



# The answer may be in front of us: Do we have the courage to listen?

Michelle Davey\*

Most police officers make significant contributions in their home communities. They dedicate their passion to community safety, and sometimes, their reach extends provincially. On rare occasions, the actions of a single police officer can touch us all—and such is the case with Superintendent Bill Spearn. Bill's work has helped change the conversation about decriminalization of illicit drugs and introduced a new term to Canada—diversion. I want to share with you today why Bill's work is so important, and something we should all continue. We have to do this for Bill—because his fight ended in March, following a terminal cancer diagnosis. We have to do this because the fight to save lives from toxic drug supply is ongoing, and Bill would want us to continue to advocate for change.

Superintendent Bill Spearn was a serving member of the Vancouver Police Department when he was diagnosed with a progressive cancerous brain tumour. He fought valiantly, trying treatment, but ultimately lost his fight a mere 7 months after his diagnosis. He leaves behind his loving wife Vanessa, and two adult-aged daughters.

The reason Bill's passing is worthy of an editorial in an esteemed publication, such as the *Journal of Community Safety and Well-Being*, is because the work Bill was engaged in for most of his 26-year career consisted of fighting for those who could not fight for themselves. He sought to reduce harm to people addicted to illicit drugs, whose lives have been changed forever by addiction and who are at risk of dying with each use. The illicit drug supply is toxic and in need of drastic policy change to interrupt the upward trajectory in the number of people who use street drugs becoming victims of drug poisoning. There is an alternative. Bill advocated for a prescribed dose of safe supply, with a treatment plan and support to address the underlying reasons for the addiction. While Bill came to these realizations in the latter part of his career, he certainly did not start there.

Bill started his career with the Vancouver Police Department (VPD) in 1996, when the HIV rates were at epidemic levels and injection-drug use was rampant in the Downtown Eastside (Campbell et al., 2009). He worked in patrol for several years, arresting people using drugs and enthusiastically pursuing those who trafficked drugs, which led to many criminal convictions. His passion for drug work saw him assigned next to the Combined Forces Special Enforcement Unit – BC,

where he was the lead investigator on a multi-national drug conspiracy investigation that resulted in charges in multiple countries against a number of offenders. He pursued those responsible for bringing drugs in large quantities into Canada, who turned significant profits by selling to marginalized users in the Lower Mainland of British Columbia.

Bill was subsequently promoted and assigned to the VPD's Organized Crime Section, both as a Staff Sergeant and an Inspector. It was here that Bill's perspective on the drug crisis shifted. He listened to the stories about how people became addicted and how it so adversely affected their lives. He spoke to non-profit organizations, such as InSite, North America's first legalized, supervised injection facility. Bill began to understand that this was not a criminal justice issue that the police could fix by arresting people using drugs. He shifted his thinking and recognized that drug use was a health issue, and therefore a change was needed in the way the police were dealing with drug use in Vancouver.

This was also the time when the opioid crisis took root deeply in the streets of Vancouver and quickly spread across Canada. In 2016, the opioid crisis was declared a public health emergency in British Columbia (Ahmad et al., 2016), with politicians and medical experts promising dollars and resources to address this crisis. However, the overdose counts continued to rise, as did the deaths. Public safety warnings became commonplace, with high levels of fentanyl poisoning the heroin drug market and taking over the majority of street drugs. Bill met with experts at the Providence Crosstown Clinic in downtown Vancouver (<https://www.providencehealthcare.org/salome/research.html>) and learned of the Naomi and Salome projects. These projects consisted of clinical trials that offered medical-grade heroin and hydromorphone within a supervised clinical setting to chronic substance use patients in Vancouver—the start of the dialogue on safe supply.

Bill became an expert on the topic of harm reduction and safe supply. He travelled across the world speaking publicly about his experiences in Vancouver, and his understanding of the clear path forward—the path to safe supply. He developed a Naloxone program for the VPD, which saw all front-line members carry life-saving Naloxone on their person to have at the ready in the event they came across someone experiencing an overdose. To date, VPD officers have used Naloxone in the community—and in some cases

**Correspondence to:** Michelle Davey, 4455 Clarence Taylor Crescent, Delta, BC V4K 3E1, Canada. **E-mail:** [mdavey@deltapolice.ca](mailto:mdavey@deltapolice.ca)

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on each other after an exposure in the field—countless times since the inception of this program.

