



Time for a wellness check: Looking in on the system, the responder, and the family

Linna Tam-Seto*

Conducting wellness checks is a regular task for police services, when a community member may call with concerns about a person who they feel may be in distress or require assistance. This is typically followed by a visit from a responder to search for the person and then determine the difficulty the person may be having. During these visits, responders may face a range of situations, including missing persons, medical emergencies, unexpected deaths, and mental health crises. Regardless of the reason civilians call upon responders to conduct wellness checks, this is one way we can check in on one another. However, wellness checks require more than speaking to the individual we are concerned about. In the case of *this* wellness check, the individual is the responder, the health-care worker, the teacher, and the many others who have dedicated their lives to the service of others. While we must create opportunities to check in on them, there must also be a concerted effort to understand the environment in which they live and work. And what happens if no one makes that call for a wellness check?

I come to this editorial from multiple, interconnected perspectives informed by my lived professional and personal experiences. First and foremost, I come from a clinical mental health background, having worked as an occupational therapist for over 20 years with clients and their families. More recently, I have come to the world of research, where my program includes increasing our knowledge of the health experiences of military members, Veterans, public safety personnel, and their families during life changes. Finally, and most importantly, I come to this editorial as a member of a policing family in which my spouse has worked with the largest police service in Canada. My view and experiences of well-being have provided me a unique perspective in understanding what wellness is, while underscoring the need to prioritize it on all fronts.

As an occupational therapist and researcher, my definition of wellness is grounded in a holistic and systemic perspective of functioning. Adapting the work on ecological systems by Bronfenbrenner, it can be said that the wellness of front-line personnel is dependent on the health and well-being of the systems in which they live and work. Most peripheral from the individual is the society and culture which will appear and be experienced differently depending on the

person's profession. However, in the case of policing, for far too long, the social and cultural realm in which the institution exists has needed a wellness check. Current discourse of defunding the police as a direct result of increasing awareness of the need for critical race and gender discussions shines a light on the need to re-examine our society's construction of power. The tension surrounding policing within the greater society has contributed to increasing division in both policing and civilian communities. The call for a systemic overhaul is becoming a regular topic of discussion at all levels of government, in civil rights organizations, and among policy-makers and researchers, and it is needed now more than ever. While I cannot offer a road map to a solution in this editorial, I think it is prudent to recognize the importance of a "healthy system" as it surrounds and affects individual responders.

The unspoken toll of regular and persistent exposure to potentially traumatic events characterizing police and other public safety professions is compounded by the current stress of living through a pandemic. Particularly unique to our current society is the increasing anti-police rhetoric which has no doubt left police officers in need of a wellness check themselves. As a clinician, I am all too aware of the importance of the "check in." It is an opportunity for me to ask the question, "how are you *really* doing?" and more importantly, an opportunity to listen, to validate and to acknowledge someone's lived experiences. Sometimes asking that question may be overwhelming because you don't know how to respond when the reply you get isn't "I'm fine." Giving someone the time, space, and safety to speak maybe all that is needed. Sometimes, not speaking and just sitting with them may be all that is needed. It is only recently that the availability and accessibility of mental health supports has increased, thus beginning to address the burden felt by families when we are afraid to find out how our loved one is *really* doing.

Being a peripheral member of the public safety community, I am witnessing more and more mental health supports for those in uniform at all levels of the system. For example, the website for the Police Association of Ontario (www.pao.ca) has a directory of mental health and wellness programs and services aimed at supporting police personnel. Non-profit organizations such as Wounded Warriors Canada

Correspondence to: Linna Tam-Seto, Trauma and Recovery Lab, DPBN-SJHH West 5th Campus, Room B352, 1280 Main Street W., Hamilton, ON L8S 4L8, Canada. E-mail: tamsetol@mcmaster.ca

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(www.woundedwarriors.ca) provide a range of evidence-based mental health programs for public safety personnel and military Veterans, and their families, and continue to expand their offerings. Within individual public safety services, critical incident teams may be dispatched after a significant event to provide debriefing with the responders involved. “In-house” mental health supports are also available from mental health professionals who have public safety cultural competence to inform quality and effective support. Research has shown better health outcomes when there is occupation-specific cultural competence, and there is increasing acknowledgement that service providers need to have some knowledge and understanding of what life is like being “on the job.” It is clear that vital changes are being made, but when we return to the wellness check metaphor, we begin to see the gaps. Individuals in distress don’t often make that call. It is a loved one, a neighbour, a co-worker, a concerned friend, or a case worker who makes that call.

I spent much of my graduate training learning from military members, Veterans, and their families about their health and well-being during and after their service to this country. Persistent exposure to stressful situations and increased risk for physical and mental health injuries have informed the creation of various military-affiliated organizations, programs, and services to support Canadian Armed Forces members and Veterans. However, as I have learned, these organizations do not adequately meet all the needs of all members and all families. Families are tacitly expected to take on the burden of caregiving during and after service of their military family member. Canadian-based research has shown that not only do military and Veteran families need supports as they care for their military/Veteran family member, but military life also affects their own well-being. While families are often identified as the ones who make *the call* for their loved one, who does the wellness check for families and family members, and are there systems in place to support them? And finally, where is the conversation and research on the well-being of families in other professions, such as health care, where we are only now learning the tremendous toll that the current pandemic is taking on their mental health?

The gap in family-centred supports has long been recognized by some of the leading family researchers in

Canada and has informed the creation of the Families Matter Research Group (www.fmrp.ca). This is a multidisciplinary group focused on creating and disseminating research, with a focus on families of military, Veteran, and public safety personnel, including mental health, post-traumatic stress, operational stress, work-family conflict, trauma and resilience. I am fortunate enough to be a part of this group that will contribute to creating mechanisms for wellness checks for families and family members.

Doing a wellness check looks a little different from my perspective as a spouse of a police officer who has been put on the frontlines of the pandemic, with increased hostility from the public because he wears a uniform and is a racialized minority from the Asian diaspora. Admittedly, in my world, asking “how are you *really* doing?” can get complicated as I often wonder whether I’m asking as a therapist or as a family member. Although there is greater access to mental health supports in police services, coupled with decreasing stigma towards those seeking that support, I cannot help but see the incredible gaps in supports and services. Current efforts fall short in addressing intersectionality and what it means to look or be different from a police officer of 50 years ago. I recently had a conversation with a high-ranking naval officer who said that the system, all systems, were created for people like him, a White cisgender male, to succeed. So, what does this mean for people like my spouse? Is there a structure in place for a true wellness check for him? One that offers support for those who are racialized or otherwise minority officers?

The objective of this editorial is not to provide a solution that will guarantee the wellness of the system, responders, front-line personnel, and their families but to begin a conversation about the need for us to collectively pause and conduct a wellness check given the current challenges facing those who put their lives on the line to serve and protect.

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AUTHOR AFFILIATIONS

*Trauma and Recovery Lab, Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, ON, Canada



Navigating narrow straits: Leadership development of municipal managers of non-policing law enforcement services

Dean R. Young*

ABSTRACT

As municipal governments continue to use non-police law enforcement (NPLE) personnel in pursuit of public safety strategies, managers tasked with overseeing such staff are typically those without experience in the intricacies of law enforcement, public disorder, and the justice system. Non-police law enforcement calls for the use of very special skills, knowledge, and abilities not typically experienced in other areas of municipal operations. Managers, regardless of their profession, can effectively manage NPLE when afforded the opportunity to learn the law enforcement perspective, understand the stressors placed on enforcement staff, and be educated in the judicial requirements of municipal and provincial enforcement. Municipalities should refrain from placing staff under a manager strictly for ease and convenience. Further, the services provided should operate with proper oversight. Managers must be appropriately experienced in leading staff and operations involving complex and human-centred portfolios. This study outlines the issues faced by managers tasked with overseeing NPLE and provides a snapshot of the current professional structure of NPLE leadership in the province of Alberta, Canada.

Key Words Peace officers; bylaw officers; non-police law enforcement; municipal governance; management; municipal enforcement.

INTRODUCTION

In a time of declining publicly funded resources, of roles that are undergoing complex changes, and of the offloading of services traditionally provided by provincial and federal bodies, non-police law enforcement (NPLE) duties are being provided across not only first responder services but also social or community services. As such, leaders need to arrive at the position with a diverse set of skills and have a vision for the future (Woo et al., 2020; McCreary, 2020; Hataley & Leuprecht, 2019; Kuppler, 2016). Today's local government qualifications for municipal professionals are comprehensive in preparing local government leaders for the tasks associated with local governance portfolios. It is becoming common in the municipal public safety industry to assign leaders who do not possess the professional skills of the industry, arguing that leaders do not require operational experience or training to lead such teams. However, for those tasked with overseeing the municipality's municipal enforcement staff, it can be an onerous learning curve, especially if the manager has no

direct experience in law enforcement management. As NPLE staff contribute directly to community safety, ensuring that the leadership of such services is skilled at managing the intricacies involved in enforcement of community standards and safety is a significant challenge.

This research sets out the current state of NPLE leadership and the best practice approach to preparing municipal managers for the role they will play and the need for cross-functionality. The value in such research is the potential to lead to the creation of a model for human resource professionals to use in assessing candidates for positions tasked with managing NPLE, ensuring that they possess the unique leadership skills required, and the development of training regimens for managers with no direct experience to better equip them to manage public safety professionals.

Evolution of Non-Police Law Enforcement

In the private sector, it is common for security departments to be positioned in portfolios that have little influence beyond physical security responsibilities, such as Facilities Management.

Correspondence to: Dean R. Young, School of Community Studies, Bow Valley College 345-6 Ave SE, Calgary, AB, T2G 4V1 Canada. **E-mail:** deyoung@bowvalleycollege.ca

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This is understandable, due to the nature of securing buildings and properties using patrol tactics and electronic security and CCTV (closed captioned TV) systems. However, more security staff are being tasked with responsibilities in human resource management (conducting investigations involving staff, access control responsibilities, dignitary protection, and threat assessment and management). The industry has moved on, placing an ever-increasing professional responsibility on security personnel. However, the structure and placement of protective staff remain almost an afterthought with respect to the influence the professionals have within the organization due to the positioning of its leadership and the qualifications the leader holds for the skill set.

The evolution of the public sector's version of security staff has resulted in the bylaw officer. Historically, bylaw officers were hired and swore an oath to the municipality alone, due to the very narrow scope of practice of enforcing municipal bylaws. This industry has evolved as well, moving the role from bylaw officer to special constable, and Canadian municipalities benefit from the services of NPLE with a broader scope of practice, with the inclusion of select provincial enforcement authorities. As recently as 2021, Alberta embarked on pilot projects with the addition of select Criminal Code authorities for its municipalities' Community Peace Officers. The significant difference between private sector security and public sector security is the requisite knowledge of the law and court requirements. Non-police law enforcement staff are more likely to be involved in more complex investigations and have a stronger onus of proof placed upon them due to the public nature of the office of peace officer. As the role has progressed to a larger scope of practice, the public has not been adequately educated about this evolution.

The nature of NPLE roles in a municipal government setting is such that it is reasonable to expect management will be civilian. However, as with private security services' placement, it is regular practice to place NPLE in municipal portfolios with leaders who may not have the requisite knowledge of the criminal justice and court systems in which NPLE operates. It is the intention of this article to illustrate both the issues with civilian leadership of NPLE and how to prepare such leaders for the task of effectively leading these highly skilled and potentially contentious roles. One mitigating model of municipal placement of NPLE is that of the protective services portfolio. This model typically includes fire services and NPLE and is most often led by the Fire Chief. This is reflected in the finding that over one in five of the respondents had NPLE personnel overseen by fire professionals. This model provides leadership that is experienced in emergency operations and is conducive to the paramilitary bearing seen in NPLE. The ethos of highly personal connection, necessity of team communication for mental health well-being, legal implications of operational activities, highly specialized skill sets, and the value of the role of prevention over quantifiable outcomes of the role are often built-in qualities of Fire Chiefs by nature of their profession. Non-police law enforcement teams typically are operationally supervised by senior members, either experienced NPLE or former police members. However, it is rare to have a NPLE team as its own portfolio, due to the small numbers of staff and the staffing constraints of rural municipalities.

Civilian management of NPLE can have a significant impact on community safety and well-being. Managers

who lack knowledge in the public safety industry are at risk of a gamut of liabilities in the delivery of community safety services. Issues such as privacy rights, Charter rights, application of municipal and provincial legislation as it pertains to entry onto a property and property seizure, use of force, lawful arrest, and the provincial police/peace officer legislations and program policies and procedures, as well as the additional mental health issues, all impact the well-being of citizens when interacting with NPLE personnel. It is not sufficient to leave the responsibility of overseeing personnel to operational supervisors; managers must have knowledge of these areas in order to drive oversight and to ensure policy and procedure align with public safety and community well-being.

Contemporary public safety management calls for a shift away from traditional police leadership based on the specific expertise of the police manager. As this research has demonstrated, most NPLE services fall under the supervision of civilian managers, who tend to be traditional municipal professionals in fields such as human resources, planning and development, or facilities management. Policing leadership styles are not to be expected in civilian municipal government leaders; however, municipal managers can benefit from learning how to manage NPLE personnel effectively in light of the very specific work done by such staff. This move to contemporary leadership models can be applied by municipalities that provide NPLE, such as bylaw and Peace Officer/Special Constable services. Leadership research supports the need for effective human resources, training, team development, and performance management in general. The application of these theories and philosophies can provide NPLE team leaders with a map that can serve in their own development. I would argue that forward-thinking human resources selection and training for staffing leadership roles with NPLE services is possible and believe that advocacy for specialized vetting of applicants to such roles is vital for peak public service performance.

In addition to learning how to apply the leadership tenets valued by NPLE staff, managers who oversee NPLE services will benefit from evolving away from the traditional manager role. Non-police law enforcement works more effectively with leaders who can embrace the uniqueness of leading such a service. Teams, regardless of the profession, create their own realities and control their own destinies. This must include the leader, and simply expecting the leader to manage without the input of the team or its engagement in the development and implementation processes will be counterproductive. Kuppler considers that "the good employee of the future is a learning person who's constantly able to overcome his or her own obsolescence because things will change more rapidly. Rather than firing people and getting a new crew in, we may have to figure out how to make do with the talent we've got and make a fetish out of retraining rather than an occasional tragedy" (2016, para. 16). Anyone tasked with overseeing a NPLE service must meet the requirements and be open to learning the style of leadership that will drive performance in the unique NPLE environment. In addition to providing legitimacy in the eyes of the NPLE team members, this also ensures the civilian manager can provide oversight of NPLE personnel when violations of the law occur that are attributable to the member. It behooves the manager to understand the parameters within which NPLE operates and the boundaries

of how the work is to be done in line with appropriate directives provided by the governing bodies, including municipal policies and procedures and provincial guidelines and legislated authorities. The manager will be better equipped to provide proper NPLE service to the public and support the goals of the municipality in a professional manner, as well as to provide effective support for the NPLE and to effectively represent the activities, accomplishments, and methods employed by the NPLE to executive management, municipal council, and to the public at large.

Beyond team dynamics and oversight, the role of community safety is changing due to the expansion of authorities granted to municipalities with respect to law enforcement. Local government education programs provide learning opportunities regarding municipal law surrounding responsible governance, the legalities of zoning, the planning and development of communities, and bylaw creation and enforcement. However, as evidenced in Alberta since the dissolution of the special constable program and its rebirth under the peace officer program, the managers of NPLE are now leading staff whose authorities transcend municipal bylaw, involving further exposure to public safety hazards and increasing the need to understand both provincial and criminal law and the intricacies of the court handling of such investigations. In rural areas, it is atypical to encounter a municipal manager of corporate security, and the default for this responsibility falls on whoever oversees the NPLE. It is vital for municipalities to embrace the need for additional qualifications for any manager who will oversee NPLE, or to provide additional professional development for existing managers.

METHODOLOGY

This study uses a content analysis in order to identify the placement of managers overseeing NPLE in non-metropolitan municipalities. The sample of municipalities was limited to Alberta, as Alberta is a province with robust municipal enforcement and authorizes municipalities to employ peace officers under the Alberta Public Security Peace Officer Program. Further, the sample of 138 municipalities was selected based upon populations of fewer than 100,000. Population information was taken from the Government of Alberta Municipal Affairs Population List (Government of Alberta, n.d.) The 2016 census data was used based upon the 2017 – 2019 census statements that in the event that municipalities did not conduct a recent census, the 2016 federal census data would be included as the current municipal population. It was decided to assess all municipalities in the sample on the census in which all municipal populations were reported as accurate to that time. Sources for information included the Alberta Association of Community Peace Officers, LinkedIn, and individual municipality websites. Information was gathered through a combination of foreknowledge of NPLE employers, the listing of authorized employers of NPLE on the Alberta Association of Community Peace Officers' website, and general internet searches for municipalities with municipal enforcement services. Chief Administrative Officers (CAO) were contacted via e-mail requesting information about the organizational placement of those responsible for overseeing NPLE,

the title of the overseeing manager, and the professional background of the person holding the position. Where available, municipal representatives provided job descriptions for managers overseeing NPLE personnel, which were examined for elements consistent with domain experience. Thirteen job descriptions were provided and analyzed for the presence of NPLE-related requirements, with focus being placed on the job duties, and the experience required. Job descriptions were assessed as having duties consistent with enforcement when there were explicit requirements for bylaw development and duties consistent with managing operations associated with bylaw enforcement/municipal enforcement staff (NPLE). Job descriptions were further assessed as having required experience consistent with enforcement when they explicitly listed past experience in a law enforcement role or previous management of municipal enforcement (NPLE).

