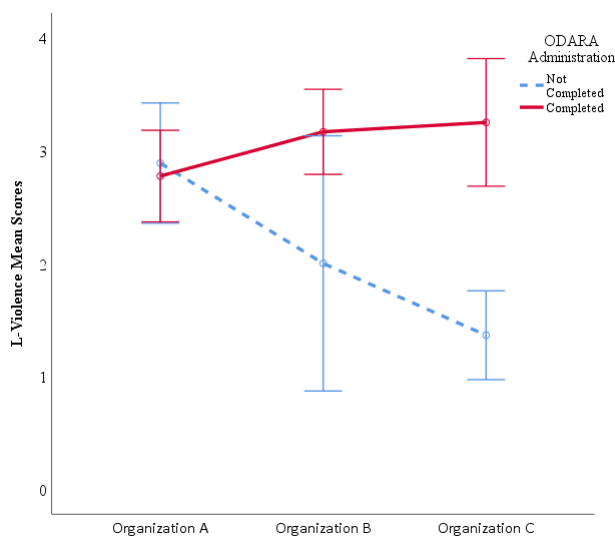*$p \le .05$. **$p \le .01$. ***$p \le .001$.

FIGURE 1 Interaction effect of ODARA Administration status and Police Organization for L-Violence scores from the index event. Bars represent +/- 2 standard errors.

FIGURE 2 Interaction effect of ODARA Administration status and Police Organization for L-Injury scores from the index event. Bars represent +/- 2 standard errors.

rather infrequently (~1/3 of files), whereas organization B used it for most of their cases. (~90% of files). Organization A fell in between, using it more often than not for its IPV cases (64% of files). Demonstrating the impact of police perceptions of IPV (See Ballucci et al., 2017; Gill et al., 2019), police were most likely to respond with action in cases were the severity of the injuries is physically obvious, and when the incident was between parties in a current, rather than previous, intimate relationship (67.0%). Although the cases drawn from each organization were not notably different
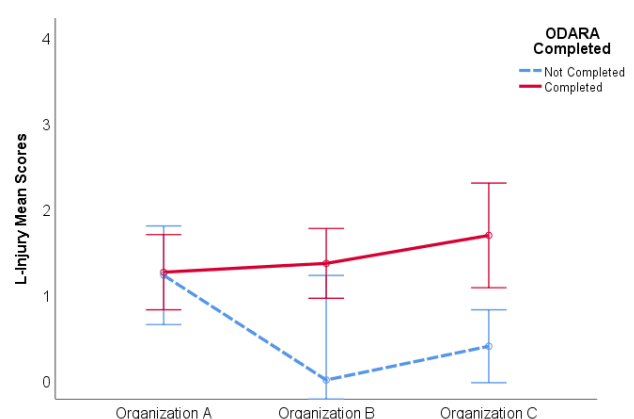
in the severity of violence or injury, there was a significant interaction with ODARA.

Other than the violence and injury factors, the suspect and victim gender, age, ethnicity, and their relationship status did not predict ODARA use. This finding may be the influence of domestic violence training that challenges these biases. Other than organization site, the only other variable that significantly contributed to ODARA use was the suspect's alcohol or drug use. Paradoxically, however, when a suspect was abusing substances in relation to the index event, officers were *less* likely to use the ODARA. This finding goes against knowledge of substance abuse as a risk factor for IPV (Easton et al., 2007). The officers' decision to dismiss the risk involved when substance is in use, and not complete the ODARA, can

result in police responses that do not recognize, and therefore address, the potential danger to the victim/survivor. This example suggests that police officers are using their subjective perceptions of risk to determine their response rather than using the tool as intended to guide this response. This practice may be a product of police officers' negative attitudes towards risk assessment tools, which further supports the need for policy that mandates their use and oversight in the use of these tools in the field.

Second, the ODARA total score was predictive of the decision to arrest in the current study. Police officers' use of the ODARA and decision to arrest increased significantly in cases where the ODARA score was higher, the suspect was male, and the level and severity of attempted violence and injury to the complainant were physically evident. Organization C tended to reserve their use of the ODARA for only those cases that included a high level of attempted violence, which resulted in a higher degree of complainant injury. However, when an individual call for service does not involve physical injury, police officers may have fewer legal grounds to make an arrest or feel less confident in the likelihood of prosecution of the case in the absence of tangible evidence. These findings suggest that ODARA scores are useful tools to support charges and convictions in courts, but only if they are used. Police officers may use the ODARA when deciding grounds for arrest and, in the use of arrest, as a risk mitigation strategy as it allows them to detain the suspect.

The differences in police usage of the ODARA may be attributed to the variation in infrastructure that exists to respond to and support officers dealing with IPV-specific cases. For instance, Organization C has a domestic violence court, which may shape police officers' perceptions of IPV and may impact their decision to complete a risk assessment (for example, they may assume it would be completed in preparation for court). Organization B had a domestic violence coordinator who reviewed IPV cases to ensure adherence to protocols for risk assessment. The greater use of the ODARA at Organization B may be attributed to the oversight and follow-up provided by a dedicated domestic violence coordinator in the organization. Organization A continued to use the ODARA most of the time as per policy.

Although the ODARA is frequently used, there remains evidence that cases that should have been evaluated using the ODARA were not. In only 40% of the cases identified as meeting the province's definition of IPV was the ODARA risk appraisal documented in case records. The province of New Brunswick defines IPV as having:

> many forms: physical, verbal, emotional, psychological, sexual, financial, spiritual. IPV is based on a relationship of domination. Victims may suffer from isolation, harassment, humiliation, intimidation, threats, physical and sexual violence, and emotional blackmail. The abusive partner may also abuse the victim by controlling the victim's income and expenses in order to take away independence. The partner's hold over the victim might extend to a psychological level. (Government of New Brunswick, 2020)

Police officers are made aware of this definition in their training. However, the ODARA assessment tool is designed to be used only in situations where there is evidence of physical violence or the threat of such violence, as suggested below in work describing the development of the ODARA:

> In order for a case to qualify, we identified as an index incident the most recent domestic incident known to police in which the man engaged in domestic violence against a female domestic partner. We had to be confident that the man engaged in at least one physical act of violence, so we required evidence in the police report of physical contact with the victim or a credible threat of death with a weapon in hand in the presence of the victim. (Mental Health Centre Penetanguishene, 2005, 11)

This directive for ODARA use versus training on the broader definitions of IPV can create ambiguity and inconsistency concerning when the assessment tool can and should be used. As a result, victims/survivors in these cases are vulnerable to ineffective and insufficient police action that could then increases the potential for future violence. A likely explanation for this practice, given that no mandatory legislation in this jurisdiction requires police officers to complete an ODARA, is that police officers are exercising their discretion even when the criteria for risk assessment are present. Despite the province-wide implementation of a definition of IPV, training in the dynamics of IPV, province-wide adoption of a risk assessment tool by the policing leadership, and provincially defined policy standards for when to use the ODARA, police officers and their organizations maintain the discretionary power to choose the conditions under which they complete the ODARA and whether they complete it at all.

The literature shows that a police officer's decision not to complete a risk assessment may be a result of limited training (Gover et al., 2011; DeJong et al., 2008; Tatum & Pence, 2015; Poon et al., 2014). However, this is only part of the explanation. Police officers are also reluctant to use risk assessment tools because they view them as a replacement for their experience and as limiting their discretionary power (Ballucci et al., 2017). This perception is, in part, a reflection of how risk assessment tools, such as the ODARA, are integrated into policing and presented to police officers. Their utility must be introduced as a source of information to shape police officers' discretionary assessments. To improve the use and utility of the ODARA, what is necessary is not only training on how to complete the tool, but rather a general understanding of how the tool can inform police officers in their decisions. A more comprehensive approach to integrating the ODARA, one that goes beyond adding a step to the policing process, creates the potential for a more expansive and appropriate use of what the ODARA offers.

CONCLUSION

Currently, there remains a disconnection between when to use the ODARA and how to complete the scoring which can lead officers to see the completion of this tool as an administrative task, only to be used when evidence of physical violence is present, rather than an information source to guide police response. A lack of understanding concerning the complexity of IPV (Gill et al., 2019), and the utility of the

ODARA directly impacts victim/survivors. For example, limited knowledge of the complexity of IPV (which can be learned through ODARA training) can, for example, result in police officers responding only to a single incident call for service, rather than viewing this call within a broader context of case history known to the police. The index call may be for a non-physical incident, while there is a known history of prior physical assaults by the perpetrator against this same or other intimate partners. If police officers do not consider the broader pattern of behaviour, an officer may view the index event as minor and determine that no risk appraisal is relevant to inform a response to this particular call.

Overall, our study shows that the ODARA, as all risk assessment tools, informs better-quality discretionary decision-making, if presented and integrated with proper training on tool use that includes education on how the assessment tool can inform police officers' understanding of risk and better inform their responses to maximize risk mitigation. The lack of compliance with policies for the ODARA's use increases opportunities for misapplied discretion when responding to IPV calls. Our findings further emphasize the need to both increase awareness of the risk factors for IPV and dynamics of abuse, and motivate police officers to increase their use of structured risk appraisal tools to inform discretionary judgments.

The policy implications of our study include not only increased police training but also, more specifically, comprehensive training that emphasizes the objectives of ODARA and how it helps identify the complexity of IPV incidents. Along with stronger policies that mandate the use of the ODARA, we recommend increasing officers' understanding of situations so that they are better able to combine their experience with policy and knowledge. Although standardized tools are often heralded as an effective way to better police practices, without proper training on both their use and objectives, their effectiveness is minimized. The potential of the ODARA is great. The knowledge gained from the ODARA can help reduce the incidence of IPV. Officers' discretionary power, in conjunction with their knowledge of IPV risk factors, has the potential to inform officers with alternative ways to respond to IPV calls to mitigate risk in high-risk, non-injury calls for service (e.g., harassment, break and enter, property damage). The ODARA, therefore, can be used as a preventive and proactive measure; it helps increase police officers' abilities to identify the potential for escalation and respond in ways to reduce future harm for victims.

Limitations and Future Research

Although we identify the frequency of ODARA use and some of the factors associated with this use by police officers, there are limitations to our findings. First, we did not have individual information on the police officers who completed the ODARA, such as their attitudes towards IPV and risk assessment tools, which, as we have shown in previous work, impacts police response to IPV (Ballucci et al., 2017). Second, there were limitations to our data access that may explain the variation in characteristics that determine the use of risk assessment tools within each of our organizations. Third, the information available concerning the details of the index IPV call were limited to only those recorded in the file, which may lack important details that influence police

officer decision-making regarding the ODARA. There is, for example, the possibility that Organization C completed the ODARA more often but did not include the assessment in the paper records that we were provided for review, despite our asking for the complete file. Finally, our study does not examine whether the use of the ODARA positively influenced police response to mitigate subsequent IPV when it was used to inform decision-making.

Several future research projects can be recommended based on our study. Examining whether police officers complete the ODARA only provides partial information for policy recommendations. It is necessary to examine what actions the ODARA risk appraisal leads to and whether those actions by police assist with reducing future incidents. Further studies are also needed to better understand when and how police use risk appraisal information to inform their decision-making and actions in IPV cases (see Spivak et al., 2020). For example, anecdotal information indicates that instead of completing the risk assessment tools immediately after the call, police officers complete risk assessments tools once they return to their station, days after the call or in some cases only if an arrest is made, or expected (i.e., completed as a formality to meet policy expectations, but not to inform decision-making as intended). The timing of completion is imperative for effective risk mitigation, including prompt action for safety planning. Lastly, our results show that despite meeting the IPV definition, the ODARA was not completed in 29.4% of cases. The percentage of police officers who did not use the ODARA as expected by policy suggests the need for further studies—in other Canadian provinces and abroad—to better understand police use of risk instruments and appraisal processes when responding to IPV calls for service.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest

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TRUST

Measuring intimate partner violence risk: A national survey of Canadian police officers

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ABSTRACT

This study examined the role of police in addressing intimate partner violence (IPV) and the type of strategies they apply across Canada based on a national survey of officers. The focus was on an examination of the types of structured tools Canadian police officers report using in their risk assessment strategies. The results suggest that Canadian police officers are reporting frequent engagement in risk assessments across jurisdictions. The survey findings indicate variability across provinces in the types of risk assessment tools police officers are using. Implications for future research include exploring specific provincial and territorial police risk assessment processes and the challenges in engaging in risk assessments.

Key Words   Risk assessment; risk appraisal tools; community policing.

INTRODUCTION

Police services play an important role in the response to intimate partner violence (IPV). Police officers are often the first responders when there is a domestic dispute and may be the first professional who has contact with the family. Police, therefore, are in a critical position to help survivors immediately, but also over time, as they may be the starting point in referring survivors, perpetrators and children to support and treatment services (Trujillo & Ross, 2008). There is also a recognition that police officers are the gatekeepers of the criminal justice system (Hamby et al., 2016; Tasca et al., 2013; Saxton et al., 2018). Some even acknowledge police officers' ability to intervene, arrest, and engage in best practices during IPV incidents as providing the groundwork for holding perpetrators accountable for their actions (Hamby et al., 2016). Police officers' obligation to respond to families anywhere, and at any time, places them in a unique position to come into contact with families in situations where other service providers may not have access (Berkman & Esserman, 2004). Police are in a central position to assess the risk of violence for families and, thereby, be a critical guide to appropriate services and resources for those in need; this includes the ability to intervene on behalf of children present at the scene (Richardson-Foster et al., 2012; Saxton et al., 2020).

Factors Influencing the Police Response

Many factors influence a police officer's response to IPV. Research into police decision-making has found that both survivor- and offender-specific variables, such as age, socio-economic status, sex, and ethnicity, can potentially influence police responses to IPV (Avakame & Fyfe, 2001; Bachman & Coker, 1995; Ferraro, 1989; Hamilton & Worthen, 2011; Lee et al., 2013; Saxton et al., 2018; Robinson & Chandek, 2000; Trujillo & Ross, 2008). Research also points to situational factors that shape police decision-making processes. Here, factors related to evidence, such as the type and severity of violence, as well as situational characteristics, including the presence of children, a weapon, or drugs and alcohol, can all impact police decision-making (Bachman & Coker, 1995; Buzawa & Austin, 1993; Dawson & Hotton, 2014; Mignon & Holmes, 1995; Robinson & Chandek, 2000; Saxton et al., 2018; Saxton et al., 2020; Trujillo & Ross, 2008). Police decisions are also directly influenced by the policies and practices established within a police service as well as by local or federal authorities (Eitle, 2005).