In 2019, Bill was selected to attend the Canadian Association of Chiefs of Police (CACP) Executive Global Studies program. The topic for the course was navigating seismic shifts in public safety in the Canadian context. Bill volunteered to travel to Portugal to study that country's experience with decriminalization, and he and his teammates met with police, health representatives, and academics to study the transition from an illegal to a legal drug framework. Bill was invited to join the Pompidou Group (<https://www.coe.int/en/web/pompidou/home?>), which uses an evidence-based approach to establish drug policies. This furthered his work on the CACP Drug Advisory Committee (DAC), of which he was also a member.

Bill and his colleagues' work in Portugal helped inform recommendations made to the CACP by the DAC to examine the feasibility of adopting a diversion program in Canada. Diversion would see a person addicted to drugs diverted into treatment, with accompanying support to address the underlying causes of their addiction. Bill firmly believed that addiction is a health issue that requires a treatment-based approach rather than a criminal justice approach in which police officers arrest those suffering from addiction. In the summer of 2020, the CACP issued its first official position on non-criminal diversion strategies.

Bill would have been among the first to point out that there are many others who are leading us towards better, safer, and more equitable solutions to community safety and well-being outcomes. He spoke with pride and humility about his own journey beyond a singular, crime-based interpretation of the policing mission to one that expanded his own learning, and his and others' impacts upon public health, community, and society. There may be a powerful message in Bill's ability

to blend his ongoing dedication to crime-fighting at the highest levels with the compassion that drove his innovative contributions to collaborative, community-led solutions.

Bill was very upset, shortly before his death, that he would not be able to continue his advocacy for safe supply and further harm reduction. He was not done. There was so much more to do. His wife Vanessa's words, to those in attendance at his funeral, called on the police and health community present to "continue to work together to find a solution to end the opioid crisis and save lives." We have it within our profession to keep this conversation alive; to continue Bill's work. That is the legacy he would have wanted. That is my call to action for you today. Please honour Bill, by continuing his work, his advocacy, and his determination to end the opioid crisis. Thank you.

#### CONFLICT OF INTEREST DISCLOSURES

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#### AUTHOR AFFILIATIONS

\*University of the Fraser Valley, Abbotsford, British Columbia, Canada.

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# Obstacles to mental health treatment: Similarities and differences among first responder groups

Clint A. Bowers,\* Deborah C. Beidel,† and Madeline R. Marks‡

## ABSTRACT

First responders have been shown to be at risk for several negative mental health outcomes. However, it is not always clear how to intervene to prevent these outcomes. One approach has been to try to reduce the obstacles to care that might be imposed by the profession or the organization. In this paper, we investigate whether the nature of these obstacles varies as a function of the type of job. A group of 1,485 first responders were studied. The results indicate a number of important specialty-related differences. The results are discussed in terms of how to tailor prevention programs to confront obstacles to care.

**Key Words** Obstacles to care; stigma.

## INTRODUCTION

First responders (FRs) perform some of the most critical duties in our society. In performing these duties, they work under some of the most challenging conditions that exist in the civilian sector. Many of these employees routinely experience the risk of physical harm (Beaton et al., 1996). Furthermore, this occupation is often associated with challenging environmental conditions, such as heat, cramped spaces, and noise (Lieberman et al., 2002). In addition, FRs are often required to work extended or irregular shifts, disrupting their sleep cycles (Lieberman et al., 2002; Stergiopoulos et al., 2011). Finally, they often directly or vicariously experience traumatic events. Indeed, repeated exposure to these various stressors is common throughout the employee's career.

Given the stressors described above, it is not surprising that FRs are at risk for a variety of negative mental health outcomes. Sadly, researchers have only recently turned their attention to this population, so the extent of these problems is not fully understood. However, existing data suggest that FRs are at risk for depression (Darensburg et al., 2006; Fullerton et al., 2006), substance abuse (Kimbrel et al., 2011; Murphy et al., 1999), post-traumatic stress disorder (Boffa et al., 2017; Marmar et al., 2006), suicide (Violanti, 1996; 2004), and family problems (Duarte et al., 2006). All of these risk factors highlight the need to ensure that effective treatment programs are developed and made available to this population.

It is important to note, however, that merely making services available may not be a sufficient approach to intervening

with this group. Despite the apparent need for mental health services, it appears that FRs often do not use these resources even when they are available (Bell & Eski, 2015; Royle et al., 2009). Therefore, it is also important to understand the factors that influence the choice to seek care and create intervention strategies for the identified obstacles targeted at FRs.