ANALYSIS

A total of 138 municipalities were selected for the sample, and e-mails were sent to Chief Administrative Officers. Of the 137 initial contacts made, four respondents stated that their municipalities did not employ NPLE staff, and 92 responses were received indicating the employment of NPLE. An analysis of the respondents ($n = 92$) was conducted. As shown in Figure 1, the respondents' municipality types were classified as a village (1), town (47), city (10), county/municipal district (30), and specialized municipality (4). The populations ranged from 795 to 98,044, based on Government of Alberta census data, using the latest census (Government of Alberta, n.d.). The managerial titles of those responsible for NPLE were varied; however, as shown in Figure 2, the professional backgrounds of the target managers were categorized as Administration (56.5%), Fire (20.6%), Police (9.7%), Police/NPLE (7.6%), NPLE (3.2%), and Unknown (2.1%). The Administration category captured numerous non-enforcement portfolios, such as Chief Administrative Officers, planning and development, recreation and community services, legislative services, and public works. As such, the sample shows that 75% of municipalities'

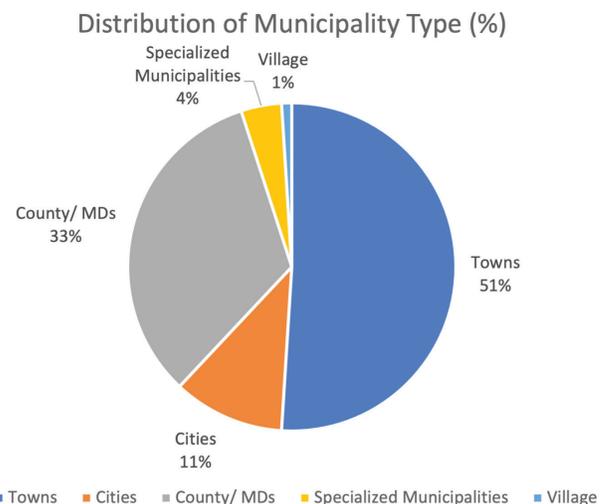


FIGURE 1 Distribution of municipality type. MD = county/municipal district.

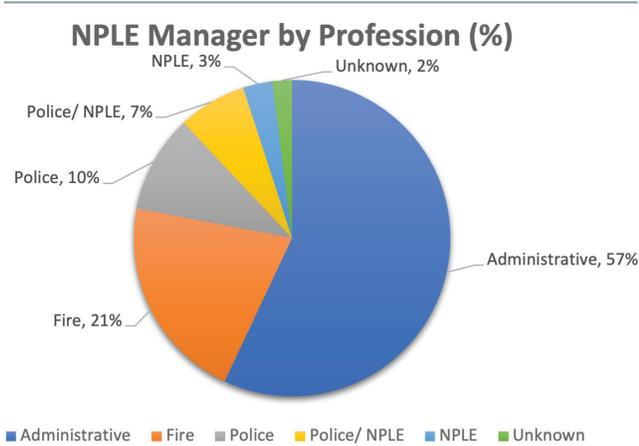


FIGURE 2 NPLE manager by profession. NPLE = non-policing law enforcement.

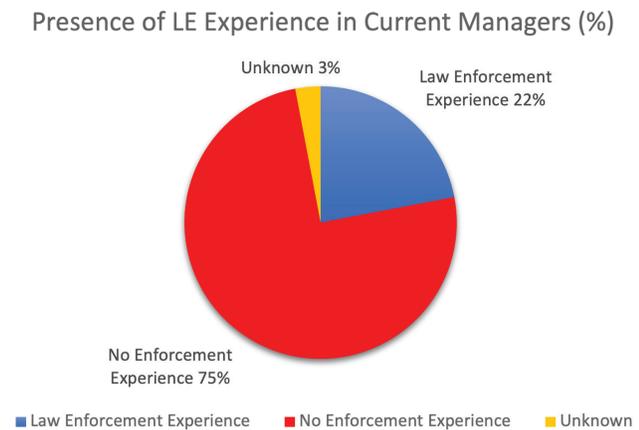


FIGURE 3 Presence of law enforcement experience in current managers.

NPLE staff are overseen by managers with no law enforcement experience as shown in Figure 3. Table I shows that towns are least likely to employ NPLE managers with a law enforcement background at 19%, but all other municipalities are more likely to employ law enforcement professionals in such a role: counties/municipal districts at 27%, cities at 20%, specialized municipalities at 25% and the sole outlier is villages at 0% due to only one village being included in the sample.

Analysis of the job descriptions (*n* = 13) reflected the findings of the analysis of the staffed roles. Of the job descriptions, only nine (69.2%) included bylaw development and oversight

of NPLE staff in the duties and responsibilities requirements, while only four (30.2%) required law enforcement experience/ education/ or previous NPLE supervisory experience.

DISCUSSION

Those municipal managers without direct enforcement experience are equipped with the appropriate general leadership skills necessary for managing, regardless of the profession. However, there are two main areas requiring attention with respect to civilian management of NPLE: specialized knowledge and legitimacy. Managers have a particular skill set, regardless of the technical skill of the team being led. In order to develop and maintain trust, senior leadership calls for certain qualities, typically a mix of education, training, and experiences that are conducive to building faith in the leader. It can be argued that an experienced manager can exercise established business practices and leadership skills in such a manner as to develop the trust and support of their NPLE teams, arriving at a mutually beneficial relationship with the team and fostering the development of the team’s expertise, thus enhancing the team’s performance (Hataley & Leuprecht, 2019; Cavanaugh, 2017).

However, Lee (2018) discovered that there is a relationship between modern management principles and a growing dependence on the technical skills of workers. This supports the argument that managers can lead NPLE effectively, as long as they embrace the technical skills of the team and apply appropriate leadership principles aligned with contemporary management principles. Lee’s research leads him to conclude,

If workers with technical skill create more value to the firm, by contributing to organizational change objectives and ultimately firm performance, firms that implement modern management practices would more likely increase the demand for technical workers relative to the other occupational skill groups. (2018, p. 341)

The second matter in question is the legitimacy of the civilian manager in the eyes of the rank and file. During the 2007 reorganization of the RCMP leadership, Bill Elliott (a civilian) was appointed to the role of RCMP Commissioner. According to Hataley & Leuprecht,

much of the RCMP’s membership took exception to a civilian leader with no prior experience in uniform. So visceral was the reaction that several senior members of the RCMP chose to leave the force, rather than serve under Elliott’s leadership. (2019, para. 1)

TABLE I Comparison of municipality type and managers with law enforcement (LE) experience

Municipal Type	Total	With LE Experience	%	Without LE Experience	%	Unknown	%
City	10	2	20	7	70	1	10
County/municipal district	30	8	27	22	73	0	0
Specialized municipality	4	1	25	3	75	0	0
Town	47	9	19	36	77	2	4
Village	1	0	0	1	100	0	0

In their research of direct entry to ranking positions to the police service in the United Kingdom, Hoggett et al. (2018) found that, within policing organizations, the individual traits or characteristics of leaders did not overly concern junior officers, nor the style of leadership; the lack of police experience was the main concern. While there are political issues to take into consideration with the exodus of senior leadership, the appointment discussed above illustrates the question of legitimacy of placing a manager in place who lacks the technical skills required of those under such leadership. According to Cavanaugh (2017, p. 22), “Leadership transitions are inevitable and disruptive.” The decision to install a civilian leader can be legitimate when efforts are made by the organization to properly place the suitable person in the role, or alternatively to provide learning opportunities that would provide for the specialized NPLE knowledge. Taylor et al. (2002) found that legitimacy can be created through the credentialing and education of managers. This supports the argument that civilian managers of NPLE can achieve legitimacy if they are selected based upon their ability to learn the role and develop an understanding of, if not the actual, technical skills of those under their management.

Leadership Framework Development

A framework aimed at municipal managers tasked with leading teams of NPLE personnel is in no way a panacea of leadership. More et al. (2012) refer to Herbert Simon’s concept of bounded rationality, that managers do not always make decisions based upon the best option but choose the path of least resistance to arrive at the decision that is deemed sufficient at the time. This can be caused by lack of understanding on the part of a manager not familiar with the intricacies of teams different than those historically managed, organizational isolation, knowledge or lack thereof of the job, as well as social and psychological factors. The impact of bounded rationality is that this can also result in breeding further organizational anomie down the chain. To address bounded rationality, the addition of NPLE domain skill sets into job descriptions and hiring criteria should be considered. This will provide support for municipal executives and create a framework under which to staff the role with a person best equipped to support NPLE personnel. Domain expertise is necessary to maximize success at leading a team from outside of a manager’s professional expertise (Cavanaugh, 2017; Markman, 2017; Hoggett et al. 2018). This study shows the need for the development of a leadership framework for managers tasked with leading NPLE personnel. It is not intended to provide a framework in itself. Such a framework should mirror the cross-functional nature that the role currently reflects and the need for current certifications in local government such as Local Authority Administration (NACLAA) and Certified Local Government Manager (CLGM). Of course, these certifications are not specific to a single province, but due to the commonality of general managers being tasked with overseeing portfolios containing NPLE personnel, it is reasonable to include content in the area of legal studies, beyond the basics of bylaw development, and to expand studies of land use bylaws. Research supports the need for managers entering new leadership roles of a cross-functional nature, such as oversight of NPLE, to address skills gaps in a nonthreatening manner. They will ultimately benefit from an organization that fosters a culture

of professional development (Pynes, 2015; Cavanaugh, 2017; Woo et al. 2020). Cavanaugh calls such an approach to development a “key aspect of best practice talent management” (2017, p. 24). The challenge for municipal government organizations is that hierarchical relationships, which characterize municipal governments, are less effective at cross-functional teams (Woo et al. 2020). There exists the opportunity within these governments to insert more structural tools to ensure appropriate persons are hired who can effectively manage cross-functional portfolios. The Public Policy Forum calls for a framework that involves “a more balanced approach that redefines competencies without overcomplicating recruitment” (2017, p. 19).

The first step in the framework ideally involves the identification of competencies aligned with the leadership of NPLE roles. Standard leadership competencies built into most manager positions are expected to be effectively cross-functional with the standard roles in municipal government. The roles and responsibilities should be clearly outlined in job descriptions that include a demonstrable understanding of the law beyond the structure of municipal law that focuses on and then transcends the structural approach to law, providing for knowledge of the *spirit* of the law in its enforcement. Whether this proposed framework is to be built into the job description or to be delivered during a domain familiarization in-service training session, it is essential that the following topics be considered for inclusion in roles, responsibilities, and qualifications (education and/or experience): use of force, critical incident stress management and mental health, and evidentiary and court requirements for a broad spectrum of offences under both municipal and provincial legislation. Non-policing law enforcement personnel are required to undergo specialized training to ensure that the law is enforced legally, judiciously, and equitably, as well as being done in a manner that complies with the protections granted under the Charter of Rights and Freedoms. As such, those tasked with the management of such professionals must develop an understanding of the nature of legal authority and its limitations for a real life understanding of court processes, codified or otherwise, and the concept of social justice. Any municipal leaders, regardless of the profession, must adhere to standards that ensure the public trust. Clark et al. write that “Trust is not a static concept, as it can erode and at times it can be lost” (2017, p. 103). In the realm of municipal governance, truer words have not been written. A municipality that fails to ensure that its governance can stand up to the standard of equitable application of fairness and necessity and that enforcement personnel are appropriately managed risks a dissolution of the public trust necessary to maintain legitimacy in the eyes of the ratepayers.

Leadership styles must be harmonized during the development of such a framework. Non-policing law enforcement personnel benefits from leadership that tends to share certain characteristics: leadership, foresight, vision, integrity, and decisiveness. Leadership styles can be incongruent between managing administrative professionals and managing enforcement personnel. When managers are tasked with overseeing NPLE in addition to other professionals, it would benefit both NPLE personnel and the incoming manager to synthesize the command-and-control leadership styles and the collaborative styles. Non-policing law enforcement personnel value both the participative

and supportive style, but also the command-and-control style. Regardless of the leadership style used by individual managers, teams are only capable of performing at high effectiveness when being led authentically.

Pontefract provides for evidence that culture drives performance. He writes, “an engaged culture marked by high levels of involvement, consistency, adaptability, and a transparent mission” is correlated with high-level performance (2017, para. 12). When civilian management does not understand the legalities of disclosure, or the justice sought by the courts (the spirit of the law), such lack of understanding can put the reputation of the manager, and thus the future success of prosecutions, in jeopardy. In order to mitigate against such risks, trust in the skills and abilities of municipal managers must be built. Hataley and Leuprecht (2019) confirm that, in order to establish trust, senior leadership must invest in domain knowledge, typically attained through a mix of education, training, and experiences that are conducive to building faith in the leader. This mix of education, training and experiences can be provided by NPLE personnel within the municipality.

Organizations need to trust the expertise of the teams they put in place, including their NPLE teams. Municipalities are also responsible for the overall goals of public safety, and if they are employing NPLE personnel in order to directly accomplish the aspects of these goals for which they are responsible, there must be support for the expertise they bring to the organization. There has to be strategic human resource management and leadership in the executive arena to ensure that teams are supported in their pursuits of these goals. The ability to look beyond the letter of the law to understand the socio-political impact of the operations of NPLE roles and the skills necessary to support NPLE personnel in the pursuit of compliance with community standards of the municipality are important to ensure goals and priorities identified by the municipality are efficiently and effectively addressed. The intricacies of the use of force, privacy versus transparency (especially when it applies to matters that may end up in a courtroom), and the mental health and operational stresses associated with NPLE personnel can be overwhelming for civilian managers. Appropriate career and managerial development can ease struggles that arise from lack of domain experience. The stressors associated with public safety are many and are difficult to understand without previous experience of the work.

An additional competency to include in existing frameworks would be a keen awareness of the mental health crises that can arise in NPLE personnel. Both the organization and the leadership of NPLE play a critical role in the creation and maintenance of a culture that promotes health, both physical and emotional (Papazoglou et al., 2021; McCreary, 2020). McCreary calls for a change in the way organizations are operated with respect to stressor avoidance to “include better management of employee workload, improvements in job control, healthier interpersonal aspects of the workplace (including reducing bad management, bullying, harassment, and more), and improving people’s time to effectively manage aspects of their physical health (e.g., exercise, sleep, diet), among others” (para. 4). These are qualities that can be inculcated into a civilian manager if the person has been selected with the requisite skills and leadership values.

CONCLUSION

There remains a broad need for research with respect to civilian management of public safety personnel, especially within the non-*professional* services, such as paid on-call/volunteer firefighters, industrial paramedics, peace officers/special constables. The research presented in this study used a small sample, and covered only one province. The research in generalized management and leadership lights the way to refine approaches in human resources and professional development for those being assigned portfolios that include public safety personnel. Further research in this area can contribute positively to and strengthen contemporary public safety for municipal governments through the development of education, both incorporated into established post-secondary programs and as part of in-service training, as well as the selection process for current employers. Considering the growth of non-policing law enforcement services, it is important for today’s local governments to invest in the leadership requirements and development of leaders assigned to oversee such staff members. Whether hiring new managers with either police or NPLE experience or coaching existing managers, the organization will benefit from leadership development specific to those who work towards public safety through the guidance and oversight of NPLE staff.

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AUTHOR AFFILIATIONS

*School of Community Studies, Bow Valley College, Calgary, AB, Canada.

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Review of international studies on perception of safety and human security

Anna Che Azmi* and Maznolita Hamdan*

ABSTRACT

We present a comprehensive review of the evaluation of safety and human security perceptions from various countries. We highlight important aspects used to measure safety and human security perceptions in these international studies and some of their findings. Measuring perceptions of safety and human security in a certain location is crucial as better safety perceptions can enhance the well-being of the people residing in the place of investigation. By presenting the diverse measures of safety and human security perceptions, we hope to elicit more innovative ideas on these measures from policy makers.

Key Words Safety; human security.

INTRODUCTION

Improving the sense of human security from the threat of crime among members of society can have a positive impact on the well-being of the people of a country. It requires coherent policies along with sound and structured actions. Crime reduction, including reducing the fear of crime, should be an important part of a country's goals in maintaining peace and well-being of the people. Reducing crime anxiety and strengthening the sense of human security can help society in a variety of ways. According to Moore (2006), studies in Europe show that the reduction of crime anxiety potentially increases the level of happiness and well-being in society and can lead to improved economic performance. Professor John Helliwell, the so-called happiness expert, indicates that perceptions of trust and safety in a neighbourhood are inversely correlated to the frequency of crime incidents. He states that the general mistrust of humanity's benevolence leads to unhappiness (Helliwell, 2014). Another study by McPhail et al. (2017) found that inaccurate beliefs about crime rates led to an increase in punishment-based crime-reduction strategies. Managing perceptions of safety and human security not only is important to improve the well-being of the community but leads to better crime-reduction strategies.

Forming policy and evaluating its implementation are critical in criminal justice. To address the root causes of crime, accurate data is needed in order to propose effective policies and programs. Policies and programs designed to reduce crime include reducing fear or anxiety of crime (Hale, 1996). It is good government practice to constantly evaluate

and measure the effectiveness of policy implementation and make improvements. This practice includes identifying the factors that influence opinions and perceptions pertaining to the crime situation in the country. It also allows for more effective crime control and preventive actions in line with society's views. The impact or effectiveness of government efforts related to crime prevention and control must be measured based on information and data. One of the ways to do this is to measure citizens' perceptions of safety and human security. Many countries have conducted these studies and highlighted the various ways that safety and human security can be measured.

