EDITORIAL

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EDITOR'S INTRODUCTION

The pandemic, protests, and social innovation: How can we maintain our progress?

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The COVID-19 pandemic has brought transformational change to many of our lives and exposed gaps and cracks in our communities' social safety nets. Similarly, the concurrent protests and social unrest in response to police violence and systemic racism, coalescing most notably around the murder of George Floyd in May 2020, have raised public consciousness and sparked substantial reform efforts intended to rectify social inequities. As our communities start to return to some semblance of "normal" after being rocked by these overlapping crises, what changes will endure? And what can we as citizens do to ensure that the lessons learned from the pandemic and the exposure of systemic injustices over the past year and a half are not forgotten?

The pandemic has wreaked havoc on many people's mental health, and the twin catalysts of COVID-19 and highly visible police violence have led many cities to explore alternative models for responding to mental health crisis calls. In Canada, the high-profile deaths of D'Andre Campbell, Ejaz Choudry, Rodney Levi, Chantel Moore, and Regis Korchinski-Paquet during police interactions led many cities, including Toronto, to begin designing a framework for a community responder model, in which civilian mental health workers replace police officers as first responders to many mental health crisis calls. Many American cities, including Denver, San Francisco, Rochester, Portland, Albuquerque, New York City, and Anchorage, have launched similar community responder programs since June 2020. Dozens more are in the process of building these teams, with plans for launch in late 2021 or 2022. Many of these teams are modelled on the longstanding CAHOOTS program in Eugene, Oregon, which has been sending civilian crisis workers instead of police to respond to crisis calls through the 911 system for over thirty years.

Community responder models are one example of transformational reform that emerged during the pandemic and will likely continue beyond it. However, the problem of stigma continues to hamper the success of community responder programs and similar systemic innovations. For example, the public often mis-perceives people in crisis as being dangerous or violent. My organization, the Reach Out Response Network, is an advocacy-focused non-profit organization supporting the City of Toronto in developing and disseminating information about our civilian-led crisis-response pilots that will be launching in early 2022. The most common question we get from the public is, "Aren't crisis calls dangerous? If police aren't on the scene, won't civilian workers get hurt?" Our organization has collected substantial data to answer this question, and we've found that no existing community responder model has ever had a serious injury or death of a staff member, service user, or third party. We've also found from 911 call data that fewer than 20% of mental health–related 911 calls have *any* risk of violence or weapons associated with them, and that the vast majority of these are non-violent and could be resolved by a team of civilian mental health experts without police intervention. However, the stigma falsely linking "mental health crisis" and "violence" has been hard to break.

Similar stigma continues to obstruct even the most promising systemic reforms. While the COVID-19 pandemic gave many a sense that we are "all in this together," the reality is that the most vulnerable in our communities (Black and Indigenous communities, individuals experiencing houselessness, and individuals living in poverty) continue to be the hardest hit and most heavily impacted. This current issue of the *Journal of Community Safety and Well-Being*, 6(3), explores the stigma and oppressions that can act as barriers to innovations to aid our most vulnerable, as well as potential solutions. The issue highlights several types of policing reform strategies and creative alternatives to policing, including introducing a training program called *Proactive Alliance* that integrates principles of counselling psychology to create more effective community-oriented policing. However, the innovations described in this issue, encouraging as they are, are only made possible by policy makers, community leaders, and ordinary citizens continuing to care about and advocate for the needs of the most vulnerable in our communities.

While the pandemic and protests merged to expose the gaps within our systems, as these catalysts recede, the onus will shift to all of us to ensure that the lessons we've learned and the changes on the horizon are implemented and maintained. It is up to each of us to stay informed on the challenges and gaps within our systems, and to advocate

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strongly for reforms to ensure that those in need get the care they deserve. The legacy of this past year and a half may well be longstanding changes to our social services to better serve the most vulnerable—but it's up to us to make it so.

CONFLICT OF INTEREST DISCLOSURES
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ORIGINAL RESEARCH

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TRUST

When crises collide—Policing a pandemic during social unrest

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This article is related directly to the 6th International Law Enforcement & Public Health (LEPH) Virtual Conference in March 2021.

ABSTRACT

In 2020, the United States was shaken by concurrent crises: the COVID-19 pandemic and protests for racial equality. Both crises present significant challenges for law enforcement. On the one hand, the protests for racial equality drew the public's attention to the criminal justice system's disparate treatment of Blacks and other people of colour. On the other hand, the pandemic required the expansion of police duties to enforce public health mandates. To ensure compliance, law enforcement may arrest, detain, and even use force to prevent the transmission of communicable diseases that may have an irreversible impact on human health, such as COVID-19. Policing, however, is at a critical point in America. The government is expanding police powers for the sake of public health; all the while, public indignation about police (ab)uses of power has fuelled calls for its defunding. It is therefore important to explore Americans' views of policing pandemics during periods of social unrest, focusing on the recognition that socio-economic and racial inequities shape perceptions. The data from this project derives from surveys with Americans on the specific topics of race, policing, racial protests, and COVID-19. The study finds that Americans perceive the police as legitimate overall; however, there are divergences based on race, gender, and marital status. These differences may contribute meaningful insights to the current discourse on police legitimacy in America.

Key Words COVID-19 pandemic; perceptions of the police; racial protests.

INTRODUCTION

In democratic societies, the public's trust is essential for a legitimate model of policing (Pica et al., 2019). Legitimacy is a facet of authority that leads individuals to believe that authority is entitled to be deferred to and obeyed (Sunshine & Tyler, 2003). More importantly, legitimacy promotes cooperation and compliance, fostering greater satisfaction with the police (Henry & Franklin, 2019; Hinds & Murphy, 2007). Yet one of the biggest challenges that police face today is a lack of legitimacy (Jones, 2020).

The COVID-19 pandemic and the racial protests of 2020 reinvigorated the debate on police legitimacy in the United States. One reason is that law enforcement agencies are treading on unknown territory and have no blueprint for how to manage the epidemic and its consequences (Jones, 2020). Their responses change as the government receives information from epidemiologists and virologists on how to manage the pandemic. Similarly, law enforcement's handling of protests varies as they try to balance safety concerns with the public's First Amendment right to peacefully assemble (Metcalfe & Pickett, 2021). Their reactions range from supporting protesters to dispersing them with tear gas, to shooting them in the head or neck with rubber bullets (Szabo et al., 2020). The contentious climate that surrounded the 2020 presidential election also revived the debate on police legitimacy in the United States. Whereas the incumbent presented himself as the candidate of "law and order" amid US protests against police brutality and racial injustice, his challenger called for reducing police use of force and increasing community policing.

The function of police during a pandemic—just as in the absence of a pandemic—is to protect the community, but the pandemic adds a new threat to public safety besides crime and disorder: a deadly virus (Bittner, 1970; Nix et al., 2021). In the case of protest policing, the pro-social function of legitimacy is clearly tangible. Policing that is deemed

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legitimate is liable to sustain peaceful protest whereas a lack of perceived legitimacy may catalyze immediate and sizable conflict (Hoggett & Stott, 2010; Murray, 2010). There is a robust literature on people's opinions and attitudes towards the police that has assessed how people of various demographics (e.g., race and gender) feel about the police and measured people's perceptions of police conduct, appropriateness, and legitimacy (Culhane et al., 2016; Pica et al., 2019; Wortley & Owusu-Bempah, 2009). However, police legitimacy, and specifically whether the police response to public health emergencies and racial protests is rightful, proper, or suitable, is understudied (Johnson et al., 2014; Maguire, 2015).

The Present Study

We seldom experience health and social crises of a prolonged nature that would confront the public, nationally, with an expanded use of police powers. A large body of research on public perceptions of police behaviour raises concerns about perceptions of unequal treatment of citizens by law enforcement (Carmichael et al., 2021). The COVID-19 pandemic and the protests for racial justice present important challenges to police, and also an opportunity to examine how the public perceives law enforcement. This is important because the police, now more than ever, need to ensure that their actions are procedurally just and work to build their legitimacy across the entire population they serve (Jones, 2020). The present study seeks to contribute to the literature on police legitimacy during public health emergencies and social crises. We examine whether previous experience with the police and concern over the spread of the coronavirus have an influence on perceptions of police legitimacy.

The COVID-19 Pandemic, Racial Protests, and Police Legitimacy

The racial protests against the shocking police killing of George Floyd in May 2020 unfolded within the context of the COVID-19 pandemic. This led both public health experts and policymakers to contend that exercise of the constitutional right to assemble during a pandemic would generate substantial public health costs (Dave et al., 2020). Pandemics present significant public health threats that demand a coordinated response. During public health and other emergencies, police are granted special powers to enforce mandates such as quarantines, shelter-in-place orders, and prohibitions on many gatherings and business interactions (Ligor, 2020). These powers often allow the police to arrest, detain, and even use force to ensure individual compliance. As agents of the government, the police have historically used these same powers to prevent, disperse, manage, and otherwise control protests (Maguire, 2015). Still, police often struggle with balancing the right to free expression and assembly with concerns about public safety and the maintenance of law and order (Lydon, 2018).

The key empirical issue underlying a legitimacy-based strategy of policing is whether people's views about the legitimacy of the law and the police actually shape their cooperative behaviour (Tyler, 2004). One of the most consistent findings that emerges from existing research on legitimacy suggests there are at least three unique drivers of perceptions of police fairness. These include (a) individual demographic differences, (b) prior encounters with the police, and (c) perceptions of police agency representativeness (Socia et al., 2021). Across many different contexts, older people seem to have more favourable views of police than younger people; people who have had recent contact with the police seem to express less favourable views (the quality of the contact is also important, particularly when it comes to procedural justice); and people from ethnic and other minority groups seem to be less positive about police than those from the majority group (Bradford et al., 2017).

Media reports suggest both the COVID-19 pandemic and the protests for racial equality complicate the relationship between compliance with police authority and perceptions of police legitimacy. For example, at the height of the pandemic in New York City, Blacks and Latinos were overwhelmingly ticketed by the New York Police Department (NYPD) for physical distancing violations (Morales & Joseph, 2020). What is more, photos and videos that showed the police behaving abusively towards peaceful protesters (Dave et al., 2020; Friedersdorf, 2012) raise important questions about the legitimacy of the American police and the limits of freedom for people interested in expressing their views through public protest (Maguire, 2015). However, research that considers police legitimacy within the context of co-occurring crises is only emerging. In particular, we know very little about how police legitimacy has been conditioned by the COVID-19 pandemic and the recent racial protests. Below we examine perceptions of police legitimacy in a sample of American adults in the context of the COVID-19 pandemic and the current period of social unrest.

METHODS

Data

This study analyzes data from the June 11–15, 2020, Associated (AP)-NORC Center for Public Affairs Research Poll. Data collection procedures for the AP-NORC Poll are fully described at https://apnorc.org/wp-content/uploads/2020/06/Topline_final_release5.pdf, and the data are publicly accessible online. The data were collected using the AmeriSpeak Omnibus (NORC), between June 11 and 15, 2020, from adults aged 18 and over representing the 50 states and the District of Columbia. AmeriSpeak Omnibus is a monthly survey that uses NORC's probability-based panel. Panel members were randomly drawn; 1,310 completed the survey—1,220 via the web and 90 via telephone. Interviews were conducted in both English and Spanish. The final stage completion rate was 16.9%, the weighted household panel response rate, 23.6%, and the weighted household panel retention rate was 84.8%, for a cumulative response rate of 3.4%. The overall margin of sampling error is ±3.7 percentage points at the 95% confidence level, including the design effect. The margin of sampling error may be higher for subgroups (AP-NORC, 2020). The analytic sample for the current study consists of 1,310 respondents who have completed information on all study variables.

Participants

Approximately 12% of the respondents were Black, non-Hispanic, while nearly 63% identified as white, non-Hispanic, and another 16.7% as Hispanic. Almost 60% of participants were currently employed, and nearly one-third were between the ages of 40 and 49. More than 34% had earned a bachelor's degree or higher. Nearly 50% of participants were married and

one-fifth reported a household income between $50,000 and under $75,000. More than one-third of respondents were from the US South, and only 17.4% of the respondents were from the Northwest (Table I). Although over one-third of respondents "strongly approved of the recent protests against police violence in response to Floyd's death," only 7.3% reported participating "in any protests or demonstrations about police violence" in the few weeks preceding the survey. About one in six respondents (16.3%) "worried about [themselves] or someone in [their] family being infected with the coronavirus."

Measures

The June 2020 AP-NORC Poll asked respondents about various themes, including contact with the police, concerns over the spread of *SARS-CoV-2*, the virus that causes COVID-19, and perceptions of police legitimacy. The survey also collected background demographic information.

Perceived treatment by the police was assessed by asking respondents whether they had "personally ever felt treated unfairly by a police officer specifically because of [their] race?" The response options were "Yes, I have," and "No, I haven't." *Concern over the spread of SARS-CoV-2* is a composite score of four items that measures respondents' views on select measures to mitigate the spread of coronavirus. These include (a) banning travel into the United States for people from other countries, (b) requiring Americans to stay in their homes except for essential errands, (c) requiring Americans to limit gatherings to 10 people or fewer, and (d) restricting travel within the United States. These items were measured on a five-point Likert scale and recoded to reflect answer choices from 1 = strongly oppose to 5 = strongly favour. The score yielded an internal consistency reliability score of .943.

Perceptions of police legitimacy is a composite index constructed from four questions, with higher values signifying stronger perceptions of police legitimacy. The first question asked "how serious a problem [participants] think police violence against the public is in the United States" on a five-point Likert scale (not at all serious, not too serious, moderately serious, very serious, and extremely serious). The second question asked against whom (black people, white people, or neither) were police more likely to use deadly force. This variable was recoded and only two categories were considered: 0 = "race does not influence deadly force" and 1= "police are more likely to use deadly force against a black person." The third question included asked the participant's opinion on who is "treated more fairly" by the police (black people, white people, or neither). This variable was recoded into two categories: 0= "race does not affect how the police treat people" and 1= "the police treat white people more fairly." Question 4 asked whether respondents "approved, disapproved, or neither approved nor disapproved of the recent protests against police violence in response to George Floyd's death." The perception of police legitimacy scale yielded an internal consistency reliability score of .815.

RESULTS

Table II represents the correlation matrix among the study variables. Descriptive statistics in Table II show participants' perceptions of police legitimacy were relatively high ($M = 8.28$; range: 2–12). Participants also expressed a relatively high level

TABLE I Sample characteristics ($N = 1,310$)

Demographic Variable	*N* (%)
Race/Ethnicity	
White, non-Hispanic	823 (62.8)
African American, non-Hispanic	156 (11.9)
Hispanic	218 (16.7)
Other	113 (8.6)
Gender	
Male	633 (48.3)
Female	677 (51.7)
Employment status	
Employed	783 (59.7)
Not employed	527 (40.3)
Age	
18–29	269 (20.5)
30–39	227 (17.3)
40–49	435 (32.4)
60–64	108 (8.3)
65 or older	281 (21.5)
Educational attainment	
No high school diploma	128 (9.8)
High school graduate/equivalent	370 (28.2)
Some college	363 (27.7)
Bachelor's degree/above	449 (34.3)
Marital status	
Married	650 (49.6)
Widowed	59 (4.5)
Divorced	144 (11.0)
Separated	25 (1.9)
Never married	328 (25.0)
Living with partner	104 (8.0)
Household income	
Under $10,000	87 (6.6)
$10,000 to under $20,000	106 (8.1)
$20,000 to under $30,000	161 (12.3)
$30,000 to under $40,000	101 (7.7)
$40,000 to under $50,000	111 (8.5)
$50,000 to under $75,000	273 (20.8)
$75,000 to under $100,000	182 (13.9)
$100,000 to under $150,000	168 (12.8)
$150,000 or more	122 (9.3)
Region	
Northwest	228 (17.4)
Midwest	272 (20.7)
South	498 (38.0)
West	312 (23.8)

of concern over the spread of SARS-CoV-2 ($M = 13.85$; range = 3–20). Perceptions of police legitimacy had low ($r \leq .10$) to moderate ($r \sim .30$) (Cohen, 2013; McPhail et al., 2017) correlations with participants' concern over the spread of COVID-19 ($r = .336$), perceived treatment by the police ($r = .218$), race/ethnicity ($r = .172$), gender ($r = .071$), and marital status ($r = -.116$). Race and perceived treatment by the police were strongly correlated ($r = .362$). Age ($r = -.155$) and marital status ($r = -.116$) were each negatively correlated with perceptions of police legitimacy. A graphical illustration of the relationship between police legitimacy and concern over COVID-19 for study participants is provided in Figure 1.

Hierarchical Multiple Regression Analyses

Hierarchical multiple regressions (HMRs) were performed to examine the relationship between criterion variables (personal experience with the police and concern over the spread of coronavirus) and perceptions of police legitimacy

TABLE II Descriptive statistics, correlations, and reliability scores for study variables

Variables	M	SD	Range	β	Number of items	Correlations								
						1	2	3	4	5	6	7	8	9
Perceptions of police legitimacy	8.28	2.92	2–12	.815	4	1	.336**	.218**	-.155**	.020	.172**	-.015	.071*	-.116**
Concern over the spread of SARS-CoV-2	13.85	4.13	3–20	.943	3		1	.156**	-.036	-.076**	.166**	-.060*	.095**	-.032
Perceived treatment by the police								1	-.108**	-.050	.362**	-.128**	.003	-.127**
Age group									1	.146**	-.171**	.052	.020	.254**
Educational attainment										1	-.114**	.339**	-.014	.195**
Race/Ethnicity											1	-.204**	-.021	-.150**
Household income												1	-.146**	.369**
Gender													1	-.074**
Marital status														1

*$p < .05$. **$p < .01$. ***$p < .001$

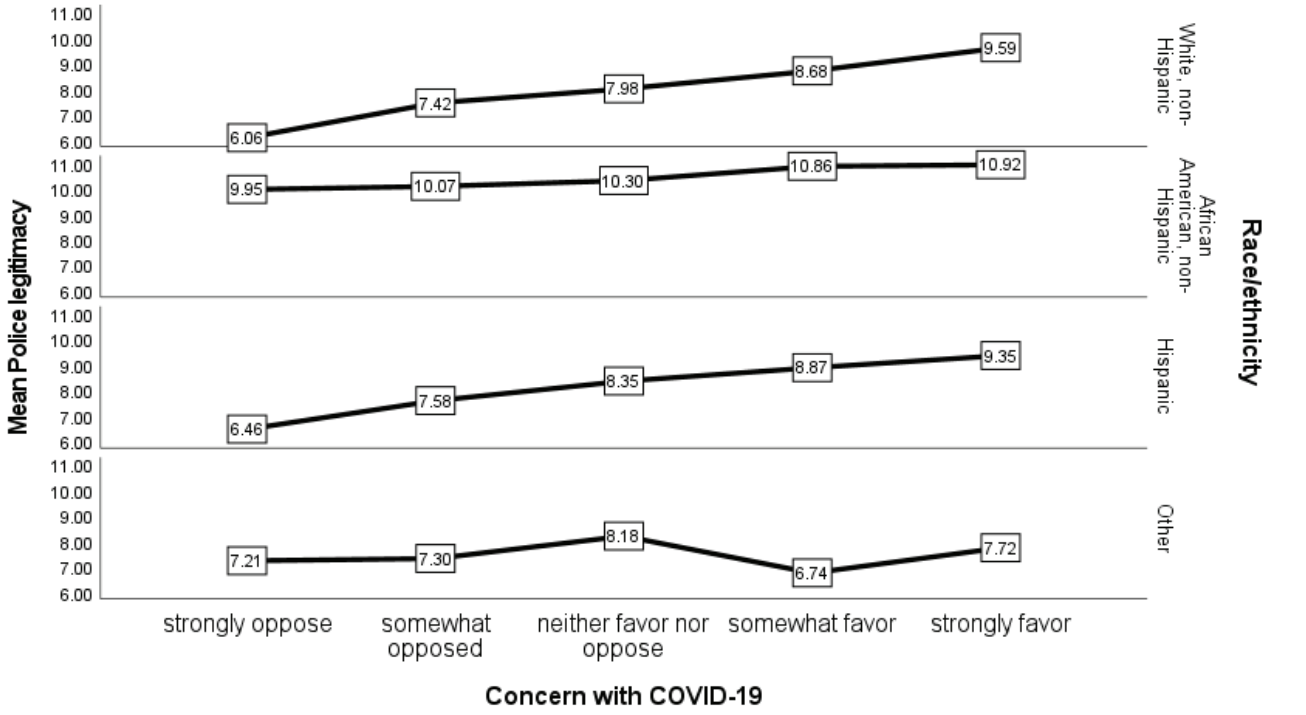

FIGURE 1 Differences in perceptions of police legitimacy by concern over COVID-19, as determined by agreement with or opposition to measures to mitigate the spread of the virus.

(dependent variable), after controlling for the effects of race/ethnicity, gender, age, educational attainment, marital status, and household income. Diagnostic tests for using HMR showed very little missing data (less than 2%), no multicollinearity, and that all assumptions were met. Two HMR models were constructed. Model 1 entered demographic variables, and Model 2 added personal experience with the police and concern over the spread of coronavirus to Model 1.

Age, educational attainment, race/ethnicity, household income, gender, and marital status were entered in the first step of the hierarchical linear regression model (see Table III). These sociodemographic variables explained a small but statistically significant portion of the variance in perceptions of police legitimacy ($R^2 = .061$, $p < .001$). Age ($\beta = -.119$, $p < .001$), educational attainment ($\beta = .057$, $p < .05$), gender ($\beta = .069$, $p < .05$), and marital status ($\beta = -.089$, $p < .01$) had small but statistically significant effects on perceptions of police legitimacy. These results suggest respondents who reported lower perceptions of police legitimacy were older and unmarried. Perceptions of police legitimacy were high among female and non-white respondents and among those with higher educational attainment.

Perceived treatment by the police and concern over the spread of SARS-CoV-2 were entered in the second step of the analysis. They added considerably to the variance explained in police legitimacy ($R^2 = .172$, $\Delta R^2 = .112$, $p < .001$). These variables dramatically increased the explanatory power (R^2) of the independent variables by nearly 48% to .172. The potency of perceived treatment by the police ($\beta = .137$, $p < .001$) and concern over the spread of SARS-CoV-2 ($\beta = .302$, $p < .001$) nullified the effect of gender and altered that of race ($\beta = -.059$, $p < .05$) on perceptions of police legitimacy. The effects of age and educational attainment were also slightly reduced after adding perceived treatment by the police and concerns over the spread of SARS-CoV-2 to the model. The effects of gender and race found in Model 1 are thus entirely attributable to gender and race differences in perceived treatment by the police and in concern over the spread of SARS-CoV-2. Similarly, some of the effects of age and education reflect instead differences by age and education in perceived treatment by the police and in concern over the spread of SARS-CoV-2.

Our final assessment of the total model provides two interesting insights. First, concern over the spread of SARS-CoV-2 emerged as the most important predictor of perceptions of police legitimacy within the contexts of a pandemic and racial protests. Second, white, non-Hispanic respondents ($\beta = -.059$, $p < .05$) present with higher perceptions of police legitimacy, as demonstrated by the change in the relationship between race and the dependent variables from Model 1 to Model 2.

DISCUSSION

Before addressing the implications of our research, we present some of our study's limitations. Using secondary data is challenging because the specific information needed to answer the research questions is often not available. The use of cross-sectional data is also problematic since it represents a single point in time. For instance, longitudinal data would have allowed us to measure perceptions of police legitimacy over time, particularly for respondents who report multiple encounters with the police. A longitudinal measure of concern over the spread of coronavirus would have been especially useful in ascertaining changes over the course of the pandemic, including during the racial protests. We also believe that our results were influenced by the demographic

Table III Hierarchical regression analyses for variables predicting perceptions of police legitimacy

Variables	β	R	R^2	ΔR^2	ΔF	df1	df2
Step 1		.246	.061	.061	13.87***	6	1290
Age	-.119***						
Educational attainment	.057*						
Race/Ethnicity	.153***						
Household income	.043						
Gender	.069*						
Marital status	-.089**						
Step 2		.415	.172	.112	87.05***	2	1288
Age	-.112***						
Educational attainment	.072**						
Race/Ethnicity	-.059*						
Household income	.050						
Gender	.043						
Marital status	-.085**						
Perceived treatment by the police	.137***						
Concern over the spread of SARS-CoV-2	.302***						

*$p < .05$. **$p < .01$. ***$p < .001$

composition of our sample. More than 36% of our respondents reported a household income that far exceeds the national median household income of $68,703 for 2019 (Rothbaum, 2020). Even with these limitations, our results add to the body of knowledge on public health emergencies and social crises.

The current study sought to describe perceptions of police legitimacy in a sample of American adults in the context of the COVID-19 pandemic and the current period of social unrest. Findings suggest respondents' perceptions of police legitimacy were high, particularly among those who reported being married. Very little is known about how marriage shapes perceptions of police legitimacy. Hawdon et al.'s (2003) analysis of policing tactics and perceptions of police legitimacy established a negligible correlation ($r = .121$) between marital status and trust in the police. Although unexpected, this finding underscores the need to further explore the relationship between marital status and perceptions of police legitimacy.

Older participants reported lower perceptions of police legitimacy. This finding was unanticipated because it contradicts earlier work showing younger people are more disengaged from police, who they also view as illegitimate (Madon et al., 2017). A positive association was identified between educational attainment and perceptions of police legitimacy. For our sample, this means having a high school education and having earned a higher degree is associated with higher perceptions of police legitimacy. This result contradicts prior findings of an adverse relationship between educational attainment and legitimacy. Antrobus et al. (2015) found that individuals with a higher level of education were significantly more likely to feel less obligated to obey police.

Perceived treatment by the police and concern over the spread of the coronavirus emerged as statistically significant predictors of legitimacy. Even respondents who answered in the affirmative when asked if they had "personally ever felt treated unfairly by a police officer specifically because of [their] race" reported high perceptions of police legitimacy. Although counterintuitive, this finding suggests that perceptions of legitimacy may be less driven by personal experiences with the police than by publicized events. This also holds true for respondents who reported that they felt unfairly treated by the police because of their race.

Our findings more immediately suggest further analysis on whether the differential effects of *perceived treatment by the police* and *concern over the spread of SARS-CoV-2* in Model 2 versus Model 1 operate primarily through effects on race (Blacks/minorities) for *perceived treatment by the police* and on gender (women of all races) for *concern over the spread of SARS-CoV-2*. We hope future perception studies expand analyses of associations of demographic factors with legitimacy to disaster and post-disaster periods, which often require curfews and assembly limitations. Qualitative approaches should also consider exploring nuances of perceptions of police legitimacy, such as views on the emergency powers that the police are granted during public and social crises.