Policing Intimate Partner Violence in Canada

In Canada, police policy towards IPV has evolved over the last three decades. In 1986, the Attorneys General and Solicitors General across all jurisdictions issued directives to police services to ensure that IPV cases were treated as

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criminal matters (Department of Justice, 2003). Although this directive was implemented with some variability across police services, police force policies were generally put into place requiring officers to lay charges where reasonable and probable grounds of an assault had taken place (Department of Justice, 2003).

Today, charging and prosecution policies on IPV remain in effect in all provinces and territories in Canada. While there is no national charging or prosecutorial policy on IPV, all jurisdictions continue to support a similar police and justice system response (Department of Justice, 2003); that is, the primary objective is to criminalize IPV (Department of Justice, 2003). In this way, police policies towards IPV in Canada are directed at both general and specific deterrence; the general deterrence is through the strong and clear message to society that IPV is wrong; and the specific deterrence is through the pursuit to prevent perpetrators from committing further acts of violence (Department of Justice, 2003). In the majority of Canadian provinces and territories, police standards have been developed to ensure a minimum standard of practice across services. While there is some variability across provincial mandates, these standards provide directives regarding the response to IPV (i.e., risk assessment, training, and coordination).

Police and Risk Assessment

Police action and officers' decision-making processes in IPV interventions have been a central focus in the literature, with researchers highlighting the impact of police judgments on future violence, specifically on reducing its likelihood (Buzawa & Buzawa, 2003; Felson et al., 2005; Hovell et al., 2006; Maxwell et al., 2001; 2002; Schmidt & Sherman, 1996; Trujillo & Ross, 2008). Researchers have demonstrated that police officers' perceptions of the risk of future violence and the imminence of that violence are highly influential factors impacting decisions in IPV situations (Campbell et al., 2018; Storey et al., 2014; Trujillo & Ross, 2008). Research has also shown that when no structured assessment (i.e., validated risk assessment tool) is used in assessing the risk of violence, the resulting judgments are often inaccurate (Campbell et al., 2018). Likewise, a lack of assessment can directly lead to reduced risk management and intervention planning (Bonta & Andrews, 2010; Hanson, 2009). A validated risk assessment tool provides police officers with another tool that aids not only in recognizing risks posed to a family but also in identifying the appropriate level of response, both of which are crucial aspects of keeping families safe.

Research evaluating the validity of various IPV risk assessment tools is still growing. The literature has found modest predictive validity among the various tools (for reviews see Messing & Thaller, 2013; Nicholls et al., 2013; Helmus & Bourgon, 2011). Though predictive validity is an important test of efficacy as it measures a tool's accuracy in predicting the likelihood of future violence, other factors should be considered when choosing a risk assessment instrument. For instance, factors like the professional context, access to information, and cultural appropriateness should all be considered (Kropp & Hart, 2015; Messing & Thaller, 2013). Accordingly, further research is needed in evaluating risk assessment tools, particularly in a policing context.

Police, Risk Management, and Safety Planning

Researchers and practitioners acknowledge that risk assessments are not an end in themselves but an ongoing process to inform appropriate risk management strategies (Campbell et al., 2016). Risk assessments are viewed as being the crucial initial step in the process of helping to identify appropriate supervision strategies, develop more effective safety plans for survivors, and guide risk management and rehabilitative options for perpetrators (Messing, 2019; Humphreys et al., 2005; Hoyle, 2008).

Overall, the increased use of risk assessment is viewed positively by police services, as it can provide a basis for more targeted and efficient responses to IPV (Radford & Gill, 2006; Hoyle, 2008; Grant & Rowe, 2011). An effective response to IPV involves a combination of risk assessment, risk management, and safety planning. By engaging in these processes, one is in a better position to ensure the safety of survivors and children, as well as address the perpetrators' behaviours and needs (Campbell et al., 2016).

Current Study

Due to their unique role in the system, it is critical that police officers recognize the risk posed to survivors and their children to better ensure their safety. Part of this recognition comes through police officers' use of risk assessment instruments. While interest in risk assessment tools continues to grow around the world, including in Canada, there remains little research on how police officers are implementing these tools (Kropp, 2004; Humphreys et al., 2005; Hoyle, 2008; Trujillo, & Ross, 2008). Likewise, little is known about how police officers assess risk in family violence situations and how situational factors contribute to these assessments of risk (Trujillo & Ross, 2008). Much of the research has focused on the predictive accuracy of risk assessment tools, and there is a scarcity of research examining whether police are engaging in risk assessment, the type of tools they use, and the impacts of risk assessment on risk management and safety planning with diverse families.

To help fill this research gap, the current study explored the following: 1) the frequency with which Canadian police officers are engaging in risk assessment in the context of IPV; 2) the type of instruments police officers are using to assess risk in Canada; 3) the frequency with which Canadian police officers are engaging in risk management and safety planning practices in their role; and 4) the relationship between the use of structured tools, the province in which police worked, and the type of community served (i.e., urban versus rural).

METHOD

Overview

The survey used for this study was part of an ongoing research initiative: the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP; for more information see www.cdhpi.ca). The overall purpose of this initiative was to identify protocols and strategies that will reduce the risk of lethal IPV and share this knowledge with the broader community. The project also focused on four identified vulnerable populations: Indigenous populations, children exposed to IPV, immigrants and refugees, and rural, remote, and northern populations. The CDHPIVP

endeavoured to gain a deeper understanding of potentially unique risk factors, barriers to effective risk assessment, risk management, and safety planning, as well as strategies currently being used by a cross-section of professionals.

Participants

In total, 1,445 participants completed the survey, most in English (*n* = 1,395, 96.5%). Of these participants, 77 (5.3%) indicated that they worked in the "police" sector; this sub-sample of respondents was used for the current study. Of the police sample, half were from Ontario and identified working within an urban setting only (Table I).

Measures

Questions on the survey aimed to explore broadly the type of practices participants engage in regarding risk assessment, risk management and safety planning within different sectors across Canada. These questions were created and reviewed by experts in the justice sector, in the violence against women sector, in psychology, and in social work and were exploratory in nature. Additionally, definitions were created and provided on the survey for each corresponding question (Table II). The survey was distributed and promoted through CDHPIVP's partners and collaborators, who represent a wide range of partners from academia, frontline professionals, the justice sector, the violence against women sector, cultural groups, Indigenous sectors, and settings from across Canada. The survey was available in both official languages of Canada (i.e., English and French) and prepared for completion on the Qualtrics survey platform (qualtrics.com). The survey

consisted of 10 multiple-choice questions focused on frontline professionals' experiences with responding to IPV as well as the types of vulnerable populations with which they work. Participants were asked how often they engage in risk assessment, risk management, and safety planning in the context of IPV. Participants were asked about their use of structured tools (yes or no response) and were provided space for an open-ended response to identify the types of tools they use. Additional space was offered to participants to provide further comments about their experiences.

The survey was also designed to be used as part of a recruitment process to access key informants for further, more detailed interviews (see Saxton et al., 2020). At the end of the survey, participants could provide their contact information to be included in the second phase of this project. Given the exploratory nature of this research study, the survey was developed to obtain a snapshot of frontline professionals' risk assessment, risk management, and safety planning strategies in addressing IPV. As such, there is currently no reliability or validity data on the survey employed. Before the launch, the survey was given to numerous IPV experts as well as professionals working across sectors to test for clarity.

Data Analysis

Three graduate research assistants analysed open-ended responses to group the types of structured tools. Discrepancies were discussed until consensus was reached, though most were clearly labelled and easily classified. Descriptive statistics were completed on the frequencies of the strategies used by police in their response to IPV, the type of vulnerable populations they work with, and the use of structured risk assessment tools. An ordinal regression analysis was completed to determine whether using a structured risk assessment tool increased the frequency of risk assessment engagement. Chi-square tests of independence were used to compare province and community served (i.e., rural or urban) and the use of a structured risk assessment tool. Bonferroni adjustments were used across all comparisons due to small sample sizes. All data were analyzed using SPSS 24.

RESULTS

Overall, police officers in this sample were found to work frequently with different populations. For instance, 44% of participants indicated that they regularly work with children in their role as a police officer (Figure 1). While there were

TABLE I Sample characteristics for police respondents

	% (*n*)
Province groups	
Ontario	50.6 (39)
Western (Manitoba to British Columbia)	35.1 (27)
Maritimes	9.1 (7)
Quebec	2.6 (2)
Territories	2.6 (2)
Type of community served	
Urban only	54.5 (42)
Rural, remote, or northern	45.5 (35)

TABLE II Project definitions for risk assessment, risk management, and safety planning

Risk assessment	Evaluating the level of risk of harm a survivor may be facing including the likelihood of repeated violence or lethal (dangerous) violence, based on a professional's judgment and/or a structured interview and/or a tool (instrument) that may include a checklist of risk factors.
Risk management	Strategies to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision, counselling to address the violence and/or related issues, such as mental health and addictions.
Safety planning	Finding strategies to protect the survivor by actions such as a change in residence, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave home in an emergency including contact information about local domestic violence resources

For more details on definitions see Campbell et al., 2016. The term domestic violence was used within this study.
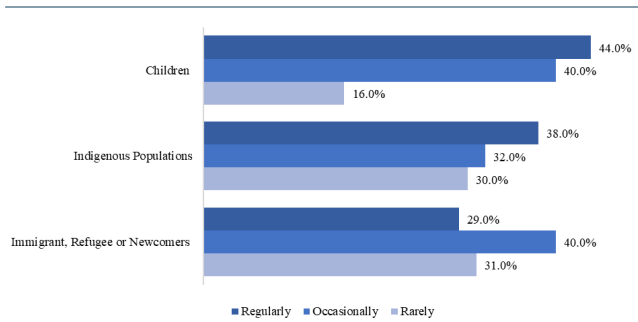
FIGURE 1 Frequency with which participants work with different vulnerable populations

FIGURE 2 Frequency of use of risk assessment, risk management, and safety planning strategies

some slight differences observed, most participants in this sample were found to work at similar rates with Indigenous people, immigrants, refugees, and newcomers to Canada (Figure 2). Approximately 45% of the sample indicated that they served rural, remote, or northern communities. There were no significant differences in terms of frequencies of populations police work with, the province where they are located, or the community they serve (i.e., urban or rural).

Risk Assessment, Risk Management, and Safety Planning

Police officers were asked about the type of strategies they engage in when responding to IPV occurrences. Overall, the majority of police officers indicated that they frequently engage in risk assessment and management-related strategies for IPV. While fewer police officers indicated using safety planning in their role, a sizable number indicated they frequently (42.5%) engaged in safety planning during IPV occurrences, as defined by this project.

Structured Tools

The majority (72.7%, *n* = 56) of this sample indicated that they used a structured risk assessment tool in their roles as police officers. Overall, a large variety of tools were identified as being used by police from across Canada (Figure 3). The most frequently identified instrument was the Ontario Domestic Assault Risk Assessment. This may be due to the larger response rate by police officers working in Ontario. Several participants also indicated using multiple instruments in their risk assessment approaches to IPV calls for service. Subsequent analysis was undertaken to examine whether the use of a structured tool was associated with increased frequency in risk assessment engagement. An ordinal regression examining the relationship between using a structured tool and the frequency of engaging in risk assessment was approaching significant (*p* = .07). Those indicating the use of a structured tool were more frequently completing risk assessments, though caution is warranted in drawing conclusions. No differences were observed between provinces or communities served and the use of a structured tool.

DISCUSSION

The current study was part of a large-scale study examining frontline professionals' use of risk assessment, risk management, and safety planning strategies to aid in the prevention of intimate partner violence/homicides. Using a sample of
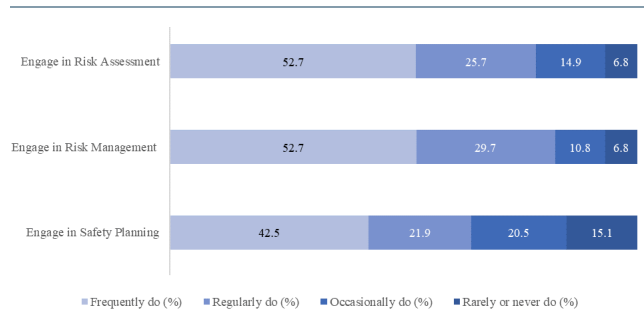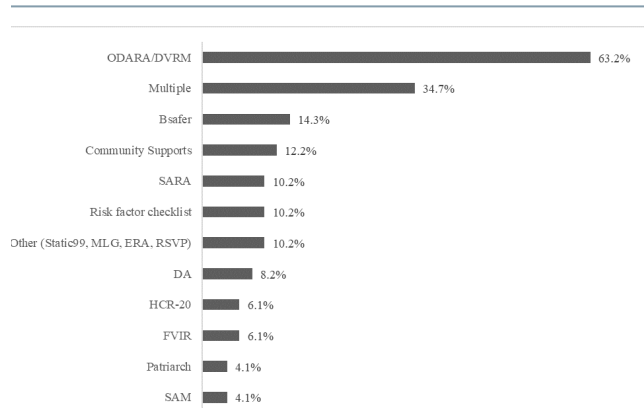

FIGURE 3 Types of risk assessment tools used identified by police officers. ODARA: Ontario Domestic Assault Risk Assessment; DRVM: Domestic Violence Risk Management, which contains the ODARA; B-SAFER: Brief Spousal Assault Form for the Evaluation of Risk; SARA: Spousal Assault Risk Assessment Guide; DA: Danger Assessment; HCR-20: The Historical Clinical Risk Management; FVIR: Family Violence Investigation Report; Patriarch: Risk for Honour-Based Violence; SAM: Stalking Assessment and Management; MLG: Multi-Level Guidelines; ERA: Environmental risk assessment; RSVP: Risk for Sexual Violence Protocol

police officers from Canada, this exploratory study focused on the police response to IPV, the strategies Canadian police officers adopted in the prevention of violence, and how community factors impact these strategies. Broadly, results indicated that police self-report that they are often engaging in risk assessment and risk management in their response to IPV. Officers in this sample reported engaging in safety planning strategies at a lesser frequency than they did risk assessment and management. The majority of police officers indicated that they used a structured assessment tool to assess risk in IPV occurrences. The use of a structured tool may increase engagement in risk assessment strategies for police. The most common tool identified was the Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al., 2010).

Findings from this study revealed substantial variability in the types of structured tools being used across provinces. Several respondents identified structured tools that were outside the generally accepted definition (i.e., community supports, risk factor checklist). This speaks to potential confusion regarding not only the type of risk appraisal processes police are engaging in, but also how frontline professionals come to define their response to IPV. However, the current study was

unable to examine officer knowledge about IPV and IPV risk assessment due to the limitations of its design. Nevertheless, it is essential to understand police officers' perceptions of risk assessment, given that previous research has found that their view of risk assessment tools can shape how they deal with IPV cases (Ballucci et al., 2017).