International Safety Perception Studies

Research on the perception of human security from the threat of crime is closely related to research on perceptions of crime. Historically, the research on crime perceptions has come from studies that aimed to find out the true state of crime. Two well-known surveys are the National Crime Survey in the United States and the British Crime Survey in Britain (Skogan, 1990; Lynn & Elliot, 2000; Tseloni & Tilley, 2016). These surveys were followed in 1987 by the International Crime Victims Survey (van Dijk et al., 2014). Several countries have also implemented crime perception surveys, including New Zealand (Colmar Brunton Social Research Agency, 2016), Australia (Weatherburn & Indermaur, 2004), and Canada (Besserer & Trainor, 2000). However, these surveys are not periodic.

Recently, the UNODC (United Nations Office on Drugs and Crime) underlined the necessity for countries to undertake surveys on crime predation in order to meet the United Nations'

Correspondence to: Anna Che Azmi, Consultancy Unit, Universiti Malaya, 50603 Kuala Lumpur, Malaysia. **E-mail:** annaazriati@um.edu.my.

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16th SDG (Sustainable Development Goal) on peace, justice, and institutional resilience (Jandl, n.d.). The UNODC focussed on surveys about crime predation that cover issues related to fear of crime, safety from the threat of crime and high crime rates.

The National Crime Survey, which began in 1973, aimed to measure the actual level of criminal predation against an individual and a household for a number of selected crimes (Skogan, 1990). This survey compared reported and unreported crimes to the police. In 1982, the United Kingdom Home Office initiated the British Crime Survey intended to identify the actual crime situation based on a public survey of criminal predation (Tseloni & Tilley, 2016). The British government claims that police crime statistics do not provide a complete picture of the country's crime situation since many victims of crime do not report the crimes (Tseloni & Tilley, 2016).

The British Crime Survey was subsequently expanded to cover a wide range of questions on crime perceptions (Lynn & Elliot, 2000). Since crime predation was also surveyed, data on the sense of exposure to crime was also collected. Respondents were asked about the likelihood of becoming future crime victims. According to Hough (2017), the British Crime Survey has become the first large-scale survey to measure the level of crime fear in the United Kingdom. The British Crime Survey questionnaire included whether respondents felt safe at night and whether they were concerned about becoming victims of certain crimes. Findings and analysis by the British Crime Survey have led to the realization that anxiety of being a crime victim not only influences perceptions of crime but can also impact well-being. The Survey found that women, the elderly, and non-white ethnic groups showed a relatively significant concern of becoming crime victims. As a result, the British Crime Survey has become a focal point for initiatives to reduce crime-related fear through research-based policies and structured efforts.

Following the studies mentioned above, an increasing number of research studies and surveys have been conducted in order to better understand and quantify the fear of crime, clearly indicating that safety perception studies are becoming increasingly important. Hale (1996), for example, found that addressing the fear of crime is important because this has a large influence on perceptions of the criminal situation. These safety perception studies show that safety perceptions are multidimensional, and the focus of each survey is determined by the issues that are deemed important in that local area. In addition to this, past studies such as McPhail et al. (2017) and Tseloni & Tilley (2016) have shown that there is not necessarily a correlation between actual crime rates and perceptions of safety, but the latter still influences the well-being of a community. This adds another layer of complexity in understanding how safety perception studies could be used to improve the well-being of communities. In the next section, we illustrate that the study of safety perceptions has expanded to include perceptions of well-being.

Widening the Lens on Human Security

Existing studies on crime perceptions that focused on determining the level of fear of crime subsequently incorporated questions concerning the perception of safety from the threat of crime. In addition to analyzing crime predation, the European Survey on Crime and Safety looked at elements of safety (van Dijk et al., 2007). However, statistics

on human security perceptions are not derived from crime fear studies alone. Studies on safety perceptions are closely related to studies on well-being and sustainability of life. Low perception of human security indicates that people's well-being has deteriorated.

There are several international studies and indices that focus on, or are related to, safety and human security. First, the Global Peace Index (GPI), launched in 2009, is a report published by the Institute for Economics and Peace (IEP) that measures the peace position of countries in the world (Global Peace Index, 2021). The index started with 10 indicators and then grew to 23 indicators measuring aspects of public safety in selected countries. Measures include homicide rates, terrorism, violent demonstrations, good relations with neighbouring countries, and internal displacement due to conflict. The Global Peace Index uses data collected by various research bodies on national peace and human security. Homicide rates were obtained from UNODC Surveys on Crime Trends and the operations of Criminal Justice Systems (CTS). The violent crime levels were obtained from The Economist Intelligence Unit and military statistics from the International Institute for Strategic Studies. The studies are crucial in assisting governments in preventing and reducing crime. However, the contribution of these studies is not being fully maximized, as governments are currently more engaged in costly actions that react to crime and violate the rights of victims or disadvantage groups (Waller, 2020).

Second, the OECD (Organisation for Economic Co-operation and Development) Better Life Index, which started in 2011, also touches on human security (OECD, 2020). Human security is one of the 11 dimensions studied, which also include housing, income, health education, and life satisfaction. In this index, the measurement of human security is very limited since it refers to the crime rate related to murder and assault.

Third, the Safe Cities Index by The Economist Intelligence Unit (2015) is one of the most important international studies on human security. This index measures the level of safety in selected capitals of the world. The index consists of 40 indicators subdivided into four categories: digital security, health security, infrastructure security, and personal security. Clearly, safety in this index is seen as a composite of various aspects and not only aspects of human security from the threat of crime.

Fourth, as referred to above, the United Nations Sustainable Development Goals set forth in 2015 also focus on aspects of safety, including peace, human rights, and justice. The major issues of human security are related to murder threat, terrorism, human trafficking, sexual crimes, and crimes against children. Thus, human security from the threat of crime here is seen from the point of view of sustainable peace.

The approaches taken in the measurement of safety-related indices above clearly show that the concept of safety used is broad and often combined with other indicators of well-being and human security. These indices are not solely focused on feeling safe from the threat of crime. There are also surveys developed by several countries that measure fear of crime along with perceptions of safety from crime. Some of these are presented below. From this selection of surveys, we highlight that the measurement of the perception of safety and human security is diversified in terms of situational context, such as safety at home and safety using the internet.

Examples of a Community Safety and Well-Being Approach to Measuring Human Security

First, the study conducted by the University of Saskatchewan (Jewell, 2014) is a good example because it incorporates assessments of the sense of human security and perceptions of crime. The survey combines three aspects, namely (i) perception of crime, (ii) sense of security, and (iii) experience of the crime victim. This study addressed the question of whether crime prevention and reduction measures implemented by the police have impacted the perceptions of the population regarding these three aspects of safety and security. According to Jewell, the survey referred to and used questions from previous surveys, including the British Crime Survey 2010 (Office of National Statistics, 2010) and the Public perceptions of safety from crime in the Auckland region report (Community Safety—Auckland Council, 2012). The survey by Jewell did not aim to develop any index on perceptions of human security from the threat of crime. Feeling safe according to this survey includes (i) safety within in the community, (ii) safety within the home, (iii) safety while walking alone in the dark, (iv) overall satisfaction about safety, and (v) the influence of safety perceptions in daily activities.

Second, the report on Public perceptions of safety from crime in the Auckland region in 2012 was more concise than the study by Jewell with a greater focus on safety issues than crime. The purpose of the survey was to assess residents' feelings about the human security situation in Auckland. Local councils in Auckland are focussing their efforts on improving the region's sense of human security, including crime prevention strategies implemented through town and environmental planning. This study focuses on the perception of safety from a series of crimes, including burglary, physical assault, drug- and alcohol-related crime, and gang-related crime. This survey did not develop an index of human security perceptions but rather contained more specific data and findings categorized as (i) common perceptions of crime, (ii) criminal experiences by different people and in different places, (iii) the impact of crime on everyday life, and (iv) common perceptions of safety in locations such as neighbourhoods, local shopping malls, and city centres. A total of 2,211 respondents provided insights on the extent to which they felt safe in various locations in the province. While generally over 80 percent feel safe in the region, women, non-European ethnicities, and those who have been victims of crime reported feeling insecure (Community Safety—Auckland Council, 2012).

Third, the Malaysian government, in collaboration with public institutions of higher education, has conducted studies based on three indices that have been developed, namely the Perception of Crime Index (PCI) in 2015 (PEMANDU, 2015), the Perception of Security Index (PSI) in 2019 (Ministry of Home Affairs, 2019), and the Perception of Safety in 2021 (UPUM, 2021). The PCI focuses on measuring criminal fear and the PSI develops measurements based on the six core aspects of the Public Safety and Order Policy. The Perception of Safety conducted in 2021 examines six aspects of the sense of security from the threat of crime.

CONCLUSION

The perception of safety has become more important in recent years, especially since this perception has an effect

on well-being. Safety perception studies have evolved by incorporating different measurements and areas of study. The studies initially focused on capturing respondents' feelings towards crime and have since expanded to include characteristics of well-being. The multidimensional features of studies on the perception of safety and human security show that the aspects measured may differ based on the needs of the local community and the authority that is conducting the study. In widening the lens of how safety perceptions are measured, aspects of well-being have been incorporated and studies on the perceptions of safety and human security are currently focusing on situational context, such as fear while walking alone or staying at home. Despite this positive development in studies on the perception of safety and human security, discrepancies remain between these studies and actual crime rates. Therefore, authorities such as the police must interpret the studies with care. There are aspects of the safety and perception studies that are beyond the responsibility of local authorities such as the police. Citizens have some responsibility to improve their own well-being. The challenging part of perception studies is to discern the findings that are attributable to the government or the police. Reading the findings of safety and human security perception studies alongside actual crime data may provide authorities with a more holistic view of where they need to focus to improve the perceptions of safety and human security in the local community.

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AUTHOR AFFILIATIONS

*Consultancy Unit, Universiti Malaya, Kuala Lumpur, Malaysia.

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Duante Wright and Kim Potter—The chilling effect of death and conviction

Matt Torigian*

In two very different, yet explicitly linked moments, the lives of two innocent people were torn apart. The first from a bullet, fired from a police-issued semi-automatic weapon. The second from an outmoded and shamefully politicized justice system. Both situations are tragic, albeit the latter pales in comparison with the violent loss of an innocent life, and the notion of a parent burying their 20-year-old child. To be clear, however, to the dismay of those who might read too much into this, sending a veteran Minnesota police officer to jail for what is indisputably a tragic mistake serves to further shield those who are ultimately responsible, while putting on ice an already fragile relationship between the public and the police. Free from emotion, we must carefully unpack the circumstances that have led to this tragedy.

On April 11, 2021, Duante Wright was driving a car with expired registration tags and an air freshener hanging from his rear-view mirror. One can appreciate the need to ensure all cars be current in registration, but the air freshener ordinance is beyond logic. Although somewhat moot, early reports suggest this is what officers were first alerted to when noticing Mr. Wright as he drove through town. Officer Kim Potter was not only on patrol that day, she was also coaching a new officer, and she used Mr. Wright and his highway traffic violation as a real-life training scenario. Duante Wright stopped his car as requested and, after he identified himself, the officers discovered there was a warrant for Mr. Wright's arrest. The warrant was for failure to appear in court on charges that he allegedly had a gun without a permit and fled from officers during an encounter with police the year prior. As Mr. Wright was being arrested by Officer Potter and her trainee, he struggled to break free and jumped back into his car where he attempted to flee. Officer Potter grabbed what she thought was her conducted energy weapon, and mistakenly shot Duante Wright with her semi-automatic firearm while he was behind the wheel of his car. It rolled a few feet and stopped abruptly, as did his life.

As a trained police officer, former police chief, and former Deputy Solicitor General, I am saddened and sickened by this in its entirety. Publicly enabled video (PEV), which includes the body-worn video used by police, is both raw and real, and it shows the spontaneous remorse as Officer Potter immediately realizes her mistake. She is overcome with grief.

Ironically the shooting occurred while the trial of Officer Derek Chauvin was underway. He was later convicted of murdering George Floyd. Similarly, Officer Potter was found guilty of first-degree manslaughter in the shooting death of Duante Wright. Both trials took place in the same Minnesota courtroom. After Officer Potter was found guilty, the Attorney General described the verdict as demonstrating “a degree of accountability.” But apportioning accountability to the officer is not the same as taking responsibility for ending the conditions that make such tragedies likely in the first place.

Duante Wright was entitled to a fair trial, whenever that might have occurred. In Canada, we have thousands of “charged persons” failing to show up for court every year. At times they clog our court system, other times they use up valuable police resources as arrest warrants are issued, and very often the charges are dropped once the substantive charges are dealt with. We are working through process changes that will reduce the number of times a person fails to appear in court. There are many underlying reasons, not the least of which are under-employment, homelessness, poverty, racial inequities, and the list goes on. Justice participants (police, courts, lawyers, and judges) all have a stake in modernizing our system. Unfortunately, running from police, or the courts for that matter, occurs with a degree of frequency. There are many alternatives to issuing arrest warrants for people who fail to appear in court, should those with carriage and responsibility so choose. For instance, arrest warrant reduction programs in which social workers ask people to comply with outstanding court obligations and help them do so have been shown to work. There are others. But a one-size-fits-all mentality prevails in our justice system—a system designed at the prerogative of those who work *in* the system, and not necessarily for those who rely *on* the system. Duante Wright, regardless of his choices, was a victim of the system. This is undeniable.

Equally undeniable is that traffic violations can often lead to police officers uncovering much more serious offenses. Their keen observations and timely interventions have saved countless innocent lives. Air fresheners aside, on the surface, Officer Potter was justified in stopping Mr. Wright upon noticing his expired validation tag. Absent of more sensible court practices, Officer Potter was duty-bound to arrest Mr. Wright.

Correspondence to: Matt Torigian, Munk School of Global Affairs and Public Policy, University of Toronto, 315 Bloor Street West Toronto, ON M5S 0A7, Canada.
E-mail: matthew.torigian@utoronto.ca

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After all, the courts that are presided over by Minnesota's Attorney General demanded as much. Sadly, both defense and prosecutors presented witnesses that opined on Officer Potter's decision to use her energy weapon to stop Mr. Wright from fleeing. One defence witness even suggested Officer Potter was justified in using deadly force to stop Mr. Wright from trying to escape, even if that had not been her intention. What is required are standardized training scenarios where similar circumstances can be presented and examined. Civilian governance and oversight must play an active role with respect to use of force. Mandatory use-of-force reporting, including race-based data, must follow, with an eye for continuously improving current practices. Who ultimately holds responsibility for reviewing policies and procedures, and ensuring the framework for policing meets with contemporary 21st century policing practices?

This was not a case of wanton and reckless disregard. This was not a case of aggressive, unjust violence. This was not a conscious decision to use a firearm in circumstances where it was not justified. This is a case of using authorized force in a dangerous situation, namely a conducted energy weapon on a person who has care and control of a vehicle. Officer Potter was trained to work in a system that gives rise to such circumstances, within the wider culture of a society that endorses a degree of force and violence.

After the tragic death of Sammy Yatim, killed by Toronto Police Service's Constable James Forcillo, several reviews and inquiries took place that were initiated by those who felt responsible for the system, and a responsibility to affect

change. The message was clear: those suffering and in need of help deserve better, the public expects better, and the police need to be better. The verdict in Minnesota will do nothing to prevent further tragedies from occurring and will do even less to modernize policing, unless those responsible are also held accountable. As noted by the Center for Policing Equity on the conviction in Duante Wright's killing, "should we fail to deliver better systems to communities...we will be forced to hope for accountability without ever glimpsing justice."

In Ontario, and in jurisdictions across Canada, there has been much talk about reforming and improving policing services. In some cases, legislation has been written, in other circumstances reviews and inquiries have been undertaken. The one thing that remains certain is that nothing will change unless the reviews, inquiries, and legislation result in redesigned, re-engineered, and rebuilt policing systems. Regardless of their respective culpability or innocent intentions, we cannot leave it to conveniently labelled lawbreakers to bring this about. This will require those in positions of responsibility to take the necessary decisions. We need lawmakers and police governance bodies to begin restoring justice, and there is no time to wait.

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AUTHOR AFFILIATIONS

*Distinguished Fellow, Munk School of Global Affairs and Public Policy, University of Toronto, Toronto, ON, Canada.



Animal protection: Organizational constraints and collaborative opportunities

Kendra Coulter,* Bridget Nicholls,† & Amy Fitzgerald‡

ABSTRACT

This paper examines the landscape of animal cruelty investigations in Canada. Building on six years of mixed-methods research, we first outline the enforcement organizations and investigations process. Then we identify three challenges for jurisdictions across the country: the unevenness of forensic veterinary expertise, differing levels of Crown awareness and engagement, and relative availability of community-based programs and services to solve problems and prevent harm. We argue that further development of all three areas, including through strengthened multi-sector collaboration, will increase the effectiveness of animal protection, better protect vulnerable people, and augment public safety.

Key Words Animal abuse; animal cruelty; animal organizations; the human-animal violence link; law enforcement; veterinary forensics.

INTRODUCTION

In Canada, protections for animals are legally established in the *Criminal Code* and in provincial animal welfare legislation.¹ Primary responsibility for investigations into suspected illegal animal cruelty can be envisioned as a patchwork of patchworks involving national, regional, and/or local police and enforcement agencies, dedicated provincial animal protection services, and provincial and/or local non-profits—humane societies and societies for the prevention of cruelty to animals (SPCAs) that are assigned enforcement powers by provincial laws (see AnimalProtection.ca for provincial and territorial details). The agencies responsible vary across the country depending on geography, the type of animals and their relationship to people (companion, wild, farmed animals), and/or the severity of the suspected issue or crime, and not in a consistent or predictable manner. The majority of investigations across the country involve companion animals (“pets”) and are undertaken by investigators working for non-profits (Coulter, 2022).