Based on our findings, we submit that, even when public health imperatives underpin police action to uphold order, public trust for the legitimacy of their actions is not automatically forthcoming (Koehler, 2020). Further, the use of militarized policing tactics such as firing chemical irritants and using aggressive tactics against protesters can leave already aggrieved citizens feeling even more humiliated, violated, or even victimized (Mockaitis, 2020). This points to a need for the police to provide services in a constitutionally lawful and morally upright way (Stoughton et al., 2020). To that end, the police could survey citizens on policing in general and on specific tactics in particular. To improve on legitimacy, the police could report results and identify actions that will be taken to foster favourable citizen responses and remediate negative responses (Gau & Brunson, 2010). This is particularly critical in times of converging crises, when the government and law enforcement agencies should be focused more on providing services and protection than on executing a hardline approach to law and order.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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ORIGINAL RESEARCH

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TRUST

Policing during a global health pandemic: Exploring the stress and well-being of police and their families

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This article is related directly to the 6th International Law Enforcement & Public Health (LEPH) Virtual Conference in March 2021.

ABSTRACT

Law enforcement personnel attend critical incidents that are typically short-lived and geographically confined. However, the recent global health pandemic potentially impacts on every officer, every shift, throughout the world. This research is one of the first survey studies of stress and mental health impacts of COVID-19 on United States police and their families. The study found that the pandemic has created additional stress for police and their families, elevating stress levels in an already highly stressed population. For police officers, sources of stress were predominately associated with the fear of infecting their families and the enforcement of restrictions. The stress created by the pandemic exceeds that of other commonly experienced critical incidents in policing. The current findings indicate that police and their families expect to experience longer-term, harmful mental health impacts. This research provides important insights for police agencies, as well as those who work to support and improve the well-being of police. The pandemic is impacting now on the current stress levels of police and is likely to create a legacy that must be managed into the future.

Key Words COVID-19; police mental health; police well-being; police stress.

INTRODUCTION

No country or community has escaped some impact from the COVID-19 pandemic that swept across the world beginning in the early months of 2020. Those in law enforcement are often called upon to respond to either man-made critical incidents (such as terrorist events) or natural disasters (such as hurricanes); however, these events are typically short-lived and confined to specific geographic locations (Jennings & Perez, 2020). As officers enacted mandates designed to slow the progress of the pandemic by reducing the chance of spreading infection, they themselves did not have the opportunity to isolate (Papazoglou et al., 2020; Stogner et al., 2020). The global health pandemic is a critical event that has the potential to impact every officer, on every shift throughout the world—this event is unprecedented in recent history, in terms of both its scale and impact (Drew & Martin, 2020). Drawing on survey data of United States police, this paper explores the immediate impacts of COVID-19 on the health and well-being of officers who served during this time.

The current research provides an early snapshot (from June to August 2020) of the experiences of police personnel who served in law enforcement roles in the United States following the declaration of a global health pandemic. This research makes an important contribution to the existing body of empirical academic literature, previous research on the impact of these types of events being limited (Laufs & Waseem, 2020). It is noted that Frenkel et al. (2021) have recently published research with a sample of European police examining stress, demands, and coping resources during COVID-19. Our research provides one of the first empirical insights into the mental health effects of COVID-19 on United States police. We need to urgently consider how best to address the unique and/or compounding impacts of COVID-19 on police and their families.

LITERATURE REVIEW

The following discussion begins with a brief overview of the data that was available up to October 2020, about the infection

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and death rates of law enforcement officers since the beginning of the pandemic. Based on an understanding of physical impacts, we then consider the likely mental health and well-being outcomes for police and their families.

COVID-19 Infections and Law Enforcement

The National Police Foundation (NPF) developed a COVID-19 Law Enforcement Impact Dashboard (NPF, 2020). From March to October 2020, they reported that 6,535 officers had been exposed to COVID-19 (some contact with those who potentially had the virus), 2,304 had been unable to work, and 754 officers had been diagnosed themselves as being infected (NPF, 2020). Recent data provided by the National Fraternal Order of Police (FOP) (2020) indicates that 247 law enforcement personnel have died of COVID-19–related illnesses.

To provide a point of reference, we can compare the COVID-19 data reported above with other common indicators of the dangers and psychological outcomes associated with police work. In 2019, the Officer Down Memorial Page (2020) reported 147 line-of-duty deaths in the United States. Blue H.E.L.P. reports that, up to October 2020, there were 144 law enforcement suicide deaths (Blue H.E.L.P., 2020). From this comparison, COVID-19 does represent a significant event that has impacted, and will likely continue to impact, the health of law enforcement personnel.

Impact of COVID-19 on Law Enforcement

Based on analyses of previous crises (Stogner et al., 2020), three key interrelated areas are relevant to the current pandemic context. These include changes to law enforcement practices, changes in personal perceptions of officer safety, and increased stress and negative impacts on psychological well-being.

Changes to Law Enforcement Practices

In the United States, public health acts were enacted across states, expanding the duties of law enforcement officers to encompass enforcement of physical distancing, travel restrictions, and mandatory quarantining (Jennings & Perez, 2020; Rothstein, 2015). This created service demands on police in addition to their normal duties. If not enacted effectively, these mandates have the potential to negatively impact on police–community relations and public trust and confidence in police (Laufs & Waseem, 2020; Stogner et al., 2020).

Stogner et al. (2020) note the dual responsibility of law enforcement that requires officers to control often violent behaviour but also ensure compliance with public health measures. Despite the restrictions in place, there were large public demonstrations fuelled by racial tensions resulting from the deaths of Breonna Taylor and George Floyd (Stogner et al., 2020). These were in addition to several mass demonstrations in direct response to government mandates to wear masks and "shelter in place" or "stay-at-home orders" (Prasad, 2020). The refusal of protesters to wear masks and the heightened likelihood of physical altercations between these protesters and police further increased the dangers for police (Laufs & Waseem, 2020).

Similar to directives given to the wider community, it is essential that law enforcement personnel who are sick do not report to work and risk spreading infection (Jennings & Perez, 2020). It was reported that, for the NYPD in April 2020, 5,600 officers, which represents 15% of its workforce, had reported in sick and were off duty (ABC, 2020). Understaffed agencies impact the police response available but also increase the physical and psychological stress of officers who are left to cover extra shifts and workload (Laufs & Waseem, 2020).

Officer Safety

The risk of COVID-19 infection is recognized as a concern for all first responders. Guidelines issued by the Centers for Disease Control and Prevention (CDC, 2020) include physical distancing (6-foot or 2-metre distance between self and others), increased hygiene practices, and the use of personal protective equipment (PPE). As a result of their duties, police come into close personal contact with community members and, inevitably, will be at increased risk of infection (Jennings & Perez, 2020). Alarmingly, the Federal Bureau of Investigation (FBI) warned agencies that some extremist groups were encouraging individuals to intentionally infect officers (Jennings & Perez, 2020; Margolin, 2020).

Provision of PPE: Much discussion in the early stages of the pandemic focused on the speed with which agencies were able to distribute personal protective equipment (PPE) (Stogner et al., 2020). It was reported that during the first month, the most desired—and most depleted—PPE items were respirators, gowns, and eye protection (Jennings & Perez, 2020; NPF, 2020). The provision of sufficient and effective PPE is likely to be critical in influencing the perceptions and feelings of officers regarding their personal safety and perceived likelihood of infection.

Fear of infection: The possibility of infection from COVID-19 was, and remains, an omnipresent threat for law enforcement. There is a need to be hypervigilant about safety protocols, and those who have tested positive must return to the very workplace in which they contracted the virus once they have recovered (Dazio et al., 2020). Officers may fear infection themselves as they move about the community and may be fearful of infecting their family members when returning home (Stogner et al., 2020). COVID-19 has the potential not only to increase on-the-job stress but to impact on officer and family stress outside of work.

Stress and Psychological Impact

Officers are already at greater risk of experiencing negative psychological consequences (Drew & Martin, 2020). Those in the law enforcement profession, compared with the general population, are more likely to have poor mental health and well-being, with elevated levels of post-traumatic stress, anxiety, and depression (Carleton., et al., 2020; Klimley et al., 2018; Regehr et al., 2019). We often focus on the stress of critical incidents in policing when studying mental health outcomes, with police exposed on average across their careers to between 168 and 188 traumatic events (Chopko et al., 2015; Weiss et al., 2010). We know that large-scale critical incidents (e.g., 9/11 and Hurricane Katrina) are associated with poor mental health outcomes (Carlier et al., 1997; Lowell et al., 2018; Pole et al., 2001), and well-being can continue to deteriorate over time (Bowler et al., 2012). Drew and Martin (2020) conclude that COVID-19 meets the definition of a critical incident and, as such, represents a significant threat to police mental health. Further, it has been found that past and existing stressors make it more difficult to cope with

new stressors (Slocum, 2010). The impact of the addition of COVID-19 to the other, well-documented operational and organizational stressors already being experienced by police must be better understood.

Current Study

The current study contributes to the small, existing body of literature that has studied the mental health and well-being impacts of public health emergencies and, more specifically, pandemics. The findings presented here give some initial insights into the mental health effects of the global health pandemic on United States police officers and their families.

METHODS

Sample

A survey was made available via an online survey platform (Survey Monkey) to all members of the National Fraternal Order of Police (FOP) beginning June 2020 (the survey remains open as COVID-19 continues to be an active event). The current study is based on data that was collected from June to August 2020. The FOP is the largest organization of sworn law enforcement officers in the world, with more than 355,000 members. FOP members were notified of the survey via inter-organization e-mail, newsletters, educational webinars, and word of mouth at in-person meetings.

When the following analysis was undertaken, a sample of 209 active officers (currently serving in law enforcement during the pandemic) was obtained. The sample included 173 male (82.8%) and 34 female (16.3%) officers. The largest group of officers was between 46 and 55 years of age (45%). Most officers had more than 16 years of service (16 to 20 years: 19.6%; 21 to 25 years: 21.1%, and over 25 years: 31.4%) and the largest percentage of officers held the rank of corporal/sergeant (32.5%).

Survey Instrument

Demographics

A short online survey instrument was constructed by the National Director of Wellness Services (FOP). The survey included a range of demographic questions, such as whether respondents were active or retired, age, gender, current rank, years of service and geographic location. Respondents were asked a series of questions about personal and agency infection and death rates resulting from COVID-19.

Police Agency Support

Data was collected regarding the level of support the agency had provided to deal with additional physical and mental/emotional stresses during the pandemic and the provision of PPE (three questions). Responses were collected using a 5-point Likert scale, from "strongly disagree" to "strongly agree" and the option, "I felt no additional physical and mental/emotional stresses."

Exposure

The survey collected information about the officers' level of potential exposure in their current role. They were asked, "How would you rate your level of potential exposure in your role as a law enforcement officer interacting with the general community during the COVID-19 pandemic? (i.e., patrol officers may have very high exposure, officers on desk duty may have some exposure, etc.)." Responses were collected using a 5-point Likert scale, from "no exposure" to "very high exposure."

Pre-Pandemic and Pandemic Stress—Officers and Families

Pre-pandemic stress: Two questions were asked about stress prior to the pandemic. Officers were asked, "How would you rate your level of work-related stress prior to the pandemic?" and "How would you rate your family's level of stress related to your law enforcement occupation prior to the pandemic?" Responses were collected using a 6-point Likert scale, from "experienced no stress" to "very high stress."

Pandemic stress: Officers were then asked how their own and their family's stress levels (two questions each) have been impacted during the COVID-19 pandemic. Responses to all four questions were collected using a 5-point Likert scale, ranging from "much higher" to "much lower."

Sources of pandemic stress: To understand the sources of stress experienced during COVID-19, officers were asked to rate how much stress resulted from a list of five sources: enforcement of restrictions, frustration with shortage of equipment/services (specifically PPE), increased number of calls for police service, fear of infection/death of self, and fear of infection of partner/family. All sources of stress were rated on a 6-point Likert scale, from "no stress at all" to "very high stress."

Comparison of pandemic stress with previous critical incidents: Officers were asked to identify, from a provided list, the types of critical incidents to which they had been previously exposed. The list included critical incidents such as officer-involved shooting, violent encounter that endangered my life, and suicide of a co-worker. Officers were asked, using a 5-point rating scale from "strongly disagree" to "strongly agree," to rate whether they had experienced greater stress working during the pandemic compared with the previous critical incident.

Longer-Term Impacts of the Pandemic

To understand the expected longer-term impacts of the pandemic, officers were asked, "I believe that COVID-19 will impact on my mental well-being in the long term" and "I believe that COVID-19 will impact on my family's stress about the dangers of my work in the long term." A 5-point scale, from "strongly disagree" to "strongly agree," was provided.

RESULTS

Exposure and Infection Rates

At the time of survey completion, 5.3% of the sample indicated that they had been diagnosed with COVID-19. Of the sample, over half indicated that officers in their agency had been diagnosed, with the largest group of respondents (35.9%) reporting between 1 to 10 officers. Sixteen officers (7.7%) reported that at least one officer within their agency had died. Only one officer indicated that they had no exposure to COVID-19. Of the sample, 40.7% indicated some/moderate or very low exposure and 58.8% indicated high or very high exposure.

Agency Support—PPE, Physical Dangers, and Mental/Emotional Stresses

Over half of the sample believed that PPE provision by their agency was appropriate (Table I). Of the sample, 38.8% of officers either disagreed that the agency had provided support for physical dangers or gave a neutral response. For mental/emotional stresses, 64.7% of officers either disagreed that support was provided or gave a neutral response. More officers were positive about the support of their agency regarding physical dangers (60.1%) and PPE provision (54.6%, data not shown) than support for mental/emotional stresses (35.4%).

TABLE I Agency support for physical dangers and mental/emotional stresses

	Strongly/ Somewhat Disagree	Neither Agree/ Disagree	Somewhat/ Strongly Agree
Physical dangers	24.2	14.6	61.1
Mental/emotional stresses	33.8	30.8	35.4

Pre-Pandemic and Pandemic-Related Stress

Pre-Pandemic Stress—Officers and Family

Examining pre-pandemic stress, only one officer indicated no stress at all related to their work, and four officers indicated that their family experienced no stress. For officers, the mean stress level was 3.21 out of 5, with 33.1% of the sample reporting high or very high stress. Perceptions of family stress reported by officers produced a mean stress level of 3.20 out of 5, with 31.2% of the sample indicating high or very high stress.

Pandemic-Related Stress—Officers

For 78.8% of the sample, officer stress levels were slightly higher (44.7%) or much higher (34.1%) compared with pre-pandemic levels.

Exposure: A Mann-Whitney U test was performed to examine exposure to COVID-19 and the elevation of stress during COVID-19. The test indicated a non-significant difference between officers who reported low and high exposure on elevated COVID-19 stress, $U = 1{,}358.0$, $p > 0.05$.

Pandemic Stress Compared with Pre-COVID-19: Officers were divided into two groups based on their reported pre-COVID-19 stress levels, low and some/high stress. A Mann-Whitney U test indicated a significant difference between officers who reported low and high pre-COVID stress on COVID-19 stress outcomes, $U = 3{,}630.0$, $p < 0.01$, $r = 0.05$. Those who reported some/high pre-COVID stress reported a greater elevation of stress (Figure 1). Of those officers who reported low stress levels prior to the pandemic, 62.5% reported that their stress levels were greater due to COVID-19. A comparatively larger percentage of officers reported elevated levels of stress due to COVID-19 if they had been experiencing some or high stress pre-pandemic (90.8%).

Pandemic-Related Stress—Families

With respect to family stress levels, 74.6% of the sample reported family stress levels were slightly higher (42.1%) or much higher (32.5%) during COVID-19 than prior to the pandemic.

Exposure: A Mann-Whitney U test was performed, and a significant difference was found between officers who reported low and high exposure on family stress, $U = 1{,}159.5$, $p < 0.05$, $r = 0.02$. Officers who were more highly exposed reported greater family stress.

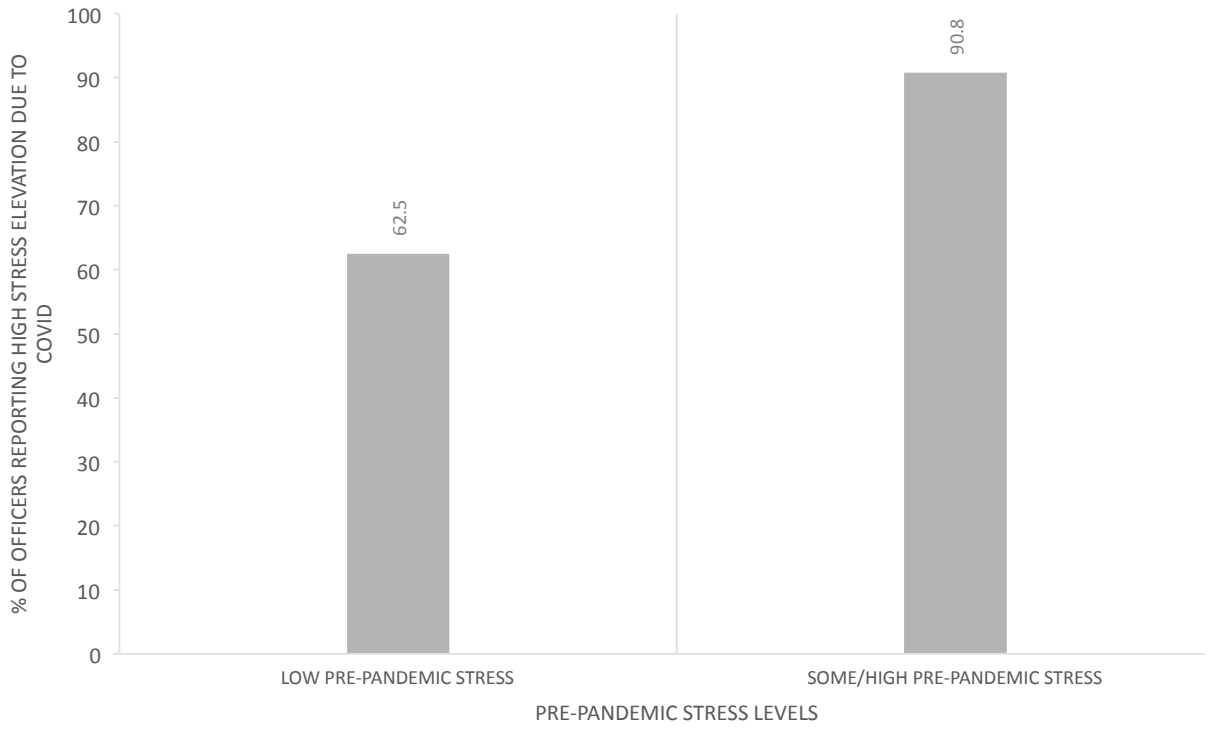

FIGURE 1 Pre-COVID-19 stress levels and stress elevation during COVID-19

Sources of Pandemic-Related Stress

Five specific sources of pandemic-related stress were measured in the survey (Table II). The most highly endorsed stress-inducing factor related to fears of infecting family. From a work perspective, the largest group of officers indicated that stress was experienced resulting from enforcing restrictions.

Comparison of Pandemic-Related Stress and Previous Critical Incidents

We analyzed the response of those officers who had experienced at least one previous critical incident. We found that 57.4% of officers agreed or strongly agreed that they experienced more stress during COVID-19 compared with the level of stress they experienced as a result of previous critical incidents. The mean stress score was 3.52 on a 5-point scale.

Longer Term Impacts of Pandemic

Of the officers surveyed, 39.0% reported that they would have long-term mental health effects from COVID-19. Survey responses indicated that 51.2% of officers reported that COVID-19 would elevate family stress about the dangers of police work.

Impact on officers: A Mann-Whitney U test indicated a significant difference between officers reporting low and high levels of stress due to COVID-19 and longer-term mental health outcomes, U = 1619.0, $p < 0.01$, $r = 0.05$. Those who reported greater elevation of stress resulting from COVID-19 reported greater expected likelihood of longer-term mental health issues. As shown in Figure 2, over half of all officers in the low stress elevation group (61.36%) did not believe that COVID-19 would have a long-term impact on mental health. Conversely, almost half of all officers in the high stress elevation group (47.24%) reported that stress resulting from COVID-19 would have a long-term impact.

Table II Sources of pandemic-related stress

Sources of Stress	No Stress	Very Low/ Low	Some	High/ Very High
Fear of infection (self)	16.8	25.5	27.9	29.8
Fear of infection (family)	10.0	18.2	19.6	52.2
Increased calls for service	11.5	30.1	37.7	21.1
Enforcement of restrictions	10.0	21.1	26.3	42.6
Lack of PPE	13.9	28.7	23.0	34.4

PPE = personal protective equipment

Impact on families: A Mann-Whitney U test indicated a significant difference between officers who reported low and high exposure and long-term impact on families perception of the dangers of police work, U = 1,017.5, $p < 0.01$, $r = 0.03$. A greater percentage of those with high exposure to COVID-19 expected that their families would experience long-term impacts, increasing the concerns of families about the dangers of police work. As shown in Figure 3, almost 54% of officers who had high exposure to COVID-19 compared with around 24% of officers who had low exposure to COVID-19 reported that family concern about the dangers of police work would persist over time.

A significant difference was also found between officers who reported differing levels of stress experienced by families and long-term expectations regarding the danger of police work, U = 1,367.5, $p < 0.001$, $r = 0.27$. Those whose families experienced higher stress during COVID-19 expected greater long-term impacts on their family's perception of the dangers of their policing duties. As shown in Figure 4, 64.74% of officers indicated that their families experienced high stress elevation resulting from COVID-19 reported that this experience would continue to impact on their family's perception about the dangers of police work over time.

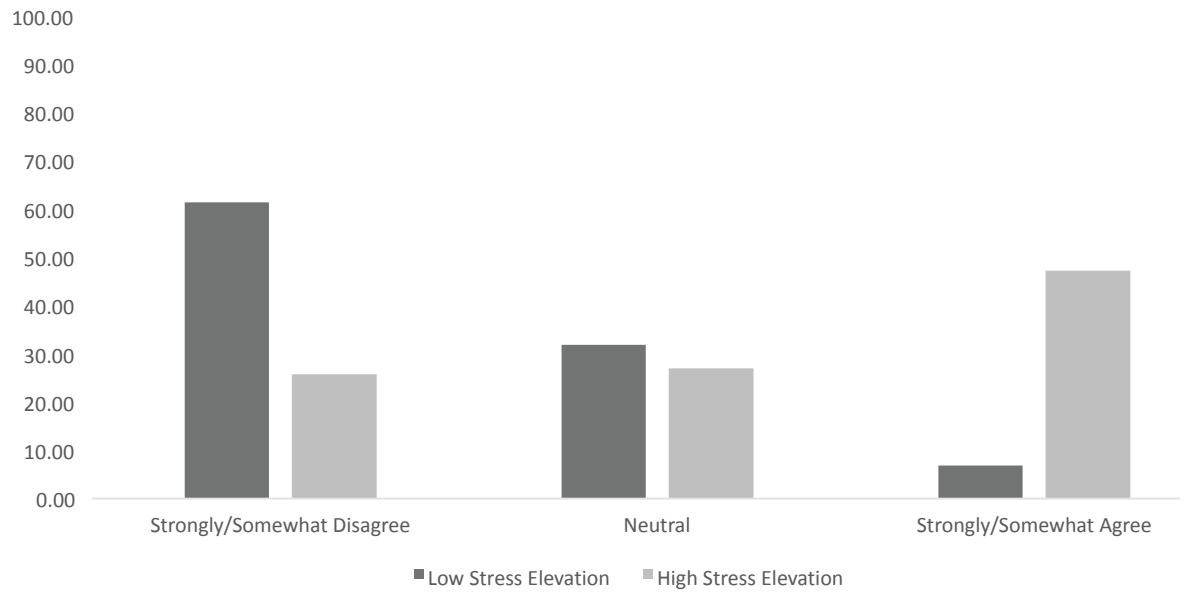

FIGURE 2 Officer stress resulting from COVID-19 and long-term mental health impacts

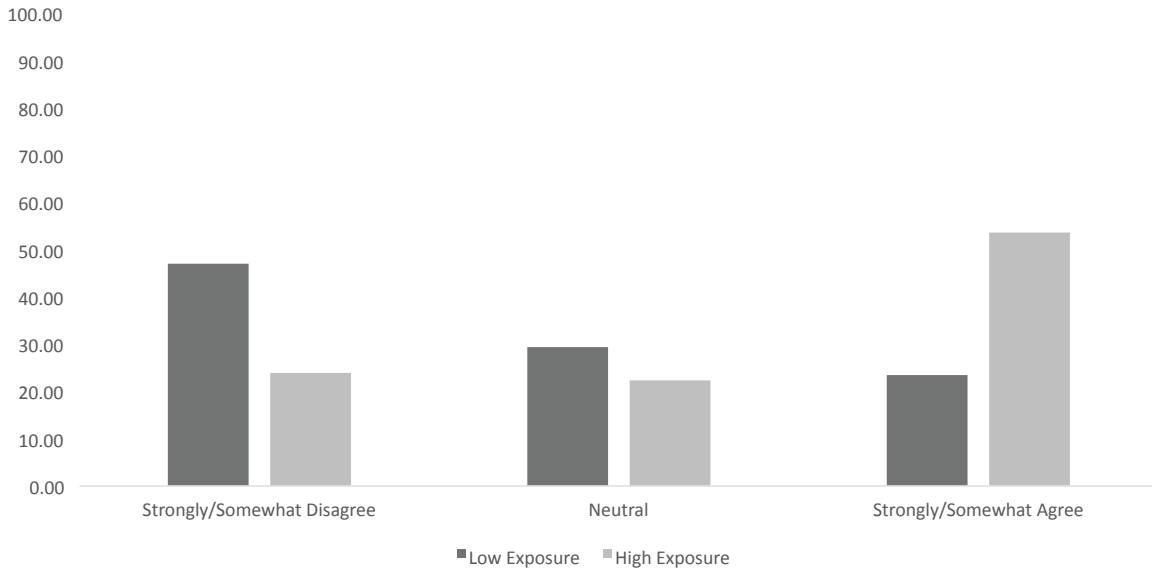

FIGURE 3 Officer exposure to COVID-19 and long-term concerns of family about dangers of police work

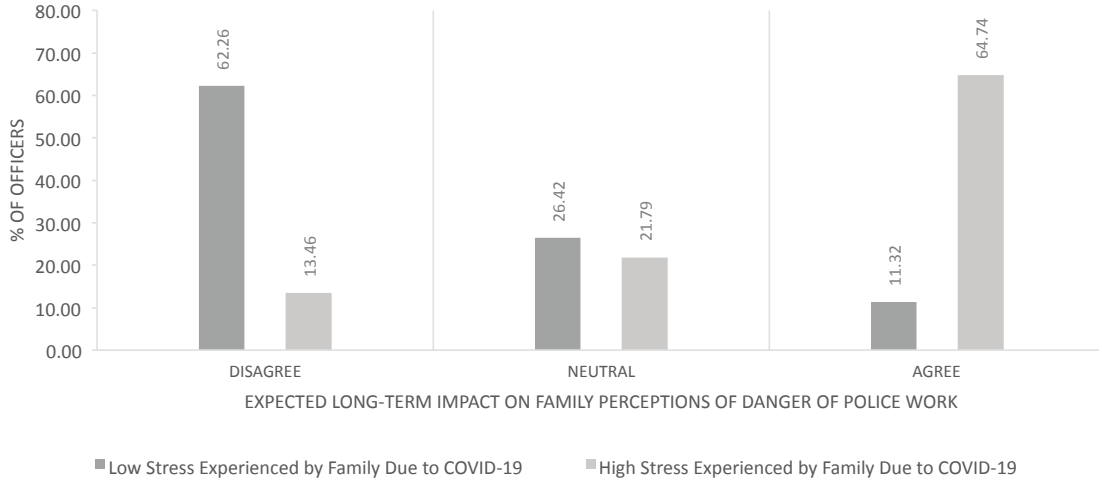

FIGURE 4 Concerns of officers' families about dangers of police work in the long term and levels of COVID-19-related stress experienced by families

DISCUSSION

The purpose of the current research was to provide a snapshot of key experiences, specifically related to police stress, mental health, and well-being of United States police during COVID-19. Much focus, and rightly so, will be on the numbers of officers who lost their lives to the virus, simply by doing their job. However, we need to also consider urgently what unique and/or compounding impacts COVID-19 has had on the psychological well-being of police—a population, prior to the pandemic, who already routinely reported elevated levels of stress and a comparatively high prevalence of mental health issues compared with other occupations (Carleton et al., 2020).