Researchers studying under-utilization across a variety of populations and conditions have identified several factors that might influence the decision not to seek care. One of the most frequently mentioned factors is mental illness stigma. This type of stigma has been conceptualized as negative beliefs about persons who admit to having symptoms of mental illness, or towards the treatment itself (Corrigan & Penn, 1999). People who endorse these attitudes are less likely to seek treatment or to adhere to treatment when provided (Corrigan & Bink, 2005).

Mental illness stigma, thought to be common among first responders (Bell & Eski, 2015), is likely associated with an organizational culture that values strength and self-reliance. It is believed that admitting to experiencing symptoms of mental illness would lead to social isolation and distrust. Further, employees fear (sometimes correctly) that there will be negative career implications if such disclosures are made. There is often a belief that mental health professionals would not understand the unique circumstances confronted by these employees, or that conventional treatments would not be effective for these unique experiences. Many believe that appropriate services are not available and/or affordable. Unfortunately, the consequence of these beliefs is that employees may not receive needed care.

**Correspondence to:** Clint Bowers, Dept. of Psychology, University of Central Florida, P.O. Box 1390, Orlando, FL 32816-1390, USA. **E-mail:** clint.bowers@ucf.edu

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Ben-Zeev and colleagues (2005) have described three subtypes of mental health stigma that are relevant to military personnel. The first type, *public stigma*, includes the extent to which the subject is aware of the general public's negative attitudes towards those with mental illness. *Self-stigma* refers to negative attitudes about mental illness that the person attributes to themselves—leading to self-criticism and reduced self-worth. Finally, *label avoidance* refers to the process of denying or hiding symptoms to avoid the negative feelings associated with public and self-stigma. A review of the literature indicated that military members reported higher levels of all three types of stigma than did the general public (Clement et al., 2015).

While awareness of the potential stress disorders among FRs has been instrumental in creating resources for their identification and treatment, it is important to note that this area of research is in its relative infancy. There is still a need to identify the issues and interventions that are relevant to the diverse group of employees that make up the broad category of “first responders.” It may well be that there are reliable differences among groups that allow us to create optimal prevention and treatment approaches. For example, it has been hypothesized that the nature of workplace stress might be quite different between firefighters, police, and dispatchers (Krakauer, Stelnicki, & Carleton, 2020). Consequently, wellness programs designed for first responders might be differentially effective for the incumbent sub-groups. For example, Szeto, Dobson, and Knaak (2019) performed a review of outcomes resulting from the “Road to Mental Readiness” resilience training program (R2MR, Carleton et al., 2018). Their results indicated that the program was significantly more effective for police than for any other profession, including other first responder groups. Understanding the differences among first responder sub-groups might allow us to create better interventions for each. Conversely, confirmation that groups are similar would allow us to pursue larger-scale cross-profession interventions with greater confidence.

Similarly, it is important to understand any differences in the obstacles to mental health treatment that these sub-groups might experience. Because first responders are often grouped together as a homogeneous group, it may be that we are overlooking obstacles that are particularly relevant (or including irrelevant ones) for specific sub-groups. Again, understanding these differences might allow us to create policies and interventions to maximize the outcomes of these programs.

Unfortunately, little work has been done to identify the specific barriers that are relevant to sub-groups of FRs. Haugen et al. (2017) conducted a meta-analysis of stigma and other barriers among FRs. Their literature review yielded 12 studies with some empirical data on the topic. The very large majority of these studies were conducted with police officers. The results showed a high prevalence (~30%) of stigma beliefs among respondents. Only 5 of the 12 studies assessed other barriers to care. These studies indicated that about 10% of respondents experienced some significant barrier. Unfortunately, there were an insufficient number of studies to draw conclusions about other first responder sub-groups.

More recently, Krakauer and her colleagues (2020) studied differences between Canadian Public Service Employees

in issues such as “Stigma” and “Intent to use mental health services.” They found that there were, indeed, significant differences in stigma (with firefighters being higher than all other groups). However, the data were only reported as means so one cannot identify specific differences among the groups. It may be that a more granular analysis of sub-group differences would allow us to identify strategies to best serve each of the distinct sub-groups that make up the larger group of FRs. To that end, the current study sought to analyze differences in barriers to care and stigma among sub-groups of American first responders. The goal of the study is to identify differences (if they exist) among the groups and to suggest how these differences might inform intervention strategies going forward.