¹Some municipalities’ by-laws also include minimum standards of care for animals. Enforcement of animal-related by-laws may be undertaken by municipal employees (general enforcement or specific animal care and control officers) or contracted out to humane societies, businesses such as kennels, and even individuals. Our focus here is primarily on investigations into suspected/potential provincial and *Criminal Code* violations.

The specifics of legislation determine what acts are deemed illegal and govern the process for investigations and enforcement (Fraser et al., 2018). There is a clear need to strengthen and update Canadian and provincial animal protections (Sankoff et al., 2015; Shroff, 2021), but that is beyond the scope of this discussion. Our focus here is on the current organization and delivery of front-line protective and investigative services.

Our research has identified a large cross-section of challenges, including working conditions and occupational isolation, workers’ safety and mental health, uneven access to pertinent information, including the Canadian Police Information Centre (CPIC), and protective equipment, and the significant gendered dynamics at play (Campbell, 2019; Coulter & Campbell, 2020; Coulter & Fitzgerald, 2019; Nicholls, 2019; see also Rault et al., 2018; see Morton et al., 2020, for data from Australia, Rodriguez Ferrere et al., 2019, for related analysis of New Zealand, and Arluke, 2004, for earlier US findings). The specifics differ depending on whether investigators are working for non-profits or public agencies (and which ones) and in what regions of the country (Coulter & Fitzgerald, 2016; Coulter, 2019).

After briefly summarizing the animal cruelty investigations toolkit, here we focus in particular on three key challenges that transcend provincial borders: a) uneven availability of veterinary and forensic veterinary expertise, b) uneven knowledge of and levels of support from Crown attorneys, and c) uneven resources to assist people with

Correspondence to: Kendra Coulter, Department of Labour Studies, Brock University, St. Catharines, ON L2S 3A1. **E-mail:** kcoulter@brocku.ca

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financial and mental health challenges. Front-line workers use their agency, particularly their skills and the forging of professional connections, to try and negotiate these barriers. Yet we contend that the barriers themselves should and can be minimized. Some are already being addressed, while others require additional leadership and legislative and/or policy change, as well as strengthened forms of partnership and multi-sector collaboration.

These issues are significant because animals are sentient beings in their own right who experience physical and psychological pleasure and pain and who deserve joy and security and to live without fear and distress. They are members of our families and communities who have both shared and distinct interests; the Canadian Animal Health Institute (2021) has found that nearly two-thirds of Canadian households include at least one animal.

The need to take animals' well-being seriously and protect them from harm is compounded by the facts of the human-animal violence link (e.g., Alleyne & Parfitt, 2019; Fitzgerald et al., 2021; Fitzgerald et al., 2021; Longobardi & Badenes-Ribera, 2019). Succinctly, the well-established, evidence-backed violence link recognizes that the abuse of animals often occurs before and/or alongside the abuse of people. Four main interpersonal abuse patterns may occur, and the harm can be successive or simultaneous. Abusers may begin by harming animals and then move onto other anti-social and dangerous behaviours including violence towards other people, so animal cruelty can serve as a significant red flag. Abusers may abuse animals and people simultaneously. They may begin by harming people and then abuse animals. Abusers may also threaten to harm or carry out acts of interspecies violence as another tactic of intimidation and as part of coercive control (Stark, 2009; Barlow, Johnson et al., 2020). Canadian data resoundingly affirm this broader pattern: 89% of a sample of women in domestic violence shelters report that the abuser threatened to harm and/or hurt their animal(s) (Fitzgerald et al., 2020).

For all of these reasons, animal protection is integral to community safety and worthy of greater attention, collaboration, and investment, within and across sectors. Responding efficiently, effectively, and thoughtfully to the animal harm spectrum (Coulter, 2022) including serious and violent crimes against animals, problematic but correctable behaviour, and vulnerable animal caretakers who need additional assistance and resources, are all essential to promoting public safety in a full sense.

METHODS

This analysis builds on a mixed-methods project that began in 2015 and focuses on animal protection work and policy within Canada, the United States, and internationally. Research methods include statistical, documentary, financial, and policy analysis, and field research, participant-observation, interviews (n=24), and focus groups (n=15) with investigators in public and private sector enforcement agencies, law enforcement leaders, forensic veterinarians, animal shelter staff, animal welfare workers and leaders, prosecutors, and other lawyers. Our research was approved by the Brock University Research Ethics Board.

After analyzing the different data sources and triangulating the results, we have induced recurring themes and

practical insights pertinent to the protection of animals, front-line workers, vulnerable people, and public safety overall. Here we focus on and summarize significant findings of relevance to community well-being across jurisdictions and sectors.

RESULTS

The Investigations Process

Canada relies predominantly on a complaints-based reporting system that depends on members of the public to report suspected animal abuse or neglect, as well as veterinarians who have a legal duty to report. Investigations are necessary to determine whether there is an issue, and then what the safest and most beneficial pathway(s) forward would be. The following can occur:

- No identification of evidence and the file is closed
- Discussion/verbal education and/or recommendations for change
- Requested behaviour change (the removal, addition, or change of something such as food, shelter, water, veterinary care, behaviour, equipment); can include the issuing of an order for compliance if available (such as in British Columbia and Ontario)
- Follow-up visit(s) or inspection(s)
- Removal of animal(s) (voluntary surrender or seizure)
- Obtaining a warrant
- Bringing in one or more other persons to assist (e.g., veterinarian, social worker, other law enforcement)
- Charges (provincial, *Criminal Code*)² and engagement of the criminal justice system

Many investigations identify issues of neglect or violations of the minimum standards of care, and investigators may decide that it is supports and resources that are most needed to alleviate problems and distress; we discuss the importance of this response option below (see also Coulter, 2022).

Overall, when it comes to cruelty and welfare investigations, the first responders may continue to undertake the investigative and responsive work themselves, they may enlist other agencies and individuals for collaboration and assistance, or the case may be transferred to a different service/agency, particularly if the initial investigation identifies evidence of violent crime, the presence of both human and animal victims, or severe neglect.

²Whether other pre-charge tools could augment investigations is also worth considering. The orders that officers in Ontario, for example, can enlist are different from the infringement regime now in effect in New Zealand, which allows for the issuing of financial penalties akin to traffic tickets for animal welfare violations (Duffield, 2013; Rodriguez Ferrere, 2018). It would be valuable to study the effects of New Zealand's infringement regime over time to assess its impact, and for leaders and policy makers in Canadian jurisdictions to consider the strengths and weaknesses of such a tool. A mid-level tool which is more directive than recommendations but not as serious or resource intensive as charges could be a valuable addition, provided that financial penalties did not have unintended, negative effects on animals' well-being if the owner or caretaker was significantly lacking in financial resources.

Key Challenges

Regardless of what kind of organizations are responsible for investigations (public and/or private, non-profit sector), three key challenges have consistently been identified by investigators and are confirmed by further examination of the services available.

A) Uneven Availability of Veterinary and Forensic Veterinary Expertise

When cases are serious and/or violent and proceed through the criminal justice system with either provincial or *Criminal Code* charges, veterinary forensics becomes particularly important. Veterinary forensics is the application of scientific principles and methods to crimes against other species. It involves more specialized processes than regular veterinary diagnostics and is growing as a field of research and practice internationally (Merck, 2012; Reisman, 2012; Smith-Blackmore & Bethard, 2021). Such methodical work helps ensure the correct interpretation of what has been done to animals. It is a way of “hearing” animals’ voices in a different way, and of reading their bodies (or the remains of their bodies) to determine what happened to them (McDonough & McEwen, 2016). Forensic veterinary diagnostics may be relevant before a determination is made about whether there are grounds to lay charges or not and/or when cases proceed through the criminal justice system, including at trial.

At the time of writing, very few jurisdictions in Canada (British Columbia, Alberta, Ontario) have publicly identifiable veterinarians who have undertaken formal forensics training. Manitoba and Nova Scotia have publicly funded laboratories with some animal expertise, and in other provinces, like Ontario, publicly funded facilities at universities, such as animal pathology labs, have been contracted to conduct diagnostics in specific animal cruelty cases. Non-specialist veterinarians can and do undertake certain kinds of diagnoses that will be useful for investigations and effectively prepare and deliver legal testimony. But specialists and those with additional training have deeper and more rigorous knowledge and abilities.

There are other kinds of reputable animal behaviour specialists who can and do assist with cruelty investigations by assessing animals’ demeanours, reactions, and body language (Ledger & Mellor, 2018). These kinds of supportive resources are also important, and they, too, are underdeveloped in most provinces.

B) Uneven Knowledge of and Levels of Support from Crown Attorneys

As noted, it is predominantly the violent cases and/or those with both human and animal victims that are tried in courts of law around the country. Canada does not have an equivalent of what are called dedicated prosecutors in the United States, those who are assigned animal cruelty cases as a central part of their workload (Winkler, 2018). Instead, individual Crown attorneys in most provinces have chosen to make animal issues a priority, self-educated, and collaborated with law enforcement and/or other prosecutors to build shared capacity and knowledge. Yet frontline officers in many regions continue to report uneven levels of knowledge and interest among Crown attorneys in crimes against animals.

Educational efforts for attorneys are being coordinated in particular by the non-profit organization Humane Canada through its National Centre for the Prosecution of Animal Cruelty to further develop training opportunities and legal knowledge-sharing networks. The passing of Bill C-3 included a Senate recommendation for judicial training about the human–animal violence link that reflects the importance of building judges’ levels of knowledge, as well. There are also capable lawyers in universities, private practice, and other animal law non-profits, such as Animal Justice, with expertise on a range of animal issues. As is the case in many countries, animal law as a field is developing in a range of ways. The number of Crown attorneys who attend the biennial violence link and specialized legal workshops has been increasing, and it is clear that these efforts are important and necessary.

C) Uneven Resources to Assist People with Financial, Mental Health, and Other Challenges

As noted above, in some cases, investigators do not find individuals purposefully harming animals, but rather people struggling with poverty, inadequate housing, mental health challenges, social isolation, and/or other issues. In cases involving the challenging mental health problem of animal hoarding, criminal justice tools may be necessary to protect and/or remove animals and/or people and to facilitate or mandate treatment (Lockwood, 2018). But when vulnerable or marginalized people want to provide proper care and have the clear potential to do so, conventional criminal justice tools are likely not the most useful or appropriate options. Problem-solving strategies may be not only more empathetic but also more effective.

Depending on the resources and emphases of their employers, investigators may be able to directly provide items or services (such as low- or no-cost veterinary care, food, litter, enrichment items, equipment), or they may need to engage other organizations. In some cases, investigators determine that helping the person will benefit the animal and can choose to assist with the identification of pertinent human-focused agencies or services (housing support, English/French-language training, job search/training assistance, social services, health care, legal aid, etc.). Our research suggests that investigators working for non-profits are more likely to undertake this kind of work than general police officers, which is not unexpected or unreasonable. The availability of appropriate services also varies significantly across the country. Non-profits are increasingly creating and expanding supports to help vulnerable people and animals, but many regions are still underserved. Further attention to the role these pathways and programs play in promoting community well-being and preventing harm is needed, as are new partnerships among organizations responding to animal harm. We would not expect police services to provide low-cost veterinary care, for example, but if partnerships are established with organizations that do, those on the front lines will have a deeper and wider toolkit from which to draw.

CONCLUSIONS

To summarize, the Canadian animal protection landscape is uneven. Moreover, the need for more collaboration, training, and knowledge exchange has emerged from every type and

stage of our research. This is true when examining more community-based empathetic strategies, the criminal justice system, and many places in between. Of particular note is the importance of cross-sectoral collaboration for responding to the human–animal violence link. The Canadian Violence Link Coalition has begun this crucial work, and it involves academic researchers, Indigenous peoples, and workers and leaders in animal welfare and sheltering, law enforcement, gender-based violence, veterinary medicine, social services, and health care, among others. Task forces, formal partnerships, enhanced training, and new policies and programs are all valuable and fruitful avenues for further work. There is no single group or pathway that will protect animals and vulnerable people. Rather, it is collaboration that holds the most promise.

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AUTHOR AFFILIATIONS

*Department of Labour Studies, Brock University, St. Catharines, ON, Canada; †Department of Sociology, Anthropology, and Criminology, University of Windsor, Windsor, ON, Canada; ‡Department of Sociology, Anthropology, and Criminology, University of Windsor, Windsor, ON, Canada.

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Education, preparation, and moral obligation: An examination of hospital employee role in active shooter training response

McKenzie Wood* and Mallory Darais†

ABSTRACT

As active shooter and armed intruder events continue to increase, hospitals have recently begun using the Department of Homeland Security-endorsed “Run Hide Fight” procedures to train employees on how to respond to violent situations. This study uses survey data collected from 333 staff in various employee roles at a Midwest hospital. Employees responded to questions related to “Run Hide Fight” policy education, feelings of preparedness for an active shooter event, and perceptions of moral obligation related to remaining with patients during a potentially fatal encounter. Results indicate variations in education and preparedness response among administration, clinical staff, and non-clinical staff.

Key Words Violence; armed intruder; Run Hide Fight; public health.

INTRODUCTION

Across the country, active shooter events are becoming increasingly common (Blair & Schweit, 2014; Sanchez et al., 2018). It is currently estimated that at least 2.5% of active shooting events nationwide take place within hospitals or on hospital property (Kelen et al., 2012; Jacobs & Burns, 2017). This is particularly disturbing when the vulnerability of patients and hospital staff are considered (Jacobs & Burns, 2017; US Department of Health & Human Services, 2014). In an effort to combat both the risks and casualties associated with shootings in hospitals, “Run Hide Fight” guidelines, specific for hospitals, have been introduced by The Healthcare and Public Sector Coordinating Council (HSCC). These recommendations provide a template for how hospital employees should be trained for, and act during, active shooter situations. Active shooter policy education and perceived preparedness for an active shooter event are important factors to consider, as various hospital employees play distinct roles in these procedures, remaining at varying levels of risk during actual events.

Literature Review

Hospitals, often lauded as places of healing and hope, are also surprisingly violent, with both the public and hospital professionals perceiving hospitals to be in jeopardy from active

shooter incidents (Jacobs & Burns, 2017). The cost of violence in hospitals is substantial. It is estimated that, in 2016, over \$847 million was spent by hospitals to curb, prevent, or limit violence in healthcare settings (Van den Bos et al., 2017). Additionally, hospital employees are more likely to be hurt at work and to need time off work due to victimization than those working in any other profession (Bureau of Labor Statistics [BLS], 2018). Research indicates that healthcare workers often consider violence “part of the job” and anticipate being abused during their shifts (McPhaul & Lipscomb, 2004, as cited in Arnetz et al., 2015). Workplace violence remains an increasing threat to healthcare workers (Wei et al., 2016), and, while it is known that violence in hospitals exists, research on violent hospital episodes is lacking (Arnetz et al., 2015).

Employee Role

Previous research has indicated that hospital employee role explains differences in “Run Hide Fight” policy knowledge retention and perceptions of active shooter training (Darais & Wood, 2019). While a few studies have investigated differences between clinical and non-clinical staff, little is known about the feelings of hospital administration related to “Run Hide Fight” policy education, preparedness, or acuity of moral obligation to patients. The lack of research related to the perception of administrative staff is puzzling, considering

Correspondence to: McKenzie Wood, Weber State University, Lindquist Hall, Rm. 320, 1299 Edvalson St., Dept. 1206, Ogden, UT 84408-1206, USA. **E-mail:** McKenziewood@weber.edu

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their oversight of both clinical and non-clinical employees. It is well known that nurses and other clinical staff are at particular risk of being victimized while at work, with one large-scale study of nurses revealing that over about half of nurses experienced at least one episode of violence a year (Wei et al., 2016). Other research has found that clinical staff, or staff in direct contact with patients and administering medical care, are at increased risk of being hurt while working, specifically while they are working in the emergency room (Kelen et al., 2012).

Non-clinical staff comprises those who work at the hospital but do not provide direct medical care to the patients. Among non-clinical staff are custodial crews, food handlers, and security. Research has determined that, after nurses, security officers are most likely to be victimized by patients (Arnetz et al., 2015). This was particularly true in cases where patient restraints were used or when patients were in transition, such as when a security officer is moving a tenant from one location to another.

While the risk for clinical and some non-clinical staff is relatively high, it appears that administrative staff are at the lowest risk of being victimized by gun violence in the hospital. Emergency rooms and intensive care units are among the most violent locations in the hospital (Kelen et al., 2012; Wei et al., 2016), theoretically putting some hospital personnel in more danger than others. For example, nurses and other clinical staff largely work these areas, but there is a lesser likelihood for administration to be permanently positioned in these departments. The motivations of hospital shooters (grudge, "ethanizing a sick patient," prisoner escape, and ambient society violence) also make administration unlikely targets (Kelen et al., 2012). Despite employee position, it is universal that all staff, to some degree, receive training or education designed to keep employees, patients, and patient allies safe in an active shooter situation (Van Den Bos et al., 2017).

Obligation

Research regarding moral obligation in the medical setting is minimal and in need of further study. Aside from voluntary caring, moral obligations to care revolve around a duty, sometimes accompanied by a legal responsibility (Engster, 2005). While it is true that many medical caregivers agree to "do no harm," it is unclear how far that oath extends. For example, since the 1980s, ethicists have been debating whether physicians have an obligation to care for patients diagnosed with acquired immunodeficiency syndrome (AIDS) (Angoff, 1991; Emmanuel, 1988), whether health-care workers have an obligation to be vaccinated to protect patients from disease (Maltezou & Tsakris, 2011), and whether patient abandonment is a violation of a primary obligation for physicians (Quill & Cassel, 1995).