As stated by Stogner et al. (2020, p. 10) "while COVID-related precautions are being labelled 'the new normal,' it is imperative that steps be taken to ensure that pandemic-worsened job stress levels not become 'the new normal' for law enforcement officers." The findings of the current research support the large body of previous research (Carleton et al., 2020; Klimley et al., 2018; Regehr et al., 2019) that officers were, prior to the pandemic, already experiencing relatively high levels of work-related stress. The pandemic created additional stress, with almost 80% of the sample indicating that their stress levels were slightly higher or much higher.

COVID-19 as a Critical Incident

In understanding the proportionality and comparability of stress during COVID-19 with stress during other incidents, almost 60% officers who had previously experienced a critical incident felt that this was a more stressful time for them than those experiences. This has significant implications for the required response of police agencies in supporting the

mental health and well-being of their personnel. Research is clear that the dangers of police work and critical incidents is a major contributor to the high prevalence of Post-Traumatic Stress Disorder (PTSD) and associated mental health outcomes, and the impacts can be long term (Bowler et al., 2012; Carlier et al., 1997; Laufs & Waseem, 2020; Lowell et al., 2018; Pole et al., 2001; West et al., 2008).

Based on previous research from large-scale emergencies (Liu et al., 2014; West et al., 2008), we would expect that those in higher exposure groups would simply experience greater pandemic-related stress. This was not found in the current research. The trajectory and impact of COVID-19 as a critical incident may be unique. We may not be able to simply directly translate our understanding from other crises and emergencies. Further research should be undertaken to validate these findings.

Understanding Sources of COVID-19 Stress

This study found a larger proportion of officers rated enforcement of restrictions (42.6%) and lack of PPE (34.4%) more stressful (high/very high stress) than fear of being infected personally (29.7%). These issues are under the control of police agencies and leaders. Agencies and leaders can positively influence well-being by more effectively addressing these operational issues and must step up to that challenge.

The current findings support the conclusions of Drew and Martin (2020), who stated that COVID-19 creates an atypical level of perceived risk for families. The usual stress and worry experienced by families of law enforcement officers is almost always regarding the danger to their law enforcement loved one, rather than danger to themselves. The COVID environment has changed this and the current context has meant that family well-being is being more directly impacted by the job of policing than previously.

Cumulative Stress—The Addition of COVID-19 Experiences

Previous research has found that stress, particularly critical incident stress, is cumulative (Maguen et al., 2009; Marshall, 2016; Slocum, 2010) and this seems to be the experience of officers in the current study. Officers who were highly stressed pre-pandemic found the stress of COVID-19 even more impactful or, perhaps, overwhelming. Given previous research that has found that past and existing stressors make it more difficult to cope with new stressors (Slocum, 2010), this is a group within law enforcement that we should seek to identify and target for support.

COVID-19 and Police Families

This research has highlighted the need to think more broadly about familial network impacts. Almost two-thirds of the sample rated the elevation of stress, compared with the usual stress experienced by families due to their job, as slightly higher or very much higher. We found that those who perceived higher elevation of family stress experienced as a result of COVID-19 were also significantly more likely to feel that their family would, in the longer term, experience greater stress about the dangers of police work.

The implications of these findings are two-fold. First, there is a need to consider what additional supports are required for police families to assist them in managing the impact of stress. Previous studies (e.g., Karaffa et al., 2015) have found that law enforcement families struggle with the impact of policing on their home life. Second, we need to give officers the skills to navigate the impact of their job on their family. This should already be a priority for agencies, given the growing body of evidence that police work has major impacts on the non-work domain (McQuerrey Tuttle et al., 2018).

Limitations and Future Research

The current research has several limitations. It is acknowledged that the data collected relied on officers being able to separate out the impacts that they experienced because of COVID-19 from other sources, particularly the potential impact of mass demonstrations. To help officers to focus on the specific impacts of COVID-19, each relevant survey question was constructed to remind officers to answer the question with respect to COVID-19 only. A further limitation was that the survey was designed as a short survey to collect initial data about the impact of the pandemic. To be time efficient, most variables were measured using a single item question rather than a multi-question scale. It is acknowledged that the veracity of conclusions is limited by the small sample size. The survey was first distributed in June 2020, just as the race-fuelled protests following the death of George Floyd began to increase. The response rate is likely to have been impacted as officers across the nation responded to these events. The survey remains open and it is hoped that response numbers will grow. This study represents a pulse survey, and more definitive conclusions will be possible as the numbers of responses to the survey increase over time. A final limitation involves the population from which the current sample was drawn. The survey was distributed exclusively to members of the FOP. While it is expected that the issues examined in this survey would not be impacted by membership in this group, future research should be conducted outside of this organization.

CONCLUSION

This research sought to provide a timely contribution to understanding the experiences of police serving during a global health pandemic. However, this story is not yet over, as the pandemic continues across the globe. It is unknown how long police will continue to serve under these conditions. This type of environment is impacting on police stress, impacting on their own, as well as their families', mental health and well-being. This research should act as a call to attention for police agencies to consider not only the physical toll that the pandemic will take on police but also psychological health. We should seek to build a comprehensive evidence base on which to design appropriate and effective interventions and strategies to keep our law enforcement communities and their families both physically and psychologically healthy.

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CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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Proactive Alliance: Combining policing and counselling psychology

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This article is related directly to the 6th International Law Enforcement & Public Health (LEPH) Virtual Conference in March 2021.

ABSTRACT

The philosophy of community-oriented policing (COP) has been widely adopted by police departments around the world and has important benefits, such as improving community members' satisfaction with police and their perceptions of police legitimacy. However, implementing COP is challenging. Police departments report difficulties obtaining the support of officers on the ground and knowing how best to engage communities—which often contain multiple, overlapping, and sometimes competing groups within the same geographic area—in effective problem-solving and crime prevention.

This article describes *Proactive Alliance*, an innovative training program that draws from criminological theory and evidence-based principles in counselling psychology to teach police officers specific, immediately applicable techniques to establish rapport and long-term working relationships with community stakeholders. The training addresses two key challenges of COP: building meaningful collaboration across diverse communities and empowering frontline officers to become change agents in pursuit of the "co-production" of public safety. It builds on the original theory of broken windows policing, which emphasized the importance of harnessing police officers' personalities to facilitate successful community engagement and crime prevention, and provides practical tools based on those used by mental health professionals to enable officers to engage in active listening, to connect, and to problem-solve with the community while protecting their own well-being. We conclude by describing the potential of *Proactive Alliance* to strengthen COP and evidence-based policing more broadly.

Key Words Community-oriented policing; problem-solving; community engagement; mental health; police training; police officer wellness.

THE CHALLENGE OF COMMUNITY COLLABORATION IN POLICING

Community-oriented policing (COP) emphasizes community involvement in crime prevention efforts and positive, productive relationships between the police and community members, in contrast to traditional enforcement and order maintenance tactics. Community-oriented policing improves satisfaction with the police and has a modest favourable effect on perceptions of police legitimacy (Gill et al., 2014). Proactive policing strategies such as problem-oriented policing (POP) and broken windows policing also appear to be most effective at reducing crime when they are implemented in collaboration with the community (Braga et al., 2015; Weisburd et al., forthcoming; see also Goldstein, 1990; Office of Community Oriented Policing Services, 2014).

Despite the importance of community collaboration, and while a majority of the largest police departments in the United States have a community policing plan and/or dedicated personnel (Brooks, 2020; Hyland & Davis, 2019; see also Trojanowicz et al., 1998), police leaders report difficulties in implementing COP, obtaining the support of officers on the ground, and—crucially—knowing how best to involve communities in problem-solving (Eck & Rosenbaum, 1994; Mastrofski et al., 2007; Moore, 1992; Morabito, 2010; Skogan & Frydl, 2004). A vast range of strategies have been deployed under the auspices of COP, some of which do not require community collaboration (Gill et al., 2014; Mastrofski et al., 1995; Skogan, 2006; Telep & Weisburd, 2016). Similarly, POP—which has been described as the "tactical element" of COP (Cordner, 1999)—was originally conceptualized as a collaborative effort in which the police draw upon community

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expertise in problem-solving (Goldstein, 1990), but it rarely conforms to this definition in practice. A systematic review of POP found that only a few programs explicitly called for community collaboration, whereas others relied on traditional policing strategies or aggressive order maintenance (Weisburd et al., 2010; see also Braga & Weisburd, 2019).

One reason for the lack of authentic community engagement in COP is that "community" is not homogeneous. In practice, police have to weigh the needs of different, overlapping, and sometimes even competing groups organized around various geographic, socio-demographic, and cultural characteristics. Communities also differ in their willingness to cooperate and collaborate with law enforcement. The police cannot expect to come into a community and begin collaborative problem-solving when their relationship with that community is strained or non-existent (Gill et al., 2014). Even when collaboration does occur, the police must proceed with caution. For example, officers working to maintain order in a nightlife district must be sensitive to the needs of business owners whose primary interest is in attracting as many patrons as possible to their bars and balance those needs against the needs of nearby residents who have concerns about disorder and noise.

In addition to the relationship with the community, the well-being of police officers themselves can also hinge on the successful implementation of community policing—and well-being is vital to successful police work (Lum et al., 2016). Research in this area is somewhat dated but shows that predictors of job satisfaction such as increased autonomy, creative thinking, increased control over outcomes, and increased task variety, task identity, and problem-solving skills are associated with the empowerment of officers that COP affords (e.g., Adams et al., 2002; Eck & Rosenbaum, 1994; Greene, 1989; Johnson, 2012; Lurigio & Skogan, 1994; Pelfrey, 2004; Rosenbaum et al., 1994; Zhao et al., 1999). However, officers only experience these benefits when they truly feel empowered and supported by their supervisors and organizations (Johnson, 2012). Furthermore, COP may increase officer stress and uncertainty if it is inconsistently implemented or if officers do not feel sufficiently trained and equipped to deal with new situations and responsibilities (e.g., Lord, 1996; Morash et al., 2006; Zhao et al., 2002). In contrast to traditional law enforcement, where the police are seen as the crime prevention "experts," some officers may perceive collaboration with community members on an equal footing as a threat to their autonomy (Skogan & Hartnett, 1997; Skolnick & Bayley, 1988).

PROACTIVE ALLIANCE

This article describes *Proactive Alliance*, an innovative training program grounded in evidence-based psychological principles that teaches police officers specific, immediately applicable techniques with a goal of establishing both a short-term rapport and long-term working relationships with community stakeholders. *Proactive Alliance* aims to address the challenges of collaborative police–community problem-solving by training officers to target individual interactions between specific people and agencies and navigate those relationships to meet the needs of all stakeholders on an ongoing basis. The program builds upon and enhances COP by developing knowledge, awareness, skills, and abilities that empower police officers to become change agents in the pursuit of public safety.

Proactive Alliance and Community Building

Proactive Alliance taps into key principles from broken windows theory (Kelling & Wilson, 1982), which proposes that low-level disorder in communities generates more serious crime by increasing fear, isolation, and withdrawal among residents. In practice, "broken windows policing" is associated with aggressive, zero-tolerance strategies that risk alienating the community. However, the original theory involved an inherently "human" component that challenged officers to shift from a reactive ("crime fighting") to proactive ("crime prevention") stance and engage directly with the community to promote feelings of safety rather than imposing order:

> An officer on foot cannot separate himself from the street people; if he is approached, only his uniform and his *personality* can help him manage whatever is about to happen. (Kelling & Wilson, 1982, emphasis added)

An officer's individuality, along with effective communication skills, can elicit transformation not only in the community, but also in officers themselves, given that the proactive stance may contribute to a sense of empowerment and control.

Proactive Alliance also helps officers engage specifically with communities that are *difficult* to engage rather than entities that are already invested in collaborating with the police, thus allowing authentic engagement with more diverse communities. With these relationships in place, when a problem does arise, the options for addressing it widen and police can "crowdsource" solutions through their collaborative relationships. The *Proactive Alliance* training draws upon evidence-based principles from counselling psychology to provide an additional set of tools in officers' "duty belts," enabling them to engage in active listening, connect, and problem-solve with community members. Furthermore, while police are taught multiple methods to protect their physical well-being, *Proactive Alliance* also equips them to more effectively shield their emotional well-being. It teaches the same methods mental health professionals use to manage and cope with their emotional reactions, mitigate and process reactions to traumatic events, and increase resilience, allowing for increased productivity and decreased stress.

The Theory of Proactive Alliance

Proactive Alliance employs an array of psychological theory and counselling techniques adapted to align with concepts of collaborative order maintenance and procedural justice in the law enforcement environment. The training involves two key stages: (1) strengthening officers' awareness of themselves as **agents of change**, and (2) teaching them to use this new mindset as a tool to **build relationships and establish collaborations.** Inherent to both stages are mechanisms to protect the inner emotional self and effectively cope with the stressors of interacting with people in a variety of scenarios, thereby protecting the safety and well-being of both the community and the officer.

Officers as Agents of Change

Proactive Alliance is based on the notion that an individual officer's authenticity, personality, and personal judgment are assets, as suggested by broken windows theory. The initial portion of the training provides a forum to process and discuss this concept through exercises aimed at self-exploration and self-awareness. The training presents the officer's self/personality as a "tool of the trade" that they need to take care of and protect, just as they would their duty weapon. Protecting the self is paramount for officer safety, as it is key to effectively managing stressors and maintaining both physical and emotional safety.

The maintenance of self is achieved through three key elements: **interpersonal boundaries, locus of control,** and appreciation of the **power differential** between the police and the community. The concept of **interpersonal boundaries** originates from Family Systems Theory, which teaches the importance of self-differentiation: the ability to have convictions, principles, and reactions independent of a group (Bowen, 1976, 1978). The ability to identify and respond effectively when a personal boundary has been crossed by a community member or colleague is crucial to maintaining a solid sense of self. Just as therapists are taught how to protect themselves from emotional exposure in the workplace and not become personally involved, while still maintaining the ability to effectively guide and collaborate with clients, *Proactive Alliance* teaches officers to use their authentic self to connect with others while protecting their emotional well-being from harm or interference. Officers learn to establish and maintain interpersonal boundaries, including how to identify when their boundaries have been crossed, and manage their reactions.

Locus of control is a related concept that describes people's ability to control themselves and influence the world around them, rather than simply reacting to crises and feeling controlled by outside forces (Rotter, 1954). *Proactive Alliance* teaches officers to reorient their perspectives to engage in purposeful prevention by proactively initiating collaboration and preparing for rather than reacting to crises. They are taught to specifically identify feelings, stressors, and personal coping methods to use both in the moment of a stressful event and during the aftermath. The goal of this approach is to increase officers' personal safety, ability to respond appropriately, and ability to cope after the fact, thus supporting wellness and self-care.

Finally, the ability to understand and acknowledge the **power differential** between the police and the community is another important component of self-awareness and effective community engagement. This is particularly important in communities or with individuals who have had traumatic interactions with the police. A sense of interpersonal safety must be established before any collaboration or working relationship can develop (Herman, 1992). Stakeholders who feel they are not in control (of their choices, feedback, etc.) will feel threatened, which may in turn lead to aggressive behaviour and/or inability to collaborate effectively. Police need to understand these dynamics and how to de-escalate tensions both in the moment and over time for effective and safe collaboration to occur. Furthermore, despite their position of power, officers must also feel safe before they can realize their full potential (Maslow, 1943).

Relationship-Building and Collaboration Skills Training

Having established the importance of self as part of the officer's toolkit, *Proactive Alliance* teaches **relationship-building** and **responsive collaboration** skills. These principles are grounded in the Rogerian person-centred approach to counselling psychology (Rogers, 1961). The training adapts the Rogerian concept of **unconditional positive regard** to the idea of "relationship-based policing" through **productive empathy**, a central feature of *Proactive Alliance*.

Unconditional positive regard means accepting and supporting someone without judgment of their behaviour. It is the basis of evidence-based counselling techniques like Motivational Interviewing (MI), which is used in mental health, substance use, and medical settings to evoke actual change by using a person's expressed thoughts about change. These thoughts are elicited by the therapist through listening, normalizing ambivalence, and collaborating rather than directing the change process (Miller, 2017; Miller & Rollnick, 2013; Prochaska & DiClemente, 1983). In the policing setting, officers can use the same practical techniques to elicit change in a non-judgmental, non-punitive way when interacting with community members.

Productive empathy involves active listening and dynamic communication techniques to establish rapport, personal connections, and ultimately long-term working relationships. *Proactive Alliance* teaches officers active listening techniques and how to "reframe" a problem as an opportunity or notice successes before offering constructive feedback. "Reframing" developed out of the concept of "cognitive restructuring/reframing" used in Cognitive-Behavioural Therapy (CBT), another evidence-based psychotherapeutic technique, to challenge cognitive distortions and change thinking to a more positive orientation (Beck, 1976).

Proactive Alliance teaches these techniques to allow officers to work towards **responsive collaboration**, or the act of working side-by-side in cooperation. *Proactive Alliance* empowers police to initiate relationships to establish and maintain collaborative changes, saving enforcement only for when absolutely necessary. Rather than the police and community being positioned as adversaries, all stakeholders are involved and accountable. *Proactive Alliance* supports a proactive, collaborative approach among community stakeholders similar to the concept of wraparound services in child welfare and special education, in which different services are combined to fill gaps to keep children in the most supportive environments. Police can maintain this collaboration by supporting stakeholders to change and control their own behaviour without trying to assert control over them. The latter approach, typical of more aggressive order-maintenance policing, can trigger the natural human reaction to resist when someone—especially an authority figure—tries to control or direct behaviour. On the other hand, collaboration could increase efficiency and safety for both the police and the community.

In policing, as in counselling psychology, it is important to meet stakeholders where they are, not where they "should" or "could" be. This **collaborative perspective** levels the playing field and sets the stage for realistic expectations. *Proactive Alliance* teaches officers to adjust their perspective and expectations as stakeholders learn and change in response to guidance and support. Officers learn to give

collaborative feedback, which focuses first on strengths and highlights what the stakeholder is already doing well before proposing constructive next steps. If officers notice and name these successes, stakeholders feel empowered rather than defeated when receiving feedback. Further, this tactic decreases defensiveness and preserves collaboration by keeping the rapport intact and maintaining or increasing trust and safety.

Prioritizing Community and Officer Safety

Practising productive empathy, maintaining appropriate interpersonal boundaries, and prioritizing self-awareness and self-care empower police to interact with the community with compassion while also protecting personal vulnerabilities and managing emotions and biases effectively. These skills, in concert with critical thinking, provide the foundation for **deliberate restraint**: a practice that empowers officers to create an "off-ramp," or course-correct before a power struggle deteriorates, potentially avoiding the need to use force. Relatedly, *Proactive Alliance* gives guidance on how to intervene when fellow officers engage in inappropriate or potentially dangerous behaviour. *Proactive Alliance* active bystander intervention training illustrates the Bystander Effect (Latané & Darley, 1969) in the context of policing, offers police-specific peer intervention strategies, and explores the risks and benefits of peer intervention.

The culmination of the *Proactive Alliance* training is to become a **Proactive Guardian:** a police officer who practises deliberate restraint and is empowered to preventively intervene with co-workers when necessary. Acting as a Proactive Guardian is a purposeful decision to prioritize the needs of the community in the spirit of collaboration and the collective good. This shift in perspective cleaves from the trope of the "warrior" officer who approaches the community with defensive fear and an adversarial stance (see Rahr & Rice, 2015). Rather than warring with the community, police are empowered to invest in it and have an equal interest in its positive change. Further, because Proactive Guardians pursue self-awareness and work to maintain appropriate interpersonal boundaries, they are also well equipped to shield their own emotional vulnerabilities, providing a protective factor that supports officer well-being and mental health. *Proactive Alliance* teaches officers to consider emotional safety and physical protection to be of equal importance.

CONCLUSION

This article describes *Proactive Alliance*, an innovative training program for police officers that builds on criminological theories and evidence-based counselling psychology principles to empower police to build meaningful, long-lasting collaborations with the community. While *Proactive Alliance* has not yet been rigorously evaluated, we believe the training has the potential to improve officer knowledge, attitudes, and behaviour and community perceptions in a variety of contexts, including large urban agencies, smaller suburban agencies, and specialized departments (e.g., airport/transit police). We are currently developing a randomized controlled evaluation design to study these outcomes, which we aim to implement within the next year. Our goal is to build upon and strengthen the central tenets of COP: community collaboration, problem-solving, and organizational change. *Proactive Alliance* provides officers with specific, immediately applicable tools to build authentic community engagement that sets the stage for effective problem-solving. The focus on relationship building and resilience strengthens organizational change by equipping officers to thrive under a decentralized model like COP. Individual officers are empowered to become change agents, bringing organizational transformation to the street level.

Strengthening COP implementation could have important benefits for both the community and the police as it improves citizen satisfaction and perceptions of police legitimacy (Gill et al., 2014). Policing strategies that promote satisfaction and legitimacy can increase community members' collective efficacy and willingness to participate in crime prevention (Kochel, 2012; Sargeant et al., 2013). In turn, communities with high levels of collective efficacy and trust in the police tend to have lower crime rates (Jackson & Sunshine, 2007; Kochel, 2012; Kubrin & Weitzer, 2003; Weisburd, Davis, et al., 2015; Weisburd et al., 2012; Wells et al., 2006). Getting the police and the community on the same page reduces the risk of both under- and over-enforcement, both of which create hostility and fear, causing citizens to withdraw and lowering collective efficacy (Sampson et al., 1997; Weisburd, Hinkle, et al., 2015). *Proactive Alliance* provides officers with the tools to develop positive relationships with community members and institutions, with the aim of increasing community support and collaboration.

Furthermore, as we discussed above, COP has the potential to increase factors associated with officers' job satisfaction. However, research in this area has also cautioned that COP may have this effect only because it allows officers to engage with community members when they are not "at their worst," so collaborative work is more positive (McElroy et al., 1990; Skolnick & Bayley, 1988; Trojanowicz et al., 1998). Consequently, some COP officers choose only to engage with community members with whom they expect to have a positive interaction, rather than those with the greatest need. *Proactive Alliance* specifically equips officers to work collaboratively with community members who are difficult to engage.

Finally, COP has been described as a foundation or backdrop against which a variety of evidence-based policing strategies that have substantial crime prevention benefits can be implemented (Scheider et al., 2009). Thus, *Proactive Alliance* has the potential to strengthen not only COP itself, but also support many other effective police innovations—thus promoting police reform and positive outcomes for community members and police officers alike.

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CONFLICT OF INTEREST DISCLOSURES

Molly Mastoras, MA, LPC, is the co-founder of Safe Night, LLC, and developed Proactive Alliance.

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COMMENTARY

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STRENGTHS

Addressing Indigenous health determinants exacerbated by the COVID-19 pandemic

Michael Vester T. Bautista* and Donna M. Wilson*

Ongoing evidence-based reporting throughout the COVID-19 pandemic has uncovered health disparities arising from social determinants of health (SDOH) among Indigenous communities across Canada (Government of Canada, 2020). These SDOH-related disparities in health status are closely related to health inequities. For clarity, *health disparity* refers to differences in health across population groups, while *health inequity* refers to the causes of these health disparities (Reutter & Kushner, 2010). Through intersectoral collaboration, community health leaders can work with Indigenous communities to address these SDOH-related health disparities and inequities.

It is well documented that Indigenous communities are at a much greater risk of poor health outcomes than non-Indigenous Canadians (Reutter & Kushner, 2010). Death rates, hospitalizations, and infectious transmission rates in both the 2009 H1N1 and the 1918 influenza pandemics were higher among Indigenous peoples than the national average (Saint-Girons et al., 2020). Similarly, emerging data from the current COVID-19 pandemic is revealing higher infection rates, which points to pre-existing health disparities and inequities among this population. Here, we identify current determinants of health of particular importance to poor Indigenous health outcomes during the COVID-19 pandemic in Canada, and some crucial ways in which community health leaders can address these determinants.

IMPACTS OF COVID-19 ON HEALTH DETERMINANTS

Physical and Mental Health

Indigenous communities are highly predisposed to COVID-19-related hospitalizations due, in part, to high rates of chronic health conditions, including hypertension, diabetes, and cardiovascular disease (Statistics Canada, 2020a). Throughout this pandemic, Indigenous peoples with chronic conditions have consistently had increasingly compromised physical, mental, and social health compared with non-Indigenous Canadians (Hahmann, 2020; Jenkins et al., 2021). Additionally, Indigenous peoples with physical and/or mental health disabilities face decreased access to social and cultural support due to a combination of diminished personal and community resources, including digital service accessibility (Hahmann, 2020). It is also becoming apparent that the mental health effects of COVID-19 will be the longest-lasting wave of the pandemic, where consequences can be expected for years post-lockdown (Jenkins et al., 2021). Low income, food insecurity, disrupted family dynamics, lack of immediate and ongoing social support, and increased substance use are among the most significant factors contributing to deteriorated mental wellness among Indigenous persons and communities throughout this pandemic (Jenkins et al., 2021). As a result, compromised physical and mental health are contributing to health disparities that are as far-reaching and devastating as the virus itself.

Living Conditions

According to the National Occupation Standard Housing Suitability Measure, 23.1% of Indigenous individuals currently live in unsuitable housing conditions, with crowded quarters, lack of proper infrastructure, and geographical isolation being major factors (Statistics Canada, 2020a). These living conditions existed long before the pandemic, but their detrimental health effects are exacerbated by the COVID-19 pandemic. Community spread may be disproportionately increased among and between Indigenous households as a result. Comparatively, unsuitable housing conditions averaged 8.5% for non-Indigenous households (Statistics Canada, 2020a). Furthermore, 57 long-term drinking water advisories currently exist for 39 First Nations communities (Statistics Canada, 2021). Water insecurity greatly impacts the living conditions, sanitation, and overall health of community members. There are also implications with crowded multi-generational homes, where a combination of age, comorbidities, and inadequate infrastructure will contribute to long-term negative health outcomes even after the COVID-19 pandemic is overcome.