There are some limitations to the current study. First are those pertaining to the sample. While this study was part of a larger research project, the small sample of police officers recruited was heavily based in Ontario. Therefore, the generalizability to the rest of Canada is questionable. The potential impact of volunteer bias based on those who chose to participate is another limitation. Additionally, the specific motivation of the sample of police officers was not captured, nor were their overall background, training, or experience with responding to IPV occurrences. Though exploratory, this study also lacked information about the specific role police officers played in IPV occurrences and the nuanced details related to the assessment and management of risk for families experiencing IPV. Further complicating the matter are differences in specific provincial policies and police standards. Overall, this lack of detail makes it challenging to draw conclusions from the current study's data. It does, however, provide direction for future research.

Despite the current study's limitations, it examines a crucial aspect of the public response to IPV, which is the police response, something that continues to be under-studied. Overall, this study revealed that police officers frequently use structured tools to assess risk in IPV occurrences and that they engage in risk management and safety planning strategies. However, it is not clear what these strategies, processes, and protocols look like for police officers at the ground level. Additionally, despite the definitions provided, it is speculated that there is a vast discrepancy in how police officers qualify their use of risk assessment, risk management, and safety planning strategies. This concern further highlights the need to develop a deeper understanding of both the role of police and their real actions in response to IPV. This study found that police frequently work with diverse populations, highlighting the increasing importance of examining how police are considering the needs of diverse populations, including the risk posed to children (Jaffe et al., 2012).

There is an overall acknowledgement that risk assessment is not an end in itself, but rather an ongoing process that informs appropriate strategies. Risk assessment is viewed as being the crucial initial step in the process of helping to identify appropriate supervision strategies, develop more effective safety plans for survivors, and guide management as well as rehabilitative options for perpetrators. More recently, there has been a movement towards using risk assessment as a critical first step to inform collaboration with other services. A risk-informed collaborative intervention is an essential approach in the prevention of escalating IPV through an increased coordinated systems response (Campbell et al., 2009; Messing & Campbell, 2016; Messing, 2019; Ward-Lasher et al., 2017).

System collaboration is critical to ensuring information sharing that is comprehensive and communicated to all stakeholders. Researchers have suggested developing a common risk assessment tool to enhance communication of risk across systems (Stanley & Humphreys, 2014). Others have endorsed the use of high-risk case coordination protocols, whereby justice partners and other key stakeholders meet to discuss families identified as high risk (Department of Justice Canada, 2003). Examples of these teams have emerged around the world, including the Lethality Assessment Program (LAP) in the United States, the multi-agency risk assessment conferences (MARACs) in the United Kingdom, and the Interagency Case Assessment Teams (ICATs) in Canada. These programs show promise as collaborative approaches that more comprehensively address the needs of families experiencing IPV. However, further evaluation is warranted.

Future considerations should include examining the appropriateness of formal risk assessment tools, particularly in the police response to IPV. Indeed, the consistent use of valid risk assessment in policing has several important implications. Perhaps the most significant is that it encourages police to look methodically at cases of IPV to determine the whole picture (Messing, 2019). There is a subsequent need for risk assessments to be completed correctly and consistently to ensure police officers are gaining information that can allow them to make informed decisions about the risk present in IPV incidents and inform prosecutors regarding important decisions about bail and release terms (e.g., no-contact orders; Hoyle, 2008). Furthermore, there is a need to evaluate how differences in police officers specially trained in IPV (i.e., IPV specialists) approach IPV occurrences compared with those who lack specialized training (i.e., generalists). Critical, here, is determining whether a more specialized unit positively impacts the reduction of IPV occurrences as well as the quality of police assessment and intervention (Segrave et al., 2018). Future research should examine the barriers to effective risk assessment in the context of police and IPV in terms of potential issues of training and resources.

CONCLUSION

Given the evolution in policies and protocols for IPV and police, it is not surprising that there has been an increased use of risk assessment by police officers. What was more surprising was the indication that police officers are also frequently engaging in other risk management and safety planning strategies. This is encouraging given the call for moving beyond focusing on simply administering risk assessments to using the results to improve responses. The results in the current study show promise that risk assessment is not an end in itself for police officers in Canada. However, it is still early to draw conclusions, and a great deal more needs to be done to understand how police conduct risk assessment practices.

CONFLICT OF INTEREST DISCLOSURES
The authors declare no potential conflicts of interest.

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TRUST

Community praxis: Exploring a community engagement framework for restorative justice in British Columbia, Nova Scotia, and Bangladesh

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ABSTRACT

The concept of community is pervasive but ambiguous, and there is a lack of research on the role of community in restorative justice. Employing both in-depth qualitative interviews and surveys, this qualitative study unearths the role of community in restorative justice in British Columbia, Nova Scotia, and Bangladesh and examines existing community praxis in those places. The study proposes a community engagement framework which consists of horizontal community and vertical community. The study argues that incorporation of both horizontal and vertical communities would strengthen the quality of relationships, while also fostering innovation and creativity in restorative justice.

Key Words   Horizontal community; vertical community; reflective community; learning community.

INTRODUCTION

Community has been vigorously studied and is deeply embedded in classical theories and discourses. The idea of community evokes diverse images, interpretations, roles, and metaphors. Yet, whilst the concept of community is pervasive, there is ambiguity surrounding exactly what community is and what its roles are or should be. Definitions and descriptions include the following:

- Community may connote "connectedness" of individuals and groups (Bolivar, 2012, p. 17).
- Day (2006, p. 2) explains community as "group-ness" where "people do things… together rather than separate and alone."
- Community can refer to a place where a group of people feel a sense of belonging and connection (Karp & Clear, 2002).
- Community can be defined when individuals experience a sense of belonging (Block, 2018). The state of belonging is thus seen to have both a physical and an emotional dimension.

In short, interconnectedness, belonging, and togetherness are essential traits of community. Community is fluid,

residing in "those things which people have in common, which bind them together, and give them a sense of belonging with one another" (Daly, 2016, p. 1). The diverse ways that community has been understood and operationalized has problematized community as a contested construct, revealing fundamental assumptions and aspirations about community (Bolivar, 2012).

In the context of restorative justice, community has been regarded as the "center" and "driving force" (Dickson-Gilmore & LaPrairie, 2005, p. 3). This is why Gavrielides & Artinopoulou (2013, p. 38) posited Restorative Justice (RJ) as "community born and community led." Scholarship on the idea of community in RJ has substantially increased in recent years (see Block, 2018; Dzur & Olson, 2004; Elliott, 2011; McCold, 2010; Rosenblatt, 2015). Nonetheless, there is a "significant deficiency" in defining and operationalizing the notion of community in RJ (Bolivar, 2012, p. 18). Some commonly practiced community roles for RJ are volunteers, board members, and supporters for victims and offenders (Maglione, 2017).

Using both in-depth qualitative interviews and surveys, this study explores the concept of community in the context of restorative justice in British Columbia, Canada (BC), Nova Scotia, Canada (NS), and Bangladesh (BD). Existing community praxis in RJ includes community as volunteer,

community as neighbour, and community circle of support (Dzur & Olson 2004; McCold, 2010). This study finds both common and distinctly different community praxis in BC, NS, and BD. For example, findings from BC offer the concept of *reflective community* in which bonding and relationship-building were central themes. In NS, the *learning community* is a form of community praxis that focuses more on mutual learning and sharing about what is working, what is not working, and what can be done to address newer challenges. Bangladesh, on the other hand, applied a different form of community praxis in the form of Community-Based Organization (CBO). CBOs, differ from non-government organizations (NGOs) in Bangladesh in that they are mostly locally grown organizations, whereas NGOs are nationally run. The survey participants in Bangladesh believe that the involvement of CBOs is important to the future of RJ in Bangladesh.

In light of the findings on community praxis from BC, NS, and BD, this study proposes a Community Engagement Framework with two key components: horizontal community and vertical community. The horizontal community in RJ consists of a) reflective community, and b) community as neighbour, while the vertical community is more formal and structural, and includes a) learning community, b) circle of care, and c) community as volunteer. This study concludes that incorporating both the horizontal and vertical communities in RJ would strengthen the quality of relationship, while also fostering innovation and creativity.

LITERATURE REVIEW

Normative understandings of community vary from scholar to scholar. The literature begins with a brief overview of classical theories on the idea of community from Durkheim and Tönnies because of their resonance with community praxis.

Classical Theories on Community

Emile Durkheim

Sociologist Emile Durkheim, one of the earliest classical scholars, used a social solidarity lens to demarcate community. In his book *The Division of Labor*, Durkheim outlines two types of community: a) mechanical community, and b) organic community. Community can be established as a form of solidarity founded on a premise of "states of conscience which are common to all members of the same society" (Durkheim, 1933, p. 109). Community can also be formed on the basis of an interdependency and complementarity referred to as "organic" (Durkheim, 1933, p. 129). According to McKinney (1966), Durkheim's categorization of mechanical and organic ways of forming social solidarity is more of a normative idea and may thus be different in practice. Additionally, Day (2006, p. 3) views Durkheim's approach to social solidarity as relevant to our current understanding of contrasting social orders: "a normative preoccupation with the regulation of society to maintain successful cooperation, and a sense of fear that prevailing social conditions might render this impossible." The historical context of industrialization and emergent individualism shaped Durkheim's concept of social solidarity and its categorization into mechanical and organic (Day, 2006; Perry, 1986).

Ferdinand Tönnies

Ferdinand Tönnies, the German philosopher and sociologist, played the most instrumental role in theorizing the notion of community as it pertains to social solidarity. In his book *Community and Society* (1957), he outlines a comparative analysis of *Gemeinschaft* (community) and *Gesellschaft* (society). According to Tönnies, *Gemeinschaft* is defined as a "lasting and genuine form of living together" in which the connection among people is much more organic and alive, whereas *Gesellschaft* is a state in which individuals are involved with each other through a "transitory and superficial" connection (Tönnies, 1957, p. 35). Community, according to Tönnies (1957), deeply connects people with each other through kinships and relationships and proximity. An example of this is people living in villages, rural areas, or small communities.

In summary, Durkheim and Tönnies each offer two types of community: mechanical community and organic community (Durkheim) and *Gemeinschaft* and *Gesellschaft* (Tönnies). Organic community and *Gemeinschaft* share some similarities, as do *Gesellschaft* and mechanical community.

Community Praxis

Promoted by Freire (1972, pp. 75–76), the idea of praxis indicates both "action and reflection." Prilleltensky (2001, p. 758) argues that praxis is "unity of theory and action." Moreover, he proposes four key elements of praxis: a) balance between philosophical and grounded input, b) balance between understanding and action, c) balance between process and outcome, and d) balance between differing and unequal voices. Blodgett et al. (2008, p. 393) view praxis as "the cyclical process of reflection and action, and theory and practice that is motivated by a commitment to transformation through social activism." They propose four key features of praxis, particularly in research settings: a) pursuit of lines of inquiry that are meaningful to the participants; b) utilization of culturally sensitive strategies; c) involvement of participants in the project's development, analysis, and dissemination; and d) use of consensus decision-making models (Blodgett et al., 2008, p. 412). Praxis can also be defined as a convergence of reflection and practices (Lederach, 1997). In short, praxis is a "critico-practical activity whereby theory must be put into action to be made meaningful" (Osborne, 2017, p. 847).

In a community setting, praxis includes theorizing ideas, coordinated action by practitioners, and reflection by community members (Evans, 2015). Community praxis implies practices that are grounded in theory. Historically, theory and practice were not "intrinsically divorced" from the idea of community (Anderson & Freebody, 2012, p. 360). Morrison and Vaandering (2012, p. 145) define community praxis as the engagement of "rich ecologies of individuals' lives, at the social and emotional level of a community." In summary, the essence of praxis is the cyclical convergence of theory, practice, and reflection.

Community in the Context of Restorative Justice

In the context of RJ, community is defined as people directly or indirectly connected with the person harmed or the one who caused the harm. These people may be relationally or geographically connected with the victims or offenders. Community can also be defined as the specific geographical setting in which a restorative justice organization is located

(Dhami & Joy, 2007; McCold, 2010). Community volunteers help return crime to the main stakeholders, resulting in *deprofessionalization*. *Micro community*, also known as the circle of care for victims and offenders, offers emotional support, inspiration, and encouragement. It contributes to the social capital of victims and offenders. *Macro community*, on the other hand, provides material support. Through these elements, justice stakeholders—offenders in particular—can be connected and reintegrated with the larger community (Maglione, 2017; McCold, 2010).

Grounded in Christie's (1977) analysis of conflict as property and the importance of participatory norm clarification through returning conflict to the community, RJ practices have operationalized community in a range of modalities; community as providers and facilitators; community as circles of care and participants; and community as neighbourhood. A number of theories influenced the formation of these community frameworks, including reintegrative shaming theory (Braithwaite, 1989), relational justice theory (Llewellyn, 2011), social identity theory (Morrison, 2006), procedural justice theory (Tyler & Blader, 2000), and conflict transformation theory (Lederach, 1997).

According to Zehr's restorative lens, community involvement is foundational to restorative justice because of its emphasis on collective and communal responses to harm and wrongdoing, as opposed to individual or state-based responses (Pavlich, 2010). Pranis (1995) summarizes the importance of community inclusion in restorative justice:

> Greater community involvement in a restorative justice process is a powerful way to break this destructive cycle and increase the connections among community members. The more connected with each other community members are, the more likely they will be to restrain impulses which would be disapproved by the community. (para. 72)

Finally, Peter Block defines a "restorative community" as one that produces a certain "quality of aliveness and wholeness" (Block, 2018, p. 49). According to him, a restorative community in practice is given by "language of connection, relatedness and belonging" (p. 50). Yet the operationalization of community within RJ remains vague and defies complexity, in both definition and praxis. In the context of restorative justice and responsive regulation, Burford (2018) encourages regulators and practitioners "to engage with complexity" and shared that:

> Organizational culture often conflates the governance of formalism and responsivity, undermining the capacity of people to influence policy, practice and decision making. The key message is that culture needs to be understood as, among other things, complex relational-emotional space which can be embodied only though approaches that embrace listening and dialog. Restorative approaches coupled with regulatory theory are used to show how grappling with complexity can be a driver of positive change in culture and re-center the state's role as a competent, ethical partner alongside other non-state and informal actors. (p. 366)

Community as Providers and Facilitators

Braithwaite (2002) argues that the involvement of community is important to active citizenship wherein the system is deprofessionalized to include actors beyond the typical justice actors (i.e., police, lawyers, judges, and correctional officers). The role of community as an active provider shifts the enactment of justice beyond the purview of professionals; it shifts citizens out of a 9-1-1 mentality in which they are bystanders to crime and conflict who expect professionals to take care of the problem. Retired judge Barry Stuart of the Territorial Court of the Yukon was critical of the professionally exclusive nature of the justice system:

> Despite a widespread, long standing appreciation that we cannot remove crime from communities solely be removing criminals, and that the State can never effectively replace the contributions to well-being made by families and communities, we persist in desperately trying to do so. This is our "March of Folly." (1998, p. 90)

Baskin and Sommers (1990) consider community participation the "democratization of justice" (p. 251), which essentially returns ownership and control of the crime to the community and the people who are affected by it, not to the state or professionals. Lofton (2010) holds that harms occur due to the community's "lack of wholeness" (p. 385) and inaction, and active involvement of the community is a prerequisite to restoring wholeness and operationalizing the holistic focus of restorative justice.