As two doctors explain, "Nonabandonment is one of a physician's central ethical obligations; it reflects a longitudinal commitment both to care about patients and to jointly seek solutions to problems with patients throughout their illness" (Quill & Cassel, 1995, p. 368). While this angle makes it clear that doctors are required to see their patients through sickness, health, and possibly death, it does not anticipate a violent emergency while offering that care. Additionally, these views generally define abandonment as withdrawing

care without transferring a patient to another source of care (Pellegrino, 1995), and only specifically recognize physicians, not nursing or other clinical operatives. Similarly, many of these "do no harm" concepts revolve around protecting against dangerous, deadly, or detrimental actions on the part of the physician, not around failure to act, as is the case when a medical caregiver attempts to protect themselves instead of their patient in an active shooter situation.

The decision to stay and care or protect oneself is a controversial choice, particularly in the hospital setting. Varying opinions have been voiced about obligation versus protection. In the *Journal of the American College of Surgeons*, researchers argue, "it is recognized that a healthcare professional's decision for action during an active shooter event is a personal decision" (Jacobs & Burns, 2017, p. 435). This statement is supported by findings that indicate the majority of the public and hospital employees feel hospital staff have a duty to protect patients to the same degree as law enforcement or fire fighters (Jacobs & Burns, 2017), although that duty might vary depending on other available options. For example, in one survey of hospital employees, the vast majority of respondents indicated that in an active shooter scenario they would first attempt to flee the scene. Fewer reported that they would first protect patients (Sanchez et al., 2018). However, this is also in contrast with the Department of Health and Human Services guiding principles that employees should not be specifically mandated to remain with patients in active shooter events (USHHS, 2014).

Education and Preparation

"Run Hide Fight," although potentially problematic in the hospital setting (Inaba et al., 2018), continues to be the best initiative for active shooter response. As hospital shooting violence has increased, the need for better and more available training has been amplified (Wands, 2016). "Run Hide Fight," endorsed by the Department of Homeland Security, is the training regimen that hospitals have naturally gravitated towards (Binkley, 2016; HSCC, 2015; Jacobs et al., 2013). Chiefly, "Run Hide Fight" offers a simple formula for active shooter response (US Department of Homeland Security, 2008) that includes fleeing from the shooter if possible. If running is not a viable option, then hiding should be employed. Those hiding should specifically seek areas that can be barricaded, preventing access from the intruder. Lastly, if running and hiding opportunities are not available, the third recommendation is to fight. Fighting should be aggressive, committed, use improvised weapons, and specifically have the goal of disarming or restricting the shooter (Morris, 2014).

Hospitals have different methods for educating and training their employees about "Run Hide Fight" procedure, and employees have varying levels of understanding of the curriculum, as well as assorted levels of confidence in their volume of training for the three-step model. One study surveying both hospital employees and the general public found that the majority of both indicated hospitals were somewhat or very prepared for an active shooter event (Jacobs & Burns, 2017). Another study determined that hospital employees feel more prepared for an active shooter situation after receiving active shooter education (Sanchez et al., 2018). Additional research has indicated that specific variables, such as

hospital employee role, level of employee education, and work schedule, can influence “Run Hide Fight” knowledge and perceptions of adequate training (Darais & Wood, 2019).

While research has been conducted regarding perceptions of moral obligation to remain with patients during active shooter events (Jacobs & Burns, 2017), feelings of preparedness following active shooter training (Sanchez et al., 2018), and employee understanding of the “Run Hide Fight” curriculum (Sanchez et al., 2018; Darais & Wood, 2019), none of these studies has specifically looked at differences in response based on employee position.

The current study evaluates survey responses from hospital administration, clinical staff, and non-clinical staff to gain insight on hospital employee role in relation to the hospital’s “Run Hide Fight” policy. Specifically, this study asks the following research questions:

1. Are employees knowledgeable about the hospital “Run Hide Fight” policy?
2. Do employees feel prepared for an active shooter/armed intruder event in the hospital?
3. Do employees perceive a moral obligation to stay with patients during an active shooter/armed intruder event?
4. Do responses differ based on employee role?

Methodology

Data for this study was retrieved from a survey of hospital employees at a Midwest Level III trauma hospital. This medium-sized hospital employs approximately 725 staff and sees over 21,000 patients each year. “Run Hide Fight” is the current active shooter procedure used at this institution, with the simple premise of the policy being that employees should run when possible, hide if appropriate, and fight the intruder as a last resort during an active shooter event. The policy does not make any statement about staff obligation to remain with patients, and it is distributed to staff only (no patients or visitors are privy to the policy). Policy information is disseminated to employees in a variety of ways. First, at hiring, “Run Hide Fight” is introduced in an orientation video. Second, table-top exercise invitations are extended to all employees but are not required. Lastly, all hospital staff have access to the written policy, located in their online health system employee portal.

Sample Population

This hospital was selected because of its centralized location, which means that it serves individuals of various socioeconomic, racial and ethnic, and cultural backgrounds. An electronic survey was distributed to all hospital employees, including administration, non-clinical staff (including security agents, cafeteria employees, guides, and lobby volunteers), and clinical staff working directly with patients. The e-mail containing the survey hyperlink, along with a brief description of the purpose of the survey, estimated length of time to complete the survey (eight minutes), and a request to complete the survey within seven days, was sent by the hospital emergency manager. Follow-up e-mails were sent four days later reminding employees to complete the survey by the end of the week. The survey consisted of 15 questions specifically aimed at assessing knowledge of active shooter

policy, knowledge of policy location, feelings of preparedness, and perceptions of moral obligation.

Variables

The dependent variable in this study was employee role. Dummy variables were created to form three dependent variables: Administration, consisting of all employees whose primary role is to manage or direct executive hospital functions; Non-Clinical Employees, consisting of all employees whose primary role is to assist with the day-to-day functions of the hospital outside of providing medical care; and Clinical Employees, consisting of those employees with direct patient contact for the purpose of administering medical care. Responses were coded as (0) specific employee role (either Administration, Clinical, Non-Clinical), (1) other. Because the dependent variable was dichotomous, logistic regression was used.

Independent variables in this study included indicators of education about the “Run Hide Fight” policy, perceptions of preparedness, and sense of moral obligation regarding remaining with patients in active shooter situations. Employee education (Education1) was first determined as knowledge of active shooter procedure—specifically, employees were asked “Where would you expect to find an active shooter/armed intruder policy?” Secondly, education (Education2) was gauged as the ability to identify the correct response, (i.e., “Run Hide Fight”) to an active shooter or armed intruder in the hospital. For both education variables, correct responses were coded as (0) and incorrect responses as (1). Perceptions of preparedness were determined by how prepared the employee felt for an active shooter/armed intruder incident. Those who reported feeling unprepared or very unprepared were coded as (0), and those who reported feeling prepared or very prepared were coded as (1). Lastly, sense of moral obligation was determined by asking respondents whether they felt a moral obligation to remain with patients in an active shooter/armed intruder situation. Responses were coded as (0) for no and (1) for yes.

Findings

Surveys were electronically distributed to all hospital employees (725). A total of 341 surveys were completed, yielding a response rate of 47%. Eight respondents did not identify their employee role, and their responses were removed from the sample, leaving a total sample of 333 evaluated surveys. Of the total sample, approximately 9% of respondents were administration, 30% came from non-clinical staff, and 61% came from clinical staff. This employee role breakdown appears to be representative of the total hospital employee role breakdown. The majority of respondents were older than 35, were full-time employees (working 32 or more hours a week), had a college degree or higher, were employed for five years or more, and were overwhelmingly female (Table I). The significant gender disparity in the responses is consistent with hospital representation, as the hospital typically employs 85 females to every 15 males. Non-clinical staff was the only employee role that had a majority of employees holding less than a college degree. This remains consistent with positions that often do not require advanced education, such as cafeteria employees, custodial staff, or lobby attendants.

When asked where they would expect to find an active shooter policy, administration were most likely to produce a correct response (94%), followed by clinical staff (83%) and non-clinical staff (80%; Table II). Additionally, when asked what the initial response should be when hearing an active shooter/armed intruder warning, only half of the overall employees produced the correct response. The majority of administration (65%) reported a correct answer, followed by non-clinical staff (54%) and then clinical staff (46%). When asked about how prepared they felt for an active shooter/armed intruder incident, administration reported feeling

the least prepared, with 51% feeling either very unprepared or unprepared. Approximately 46% of clinical staff felt very unprepared or unprepared, while 31% of non-clinical staff felt very unprepared or unprepared. In terms of a sense of moral obligation to remain with patients during an active shooter situation, the majority of employees reported yes and were similar (83–85%) across employee roles.

Three employee role regression models were created, resulting in findings related to “Run Hide Fight” education and feelings of preparedness (Table III). Due to the comparatively small administration sample size, the significance level

TABLE I Employee descriptive statistics

	Administration (31) N (%)	Non-Clinical (98) N (%)	Clinical (204) N (%)	Total N (%)
Gender				
Male	8 (26)	15 (15)	28 (14)	51 (15)
Female	23 (74)	83 (85)	176 (86)	282 (85)
Age				
34 and younger	2 (6)	13 (13)	55 (27)	70 (21)
35 and older	29 (94)	85 (87)	149 (73)	263 (79)
Work schedule				
Full time	28 (90)	81 (83)	169 (83)	278 (83)
Part time	3 (10)	17 (17)	34 (17)	54 (17)
Level of education				
Less than college degree	3 (10)	64 (65)	56 (27)	123 (37)
College degree or higher	28 (90)	34 (35)	148 (73)	210 (63)
Length of employment				
Less than 5 years	7 (23)	31 (33)	83 (42)	121 (36)
5 or more years	24 (77)	66 (67)	119 (58)	209 (64)

TABLE II Education, preparation, and moral obligation survey responses by employee role

	Administration (31) N (%)	Non-Clinical (98) N (%)	Clinical (204) N (%)	Total N (%)
Education1				
Where would you expect to find an active shooter policy?				
Correct response				
Incorrect response	29 (94)	78 (80)	169 (83)	276 (83)
	2 (6)	20 (20)	35 (17)	57 (17)
Education2				
What should your initial response be when hearing an active shooter/armed intruder warning?				
Correct response	20 (65)	53 (54)	93 (46)	166 (50)
Incorrect response	11 (35)	45 (46)	111 (54)	167 (50)
Preparation				
How prepared do you feel for an active shooter/armed intruder incident?				
Very unprepared	1 (3)	2 (2)	12 (6)	15 (5)
Unprepared	15 (48)	28 (29)	82 (40)	125 (38)
Prepared	11 (35)	62 (63)	106 (52)	179 (54)
Very prepared	4 (13)	6 (6)	4 (2)	14 (4)
Moral Obligation				
Do you feel a moral obligation to remain with patients during an active shooter situation?				
Yes	26 (84)	81 (83)	174 (85)	281 (84)
No	5 (16)	17 (17)	28 (14)	50 (16)

TABLE III Logistic regression models of employee role and education, perceptions of preparation and moral obligation in hospital active shooter situations

Variable	Administration			Non-Clinical			Clinical		
	B	(B)exp	S.E.	B	(B)exp	S.E.	B	(B)exp	S.E.
Education1	1.175	3.238	.750	-.379	.684	.315	.045	1.046	.303
Education2	.689*	1.991	.398	.216	1.241	.246	-.423*	.655	.229
Preparation	.521	1.684	.384	-.692**	.500	.257	.408*	1.504	.234
Moral obligation	.060	1.062	.520	.291	1.337	.333	-.271	.763	.315
Constant	1.506			1.010	2.746	.369	-.262	.770	.343
Naglekerke R ²	.024			.031			.031		
Cox and Snell R ²	.051			.043			.023		

* < .10

** < .05

S.E. = standard error

was extended to $p < .10$ to recognize marginal significance. While this level generally demonstrates borderline or minimal significance, it can be an indicator of general significance, depending on the sample size, as appears to be the case in the administration regression.

Education related to what to do in active shooter and armed intruder situations was mildly significant for both the administration and clinical model, with administration being significantly less likely to know what to do in an active shooter situation than clinical and non-clinical staff, and clinical staff being significantly more likely to know how to respond to an active shooter/armed intruder encounter than administration and non-clinical employees.

Feelings of preparedness for an active shooter/armed intruder event were also significant for non-clinical and clinical employee roles, with non-clinical staff feeling unprepared compared with administrative or clinical staff, and clinical staff feeling more prepared than administrative and non-clinical staff. However, given the $< .10$ p level for the larger clinical sample, this significance should not be overstated and should be interpreted as minimal or mild.

DISCUSSION

Overall, it appears that all employee roles are relatively educated about where to find an active shooter policy, and less educated as to what to do in an active shooter/armed intruder situation. However, some employee roles, specifically administration, are more informed about where the policy is located and less informed about the information contained therein, a theme consistent with prior research (Darais & Wood, 2019). Furthermore, while the majority of all types of employees could correctly identify where the policy was located (the policy is housed on the Health System Intranet, couched among over 1,000 other policies), it is unknown whether employees could actually locate and/or isolate the *specific* policy. The inability of approximately half of employees to accurately identify the correct response to an active shooter situation has been described in violence and hospital literature as “troubling” (Darais & Wood, 2019). While it is unknown why clinical employees better understand the “Run Hide Fight” procedure, it has been hypothesized that clinical staff might recognize they are at

an increased risk of violent victimization due to direct patient contact, as opposed to employees who may be largely working in offices (administration), or completing other responsibilities outside the patient sphere (Kelen et al, 2012; Occupational Safety and Health Administration, 2016).

The results related to feelings of preparedness are potentially connected to previous studies that have determined that non-clinical staff are less likely to feel their “Run Hide Fight” training was adequate compared with clinical hospital staff (Darais & Wood, 2019). It appears there could be a link between confidence in education and feelings of preparedness, with clinical staff being most likely to correctly respond to what to do in active shooter/armed intruder situations and also feeling the most prepared for such an event. In this sense, knowledge might be power when it comes to feeling safe and secure in the work environment. However, similar to a conclusion drawn from research about perceptions of being adequately trained for an active shooter event, it is likely that some individuals will never feel prepared for an active shooter situation, regardless of the level and quality of education received (Darais & Wood, 2019).

Interestingly, administration, who generally bear responsibility for distributing “Run Hide Fight” training, also are least educated when it comes to “Run Hide Fight” procedure. These findings are reminiscent of other research suggesting that hospital supervisors and administration might not take hospital violence as seriously as clinical staff and, in-turn, contribute to hostile or bully-based work environments (Berry et al, 2012; Thomas & Burk, 2009). Additionally, administration have concerns outside of the medical purview, such as profitability and public perception. The need to produce business or generate revenue streams might result in a desire to forgo violence-prevention mechanisms in favour of using that funding for other hospital needs, or administration may simply fail to see problems with their current violence-prevention protocol (Blando et al., 2015).

The large number of employees (84%) who expressed feelings of having a moral obligation to remain with patients during an active shooter situation is heart-warming, but also concerning, given the lack of specific training on how to assist patients consistent with the “Run Hide Fight” procedure. Best practices suggest addressing the “ethical implications

of hiding in or near patient rooms” (Darais & Wood, 2019, p. 11) and allowing employees the opportunity to debrief after trainings (Morris, 2014). This debrief likely should include a description of hospital expectations when it comes to patient care during a violent encounter, as well as a discussion of the Department of Health and Human Services protocols and an emphasis on employees’ personal decisions (Jacobs & Burns, 2017; USHHS, 2014).

Limitations

There are limitations associated with this study. Chief among them is the inability to generalize these results to other health-care institutions or government or education settings. While other organizations also grapple with active shooter education and training, this particular research was specifically designed for the hospital setting. Secondly, although it would have been ideal to expand the sample size instead of the significance level, the varying sample sizes among the different types of employees made this impractical and the significance level was therefore extended to $p < .10$. Despite providing what appears to be general significance, it is acknowledged that increasing significance also introduces more error, which is already inherent in a small sample. Lastly, time constraints prohibited the survey from being open for longer than a week. Although a decline in number of responses was observed each additional day into the response period, it is anticipated that if the survey had been open longer and additional follow-up messages been sent, the response rate would have increased.

Active shooter education and training in the hospital setting deserves increased attention. To our knowledge, very few other studies specifically look at employee role in hospital violence situations. Similarly, there is room for research regarding patient role and patient violent instigation in active shooter events. While studies of hospital violence have looked at patient–patient interactions, or patient–hospital employee dynamics (Arnetz et al., 2015), few studies investigate large-scale violence related to potential external sources, such as family or friends of those in the hospital, or internal disgruntled hospital employees. They also seemingly neglect to explore patient violent suicide or murder-suicide situations while in the hospital. Additionally, despite the findings of this study that clinical staff are most likely to know how to respond to an active shooter event, other research has concluded that patients and visitors are also at high risk of being victimized, and it is likely that “Run Hide Fight” education should be extended to the periphery of hospital patrons, instead of just hospital employees (Kelen et al., 2012). To increase understanding of these tragic and violent scenarios, additional research is needed.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest. This paper uses data and methodology consistent with another article (by the same authors). Different variables from the same dataset are used, and the methodology section has been re-worded. In short, these are two separate articles with the former article informing continued research that resulted in the current article. The article described can be found here: Darais, M., & Wood, M. (2019). Employee variables influencing “Run Hide Fight” policy knowledge retention and perceptions of preparedness in the hospital setting. *Crime Prevention and Community Safety*, 21(2), 81–93.