Income

In terms of income, 24% of Indigenous communities live at or below the national poverty line versus 13% of non-Indigenous people (Arriagada et al., 2020). These households are further impacted by public health measures aimed at flattening the pandemic curve, including business closures, staffing reductions, and stay-at-home mandates. While a similar employment decline between Indigenous and non-Indigenous

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individuals was found in 2020, the economic recovery through employment income is much slower among Indigenous communities (Statistics Canada, 2020b). National data further highlights this issue: 39% of off-reserve First Nations households last year could not cover unexpected expenses of $500 or more (Arriagada et al., 2020). The Government of Canada consequently designed Indigenous support funds to prepare and assist communities where needed, but barriers to funding access persist (Government of Canada, 2021). These barriers include differences in eligibility depending on treaty status and residing off-reserve, lack of internet accessibility, and at times confusing and vague website information.

THE ROLE OF COMMUNITY HEALTH LEADERS

Adopting Indigenous Frameworks

To address these Indigenous SDOH-related health disparities, it is imperative to adopt Indigenous frameworks as a starting point. Significantly, the First Nations Information Governance Centre (FNIGC) and Métis National Council (MNC) highlight the importance of holistic health through collectively incorporating physical, emotional, mental, and spiritual aspects of health (Public Health Agency of Canada [PHAC], 2018). This holism is the basis for the medicine wheel. Furthermore, the Canadian Council on Social Determinants of Health highlights an Indigenous framework entitled the *First Nations Holistic Policy and Planning Model* (FNHPPM) to conceptualize and address Indigenous health inequities (Canadian Council on Social Determinants of Health [CCSDOH], 2015). Key areas of this model include the medicine wheel at its core, followed by the role of community members, Indigenous self-governance, health determinants, and social capital. This framework champions holistic and intersectoral approaches as they relate to the complex relationships between individuals and communities. Using this framework will therefore facilitate a unified approach rooted in Indigenous culture, with guidance from evidence-informed health practices. It is therefore anticipated that the framework will be beneficial for Indigenous communities and community health leaders working together towards pandemic recovery.

Community Collaboration

Community collaboration addresses all areas of the FNHPPM (CCSDOH, 2015). Moreover, related frameworks, such as the client-centred McGill nursing theory (Gottlieb & Rowat, 1987) or a recently validated COVID-19 Equity Matrix (Ismail et al., 2021), can also be integrated with the community health aspects of this holistic Indigenous model. Commonalities between these various paradigms enable the foundation of a unified strengths-based approach. During this pandemic, the positive effects of collaborative decision-making between community health and Indigenous leaders have already been shown for the Nisichawayasihk Cree Nation (Kyoon-Achan & Wright, 2020). In this case, joint decision-making was associated with decreased community transmission, where community healthcare leaders used a strengths-based approach to disseminate best practice recommendations while preserving community sovereignty and Indigenous cultural practices. Such collaborative approaches may also foster long-lasting local relationships between Indigenous community members, health leaders, and community health institutions.

Cultural Safety

Cultural safety is another critically important consideration which pervades all areas of the FNHPPM (CCSDOH, 2015). It is crucial to contextualize Indigenous individuals in their unique historical, economic, political, and social histories, as these continue to significantly influence Indigenous health outcomes (PHAC, 2018). In doing so, community health leaders can better understand the complex cultural undertones permeating the current health deficiencies in Indigenous communities as a result of COVID-19. In the case of the Nisichawayasihk Cree nation, traditional healing practices were incorporated with community care planning throughout the pandemic, resulting in positive health outcomes for all sectors of the medicine wheel (Kyoon-Achan & Wright, 2020). However, ongoing tension remains between Indigenous community leaders and healthcare institutions. As an example of reconciliation attempts, the Canadian Nurses Association (CNA) appointed an Indigenous member to its Board of Directors as part of its cultural competence framework (Villeneuve & Betker, 2020). Although this inclusion is a step in the right direction, community health leaders must continue to proactively include culturally safe collaboration in their own practices.

Political Competence

In addition to community collaboration and cultural safety, political competence is necessary for health policy creation and implementation rooted in Indigenous culture. In light of COVID-19, the community health leader is increasingly integral to facilitating improved care organization, allocating resources, ensuring frontline workforce safety, delivering virtual care, and enabling public engagement, all of which involve some level of political competence (McMahon et al., 2020). Political acumen is also required as varied and ever-changing pandemic responses among provinces, coupled with complex bureaucratic structures, render intersectoral policy-related projects difficult to plan and initiate. However, community health leaders must strongly advocate for Indigenous communities, especially during crises such as the COVID-19 pandemic. Widespread positive community outcomes can only be accomplished through cross-jurisdictional approaches, informed by political competence and grounded in community and culture.

CONCLUSION

Emerging research is revealing the impacts of COVID-19 on key Indigenous SDOH-related health disparities. These disparities are pre-existing but are exacerbated by the ongoing COVID-19 pandemic. Compromised physical and mental health, poor living conditions, and low income are some of the key determinants of health that are impacting Indigenous peoples and their health outcomes currently. Here, we highlight the role of community health leaders in addressing these SDOH, namely through adopting the FNHPPM, community collaboration, cultural safety, and political competence. By no means is this list exhaustive, but it may serve as a starting point for further discussion surrounding the interplay between community health leadership, Indigenous health, community care institutions, and appropriate pandemic responses. As the road to pandemic recovery begins, future

research should continue to examine the immediate and long-term implications of COVID-19 on Indigenous SDOH-related health outcomes, so that community health leaders can better understand how to address health needs. A collaborative approach can be solidified, where community health is addressed while preserving deep cultural identities and sovereignty.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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ORIGINAL RESEARCH

Journal of
COMMUNITY SAFETY & WELL-BEING

STRENGTHS

Alberta not criminally responsible project: Rates of persons found NCRMD and absolute discharges in Alberta following the Not Criminally Responsible Reform Act

Andrew M. Haag,* Katelyn Wonsiak,† and David Tyler Dunford‡

ABSTRACT

In 2014, then-Canadian Prime Minister Stephen Harper passed the *Not Criminally Responsible Reform Act* into law, which gave Canadian courts and Review Boards new powers to protect the public from particularly dangerous mentally ill offenders. The most controversial change to the law included the designation of the High-Risk Accused. Once designated by the courts as a High-Risk Accused, that individual is barred from leaving a forensic hospital except for urgent medical reasons. In this article, the authors assess the impact of the *Not Criminally Responsible Reform Act* on the forensic mental health system in Alberta, Canada. The findings indicate that the legislation did not lead to any meaningful changes in the Alberta forensic mental health system in terms of absolute discharges and incoming persons found not criminally responsible.

Key Words High-risk accused; mental health; Review Board.

INTRODUCTION

In Canada, a person who is accused of a crime can be found Not Criminally Responsible on account of a Mental Disorder (hereafter NCRMD) when the court utilizes Section 16 (1) of the Canadian *Criminal Code*. Section 16 (1) applies to persons who commit a crime but are not able to either appreciate the nature or quality of the act or to know that the act committed was wrong. Individuals who qualify for NCRMD designation are not "guilty" but are instead transferred to a provincial/territorial Review Board (and typically a forensic hospital) pursuant to section 672.38 of the Criminal Code. Section 672.54 (b) of the Criminal Code grants the Review Board authority to give a variety of legal conditions to persons found NCRMD (Haag et al., 2016; Latimer & Lawrence, 2006).

On 11 July 2014, the *Not Criminally Responsible Reform Act* (hereafter NCRRA) came into force in Canada. The NCRRA included four post-verdict amendments to the Canadian *Criminal Code*, which were: 1) a new High-Risk Accused designation (which was the most controversial amendment) for individuals found NCRMD who committed particularly brutal offenses or are found by the court to be a significantly high risk to public safety; 2) reducing the number of Review Board hearings for individuals deemed a High-Risk Accused (hereafter HRA); 3) restricting community access and engagement for persons found HRA; and 4) altering the definition of significant threat. Various interest groups expressed considerable opposition when the Canadian government brought forth the legislation to Parliament. For instance, the Canadian Psychiatric Association (CPA) and the Canadian Academy of Psychiatry and the Law (CAPL) submitted an Information Release to the Senate Committee that detailed how "the not criminally responsible (NCR) provisions of the *Criminal Code* are functioning well and do not need major reform" (Brink, 2014). Alternatively, the Canadian Bar Association (2013) recommended the HRA designation not be enacted on the grounds that persons found to be HRA are afforded fewer procedural protections.

In this article, the authors had four objectives, which were to determine: 1) the rates of incoming persons in Alberta found NCRMD before and after the NCRRA; 2) the number of absolute discharges before and after the NCRRA, as well as the proportion of absolute discharges per the number of persons found NCRMD under the Review Board; 3) the

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number of months that persons found NCRMD spent under the jurisdiction of the Review Board (time-to-event analysis) before they were absolutely discharged; and 4) the number of persons found NCRMD who were designated as HRA. In this article, the authors conducted a pre–post analysis with respect to the NCRRA for these four measures over two 5-year periods, from 2009 to 2013 and from 2015 to 2019. For all of these four research objectives, it was hypothesized that there would not be a statistically significant difference before and after the enactment of the NCRAA.

LITERATURE REVIEW

Overview of NCRMD System

The vast majority of individuals found NCRMD are transferred to the forensic mental health system (Carver & Langlois-Klassen, 2006). Section 672.38 (1) of the Criminal Code outlines the authority of Review Boards: "Review Board shall be established or designated for each province to make or review dispositions concerning any accused in respect of whom a verdict of not criminally responsible by reason of mental disorder…is rendered." Provincial/territorial Review Boards are tasked with handing out one of three dispositions to individuals found NCRMD: 1) detention in a hospital; 2) conditional discharge from the hospital with conditions; or 3) absolute discharge. If the Review Board determines that a person found NCRMD poses a significant threat to the safety of the public, that person cannot be granted an absolute discharge and must be either conditionally discharged or detained (Lacroix et al., 2017). Individuals found NCRMD who are conditionally discharged can live in the community with conditions. In the case of detention, the individual can be detained within a forensic psychiatric facility or be granted privileges/conditions, including living in the community (Haag et al., 2016).

Two landmark Supreme Court of Canada cases, (hereafter Supreme Court), *R v. Swain* (1991) and *Winko v. British Columbia* (1999), undoubtedly transformed the Review Board decision-making process and moved the pendulum towards protecting the rights of persons found NCRMD (Balachandra et al., 2004). For instance, the Swain decision overturned previous practices whereby the individual found NCRMD, regardless of their risk/threat profile, could be held indefinitely in a forensic institution at the pleasure of the Lieutenant Governor. The Winko decision, on the other hand, defined the meaning of significant threat, declaring that all persons found NCRMD would be absolutely discharged if they did not pose a significant threat to public safety (including individuals found NCRMD whose risk profiles were unclear).

There is an existing literature base in Canada that has analyzed the effects of the Swain and Winko decisions (Arboleda-Florez et al., 1995; Balachandra et al., 2004; Desmarais, et al., 2008). For our purposes, Balachandra et al. (2004) is the most pertinent because the authors analyzed the rates of absolute discharges under the Ontario Review Board following the Winko decision. The authors compared the proportion of absolute discharges per the number of accused pre-Winko (1997–1999) and post-Winko (1999–2001). The authors reported that there was a rate of absolute discharge per number of accused before the Review Board of 0.053 (5.3%) in 1997/1998, 0.051 (5.1%) in 1998/1999), 0.122 (12.2%) in 1999/2000, and 0.127 (12.7%) in 2000/2001. Despite these increases in absolute discharges post-Winko (1999), Balachandra et al. (2004) reported these differences were not statistically significant. Moreover, the authors reported the length of time from a finding of NCRMD to absolute discharge pre-Winko was 12.9 years compared with 9.2 post-Winko, and this difference was not statistically significant.

Not Criminally Responsible Reform Act (NCRRA)

Drawing from negative public perceptions of individuals found NCRMD and from high-profile murder cases such as Vince Li, Guy Turcotte, and Allan Schoenborn (and from an overall tough-on-crime agenda), the Conservative Government of Canada introduced the NCRRA (Bill C-54) into the House of Commons on 8 February 2013. While addressing the public about the purpose of the NCRRA, then-Canadian Prime Minister Stephen Harper reported that the legislation provides "the courts the powers they need to keep those deemed too dangerous to be released where they should be—in custody" (Cohen, 2013).

The NCRRA comprised 33 amendments to the mental disorder regime in the *Criminal Code* and *National Defense Act* (NCRRA, 2014), including four key post-verdict amendments. First, Section 672.5(5.1) of the *Criminal Code* established a new process whereby the victim(s) would be notified of the place of residence of individuals found NCRMD if they were conditionally or absolutely discharged. Second, the NCRRA altered the wording of section 672.54 of the *Criminal Code* to ensure that Review Boards "must take into account the safety of the public, which is the paramount consideration." Moreover, in that same section, the words "least onerous and least restrictive" were replaced with "necessary and appropriate." Third, the NCRRA introduced an official statutory definition for what constitutes a significant threat to the safety of the public:

> a risk of serious physical or psychological harm to members of the public—including any victim of or witness to the offense, or any person under the age of 18 years—resulting from conduct that is criminal in nature but not necessarily violent.

Finally, the NCRRA established a new HRA designation for persons found NCRMD who were deemed to pose a high-risk threat to public safety, which was based on future risk or the severity of the index offence—e.g., homicide or a serious sexual assault.

Section 672.64 (1) (a) (b) of the *Criminal Code* outlines the primary legislative criteria for the HRA designation:

(a) the court is satisfied that there is a substantial likelihood that the accused will use violence that could endanger the life or safety of another person; or
(b) the court is of the opinion that the acts that constitute the offence were of such a brutal nature as to indicate a risk of grave physical or psychological harm to another person.

The HRA designation can be applied to individuals found NCRMD following a particularly serious personal injury offense or if they posed a substantial likelihood of committing future violence (Grantham, 2014). Once an individual is

designated as HRA, they are barred from entering the community for rehabilitative purposes (e.g., day passes), even escorted supervised privileges, until a Superior Court lifts the HRA designation (Goossens et al., 2019). Moreover, persons found HRA cannot be conditionally or absolutely discharged by the provincial/territorial Review Boards unless a superior court first retracts their HRA designation. Finally, the Review Board is also allowed to lengthen the time between hearings for individuals found HRA to every 36 months, as opposed to the typical practice of holding hearings for persons found NCRMD every 12 months (Grantham, 2014).

Empirical Research for the NCRRA

Goossens et al. (2019) represents the only empirical publication with respect to the HRA designation to date. The authors used the criteria pursuant to section 672.64 (1) (a) (b) to simulate an HRA designation for their sample of persons found NCRMD. Goossens et al. (2019) is part of the National Trajectory Project (NTP), a landmark project consisting of a population-level sample of 1,800 individuals found NCRMD in British Columbia, Ontario, and Quebec between 2000 and 2005. The average follow-up time was 5.7 years from the date of the index offense. Research assistants for the NTP examined the Review Board files and coded sociodemographic, clinical, criminal, and contextual factors and risk assessments.

Goossens et al. (2019) reported that 25.5% (n = 459) satisfied the criteria for an HRA designation (n = 1,341 for the non-HRA group). From there, the authors compared the recidivism rates between the HRA and non-HRA group. Interestingly, more individuals in the non-HRA group (n = 235; 17.5%) were convicted of a new offense 3 years after their index offense than in the HRA group (n = 60; 13.1%), χc^2 (1, n = 1,800) = 4.95, p = .026) (Goossens et al., 2019, p. 108). Moreover, there was no statistically significant difference between the HRA and non-HRA group for violent offenses against the person (hazard ratio [HR] = .95, 95% confidence interval [CI] .69, 1.31, p = .757). Despite the HRA group having slightly higher recidivism rates than the non-HRA group, Goossens et al., (2019) reported that the HRA group spent considerably more time under the supervision of the Review Board than the non-HRA group. Indeed, individuals in the HRA group were nearly two times less likely to receive an absolute discharge (HR = .51, 95% CI .44, .58, p < .001). This all to say that individuals who were more likely to commit violent index offenses (the HRA group) were less likely to re-offend and less likely to receive an absolute discharge.

The results from Goossens et al.'s (2019) simulation highlights the concerns about the relevance of the HRA designation. The recidivism rates between the HRA and non-HRA groups were comparable; however, the HRA group spent nearly twice as long under the supervision of the Review Board. Therefore, Review Boards were already prioritizing public safety prior to the NCRRA.

Criticisms of the NCRRA

Large portions of the public criticize measures aimed to enhance or protect the rights of persons found NCRMD due to their misunderstandings and fear (Maeder et al., 2016). Indeed, large proportions of the public believe: 1) those found NCRMD will be released shortly after their disposition; 2) the NCRMD defense is overused; and 3) a disproportionate number of individuals exaggerate or fake their mental illness in order to be found NCRMD (Lacroix et al. 2017). Consequently, politicians who are accountable to the public are inclined to enact legislation aimed at enhancing deterrence and punishment.

Although the Conservative Government of Canada argued the NCRRA would enhance public safety, some scholars and professional organizations have been critical of the NCRRA. For instance, the Canadian Bar Association (2013) criticized the NCRRA for being overly punitive while Brodsky (2017) and the then-Chair of the Ontario Review Board (Ling, 2014) suggested that accused persons with severe mental illnesses may opt to go through the regular court process to avoid the HRA designation. Moreover, Lacroix et al. (2017, p. 50) criticized the NCRRA on several grounds, most notably on the grounds of "stigmatization, increased arbitrariness, and a curtailing of liberty… [for] NCR[MD] accused individuals."

In this article, the authors sought to determine whether the NCRRA led to any meaningful changes in the NCRMD system in Alberta, in terms of incoming NCRMD persons and absolute discharges. The authors compared specific measures before and after the implementation of the NCRRA to determine the merit of the claims made by both the supporters and the opponents of the NCRRA.

DATA AND METHODS

Design

This study builds on the Alberta NCRMD project, a retrospective longitudinal research study on persons found NCRMD across Alberta. The Alberta NCRMD project has published on several topics, including sociodemographics, mental health, criminogenic profiles, recidivism rates, and Review Board decisions (Dunford and Haag, 2021; Haag et al., 2016; Richer et al., 2018). In this article, the authors add to the Alberta NCRMD project by analyzing rates of incoming persons found NCRMD and absolute discharges from 2009 to 2013, and from 2015 to 2019. The authors excluded the dispositions (see Table I) in 2014 from their analysis because it was preferable to compare full years. It is also unclear whether members of the Review Board fully took into account the new policy changes right after 11 July 2014.

Context and Data Sources

The first and third authors are employees at Alberta Hospital Edmonton (AHE), a provincial psychiatric hospital under the authority of Alberta Health Services located in Edmonton, Alberta. The overwhelming majority of inpatient beds for persons found NCRMD are located at AHE, which is an assessment and treatment centre for voluntary, formal, and *Criminal Code* referrals (Haag et al., 2016). The Forensic Assessment and Community Services (FACS) is the primary site for outpatient and community supervision for persons found NCRMD. Consequently, both the Provincial Director (who is in charge of overseeing all Review Board cases in all of Alberta) and the Clinical Director (who is in charge of all Review Board cases at either AHE or FACS) store their files at AHE. Copies of all reports submitted to the Alberta Review Board are therefore stored at AHE. The authors were therefore able to secure access to all the files at AHE, FACS, and the Alberta Review Board.

TABLE I The number and types of dispositions per year for persons found NCRMD

Year	Total NCRMD Persons Under the Review Board	Absolute Discharges	Conditional Discharges	Missing: Died or Transferred Out of Province	New/Incoming Persons Found NCRMD
2009	136	9	40	3	12
2010	143	4	42	0	22
2011	162	5	52	0	25
2012	178	12	49	2	18
2013	183	9	49	3	20
2015	194	4	61	1	21
2016	204	10	62	5	18
2017	198	15	64	1	6
2018	193	13	63	0	16
2019	188	11	71	0	11
Mean annual pre-NCRRA	160.40	7.80	46.40		19.40
Mean Post NCRRA	195.40	10.60	64.20		14.40
P value	.007**	.271	<.001**		.184

*The authors did not include information for 2014. However, there were 4 total absolute discharges in 2014, 3 before 11 July 2014 and 1 after 11 July 2014.
NCRMD = Not Criminally Responsible on account of a Mental Disorder

The authors compared the data from 2009 to 2013 with that from 2015 to 2019. Data collection was conducted at AHE. The principal investigator (first author) and trained research assistants coded the data for the project. This dataset excluded two persons who died while under the Review Board during the years in question.

Data Analysis

The authors used a paired *t*-test to determine whether the intervention (the legislative changes following the NCRRA and the HRA) led to statistically significant results in the Alberta NCRMD system. The data met the assumptions for the use of parametric testing (continuous scaled data, normal distribution, sufficient sample size, similar standard deviations, and homogeneity of variance).

Ethics

The authors received ethics approval from the University of Alberta's Research Ethics Office and Alberta Health Services.

RESULTS

There was a total of 169 incoming persons found NCRMD from 2009 to 2019 (excluding 2014), with a total of 97 incoming individuals found NCRMD from 2009 to 2013 and 72 persons found NCRMD from 2015 to 2019. During this period, the mean annual rates of incoming individuals found NCRMD in Alberta from 2009 to 2013 and from 2015 to 2019 were 19.40 and 14.40, respectively. These rates were not statistically distinct ($t = 1.454$, $p = .184$) (Table I).

The Review Board issued 92 absolute discharges from 2009 to 2019 (excluding 2014 where there were 4 absolute discharges), with a mean rate of 9.2 absolute discharges per year. Prior to the NCRRA, a total of 39 absolute discharges were granted from 2009 to 2013 compared with 53 from 2014 to 2019. During this period, the mean annual rate of absolute discharges from 2009 to 2013 was 7.80 compared with a rate of 10.60 between 2015 and 2019. There were no observed statistically significant differences in the rates of absolute discharges between these two time periods ($t = -1.183$, $p = .271$). Moreover, the proportion of absolute discharges per the number of accused under the Review Board from 2009 to 2013 was 0.048 compared with 0.054 after the NCRRA. This difference was not statistically significant ($t = -.400$, $p = .699$) (Table II).

The time to absolute discharge differed from year to year. Persons absolutely discharged in 2013 ($n = 9$) spent the least number of months under the Review Board, at 50.75 months, compared with the maximum of 118.20 months in 2017 ($n = 15$). The least number of months that anyone spent under the jurisdiction of the Review Board was 1 (in 2012, 2013, and 2018) whereas the greatest number of months spent under the Review Board before an absolute discharge was 372 in 2012. The mean number of months to acquire an absolute discharge from 2009 to 2013 was 78.044 compared with 90.082 months post-NCRRA. This difference was not statistically significant ($t = -.879$, $p = .405$).

The data indicated that there has not been any HRA designations since the NCRRA was implemented on 11 July 2014.

DISCUSSION AND CONCLUSION

The Canadian government reported the NCRRA would provide the judiciary with new powers to detain persons found NCRMD who were too dangerous to be released into the community (Canadian Mental Health Association, 2013). However, our findings indicated that the NCRRA did not have any meaningful impact on the dispositions of the Alberta Review Board.

TABLE II Rates of absolute discharges and average number of months spent under the Review Board

Year	Proportion of Absolute Discharges per Number of Accused Under the Review Board	Average Number of Months Spent Under the Review Board Before Absolute Discharge
2009	.068	52.888
2010	.027	99.000
2011	.030	102.000
2012	.068	85.583
2013	.050	50.750
2015	.020	72.500
2016	.049	84.400
2017	.075	118.200
2018	.067	96.500
2019	.058	78.810
Mean annual Pre NCRRA	0.048	78.044
Mean Annual Post NCRRA	0.054	90.082
p value	.699	.405

*We did not include the numbers for 2014 in the table. However, the proportion of absolute discharges per number of accused from 1 January to 11 July 2014 was .032 compared with .011 from 12 July to 31 December 2014. Moreover, the average number of months spent under the Review Board before absolute discharge from 1 January to 11 July 2014 was 46 months compared with 34 months from 12 July to 31 December 2014.

In this article, the authors analyzed four objectives relating to the NCRRA. The results indicated that there was no meaningful difference between rates of incoming persons found NCRMD, rates of absolute discharges, and the number of months that persons found NCRMD were supervised under the Review Board pre/post NCRRA. Moreover, the HRA designation has never been applied in Alberta. All this to say, the NCRRA has had no observable impact on the NCRMD system in Alberta. This finding is not surprising given the low rates of recidivism for the NCRMD population in Alberta when compared with general criminal populations (Richer et al., 2018). This suggests that changes to the current system were likely unnecessary (Charette et al., 2015; Richer et al., 2018) precisely because the Alberta Review Board had already prioritized public safely prior to the NCRRA.

Drawing from our experience working within the Alberta criminal justice system (especially the first author, who has provided expert opinion and testimony in Alberta courtrooms and Review Boards for over a decade), we suggest the NCRRA and the HRA were political objectives, and not based on public safety or empirical analysis. There has never been a person deemed HRA in Alberta precisely because the Alberta NCRMD system already assesses risk and prevents NCMRD persons from engaging in future violence. Indeed, the recidivism rates (including violent recidivism) for persons found NCRMD are exceedingly low in Canada, especially in Alberta. Clinical practitioners (contrary to Stephen Harper and the Conservative Government of Canada) working in the Alberta NCRMD system use both clinical research and their expert judgement to assess their patients' risk in order to protect public safety. Indeed, we do not anticipate an individual being deemed HRA in Alberta in the foreseeable future because the NCRMD system already prioritizes risk and public safety.

LIMITATIONS AND FUTURE RESEARCH

This article has one primary limitation. The authors could not obtain access to court records that would allow for a comparison of the rates of accused who sought an NCRMD designation pre/post the NCRRA. Therefore, the authors could not determine whether there was a higher or lower number of persons applying for an NCRMD designation after the NCRRA, or whether there were more or fewer persons found NCRMD after the NCRRA.

There is a need for a large-scale longitudinal study in Alberta comparing general and violent recidivism rates between persons found NCRMD who committed particularly brutal index offenses with NCRMD persons who did not commit "brutal index offenses." This study, like Goossens et al. (2019), could help provide practitioners, researchers, and policy makers the data to help determine institutional best practices for the forensic mental health system. This research could help inform Review Boards across Canada.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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ORIGINAL RESEARCH

Journal of
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SERVICES

Trauma survivors and the media: A qualitative analysis

Tamara K. Cherry*

ABSTRACT

While much has been written about how the media covers traumatic events, little is known about the impact of the media on trauma survivors. This, despite the fact that crime coverage has been a staple of daily news cycles for several decades. Likewise, little has been written about the training and methods of the journalists who cover these events, or the impact of this coverage on the journalists. Based on 71 qualitative surveys and interviews with homicide and traffic fatality survivors, and 22 qualitative surveys of journalists, this article serves to describe five main themes regarding survivor experiences: 1) Prior experience with the media; 2) First encounters with the media; 3) Negative impacts of the media; 4) Positive impacts of the media; and 5) Advice for various stakeholders. Additionally, this article will describe three main themes highlighted by the journalists: 1) Trauma-informed training and guidelines; 2) Comfort in contacting survivors; and 3) Personal impact of reporting on trauma. These findings illustrate a clear gap in services available to survivors, in particular in the immediate aftermath of traumatic events when media attention is often at its highest, as well as a lack of support for journalists covering these events.