## METHODS

### Participants

Participants for this study were 1,485 first responders who attended a mandatory Mental Health Awareness training session in central Florida. The training included information on stress and stress responses, typical responses to the aftermath of traumatic events, psychological disorders that may result from exposure to trauma, and information on how and where to seek help for psychological distress. Participants completed a pre-test online prior to attending the session. The pre-test data were used as the basis for the following results: 134 participants were police officers, 1,301 were firefighters/EMT, and 50 were dispatchers. Most (1,436 respondents) were male, 14 were female, and 16 were non-binary. The mean age of the sample was 37.98 years. A majority (1,337) identified as White, 67 as Black, 216 as Hispanic, 19 as Asian, 20 as Native American, and 11 as Middle Eastern. All data were collected following the ethical guidelines of the American Psychological Association. The protocol was reviewed and approved by the Institutional Review Board at the University of Central Florida.

### Measures

#### *Barriers to Care*

Barriers to care were assessed using the Barriers to Care subscale of the Perceived Stigma and Barriers to Care assessment (Britt et al., 2008). This subscale includes 5 items designed to assess barriers to care that may prevent an individual from seeking mental health treatment. Past research has demonstrated that this scale has good internal consistency ( $\alpha = .70-.82$ ; Britt et al., 2008). This scale has been used to assess barriers to care in a variety of populations including, veterans, first responders, and medical professionals.

#### *Stigma*

Stigma was assessed using the Police Officer Stigma Scale (POSS; Stuart, 2017). The POSS is an 11-item scale designed to measure stigma among police officers. The POSS is based on the widely used Perceived Devaluation and Discrimination Scale (PDSS; Link.). The stem was changed in the POSS to clarify that the questions targeted police environments. Like the PDSS, the POSS reports a high Cronbach's alpha ( $\alpha = .82$ ), implying good reliability (Stuart, 2017). For the current study, we altered the questions slightly to facilitate the assessment of



self-stigma across professions. An earlier study demonstrated that this alteration did not change the internal reliability of the scale (Burzee et al., 2022).

## RESULTS

### Barriers to Care

Items from the Barriers to Care measure were evaluated for group differences using a chi-square test. The results indicated no significant difference in participants' concerns about where to seek help ( $X^2(8) = 13.33, p > .05$ ). Participants were generally well informed about where to seek help. These data are illustrated in Table S1.

There were no significant differences in reported difficulty finding transportation to appointments ( $X^2(8) = 7.67, p > .05$ ). Participants generally reported little concern about transportation. These results are provided in Table S2.

There was no difference among groups in perceived difficulty scheduling appointments ( $X^2(8) = 8.18, p > .05$ ). Across groups, about 10% of respondents reported such concerns. The complete data are presented in Table S3.

There was a significant difference in the perceived difficulty in getting time off for treatment ( $X^2(8) = 18.09, p < .05$ ). Dispatchers reported significantly more concern about this issue than the other groups. These data are provided in Table S4.

There were significant differences among the groups regarding concerns about cost of care. There was a significant difference in this concern between the three groups. Specifically, dispatchers voiced a greater level of concern than the other groups. These data are displayed in Table S5.

### Mental Health Stigma

A one-way Analysis of Variance was used to compare the groups on total stigma. The results show that all three groups were similar in terms of their overall stigma ratings ( $F(2,1414) = 2.61, p > .05$ ). Additional analyses were conducted using the subscales identified by Burzee et al. (2022). On the "Stigma towards others" factor, there was no significant difference ( $F(2,1414) = 1.50, p > .05$ ). However, the "self-stigma" factor did yield a significant difference ( $F(2,1414) = 4.55, p < .05$ ). Firefighters reported lower levels of self-stigma ( $M = 19.9$ ) than police ( $M = 18.7$ ) and dispatchers ( $M = 15.8$ ) (higher scores indicate lower stigma).

To further explore this finding, chi-square analyses were conducted on the individual items that comprise this factor. There was a significant difference among the groups on willingness to disclose mental illness to supervisors. Firefighters were significantly more likely to make such a disclosure than were police officers ( $X^2(8) = 19.01, p < .05$ ). This result is illustrated in Table S6.