When community is operationalized within this framework, the community is made stronger and further harm is prevented; the restorative justice process can reunite what has been divided; and community members can participate in the process of clarifying norms and building consensus.

Community as Circles of Care, Support, and Accountability

Participants in restorative justice processes, particularly those who have been victimized and/or have offended, often attend with their respective communities of care. McCold (2010) termed this type of community a micro community, and it comprises those who have "meaningful personal relationships" with the victim(s) and offender(s) (p. 156). A circle of care thus includes family members, friends, and significant others of the victims and offenders (Maglione, 2017; Rossner & Bruce, 2016). Pranis (2007) argues that the community acts as a resource for victims and offenders whereby they can hold each other accountable to certain values and principles.

Grounded in Braithwaite's (2000) reintegrative shaming theory, a healing-centred restorative justice process allows victims and offenders to express emotion and also hear from the community members they care for the most about the impact of the harms (Abramson & Beck, 2010). The presence of community offers a safe container within which victims and offenders can express their frustrations and anger. Karp and Clear (2002) view community both as a place and a relationship. On the same note, Schatz (2013) sees the community's role as a "glue" that nurtures partnership (p. 114). Ensuring both vertical (to the state) and

horizontal (to person(s) and community harmed) accountability facilitates transformational processes in restorative justice (Roche, 2003).

When community is operationalized within this framework, the community is made stronger and further harm is prevented at a family (or micro) level; the restorative justice process can create a container to heal what has been broken within families; the community can lead a process that seeks full and direct accountability.

Community as Neighbourhood

The community in which a harm was committed is also an important element of the restorative justice process. McCold (2010) coined this type of community a macro community. Community in this context is tied to a geographic location. People in macro communities are usually connected via space, shared values, ethnicity, faith traditions, and mutual interests (Bolivar, 2012; Gerkin, 2012).

Active engagement of the volunteers, board members, and local citizens in a restorative justice organization can foster social cohesion and contribute towards community building. For example, Roca, an NGO in Massachusetts, in the United States, which is grounded in restorative justice principles and values, successfully transformed communities by using circle processes (Beck, 2012). According to Green et al. (2013), a restorative city is "a vision where the adoption of restorative values, principles, and language inspires its young to grow into forward-looking, articulate, and empowered adults who will shape the future of their city" (p. 447). Rossner and Bruce (2016) conducted empirical studies in order to examine the role of community in RJ conferences in New South Wales, Australia. They conducted 100 interviews, analyzed documents from 204 conferences, and completed 34 participant observations. They conclude that the success of RJ conferences depends largely on the degree of community engagement and consultation at all levels—communities of care, volunteers, and local community members (Rossner & Bruce, 2016). Safe neighbourhoods are restorative; they invite full participation and consensus; heal what has been broken; seek full and direct accountability; reunite what has been divided; and strengthen the community, to prevent further harms at all levels of regulation and governance.

There are gaps in the literature in relation to explorations of community praxis in restorative justice. This is noteworthy given that several authors view community as a fundamental feature of restorative justice (Gavrielides & Artinopoulou, 2013; Morrison & Vaandering, 2012). Bolivar (2012) considers the lack of research on the role of community a "significant deficiency" (p. 18) for RJ theory and practice, whilst Walgrave (2008) blames the vagueness of the notion of community for this gap in empirical studies. Even though community, albeit vaguely understood, is an integral part of RJ ethos, theory, and practice, the operational understanding of community praxis therein is limited (Morrison et al., 2020). This study addressed this gap by asking, *What is the role of community in restorative justice in British Columbia, Nova Scotia, and Bangladesh?* In answering this research question, it also examines existing community praxis such as community as volunteer, community as neighbour, and community as circle of care.

METHODOLOGY

This study was approved by Simon Fraser University's Research Ethics Board and employed qualitative methods for data collection and analysis. A method is defined as a way of conducting research and the process of utilization of research instruments (Hesse-Biber, 2010). As mentioned earlier, this research is largely grounded in qualitative methods, which offer active engagement between the researcher and the participants. Key qualitative methods—in-depth qualitative interview and surveys—were used. These qualitative instruments not only unearth phenomena, they also provide ways to explore "deeper and more genuine expressions of beliefs and values that emerge through dialogue [and] foster a more accurate description of views held" (Howe, 2004, p. 54). The three research sites—BC, NS, and BD—were selected based on phenomenological criteria: in all three settings, there are examples of restorative justice practices and contrasting factors that contributed to the growth of RJ. Convenience also played a role in site selection: the researcher knows several gatekeepers and has social capital in the three settings chosen. Without gatekeepers, it is challenging for researchers to access participants (Broadhead & Rist, 1976). Ten key informants—four from BC and three each from NS and BD—shared their reflections on RJ and community in interviews, and 50 survey participants responded to a questionnaire on the role of community in RJ (Table I). Key informants are identified by their site and a random number (i.e., Participant BC #3, 12, 18, Participant NS #2, 4, 8, and Participant BD #2, 4, 5). Research participants were selected using both snowball and purposive sampling methods. All interviews were recorded digitally and transcribed. SurveyMonkey and NVivo software were employed for data collection and data analysis.

There are two key factors that made this research challenging. First, fieldwork required expenses including plane fare, accommodation, and food. Because this research was not funded by any grants, the fieldwork duration was limited. Second, getting access to participants from three different communities was challenging. The researcher faced particular challenges in getting access to participants in Bangladesh; many, especially those working for international NGOs (INGOs), had schedules that were very full. For example, the

TABLE I   Key informant interviewees and survey participants

Research Site	Number of Key-informant Interviewees	Pseudonyms	Number of Survey Participants
British Columbia (BC)	4	Participant BC 3, Participant BC 4, Participant BC 12, Participant BC 18	20
Nova Scotia (NS)	3	Participant NS 2, Participant NS 4, Participant NS 8	14
Bangladesh (BD)	3	Participant BD 2, Participant BD 4, Participant BD 5	16

researcher had to reschedule one interview five times due to the hectic work schedule of the interviewee.

RESULTS AND DISCUSSION

This study found three types of communities in BC, NS, and BD: community as volunteer, community as circles of care, and community as neighbour. The study also revealed two additional types of community praxis in RJ—reflective community and learning community—and proposes a community engagement framework that combines all types of community praxis.

Existing Community Praxis in Restorative Justice

Community as Volunteers
Community volunteers play an important role in the area of facilitation and mediation. Many RJ practices around the world depend largely on community volunteers. These community volunteers act as a "neutral third party" in RJ organizations (Rossner & Bruce 2016, p. 108). They also contribute as board members of such organizations or as part of a reparation board (Dhami & Joy, 2007; Gerkin, 2012; Karp & Drakulich, 2003). If successfully engaged, local community members can act as key stakeholders in RJ practices (Schatz, 2013).

Across all three research sites, volunteers played a significant role in the growth of RJ. When asked to rank factors that contributed to the growth of RJ, the majority of survey participants in BC and NS identified volunteers as "very important" to the growth of RJ, and in BD, still 31% identified volunteers as very important (see Table II).

Community as Circles of Care
This study finds existence of circles of care or micro community in all sites—BC, NS, and BD. Key informants, such as Participant BC 18, Participant NS 4, and Participant BD 5, confirmed that their RJ practices include victims, offenders, and their supporters. In BC, for example, RJ programs are "strongly encouraged" to include victims, offenders, and their supporters in RJ practices by funds such as the provincial community accountability program (Participant BC 18). In NS, a common practice by many programs includes a circle of support or healing circle for victims (Participant NS 4). Similar to those in BC and NS, RJ programs in BD also include victims, offenders, and their supporters in RJ practices, as Participant BD 5 described: "it is common to see relatives from both parties engaged in RJ practices."

Among the survey participants in BC, NS, and BD, there is consensus on the inclusion of the supporters of victims and offenders in RJ processes. When asked about inclusion, a majority of the survey respondents shared that both "inclusion of victim supporters and inclusion of offender supporters" are very important to their RJ practices (see Table III).

Community as Neighbours
Community as neighbour indicates the people and place where RJ programs are located. As discussed in the literature review, community as neighbour is also known as macro community. This study finds the presence of general community members or neighbours in RJ practices in BC, NS, and BD. The passion, dedication, and optimism of RJ volunteers and practitioners sustained the growth of RJ with what Participant BC 4 calls "endless ridiculous optimism." In the context of a major funding crisis with both the federal and provincial government, these RJ volunteers and RJ practitioners did not lose their faith and hope in the programs. Participants BC 18, NS 8, and BD 4 shared several personal anecdotes and stories about this. Participant BC 18 recalled a vivid dream about Kingston Penitentiary, which represents the criminal justice system, as well as a dream about "five pins" to unlock the gridlock between the criminal justice system and RJ practitioners. Both Participant BC 18 and Participant NS 8 cannot imagine that they would one day retire from RJ volunteering because, to them, RJ work is "deeply spiritual" (Participant BC 18) and "meaningful" (Participants NS 8). Participant BC 18 passionately shared, "I don't have anything better to do. I don't think there is anything better to do. I find working in the field of restorative justice so fulfilling. So enriching. It's like the Hotel California—you can check out anytime you like but you can never leave."

Among the survey participants, the question of whether RJ should be "community-born, community-based, and community-led practice" led to some insights. Table IV shows that, among the survey participants in BD, 76% strongly agreed, while in NS only about 42% strongly agreed with the statement that RJ should be community-born, community-based, and community-led.

Additional Community Praxis in Restorative Justice
Beyond these three types of communities—volunteer, circle of care, and neighbour—the scope or role of community in practice is ambiguous. This study suggests that a reflective community and a learning community are integral parts of community praxis, with reflective community explicitly bringing the concept of reflection and relationships into RJ, and learning community bringing theory. The findings of this study discussed below, particularly those from BC and NS, contribute to the understanding of community praxis that incorporates reflective and learning communities.

Reflective Community in British Columbia
An example of reflective community in BC was given by the group of people who used to meet frequently at the home of Liz Elliott (Participant BC 4) in Mission, BC. The key purpose of these gatherings was to share ideas, have meals together, build connections, and check in with each other. Key informant interviewees from BC shared clear insights into the role

TABLE II Community volunteers and the growth of restorative justice

Research Site	Participants Who Believe Support from Volunteers is Very Important
British Columbia (BC)	56.41%
Nova Scotia (NS)	60.61%
Bangladesh (BD)	31.25%

TABLE III Circles of care and the growth of restorative justice

Research Site	Inclusion of Victim Supporters is Very Important	Inclusion of Offender Supporters is Very Important
British Columbia (BC)	56.76%	51.35%
Nova Scotia (NS)	51.52%	54.55%
Bangladesh (BD)	52.94%	61.11%

TABLE IV Community as neighbour

Research Site	Strongly Agree	Agree	Strongly Disagree
British Columbia (BC)	51.22%	34.15%	0.00%
Nova Scotia (NS)	42.42%	36.36%	3.03%
Bangladesh (BD)	76.47%	17.65%	0.00%

Participant responses to the question "Should restorative justice be community-born, community-based, and community-led?"

of community in nurturing interpersonal relationships. Participant BC 3 and Participant BC 12 referred to these weekly meetings as "Sunday Supper." The meetings were reflective in nature. Participant BC 3 recalled that people from different walks of life used to attend, including students, community members, and prison inmates. According to Participant BC 3, these meetings and discussions continued for years and had a transformative impact on people:

> She [Liz Elliott] opened her house to the students, lay people and stuffs, AVPers and then everybody would have a good time at the place there and it was just great. Everybody would go back totally enthusiastic. It was fabulous, just incredible. That was really transformative.

Participant BC 12, who also attended these regular meetings, commented that they were not "structured" or "theme-based." Both Participant BC 3 and Participant BC 12 reflected on the fact that the meetings were open to a diverse group of people and the discussions were lively, connecting, and relational. Host Liz Elliott's understanding of the importance of person-to-person relationships is reflected in her book: "I learned that the problems were much deeper than a flawed criminal justice system, and that our work needed to begin in our relationships with each other and the natural world, and most importantly, with ourselves" (Elliott, 2011, p. 1).

Furthermore, Participants BC 18 and BC 4 also experienced a sense of reflective community when a group of academics and practitioners formed BC RJ Charters, a group that met frequently at Simon Fraser University's Centre for Restorative Justice. One of the major successes of these meetings was the establishment of a restorative justice charter for BC. In 2003, after meeting many times, over 20 RJ advocates formulated a Charter for Practitioners of Restorative Justice that was known as the BC RJ Charter and based on a consensus-based decision-making process. This charter articulated principles and values to guide RJ practices (Participant BC 18). As envisioned by the signatories, it represented a "living" and "breathing" document that would evolve and address the needs of the community (BC RJ Charter, 2003, p. 1). The BC RJ Charter includes the following: full, informed, and voluntary participation of all; do no further harm; diversity; caring and compassion; equality; healing; responsibility, truth, and honesty; consensus-based

decision making; justice; inclusion; trust; safety, respect, and non-judgment; self-awareness and integrity; flexibility; empathy; interconnectedness of community; courage; humility; wellness; confidentiality; listening and sharing; peace; empowerment; and self-determination (BC RJ Charter, 2003, p. 2). According to Dyck (2010), the BC RJ Charter not only guides RJ programs with RJ values and principles, it also holds the practitioners accountable to the public.

In summary, the reflective community in BC evolved organically with the leadership of Liz Elliott at her house. Her worldviews on interpersonal relationships influenced the formation of this community. Unstructured, non-hierarchal, relational, open-to-anyone, and informal are some of its salient features.

Learning Community in Nova Scotia

The other community praxis that emerged in this study is the concept of a "learning community" (Participant NS 2). Professor Jennifer Llewellyn at the University of Dalhousie played an instrumental role in promoting the idea of a learning community. Unlike reflective community gatherings, learning community meetings are structured and agenda based. Participants in the NS learning community were mostly RJ academics, practitioners, and professionals.