Key Words Victimology; journalism; survivor support; criminal justice; trauma-informed; homicide; traffic fatalities.

INTRODUCTION

Crime has long been a point of public interest. It leads newscasts, fills front pages, and provides content for popular podcasts and documentary series. Victims and survivors often play a central role in these forms of storytelling: the video of the anguished mother running toward police tape; the interview with the father holding a photo of his daughters who were killed in a street-racing crash; the distraught family member placing flowers at the scene of the city's latest homicide. And while consumers of these stories have no doubt imagined the impact of the crimes on the survivors, rarely has the public seen the impact of the media coverage on these same people.

Documents have been prepared to guide journalists who cover these sorts of events (Bucqueroux & Seymour, 2009), as well as victims and survivors who find themselves in the media spotlight (Considerations for victims, 2011). Many researchers have analyzed how journalists cover traumatic events (Durham et al., 1995; Shepard, n.d.; Newton & Duncan, 2012; Schildkraut, 2012), but it is difficult to find research that explores the impact on survivors. This project set out to do just that.

I was a crime reporter in Toronto for nearly 15 years—first at the *Toronto Star*, then the *Toronto Sun*, and finally, for the bulk of my career, at CTV News Toronto. Though I never received any formal trauma training, either in journalism school or on the job, much of my time was spent telling the stories of trauma survivors, often in the wake of homicides and traffic fatalities.

In late 2019, I left CTV to launch Pickup Communications, a public relations firm that supports victims and survivors of traumatic events. It was through this lens that I began this qualitative study in May 2020. My hope is that this work will spark conversations between stakeholders in the criminal justice, news media, and survivor support sectors as they not only examine their own practices, but brainstorm ways they can work together.

METHODS

This article is based on structured surveys (created and accessed through the Survey Monkey platform) and qualitative interviews with trauma survivors and journalists who cover trauma. Canada and the United States were chosen as the target research areas for their similarities in the types of crimes covered, journalist training, and the supports available to victims and survivors.

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The first survey discussed in this paper was created for survivors of homicide and traffic fatalities. Participants for this survey were recruited from various bereavement support groups across Canada and the United States, advertising on social media, and a handful of homicide survivors on whom the author had reported as a journalist. The survey was comprised of 27 open-ended questions focusing on the survivors' experiences with the media in the immediate and, when applicable, long-term, aftermath of their traumatic loss, and asking what advice they would share with various stakeholders. The survey period was from June 2020 to February 2021. There were 45 respondents from Canada, 25 from the United States, and 1 from New Zealand. Together, they represented 59 separate homicide cases and 14 traffic fatality cases. One case dated from the 1970s, five from each of the 1980s and 1990s, and the remaining 62 were from the 2000s (17), 2010s (39) and 2020s (6).

The survey administered to journalists who cover trauma touched on several topics, including training, common practices, and the personal impact on respondents. It was made up of 30 open-ended, multiple choice, and check-all-that-apply questions. This survey was distributed to reporters personally known to the author and advertised through social media, including in a Facebook group for journalists who cover trauma. Between July 2020 and February 2021, 17 Canadian journalists and 5 American journalists completed this survey. Their experience in the profession ranged from between 5 and 10 years to more than 20 years. Each of the 22 respondents indicated that they currently reported (or had reported, for those who were retired) on trauma at least once a year, 19 of them at least once a month, five of them on a daily basis, and two of them more than once per day.

In addition to the surveys, in-depth interviews were conducted with several survivors who are quoted in the body of the paper. As is common in qualitative studies, participants were given license to let their experiences shape the direction of the conversations. Due to COVID-19 restrictions, all interviews were done over the phone or video chat.

Basic tabular data was used to identify similarities and differences in the data derived from the surveys and to verify the overall strength of patterns in the data. This method also helped identify cases that deviated from observed patterns. While the statistical data in this article is drawn from the surveys, context is derived from both the surveys and interviews, as well as the author's personal observations as a crime reporter. Participants provided informed consent, and pseudonyms were used to protect their identity. Overall, participants in all categories overwhelmingly declared that they were grateful for the study, that they are hungry for change, and that these conversations are long overdue.

RESULTS

Survivors

Prior Experience with the Media

Of the 71 homicide and traffic fatality survivors, 56 indicated they had had no encounters with the media prior to their traumatic loss(es). Nine of them indicated they had had limited experience, including some who had been interviewed for local news stories as children or regarding their businesses as adults. Five had undergone formal media training as part of their professional lives.

No trends emerged regarding a correlation between prior media experience and the likelihood of having a more positive or negative experience with the media after the traumatic loss. For example, Tracy, whose son had been killed in a mass casualty collision in Canada in recent years, told me she had both undergone and delivered media training in her role at a large, publicly traded company. In an interview, she said that her prior professional experience had informed her decisions in the days and weeks that followed her son's death:

> I knew myself. I'm not going to do media…when I haven't slept and I haven't eaten and I'm going to be incoherent and not tell stuff right, but that's because I have prepped enough executives over my 12 years that [I know] you can say the wrong things or stuff gets misconstrued.

Around the same time, an American homicide survivor who worked as a communications spokesperson described not being prepared for the onslaught of media coverage when her ex-husband murdered his wife and two daughters before killing himself. She wrote in her survey that the intense media coverage made her feel "Horrible. As though the story would never end." In describing a negative experience with misinformation being reported in the case of her nephew—a 14-year-old Canadian homicide victim—Barbara wrote that her previous encounters with reporters as a community advocate gave her "good standing with the media," and the knowledge that "they needed to be talked to as corrections needed to be made." She later added, "When the media was able to understand the story, then (my nephew's) story was told properly."

First Encounters with the Media

Of the 71 homicide and traffic fatality survivors who completed a survey, 44 indicated they were contacted by members of the media within the first 72 hours of the death of their loved one(s). Fifty respondents described their first experience with the media—be it an encounter with a reporter or consuming the media coverage of their case—as negative, while 15 described it as positive. Six described it as neither positive nor negative.

Several respondents described being contacted by members of the media within hours of their traumatic loss; many described reporters using several methods to contact them.

Negative Impacts of the Media

Of the 71 homicide and traffic fatality survivors who completed the survey, all but 6 reported at least one negative outcome. Thirty-eight respondents described the media as contributing to their trauma. Of the 40 negative categories that emerged from the surveys, this was the one reported most often. The second most-cited negative impact was the reporting of misinformation (25), followed by upsetting images or details (19), privacy concerns (14), lack of follow-up (12), and perceived harassment by members of the media (11).

The emotion that surfaced most often was the feeling of being angry or furious (20), followed by hurt, sad, or demoralized (16). Eight people reported feeling vulnerable; the same number reported feeling afraid.

Seven survivors reported that the media had had a direct, negative, long-term impact on them personally, including Heather, whose husband, a Canadian police officer, was murdered while on the job, and who wrote: "I am shy and private, and the exposure and invasion of my privacy, my family, my children, [my husband]'s death added to the trauma and has changed me forever."

Several respondents described the resurfacing of their trauma due to the retelling of their story in the media, in particular when the coverage was prolonged or unexpected. Beverly, whose daughter's homicide remained in the news cycle for six years, wrote in her survey: "Every time there is another story or a mention of her, there is an overwhelming sense of loss all over again."

Melissa, whose sister was murdered in March 2003, described in her survey watching the news several months later when a "year in review" came on screen: "I watched my sister come out of the house in a body bag. I didn't even know they had that coverage. I was horrified, and thankful my parents didn't see that." Melissa was one of 19 survivors who reported upsetting images or details in the media coverage of their traumatic loss(es). Bridgette described an early report of her son's murder "that mentioned him being found in a pool of his own blood; this creates a heartrending brutal visual for bereaved parents." Barb, whose husband was killed in the World Trade Center on 9-11, wrote that she continues "to see visuals of the planes flying into the towers." Homicide survivor Katie wrote that while she had many positive experiences with the media, it was upsetting to see repeated use of images depicting the three knives used to kill her son.

Some survivors described being upset by the pictures that were used of their loved one, including an American homicide survivor who said investigators released her son's public-intoxication arrest photo after he was murdered. Several traffic fatality survivors described being upset by images of the vehicle wreckage, including Catherine, whose son was among those killed in a mass casualty collision, and who wrote that an image of the crash scene "was a source of PTSD [post-traumatic stress disorder] for me."

While many survivors who pointed to misinformation as a negative outcome did not specify which details were inaccurately reported, some of them mentioned interviews that had been conducted with people who were not close to the deceased.

Some survivors reported being upset that the media did not continue to follow their case after it was initially reported, while others were hurt that the media did not contact them in the days, weeks, and months after they granted highly emotional interviews.

While 65 of the 71 survivors reported at least one negative outcome from their experiences with the media, 52 agreed there was value in survivors sharing their stories publicly. The following section may explain why.

Positive Impacts of the Media

All but 18 of the 71 respondents reported at least one positive outcome, with 18 positive categories emerging from the surveys. The top six positive outcomes were: the kindness or empathy of reporters (23); the opportunity to share the story of the deceased loved one(s) (18); the feeling of pursuing justice or effecting change (17); the outpouring of community support that followed media coverage (14); the ability to help other survivors (13); and using the media as an avenue for advocacy (12).

Many of these positive outcomes were reported alongside the negatives. For example, Beth, whose husband was murdered in the United States in 2013 and whose case, as of this writing, remains unsolved, wrote that while she was disappointed in the lack of interest in the case as time went by, the media's interest in the immediate aftermath, "Felt good," adding, "I felt like the reporters genuinely cared." Homicide survivor Beverly, who did not like the media attention her family received, pointed out that reporters she encountered were kind and respectful: "I have received flowers and lovely caring letters from different reporters. One man has brought flowers every Christmas for the past three years."

Bridgette wrote that she took comfort in the way the editor of the local paper took her concerns about coverage of her son's homicide seriously, allowing her the opportunity to publish an editorial. And Casna, whose teenage son was killed in Canada in 2008, and who recalled a "complete disrespect of our shock, sorrow, and privacy" in the immediate aftermath of her son's homicide, expressed an appreciation for journalists "who were able to understand that losing [my son] wasn't a story to sell the paper, but tragedy."

Melonie learned of her son's murder in 2018 from Canadian media reports and described the bombardment of messages from reporters as follows: "Like I was thrust into a spotlight I didn't want to be in during the most vulnerable time of my life." Despite these experiences, along with describing insensitive reporting from a local newspaper, Melonie wrote:

> Journalists from CTV & CBC have been understanding, and [they] empowered me to tell my son's story/push for justice. As well, some comments and connections that have come from members of the public in response to seeing a story have been positive and comforting.

An unexpected positive outcome that emerged was the ability to help other survivors. A sentiment shared by several survivors is reflected in the words of homicide survivor Colette, who wrote, "it shows other people that they are not alone."

Advice from Survivors

Survivors were asked to offer advice in three categories: for other survivors suddenly faced with media coverage; for investigators and/or victim service providers looking to support survivors in engaging or not engaging with the media; for members of the media who are covering traumatic events and who wish to engage with survivors.

From the 71 survey respondents, the question regarding advice for survivors produced 18 categories, four of which were repeated five or more times: only speak when you are ready (11); embrace it (11); appoint a spokesperson (11); and never engage (5). The question regarding advice for investigators and/or victim service providers produced seven categories, three of which were repeated five or more times: offer support (16); be more empathetic, sensitive, or similar (13); and explain rights/process/advice regarding media (12). Advice for the media produced 26 categories, seven of them repeated five or more times: be more empathetic, kind, or

similar (25); put self in survivors' shoes (13); be respectful (13); be patient (7); only reach out to survivor once (7); check facts (5); and give more coverage to less-reported cases (5).

Among the survivors who implored investigators and/or victim service providers to provide more support and guidance with the media was Wendy, whose brother's body was found in the United States in 2020, and who wrote: "Give them an advocate immediately. Help them to understand the process and options." Matt, whose loved one was killed in a Canadian traffic fatality in 2017, shared these sentiments, adding, "I felt lost in the days following the death of my family member."

Asked if there was anything she thought could have made her experience with the media easier, less traumatic, or more beneficial for her, homicide survivor Bridgette wrote, in part:

> People, in general, often don't realize that just because a bereaved parent may seem okay, this doesn't mean that she/he is. Mostly it's the numbing benefits of shock and denial that are doing the talking. Tomorrow she/he may be deeply and painfully regretful of every word uttered.

Results from Journalists

Trauma-Informed Training and Guidelines

Asked to what extent and in what context they recalled receiving training in covering traumatic events, interacting with victims or survivors, trauma-informed interview techniques and/or trauma-sensitive language before becoming a journalist, none of the 22 journalist respondents reported any meaningful training, though five reported having received some.

One of those five responded, "Hardly at all." Another, "Very little." Another wrote: "In (journalism) school, I was taught the basics of gathering information during traumatic events, but nobody ever talked about trauma or how to interact with victims/survivors aside from a general 'try to be kind' guideline."

Asked to what extent and in what context they'd received such training during their journalism careers, again the majority, 15, reported receiving none. Four reported receiving very little training, while three described more extensive training.

Asked whether their newsroom has guidelines for interacting with victims or survivors of traumatic events, 18 of the 22 respondents said they were not aware of any guidelines.

Comfort in Contacting Survivors

Asked how soon after a traumatic event such as a homicide or traffic fatality they generally make their first attempt to contact survivors, 13 of the 22 journalists indicated, "As soon as I have the information necessary to do so (i.e., name/address/phone number)." Five others responded, "Within first 24 hours."

Despite these numbers, only five of the journalists indicated they were comfortable reaching out to survivors in the immediate aftermath of traumatic events, though none described it as a positive experience. Five respondents wrote that their level of comfort depended on the situation, including Luis, who worked as a crime reporter for more than 20 years:

> I went numb after a few years. Then into survival mode, get the job done and move on, where they were stats rather than human. It was a survival tactic for me. Then later it became a 'duty' to tell the story of the dead. It was a multi-phase roller coaster. It was helpful when I worked with another reporter who felt the same way. It was a nightmare when working with a news person without empathy. And there were a few.

Among the nine respondents who expressed discomfort was a reporter with more than 15 years on the job, who wrote: "It is the worst part of the job, and the thing I like least about my profession." A newsroom manager with more than 20 years in the industry wrote: "I used to have no issues as I believed I was helping them. Then twice I was first to let them know and that is a horrible experience." And from a reporter with more than 10 years' experience:

> Oh I absolutely hate it. It causes me a lot of stress and guilt, even when the victims/survivors seem like they want to talk. Because I always worry that they'll regret it, or that we're taking energy from them that they could use for self-care.

Personal Impact of Reporting on Trauma

Fifteen of the 18 journalists who answered the question, "What impact has covering traumatic events had on you?" reported being impacted negatively, including a reporter with more than a decade on the job, who wrote, in part: "I know that I think about death and dying a lot more than most people I know. I know that I cannot smell a campfire without thinking of the smell of decomposing bodies." One respondent with more than 20 years' experience wrote that they suffer from PTSD, while another with more than 15 years on the job wrote: "I have suffered from vicarious trauma and repetitive stress and it became very difficult to continue in my job without addressing that."

The reporter who wrote that reaching out to survivors in the immediate aftermath "causes me a lot of stress and guilt," later added, "The combination of long hours, stress of navigating a breaking news situation, and trying to not cause additional harm while doing your job—it's heavy and takes a lot out of me." When asked about personal impact, another reporter with more than a decade of experience wrote, "Honestly do not want to contemplate this." When asked about methods of self-care, that same reporter responded, "Drink."

Some Notable Voices of Survivors on Negative Encounters with the Media

As noted above, dozens of categories emerged when discussing negative outcomes. While some survivors were overwhelmed by an abundance of media attention, others suffered from a lack of attention. Understandably, those who experienced an abundance of attention were able to provide more examples of what contributed to the trauma they experienced from the media. This section serves to highlight some of these anecdotes.

The first experience Heather had with the media following the stabbing of her husband was watching him die on live television.

She had been watching the news, as she did every night, when "breaking news" came on screen, and live pictures were broadcast from the spot where her husband, an on-duty Canadian police officer, had been attacked, she recounted in

an interview. He had not yet been transported to hospital. Attempts to reach her husband's colleagues were unsuccessful, but Heather knew where he had been working and recognized his undercover van. Her mother recognized his shoes during the live broadcast of him being wheeled into hospital, "vital signs absent."

In her survey, the intensely private Heather described reporters phoning her home, knocking on her door, canvassing neighbours, and hiding behind trees in an attempt to photograph her in the days that followed her husband's murder. Asked how the media attention in the immediate aftermath of her husband's homicide made her feel, Heather wrote: "exposed, ambushed, intimidated, privacy invaded, overwhelmed, pressured, attacked." She was one of seven survivors who described the media as having a direct, negative, long-term impact on them personally.

Homicide survivor Cynthia had a similar experience before her missing husband, an American psychologist, was found murdered. Describing her first encounter with the media after her husband went missing, Cynthia wrote:

> I vividly remember the print and visual media came to my door with microphones and vans parked out front in a group. They rather "took over" when I went to answer the phone in the library and took photos of the interior of my house and of me over my objections.

Canadian homicide survivor Whitney described a reporter showing up at her door hours after her son's body was found:

> When we refused to talk to him, we found him circling our house in our back yard. He had also gone to our neighbours. He somehow found my elderly in-laws and also went to their house and to their neighbours. As we were talking to him on the street to tell him to leave, another car pulled up with two reporters in it. By this time, we were extremely angry and traumatized by the other reporter. These two could see that, and after we informed them that we would not speak to them, they asked simply to take a picture of one of [my son]'s pictures.

Whitney wrote about a third interaction she had with a reporter who called her home late that night: "He introduced himself, and then he said these exact words, because I will never forget them. 'Mrs. [Smith], we are going to do a story on your son. Do you have anything good to say about him?'" Asked how the attention in the immediate aftermath of her son's homicide made her feel, Whitney wrote: "We felt violated and intimidated. We felt pressured and judged. We felt angry and hunted."

In a small American town where an elderly man had been murdered inside his home, his daughter Susan recalled in her survey that members of the media had been on her father's front porch,

> ringing the doorbell while we remained terrified inside the house… It took five days for my Dad's killer to be found…Having the media camp out and follow us from my Dad's house, police station and funeral home was terrifying as we never knew who it was, police, killer or media.

Homicide survivor Barb was stranded overseas when a plane flew into the south tower of the World Trade Center, where her husband had been working on September 11. She wrote in her survey that her "family was 'accosted' by all methods," including at their home, on the phone, and through her husband's employer. The attention in the immediate aftermath was "overwhelming for my family," Barb wrote, adding, "It directly affected my daughter's dream of becoming a journalist."

Asked if there were any aspects of the media coverage of his mother's traffic fatality that he found to be particularly traumatic, one survey respondent wrote:

> Seeing a reporter in court on the first day of trial, in the row in front of me where I could see she had a news story of my mother's death on her phone. As though she needed to refresh herself on the details surrounding my mother's death. It was gut wrenching and made me furious. I had to move to the accused side of the court to avoid this reporter. It made me want to rage and lash out towards her, and [it] took everything I had to control myself.

The family member of an American homicide victim wrote that the media began calling immediately after she was notified by the coroner of her loved one's death. Asked how this made her feel, she wrote: "Shocked, attacked, hurt but above all rushed because I didn't have time to notify family." She later described the attention as, "Like sitting in the middle of a hurricane," writing that the attention, "turned my broken heart into a million pieces. It caused great anxiety." Asked if there was anything else she wanted people to know about the impact of the media on survivors, she wrote: "The media traumatized me almost as much as the murder."

DISCUSSION

The dominant theme that emerged from the surveys and interviews with survivors was the lack of support they received in engaging (or choosing not to engage) with members of the media, particularly in the immediate aftermath of their traumatic loss. Further, the lack of training expressed by the vast majority of journalists illustrates the likelihood that, while survivors may encounter kind, empathetic reporters, those same reporters may not have an adequate, trauma-informed understanding of how to interact with survivors without causing further harm. And while some of the journalists acknowledged the harm that their interactions might cause, so too did there appear to be an acknowledgement that a viable alternative was lacking, to the detriment of both survivors and journalists.

Only six of the 71 survivors had only positive sentiments about the media. Of those six, five used the media to publicly advocate against issues that were connected to their case, such as impaired driving or perceived deficiencies in the justice system. Four of the six were not contacted in the immediate aftermath of their traumatic event. Of the two who were, one described being in such a state of shock that he seemed not to be affected by the media's presence, while the other was able to forge positive relationships with the media during the months that her murdered daughter was still missing—a time when she was eager to work with the media to find her.

In each of these examples, the survivors with only positive experiences had one thing in common: control. When they wanted to engage with the media, the media was there. In the immediate aftermath, when they were likely most vulnerable, most of them were not contacted at all.

One of the final questions in the survey for homicide and traffic fatality survivors was whether there was anything else they would like people to know about the impact of the media on survivors. Many of them answered this question by giving insight into the survivor experience. One such survivor was Felicity, the mother of a 26-year-old Canadian homicide victim:

> The feeling of someone literally reaching into your chest and squeezing your heart for months after. The feeling of surrealness and grief is so overwhelming and for those of us that actually witnessed the effects of what a bullet has done to their loved one, our minds feel like they are going to explode. We are not even aware of what is going on around us, it's like you are outside of your body watching yourself. We are going through the motions of the day, but not really aware of what we are doing or saying.

CONCLUSION

When discussing the experiences of trauma survivors with the media, a triangle emerges. On the three points are the media, victim service providers, and the justice system, such as investigators and prosecutors. In the middle of the triangle is the survivor. Problematically, while each of the three actors is working with or for the survivor, there does not appear to be any standard for them to work together.

While most survivor surveys made no mention of a victim service provider or investigator supporting them with the media, some of those who did pointed out that they were not in touch with a victim service provider until after the onslaught of media requests. Access to survivor support and the timing of such supports are issues that should be explored further.

I would also like to see research on the impact of images that are often used in news media but that survivors find traumatizing: the homicide victim in a body bag, the wreckage from the traffic fatality. Do these images do more harm than good, or the other way around? One substantial study on trigger warnings in the media showed them to be ineffective in helping trauma survivors (Jones et al., 2019), but could harm be mitigated if a practitioner warned the survivor about these images ahead of time, so they could avoid the news coverage all together?

Most survivors in this project reported negative outcomes with the media, yet most agreed there is value in survivors sharing their stories publicly. Are those negative outcomes then the necessary means to the beneficial end? Or is there a way to re-imagine the system so that it is beneficial to all stakeholders—a system that does not cause harm to survivors, or the journalists tasked with telling their stories?

It is my hope that this article will spark conversations both within the fields of criminal justice, news media and survivor support, and between them. Perhaps once these different sectors understand each other, learn from each other, and choose to work together, the negative impacts reported in this article can be mitigated or eliminated.

CONFLICT OF INTEREST DISCLOSURES

Tamara Cherry is the founder of Pickup Communications, a public relations firm that supports victims and survivors of traumatic events and works with various partners in the criminal justice sector. The work for victims and survivors is done on a pro bono basis or is funded by organizations serving the victims and survivors. No funding was sought or received for this project.

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SUPPLEMENTAL MATERIAL

Supplemental information linked to the online version of the paper at journalcswb.ca:

- Video S1

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ORIGINAL RESEARCH

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SERVICES

Good Samaritan Drug Overdose Act awareness among people who use drugs in British Columbia, Canada

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This article is related directly to the 6th International Law Enforcement & Public Health (LEPH) Virtual Conference in March 2021.

ABSTRACT

Introduction: To address the increase in opioid-related overdoses and deaths in Canada the *Good Samaritan Drug Overdose Act (GSDOA)* was enacted in May 2017. The *GSDOA* aims to reduce concerns of police attending overdose events and encourage bystanders to call emergency services. This study explores *GSDOA* awareness and understanding and the factors associated with *GSDOA* awareness among people who use drugs (PWUD).

Methods: A cross-sectional drug and harm reduction service use survey containing *GSDOA*-specific questions was conducted from October to December 2019 at 22 harm reduction supply distribution sites across British Columbia. Descriptive analysis and multivariable logistic regression were conducted to assess correlates of *GSDOA* awareness.

Results: Overall, 54.2% ($n = 315$) of the eligible study sample ($n = 581$) reported being aware of the *GSDOA*. Of respondents reporting awareness, 45.2% and 61.3%, respectively, had a full understanding of when and to whom the *GSDOA* provides legal protection. In the multivariable model, *GSDOA* awareness was significantly associated with respondents identifying as cis-men (adjusted odds ratio (AOR) = 2.03 [95% CI: 1.30–3.19]); and those who obtained harm reduction supplies frequently (at least a few times/week) compared with those who did not obtain supplies or obtained them less frequently (AOR = 1.78 [95% CI: 1.14–2.76]).

Conclusion: More than 2 years after its introduction, approximately half of harm reduction site clients reported being aware of the *GSDOA,* and, of these, less than two-thirds had a complete understanding of who is legally protected by the *GSDOA*. Future *GSDOA* knowledge dissemination should target PWUD who are less engaged with harm reduction services to improve *GSDOA* awareness and understanding.

Key Words Harm reduction; drug overdose; emergency response; police-attended overdose.

INTRODUCTION

In 2016, more than 2,800 apparent opioid toxicity deaths were reported in Canada, while 991 illicit drug toxicity deaths were reported in British Columbia (BC) (British Columbia Coroners Service, 2021; Government of Canada, 2020). Due to this unprecedented number of opioid overdoses and overdose deaths, a public health emergency was declared in BC in April 2016 (BC Ministry of Health, 2016). Harm reduction services have undergone significant expansion to respond to the increase in overdose deaths, including expansion of naloxone distribution, supervised consumption sites and Overdose Prevention Services, and opioid agonist treatment (Irvine et al., 2019). The combination of these efforts averted more than 3,000 overdose death events between April 2016 and December 2017 (Irvine et al., 2019). Nevertheless, overdose deaths remain high; in fact, in 2020, more than 1,700 illicit drug toxicity deaths were reported in BC, marking the highest number of drug toxicity deaths ever reported in a year (British Columbia Coroners Service, 2021). Additionally, the

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highest rate of drug toxicity deaths to date has been reported in 2021 (i.e., January to May 2021).