There was also a significant difference in willingness to disclose to a co-worker ( $X^2(8) = 21.32, p < .05$ ). Once again, firefighters were more willing than the other groups to make such a disclosure. The data are presented in Table S7.

There was a significant difference in the degree to which the groups expected to be discriminated against if they did disclose a mental illness ( $X^2(8) = 21.22, p < .05$ ). Firefighters were less likely to endorse this concern than other groups (see Table S8).

There was no difference between the groups in their opinions about supervisors with a history of mental illness ( $X^2(8) = 10.42, p < .05$ ). Nor was there any difference about

whether mental health treatment represented a personal failure ( $X^2(8) = 4.39, p > .05$ ).

## DISCUSSION

The goal of this study was to identify differences in obstacles to care between police, firefighters, and dispatchers. The results of the study indicate that dispatchers were more likely than the other two groups to report two distinct obstacles to care: difficulty getting time off and cost of care. This may be due to the belief that dispatchers are at less risk for mental illness than the other groups. Seeking time off for mental health care may be perceived as these employees "playing the system" (Riciardelli et al., 2020). This concern might be especially salient given the fact that many call centres are understaffed (Perez et al., 2021). This, in turn, might lead to resentment from co-workers. However, previous research has demonstrated that dispatchers experience formidable levels of potentially traumatic exposures (Trachik et al., 2015). There may be a need to educate decision-makers about the stresses of this job, with the goal of changing policies to allow better access to care. It may be that the shiftwork nature of dispatching makes it difficult to schedule appointments. This might be resolved by contracting after-hours care agencies or even through use of innovative approaches, such as phone-based appointments (cf. Willis et al., 2020). Finally, this might be a result of the increased public attention to mental health directed towards police and firefighting professions. This level of attention (and associated resources) has not yet been directed towards emergency call takers.

Interestingly, a second finding of this study was that firefighters reported lower levels of self-stigma than the other two groups. This may be a result of the very aggressive prevention programs that have been conducted by professional societies such as the International Association of Fire Fighters. This includes mental health education (cf. Moffitt et al., 2014) and peer support programs (Marks et al., 2017). It might be that the other first responder professions should adopt a similar approach to reduce stigma among their peers. Because these services are often free, they might also address the cost concerns voiced by dispatchers.

## CONCLUSION

Barriers to care are clearly a subject worthy of further study. Even when effective mental health interventions exist, they are not useful if those who need them are reluctant to seek care. While the data presented in this paper are based on a rather large sample, it is noted that the respondents were generally from one state and were predominantly firefighters. It is important to note that there may be regional differences in the observed pattern of results. It is also important to identify which particular barriers are associated with the decision to seek care. Overcoming those barriers may be a prerequisite to the delivery of other mental health interventions.

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## AUTHOR AFFILIATIONS

\*Dept. Of Psychology, University of Central Florida, Orlando, FL, USA;

†UCF RESTORES, University of Central Florida, Orlando, FL, USA;

‡University of Maryland School of Medicine, Baltimore, MD, USA.

## SUPPLEMENTAL MATERIAL

Supplemental information linked to the online version of the paper at [journalscswb.ca](http://journalscswb.ca):

- Table S1
- Table S2
- Table S3
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- Table S5
- Table S6
- Table S7
- Table S8

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# The changing context of Canadian policing: An examination of the public's perceptions after 2020

Rick Ruddell\*

## ABSTRACT

The positive perceptions of Canadians towards their local police had been relatively stable between 2000 and 2019, but survey results show those positive feelings dropped throughout the country after the start of the pandemic in March 2020 and the murder of George Floyd by an American police officer 2 months later. These changing perceptions have significant consequences for police services as lower levels of trust, confidence, and legitimacy reduce the public's willingness to cooperate with them. While too soon to determine whether these decreased favourable perceptions will persist, they indicate the vulnerability of local police services to factors beyond their control. Implications for further research and policy are identified considering these findings.