AUTHOR AFFILIATIONS

*Weber State University, Ogden, UT, USA; †Department of Emergency Preparedness, Glenwood, Iowa.

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Public safety personnel feedback from a remote trial of Goal Management Training for post-traumatic stress during Covid-19

Heather Millman,* Krysta Andrews,*† Sherain Harricharan,*† Sarah Goegan,*† Brahm Sanger,*† Isaac Beech,*† Charlene O'Connor[§], Ruth Lanius,[‡] and Margaret McKinnon*^{†§}

ABSTRACT

Purpose: This paper explores participants' perspectives on the acceptability, utility, and perceived therapeutic effects of a virtual group cognitive remediation program, Goal Management Training (GMT)[™], during the COVID-19 pandemic. The advantages and drawbacks of these groups are considered as part of an online research study protocol exploring cognitive remediation among first responders (police, firefighters, paramedics, emergency dispatchers, corrections and parole officers, and nurses) who have been impacted by trauma.

Methods: We qualitatively examined the results of an anonymous participant feedback survey collected from 20 first responders who took part in the first round of our online therapy groups. A thematic analysis approach was taken to highlight key themes and recommendations.

Results: Survey results indicated that participants found our online protocol effective in terms of group facilitation, the utility of online platforms, and perceived therapeutic effects. Further, some participants preferred participating online versus attending in-person groups.

Conclusion: This early data suggests that providing virtual options for research and treatment among trauma-impacted public safety personnel may increase accessibility and overall participation among this population.

Key Words Cognitive therapy; group therapy; post-traumatic stress disorder; first responders.

INTRODUCTION

The emergence of the current COVID-19 pandemic has resulted in the implementation of emergency response measures at both national and provincial levels in Canada, requiring many Canadians to stay home and reduce their social contact as much as possible. However, public safety personnel (PSP) are required to remain on duty and continue to protect the public throughout the various restrictions. A number of research studies have illustrated how recent pandemics, including COVID-19, affect the mental health of PSP (i.e., first responders—police, fire fighters, paramedics, correctional officers, probation and parole officers, emergency dispatchers, and nurses). Specifically, recent data has revealed

significant mental health impacts, including an increased risk of developing post-traumatic stress disorder (PTSD), among health care workers treating ill individuals during pandemics, including patients with COVID-19 in China (Lai et al., 2020; Mo et al., 2020) and patients with MERS in Korea (Lee et al., 2018). In addition, a study exploring perceptions of those treating patients during a potential influenza or smallpox pandemic found that paramedics in the United States reported an increased fear of remaining on duty (Mackler et al., 2007). Collectively, this research provides evidence for increased psychological stress and risk of mental illness experienced by PSP during pandemics.

Among trauma-exposed PSP, recent work has found symptoms of PTSD to be associated with greater risk of

Correspondence to: Heather Millman, M.A., Clinical Research Co-Lead, McMaster University, Department of Psychiatry and Behavioural Neuroscience, St. Joseph's West 5th Campus, 100 West 5th St., Hamilton, ON L9C 0E3, Canada. **E-mail:** millmanh@mcmaster.ca

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cognitive impairment in areas of verbal and visual learning, processing speed, attention, verbal memory, language, and executive functioning; and these cognitive impairments have been linked to poor functional and occupational outcomes (Clouston et al., 2017; Boyd et al., 2019). For PSP, frequent duty-related exposure to trauma can lead to work strain and emotional distress that can compromise an individual's ability to carry the cognitive load required to comply with the occupational demands of public safety duties (Jones, 2000). In response to these findings, we launched a randomized control trial examining the efficacy of a novel cognitive remediation program, Goal Management Training (GMT)TM (Levine et al., 2000), to aid in improving cognitive deficits among PSP with PTSD. Goal Management Training is a skills-based, cognitive remediation treatment consisting of nine 2-hour sessions that provide individuals with self-monitoring and mindfulness-based strategies, psychosocial education, and other relevant skills in order to reduce the frequency and severity of cognitive difficulties (Levine et al., 2000). Recent studies (Hagen et al., 2020; Cameron et al., 2020; Boyd et al., 2019) have reported improvements in executive functioning and subjective cognition among individuals with certain psychiatric disorders, including PTSD. However, most research trials of GMT have required in-person attendance.

For those already grappling with PTSD and its associated cognitive deficits, the COVID-19 pandemic has made it more difficult to access mental health treatment and support. During widespread lockdowns and social distancing practices, treatment interventions must be available remotely when and where PSP cannot access them in person. To meet this need, we adapted Levine's GMT program (Levine et al., 2012) into an online protocol that delivers the treatment to PSP remotely. Specifically, our study sought to address a critical gap in the literature by investigating the effectiveness and utility of virtual GMT for trauma-exposed PSP. We hypothesized that, should this virtual protocol be successful in both engaging participants and improving cognitive performance, it will be a critical development in GMT delivery that will increase access to this intervention beyond the context of COVID-19. In the current paper, we detail the adaptations required to offer GMT online and examine the feasibility and patients' acceptance of this delivery format and related study activities. To evaluate these aspects of our research program, we collected subjective evaluations of our online GMT delivery from our first cohort of participants.

METHODOLOGY

Participants were recruited to the study through social media ads targeting PSP in Ontario and recruitment posters provided to local PSP organizations and support groups. Eligibility was ensured through a screening questionnaire over the phone, and participants were excluded from the study if they lived outside of the province of Ontario, had never worked in an occupation included in the WSIB Operational Policy Manual's (2018) definition of "first responder," had a history of neurological disorder, traumatic brain injury, or a medical disorder known to adversely affect cognition, or had an active substance use disorder.

Thirty-three PSP, including police, firefighters, paramedics, correctional and parole officers, emergency dispatchers, and nurses, throughout Ontario participated in our first set of group therapy sessions, using the Zoom for Healthcare video chat platform. Participants were randomized into either the GMT treatment group, or the active control condition, which consisted of psychosocial education. Both conditions completed nine weekly 2-hour group therapy sessions. Groups ranged from seven to ten participants and each was facilitated by a post-doctoral fellow/graduate student researcher and a licensed clinician, including an occupational therapist trained in GMT facilitation.

The primary objective of GMT is to train participants to discontinue ongoing behaviour, define goal hierarchies, and monitor performance (Levine et al., 2011). To achieve this, GMT sessions provided instructional material, interactive tasks, discussion of participants' real-life challenges, and homework assignments that they completed in personal GMT workbooks. In compliance with GMT protocol, mindfulness meditation exercises were introduced and practiced to help participants train their attentional capacity. A few modifications were required to adapt GMT to online delivery, including changes to tasks requiring participants to work with partners and providing individual copies of some materials that, in traditional in-person GMT delivery, would be re-used by participants, group over group. Participants were mailed copies of the GMT workbook and other materials, including decks of cards and modified task materials, in advance of the group therapy sessions.

The psychosocial education (i.e., active control) group content consisted of a series of modules addressing the neurological and physiological responses to trauma and its effects on lifestyle factors. Specifically, sessions included content on PTSD symptomatology, its impact on areas of cognition (e.g., attention, memory, decision-making), and emotion regulation. Additionally, sessions included group discussions centred on daily challenges involved in living with PTSD, such as social interactions, physical health, nutrition, and sleep hygiene.

Prior to baseline testing, each participant met for an introductory session over Zoom with a member of the research team who acquainted them with the various online testing and meeting platforms used in the study. At baseline, participants completed two semi-structured interviews: the Mini International Neuropsychiatric Interview (MINI) and Clinician Administered PTSD Scale (CAPS-5). At baseline and following the final group session, participants completed cognitive testing involving key domains implicated in PTSD (memory, reasoning, verbal ability, concentration, sustained attention, and processing speed), using the Cambridge Brain Sciences (CBS) and Millisecond Inquisit Web online cognitive testing platforms. In addition, participants also completed the Rey Osterrieth Complex Figure Task (RCFT) and Hooper Verbal Learning Task (HVLT-R). All cognitive testing was carried out while on Zoom with a member of the research team. Following cognitive testing, each participant completed a series of online self-assessments focused on PTSD symptomatology, exposure to traumatic and morally injurious events, executive functioning, and ability to return to work (if applicable). Additional follow-up testing was scheduled for three months and six months post-treatment.

After completing their nine group sessions, participants were asked to use an anonymous group survey to provide feedback about their group experiences and use of the video chat and cognitive testing platforms. The survey asked about three general aspects of participation: 1) perceived effectiveness of group content and therapeutic exercises, 2) utility of online platforms, and 3) preference for virtual compared with in-person group therapy. Once the data was collected, thematic analysis was used to identify similarities and differences in the responses and to highlight significant shared elements (Nowell et al., 2017). These themes were used to explicate key learnings from our first group cohort.

RESULTS

Overall, 20 of the 33 first-round participants responded to the survey, seven of whom participated in the psychosocial education groups and 13 of whom participated in GMT.

Therapeutic Effects

Goal Management Training group participants reported that the specialized group activities and homework tasks were most useful in helping them to practice the therapeutic techniques within day-to-day situations. Goal Management Training group members also found that the emphasis on mindfulness strategies helped them to stop and refocus on the task at hand. Interestingly, although specific therapeutic skills were not explicitly taught to members of the Psychosocial Education group, these participants also found that the education provided on “coping techniques” and methods to help control anxiety were helpful in regaining a “sense of agency over one’s brain.” For these participants, learning about the impact of trauma on the brain was especially helpful in understanding their symptoms and cognitive challenges. Members of both groups highlighted a sense of solidarity and interpersonal support with other participants, explaining that participating in groups made them feel “validated” and less “abnormal” or “alone” than they had previously felt. Overall, a majority of participants in both groups felt that the sessions had at least somewhat improved their memory, attention, organization, and concentration (75% of each group, respectively).

Accessibility

We asked participants whether they would prefer to attend GMT or Psychosocial Education therapy sessions in person or online. Those who cited a preference for online group sessions also expressed an appreciation for having a more private, relaxed, and “safe” place in which to participate. As one GMT participant explained, “It was nice being able to participate from the comfort of my own home, in a place I felt safe.” These individuals reported that online sessions reduced or removed the anxiety they attributed to speaking in groups, and helped them to contribute more to group discussions and interact with other participants.

In contrast, those who preferred to attend groups in person found it difficult to interact and connect with other group members online. These individuals hypothesized that in-person groups would provide a greater sense of connection among participants. For instance, one GMT participant explained, “the online group missed out on the benefit of

struggling and succeeding as a group. The online [format] took the intimacy of a group setting away.” Given that just under 40% of participants reported a preference for in-person groups, it is important to consider that an online setting may not work best for all PSP, and where feasible, offering both in-person and online options for group participants may optimize the uptake and perceived effectiveness of this therapy. In our online setting, it is notable that despite any drawbacks or difficulties attributed to the online format, no participants dropped out of the study after attending the first group session. In addition, the elimination of transit proved to make online groups more accessible for individuals who maintained their full shift schedule at work, and scheduling make-up sessions for those at work during a group session was easier to arrange. These advantages are represented in the participant feedback survey, wherein many participants from both therapy groups reported a preference for online group sessions (see Figure 1).

Utility

Anticipating that participants could vary considerably in their technical knowledge and comfort levels navigating through online programs, the research team paid particular attention to the utility of online platforms when designing the protocol. Because assessment tasks required the simultaneous use of a screen and keyboard, participants needed to have access to either a laptop or a desktop computer. Although technical problems did occur, they were rare and were addressed by the research team. When asked how easy they found it to use our video chat and online testing platforms, the majority of participants found all of them to be very easy or somewhat easy (see Figure 2).

Group Facilitation

Although our survey did not ask specifically about therapeutic alliance, many participants commented on the group facilitation in the open comment section at the end of the questionnaire. Despite any barriers that video chatting may have presented to relationship building between participants and facilitators, many participants provided

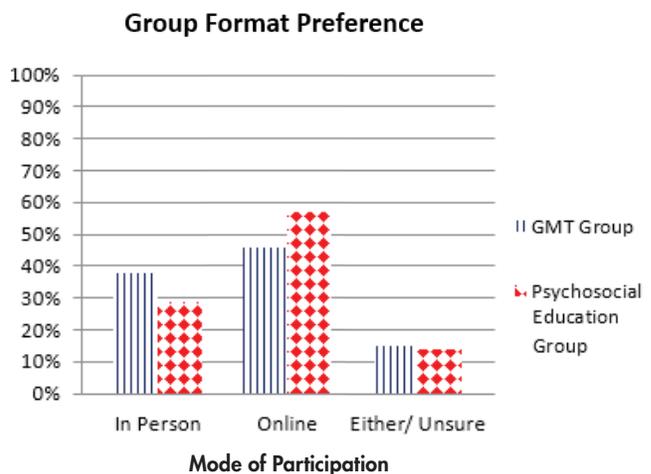


FIGURE 1 Preference for online vs. in-person group sessions

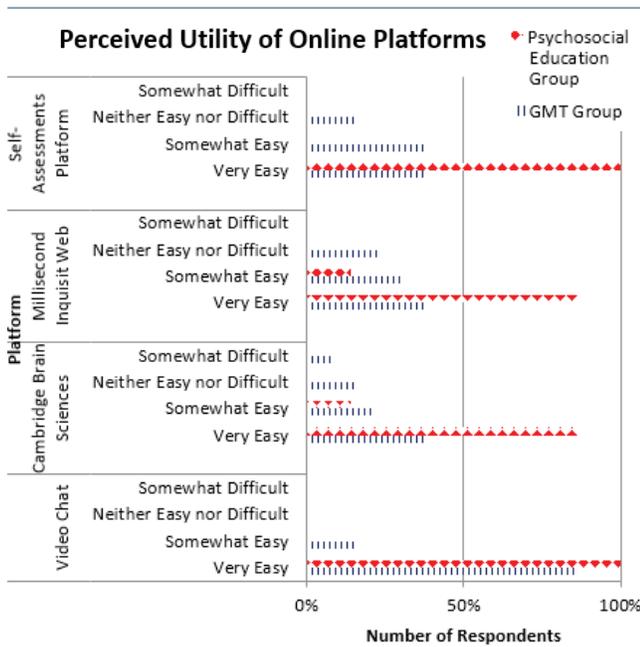


FIGURE 2 Perceived utility of online platforms

positive feedback about the facilitators’ abilities to present materials in a comprehensive and knowledgeable way, and to engage with all participants compassionately and kindly. If a participant was struggling during a session, facilitators were able to discuss the issue with them privately by using the private chat option or Zoom’s “break-out room” feature. This element contributed to participants feeling supported by study staff throughout the sessions.

DISCUSSION

Participant feedback on our virtual approach to GMT and psychosocial education therapy provides vital insight into the potential for delivering remote group therapy and conducting trauma intervention research online. This finding is especially critical during the COVID-19 pandemic, when unparalleled social restrictions have limited access to mental health care. As health-care providers strive to determine the effectiveness of remote modalities, we highlight the value of understanding participant experiences of online cognitive therapy beyond the context of COVID-19 restrictions. Indeed, we are increasingly recognizing the potential and importance of virtual therapy to reach participants who would not otherwise receive care. While we acknowledge that this approach is not preferred by everyone and limits participation to those with access to reliable internet and a computer at home, we found that our virtual approach did not negatively impact participation rates. In fact, the number of participants increased substantially compared with previous outpatient GMT trials run in person at our locations in the region. Furthermore, attrition rates were significantly lower in our first round than in previous in-person trials. Although some participants voiced a preference for in-person group sessions, they acknowledged that offering the study online was necessary given current pandemic restrictions and actively participated in online sessions.

While our pivot to an online study protocol was a necessary response to the current COVID-19 pandemic, telemedicine and virtual therapy are likely to continue expanding in the post-pandemic world. This predicted expansion is due to telemedicine’s ability to overcome significant barriers to treatment access, such as transportation, time, cost, and the potential stigma of in-person visits. Our transition to online GMT delivery demonstrated that online groups allowed individuals to participate from a broader geographic range than in-person groups. In addition to feeling an increased level of comfort in an at-home setting, a significant number of respondents in our study voiced an overall preference for online participation due to reduced distance and travel time. Thus, we suspect that offering a virtual group GMT and psychosocial education option may be beneficial for trauma-impacted PSP and may facilitate return to work among a broader PSP demographic. Offering such an option removes geographic barriers for participants living in rural and remote areas and may better accommodate those who work rotating shift schedules.

Goal management training, an established and structured cognitive intervention that uses workbooks and other materials, was easily adapted for online delivery with few minor modifications, including providing copies of materials by mail in advance of the sessions. As for the technical challenges involved in an online trial, we found that offering an introductory session during which participants received one-on-one instruction about using the various online platforms was important for those who considered themselves to be less knowledgeable about computers. Also, having research team members available during psychometric testing sessions was pertinent to troubleshoot any technical difficulties.

While the data collected in our participant survey is a helpful first step in understanding the strengths and weaknesses of conducting GMT therapy and collecting psychometric data online, there are several limitations to the data that warrant future investigation. Ideally, we would obtain feedback from a greater proportion of our sample to gather a full understanding of the merits of our virtual therapy and testing. Moreover, because our study required participants to not have been involved in previous in-person GMT trials, they could not compare the groups with an in-person option. It is impossible to know how many PSP could not be recruited for the study because they were not interested in participating online. While those involved in the study were able to access computers to participate, there may be a subset of individuals who could not participate because they do not have access to a computer at home.