Naloxone is an opioid antagonist which has a demonstrated higher affinity for μ receptors in the brain than opioids and is used to reverse respiratory depression associated with opioid overdose (Foldes et al., 1969; Moustaqim-Barrette, Papamihali, & Buxton, 2019). Community-based Take Home Naloxone (THN) programs provide naloxone training and kits to those at risk of experiencing or witnessing an overdose, to prepare people to recognize and respond to overdose. Individuals responding to an overdose are encouraged to call emergency services (911), even when naloxone is administered, as the effects of naloxone wear off after 30 to 90 minutes and most opioids remain in the body after the effects of naloxone have worn off (Lim et al., 2016). Therefore, there is a risk of the opioid overdose re-occurring or the individual experiencing other adverse effects (Nguyen & Parker, 2018).

Previous research identified that between 52% and 75% of bystanders at overdose events reported concerns about prosecution by the police as a deterrent to calling 911 (CCSA & CCENDU, 2017). In order to allay fears of police attendance and to encourage bystanders to call emergency services during any type of overdose event, the federal government of Canada enacted the *Good Samaritan Drug Overdose Act (GSDOA)* in May 2017 (Government of Canada, 2021). The *GSDOA* provides legal protection against simple possession charges to anyone at the scene of an overdose in possession of drugs for personal use (Government of Canada, 2019). The *GSDOA* also protects individuals with prior charges including breach of probation, "pre-trial release," "conditional sentences," or "parole" due to drug possession for personal use (Government of Canada, 2019). Table I presents the tenets of the federal *GSDOA*. Similar laws exist in various states in the United States. While specific tenets may vary based on the jurisdiction, drug-related Good Samaritan Laws generally offer legal protection for simple possession at an overdose event.

Studies evaluating knowledge of jurisdiction-specific drug-related Good Samaritan Laws (GSL) in the United States demonstrated a lack of GSL awareness among people who use drugs (PWUD) (Banta-Green et al., 2011; Evans et al., 2016). A survey conducted in Washington State showed that only one-third of people who used opiates were aware of the law (Banta-Green et al., 2011). A study by Watson et al. (2018) evaluating the drug-related GSL compliance and possession of naloxone among lay responders at the scene of an overdose demonstrated that lay responders with prior knowledge of the law were more likely to have called 911 at overdose events they had witnessed.

Findings from a study conducted by Selfridge et al. (2020) in BC assessing the experience of youth with police during overdose events demonstrated that youth who use drugs had mixed understanding of the *GSDOA*. Provincial knowledge dissemination efforts undertaken to improve *GSDOA* awareness in BC included development and distribution of informative posters and wallet cards through existing harm reduction supply distribution site networks (BCCDC Harm Reduction Services, n.d.). However, the degree to which PWUD are aware of the *GSDOA* and informed about when and to whom the *GSDOA* applies remains unclear. The aim of our study was to assess awareness and understanding of the *GSDOA* by PWUD, and identify factors associated with *GSDOA* awareness using data from a cross-sectional survey with clients of harm reduction supply distribution sites. Results from this study will help identify targeted interventions to improve knowledge about the *GSDOA*.

METHODS

Study Design

This study used data from the Harm Reduction Client Survey (HRCS), which was introduced in 2012, repeated annually until 2015, and administered again in 2018 and 2019 by the Harm Reduction services of the BC Centre for Disease Control (BCCDC). The cross-sectional survey is administered at harm reduction supply distribution sites across BC and assesses reported substance use and use of harm reduction supplies and services.

The 2019 HRCS was conducted between October and December 2019. The 2019 survey was revised prior to administration to address emerging harm reduction issues and feedback from stakeholders, including PWUD (Moustaqim-Barrette, Papamihali, Crabtree, et al., 2019). Questions evaluating respondents' awareness and understanding of the *GSDOA* were developed based on the review of prior literature and feedback from co-investigators and people with lived or living experience involved in the Professionals for Ethical Engagement of Peers (PEEP) advisory group at BCCDC. These questions were then piloted with PWUD at Vancouver Area Network of Drug Users (VANDU) and added to the 2019 survey.

Methodological details of survey administration, including recruitment, eligibility, and data collection, have been described in prior publications (Karamouzian et al., 2020; Kuo et al., 2014; Moustaqim-Barrette, Papamihali, Crabtree, et al., 2019). A total of 22 harm reduction sites participated in the 2019 survey (Figure 1). In summary, participating sites

TABLE I Tenets of the Canadian *Good Samaritan Drug Overdose Act (GSDOA)*

The *GSDOA* protects people who overdose, call 911, and anyone present at any type of overdose event from the following charges:	**The *GSDOA* does not protect people who overdose, call 911, and anyone present at any type of overdose event from the following charges:**
Simple possession of drugs (personal use)	Selling illicit substances (trafficking)
	Other offences apart from drug possession
Charges related to simple possession of drugs, including violation of pre-trial release, probation order, conditional sentences, or parole.	Other outstanding arrest warrants
	Offences not related to simple possession of drugs, including violation of pre-trial release, probation order, conditional sentence, or parole

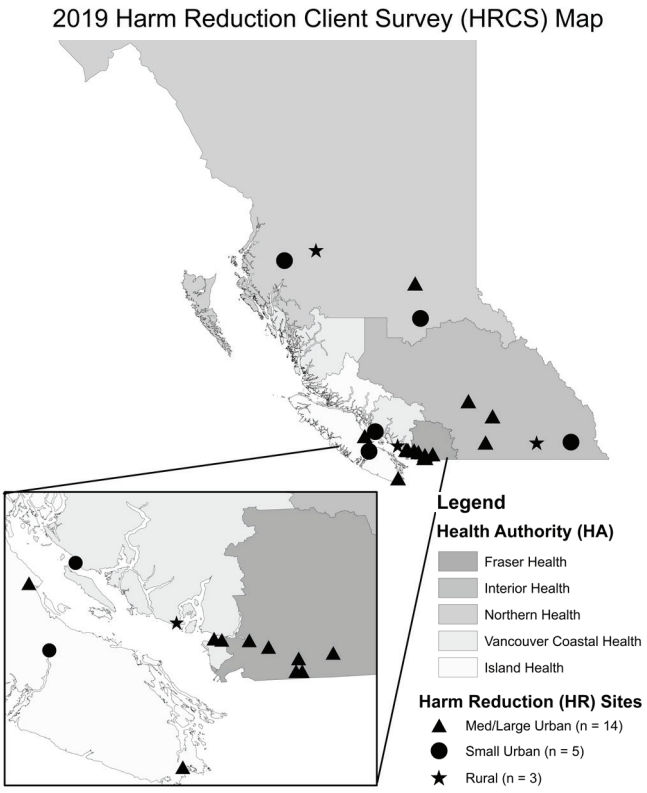

FIGURE 1 Harm reduction supply distribution sites in the 2019 Harm Reduction Client Survey (HRCS)

were provided CA$5 for each client interviewed to account for resources and time allocated to administer the four-page survey. Surveys took approximately 10 minutes to complete and participants were offered CA$10 for their participation in the 2019 HRCS.

Study Variables

The outcome variable in this study was "awareness of *GSDOA*." The question included in the survey was, "Have you heard about the *Good Samaritan Drug Overdose Act*?" (yes, no). A conceptual framework similar to a prior study was used to categorize the predictor variables (Moustaqim-Barrette, Papamihali, Crabtree, et al., 2019). The predictor variables are shown in Table II.

In order to categorize the respondents' drug use, respondents who reported using opioids (including methadone, morphine, hydromorphone [Dilaudid], oxycodone, fentanyl, buprenorphine, and heroin) in the last 3 days were classified as having "opioid use." The respondents were asked about their drug use in last 3 days to mitigate inaccurate recollections. The reported frequency of obtaining harm reduction supplies in the last 6 months was dichotomized as "frequent" (every day or few times a week) and "occasionally/never" (a few times a month, less than once a month or never).

Respondents' housing status was categorized as "stable housing" if the respondent reported living in a private residence or other residence (including apartment, motel, rooming house, single room occupancy hotel, shelter, social/supportive housing). "No stable housing" indicated those who reported having no regular place to stay (including being homeless, couch surfing, having no fixed address, living in a tent). The predictor variable assessing whether participants engaged in paid work was categorized "yes" when respondents reported working full-time or part-time or as a paid volunteer.

Urbanicity of sites was determined using a classification system developed by the BC Ministry of Health that combined definitions established by Statistics Canada, taking into account remoteness, population density, and proximity to urban areas (Statistics Canada, 2017; BC Ministry of Health, 2019).

Analytic Sample

Respondents with missing responses or who responded, "prefer not to say" for the outcome variable were excluded from the descriptive analysis. An "Unknown" category was developed for predictor variables, which included missing, invalid, "prefer not to say" or "I don't know" responses. A complete case analysis (CCA) was used for chi-square, bi-variable, and multivariable logistic regression analyses, excluding participants who were classified as "unknown" for any of the predictor variables.

The analytic sample for the secondary analysis exploring the understanding of *when* and *to whom* the *GSDOA* provides legal protection included only those who reported being aware of the *GSDOA*. Respondents with missing data or "prefer not to say" to all three questions which assessed *when* and *to whom* the *GSDOA* provides legal protection were excluded from the analysis.

Statistical Analysis

Descriptive analyses and chi-square tests of independence were conducted to explore the distribution of, and association between, predictor variables and *GSDOA* awareness. Predictor variables with a p value $< .25$ in chi-square tests of independence and/or deemed to be conceptually relevant were used to build a multivariable logistic regression model. The final model assessing factors associated with *GSDOA* awareness was identified through a backwards selection approach based on lowest Akaike Information Criterion (AIC). Unadjusted and adjusted odds ratio (OR), 95% confidence intervals (CI) and p values were reported; p values less than .05 were considered statistically significant.

A secondary analysis was conducted to assess the understanding of *when* and *to whom* the *GSDOA* provides legal protection at overdose events.

R version 4.0.2 was used to conduct the analyses (The R Foundation, 2021). Ethics approval for this study was obtained from Behavioural Research Ethics at the University of British Columbia (Ethics #H07-00570).

RESULTS

Study Sample

Among the 621 respondents to the HRCS, 6.4% of respondents had missing data or reported "prefer not to say" for the outcome variable, leaving 581 respondents for the descriptive analysis. From this eligible sample, 32.7% were excluded because of missing or invalid data for the independent study variables. Therefore, the final analytic sample for the analyses

TABLE II Association between *GSDOA* Awareness and predictor variables

		***GSDOA* Awareness**		
	Total (*n*, %)	**Aware (*n*, %)**	**Not aware (*n*, %)**	***P* value[a]**
	(*n* = 581, 100.0)	(*n* = 315, 54.2)	(*n* = 266, 45.8)	
Health authority				0.013
Fraser	175 (30.1)	106 (60.6)	69 (39.4)	
Interior	104 (17.9)	64 (61.5)	40 (38.5)	
Island	57 (9.8)	29 (50.9)	28 (49.1)	
Northern	109 (18.8)	51 (46.8)	58 (53.2)	
Vancouver Coastal	136 (23.4)	65 (47.8)	71 (52.2)	
Urbanicity				
Rural	63 (10.8)	26 (41.3)	37 (58.7)	0.214
Small urban	130 (22.4)	65 (50)	65 (50)	
Medium/large urban	388 (66.8)	224 (57.7)	164 (42.3)	
Gender				0.016
Woman/gender diverse[b]	213 (36.7)	104 (48.8)	109 (51.2)	
Cis-man	362 (62.3)	206 (56.9)	156 (43.1)	
Unknown	6 (1.0)	5 (83.3)	1 (16.7)	
Indigenous self-identification				
Yes[c]	238 (41.0)	121 (50.8)	117 (49.2)	0.038
No	306 (52.7)	172 (56.2)	134 (43.8)	
Unknown	37(6.4)	22(59.5)	15(40.5)	
Age (years)				0.190
19 to 29 years	112 (19.3)	53 (47.3)	59 (52.7)	
30 to 39 years	168 (28.9)	98 (58.3)	70 (41.7)	
40 to 49 years	148 (25.5)	80 (54.1)	68 (45.9)	
50 years and over	140 (24.1)	75 (53.6)	65 (46.4)	
Unknown	13 (2.2)	9 (69.2)	4 (30.8)	
Paid work (current)				0.372
Yes	129 (22.2)	77 (59.7)	52 (40.3)	
No	433 (74.5)	226 (52.2)	207 (47.8)	
Unknown	19 (3.3)	12 (63.2)	7 (36.8)	
Housing status (current)				0.663
Stable housing	394 (67.8)	213 (54.1)	181 (45.9)	
No stable housing	179 (30.8)	98 (54.7)	81 (45.3)	
Unknown	8(1.4)	4 (50.0)	4 (50.0)	
Preferred method of drug use				0.016
Smoking/inhalation	361 (62.1)	177 (49.0)	184 (51.0)	
Injecting	167 (28.7)	110 (65.9)	57 (34.1)	
Swallowing/snorting/other methods	26 (4.5)	14 (53.8)	12 (46.2)	
Unknown	27 (4.6)	14 (51.9)	13 (48.1)	
Having a naloxone kit				0.111
Yes	399 (68.7)	232 (58.1)	167 (41.9)	
No	166 (28.6)	72 (43.4)	94 (56.6)	
Unknown	16(2.7)	11 (68.8)	5 (31.2)	

TABLE II Continued

		GSDOA Awareness		
	Total (*n*, %)	**Aware (*n*, %)**	**Not aware (*n*, %)**	***P* value[a]**
	(*n* = 581, 100.0)	(*n* = 315, 54.2)	(*n* = 266, 45.8)	
Frequency of obtaining harm reduction supplies (last 6 months)				0.006
Frequent	313 (53.9)	189 (60.4)	124 (39.6)	
Occasional/never	245 (42.2)	116 (47.3)	129 (52.7)	
Unknown	23 (4.0)	10 (43.5)	13 (56.5)	
Drug use (last 3 days)				0.451
Opioid use[d]	388 (66.8)	216 (55.7)	172 (44.3)	
No opioid use	185 (31.8)	94 (50.8)	91 (49.2)	
Unknown	8 (1.4)	5 (62.5)	3 (37.5)	
Witnessed an accidental opioid overdose (last 6 months)				0.024
Yes	329 (56.6)	194 (59.0)	135 (41.0)	
No	202 (34.8)	92 (45.5)	110 (54.5)	
Unknown	50 (8.6)	29 (58.0)	21 (42.0)	
Experienced an accidental opioid overdose (last 6 months)				0.086
Yes	94 (16.2)	59 (62.8)	35 (37.2)	
No	442 (76.1)	230 (52.0)	212 (48.0)	
Unknown	45 (7.7)	26 (57.8)	19 (42.2)	
Frequency of drug use (last month)[e]				0.563
Every day	379 (65.2)	205 (54.1)	174 (45.9)	
A few times a week/month	154 (26.5)	89 (57.8)	65 (42.2)	
Unknown	48 (8.3)	21 (43.8)	27 (56.2)	

[a]Chi-square tests excluded participants with unknown independent variables
[b]Gender diverse includes participants who identified as trans men, trans women and gender non-conforming
[c]"Yes" to Indigenous self-identification included participants who identified as First Nations, Inuit or Métis
[d]"Opioid Use" referred to use of methadone, morphine, hydromorphone [Dilaudid], oxycodone, fentanyl, and/or heroin in the last 3 days
[e]Frequency of using drugs by any mode (excluding cannabis, alcohol, or tobacco)
GSDOA = Good Samaritan Drug Overdose Act.

consisted of 391 respondents (67.3% of all eligible respondents) (Figure 2).

A total of 315 respondents who reported being aware of the *GSDOA* were retained for the secondary analysis. From this eligible sample, 13.0% and 13.7% of the respondents were excluded from analysis due to missing data or "prefer not to say" as a response for the questions assessing *to whom* and *when* the *GSDOA* provides legal protection, respectively. Therefore, the final analytic sample for questions assessing knowledge of *to whom* and *when* the *GSDOA* provides legal protection was comprised of 274 respondents and 272 respondents, respectively.

Demographics of the Study Sample

The eligible study sample was comprised of 581 respondents (Table II). A large proportion of the respondents were cis-men (62.3%), had stable housing (67.8%), had no paid work (74.5%), did not identify as Indigenous (52.7%), were aged 30 to 49 years (54.4%), obtained services in medium or large urban areas (66.8%), and accessed services from the Fraser Health region (30.1%). In terms of uptake of harm reduction services, 68.7% reported having a naloxone kit and 53.9% reported obtaining harm reduction supplies frequently. The majority of respondents reported: using opioids (66.8%), smoking or inhalation as their preferred method of drug use (62.1%), and using drugs every day (65.2%). Although 56.6% of respondents had witnessed an accidental opioid overdose, only 16.2% reported having experienced one.

Participant Awareness of the *GSDOA*

Stratification of the study variables by *GSDOA* awareness can be found in Table II. The prevalence of *GSDOA* awareness among cis-men was 56.9%, compared with 48.8% among women and gender diverse participants (trans men, trans women, gender non-conforming). *GSDOA* awareness was most common among respondents who reported having paid work (59.7%), were aged 30 to 39 years (58.3%), accessed services in the Interior Health (61.5%) or Fraser Health (60.6%) regions, and accessed services in medium or large urban areas (57.7%). *GSDOA* awareness was higher among those who

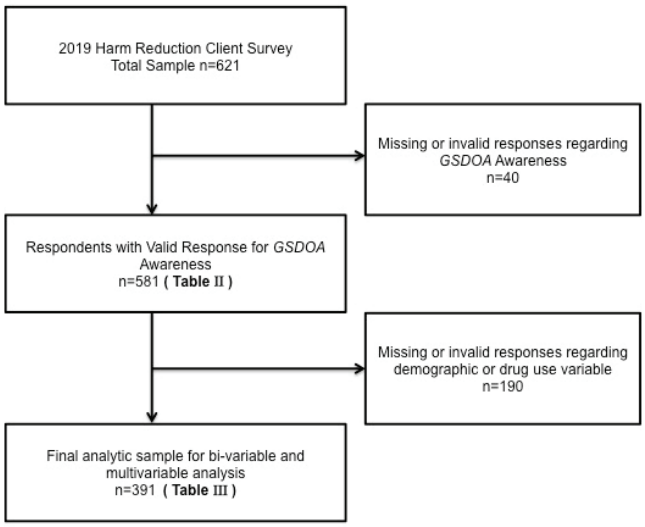

FIGURE 2 Study sample from HRCS 2019 to assess association between *Good Samaritan Drug Overdose Act (GSDOA)* awareness and independent variables among the clients of harm reduction site clients.

used opioids in the last 3 days (55.7%); and prefer injecting as their method of drug use (65.9%). *GSDOA* awareness was higher among those who reported having a naloxone kit (58.1%) and those who obtained harm reduction supplies more frequently in the last 6 months (60.4%). High proportions of *GSDOA* awareness were also reported by those who witnessed (59.0%) or experienced (62.8%) an opioid overdose in the last 6 months.

Factors Associated with *GSDOA* Awareness

The variables frequency of drug use, housing status, paid work, and drug use were excluded from the multivariable analysis due to statistical non-significance based on chi-square tests of independence (p value > .25). The variables "urbanicity," "preferred method of drug use" and "experiencing an opioid overdose," were removed from the final model through the stepwise backward selection method. Prior research in BC has shown that youth who use drugs had a mixed understanding of the *GSDOA* (Selfridge et al., 2020). Therefore, the variable "age," although not significant, was retained in the analysis on the basis of conceptual relevance and face validity.

Table III provides results from the unadjusted and adjusted logistic regression. After adjusting for all the predictor variables, greater odds of *GSDOA* awareness were found among cis-men (AOR: 2.03 [95% CI: 1.30–3.19]) and respondents who obtained harm reduction supplies frequently (AOR: 1.78 [95% CI: 1.14–2.76]). The multivariable analysis identified that there was regional variation in *GSDOA* awareness (data not shown).

Participant Understanding of the *GSDOA*

Of the 581 study respondents, 54.2% were aware of the *GSDOA* (Table II). Only 45.2% and 61.3% of respondents who were aware of the *GSDOA* had a full understanding of *when* and *to whom* the *GSDOA* provides legal protection, respectively (data not shown). A considerable proportion of respondents

TABLE III Logistic regression for the association between *GSDOA* awareness and predictor variables (n = 391)

	Unadjusted OR (95% CI)	*P* value	Adjusted OR[a] (95% CI)	*P* value
Gender				
Woman/gender diverse[b]	Reference			
Cis-Man	1.69 (1.12–2.54)	0.01	2.03 (1.30–3.19)	<0.01
Age (years)				
19 to 29 years	Reference			
30 to 39 years	1.82 (1.03–3.24)	0.04	1.76 (0.96–3.26)	0.07
40 to 49 years	1.26 (0.70–2.28)	0.44	1.22 (0.65–2.28)	0.54
50 years and over	1.55 (0.85–2.83)	0.16	1.58 (0.83–3.03)	0.17
Frequency of obtaining harm reduction supplies (last 6 months)				
Occasional/never	Reference			
Frequent	1.80 (1.20–2.71)	<0.01	1.78 (1.14–2.76)	0.01
Witnessed an opioid overdose (last 6 months)				
No	Reference			
Yes	1.67 (1.09–2.55)	0.02	1.44 (0.91–2.27)	0.11
Having a naloxone kit				
No	Reference			
Yes	1.48 (0.94–2.31)	0.09	1.56 (0.95–2.55)	0.08

[a]The model was adjusted for Indigenous self-identification and regional Health Authority to consider ethnic and geographic variation, respectively.
[b]Gender diverse includes participants who identified as trans men, trans women and gender non-conforming
GSDOA = *Good Samaritan Drug Overdose Act*; CI = confidence interval; OR = odds ratio.

(40.8%) incorrectly answered that the *GSDOA* provides protection for having large amounts of drugs at the scene of an overdose (Table IV). Additionally, 20.4% of respondents answered that the *GSDOA* does not provide legal protection for simple possession to anyone present at the scene of an overdose, which is incorrect.

DISCUSSION

The aim of this study was to assess *GSDOA* awareness, factors associated with *GSDOA* awareness, and understanding of the *GSDOA* among clients of harm reduction supply distribution sites in BC. Approximately half of survey respondents reported being aware of the *GSDOA;* however, less than half of those who were aware of the *GSDOA* had a full understanding *of when* and less than two-thirds had a full understanding of *to whom* the *GSDOA* provides legal protection at an overdose event. Our study demonstrated greater odds of *GSDOA* awareness among cis-men and those who accessed harm reduction supplies frequently in the last 6 months. Although, the *GSDOA* was enacted in Canada in response to rising opioid overdose deaths, we did not find a significant association between *GSDOA* awareness and reported opioid use.

Moderate awareness of *GSDOA* found in the current study is in line with previous findings around drug-related GSL in the United States (Banta-Green et al., 2011; Evans et al., 2016). A study conducted in the state of Rhode Island explored factors associated with drug-related GSL awareness among young adults engaged in non-medical prescription opioid (NMPO) use and found that 45.5% of respondents were aware of the law (Evans et al., 2016). While factors associated with drug-related GSL awareness in the United States have previously been reported, to our knowledge this study is the first in Canada to conduct a quantitative assessment to assess correlates of *GSDOA* awareness with a comprehensive sample of PWUD across BC (Evans et al., 2016; Schneider et al., 2020).

We found greater *GSDOA* awareness among respondents who reported more frequent access to harm reduction services. A study conducted in Maryland, in the United States, demonstrated that individuals who accessed syringe service programs were more likely to have accurate knowledge of the drug-related GSL (Schneider et al., 2020). Also, similar to a study by Evans at al. (2016) which showed high drug-related GSL awareness among those with knowledge of and experience administering naloxone, we found nearly three-quarters of our respondents who reported *GSDOA* awareness had a naloxone kit. It is likely that increased awareness of the *GSDOA* can be attributed to the knowledge exchange efforts initiated by harm reduction supply and THN distribution sites during THN training. While harm reduction services represent an important avenue for engagement with people who use drugs, it may be important that outreach also target individuals who are not currently engaged with harm reduction or health services.

Various *GSDOA* knowledge dissemination efforts have been introduced by Health Canada at a federal level, including posters and videos (Government of Canada, 2018; 2019). In order to promote *GSDOA* awareness at the provincial level, the BC Centre for Disease Control (BCCDC) undertook additional knowledge dissemination initiatives, including distribution of posters and wallet cards with information about the *GSDOA* at harm reduction supply distribution sites. These wallet cards and posters are also available for print on the Toward the Heart website (BCCDC Harm Reduction Services, n.d.). Local knowledge dissemination interventions included the distribution of brochures and informational factsheets created by PIVOT legal (PIVOT Equality Lifts Everyone, 2017). Despite these interventions, the current study demonstrates low awareness and understanding of the *GSDOA* among study participants.

Although this study assesses the awareness and understanding of the *GSDOA* among PWUD, an important next step would be to assess the impact of the *GSDOA* in influencing bystanders' willingness to call 911 at overdose events. In June 2016, prior to the enactment of the *GSDOA*, the BC Emergency Health Services (BCEHS) introduced a policy to not routinely inform police of overdose events. A study conducted by Karamouzian et al. (2019) identified that people who completed naloxone administration forms from BC Take

TABLE IV Knowledge of the *Good Samaritan Drug Overdose Act* among people who use drugs

	No (%)	Yes (%)	Unknown (%)
Part 1: Does the *GSDOA* protect the following from being arrested for simple possession of substances at the scene of an overdose? (n = 274)[a]			
(A) The person who calls 911	16.8	79.9	3.3
(B) The person who overdoses	16.1	74.8	9.1
(C) Anyone at the scene of an overdose	20.4	70.8	8.8
Part 2: If police arrive at the scene of an overdose, can they arrest a person in the following situations: (n = 272)[b]			
(A) Have large amount of drugs on them or items (e.g., scale) that may look like they are involved in drug dealing.	40.8	54.8	4.4
(B) Are in red/no-go zone they received for a previous charge that was not simple drug possession (e.g., theft)	34.2	58.5	7.4
(C) Have an outstanding warrant for something other than simple drug possession (e.g., theft)	30.1	64.0	5.9

[a]Yes is the correct answer for all the questions in Part 1
[b]Yes is the correct answer for all the questions in Part 2

Home Naloxone (THN) program reported two main reasons for not calling 911: (1) perception that the overdose situation was under control; (2) fear of police presence at overdose events. However, concerns about police presence as a reason for not calling 911 decreased from 29.9% in 2016 to 8.3% in 2018 (Moustaqim-Barrette, Papamihali, & Buxton, 2019). This suggests that one or a combination of the BCEHS policy and the *GSDOA* may reduce concerns of police attendance at an overdose and encourage bystanders to call 911. Research from the United States evaluating 911 calling behaviour and knowledge of GSL suggests that respondents with a correct understanding of GSL are three times more likely to call 911 at the scene of an overdose, compared with individuals with an incorrect understanding (Jakubowski et al., 2018). Similarly, a study assessing *GSDOA* awareness, phone possession and Take Home Naloxone kit possession among PWUD who were released from correctional facilities in BC found that 99% of the respondents who reported being aware of *GSDOA* would call 911 at overdose events (McLeod et al., 2021). However, it is important to note that, despite these study findings, awareness of the *GSDOA* may not always be associated with a higher likelihood of calling 911. As previous research has indicated, PWUD continue to have concerns surrounding calling 911, despite being aware of the *GSDOA* (Butler-McPhee et al., 2020; Koester et al., 2017; Latimore & Bergstein, 2017). Future research and initiatives should focus on increasing awareness and understanding of the protection offered through the *GSDOA* as well as identifying and addressing ongoing barriers to calling 911 at overdose events in BC. Our findings suggest that further efforts are needed for more complete knowledge dissemination, including targeting populations of PWUD who may not access harm reduction services.