**Key Words** Public mood; policing the pandemic; police legitimacy; satisfaction with the police.

## INTRODUCTION

Canadians have historically expressed very positive perceptions of the police. National-level studies carried out by Statistics Canada show consistently high levels of confidence in the police. Respondents indicating a great deal or some confidence in the police in the General Social Survey (GSS), for example, fluctuated between 85% of respondents in 2009 and 90% in 2019 (Cotter, 2015, p. 15; Ibrahim, 2020, p. 4). Roberts's (2004) examination of the public's perceptions of the justice system between 1980 and 2004 reveals that Canadians have historically had more confidence in the police than in the courts or corrections (see also Fraser, 2013), although those national averages mask some variation in the public's perceptions over time and between jurisdictions. Researchers from the Angus Reid Institute (2020a) report that the percentage of Canadians expressing complete or a lot of confidence in the police decreased in national polls conducted after 2014, although this number was still higher than the public's confidence in the criminal courts or the Supreme Court of Canada. A substantial drop in the public's positive perceptions of the police became evident after 2020, and Ruddell and Jones (2022) describe this decrease in trust, confidence, and support for the police in Canada's largest municipalities.

Decreasing public trust and confidence has implications for a police service's crime reduction strategies, as lower perceptions influence an individual's willingness to obey the law, report crimes, seek help when victimized, provide

information to the police, and cooperate with officers (Cotter, 2015; Jonathan-Zamir & Weisburd, 2013). King (2014) contends that a police service's sustainability is also dependent on its public and political support, and agencies unable to successfully manage those factors are in jeopardy of disbanding. The city of Surrey's decision to terminate its contract with the Royal Canadian Mounted Police (RCMP) and found its own municipal police service is an outcome of the police losing political support.

Losing the public's trust and confidence can impact a police service's crime reduction efforts and the police's ability to manage the external environment. The results of a series of Canadian polls in 2020 reveal significant public support for defunding the police (Angus Reid, 2020b; Ekos, 2020; Ipsos, 2020). Police budgets in some Canadian census metropolitan areas (CMAs; urban areas of more than 100,000 residents) were subsequently cut as their municipal governments sought to reallocate police funding to community-based services, although in some cases that funding was restored. It has been posited that redistributing police funding would reduce crime, improve outcomes in interactions with people in crisis, and produce more just and fair outcomes between the police and the public, including members of Indigenous and Black communities (see for example Board of the Police Commissioner's Subcommittee to Define Defunding the Police, 2022).

Decreasing public support for the police after 2020 was not limited to Canada. Polls conducted in the United Kingdom

**Correspondence to:** Rick Ruddell, University of Regina, Department of Justice Studies, 3737 Wascana Parkway, Regina, SK S4S 0A2, Canada. **E-mail:** rick.ruddell@uregina.ca

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and United States showed similar drops in trust, confidence, and satisfaction. For example, Gallup polls show that Americans expressing a great deal or quite a lot of confidence in the police dropped from 53% to 48% between 2019 and 2020, although this increased again in 2021 (Brenan, 2021). Quarterly surveys of residents of London, England, reveal a similar drop in confidence in the police—what they define as agreeing the police can be relied upon to be there when needed—dropped from 71% in March 2019 to 59% in December 2021 (Mayor's Office for Policing and Crime, 2022).

A research question emerging from these observations is whether there was a broad change in the public's perceptions of their local police services after March 2020. These comparisons are somewhat difficult to make as few police services regularly collect and report information about the public's perceptions. Moreover, few small police services undertake this type of research at all. Even when these perceptions are reported, it is difficult to make comparisons because there is no standardized set of survey items researchers use in these studies. In addition, since few questions are asked consistently over time within or between jurisdictions, it is difficult to assess long-term trends (see Giacomantonio et al., 2019).

## Data

O'Connor et al. (2020) identified 50 municipal police services serving CMAs, and information was collected from or solicited from 30 of them. Twelve police services in Quebec were excluded as information in English was unavailable, and eight communities policed under contract by the RCMP were also excluded. The limitations of restricting this sample were addressed as French-speaking jurisdictions were included in the second source of data used in the analyses. In addition, the RCMP conduct annual client surveys in the communities they police and those results are reported below.

Two strategies were used to collect information on the public's perceptions. The first was to access online reports on the public's perceptions of the police. In the absence of those documents, the city websites were reviewed to determine whether police-related information was published in surveys of municipal services. Studies funded or conducted by police services were more comprehensive—as they usually included dozens of survey items soliciting information about trust, confidence, and satisfaction with the police—while the municipal surveys typically included only two or three survey items soliciting information about satisfaction with the local police. To determine whether the public's perceptions were changing, survey results were needed for both the pre- and post-2020 eras. If no information was available online, these agencies were contacted by email or phone, and several organizations provided information not available on their websites. Altogether, these efforts resulted in pre- and post-2020 data from 11 police municipal services and the RCMP.