One of the key objectives of the learning community in Nova Scotia RJ was "learning from each other in real time" (Participant NS 2). Funding from the Nova Scotia Restorative Justice Community University Research Alliance (NSRJ-CURA), contributed to the formation of this community. Academics, justice stakeholders from government agencies, and community members participated. The University of Dalhousie became the hub of such activity. Participant NS 2 eloquently summarized why the university setting became the place for a learning community:

> the use [of] the university [Dalhousie] as a gathering point, as a place that people can convene. In our best moments, universities should be places where people are able to convene, to learn together, to generate knowledge together, and to mobilize that knowledge together, figure out what it means and what we should do about it. And it becomes a really quite powerful place I think because it's neutral space. So, we could bring partners together around a common

cause, around looking at a common issue, around coming to reflect on where they are.

Participant NS 8 offered a similar sentiment, "I am sure everybody felt comfortable coming to Dalhousie for gatherings. Government folks, community members, police, and academics were attending these meetings. I think there is a sense of safety for all in a university setting." According to Participant NS 4, meetings are usually held once a month. Questions such as "what is working, what is not working, and what can be done restoratively to address newer challenges" are common themes discussed in learning community meetings (Participant NS 4).

Dalhousie University as a learning community became the hub for gathering, sharing, brainstorming, learning, re-learning, and un-learning (Participant NS 8). As Participant NS 2 enthusiastically shared, in this learning community, "we can create time." A number of innovative RJ practices emerged in this way, through what Llewellyn and her colleagues (2013) have referred to as an "act of creative imagination" (p. 284).

An example of the successes of this learning community in Nova Scotia is the emergence of innovative practices and relational justice theory. The idea of learning in general is similar to this notion of community of learners. Communities of learners tend to focus on theatrical and conceptual aspects of knowledge along with reflection (Brown & Campione, 1994).

Additionally, the success of the learning community in NS inspired RJ advocates and practitioners in other jurisdictions, such as Hull, in the United Kingdom, and Vermont, in the United States. According to Participant NS 2:

so I think that [learning community] was a significant model, I think it's the model that we're now trying to figure out how to build [to] support international learning communities in multiple jurisdictions … how do we intentionally create these spaces and places where we can meet together and support one another, where we can convene and be connected… and who takes care of those connections to make sure that they keep happening and so that we know each other and we can learn from each other.

In summary, the ideal host of a learning community is a university/education setting. The essence of a learning community is mutual learning, mutual sharing, and co-creation. Meetings are structured and agenda- or theme-based. This study argues that learning community as community praxis could foster innovation and creativity in RJ.

CBOs as Community in Bangladesh

Bangladesh was a boon for the exploration of community in practice through the community-based organizations locally known as CBOs, which are not prevalent in British Columbia or Nova Scotia but would fall under community as volunteers. Bhuiyan et al. (2018) argue that "in Bangladesh, CBOs have been found to contribute in wide-ranging aspects, that is, management of natural resources, community empowerment, access to service delivery, rural infrastructure development, and so on" (p. 216).

Both key informant interviewees and survey participants shared thoughts about the role of CBOs in Bangladesh. When asked about the differences between NGOs and CBOs, Participant BD 4, who is involved with both, summed it up thus:

CBOs are more locally connected than NGOs. CBO members are also geographically located around the same area, whereas NGOs may have multiple offices in multiple locations… CBOs play an important role as RJ coordinator.

Participants BD 2 and BD 5 shared similar thoughts, and Participant BD 5 believed that villagers increasingly know RJ because "CBOs have the most natural access to villagers as they are relationally connected with them." Participant BD 2 added, "CBOs can even play a bridging role between the community members of different political parties. In this way, villagers and general community can trust the RJ process." Survey participants also shared overwhelmingly positive views on CBOs in RJ in Bangladesh. Survey participants viewed CBOs' role in RJ as "the main pillar," "bridging partner," "main entry point," "catalyst," and "right door for victim and wrongdoer."

Proposed Community Engagement Framework

In light of the above discussion, this study proposes a community engagement framework (see Figure 1) grounded in the work of Block (2018) and McCold (2010), which proposes the idea of horizontal community and vertical community, building on Roche (2003) in a context of accountability in RJ. According to Roche (2003), horizontal accountability is related to informal community ties, whereas vertical accountability is connected with institutions such as courts or other regulatory agencies. Hoffmann-Lange (2012) also employed the terms horizontal and vertical accountability, with a similar meaning. Horizontal community is more informal and provides the space for Block's *restorative community*, in which individuals experience belonging physically, emotionally, and intellectually. This study argues that the horizontal community, in particular, resonates with the notion of *Gemeinschaft* (Tönnies, 1957), in which bonds and connection across community members occur naturally. Horizontal community also echoes what Durkheim (1933) refers to as organic community. This community solidifies the relational foundation. Vertical community, on the other hand, includes McCold's micro and
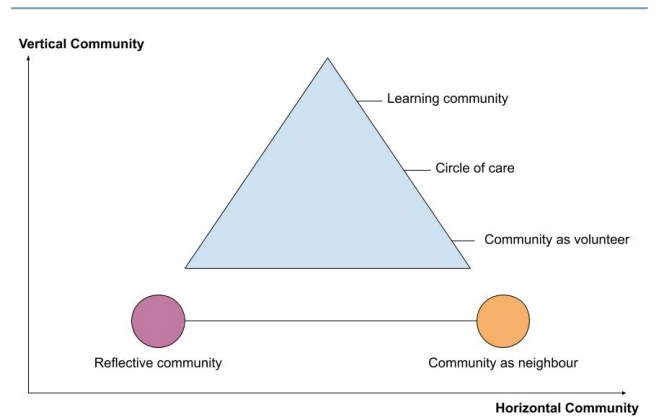

FIGURE 1 Proposed community engagement framework

macro communities, which include community as a circle of care and community as volunteers. It also includes the learning community. In summary, a horizontal community nurtures the emotional aspect of community, while a vertical community is more formal and focuses on external elements, such as logistics, facilitation, and other supports needed for RJ practices.

This study proposes that both vertical community and horizontal community are needed for effective community engagement in RJ practices. Horizontal community includes reflective communities and community as neighbour, whereas vertical community includes learning communities, circles of care, and volunteers. The next section discusses each group in detail.

Horizontal Community

Horizontal community brings both reflection and theory into RJ practice. It is more informal and non-hierarchal than vertical community. Horizontal community includes reflective communities and community as neighbour.

Reflective community

- *Who:* Passionate individuals who would like to nurture connection, empathy, and resiliency.
- *What:* Monthly meetings with an agenda that can include a) opening circle and check-in, b) discussion about self-care, and c) closing circle. Sharing meals and rituals are strongly recommended. Ideally hosted by an RJ visionary or enthusiast at their home, a community centre, or a neighbourhood home.
- *Evaluation methods:* Noticing the depth of connection and the consistency of attendance.

Community as neighbour

- *Who:* Anybody living in a city or area where an RJ organization is located; involvement of local community members brings local ownership.
- *What:* The RJ organization can host free community events that promote awareness of restorative justice, such as the *Speak Out Series* of the North Shore Restorative Justice Society (https://www.nsrj.ca/programs/speak-out-series). Inviting neighbours to the organization's annual general meeting also brings rootedness to RJ practice.
- *Evaluation methods:* One way to assess neighbour participation is to see whether volunteer recruitment is increasing in a given neighbourhood. Tracking attendance at public events and monitoring participation levels from the local community can also be an effective means of assessment.

Vertical Community

Vertical community is more structured and formal than horizontal community. It includes circles of care and volunteers. Roles and meetings are more structured.

Learning community

- *Who:* Justice professionals, RJ advocates, academics, and practitioners.
- *What:* Meetings every three months to explore a number of questions and issues, including what is working, what

is not working, and what can be done to foster innovation and creativity. University settings are generally the ideal space for learning-community gatherings.
- *Evaluation methods:* Documenting innovative RJ practices.

Circles of care

- *Who:* Friends, family members, and supporters of the victims and offenders.
- *What:* Offering empathy and support. The RJ organization can share a brief document outlining the role of the circle of care so that victims and offenders understand how to request support from their circle of care.
- *Evaluation methods:* Tracking the number of participants in circles of care.

Community as volunteer

- *Who:* Trained volunteers serving in an RJ organization as board members, advisors, facilitators, coordinators, and event managers. In the context of Bangladesh, CBOs are part of this community.
- *What:* Each volunteer may have a distinct role and task.
- *Evaluation* circle*:* Each organization may have a specific standard practice to assess volunteer performance, retention strategies, and feedback.

Guiding Principles

The guiding principles for both horizontal and vertical communities are developed in the Relational Theory of Justice (RTJ). These include, but are not limited to, being a) relationally focused, b) comprehensive and holistic, c) inclusive and participatory, d) responsive, e) focused on taking responsibility, f) collaborative and non-adversarial, and g) forward-focused (Llewellyn & Morrison 2018, p. 348). This study assumes that these guiding principles would contribute to enhancing and nurturing equality of relationships and respect and dignity between and among all types of communities and justice stakeholders.

This research suggests that implementation of the proposed community engagement framework (Figure 1) would contribute to a fundamental shift, starting with extending the ownership of RJ practice from a few individuals out into the community and moving from dependency on RJ experts into co-creation. Block (2018) clearly articulates the scope of this shift:

> This shift has important consequences for our communities. It offers to return politics to public service and restore trust in leadership. It moves us from having faith in professionals and those in positions of authority to having faith in our neighbours. It takes us into a context of hospitality, wherein we welcome strangers rather than believing we need to protect ourselves from them. It changes our mind-set from valuing what is efficient to valuing belonging. (p. 57)

The proposed community engagement framework is important for a number of reasons. First, it adds clarity regarding the role of community in RJ. Second, this proposed framework emphasizes both relational and creative aspects of RJ. For example, reflective community amplifies relationship, while

learning community provokes innovation and creativity. This study posits that by employing the guiding principles of the relational theory of justice, the quality of relationships will significantly improve. Finally, by outlining Who, What, and Evaluation Methods, this framework offers a viable model for community engagement in RJ. A rigorous study with more research participants can percolate further understanding of the proposed community engagement framework and strengthen Block's notion of restorative community (2018).

CONCLUSION

Responding to the research question on the role of community in RJ, this paper examined existing community praxis in three places and highlighted the concepts of reflective community from British Columbia and learning community from Nova Scotia. It argued that the presence of a reflective community solidified bonds and relationships, while a learning community contributed to innovation and creativity. The ideas of community in Bangladesh and Canada share similarities and also exhibit differences. For example, in Canadian RJ, the role of communities, reflective and learning, is somewhat informal. Building connection and fostering relationship and care for each other are the major features of these communities. In Bangladesh, on the other hand, the role of communities as CBOs is somewhat formal in nature but locally rooted in NGOs. This study is significant because it proposes a community engagement framework which consists of both a less formal horizontal community, which includes reflective community and community as neighbour, and a more formal vertical community, which includes learning community, circle of care, and volunteers. Inclusion of both horizontal and vertical communities not only enhances the quality of relationship among all stakeholders in RJ, it fosters innovative practices in RJ. A study with more research participants will add depth to the understanding of horizontal community and vertical community. Future studies can also examine the community's role in RJ organizations in other provinces and territories in Canada

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SERVICES

"I don't want people to think I'm a criminal": Calling for more compassionate policing in child and youth mental health

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ABSTRACT

In this paper, we present the outcomes of a narrative study of thirteen interviews with six child and youth mental health practitioners and seven caregivers with a child between 12 and 24 years old involved with the mental health system and with a history of police involvement. The focus of the interviews was the how young people involved with the mental health system and their caregivers had experienced police encounters. Two main categories of themes emerged. Presented here are the outcomes in terms of the reasons for and nature of the police encounters. Across the interviews, police services were accessed primarily for support to deescalate physical or verbal situations involving a distressed child. As two sub-categories, police encounters were described as negative and associated with stigma and criminalization, while positive encounters were associated with the appropriate use of police authority. A call is made for more compassionate policing.

Key Words   Children and youth; crisis responses; parents; police.

INTRODUCTION

Police Encounters in Child and Youth Mental Health

With police officers often being the first responders to mental health–related emergency calls (Michalski, 2017), police intervention is often a main gateway by which an individual, adult or child, experiencing a psychiatric crisis enters the mental health system or is diverted into the criminal justice system (Yang et al., 2018). Yet the scholarship about policing and police encounters amongst psychiatrically distressed individuals is limited. The little that does exist focuses primarily on the experiences of adults, and not necessarily those of children and youth. In the case of adults, the main reasons for police involvement include being a suspect of a crime, being a victim of crime, attempted suicide, and escorts to the hospital for psychiatric care (Coleman & Cotton, 2010; Cotton & Coleman, 2008).

Based on adults' experiences, the main concerns with using police for mental health support are about the inappropriate use of force and physical restraints by police and the policing of mental illness (Brink et al., 2011; Fry et al., 2002; Corrigan et al., 2005; Watson et al., 2008; Morabito et al., 2012). Criminalization of mental illness is cited as a major form of structural discrimination for psychiatrized adults (Corrigan et al., 2005; Gur, 2010; Chaimowitz, 2012). Criminalization refers to the ways in which individuals facing mental health issues, for a number of reasons, including a lack of community services, housing, or crisis support (Fisher et al., 2006), are likely to become involved with the criminal justice system instead of being treated by the mental health system (Chaimowitz, 2012; Corrigan et al., 2005; Gur, 2010).

In the case of children and youth, although it is estimated that ten to twenty percent of young people worldwide experience mental health challenges (Kieling et al., 2011), very little is known about their experiences of police, policing, and police encounters as a mental health intervention. The little that does exist is focused primarily on young people already involved with the criminal justice system, thus post-police involvement (Drerup et al., 2008; Peterson-Badali et al., 2015; Shufelt & Cocozza, 2006). Furthermore, the scarce information we have is dispersed across research areas, for example, in studies examining referrals to police and arrest rates among youth receiving mental health care (Robst et al., 2013; Vander Koep et al., 1997), and the mental health and/or substance use needs of convicted youth who, at some point in their encounters with the justice system, had police involvement

(Carswell et al., 2004; Chassin, 2008; Erickson & Butters, 2005; Odgers et al., 2005; Teplin et al., 2002; Townsend et al., 2010).