Although the team did contact individual PSP organizations to help with recruitment, the majority of our participants responded to our social media ads. It is possible that this led to a greater proportion of participants being comfortable online and having computer access at home, and this could potentially lead to a more positive review of the virtual group environment. Finally, participants provided their subjective opinions about the group’s effectiveness in improving areas of their cognition (e.g., memory, attention, organization, and concentration), but future analysis of the objective data collected during pre- and post-group testing sessions is required to reveal what, if any, cognitive improvements resulted from the two groups.

CONCLUSIONS

Our study provides preliminary insight into the benefits and drawbacks of providing cognitive remediation therapy and, more generally, group therapy in an online setting. Despite the loss of face-to-face interaction, participants in our first round of GMT and psychosocial education groups demonstrated that, for many, virtual participation provides a convenient method of attending sessions while maintaining schedules that may otherwise be challenging, such as shift work. Additionally, for those struggling with PTSD and other mental health disorders that may produce anxiety, the ability to participate in therapy while remaining in a familiar and comfortable setting may improve attendance and reduce attrition. An online model also removes physical access barriers that may prevent potential participants from taking part in therapy, such as proximity to urban centres or specialized clinics. For these reasons, while online sessions are not preferable for all PSP, we propose that offering a virtual alternative for GMT therapy would capture members of the population who would be unable or unwilling to attend in person.

From a research perspective, our ability to adapt our protocol to comply with pandemic restrictions demonstrates that cognitive testing and remediation strategies can be implemented remotely. Specifically, it supports the notion that GMT can be successfully adapted into an online protocol and that virtually administered psychometric testing is reasonable and tolerated by our research population. For PSP, this is particularly salient during times of national emergency, when they must continue to fulfill their role in protecting the public, often at significant personal risk. As recent data has illustrated, global pandemics can increase the risk of developing PTSD among PSP (Lai et al., 2020; Mo et al., 2020; Lee et al., 2018; Mackler et al., 2007). It is thus vital to unveil new avenues for providing accessible therapeutic support during such exceptional times. While future research can further explore the implementation of virtual GMT among a broader patient base (such as first responders outside of Ontario and other populations seeking cognitive remediation therapy) the initial survey results presented here serve to inform not only online approaches to GMT, but also online approaches to clinical care and research in PTSD more broadly.

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CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

AUTHOR AFFILIATIONS

*McMaster University, Department of Psychiatry and Behavioural Neuroscience, St. Joseph's Healthcare, Hamilton, ON, Canada; †Homewood Research Institute, Guelph, ON, Canada; ‡Lawson Health Research Institute, Department of Psychiatry, Western University, Parkwood Institute, London, ON, Canada; §Homewood Health Centre, Guelph, ON, Canada.

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Offenders on judicial orders: Implications for evidence-based risk management in policing

Sandy Jung* and Gregory Kitura†

ABSTRACT

There is little known about individuals who serve judicial protective orders called Section 810.1 and 810.2 peace bonds. Many Canadian police services provide supervision of these individuals, who are deemed high risk for violence, yet little research has been done on community supervision by police. The current study profiles the characteristics of 45 adult supervisees who were serving 810.1 and 810.2 orders and supervised by a local police service. The findings indicate that a majority of these individuals have experienced childhood abuse and neglect, lack high school education, were exposed to parental alcoholism, and demonstrated evidence of mental health problems. Further, and perhaps less surprising, they had remarkable histories for criminal behaviour, in terms of frequency, severity, and antisocial behaviour. Most of the individuals had criminogenic risk factors and responsivity issues that required attention at the start of their supervision. This study highlights the high needs of individuals under judicial orders and provides insight into the level of resources needed to supervise them. Implications for training law enforcement in applying effective principles of rehabilitation and risk assessment are discussed.

Key Words High-risk offenders; warrant expiry date (WED); 810.1 and 810.2 peace bonds; police.

INTRODUCTION

In Canada, inmates who are incarcerated until the very end of their sentence and have not been released in the community through parole are at a greater risk of committing another crime than inmates who have received supervision in the community (e.g., successful completion rate of day parolees, 91%; full parolees, 88%; statutory release offenders, 63%; Parole Board of Canada [PBC], 2014). The offenders who reach the end of their full sentence, or what is called their warrant expiry date (WED) are no longer under the jurisdiction of the criminal justice system or the correctional system and legally do not receive any follow-up. However, for some of these offenders who have been assessed to be a high risk for sexual and violent offences, an application by the Crown to the court can be made to consider a post-sentence supervision order in the province where an offender is released. Hence, when an offender is assessed to be high risk and, more importantly, the courts decide that they should be placed on a judicial order, under Section 810.1 or 810.2 of the *Criminal Code*, the police or probation in the province or territory where the offender relocates are subsequently responsible for monitoring them for a certain amount of time (Correctional Service Canada [CSC], 2018). To date, little is known about this group of

offenders, released at the end of their federal sentence. It is important to gain a better idea of the demographic characteristics, background, and criminal histories of these released offenders and to gain a relative understanding of the types of criminogenic risk factors that should be addressed in supervision. This paper is intended to provide a profile of the characteristics of WED offenders who have been referred to a local Canadian police service for supervision and monitoring. It is hoped that we can consider how evidence-based practices, already established within the correctional psychology field, can provide a foundation for the supervision and management of WED offenders in the community with the knowledge of how these offenders present.

The forensic literature shows that there is a greater chance for reoffending by inmates who have never been supervised in the community during their sentence. The PBC (2014) reported that 91% of day parolees successfully complete parole (e.g., no new charges), while 88% of those who receive full parole and 63% of those given statutory release were successful. Once the inmate reaches their WED, federal correctional agencies, namely, CSC and the PBC, no longer have a legal mandate over these individuals and, by law, must release them (CSC, 2018). It is notable that WED offenders are less likely to be eligible for parole release due

Correspondence to: Sandy Jung, Department of Psychology, MacEwan University, P.O. Box 1796, Edmonton, AB T5J 2P2, Canada. **E-mail:** sandy.jung@macewan.ca

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to a number of factors, such as a decreased motivation to engage in institutional programming or non-completion of rehabilitation. Before WED offenders are released, some considerations are made by CSC. If CSC has reasonable grounds to believe an inmate will pose a threat when released, a comprehensive information package is prepared (Harris, 2001). Current practice requires that CSC forward the WED package to the police in the receiving jurisdiction at least 90 days before release, and this package includes the offender's criminal profile, correctional plan, records of institutional behaviour, and any psychological and/or psychiatric evaluations (Harris, 2001).

When an offender is deemed high-risk for engaging in sexual or violent behaviour, an application can be made to the court by the Crown, under Section 810.1 or 810.2 of the *Criminal Code*. These judicial orders are intended to provide a method to restrict the movement and behaviour of a particular person where there are reasonable grounds to believe that this person may, in the foreseeable future, create victims of a violent crime or a sex offence (Harris, 2001). These orders can be made for a maximum of one or two years and require the consent of the Attorney General of the province. Conditions can be attached to these orders, where a breach of an 810 order constitutes an offence. Should a defendant refuse an 810 order, they can be imprisoned for up to one year. In addition, crown prosecutors and police in the province or territory where the offender relocates are subsequently responsible for deciding whether they will release a public notification about an offender released at warrant expiry (Harris, 2001). Once an 810 order is granted, the peace bond may be renewed by application to a court and has no geographical restrictions (i.e., enforceable throughout Canada); a breach of any condition of a peace bond is a criminal offence and can be prosecuted. There are two types of 810 orders: 810.1 (Where Fear of a Sexual Offence) and 810.2 (Where Fear of a Serious Personal Injury Offence). An 810.1 order is employed when the concerns about an individual involve a fear of a sexual offence against one or more persons who are under the age of 16 years, and an 810.2 order is considered when there are concerns involving fear of an individual causing serious personal injury, whether violent and/or sexual (*Criminal Code of Canada*, 1985).

Once the WED offender is granted an 810 recognizance order, police services proceed with supervision and monitoring. However, police services across Canada vary in how they administer supervision. For example, some provinces have integrated police services for high-risk offenders and designate a sworn member, a unit, or a section to supervise 810 offenders (Weinrath et al., 2015), while others rely on probation services to supervise (Calverley & Beattie, 2004). There is a significant community concern about releasing untreated, high-risk offenders who have yet to demonstrate the ability to reintegrate in the community and who have been publicly "outed" via community notifications about their impending release. Hence, supervision and management of high-risk sexual and violent offenders may centre on the inmate's safe reintegration into the community and assisting the inmate to find programs necessary to achieve stability.

Little is known about this select group of offenders. It is typically incumbent on the officer or detective to review, assess, and manage the offender. Law enforcement has been

historically and primarily tasked with enforcing federal laws, and at best, monitoring criminal behaviours and offenders, but not proactively managing them. Since supervision of offenders on 810 orders may focus on offenders' safe reintegration into the community, it is relevant to assess risk and criminogenic needs, develop a reintegration plan, and implement services for the offender that involve both social work tasks and counseling services (Chadwick et al., 2015). Given that these are areas of expertise not typical of police training, there is little to no empirical work that has examined police management of released offenders who are no longer under the jurisdiction of parole or correctional services.

In other criminal justice settings, such as probation and parole services, there has been a plethora of research examining effective approaches to supervision. In fact, within the realm of correctional psychology, there have been many advances in the field of risk assessment and management of convicted offenders over the past 25 years (see Hanson, 2009). Of key importance are the risk, need, and responsivity (RNR) principles of rehabilitation, which provide guidance concerning how much service, what types of interventions, and how services should be delivered to people who have committed crimes (Bonta & Andrews, 2017; Jung, 2017). In brief, the risk principle asserts that the intensity of services must match an offender's risk level. Second, the need principle highlights the importance of interventions that focus on criminogenic needs, which are factors that cause criminal behaviour and are associated with reoffending. These include the "central eight" risk factors (history of antisocial behaviour, family/marital circumstances, school/work, leisure/recreation, substance abuse, antisocial personality pattern, antisocial cognition, and antisocial associates), which are known to be key predictors of general criminal and violent criminal behaviour. Lastly, the responsivity principle asserts that services should be given in a manner that takes into account the personal characteristics of an offender (e.g., cognitive deficits, level of motivation, psychopathic traits) that may impact the effect of interventions. Offender rehabilitation and supervision that adhere to the RNR principles are associated with significant reductions in reoffending, whereas rehabilitation that fails to follow the RNR principles yields minimal reductions in recidivism and, in some cases, even results in increased recidivism (see meta-analytic studies by Andrews et al., 1990; Dowden et al., 2003). Although there are many ways to use research to improve policing processes, only recently has attention been drawn to the use of evidence-based practices to help guide police decision-making and the management of offenders (e.g., Kewley, 2017a; Sherman, 2013).

The goal of this research is to provide a descriptive profile of criminal and personal characteristics, criminogenic risk factors, and community supervision. Examining the profile of referred cases allows a relative comparison of offenders, in general, on a comprehensive set of variables (i.e., demographics, criminal history, mental health status, risk factors, responsivity issues). Files of 45 offenders who were supervised under a Section 810 order by a local police service were reviewed for this study. Although this goal is purely descriptive, it is necessary to examine the composition of offenders referred and the prevalence of criminogenic risk factors that reflect their case load and thereby dispel assumptions regarding offenders who are supervised under Section 810.

METHOD

Sample

The sample comprised 45 offenders who were on judicial orders and supervised by a local police agency upon their release from incarceration. Offenders were primarily referred by federal corrections. In terms of the type of supervision, 26.7% ($n = 12$) were supervised with a Section 810.1, and 73.3% ($n = 33$) were supervised with a Section 810.2. The average number of days from the time of referral until the date of release was 108 days ($SD = 84.19$; median = 87 days; range 7–450). The age of the individuals ranged from 20.1 to 77.2 years, with an average age of 41.4 ($SD = 12.78$; median = 40.5 years), and a majority identified as male (95.6%; $n = 43$), while 4.4% ($n = 2$) identified as transgender female. In terms of ethnicity, 57.8% ($n = 26$) identified as Aboriginal or Metis, 37.8% ($n = 17$) as Caucasian or White, and 4.4% ($n = 2$) as Black.

Sources of Information and Measures

Each case file included referral documents (e.g., institutional records and reports, criminal records, police reports), risk evaluation reports completed by police detectives, case notes completed by supervising police detectives, videotaped interviews, and documentation of breaches and criminal offending during supervision from local, provincial, and federal criminal records. In light of the number of sources reviewed, a reliable coding process was developed to operationalize and extract variable information from police documentation. This study is part of a larger endeavour to examine the profile of these offenders supervised with a judicial order, as well as the supervision and monitoring of these offenders and the predictive ability of their criminogenic needs for future justice-involved outcomes. Hence, three coding forms were developed for the larger program of research: (A) variables that pertain to the offender at the start of the supervision (information regarding demographics, sentencing, index offence, and incarceration variables); (B) variables that refer to supervision by the police unit after the offender is released upon warrant expiry (this form is repeatedly used for each 4-month time period; e.g., 0–4 mos, 5–8 mos, 9–12 mos, etc.) to assess the needs of the offender during each 4-month period; (C) recidivism outcomes that include the presence of any reoffence, violent reoffence, and sexual reoffence, along with dates of the reoffence.

For the current study, form A was used to examine the index offence, demographic and personal information about the supervisee, and criminal history. Moreover, variables related to the offender's personal history, criminal history, criminogenic needs, and responsivity factors were coded and examined. These variables were dichotomized (e.g., experienced sexual abuse, 0 = no, 1 = yes; history of mood disorder, 0 = no, 1 = yes), and criminogenic needs based on the "central eight" risk factors identified by Bonta and Andrews (2017) were assessed, along with responsivity issues identified in both Bonta and Andrews (2017) and Jung (2017). Criminogenic needs that were specific to sexual offending risk were sampled from Mann et al.'s review (2010) of psychologically meaningful risk factors.

In addition to these dichotomous variables, we also operationalized the severity of criminal histories using the

Cormier Lang Criminal History Score (CLS) to quantify past criminal charges and convictions. The CLS assigns numerical values to a series of charges and convictions for violent and non-violent crimes (see Quinsey et al., 2015, for the derivation and development of the CLS); higher numerical values indicate more severe criminal histories. The Screening Scale for Pedophilic Interests (SSPI; Seto & Lalumière, 2001), which is a measure of pedophilic interests for use with individuals who have been convicted of sexual offences, was also scored. The SSPI comprises four items representing victim characteristics that are empirically established correlates of pedophilia (i.e., presence of male victim, more than one victim, victim is under the age of 12, unrelated victim) and has been shown to be associated with phallometric measures of pedophilic interest.

PROCEDURE

This research was conducted in Edmonton with the local police service and a specific unit that comprises trained detectives who supervise and manage these offenders, called the Behavioural Assessment Unit (BAU). A research protocol application was reviewed and approved by the police service, and the first author's institutional research ethics board approved the research.

Data extraction involved a development stage and a period of review and coding. In the 2-month development stage (May–June 2019), the principal researcher and a trained research assistant reviewed five case files to ensure constructs for research variables were clear and variables were codable from police documents. This process led to the development of several coding forms (previously described).

Files were reviewed and coded over a 10-month period from July 2019 to April 2020. Cases eligible for inclusion met the following criteria: Supervision occurred between 2016 and 2019 (i.e., supervision that did not overlap with this range, e.g., only prior to 2016, were not included), individual was supervised for at least 4 months by BAU (i.e., if supervision was less than 4 months, due to reincarceration or transfer to outside jurisdiction, individuals were not included in the sample), and a Section 810 recognizance order was in place (i.e., recognizance was selected as the criteria as often the Section 810.1 or 810.2 would not be officially in place until a court date was set, and this could take as long as 2 years). It is important to note that the current study is part of a larger project examining police supervision and therefore we excluded cases where supervision was less than 4 months in length to ensure we were able to meaningfully examine supervision (e.g., documentation was more complete with longer periods of supervision). Fewer than five cases were excluded for this reason.

As a result, the principal researcher reviewed a total of 45 cases. For most cases reviewed, the first time period examined began at the start of the offender's BAU supervision (91.1%; $n = 41$). Of the 45 cases, supervision was ongoing beyond the research end date for 42.2% ($n = 19$) cases, while 22.2% ($n = 10$) reached the end of the supervision and 24.4% ($n = 11$) went on to be supervised by probation due to new supervision orders. A small number of cases involved offenders who left Edmonton and were no longer under the jurisdiction of the police service (4.4%; $n = 2$) or died during the period of

supervision (4.4%; $n = 2$), while one case (2.2%) had the 810 withdrawn by the court.

RESULTS

The following provides a descriptive examination of the offenders on a Section 810 order who were being supervised and monitored. For continuous variables, means, standard deviations, and medians are reported for each variable. For categorical variables, percentages and frequencies are reported. Reported percentages are based on a number of offenders out of the total sample of 45, unless otherwise indicated. The following sections are broken down into historical information about the offender, criminal and sexual violence history, criminogenic needs, and responsivity factors.

Historical Information

Historical variables about the individuals in the sample were examined, and descriptive information is reported in Table I. More than half were noted to have engaged in childhood aggression (e.g., assaulted others, including family members or peers). Over 70% of offenders had a history for parental alcoholism, and it was noted that two-thirds had a family member or spouse with a criminal history. More than three-quarters of the sample did not complete high school education with 40% being expelled or suspended from school. Medical issues requiring treatment, were noted in 40% of offenders.

Criminal History and Sexual Violence Variables

To gain a picture of the offending profile for those under judicial orders, we explored the criminal histories of our sample, and these variables are listed in Table II. In terms of frequency of criminal offending, the offenders in this sample had a mean of 37.1 convictions and 17.2 sentencing dates prior to entering an 810 order. The sample had a mean score of 58.8 on the CLS, which was used to assess severity of criminal history. When overall aggression was classified, a majority (85%) of offenders were identified as “clearly proactive” (i.e., evidence of planned, controlled, unemotional forms of aggression), with the remaining 15% showing only some proactive aggression or no evidence at all (i.e., impulsive, affective, reactive forms of aggression).