Data were also Retrieved from: Advanis Research (2021); a firm that carried out two policing-related surveys of Canadian adults from February to April 2020 and from May to July 2021 with sample sizes of 19,455 and 17,599 respondents. In addition to conducting surveys of 24 CMAs (including police services in Quebec), Advanis surveyed rural respondents throughout the country. Personal communication with representatives of the firm reveal that one goal of conducting these surveys was to examine the impact of George Floyd's

death on the public's perceptions of the police. The results are presented in five tiers of similarly sized cities, but the data were not disaggregated by city.

## RESULTS

A review of the data collected by the investigator and by Advanis (2021) shows a clear and consistent decrease in positive perceptions of the police across Canada between 2020 and 2021. First, the results from the 11 police services that had conducted pre- and post-2020 surveys reveal that:

- The proportion of Calgary respondents who report being very satisfied with the police dropped from 49% to 44% between 2020 and 2021: this proportion was down from the 57% of respondents who said they were very satisfied in 2019 (City of Calgary, 2021).
- Edmonton respondents rating the overall job of policing as good or excellent dropped from 64% in 2020 to 57% in 2021 (Advanis Research, 2021). Between 2020 and 2021, there was also a decrease in the public's perceptions in seven metrics describing positive police behaviours (such as treating people with respect or fairly, and the police dealing with things that matter), and three indicators of support for the police.
- Respondents indicating the Ottawa Police Service did a good or excellent overall job of policing declined from 63% in 2020 to 60% in 2021 (Advanis Research, 2021). The Advanis researchers used the same seven indicators of police behaviours and support for the police as the Edmonton results reported above, and there was a similar decline in all those indicators between 2020 and 2021.
- Respondents ranking the overall quality of the Regina Police Service as very good or excellent dropped from 79% to 70% between 2019 and 2021. The overall satisfaction with the police also decreased from 77% in 2019 to 72% in 2021 (Ruddell & Jones, 2022).
- Saskatoon residents indicate that overall satisfaction with the Saskatoon Police Service ([SPS], 2021) dropped from 93% in 2017 to 87% in 2021. There was also a decrease in agreement that the SPS responded to people fairly (from 78% in 2017 to 66% in 2021), and a decline in public trust from 83% in 2017 to 71% in 2021. Fewer respondents indicated that SPS officers used force appropriately, declining from 83% in 2017 to 77% in 2021.
- Pollara Strategic Insights carried out five waves of surveys in 2020 and 2021 in Surrey, British Columbia. Their results show that respondents ranking the RCMP (who contract with the city to provide local policing) as very or somewhat favourable dropped from 83% in April 2020 to 77% in January 2021 (Pollara Strategic Insights, 2021).
- The proportion of Vancouver respondents indicating they were very satisfied with the police dropped by 16% between 2019 and 2021, and overall satisfaction decreased from 89% in 2019 to 78% in 2021 (City of Vancouver, 2021).
- Researchers in a Victoria Police Service (2021) study report that satisfaction with the police decreased from 86% in 2020 to 82% in 2021. In 2021 Victoria respondents indicated that officers were less approachable, less committed to their jobs, less courteous and polite, less accountable, more likely to use their authority and force

inappropriately and were less proud of the agency than they were in 2020.

- Seventy-four percent of residents in communities served by the Waterloo Regional Police Service ([WRPS], 2021) in October 2020 rated the WRPS as good or average, which was down from 84% satisfaction in 2017.
- A survey of Winnipeg residents reveals that public satisfaction with traffic enforcement, crime prevention, and responding to 911 calls was lower in 2021 than in 2020 (City of Winnipeg, 2021).

The drop in positive perceptions was not universal. The Delta Police Service (2022) reports that a comparison of the results of 2018 and 2021 community surveys revealed a non-significant difference in 12 indicators of police performance including police visibility, the value of policing, and timely responses to calls for services.

The RCMP (2020; 2021) report a 10% decrease in public satisfaction with keeping Canadians safe from 72% in 2020 to 62% in 2021. Public trust and confidence also declined from 69% in 2020 to 60% in 2021, and less than two-thirds (65%) of their respondents perceived their officers to be professional in 2021, which was a 10% drop from the previous year. The public's sentiments on the professionalism, integrity, and satisfaction with the RCMP were at the lowest levels since they started reporting the results of their national client surveys in 2003.