The most significant contributions to research on policing and police encounters in child and youth mental health (CYMH) come from stigma research (see Liegghio, 2017; Liegghio et al., 2017; Liegghio & Jaswal, 2015; Liegghio, 2013). According to Liegghio and colleagues (2017; 2015), for psychiatrically distressed children and youth, the main reasons for police involvement, similar to adults' experiences, are risks or threats of harm to self and others, in particular to parents and siblings; concerns related to a child's alleged criminal activities in the community; and physical interventions when restraints or transports to hospital are required for immediate psychiatric care. In most instances, encounters with police were described as helpful for deescalating high-conflict situations, but unhelpful as a mental health intervention because of the associated stigmatization and criminalization of the child, caregivers, and family (Liegghio, 2017; Liegghio, 2013). This paper adds to this emerging work.

METHODS

The research reported here is a pilot to a larger mixed-methods study currently under way. The purpose of the larger study is to explore the meaning young people make of their experiences of "distress" and of accessing and using crisis and police services for mental health support. The purpose of the pilot was to explore the lived experiences of children and youth involved with the mental health system, and their caregivers, during policing and police encounters. Using a narrative study design, a thematic content analysis was conducted of 13 semi-structured, one-to-one interviews with six frontline CYMH practitioners and seven caregivers with a child between 12 and 24 years old involved with the mental health system and with a history of police involvement. The research questions focused on gathering information about 1) the reasons for police involvement, and 2) the experiences psychiatrically distressed young people and their caregivers had of police encounters. Ethics approval was obtained through the Research Ethics Office of York University and the mental health agencies involved as collaborators.

Recruitment and Sampling

Recruitment occurred through two community-based mental health agencies located in a large urban area near Toronto, Canada. The agencies have long-standing histories of providing a continuum of mental health assessment and treatment services to children and youth, from birth to 24 years old, and their caregivers and families. Recruitment of both the mental health practitioners and caregivers consisted of connecting with service managers within the organizations and arranging for the distribution of two letters of invitation for participation in the study to frontline workers. One invitation was to frontline practitioners, and the second was to caregivers. In both letters, prospective participants were directed to contact the researcher (ML) directly. Full information about the study (i.e., purpose and risks and benefits) was then provided, and appropriate practitioners and caregivers were invited to participate in an interview. Participants signed an informed consent form prior to commencing the interviews.

Purposive sampling was used to identify both the practitioner and caregiver participants. The following inclusion criteria were used for the caregiver-participants: having a child between 12 and 24 years old nearing the end of their mental health treatment or who had used mental health services within the previous two years and who had had police involvement for a mental health concern. Inclusion criteria for practitioner-participants were to be a mental health professional (e.g., social worker, child and youth worker, etc.) with a minimum of two years of experience providing frontline mental health support to children and youth 12 to 24 years old. Caregivers received a $65 honorarium, while practitioners received a $20 gift card.

Data Collection and Analysis

Pilot data collection occurred between August 2016 and May 2018 and consisted of in-depth, semi-structured, one-to-one interviews with caregivers and CYMH practitioners. The interviews were conducted in a private office provided by the partner agencies where confidentiality could be assured. The interviews lasted 1 to 1.5 hours and were audio taped and transcribed verbatim. The data for analysis consisted of the demographic information collected about the participants and the 13 transcripts.

Data analysis of the transcripts was an inductive process consisting of a thematic content analysis (Braun & Clarke, 2006) conducted using the following three steps: 1) a general review of the transcripts for themes and patterns, similarities and differences, and a range of responses between caregivers, 2) a line-by-line review identifying discrete segments of meaning and concepts until the classifications of the concepts were exhausted and saturation was achieved, and 3) reorganization of the identified concepts in categories of themes that explained the phenomena under study. The goodness or rigor of the data depended on the consideration of all possible meanings for concepts as they were identified and labelled throughout the process (Weiss, 1994). As a validation of the categories, an inter-coder comparison was also conducted (Burnard, 1991). When presenting the findings, identifying information has been altered and pseudonyms used to protect the confidentiality of the practitioners, caregivers, and their family members.

The main limitations of the study are related to the sample and sampling of the participants. Participants were recruited primarily through the two programs for young people with severe or chronic mental health issues. The programs were provided through the two community-based mental health agencies. Consequently, the findings reflect a small range of experiences of mental health practitioners and caregivers, specifically those accessing or working in community-based (versus hospital) services. Presumably, caregivers with children facing moderate or situational issues may have different experiences of police encounters. In addition, diversity along the lines of race, class, gender, culture, sexual orientation, immigration and family status, or type of mental health issue was not well represented.

RESULTS

Participants

There was a total of 13 participants. Six were frontline CYMH practitioners and seven were caregivers with a child between

12 and 24 years old involved with the CYMH system and with a history of police involvement. Tables I and II summarize the demographic information of the mental health practitioners and the caregivers.

Two main categories of themes emerged from the interviews. In this paper, we present the outcomes in terms of the reasons for and nature of police encounters. Across the interviews, police services were accessed primarily for support to deescalate situations involving a distressed child. As two sub-categories, police encounters were most often described as negative and associated with stigma and criminalization, or positive and associated with the appropriate use of police authority—characterized as "compassionate policing." Reported elsewhere, the latter category described the contradictions between the mental health and police systems as exacerbating factors in negative encounters with police (see Liegghio et al., 2020).

Police Support to Deescalate Situations with a Distressed Child

Across all the interviews, practitioners and caregivers described accessing police services most often for support to deescalate high-conflict, physical, verbal, or emotionally-charged situations involving a distressed child or youth. Police were accessed not only by parents and youth themselves, but also by mental health practitioners working in counselling, residential or drop-in centers. Practitioner Karen described the main reasons police would be called for support.

> **Karen [practitioner]:** In my work with clients, we've often used police for crisis situations, if a parent needs support, if a child has an aggressive presentation or difficulty regulating their emotions, and the parent is not able to work with them, and it's escalating. There's been several situations where, for example, some of my kids have expressed suicidal ideation, have been out on balconies threatening to jump, and parents have had to call 911, and access police support for help.

Similar to the reasons reported about adults' experiences (Coleman & Cotton, 2010; Cotton & Coleman, 2008),

in most instances, concerns for the safety of the child or others, in particular family members (when at home) or other residents or staff (in the case of residential programs) were determining factors for calling police. However, across the interviews, in most instances, the nature of the encounters with police was described as negative and dehumanizing, and the encounter often resulted in an overall experience of stigma and criminalization.

Negative Police Encounters—Stigma and Criminalization

Across the interviews, caregivers and practitioners poignantly attributed negative police encounters to the (mis)use of police power and authority through verbal and physical practices

TABLE I Demographic information of the child and youth mental health (CYMH) practitioners

Total CYMH practitioners	n = 6
Sex/gender	
Female	5
Male	1
Race	
Caucasian	4
Racialized (black)	2
Profession	
Social worker (MSW)	4
Counselling degree (Masters)	1
Child and youth worker (college)	1
Number of years working in child and youth mental health (mean)	8[a]

[a]Individuals worked in child and youth mental health 4, 4, 7, 9, 11, and 13 years, respectively.

TABLE II Demographic information of the caregivers

Total caregivers	n = 7
Sex/gender	
Female/mother	6
Male/father	1
Age (at the time of the interview, years, mean)	50[a]
Race	
Caucasian	4
Racialized (Black, Latino/a, Middle Eastern)	3
Highest education	
High school	1
Some co some or undergraduate university degree	3
College or college degree	2
Doctoral university degree	1
Family composition	
One-parent household	3
Two-parent household	4
Annual family income	
$39,000 and below	2
$40,000 to $49,000	1
$50,000 to $59,000	3
$150,000	1
Age and gender (male/female) of identified child	
14 years	1 M, 1 F
15 years	1 M, 1 F
16 years	1 F
17 years	1 M, 1 F
Number of mental health diagnoses of identified child	
One diagnosis;	2
Two diagnoses;	4
Three or more diagnoses	1
Nature of identified child's mental health issues	
Depression	3
Anxiety	3
Suicide talk/ideation	2
ADHD	3
ODD	2
Query psychosis (hearing voices)	1
Query Asperger's	1
Trauma counselling/no diagnosis	1

[a]Caregivers's ages, respectively, were 39, 49, 52, 52, 53, 54, 59 years

and interventions considered judgmental, harsh, or lacking understanding. Negative encounters were associated with "being treated like a criminal." Tara, a mother, described the ways in which specific police practices contributed to negative experiences.

> **Tara [mother]:** Being treated like a criminal, being handcuffed when you're having a mental health episode. I always try to think of safety of others and safety of yourself, so I try to spin, put it back and say, maybe people weren't feeling safe and that's why you were handcuffed. But then Raquel [daughter, 17 years old, diagnosed with attention deficit and hyperactivity disorder (ADHD) in early childhood, Oppositional Defiant Disorder (ODD) in older childhood, Asperger's – Autism Spectrum Disorder and suicidal ideation in adolescence, with a history of police escorts to hospital for suicidal ideation] says, "when I was at the hospital, I was still handcuffed, and so other people were able to stare at me, and I don't want people to think I'm a criminal because I'm there." And so those kinds of experiences, being handcuffed at the hospital, can make for a not-so-great experience.

Similar to concerns expressed in the adult literature, negative experiences were related to police practices, in particular, safety protocols for using handcuffs or physical restraints (Fry et al., 2002; Watson et al., 2008; Morabito et al., 2012). Handcuffs, physical restraints, police escorts, and police supervision are powerful symbols associated with criminality. The display of the handcuffs and police supervision, when in the public space of the hospital, for example, further exacerbated the experience of being criminalized or being potentially perceived by others as "dangerous" and thus "criminal." In subsequent calls, police often used the threat of laying charges (for minor misdemeanors) against the youth if they felt that police were being mis-used (Liegghio et al., under review).

In another instance, the experiences of Rosa (a mother) highlight the ways in which police legal mandates and support roles intersect in complicated ways, especially when psychiatrically distressed youth are also engaged in criminal activities.

> **Rosa [mother]:** They treated him [Ron, son, 15 years old, diagnosed with ADHD in early childhood, and anxiety in older childhood, latest query for post-traumatic stress disorder (PTSD), with a history of childhood exposure to police interventions due to physical violence between parents] as if he were a hardened criminal. And, it seemed there was no respect, no respect…. Ron broke the law…and that's not good, but the police dealings with my son, they didn't take the care…it never dawned on them that, you know, this guy's 15 years old, like, what's going on with him?…It wasn't like that. It was just, you're a criminal and going to jail, and they even treated him verbally bad…it was hurtful, just hurt a lot that these people [responding officers], they don't see that person as a life, as a human being. They see the

crime and they just treat the person badly, cold, you know? Just really, really cold.

Rosa brings into question whether or not police are seeing or understanding her son as vulnerable due to his age as a "child/young person" and his need for mental health support; however, more importantly are the ways in which legal mandates collide with the needs for mental health support. While negative encounters were associated with the inappropriate use of police authority, leading to stigma and criminalization, positive police encounters were associated with the appropriate use of their authority.

Positive Police Encounters—The Appropriate Use of Police Authority

Across the interviews with practitioners and caregivers, positive police encounters were associated with the use of their roles, mandates, and, importantly, their authority to create and hold a space, both physical and emotional, that made the child and caregiver feel they were listened to, heard, understood, and ultimately, respected.

> **Grace [mother]:** They spoke to me initially, and then they spoke to my daughter [Carol, daughter, 14 years old, anxiety and trauma related to a sexual assault by an older male peer and close friend of the family], and then they brought us back together in the room…They explained to Carol that they felt there was enough evidence that he would be arrested and charged… Carol became very defensive, very guarded, and she panicked. She didn't want him to be in trouble. The [responding officer] really took their time, took the initiative to speak to her and explain to her.

In other instances, mothers Tara and Gloria each described the significance of taking the time and being transparent as important factors for positive encounters, along with compassion.

> **Tara [mother]:** They [the police] were very good about keeping us informed about what was going on with the whole situation, and they were very compassionate towards [Raquel, daughter]…you know, it was a female officer and she was sort of almost motherly with Raquel, you know [said things like], "oh, come here and I'm just going to talk to you for a few minutes about this, and you didn't do anything wrong," and that kind of thing, right?

> **Gloria [mother]:** The first and the third time, when they were home, they sat down with him [Tomas, son, 17 years old, depression, history of suicidal ideation with one experience of being hospitalized involuntarily] and, as far as I know, as far as I could notice, they were very friendly with him, telling him, "okay, don't worry, we are here to help you, tell me what is going on, what happened," always listening to him, giving him the opportunity to express, which is very good, I think. They weren't at all aggressive or, *imponiendo su autoridad* [Spanish, English translation: *imposing their authority*].

Finally, Rosa also describes compassion by police as essential but emphasizes its importance in relation to the appropriate use of their authority for countering dehumanizing practices, especially with psychiatrically distressed young people also involved in criminal matters.

> **Rosa [mother]:** If the police showed a little bit more compassion and understanding, it would really go a long way…The police have a lot of authority and they're the ones that really could shift things…I would like to see the police have more compassion when dealing with youth who commit offenses, just step back a little bit, don't be so quick to treat them as if they're like nothing, like just a piece of wood that you just move around from here to there…like cattle, you know, you're just herding cattle. What I would like to see [is] that they do a little bit more delving into what might be going on inside their minds.

Central to compassionate policing were perceptions that the responding officers understood that, even in criminal matters, an underlying mental health issue and a need for support by a vulnerable child or youth was at play. However, more importantly, what is suggested is an intentional shift in what the adult literature describes as a "philosophy of care" for how systems work with one another—an alternative approach whereby police and social and mental health services work collaboratively and as an integrated service system for psychiatrically distressed individuals (Chopko, 2011; Sestoft, et al., 2014).

CONCLUSIONS

A Call For Compassionate Policing

In summary, these outcomes add to our professional and academic knowledge of the situations of young people living with a mental health issue, and their caregivers, and the needs they have that may bring them into contact with police. In most instances, police services were accessed by caregivers and mental health workers for support to deescalate high-conflict, physical, verbal or emotionally charged situations involving a distressed child. Similar to adults, the police were called because of concerns about a child's safety, the risk of harm to others, escorts to hospital for emergency psychiatric assessments, or because the young person was suspected of being involved in criminal activities. Negative encounters were associated with the inappropriate use of police authority through verbal and physical practices, such as the use of restraints and handcuffs when a child was distressed or threats to lay criminal charges for misdemeanors on subsequent calls. Negative encounters often resulted in an overall experience of stigma and criminalization of the youth and of the mental health issue.

When positive, in all instances, the encounters were described as responding police officers holding both a physical and emotional space, taking their time to listen and explain the situation to the child, and using non-confrontational verbal and physical practices that demonstrated an understanding by police that underlying mental health issues and a vulnerable child in need of support were at play. Positive policing was associated with transparent practices, with officers taking the time to reassure the child, making sure the child felt heard and understood, and ultimately, respected. Central to positive police encounters was "compassion." The main implication to come from these outcomes is the call for more compassionate policing—that is, practices and interventions rooted in a use of police authority that is less reliant on demonstrations of "authority" and more geared to emotional support.