There are some limitations to the current study. Limitations associated with the sample data, study design, and data collection methodology have been elaborated on in previous studies (Moustaqim-Barrette, Papamihali, Crabtree, et al., 2019). Using a convenience-sampling strategy to recruit study participants likely has an effect on the generalizability of study results. The study sample may not be representative of the entire population of PWUD in BC. This study was conducted with clients of harm reduction services and likely does not reflect the knowledge of PWUD who are less engaged with services in BC. The information collected in the 2019 HRCS may also be subject to social desirability bias.

CONCLUSION

More than 2 years after its introduction, awareness of the *GSDOA* and understanding of the legal protections it provides is limited among clients accessing harm reduction services in British Columbia. Further knowledge dissemination efforts to improve *GSDOA* awareness and understanding are necessary. Future research should examine the effectiveness of the *GSDOA* in achieving its intended purpose to encourage bystander response and timely emergency response to overdose events.

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CONFLICT OF INTEREST DISCLOSURES

The authors have no actual or potential conflicts of interest to declare.

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Addressing opioid misuse: Hero Help as a recovery and behavioural health response

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ABSTRACT

Increases in opioid-related overdoses have required law enforcement and public health officials to collectively develop new approaches that treat substance use disorders and save lives. This essay describes the Hero Help recovery and behavioural health assistance program, a Delaware-based initiative providing drug treatment to qualifying adults who contact the police and ask for treatment, or to individuals in lieu of an arrest or upon recommendation by a police officer. Led by the New Castle County Division of Police, this collaborative project has brought together stakeholders from public health and criminal justice to coordinate treatment for people suffering from a substance use disorder and/or mental health problems. This essay describes the goals, evolution, and key activities of the program. It further highlights lessons learned, including improving credibility through concerted community outreach, finding ways to overcome the stigma associated with participating in a law enforcement–based program, gaining officer buy-in, and using data to inform treatment responses. Effectively, this essay seeks to disseminate emerging lessons in creating programming responsive to substance use disorder and mental illness among police departments and their community partners.

Key Words Treatment; diversion; mental health; substance misuse

INTRODUCTION

In the United States, overdoses involving opioids have emerged as a pressing public health problem (Jalal et al., 2018). Fatal drug poisonings have grown fourfold over the last two decades (Hedegaard et al., 2018). Non-fatal overdoses have surged by upwards of 32% in 16 states within a single year (Vivolo-Kantor, 2018) and frequently occur as a result of polydrug combinations involving opioids with cocaine, amphetamines, or benzodiazepines (Compton et al., 2021; Liu et al., 2020). More recently, the COVID-19 pandemic has accelerated overdose death rates (Stephenson, 2021).

The current opioid crisis has transformed the way that many law enforcement agencies approach enforcing drug laws and assisting people struggling with a substance use disorder (Anderson et al. 2021; Davis et al., 2015; Green et al., 2013; Purviance et al., 2017). Police officers are often the first to arrive at the scene of a potential overdose (Rando et al., 2015), especially in rural areas where emergency medical services may be far away or already in use. More police departments are training their officers to administer naloxone, which reverses the effects of an overdose (Purviance et al., 2017; K. D. Wagner et al., 2015). Increasingly, law enforcement agencies are developing alternatives to formal criminal processing to assist citizens and communities impacted by opioid misuse (PAARI, 2019; Pearlman, 2017). Police departments are beginning to adopt programs that offer referrals to treatment providers, coordinate care, and conduct outreach among overdose survivors and their personal networks (Formica et al., 2018).

This study describes a law enforcement–based treatment program created by the New Castle County Division of Police (abbreviated as NCCPD) in Delaware, in the United States. Known as Hero Help, the project has brought together public health officials, prosecutors, police officers, and community health organizations in hopes of connecting eligible adults to drug and/or alcohol treatment. Beginning as a treatment-referral effort, Hero Help has grown into a comprehensive care program currently featuring over 500 participants, 52 treatment providers, 5 civilian staff members, and 372 uniformed officers who can serve as program engagers. This essay describes Hero Help's goals and key activities. An

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emphasis is placed on the evolution of the program over its five-year history, which may inspire the design of criminal justice and public health responses to opioid misuse in other communities.

PROGRAM CONTEXT

Communities in New Castle County, Delaware have had to confront their own opioid crisis. At present, Delaware has the second-highest overdose death rate in the United States, trailing West Virginia (Center for Disease Control Injury Center, 2020). Nearly three-quarters of these overdose deaths involve opioids (J. Wagner et al., 2019). NCCPD has jurisdiction over all unincorporated towns and neighbourhoods outside of the city of Wilmington. While serving a non-urban area, the department sees 79% of Delaware's opioid-related overdoses. Overdose rates have continued to grow here in recent years. For instance, in 2018, NCCPD responded to 571 overdose incidents, with 75 resulting in death. More troubling, these incidents featured repeated locations (n = 194) and individuals (n = 174).

The urgency of addressing overdoses prompted NCCPD to take action. Started in May 2016, the Hero Help program helps link anyone struggling with substance use issues to immediate treatment services. Qualified individuals—Delaware residents aged 18 or older without criminal convictions for serious or violent offences or major criminal charges—may join voluntarily, enter in lieu of arrest, or participate upon recommendation by an officer.

The Hero Help program was initially modelled after the proactive approaches of the Gloucester, Massachusetts, Police Department. Rather than arresting people for drug-related offences, Gloucester's "Angel Initiative" allowed people to visit the police department and ask to be connected to drug treatment without facing criminal prosecution (Pearlman, 2017; Samuels, 2016). The approach relied on volunteers, also known as "angels," to stay with program participants until officers completed the intake, found an open bed, and organized transport (Gloucester Police Department, 2015).

Hero Help emerged as a much-welcomed response in Delaware. The program was backed by numerous public health and criminal justice stakeholders, including the County Executive, Attorney General and Delaware Department of Justice, and State Division of Substance Abuse and Mental Health. The program has four overarching goals:

- Provide direct (i.e., treatment) and indirect (i.e., housing, mental health, and transportation) supportive services to people suffering from a substance use disorder
- Decrease the number of fatal and non-fatal overdoses
- Reduce contact with the criminal justice system associated with substance use as measured by arrests and incarceration
- Offer standing opportunities for immediate treatment among individuals who first ask for help and those who want to re-engage with the program

NCCPD connected program participants with a local treatment facility, where intake and clinical evaluations were completed to inform triage to the next level of care (Horn, 2016). The treatment facility used the 23-hour bed platform (aka social detox). Individuals who were not in active withdrawal or in need of a medical detox could then be admitted and supervised by medical professionals. Hero Help participants did not have to pay any of the program's costs. As Hero Help assisted with admissions to detox, program staff sought to enhance their roles in follow-up and re-engagement, as a lack of social supports and gaps in care can contribute to relapse (Streisel et al., 2019). The Hero Help program has since expanded its scope through two capacity development initiatives.

CAPACITY DEVELOPMENT PHASE 1: THE HERO HELP COORDINATOR

The Hero Help program first enhanced its activities via the University of Baltimore's Combating Opioid Overdoses through Community-Level Intervention (COOCLI) Initiative. Starting in December 2017, the program was able to provide 300 Narcan kits and corresponding training to people who survived overdoses and their loved ones. There was also a strong focus on expanding the program's outreach campaigns. The program was likewise able to hire a full-time civilian care coordinator based in NCCPD.

The Hero Help Coordinator manages all aspects of program engagement related to treatment, criminal justice involvement, and corresponding supportive services involving housing, employment, transportation, and mental health, among other needs. This person also plays a vital role in outreach, for example, by making attempts to subsequently contact people who experienced a non-fatal overdose and invite their participation in Hero Help. The coordinator effectively serves as a consistent point of contact for current participants and those who might benefit from joining the program in the future. This is in line with other police departments that have embedded full-time coordinators and clinicians in their agencies, evolving beyond the volunteer model of the Angel Initiative (e.g., see the Arlington, Massachusetts, Outreach Initiative in PAARI, 2021).

Hero Help Participants, Program Activities, and Outcomes Under the Coordinator

The first phase of capacity development also prompted an initial evaluation of the Hero Help program. A part-time research analyst affiliated with the Center for Drug and Health Studies (CDHS) at the University of Delaware and based in NCCPD gathered real-time and retrospective data on program participants and activities occurring between May 2016 and October 2018. This period reflects the initial implementation of the program (May 2016–February 2018) through the months following the hiring of the Hero Help coordinator (March 2018–October 2018) (Streisel et al., 2019). Information about participants and program outcomes was derived from case notes. Descriptive findings revealed who sought treatment via law enforcement as well as what activities can be undertaken to inform Delaware residents of this opportunity for recovery support.

Table I presents summary statistics associated with the characteristics of program participants. Among the 176 participants during this period, more than half identified as male (65%). The median age of a Hero Help enrollee was 33 with a range from 18 to 67 years old. Most participants

TABLE 1 Characteristics of Hero Help program participants (n = 176)

Variable	Mean
Demographics	
Male (%)	65%
Female (%)	33%
Age (Mean)	33
White (%)	71%
Black (%)	6%
Other or missing	23%
Drug use in last 30 days	
Any opiates (%)	86%
Heroin (%)	74%
Cocaine or crack cocaine (%)	46%
Marijuana (%)	32%

identified as White (71%), with 6% identifying as Black, and 23% having other or missing racial/ethnic identities. Relative to the general population of New Castle County communities outside of Wilmington (69% White population and 21% Black population), White Delawareans were overrepresented in the program, but this pattern could be partly explained by disproportionate rates of opioid use (Cicero et al., 2014) and arrests for opioid-related possession offences (Donnelly et al., 2021) among White people. About 86% of participants reported using an opioid in the month preceding their enrolment, with nearly three-quarters stating they had used heroin during that time. Use of cocaine and marijuana were common, underscoring a need to treat the underlying issues that contribute to substance use in general, rather than opioid use alone.

The importance of having a civilian coordinator based in the agency cannot be minimized. Figure 1 summarizes program outcomes before and after the hiring of a Hero Help coordinator. Relative to the pre-coordinator period, detox program completion and acceptance of care after detox grew by 21% and 25%, respectively. More participants remained engaged in the Hero Help Program at the end of the post-coordinator evaluation period. Arrests among participants also decreased by 23%. These results suggest having a full-time coordinator, who can get to know program participants and formulate individualized treatment plans, can greatly enhance program success.

Program activities also grew during this period. Partnerships with treatment providers increased by 50% (n = 27), offering more beds to new enrollees and options for re-engaged participants looking for a program to better fit their needs. Outreach among people who suffered a non-fatal overdose was challenging, but approximately 70% of individuals were reached by Hero Help staff through a home visit. Community outreach events (n = 28) were successful too, encouraging 56 people to seek treatment through Hero Help or another local program. As a result of these activities, the State of Delaware has identified the Hero Help program as a Community-Based Naloxone Access Program (Powell, 2019).

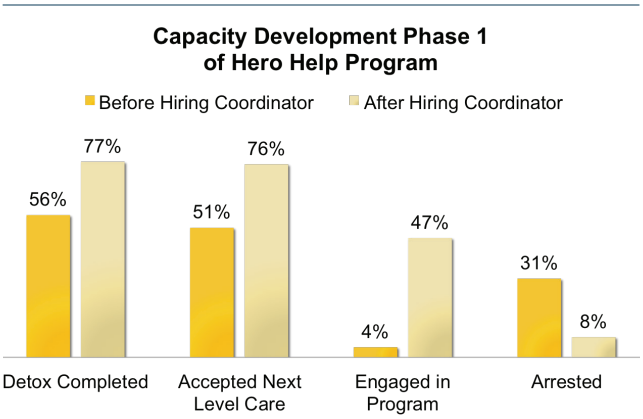

FIGURE 1 Program outcomes before and after hiring a Hero Help coordinator under the first phase of capacity development

CAPACITY DEVELOPMENT PHASE 2: THE INFORM TEAM

Within a year of hiring a program coordinator, the Hero Help program required additional support as the number of participants tripled. With the help of Bureau of Justice Assistance funding, NCCPD organized an Integrated Non-Fatal Overdose Response Mission (INFORM) team based in the NCCPD. The team still consists of the civilian program coordinator and police officers but now also includes a nurse, mental health professional (MHP), case manager, and child victim advocate. Of note, the MHP assists in identifying appropriate services for those with co-occurring substance use and mental health disorders. Meanwhile, the child victim advocate offers supportive services to children impacted by overdose. Training first responders on protocols when a child is exposed to substance misuse at home is also a priority. The INFORM team represents one part of NCCPD's Behavioral Health Unit tasked with assisting citizens presenting with substance misuse and mental health problems. Hero Help program participants (n = 544) and treatment providers (n = 52) have increased since 2018. A long-term evaluation is currently underway to assess the impacts of these program expansions.

KEY LESSONS LEARNED

Across these two periods of capacity development, Hero Help staff and affiliated officers shared several lessons learned. Three key takeaways involve enhancing credibility through collaboration, reducing stigma, and relying on data-driven approaches. Each lesson is explored with examples from the program below.

Enhancing Credibility through Collaboration

The implementation of this type of law enforcement–based treatment program often faces unique challenges because participants may be dually stigmatized by a substance use disorder and criminal justice involvement. NCCPD has relied on the following strategies to break down barriers and ensure successful partnerships among all members involved.

- Rather than using media campaigns or excessive advertising to promote Hero Help, which was previously experimented with, NCCPD has instead focused on a bottom-up approach, operating through word of mouth within the recovery community. NCCPD partnered with organizations that work directly with people recovering from a substance use disorder to host events and promote the program. Having NCCPD members present at these events was an important component of relationship-building.
- NCCPD has likewise created a resource list of 39 agencies offering various supportive services.
- In conjunction with atTAck Addiction, a Delaware nonprofit organization (https://www.attackaddiction.org/), Hero Help formed People Empowering People (PEP) to help families navigate the process of recovery. People Empowering People provides awareness education, offers Narcan training, and hosts a speaker series to support all individuals who have a loved one undergoing the recovery process (see https://www.pepmembers.com/).

Overcoming Stereotypes and Stigma

The Hero Help program has also sought to address issues of stereotyping and stigma associated with substance use disorders and mental illness. While the following steps may seem simple or obvious, their importance should not be downplayed.

- Officer rotation in outreach efforts has served as one way for Hero Help to reduce negative perceptions of individuals who have a substance use disorder and increase awareness about the capacity to assist. Officers are provided with talking points and resources, as officer responses to inquiries can determine whether an individual engages in or is turned off from the program. Direct involvement with recruitment has led to an increase in referrals among officers beyond the original target group of people who have overdosed.
- Hero Help also works to overcome stigma and emotional burnout by sharing success stories. Following up with officers on individuals they have recruited to the program helps officers to see the outcome of their work and stay motivated. The program highlights positive outcomes with treatment providers.
- Participants may worry about the stigma of engaging with police, especially if someone sees them being picked up in a police vehicle. One way Hero Help has attempted to alleviate this pressure is through the use of unmarked vehicles to transport participants who are entering the program.
- Hero Help has sought to identify and assist vulnerable populations. For instance, the program is collaborating with the Department of Justice to follow up on the needs of people involved with prostitution-related offences. Hero Help is working to create trust, demonstrate value, and remove blame from involvement in sex work due to an underlying substance use disorder. The goal is to have a conversation, not provide an ultimatum.

Taking Data-Driven Approaches and Improving Accessibility of Information

A key element of promoting the Hero Help program is collecting and providing data to document the program's growth and success. NCCPD has developed a case management system to track information concerning participants, outreach, and training. Specifically,

- The department relies on REDCap, a secure web application where separate forms track participants, outreach, and training activities. Staff members have introduced additional forms to reflect changing program needs. For instance, a new form organizes referrals for children who might need help, even if their parents are not enrolled in the Hero Help program.
- Data-driven approaches allow NCCPD to examine equity in services and recruitment into the program. For example, participant data showed racial/ethnic disparities in who used the program. These disparities, in part, reflected missing data. Use of the REDCap system has reduced missing or other race/ethnicity information from 23% to 3% (currently 85% of participants identify as White and 12% as Black).
- NCCPD has partnered with the CDHS to analyze the program with each phase of capacity development. Data have made a difference in program implementation. A CDHS report demonstrated that program enrolment was largely following the demographics of overdose victims but indicated a need to enrol people from lower-income communities. Targeted Analytical Policing Strategies (TAPS) were used based on the data to provide monthly outreach by officers and members of the Delaware Division of Substance Abuse and Mental Health (DSAMH) to communities that may be overlooked because these areas have lower reporting rates and higher distrust of police presence.
- A CDHS report also demonstrated that approximately 60% of participants had experienced trauma. This finding led to the introduction of trauma-informed training and placing female participants with female case managers.
- The Hero Help program has also sought to reduce the difficulty of participation for providers and ensure that information is shared and disseminated in a clear and easily accessible format. NCCPD hosts regular meetings, distributes PowerPoint slides to providers so that they can share program materials on their websites, and is working on developing a stand-alone website for the Behavioral Health Unit.

REMAINING CHALLENGES

Hero Help continues to face challenges. The largest obstacle has been limited funding and resources among all organizations involved. Hero Help participants may come to detox with a wide range of needs (e.g., experience with trauma or human trafficking), and the detox provider may not be able to address all of them. Both sides can lose hope: the individual who shared their story and the provider who does not have the supports necessary to assist or is unable to connect that individual with appropriate care. A priority is to develop multidisciplinary care teams that can listen and have diverse resources necessary to assist those undergoing recovery. Another barrier involves communication challenges. There often is not a timely response when attempting to get

individuals into treatment for mental health. Bureaucratic justifications and obstacles can prevent individuals from getting admitted to the treatment they need. Lastly, Hero Help represents one programmatic response in a predominantly suburban jurisdiction. State-level efforts are being made to redress opioid-related problems in urban (e.g., Dover, DE, Morrison, 2017) and rural (e.g., Delaware Criminal Justice Council, 2019) communities. In addition, NCCPD is forging partnerships with other police departments in New Castle County to expand local opioid-related policy responses. Program expansion can help to reduce disparities in access to diversionary programs and the use of incarceration for drug-related offences (see Eichler, 2000; MacDonald & Donnelly, 2016).

CONCLUSION

Rising levels of overdoses due to opioid misuse have fundamentally changed the role of law enforcement. Beyond serving as first responders to possible overdoses and receiving training in administering naloxone, some agencies like NCCPD have taken it upon themselves to connect people struggling with a substance use disorder to immediate treatment on a voluntary basis or to divert individuals out of the criminal justice system. The Hero Help program has evolved greatly in its first five years of implementation. While still connecting citizens with available beds in treatment facilities, it provides a holistic set of direct and indirect services with a full-time team of civilians and sworn officers based in the police department. To date, the program has worked with individuals, their families, and the broader community in initiating journeys to recovery. Hero Help is emerging as a promising model for public health and law enforcement partnerships aimed at redressing opioid misuse and increased overdoses in local communities.

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CONFLICT OF INTEREST DISCLOSURES

The authors declare that they have no conflicts of interest.

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ORIGINAL RESEARCH

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JUSTICE

Why Indigenous Canadians on reserves are reluctant to complain about the police

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ABSTRACT

Recent widespread protests and intensive media coverage of actual and alleged acts of police misconduct against members of vulnerable populations (e.g., Indigenous and racialized persons, mentally ill and/or addicted persons) overrepresented in the criminal justice system have renewed interest internationally in the factors influencing civilian complaints against police. In Canada, a major concern exists regarding how Indigenous persons who feel improperly treated by the police perceive and confront barriers to making formal complaints about such treatment. This study focuses on the Royal Canadian Mounted Police (RCMP), the police agency providing services to the majority of rural and northern reserve communities. Our survey and interviews with influential "community informants" (in this instance community court workers) with intimate knowledge of such local communities, shared culture and language, and vicarious appreciation of the experiences of community members support the view that Indigenous persons do encounter significant barriers to launching formal complaints and are consistent with other research literature. We discuss our findings, raise policy considerations for decision makers such as police leaders and police complaints bodies, and outline implications for future research.

Key Words Public complaints; Indigenous policing; Royal Canadian Mounted Police; Police misconduct.

INTRODUCTION

Indigenous peoples have had a long and difficult relationship with Canada's justice system (Royal Commission on Aboriginal Peoples, 1996; The Truth and Reconciliation Commission of Canada, 2015; and the National Inquiry into Missing and Murdered Indigenous Women and Girls, 2018). In 2017–2018, they accounted for 30% of all admissions to custody (Malakieh, 2019) and 24% of the federal corrections population (Public Safety Canada, 2019). In provincial and territorial corrections, Indigenous peoples are overrepresented in arrests and convictions for serious offences (Department of Justice Canada, 2017; Correctional Service of Canada, 2013). In 2018, they were involved in "homicides at a rate nearly eight times greater than non-Indigenous peoples" (Roy & Marcellus, 2019, p. 14; Beattle et al., 2018).

Despite Indigenous over-representation in involvement with the criminal justice system as victims or offenders, there has not been a corresponding level of formal complaints against the police, the agency that acts as an initial intake into this system. Civilians who make formal complaints can be assumed to do so in their belief that the actions of police were unjustified or unreasonable in their particular case and that they have a right to make this known to public officials (Strudwick, 2003; Smith, 2003; 2009). While the willingness to file complaints in all communities varies in terms of such factors as gender, age, racial/ethnic categorization, mental health/addiction issues, and criminal record, not enough is known about the reasons why few complaints are filed in Indigenous communities despite considerable indications of dissatisfaction with the police (Jones et al., 2014; Kiedrowski et al., 2016; Kiedrowski et al., 2017; Comack, 2012; Public Safety Canada, 2010).

This exploratory study looks at factors influencing Indigenous complaints in Saskatchewan, Canada. We begin by describing the contextual factors that might contribute to complaints and follow with a description of our methodological strategies and data sources. We conclude with a discussion of our findings and their implications for research and policy. Our intent is to shed light on an issue which has proven puzzling: the over-representation of Indigenous peoples in the justice system and their expressions of vocal dissatisfaction with the police while lodging few complaints about their treatment by the police.

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OVERVIEW OF POLICING AND THE PUBLIC COMPLAINTS SYSTEM

Policing First Nations communities in Saskatchewan is done mainly through Community Tripartite Agreements (CTA) involving the Government of Canada, the Province of Saskatchewan, and First Nations communities (Kiedrowski et al., 2016). Under the CTA arrangement, First Nations in Saskatchewan receive policing services from a dedicated contingent of RCMP police officers (Kiedrowski et al., 2016). The exception is File Hills First Nations Police Service, a self-administered stand-alone police agency serving five First Nations communities in the Treaty Four Tribal Territory.

The Civilian Review and Complaints Commission for the RCMP (CRCC) is a federal agency separate from and independent of the RCMP. As set out in the *Royal Canadian Mounted Police Act*, the CRCC is mandated to accept public complaints about the on-duty conduct of RCMP members, although the Chairperson of the CRCC can also initiate a complaint. Important to note is that the CRCC does not presently collect statistics related to the complainant's race, ethnicity, or Aboriginal identity. Individuals lodging complaints must: (a) have been directly involved in the incident in question; (b) have witnessed the conduct of the RCMP officer(s); or (c) be authorized to act on behalf of the individual directly involved in the incident. A public complaint can be made to either the CRCC, the RCMP, or the "provincial authority responsible for receiving complaints against police in the province in which the subject of the complaint took place" (CRCC, 2018). Typically, the RCMP investigates the complaint in the first instance and reports back to the complainant. A complainant not satisfied with the RCMP's report can ask the CRCC to review the case. In fiscal year 2019–2020, the public lodged a total of 3,641 complaints against the RCMP across Canada; of these, 2,317 were accepted by the CRCC as meeting the legislated criteria for complaints set out in section 45.53 of the *Royal Canadian Mounted Police Act* (CRCC, 2022).

Some observers have raised legitimate concerns about the composition of police oversight and review agencies (e.g., police complaints bodies and serious incident/special investigations units) across Canada—particularly the lack of racial, ethnic, and gender diversity among investigators. For instance, in 2020, the Canadian Press reported that of the 167 investigators employed in Canada, 111 were former police officers and 118 were men; only 20 investigators identified as non-White. Ghislain Picard, an Indigenous leader, contends that "It's … the police investigating their own that's totally unacceptable for many people. There is no faith, no trust" (Malone, 2020).

COMPLAINTS ABOUT POLICING

In the extensive domestic and international literature across many jurisdictions on police complaints and the reasons why individuals do or do not complain (Grossmith et al., 2015; Prenzler et al., 2010; Prenzler, 2004; Rojek et al., 2010; Radford et al., 2005; Smith, 2009, 2003; Terrill & McCluskey, 2002; MacKinnon, 2019; Waters & Brown, 2000), the most common criteria used to describe an individual's decision-making when considering filing a complaint are the following:

1. The perceived seriousness of the allegation (Bucke, 1995; Docking & Bucke, 2006)
2. The degree of self-confidence of would-be complainants (Smith, 2003; Goldsmith, 1991)
3. The degree of confidence in the police and the police complaints system (Donner et al., 2015; Prenzler et al., 2010; Kerstetter, 1996; Landau, 1996)
4. The degree of awareness of the procedures used in registering and investigating police complaints (Schulenburg et al., 2017; Waters & Brown, 2000; Goldsmith, 1995)
5. The perceived availability of support to complainants throughout the complaints process and afterwards (Ready & Young, 2015; Scheindlin & Manning, 2015; Smith, 2009; Strudwick, 2003).

Beyond these general factors, there are specific individual reasons for lodging or not lodging police complaints that need to be considered in the context of particular communities (Rohner, 2020; Freeze, 2019; Annable, 2018). Socially and economically marginalized populations such as Indigenous peoples are likely to be more disadvantaged than other populations for historical reasons such as colonialization (Scott & Fanon, 2017) and the subsequent loss of culture and language and traditional ways of life (Truth and Reconciliation Commission of Canada, 2015). Indigenous peoples suffer unduly from economic disadvantage, discrimination at a societal level (Rutherford, 2017), addictions and health concerns, high rates of criminal victimization, high suicide rates, and high arrest, conviction, and incarceration rates (Malakieh, 2019). Research on how Indigenous peoples in Canada view police complaint systems is limited. The National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG, 2017) found that fear of bullying and retribution when deciding whether to report complaints about the police was not uncommon (MMIWG, 2017). Similarly, Moorcroft (2011) found that women living in the Yukon fear police retaliation if they file a complaint against the police about their behaviour.