The nature of their offending behaviour (in terms of arrests and convictions) was also surveyed. A majority of offenders engaged in institutional misconduct (73.3%) and

persistently violated community supervision orders (93.3%; with 82.2% having three or more such violations). Less than half escaped custody or were unlawfully at large. When non-violent offending was examined, more than half had substance-related (62.2%), weapons-related (73.3%; e.g., possession of a firearm), and uttering threats (51.1%) offences. A large proportion of the sample (84.4%) had a history of non-sexual violent offences (i.e., violence that involved contact and did not involve sexual violence; e.g., assaults, attempted murder, murder, confinement), and similarly, a large proportion (80%) had a history of sexual offences on their criminal record (i.e., sexual offending that may or may not have involved direct contact; e.g., sexual assault, indecent act, possession of child pornography). Regardless of whether the violent offending involved or did not involve sexual violence, 53.3% had violent offences against an intimate partner.

Of the 36 offenders with a sexual violence criminal history, specific features of their sexual offending were coded, and these are summarized in Table III. A little less than half had sexually assaulted a stranger, and 50% of the subsample had sexually assaulted an unrelated child victim (child victim was defined as being under age 15). A third

TABLE II Criminal histories of individuals on judicial orders

Criminal history variables	%/Mean	Frequency/SD
Frequency		
# convictions	37.11; Mdn = 34; range = 3–118	24.12
# sentencing dates	17.18; Mdn = 13; range = 1–55	12.00
Severity of criminal history	58.84; Mdn = 48; range = 2–132	39.06
Type of aggressor		
Clearly proactive	84.4%	38
Some evidence	13.3%	6
No evidence	2.2%	1
Supervision problems		
Institutional misconduct	73.3%	33
Escape or unlawfully at large	44.4%	20
Community violations, any	93.3%	42
Community violations, 3 or more	82.2%	37
Non-violent offences		
Substance-related	62.2%	28
Weapons-related	73.3%	33
Utter threats	51.1%	23
Violent offences		
Violent	84.4%	38
Intimate partner violence	53.3%	24
Sexual	80.0%	36

$N = 45$.

TABLE I Historical and personal characteristics of individuals on judicial orders

Historical and personal characteristics	%	Frequency
Childhood aggression	63.6%	28
Parental alcoholism	70.7%	29/41
Has criminal family or spouse	66.7%	27
Suspended or expelled from school	40.0%	18
Did not complete high school	77.8%	35
Has a medical problem requiring attention	40.0%	18

$N = 45$ unless otherwise noted.

offended against more than one child victim, and a small proportion of offenders sexually offended against a male child. Less than half of the sample abused a child who was under the age of 12. Note that these five variables comprise the SSPI (i.e., assesses the degree of pedophilic interest), and the average summed SSPI total for the total sample was 1.58 (*SD* = 1.76). However, when examining only offenders where an 810.1 was applied (i.e., concerns of sexual offending against persons under age 16), the average score was much higher, *M* = 3.58 (*SD* = 1.08; range 2–5; *n* = 12).

Criminogenic and Responsivity Variables

As noted earlier, criminogenic risk factors are believed to cause criminal behaviour and have been shown to be empirically associated with reoffending (Bonta & Andrews, 2017). Several “central eight” risk factors and sexual violence-related factors were coded from files. Although the previous section reported the persistence and severity of the offenders’ criminal histories, which reflect antisocial behaviour, other criminogenic factors also include criminal attitudes, employment problems, substance abuse variables, sexual deviancy variables, and sexual preoccupation, and these are listed in Table IV.

TABLE III Sexual violence histories of individuals on judicial orders

Sexual violence history variables	%	Frequency
Sexual assault against a stranger	44.4%	16
Has male victim under age 15	11.1%	4
Has more than one victim under age 15	33.3%	12
Has victim under age 12	44.4%	16
Has unrelated victim under age 15	50.0%	18
Possessed child sexual exploitation materials	19.4%	7

N = 36 cases with a sexual violence criminal history. The first 5 items comprise variables from the Screening Scale for Pedophilic Interests.

TABLE IV Criminogenic needs of individuals on judicial orders

Criminogenic needs	% / Mean	Frequency / <i>SD</i>
Has attitudes that support crime	84.4%	38
Was frequently unemployed	84.4%	38
Has substance abuse problem		
Alcohol	86.7%	39
Drug	82.2%	37
Teenage alcohol use	68.9%	31
Degree of pedophilic interest	1.58; Mdn = 0	1.76
Evidence of sexual deviancy	47.2%	17/36
Pedophilic interest	33.3%	12/36
Fetishistic interest	8.3%	3/36
Sadistic interest	8.3%	3/36
Evidence of sexual preoccupation	69.4%	25/36

N = 45 unless otherwise noted.

A majority of the sample demonstrated attitudes that were supportive of criminal behaviour, and a similar majority of the sample had employment problems and were frequently unemployed. When we examined substance abuse problems, both alcohol and drug abuse, a large proportion (over 80%) of the sample demonstrated this criminogenic risk factor, and over two-thirds were noted to have teenage alcohol abuse problems. For most offenders, substance abuse problems had led to law violations (88.9%; *n* = 40), family and marital difficulties (71.1%; *n* = 32), and education or employment problems (61.4%; *n* = 27/44). Only 62.2% (*n* = 28) of offenders entered some form of substance use treatment, with only 71.4% (*n* = 20/28) of those having completed treatment.

In addition to these “central eight” factors, risk factors specific to sexual violence risk were examined (see Mann et al., 2010, for review). As previously noted, offenders who were supervised with a Section 810.1 had high scores on the SSPI (when compared with the normative/development sample, Seto et al., 2004). We also coded for sexual deviancy and sexual preoccupation in our variable list. Of the whole sample, 47.2% showed evidence of sexual deviancy (i.e., sexual interest or preference for atypical sexual interests, such as children, animals, inanimate non-sexual objects), and of the types of atypical interests, pedophilia was noted for a third of the sample. Also, nearly 70% of offenders demonstrated sexual preoccupation (e.g., frequently masturbates, uses pornography excessively, uses sex to cope).

Several responsivity issues (i.e., offender characteristics that may impact the effectiveness of interventions and supervision) were prevalent among the sample (see Table V). As previously mentioned, more than 50% of the sample were of Aboriginal or Metis ancestry. Also, a large proportion of the sample had experienced some form of adverse childhood

TABLE V Responsivity issues of individuals on judicial orders

Responsivity issues	%	Frequency
Experienced abuse and neglect	73.3%	33
Sexual	53.7%	22
Physical	61.0%	25
Neglect	12.2%	5
Evidence of a mental health history	73.3%	33
Has taken psychiatric medication	48.9%	22
History of suicidal ideation and/or attempt	46.7%	21
Mood disorder	24.4%	11
Anxiety disorder	22.2%	10
Psychosis	28.9%	13
Personality disorder	57.8%	26
Antisocial personality disorder	24.4%	11
Borderline personality disorder	2.2%	1
Psychopathy	11.1%	5
Identified with a developmental delay	42.2%	19
Makes excuses for offending behaviour	86.7%	39

N = 45.

experiences and mental health difficulties. With regard to adverse experiences, we found that nearly three-quarters of the offenders had experienced some degree of abuse and/or neglect in their childhood, with the greatest prevalence being physical and sexual abuse, followed by neglect. In terms of mental health history, nearly three-quarters of offenders had a current and/or prior history of mental health difficulties, and almost half had taken psychiatric medications. In terms of mental challenges, just under half had a history of suicidal ideation or attempts and approximately a quarter of the sample was noted to have histories for mood, anxiety, or psychotic disorders. Personality disorders and traits that reflect personality disorder difficulties were noted in over half of the offenders, with a quarter noted as having antisocial personality disorder. Almost half had identified issues with developmental delay (e.g., low intelligence). In addition to these responsivity issues, most offenders minimized or denied their offending behaviours.

DISCUSSION

Examining the profiles of referred cases allows a relative comparison with offenders in general, on a comprehensive set of variables that include personal and historical variables, criminal backgrounds, criminogenic factors, and responsivity issues. Although this research has a purely descriptive goal, it is necessary to examine the composition of offenders on judicial orders who are referred to police and the prevalence of criminogenic risk factors and responsivity challenges that reflect their case load. When we examined criminogenic risk factors, the severity of their criminal histories (using the Cormier-Lang system; median of 48) were notably higher than other samples (e.g., sexual offenders, $M = 2.75$, Jung & Wielinga, 2019; general offenders, $M = 6.23$, Rice et al., 2013). Furthermore, the persistence of their offending behaviour was evident in the average number of convictions and sentencing dates. Many of these variables support an antisocial pattern and anti-authority variables, as seen in our sample, such as institutional misconduct and supervision violations. When violent behavioural patterns are examined, it is concerning that a majority of the sample were classified as proactive or instrumental in their aggression, which is often associated with traits related to psychopathy (see Glenn & Raine, 2009). Moreover, nearly two-thirds engaged in aggression as children. In addition to antisocial patterns, a majority also demonstrated criminal attitudes and had substance abuse problems. Most were limited in their education and had significant difficulty obtaining and maintaining employment.

For the subset of the sample who had a history of sexual offending, nearly half demonstrated some evidence of sexually deviant interests, with most having pedophilic interests. When only considering supervisees that had a Section 810.1 applied (i.e., concerns of sexual offending against persons under age 16), the scores on the SSPI was, on average, higher ($M = 3.58$; $SD = 1.08$) than other samples of individuals with child victims (i.e., $M = 2.78$ from sample taken from sex offender treatment program in a medium-secure federal penitentiary; Seto et al. 2004). Another sexual violence-related criminogenic factor included sexual preoccupation, which refers to an abnormally intense interest in sex that dominates psychological functioning (Mann et al., 2010). Over two-thirds

of our subsample showed evidence of sexual preoccupation. Such individuals may use sex to define themselves or to self-medicate when they are experiencing unpleasant feelings or circumstances and generally feel sexually dissatisfied despite engaging in a lot of (impersonal) sexual behaviours.

Several responsivity issues were also examined (i.e., factors that may serve as obstacles engaging the individual in rehabilitation or supervision and might pose challenges for supervisors to establish rapport; Jung, 2017). It was noted that a disproportionate number of offenders under judicial orders were identified as Aboriginal or Metis, and therefore, cultural responsiveness should be considered, as well as community resources that offer Aboriginal-specific programs. A majority of the individuals in our sample also had some adverse experiences in their childhood that included abuse or neglect and exposure to parental alcohol abuse. Across their lifespan, most of the offenders supervised with a Section 810 order had a mental health history with nearly half who had taken psychiatric medications and/or had suicide histories. Hence, referral to mental health services may be a typical source of intervention for police to consider. Another potential issue engaging supervisees is personal characteristics that reflect personality disorders, and, in this study, over half of the sample exhibited personality disorders that include antisocial personality disorder, but also traits reflective of other disorders, such as borderline personality and psychopathy. Nearly half of all the sample exhibited developmental delay, which can pose a challenge engaging them in supervision and community reintegration, requiring greater repetition and varied language to ensure comprehension of the conditions on a supervision order. Lastly, a majority of the sample made excuses and minimized their responsibility for their behaviour, and therefore motivational interviewing approaches may be useful to employ while developing the supervisory relationship (Tedeschini & Jung, 2018).

A clear observation from this descriptive profile of supervisees where Section 810 orders have been applied is that these individuals have many criminogenic risk factors and responsivity issues that existed prior to being released into the community. These particular needs are important to address in order to reduce risk for violent recidivism, but they are in addition to other basic needs that require immediate attention, such as stable housing, connection to community supports, transportation, and funding. In light of these caveats and challenges, which may be greater than for non-WED offenders (e.g., non-WED individuals may have access to parole services), it is expected that a great deal of resources are needed to ensure that community reintegration is successful. However, with the sanctions associated with judicial orders, it has been questioned whether supervision policies are often an exercise in expecting a supervised individual to violate their community supervision conditions (e.g., breach). Call (2018) highlights this issue and recommends that re-entry programming for sex offenders begin by preparing each individual for community release. They will likely face collateral consequences, so educating and preparing them could ease their reintegration back into the community through re-entry planning or, at the very least, emotionally preparing them to face barriers to successful re-entry. There is empirical evidence to suggest that comprehensive re-entry programming leads to lowered recidivism rates (Wilson et al., 2005, 2007).

Although the current literature has much to say about offender management, most of this work has focused on community supervision of offenders on probation or offenders who have been released on parole from a federal penitentiary. Probation and parole case managers are typically trained on offender management and supervision (Chadwick et al., 2015); after all, that is their primary role. However, law enforcement has mostly focused on enforcing federal laws, and only more recently has attention been drawn to monitoring criminal behaviour and offenders, particularly in partnership with probation (Gossner et al., 2016). Supervision and management of offenders focus on offenders' safe reintegration into the community and finding programs necessary to help make this happen. Much of this work involves assessment of risk and criminogenic needs, developing a reintegration plan, and implementing services for the offender that involve both social work tasks and counseling services. These are areas of expertise not typical of police training. There is little to no empirical work that has examined police management of released offenders who are no longer under the jurisdiction of parole or correctional services. Some work coming out of the United Kingdom has examined policing efforts in supervising registered sex offenders in the community (Kewley, 2017b). However, published work has focused on the extent to which risk is assessed and targeted in police practice (e.g., whether police used monitoring and/or interventions to target risk and needs during supervision) rather than the effectiveness of police supervision (e.g., whether monitoring and supervision lead to improved outcomes such as reductions in offending behaviour).

The next step is to identify risk factors relevant to positive outcomes. Positive outcomes include variables that demonstrate positive offender performance while in the community (e.g., acquiring stable housing, maintaining employment), and more directly related to lower risk, non-offending behaviour should be examined, such as no further arrests or breaches of conditions. The existing literature offers little in the way of guidelines on how to manage this minority of federal offenders (e.g., note that 74% of inmates are granted day parole from NPB; Public Safety Canada 2017). Bueermann (2012) has emphasized that police agencies should move beyond a reactive, response-driven approach and should instead get smart about crime control. A better use of limited resources would be to engage in effective approaches supported by empirical research. In more recent decades, policing has progressed from intuitive policing to more contemporary efforts in intelligent policing driven by data and scientific evidence (Bradley & Nixon, 2009), falling under the purview of evidence-based policing practices (Sherman, 2013). There are many ways that research can inform policing processes, but it is fairly recent that evidence-based risk assessments have been employed in police decision-making and the prioritization of criminal investigation cases (e.g., Jung & Pagé, 2017; Kewley, 2017a). An ultimate goal of using risk assessment in policing is to prevent further criminal behaviours and facilitate more efficient use of resources. Furthermore, risk assessment can be used to identify areas that are risk-enhancing and that can be both monitored and focused upon through intervention. Risk assessment is one of the most important and most frequent tasks required of those working with adults convicted of criminal offenses.

Formal risk assessments are needed to make many important decisions, including sentencing, case management, and rehabilitation of offenders. Although many risk tools have been heavily researched in correctional and forensic psychology, this type of research is much more limited in law enforcement settings (Saxton et al., 2020). The role of policing has expanded over the years, and one of the major tasks undertaken is the supervision and management of offenders in the community.

As noted, the current study is a descriptive profile of offenders who have been placed on a judicial order and supervised by law enforcement. Hence, there are some limitations. First, the results are limited to the geographical region (western Canada) from which the sample was retrieved, and by the municipal police service who provided supervision (e.g., versus provincial and federal policing organizations), reducing generalizability to other Canadian jurisdictions and types of policing agencies. Second, this study's sample was not an exhaustive list of offenders who received an 810 recognizance, as our study excluded individuals who had no supervision from 2016 to 2019, received less than 4 months of supervision, and may have been referred to Crown for an 810 recognizance but a Section 810.1 or 810.2 was not pursued.

Another limitation is that no comparisons with other offenders, including those who have successfully applied for parole, was conducted. Hence, a comparable group from the same jurisdictional region would be needed to make inferential conclusions and to particularly assess whether supervision of judicial order reduces overall risk and person-harm offences compared with those who were not placed on an order and imprisoned until WED. Moreover, an examination of supervision and outcomes from supervision is needed to more closely determine whether criminogenic and responsivity needs that were present at the start of supervision were also present during supervision, and whether the improvement of these needs predicted successful reintegration (e.g., prosocial behaviours such as employment and stable housing, abiding by supervision conditions, no further reoffences).

CONCLUSION

This exploratory study of individuals supervised under judicial orders, namely Section 810 peace bonds, provides a much-needed profile of a group of released offenders about whom we know so little. We can provide some tentative conclusions that suggest they have a number of criminogenic needs that require attention upon release and obstacles that reduce their responsiveness to supervision or may present challenges to effective rehabilitation. This exploration offers a glimpse into what law enforcement need to be prepared for in their re-entry planning and risk management efforts. Important next steps should include how police can most effectively supervise and manage the risk of these individuals, while navigating ethical conundrums that tie together the contrasting and possibly conflicting roles of enforcer and rehabilitation facilitator.

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CONFLICT OF INTEREST DISCLOSURES

Dr. Jung is the author of a book (Jung, 2017) and declares a financial interest in the publication cited in this article. No potential conflict of interest was reported by GK.

AUTHOR AFFILIATIONS

*Department of Psychology, MacEwan University, Edmonton, AB, Canada; †Edmonton Police Services, Edmonton, AB, Canada.

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