As suggested by these findings, children and youth and their caregivers need verbal or physical practices to offer and reflect an emotional and physical space that is safe, essentially for the distress and crisis to subside and for the child or youth and their family to be connected to appropriate mental health supports—provided they exist. As noted in the adult literature, reliance on police for assistance has evolved over time as a result of the deinstitutionalization movement alongside the underdevelopment of community supports for families and individuals facing mental health issues. These supports include a lack of safe housing, crisis services, and alternatives to police for ensuring personal and public safety (Bonfine et al., 2014; Cummins & Edmondson, 2016; Lamanna et al., 2018). Similarly, it can also be said that there is a lack of supports in the CYMH system (Doulas & Lurigio, 2010; Geller & Biebel, 2006; Moskos et al., 2007), with children being caught between the mental health and police systems (see Liegghio, et al., under review). For adults, other models have been proposed, including the use of crisis intervention teams that require a collaborated and integrated response between police, mental health and social services (Lord & Bjerregaard, 2014). However, little is known about the applicability of these models in children's mental health, signalling the need for research about the systemic reasons for the reliance on police with children and youth.

Police interventions and practices tailored to the experiences of youth and their needs for support are important to not only the youth but also their families, just as they are for psychiatrically distressed adults. As a place to start, crisis intervention training (CIT) may have a role to play in providing police officers with the necessary knowledge, skills, and tools for recognizing and differentiating mental health issues and adopting appropriate de-escalation and conflict resolution strategies (Ritter et al., 2010; Watson et al., 2011). To conclude, as suggested by these findings, positive police encounters were associated with responding officers being knowledgeable, not only of mental health issues, but in particular, of child and youth mental health, distress and crisis, and development.

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JUSTICE

Weekend remand admissions and case review in Saskatoon

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ABSTRACT

In 2017, the Saskatchewan Government implemented a new early case resolution program whereby weekend remand admissions cases for those remanded to the Saskatoon Correctional Centre were reviewed on Sunday by a Crown Prosecutor and Legal Aid weekend duty counsel. This early case resolution program, the Weekend Project, aimed to improve the number of meaningful first court appearances in Saskatoon on Mondays. The examination of short-term remand admissions and discharges at the Saskatoon Correctional Centre revealed that the average Monday discharge rate for those admitted on the previous Friday, Saturday, and Sunday increased to 31% during the treatment period of January 6 to May 31, 2017, from 18% during the control period of January 8 to May 31, 2016. In comparison, there were no statistically significant changes in the average Monday discharge rate for the Regina Correctional Centre, for which there was no weekend case review program. The results also suggest that up to 73 remand person-days were saved over the 18-week treatment period in early 2017.

Key Words   Discharge rates; weekend admissions; program evaluation.

INTRODUCTION

The average number of adults held in remand (pre-trial detention) in provincial and territorial correctional centres in Canada on any given day grew by 70% over 15 years, from an average daily count of 8,704 adults in fiscal year 2002/03, to 14,812 in 2017/18. Meanwhile, the average number of adults in sentenced provincial and territorial custody held relatively stable, fluctuating around an average daily count of 10,133 over that same 15-year period. The number of adults held in remand in provincial and territorial facilities surpassed the number of adults held in sentenced custody in 2004/05, and grew to 60% of total adult custody in 2017/18, in provincial and territorial facilities. In Saskatchewan, the average daily count of incarcerated adults rose from 1,213 in 2002/03 to 1,861 in 2017/18, and the average daily count of those adults held in remand grew from 346 in 2002/03 to 897 in 2017/18, or from 29% to 48% of the total average number of incarcerated adults (Statistics Canada, Table 35-10-0154-01).

The rise in incarceration generally and in remand more specifically has generated much attention across the country. The operating cost of provincial and territorial custodial services rose from $1.03 billion in 2002/03 to $2.08 billion in 2017/18, growing at an average annual rate of 4.8%. In

Saskatchewan, operating expenditures grew at an annual rate of 5.5%, to $119 million in 2017/18 (Statistics Canada, Table 35-10-0013-01). Governments have also had to invest in new facilities to house the increased number of inmates. The Saskatchewan Government opened up a new 144-bed facility at the Prince Albert Correctional Centre in 2015, at a capital cost of $24 million, following the addition of 60 beds at the Pine Grove Correctional Centre (also in Prince Albert) in 2013, at a capital cost of $13.6 million (Ministry of Corrections, Public Safety and Policing, 2012, p. 15; Ministry of Justice, 2016, p. 18).

Incarceration also places considerable strain on remanded individuals, removing them from their families and their workplaces, taking away sources of support and income, and placing them in a challenging environment. And yet, many remanded individuals are released from custody within a week.

The Saskatchewan Government has implemented a series of initiatives to reduce the growth in remand, including the increased use of video court appearances, exploring community alternatives to custody, developing a validated risk-assessment tool, and initiating the early case resolution program (Ministry of Justice, 2016, p. 10; Ministry of Corrections and Policing, Ministry of Justice and Attorney General,

2018, p. 16). The Weekend Project of the early case resolution program was launched in January 2017 in Saskatoon. It involved case review on Sundays of weekend admissions to remand by Prosecutions and Legal Aid, in order to improve the number of meaningful first court appearances on Mondays. This article assesses the Weekend Project by examining the admissions and release patterns of the Saskatoon Correctional Centre before and after the launch of the program. Results suggest that the program significantly increased the Monday discharge rate from remand, with substantial savings of remand person-days.

REMAND CUSTODY

Individuals are held in remand while awaiting further court proceedings when ordered for three primary reasons: (a) to ensure court attendance; (b) for public safety and protection, considering the potential of re-offense if the individual is released; and (c) to maintain confidence in the justice system (Section 515 [10] of the *Criminal Code*). Police officers have the ability under conditions and exceptions to release arrestees with notices to appear in court at a future time or with the intention of a future summons to appear. If the police decide not to release, the accused is brought before a Justice of the Peace for a "show cause" hearing, and may then be released or be remanded into custody for further court proceedings (Johnson, 2003, p. 3).

The decision to release individuals accused of crimes has the potential to endanger public safety and to invite public backlash and scrutiny on police, the courts, and public officials, should the accused re-offend while awaiting trial. In contrast, very little adverse public reaction occurs when individuals are remanded. The *Bail Reform Act* of 1971 focused on limiting the use of pre-trial detention, restoring civil liberties and the presumption of innocence, and requiring the prosecutor to "show cause" for pre-trial detention. Since then, frequent amendments to the Act have placed more of the burden of proof for pre-trial release onto the accused, and imposed more strict conditions on an individual for release (Trotter, 2010; Doob & Webster, 2012). Bill C-17 was introduced in 1997 and added the third reason for remand noted above to Section 515 [10] of the *Criminal Code*, maintaining public confidence in the justice system (Johnson, 2003). More and more cases have started with bail hearings for pre-trial release from remand custody, and the number of days and appearances to resolve bail hearings increased in Ontario courts in the first decade of the 21st century (Webster et al., 2009). For those who receive bail, conditions may be placed on their release as a tool to prevent crime, but these may instead increase their likelihood of re-offending and being remanded once again (Brown, 2013; Myers, 2017). Myers (2009) found that more than five conditions were placed on the release of over 50% of those granted consent release orders in eight Ontario bail courts, and that the scope of the conditions extended to behaviour at school and in the home. It is also likely that an accused will agree to bail conditions in order to be released, even if there is a high probability that the accused will break one of those conditions; with the increased time it takes to process a case through the courts, there is a greater likelihood that one of these conditions will be violated, resulting in a subsequent

arrest and detention under the charge of "failure to comply with a court order" as an Administration of Justice offense (Myers, 2017). For the eight reporting Canadian provinces and territories in 2003/04, 31% of adult criminal court cases included an Administration of Justice charge, a jump from 22% in 1994/95 (Taillon, 2006, p. 3). In 2014, 5.1% of the Canadian total crime rate consisted of failure-to-comply charges as the most serious offense, mostly due to the violation of bail conditions (Myers, 2017). From 2002 to 2017, the rate of adults charged for Administration of Justice violations in Canada increased by 56%, to 556 per 100,000, while the rate of adults charged for all *Criminal Code* violations, violent crime violations, and property crime violations fell by 9%, 18%, and 35% respectively (Statistics Canada, Table 35-10-0177-01).

Remand custody, which has been identified as requiring higher levels of security, more intensive supervision, and frequent transportation and processing to and from court, is considered to be more costly to the justice and corrections system than sentenced custody (Johnson, 2003; Beattie, 2006). Remand custody is also costly to the individual. The length of each individual's stay in remand is uncertain, and the stress of that uncertainty is compounded by many factors: the uncertainty of the outcomes of court proceedings; the separation from their families; the humiliation of experiences in prison and in appearing for court; the inability to work and provide income for their families; having little access to recreation, rehabilitation or treatment programs; and the pressure they may experience to plead guilty (John Howard Society, 2002; Kellough & Wortley, 2002; Murphy, 2011; Doob & Webster, 2012; Weinrath, 2016; Pelvin, 2019). At the same time, a large proportion of remanded individuals are released within a week, and a large proportion are found not guilty in the end (Johnson, 2003; Webster, 2007; Murphy, 2011).

Weekend Case Review in Saskatoon
In 2016, individuals brought into custody by the Saskatoon Police Service from Friday to Sunday, and remanded to the Saskatoon Correctional Centre by the Justice of the Peace, would have a first court hearing on Monday, with the majority of cases adjourned to Tuesday or Wednesday to allow for additional case preparation required by the prosecution and/or by the defense. Very few individuals would have their first court appearance completed with a release from remand on the Monday following their admission.

Starting on January 8, 2017, the Crown Prosecutor's Office, with the assistance of Legal Aid and the Ministry of Justice, Corrections and Policing, instituted an early case resolution program internally named the Weekend Project. A Crown Prosecutor in Saskatoon reviewed files on Sunday mornings for (a) those individuals remanded into custody at the Saskatoon Correctional Centre since Friday, and (b) those detained by the Saskatoon Police Service who were to appear before a Justice of the Peace on Sunday afternoon for whom the Crown opposed release. The Crown Prosecutor then met with weekend duty counsel from Legal Aid to review specific cases that could reasonably be prepared in time for a meaningful first court appearance on Monday, with a resolution of the case, a consent release when an acceptable release plan is presented by defense counsel, or a bail hearing. Administrative support was provided at Prosecutions

and at Legal Aid for disclosure on charges for this Weekend Project. Before the implementation of the Weekend Project, these specific cases would have resulted in an automatic continuation of remand after their first court appearance for additional case preparation.

In a general sense, this process caused case review for those remanded on weekends to be jump-started on Sundays, rather than on Mondays when court was also in session. It was generally expected that case review on Sundays would allow more remand cases to be resolved on the first appearance and provide remand relief both to those charged and to the justice and corrections systems.

METHODS

To review the impact of the Weekend Project, the Saskatchewan Ministry of Corrections and Policing provided me with the admissions and discharge data from the Saskatoon Correctional Centre and the Regina Correctional Centre for the period from January 8, 2016, to June 30, 2017. These two facilities are for adult males only. These data provide information on individuals remanded in pre-trial detention, including their dates of admission and of discharge from remand. Individuals admitted to but not discharged from remand in one of these facilities by June 30, 2017 (the date of the data pull), were not included in the dataset.

The Ministry of Corrections and Policing categorizes those detained in remand for less than 30 days as short-term remand cases. Since it is generally these short-term remand cases admitted on weekends that are targeted by the Weekend Project, the effective dataset for admissions consisted of those admitted to remand between January 8, 2016, and May 31, 2017, for whom the length of stay did not exceed 29 days (those admitted on the weekend following Wednesday, May 31, 2017, may have been discharged within 29 days but may not have been recorded as released by June 30, 2017, in which case they did not appear in the data).

The Weekend Project came into effect in Saskatoon on Sunday, January 8, 2017. The dataset was divided into two periods. The treatment period, during which the program was in effect, from January 6, 2017, to May 31, 2017, excludes admissions during the weekend of or prior to statutory holidays (Family Day and Victoria Day, for example) and includes 18 weeks of data. The control period, from January 8, 2016, to May 31, 2016, spans the same seasonal time frame one year prior to the treatment period. It also excludes admissions during the weekend of or prior to statutory holidays and includes 18 weeks of data.

Remand admissions with lengths of stay less than 30 days were then categorized by their dates of remand admission and their releases following admission. The number of short-term remand admissions was compared with the number of releases on the first Monday following admission. Monday discharge rates for each week were then averaged for the treatment and control periods, and compared. Remand discharges over the first week following admission were also aggregated for each period and compared. In addition, the short-term remand admissions and discharge patterns for the Regina Correctional Centre, for which there was no Weekend Project, were examined during the treatment and control periods for comparative purposes.

RESULTS

During the 18-week treatment period of January 6, 2017, to May 31, 2017, there were 256 admissions to the Saskatoon Correctional Centre (SCC) on Fridays, Saturdays, or Sundays who were remanded for less than 30 days; there were 286 equivalently defined admissions during the 18-week control period of January 8, 2016, to May 31, 2016. For the Regina Correctional Centre (RCC), there were 211 short-term remand weekend admissions during the treatment period, and 180 equivalently defined remand admissions during the control period.

Monday Discharge Rates
The average Monday discharge rate for SCC short-term remand admissions on the previous weekend was 31.4% during the treatment period and 17.5% over the control period, as shown in Table I. The average Monday discharge rate during the treatment period was 13.9 percentage points higher than that of the control period. This difference was statistically significant, as indicated by the p value of their difference being 0.001.

The average Monday discharge rates and the differences in the rates between periods for the RCC are also presented in Table I. The average Monday discharge rate for RCC admissions over the previous weekend was 26.9% during the treatment period and 24.3% over the control period. The average Monday discharge rate was just slightly higher during the treatment period, but this difference was not statistically significant.

Short-Term Remand Discharges in the First Week Following Admission
The Weekend Project was designed to speed up case review, and therefore the discharge patterns during the first week following weekend remand admission were examined, with a focus on the first three days of the week (Mondays, Tuesdays, and Wednesdays). The aggregate SCC short-term remand discharge rates by day during the week following weekend admissions were tabulated for each 18-week period and are presented in Figure 1. Note that these are the aggregated discharge rates by day during the first week following admission for each entire period, rather than average discharge rates for the 18 weeks of each period (which, for the first Monday following admission, are presented in Table I.) This figure indicates that 32.4% of all short-term remand weekend admissions during the treatment period were released from remand on the first Monday following admission, 21.9% were released from remand on the first Tuesday following admission, and 13.3% were released from remand on the first Wednesday following admission. A higher percentage of releases occurred on the first Monday following admission, and a lower proportion occurred on the first Wednesday following admission, during the treatment period compared with the control period. These results further suggest that the Weekend Project was successful in resolving more cases early, on Monday rather than Wednesday, and in reducing the number of days spent in remand for many individuals.