Other investigations and commissions have examined the relationships between Indigenous peoples and the police. Sinclair (2018) found that the Indigenous community there does not have confidence in the Thunder Bay Police Service's (TBPS) complaint process. He noted factors such as the perception that police will minimize, dismiss, or fail to investigate with diligence complaints of violence against Indigenous peoples (particularly if intoxicants are known or suspected to be involved) and a fear that formal complaints by Indigenous individuals directed to the TBPS will result in repercussions against the complainant (Sinclair, 2018).

In a similar vein, the Quebec government launched the Public Inquiry Commission on Relations between Indigenous Peoples and Certain Public Services in Québec (PICRIPCPS, 2018). It was established in response to the allegations of discrimination and systemic racism in the police and justice services towards Indigenous persons in northern Quebec. Indigenous witnesses testified to the Commission that they fear and mistrust police officers. The Commission found that it is difficult for an Indigenous person to lodge a complaint about the police directly to members of the police service in a police station where the alleged offending officer might be on the premises. One witness likened the process

of making a complaint to going into a lion's den (PICRIPCPS, 2018, p. 38).

Tulloch's (2017, p. 236) review of police oversight found that members of Indigenous communities in northern Ontario were often impeded from filing complaints against the police by the remoteness of their communities and by language barriers. McNeilly (2018, p. 24) found that people did not complain about the police for fear of reprisals. Wood (2007, p. 6), as part of his review of the police complaint process in British Columbia, observed that social agencies dedicated to providing services to marginalized groups including Indigenous peoples were often poorly informed about the complaint process. The Union of Ontario Indians (2006) argued that because the members of the policing services lived in the First Nations community, potential complainants hesitated to lodge a complaint against them because of their fear of retribution, either by the police themselves or by other community members concerned about being negatively affected by a complaint.

In 2017, the CRCC for the RCMP (CRCC, 2017) released a report on its investigation into allegations of police misconduct in northern British Columbia. While there were no findings of systemic misconduct, there was evidence of failure to investigate missing persons cases quickly and thoroughly. There are also indications that some policies were inconsistently applied or did not reflect recent developments in common law. The impetus for the CRCC investigation was a series of complaints by individuals documented in inquiries by the British Columbia Civil Liberties Association (2011), the British Columbia Missing Women Commission of Inquiry (2012), and Human Rights Watch (2013). While the CRCC investigated complaints pertaining to the conduct of specific RCMP members, a larger problem identified was the reluctance of First Nations people to lodge complaints against the RCMP in the first place. As the Human Rights Watch (2013, p. 10) report noted, "Fear of retaliation from police runs high in the north, and the apparent lack of genuine accountability for police abuse adds to long-standing tensions between the police and Indigenous communities."

To help support Indigenous peoples living in Saskatchewan in making complaints against the police, the Federation of Sovereign Indigenous Nations (FSIN) created a Special Investigation Unit (SIU) in 2000. The SIU was established after allegations of serious police misconduct including an Indigenous man's complaint that municipal police officers left him on the western edge of the city on a freezing January night and two others died (Saskatoon Star Phoenix, 2017; Wright, 2004). Such acts of police misconduct have shaped many decades of tense relationships between the police and Indigenous peoples in Saskatchewan.

DATA AND ANALYTIC APPROACH

Our selection of Saskatchewan as a research site was based on the high number of Indigenous peoples residing in remote and rural First Nations communities (Saskatchewan Bureau of Statistics, 2016; Indigenous Services Canada, 2019) and the high number of problematic encounters between Indigenous people and the police expressed in reports of crime, victimization, and public disorder. In addition, there have been many media reports pointing to Saskatchewan's justice system as a "topic of intense scrutiny" (Friesen & Fine, 2018; Campbell, 2016; Brass, 2004).

A crime-reporting measure used in Canada called the crime severity index (CSI) is instructive when applied to Saskatchewan. In 2018, Saskatchewan led the nation with an overall CSI of 139, almost double the national average of 75 (Moreau, 2019). Furthermore, Saskatchewan's violent crime CSI was the second highest of all the provinces. These crimes are not distributed randomly. Jones et al. (2014) report that several northern First Nations have reported rates of crime that are among the highest in Canada. Rates of crime in rural areas and the provincial north, where the populations of Indigenous peoples are concentrated, are much higher than in the urban centres, and are the highest in the First Nations in Saskatchewan (Perreault, 2019; Malakieh, 2019).

Access to and familiarity with the population under consideration was an important practical consideration for our selection of Saskatchewan as a research site (Reid, 2020; Ruddell & Kiedrowski, 2020; Kiedrowski & Petrunik, 2018; Kiedrowski, 2013; Peltier, 2018; Bharadwaj, 2014; Bruhn, 2014; Kowalsky et al., 1996; Macaulay, 1994). The senior researcher was able to use connections made through his work on First Nations governance, policing, and housing (Kovach 2018, 2010; Graveline, 2000) and access to justice and social service workers in Saskatchewan gained during previous research and consultation work. With the help of these connections, consultation on and support and assistance with the study were sought from two First Nations organizations in Saskatchewan.

Given that the members of the research team were outsiders to the communities being studied, such consultation was methodologically essential. As researchers conducting ethnographic community studies have long noted, understanding the views of members of communities vastly different from one's own typically requires assistance from community leaders and other "influential informants." These individuals can not only vouch for the legitimacy of the researchers and help them gain access to participants but are also able to provide the benefit of their own direct and vicarious experience of the lives of community members. A much-noted example of this in the research literature is Harvard sociologist William Foot Whyte's use of such "influential informants" in his study of an Italian American community in North Boston. Well-aware of the social distance between himself and the community he was studying and his unfamiliarity with its culture and the social organization of the community, Whyte made use of knowledgeable insiders with direct knowledge and vicarious experience to develop empathic understanding of community members and contextually grounded interpretations of the data he was gathering (Whyte, 1943; Anderson, 2014). The challenges we faced as researchers of events and experiences in communities with which we were socially distant and culturally unfamiliar are akin to what Whyte faced, and we had to find a way to resolve them.

Letters from the two First Nations organizations and researcher were sent to 12 Native court workers who provided services in 13 First Nations communities. All agreed to participate in the study. A 12-question survey instrument was distributed to court workers, who made use of their language and cultural knowledge and direct and vicarious experience of community life in answering questions. One question consisted of eleven statements on filing police complaints.

Rather than focusing on the degree of agreement/disagreement with the statements by using a scale, respondents were simply asked to either agree, disagree, or express no opinion. Eight open-ended questions asked the participants about their understanding of community members who did not file a formal complaint and their relationship with their family, friends, and community.

In addition to the survey, follow-up telephone interviews of about 50 minutes each conducted with court workers allowed them to elaborate on their initial responses and provide narrative detail (Kilian et al., 2019; Hyett et al., 2018). This combination of survey responses and narrative accounts derived from the interviews allowed us as researchers to gain a deeper interpretive understanding of the reasons provided by court workers as to why many individuals living on reserves are reluctant to file formal complaints against the police.

The individual Indigenous court workers assisting in this study were selected on the basis of their knowledge of local communities, language, and culture, relationships with community members, and knowledge of the criminal justice process gained both formally in their official duties and informally through individual relationships. Note that, to ensure anonymity, neither the names of the communities nor their geographic location were identified.

Court workers provide guidance to Indigenous accused persons with various court processes, including translation and interpretation of information from the court. They may refer accused persons to other agencies and services, if needed, help with liaison, help the clients file a complaint against the police, and follow up on cases (Department of Justice Canada, 2008, 2013; Native Courtworker and Counselling Association of British Columbia, 2014). In some instances, the court workers provide counselling and emotional support of an informal nature to those living in First Nations communities who have had encounters with the police as either alleged offenders or victims (Department of Justice Canada, 2018). The court workers are thus well positioned to observe the relationships of individuals who have problematic encounters with the police that might lead to filing an official complaint.

The approach taken has several limitations. First, there are no formal systems currently in place to identify the number of complaints filed by Indigenous peoples living on reserves in Saskatchewan. Second, we were unable to identify, locate, and interview particular persons who filed complaints. Third, the court workers we used as research informants (although they do have some direct knowledge and vicarious understanding of the communities studied) do not statistically represent a cross section of the members of the communities examined. They can only provide a proxy knowledge. Fourth, no RCMP members whose actions might have been the basis for complaints were interviewed.

RESULTS: DATA ON INDIGENOUS COMPLAINTS

The CRCC collects data on the number of complaints made against the RCMP but does not currently record, track, or report on socio-demographic characteristics such as age, gender, and Indigenous or non-Indigenous status. We tried to address this gap by using data provided by the CRCC on the number of complaints according to detachment or town/village location directly associated with a specific First Nations community or data that included the specific name of the First Nations community. Based on this source, we were able to identify the number of complaints registered in on-reserve locations versus off-reserve locations in Alberta, Saskatchewan, and Manitoba for the years 2016 to 2018 (see Table I).

Additionally, although the FSIN's SIU has not published formal reports, we obtained some limited complaints-related data from the FSIN. These are presented in Table II, which provides the number of complaints filed through the FSIN's SIU to the CRCC. Between January 1, 2013, and December 31, 2017, the Commission received 21 public complaints from the FSIN about RCMP member conduct related to incidents on a reserve.

TABLE I Number of public complaints made against the RCMP from a reserve for Alberta, Saskatchewan, and Manitoba

Year	On-Reserve Location	Off-Reserve Location	Percentage of Total Complaints Made from On-Reserve Location (%)
Alberta			
2016	29	449	6
2017	47	493	9
2018	31	497	6
Saskatchewan			
2016	48	249	16
2017	34	218	13
2018	23	179	11
Manitoba			
2016	18	133	12
2017	20	145	12
2018	15	146	9

Source: Civilian Review and Complaints Commission (CRCC), 2019; Alberta Law Enforcement Review Board, 2019; Ministry of Justice and Attorney General (Saskatchewan) Public Complaints Commission, 2017; 2019; Manitoba Office of the Commissioner Law Enforcement Review Agency, 2019.
RCMP = Royal Canadian Mounted Police.

TABLE II Number of complaints from FSIN to CRCC, 2013–2017

Year	Complaints Against the RCMP on Reserve
2013	4
2014	4
2015	3
2016	8
2017	2

Source: Civilian Review and Complaints Commission (CRCC), 2019.
FSIN = Federation of Sovereign Indigenous Nations; RCMP = Royal Canadian Mounted Police.

FINDINGS

Table III provides the responses of court workers in our study to a series of 11 statements on why Indigenous community members are reluctant to file a formal complaint against the RCMP. Five respondents indicated community members feared something negative would happen if a complaint was made against the RCMP. Five, five, nine, and four respondents expressed little confidence that complaints filed would be taken seriously by the RCMP (statements b, c, d, and h, respectively). In terms of the actual process for filing complaints, respondents noted a number of problems with this process. Five, six, four, and six respondents, respectively stated the process is too complicated (statement e), the process takes too long to investigate (statement i), the persons filing the complaints are not properly informed about the progress of their complaint (statement f), and the complaints made by the individual may not be considered valid (statement g). In response to the statement "The agency responsible to investigate the complaint against the RCMP will provide an objective assessment of the file," six respondents had no opinion and five agreed with the statement. These responses are complemented by those made to statement k: "The members of your community are unaware of the CCRC for the RCMP." Here, 10 persons agreed with this statement on the basis that only a very few people know about the process for filing a complaint against the RCMP.

One of the persons who provided an "agree" response stated that, although "some people are aware, information is not posted publicly, making access to it difficult. Most people want someone else to file the complaint on their behalf." Lastly, four of the respondents who provided an "agree" response stated that the information on the complaints process (i.e., posters, applications) needs to be in the Dene or Cree languages.

To further understand the impact or influence of family members, friends, and the community on whether an individual will file a complaint against the police, the respondents were asked to provide their views on specific questions. With respect to the question, "Do you believe there are pressures from family members placed on a community member to not file a complaint against the RCMP," eight of the respondents stated family does influence or put pressure on individuals to not file a complaint. One comment that stood out was, "family members will encourage them to 'let sleeping dogs lie' rather than complain."

Similarly, the respondents were asked whether they "believe there are pressures from friends (e.g., boyfriend/girlfriend, friends from school) on a community member to not file against the RCMP." In this case, 10 of the respondents were of the view that there are pressures from friends on community members to not file a complaint. The following are some of the reasons included: it is a waste of time; don't want to be viewed as a troublemaker or a bad person; living in a remote community where everyone knows everyone else's business leads to rumours, conspiracy theories, gossiping, and nothing being kept confidential.

When asked whether they "believe there are any consequences (negative or positive) from the community against a community member who does not file a complaint," seven respondents expressed their belief that the community at large does not play a role in whether a person will file a complaint.

Finally, the respondents were asked to provide further comments regarding the filing of complaints. Some stated that few of those working in the area of justice and court workers know about the CRCC and the public complaints process while others commented that there is a lack of information on how to file a complaint.

CONCLUSION

This exploratory study asks why Indigenous peoples residing on reserve seldom launch formal complaints about the

TABLE III Respondents' views on statements on filing police complaints and processes

Statements	Agree	Disagree	No Opinion
The community member fears something negative would happen if a complaint is made against the RCMP.	5	5	2
The RCMP investigate the RCMP therefore nothing will happen.	5	6	1
The community member's complaint against the RCMP will be ignored.	5	6	1
The community member's complaint against the RCMP will not be taken seriously.	9	2	1
The process to file a complaint against the RCMP is too complicated.	5	4	3
The community member who files a complaint against the RCMP is not properly informed about the progress of their complaint.	4	3	5
The community member's complaint against the RCMP may not be viewed as valid.	6	3	3
The process to file a complaint against the RCMP is a waste of time as nothing will happen.	4	6	2
The community member's complaint against the RCMP takes too long to investigate.	6	1	5
The agency responsible to investigate the complaint against the RCMP will provide an objective assessment of the file.	5	1	6
The members of your community are unaware of the Civilian Review and Complaints Commission for the RCMP.	10		2

RCMP = Royal Canadian Mounted Police

perceived or actual misbehaviour of and abuse of authority by police officers. The research focused on First Nations communities in the province of Saskatchewan, which has the highest proportion of Indigenous peoples in its population as well as the highest rates of the volume and seriousness of overall crime in Canada.

Data from the survey instrument and interviews show that respondents considered the complaint process itself to be unclear or intimidating for community members. Respondents also noted that community members expressed a lack of self-confidence, sense of self-worth, and resources (education, competency in communication) to file a complaint against the police, had concerns about bias, and feared the potential consequences (for example, retribution) that filing complaints might have for themselves, family, and friends.

These findings are consistent with those reported in research by Smith (2003), Goldsmith (1991), Phau & Baird (2008), Volkov et al., (2002), and Wagner & Decker (1993) and, together with Wagner (1980), provide a roadmap for increasing understanding of the complaint process and removing potential barriers to Indigenous peoples making complaints. They come at a time when the federal government and the RCMP are being criticized by government opposition parties and others face increased scrutiny to address systemic racism. In the words of one criminologist: "the RCMP investigating the RCMP is totally unacceptable. Nobody in their right mind today accepts the idea that a police agency is capable, independent and unbiased, yet they are the ones that do the investigations" (Ballingall, 2020).

With regard to implications for future research and policy, more extensive research is required to understand the reasons why complaints are not filed by individuals living on and off reserve, and what processes are required to assist them in submitting complaints to the appropriate police complaints bodies. A challenge in comparing complaints on and off reserve is that many members of Indigenous communities, especially those living in remote areas, do not have home addresses and must rely on a Post Office (PO) Box, General Delivery, or Rural Route designation for their incoming mail. Obtaining a better understanding and appreciation of would-be and actual Indigenous complainants' confidence in and satisfaction with police complaints systems will better inform the development and implementation of culturally sensitive and appropriate complaints mechanisms and processes in addition to police complaint bodies' public education, awareness, and outreach efforts. Also, in order to obtain a more accurate and complete picture of who is actually lodging complaints against the police, public complaints bodies need to start systematically gathering and analyzing data and information related to complainants. At the same time, these complaint bodies need to consider and acknowledge the "dark figure" of complaints—that is, those who would like to lodge a complaint against the police but for various reasons fear doing so or cannot do so. Public complaint bodies should then carefully (re)examine their policies, procedures, and processes to see whether there are disparities and barriers to lodging a complaint that can be minimized or removed altogether.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interests to declare. Mr. Irving was a Senior Research Advisor with the CRCC from October 2010 to March 2021.

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SOCIAL INNOVATION NARRATIVES

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JUSTICE

Universal precautions: A methodology for trauma-informed justice

Daniel J. Jones*

This article is related directly to the 6th International Law Enforcement & Public Health (LEPH) Virtual Conference in March 2021.

ABSTRACT

The research clearly indicates that the vast majority of individuals involved in the justice system who display offending behaviour have experienced trauma, victimization, or Adverse Childhood Experiences (ACEs). Knowing this to be empirically factual raises the question, why is this not highlighted in the training of police officers, correctional officers, parole and probation officers, crown prosecutors, defence lawyers, and judges alike? An understanding of the Justice Client and their complex trauma could have important consequences on how all justice actors interact with people who experience the justice system. Knowing that these individuals were often victims long before they were offending could bring a more compassionate lens to the justice system. Having traumatic experiences is not the cause of offending, but it is often present in the offending population. The prevalence of trauma among the offending population, who themselves have often traumatized their victims, suggests a much-needed change in how police are trained to interact with Justice Clients. This paper applies the concept of *Universal Precautions* from first aid training in the development of practical policy to create a justice system based in compassion.

Key Words Trauma Informed, Police, Justice System, Victim Offender Overlap

INTRODUCTION

The concept of the victim–offender overlap—namely, that there is a significant number of individuals that populate the justice system as both victim and offender—is well researched and documented. It has been examined and analyzed using different sets of data (Jones et al., 2019; Bucerius, Jones, et al., 2021; Sampson & Lauristen, 1990; Silver et al., 2011).

Understanding the idea that many individuals with offending behaviour have a history of adverse childhood experiences (ACEs) and trauma will allow opportunities to better serve this population, referred to hereafter as the Justice Client. Adverse childhood experiences include, but are not limited to, family dysfunction, neglect, witnessing or hearing domestic violence, exposure to family members who have a substance abuse disorder or have been incarcerated, and their own criminal victimization. Individuals who have ACEs are more prone to substance use, abuse, and addiction (Dube et al., 2003). These individuals are also more susceptible to disease (cancer, COPD, diabetes, etc.), engaging in high-risk sexual behaviour, psychiatric disorders, and incarceration (Felitti et al., 1998; Danese & McEwen, 2012; Felitti & Anda, 2010; Schilling et al., 2007).

How justice system actors, beginning with the police and ending with courts and/or correctional officers, interact with the Justice Client has an impact on whether individuals will report their own victimization throughout their life course (Myer & Williamson, 2020). It also has an impact on the potential for the individual to re-offend (Baker & Gau, 2018; Tyler, 2017; Tankebe, 2013). By changing how justice system actors are trained and introducing trauma-informed practice and compassionate treatment of the Justice Client, we may be able to change the outcomes for these individuals.

DISCUSSION

The concept of *Universal Precautions* is taught in first aid classes across the globe, requiring people to treat all blood and bodily waste as contaminated with a virus, such as Hepatitis C, HIV, or COVID-19. This allows the first aider to remain safe when

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administering the needed help to the individual and protects the injured individual from potential contamination from the first aider. The percentage of people who have Hepatitis C in Canada is 0.6%, HIV is 0.0006%, and COVID-19 is 2.17%. Using this same methodology for trauma in the justice system would protect the officers as well as the Justice Client. The parallel can be drawn that trauma is also a health issue, and therefore police should be looking at this through a public health lens (Bucerius, Oriola, & Jones, 2021). If the vast majority of Justice Clients have experienced trauma then the criminality and behaviours may be symptomatic of the traumatic injury. If there is education and an understanding of the impact of trauma, then a compassionate lens—utilizing the tenets of procedural justice, allowing participation or "voice," neutrality, conveying trustworthy motives, and dignity—used with the Justice Client, would lead to less resistance, requiring less force on the part of the police (Mazerolle et al., 2013; Tyler, 2017; Tyler & Huo, 2002). When we examine the percentage of individuals in the justice system who have victimization histories, the need for *Universal Precautions for Trauma* becomes clear. According to Bucerius, Jones, et al. (2021), 97% of incarcerated women and 95% of incarcerated men experienced violent or sexual victimization in their lives, often in childhood and before their own involvement in the system as an offender. A significant amount of criminal offending, substance use, and antisocial behaviour is symptomatic as a result of trauma. The concept of trauma is not new to the criminal justice system, but a true understanding of who the Justice Client is tends to be very limited. The fact that the vast majority of incarcerated people, both men and women, have experienced victimization and/or ACEs prior to their first detected offence (Jones, 2020; Jones, Bucerius & Haggerty, 2019; Finkelhore et al., 2015) needs to be taken account in how we train frontline police and correctional staff and others in the justice system. Providing justice system actors knowledge of the impacts of trauma on human development will lead to better understanding, resulting in changes in how the system treats these individuals.

The vast majority of frontline police and corrections training in North America focuses on officer safety training and what would be considered "hard skills": security, law, policies, and procedures (Blumberg et al., 2019). What is absent from most frontline justice academy syllabi is providing an understanding of the social determinants of crime and who the Justice Client is. This training and education about trauma, ACEs, and the Justice Client is also absent from the vast majority of law schools, criminology and criminal justice programs (James, 2020; Jones, 2020; Dierkhising & Branson, 2016). This is not to say that the Justice Client is a homogenous group; however, there are specific factors, such as victimization, trauma, and ACEs, that play a role in the development of people and their justice interactions (Edalati et al., 2017).

The justice system as a whole has failed to properly educate justice actors on the realities of trauma faced by the Justice Client. This may contribute to the "us versus them" mentality, keeping score on sentence length as success for prosecutions, arrest numbers for police, and breaches for parole and probation (Sawyer & Wagner, 2020). Recent world events have had an impact on policing, bringing the justice system under the microscope, as the murder of George Floyd by police in Minneapolis, Minnesota, the shooting of Jacob Blake by police in Kenosha, Wisconsin, and the murder of Breonna Taylor by police in Louisville, Kentucky, have all led to discussions of defunding the police and implementing massive justice reforms (Akbar, 2020; Watson et al., 2020).

There has been a move towards blending police and public health to work towards the concept of community safety and well-being (Bucerius, Oriola, & Jones, 2021; Williams & Jones, 2020). However, this focuses primarily on *what* police are doing and is not as prescriptive on *how* police interact with the community. The move towards trauma-informed policing provides police with a better understanding of the impacts of trauma in the lives of the people with whom police interact (Jones, 2020). Such an understanding, together with a move towards changing *how* police interact with communities, specifically the marginalized, vulnerable, and often overpoliced communities, in order to approach this interaction with a public health lens, cannot be achieved until police leaders start to acknowledge that what has been done in the past is not successful.

Professor Lawrence Sherman of the University of Cambridge once said, "We teach the police about law, not crime, then expect them to manage crime." This applies to the justice system's understanding of the individual Justice Client with whom they interact. The majority of police training programs fail to provide context about the high likelihood that an individual dealing with the police as both an offender and a victim has been subject to trauma. An understanding of trauma and its impact on human dealings with justice actors may lead to a more compassionate style of police interactions with the public.

The discourse that has come from the recent movement to defund or abolish the police is countered in the literature, where marginalized communities are able to discuss what they want from the police. The communities most impacted by police ask that the police not be abolished but that police officers act differently when engaging their communities (Samuels-Wortley, 2021; Pattillo, 1998). This request from the community reinforces the necessity for procedural justice. I posit that an understanding of the Justice Client will strengthen the likelihood that procedural justice will be used (Tyler, 2017; Tankebe, 2013).

For police leadership to dismiss events such as the murder of George Floyd by using the argument of it being "a one-off" or the "few bad apples" is irresponsible with respect to the community that the police serve. Tens of thousands of people turned out to protest the police across the globe. However, as the protest numbers faded, so too did the attention police leadership paid to the movement. Waning numbers of protesters does not remove the duty of police leadership to institute meaningful and measurable change. Taking into account the voices of citizens, as well as research that discusses wanting police presence but wanting the police to interact differently, represents input from the community that must be addressed in order to rebuild police legitimacy within the communities that they serve. We need only look at Tom Tyler's research on police legitimacy to understand the impact. He states it best here: "every interaction that the police have with the public is an opportunity to build or undermine police legitimacy" (Sunshine & Tyler, 2003).

The need for trauma-informed justice and the use of the *Universal Precautions for Trauma* concept could not be more pressing than it is right now. As we move to evolve and re-envision our justice systems, the development and delivery of the following training needs to occur with all frontline members:

- **Indigenous Historical Trauma**
  Provides the requisite understanding of the history and impact of colonization and government assimilation policies on Indigenous peoples and how it relates to today in a justice context.
- **Trauma 101**
  Provides an understanding of the different forms of trauma to the frontline workers so that they can be aware of them and their impacts.
- **Adverse Childhood Experiences**
  Provides specific training on ACEs to ensure that individuals who are interacting with people daily understand that ACEs are an actual injury to the brain that results in developmental issues that can contribute to negative behaviours and criminal conduct.
- **Victim–Offender Overlap**
  Provides an understanding to the police community of who the Justice Client is, including the experiences of many individuals caught up in the justice system, such as victimization, trauma, homelessness, substance use disorder, and other contemporary issues.
- **Procedural Justice**
  Discusses the impact and necessity of following the tenets of procedural justice to build legitimacy.
- **Police & Correctional Legitimacy**
  Provides an explanation as to why the concept of legitimacy matters and how it is achieved. Police and corrections alike rely on the concept of legitimacy, both with the community at large and the clients that they serve.
- **Lived Experience Presentation and Q&A**
  It is vital that individuals taking this training have an opportunity to hear from and interact with individuals who have experienced the justice system after being arrested and incarcerated. This provides a full understanding of what people experience in the system, allowing individuals working in the system to identify and understand gaps.

This training has been developed and delivered to specific units as well as to recruit constables at the Edmonton Police Service and is currently being evaluated to determine its effectiveness.

CONCLUSION

In light of the research and the current climate, as well as recent incidents related to policing and justice systems from across the globe, it is necessary to focus on "*how*" police engage with the community rather than "*what*" the police are doing. Instituting training that provides people working in the justice system with an understanding of the concept of *Universal Precautions for Trauma* should have members behaving more compassionately in communities to work towards building legitimacy and increasing community satisfaction with the police. The research is clear that, when the community sees the police as a legitimate power holder, there is less offending and less re-offending, making the community safer based on interactions alone (Paternoster et al., 1997; Sunshine & Tyler, 2003; Murphy & Cherney, 2012; Reisig et al., 2014).

The recommendations are that justice actors receive additional training that applies customer service to police legitimacy and operations. Evaluations of Procedural Justice Training have concluded that it has long-term impacts on the reduced use of force by trained officers and increased positive perceptions of police from the community (Dai, 2020). The author believes this training will have additional positive impacts; however, the efficacy of this training must be evaluated and adjusted on an ongoing basis.

CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

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