Savings Estimate
To estimate potential savings in remand days to the corrections system and to individuals from weekend case review,

TABLE I Average Monday Discharge Rates

Saskatoon Correctional Centre	Treatment Period (Jan 6, 2017 – May 31, 2017)	Control Period (Jan 8, 2016 – May 31, 2016)
Number of short-term (<30 days) remanded inmates (Fr, Sa, Su admissions)	256	286
Number of weeks with weekend short-term (<30 days) remand admissions (Fr, Sa, Su)	18	18
Average Monday discharge rate	0.314 (31.4%)	0.175 (17.5%)
Standard error	0.118	0.136
Difference in average Monday discharge rate (Treatment – Control)		0.139*
p value (one-sided, equal variance)		0.001
Regina Correctional Centre	Treatment Period (Jan 6, 2017 – May 31, 2017)	Control Period (Jan 8, 2016 – May 31, 2016)
Number of short-term (<30 days) remanded inmates (Fr, Sa, Su Admissions)	211	180
Number of weeks with weekend short-term (<30 days) remand admissions (Fr, Sa, Su)	18	18
Average Monday discharge rate	0.269 (26.9%)	0.243 (24.3%)
Standard error	0.128	0.105
Difference in average Monday discharge rate (Treatment – Control)		0.026
p value (one-sided, equal variance)		0.259

* Significance at the 1% level; the reported p value is for a one-sided test, equal variance across the two periods, with a null hypothesis that the average discharge rate during the treatment period was less than or equal to that of the control period, and an alternative hypothesis that the average during the treatment period was greater than that of the control period.
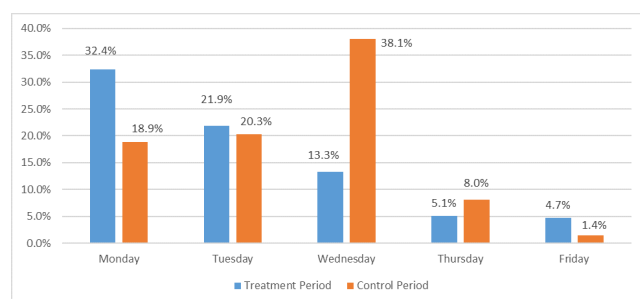

FIGURE 1 Percentage of discharges in the first week after weekend admission to short-term remand, Saskatoon Correctional Centre

the following assumptions are made regarding admissions and discharges over the week:

1. The higher proportion of releases on Mondays would have otherwise occurred on Wednesdays, so there were savings of two remand days for each additional remanded individual released on Monday instead of Wednesday.
2. The higher proportion of releases on Tuesdays would have been otherwise released on Wednesdays, so there was a savings of one remand day for each additional release on Tuesday instead of Wednesday.

3. There were no differences in discharges on subsequent days following admission, which are assumed to not be affected by the Weekend Project.
4. There were no differences in the severity of offenses or complexity of cases between the treatment and control periods.

There were 256 individuals in short-term remand admitted on Fridays, Saturdays, and Sundays during the treatment period. Under assumption 1 above, the total remand-day savings during the treatment period is estimated as:

Total remand savings = (32.4%–18.9%) * 256 * 2 days = 69 days (for 35 individuals)

Similarly, under assumption 2 above, the total remand-day savings during the treatment period is estimated as:

Total remand savings = (21.9%–20.3%) * 256 * 1 day = 4 days (for 4 individuals)

In total, the remand savings due to early releases of those admitted to the SCC on Fridays, Saturdays, and Sundays during the treatment period is estimated at 73 days for 39 individuals over 18 weeks.[1]

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[1] While it is possible that there were some individuals released on Mondays due to the program who might otherwise have been released on Tuesdays, combined with more individuals who were released on Tuesdays due to the program instead of on Wednesdays, this would not affect the aggregate savings estimates, but it would increase the number of individuals experiencing earlier releases (i.e., more individuals with one-day savings and fewer with two-day savings).

DISCUSSION

The main result of implementing the Weekend Project was a sizable increase in the Monday discharge rates for individuals admitted to remand at the SCC during the previous weekend. There was no substantial change in remand patterns at the RCC, which did not implement a weekend case review program. In addition, there were no changes in the remand patterns of weekday admissions (Monday–Thursday) to the SCC during the study period when the methodology was also applied to weekday admissions. These findings strongly suggest that the statistically significant differences in Monday discharge rates during the treatment period at the SCC are unique to Saskatoon and may be attributed to the Weekend Project. This article also demonstrates the savings in remand person-days after implementing the Weekend Project. There would also be savings in the number of court appearances due to earlier case resolutions and bail releases.

While these preliminary results are informative, several issues are worthy of discussion and subsequent work. First, the program was implemented following extensive consultations with stakeholders, who recognized the extensive growth in remand custody and had an overall desire to reduce the growth in remand, and the purpose of the Weekend Project was precisely to reduce remand growth. There exists in Saskatoon the potential for a Hawthorne effect or a behavioural confirmation effect, whereby the participants' behaviour may have changed towards collectively seeking and affecting early case resolution, either due to the observation of their behaviour, or due to their changed social expectations (or both). It is not possible to test for this. However, the same methodology was used on the SCC admissions and release database for weekday admissions (Monday–Thursday) and the results revealed no change in remand patterns following the implementation of the Weekend Project. If a behavioural confirmation effect or a Hawthorne effect did exist, it was somehow restricted to weekend remand admissions in Saskatoon. It seems reasonable to infer, however, that the success of the program hinged on the additional resources and time for cases to be meaningfully prepared by both the prosecution and defense counsel, as provided by the Weekend Project. The program should be evaluated over a longer time to determine the degree of persistence in these remand-reducing effects, and to identify any improvements or changes to the implementation of the program over time.

Second, it would be instructive to explore the impact of the program on remand patterns across ethnicities and identities. As a first step, when the methodology was applied to short-term remanded individuals who were self-declared Status Indians (45% of the SCC sample), the results indicated that 31% and 57% of Status Indian short-term weekend admissions were released from remand by the first Monday and by the first Tuesday respectively under the Weekend Project, compared with 34% and 52% for all other admissions—a slightly lower proportion of releases on the first Monday and a higher proportion of releases on the first Tuesday following admission for remanded Status Indian males when compared with all other males. Limitations in the data, including sample sizes and "unknown" and "undeclared" individual characteristics, will restrict additional investigation.

Third, the patterns of release from remand during the first and subsequent weeks following admission should be examined, given the noted increases over time in the number of court appearances required to complete cases and the lengths of remand stays (Doob & Webster, 2012), to address assumption 3 above. Over the treatment period, 67.6% of SCC short-term weekend admissions had been released from remand by the first Wednesday, while the rate was 77.3% for the control period; the average length of stay for short-term remand admissions increased at both the SCC and the RCC by approximately 10% from the first half of 2016 to the first half of 2017.

Fourth, the analysis should be expanded to identify the effect of any changes in the severity of offenses and complexity of cases over time (to address assumption 4 above), along with changes in the use of risk assessments, on remand stays and the length of bail and court proceedings.

Fifth, a more complete analysis would also identify and examine other programs and their effects on remand stays, including community alternatives to custody (implemented after the treatment period of this study), as well as changes in court resources and how these affect remand release patterns across Saskatchewan correctional centres after admission. These are all beyond the scope of this study and are left for future research.

CONCLUSION

The Saskatchewan Government has implemented a series of initiatives to reduce the growth in the remand population. One such initiative is the Weekend Project early case resolution program in Saskatoon in which a Crown Prosecutor reviews weekend remand admissions on Sundays, along with defense counsel, in order to improve the likelihood of meaningful Monday court appearances. In 2016, a large majority of weekend admissions cases seen on Mondays were adjourned to Tuesdays and Wednesdays, due to the additional time needed for case preparation. With Sunday case review starting in 2017, Monday discharge rates of weekend admissions to short-term remand from the Saskatoon Correctional Centre increased significantly, from an average of 18% (January–May 2016) to an average of 31% (January–May 2017). The data suggest that up to 73 person-days of remand were saved at the Saskatoon Correctional Centre over an 18-week treatment period. This program has continued in Saskatoon to the present. In October of 2018, the Saskatchewan Government extended this early case resolution program in Saskatoon to weekday mornings, and shifted first court appearances into afternoon sessions. These are promising adjustments to case review and court processes to safely reduce the length of stay for many remanded individuals, and would benefit from more thorough evaluation.

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Could a more-work-strategy (MWS) do better than a lockdown strategy in developing countries during the COVID-19 pandemic?

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Dear Editor,

The COVID-19 pandemic has the potential to create devastating social, economic, and political crises. Globally, multiple public health strategies have been implemented to control the spread of this virus. The purpose of these strategies is to prevent infection and delay exposure in order to give health systems enough time to prepare themselves for the rising number of patients.

Current strategies typically focus on hand washing, wearing of masks, and physical distancing (Güner et al., 2020). To achieve physical distancing, most countries adopted a policy of partial or complete lockdown. In such lockdowns, much of the focus has been on closing places like schools, places of worship, shopping malls, and workplaces and reducing mixing in the general community (Prem et al., 2020). For most countries, this has resulted in economic collapse, with a threat of many more deaths resulting from hunger and chaos—for some, potentially a greater number than from the virus itself (Buheji et al., 2020). This halt of economic and social activities has also led to ill effects on the mental health of the population, which may lead to anxiety, depression, crime, and suicide (Zhang & Ma, 2020). Some countries, like Sweden, South Korea, and Taiwan, did not opt for lockdowns but focused on hand washing, use of masks, and voluntary physical distancing (An & Tang, 2020).

In partial lockdown, people try to do all their work in the typically allocated workday schedule, which is usually 8 to 10 hours a day. There is often a sense of panic among people that shopping and other commodities will be closed after their dedicated work time, and they try to finish 24-hour assignments in just 8 to 10 hours. Consequently, the entire population may go out into the community at the same time, during limited hours, and there is an undesirable rush of people at the same place resulting in severe overcrowding. This phenomenon can be illustrated using the following example:

In normal times, a moderate-sized shopping mall is typically open for 12 hours a day, during which time it serves 3,600 people. Hence, the mall handles 300 customers per hour

(i.e., 3,600/12) and a total of 25,200 customers per week (3,600 × 7). During curfew conditions (lockdown), the same mall will open, say, for six hours a day. After one week, most of the people using the mall need to buy food and essential items and will be forced to attend the mall when they are finished with other time-restricted activities. Hence, we could see all 25,200 people trying to approach the mall to meet their needs in a compressed timeframe, as they are never sure what the situation may be the next day, whether the mall will be open or not, and whether they will be able to meet their needs. Hence, there would be severe overcrowding. The mall will now have to handle 4,300 persons per hour (i.e., 25,200/6), as compared with 300 per hour in routine times, resulting in overcrowding and an increased threat of very fast spread of the disease (Siddiqui, 2020).

Neither the China model of a complete lockdown, nor the Sweden model of voluntary physical distancing are readily applicable in densely populated developing countries, due to additional considerations arising from poor literacy rates and overcrowding as a routine phenomenon in these countries.

In such environments, common to many low- and middle-income countries (LMIC's), we are proposing changing from the lockdown strategy to a more-work-strategy (MWS) to achieve physical distancing at these overcrowded places. All places of public interest should be open 24 hours a day (168 hours a week). This will help alleviate panic in the community, and residents and business would be more confident in their ability to get their work and routine shopping duties done without fear of closures. Workforce management in offices and supermarkets would be required in order to manage the working hours of 24 hours a day. One of the options would be to divide the workforce into three shifts, which would also help in maintaining physical distancing, and the workload would also be distributed across these time frames. Consider the following example:

Suppose in a bank there are 24 employees working eight hours per day. Divide them into three shifts of eight persons per shift of eight hours. This reduction in staff during any one shift will help increase the distance between staff members by

a factor of three compared with a normal working schedule. Moreover, the clients will also be distributed across three shifts, reducing the load of clients to one-third of the normal working day pattern. This could be further reduced by giving online appointments to two-thirds of clients so that they would actually attend the bank only at times designated for them. One-third of appointments could be reserved for emergency cases, which could be served on a first-come-first-served basis.

These steps could help reduce overcrowding in many public environments, enabling such communities to more easily maintain recommended physical distancing. For these changes in timing, revised standard operating procedures (SOPs) would also need to be developed, since working hours might also include night hours. Deployment of law enforcement agents at night-time workplaces might also be considered. For big cities and very busy offices, a three-shift option would work, while for smaller cities, a two-shift option may be sufficient.

Hospital administrators in many developing countries are already dealing with COVID-19 cases by demanding 24-hour rotations by public service healthcare workers (HCWs), due to high workload in facilities. These frontline professionals are at risk of experiencing burnout and are highly vulnerable to physical exhaustion, fear, sleep problems, and emotional disturbances (Spoorthy et al., 2020). Also, due to these excessive working hours, their immune system may suffer, increasing their risk for COVID-19, which will potentially take them out of the health system, where they are badly needed. As a result, the vulnerable healthcare system in developing countries could face severe HCW shortages and a reduced number of healthcare facilities during this critical phase of the pandemic.

We propose to involve the private HCWs, as 90% of them are working in the private sector in developing countries. This important workforce is usually at home and not working actively due to the current crisis. Governments may be able to offer them work in high-burden COVID-19 hospitals, with good remuneration including a high salary, promises of awards and certificates, and also permanent positions in the public sector once this crisis is over. This will help reduce the duty hours of public sector HCWs, who, as a result, would be have a greater likelihood of enjoying adequate rest, helping them to retain their immunity status. Healthcare systems would gain a revival from this new workforce, and it would be motivating for those HCWs who are currently becoming exhausted due to the relentless workload.

In summary, the complete lockdown strategy for CO-VID-19 control in developing countries may not be possible for a prolonged period of time due to their troubled economies and other social factors. Also, partial lockdowns may easily backfire as physical distancing cannot be maintained during reduced functioning hours. We propose MWS for South Asian and sub-Saharan African countries, which can apply the concept of MWS by rotating their workforce over various shifts. This will eventually result in boosting the economy of these countries, as it will help employers to have continuing and even substantial growth. Regarding healthcare systems, private HCWs should be appointed, as a force multiplier for the public sector, to meet growing strains and staff deficiencies and to be able to prepare for more adverse scenarios yet to come.

CONFLICT OF INTEREST DISCLOSURES

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