Tables I through III present the survey results of the Advanis (2021) study of perceptions towards the respondents' local police, the police in the entire nation, and whether the police treat all citizens equally. These results include responses from 37,054 individuals in two waves of a survey conducted in 2020 and 2021 in 24 CMAs and include responses from rural and small-town residents. The CMA results are grouped

according to population size although their findings are not disaggregated by city; that information is not available.

With respect to the perceptions towards their local police, all five groups showed an increase in the unfavourable perceptions of the police (the proportion rating them as doing a poor or very poor job) and these results are presented in Table I. Those favourable impressions decreased for every population group although there were differences in the magnitude of these changes. For example, the greatest drop in positive perceptions was in CMAs of between 500,000 and 900,000 residents, which decreased from 73% in 2020 to 64% in 2021. Residents of the smallest CMAs—between 200,000 and 375,000 residents—had the lowest drop in positive perceptions. The results in the table also show a corresponding decrease in the proportion of respondents who indicated the police were doing a good or excellent job.

Table II presents the results of the respondents' perceptions towards the police for the entire country. A review of these results shows each group expressed less favourable perceptions for the police in the rest of the country than their local police service. The proportion of respondents indicating the police in the entire country were doing a poor or very poor job increased in all five groups between 2020 and 2021. That change came at the expense of the proportion of respondents indicating the police in the rest of the nation were doing a good or excellent job. Similar to the results presented in Table I, the greatest drop in positive perceptions occurred in CMAs of between 500,000 and 900,000 residents: from 69% in 2020 to 55% in 2021.

The results from one other survey item were available: whether the respondent believes all citizens receive the same quality of service from the police. The proportion of respondents who disagreed or strongly disagreed with that

**TABLE I** Perceptions of overall job of police in your community: changes 2020 to 2021<sup>a</sup>

Group	City Size Range (Residents)	Poor/Very Poor Job (2020)	Poor/Very Poor Job (2021)	Avg. Job (2000)	Avg. Job (2021)	Good or Excellent Job (2020)	Good or Excellent Job (2021)
Tier 1	900,000 +	10	16	25	23	65	61
Tier 2	500,000–900,000	8	15	19	21	73	64
Tier 3	375,000–500,000	12	17	22	21	66	63
Tier 4	200,000–375,000	9	15	27	24	65	62
Tier 5	Rural	7	14	19	17	74	69

<sup>a</sup>Percentages may not sum to 100% due to rounding.

**TABLE II** Perceptions of overall job of police in your country: changes 2020 to 2021<sup>a</sup>

Group	City Size Range (Residents)	Poor/Very Poor Job (2020)	Poor/Very Poor Job (2021)	Avg. Job (2000)	Avg. Job (2021)	Good or Excellent Job (2020)	Good or Excellent Job (2021)
Tier 1	900,000 +	15	21	25	22	60	57
Tier 2	500,000–900,000	10	21	21	24	69	55
Tier 3	375,000–500,000	12	21	27	28	61	51
Tier 4	200,000–375,000	9	17	32	29	58	54
Tier 5	Rural	9	13	28	25	63	62

<sup>a</sup>Percentages may not sum to 100% due to rounding.

**TABLE III** Perceptions that the police provide the same quality of service to all citizens: changes 2020 to 2021<sup>a</sup>

Group	City Size Range (Residents)	Disagree/Strongly Disagree (2020)	Disagree/Strongly Disagree (2021)	Neutral (2020)	Neutral (2021)	Agree or Strongly Agree (2020)	Agree or Strongly Agree (2021)
Tier 1	900,000 +	36	40	21	16	42	45
Tier 2	500,000–900,000	28	37	21	16	50	47
Tier 3	375,000–500,000	30	40	26	16	43	44
Tier 4	200,000–375,000	30	33	25	19	45	49
Tier 5	Rural	21	26	20	15	59	58

<sup>a</sup>Percentages may not sum to 100% due to rounding.

statement increased in all five population groups: from 3% in CMAs with 200,000 to 375,000 residents to 11% in cities with populations between 500,000 and 900,000. Those agreeing or strongly agreeing that everybody receives the same quality of service were less consistent, and agreement increased in three of the five groups (the largest CMAs, CMAs of 375,000 to 500,000 residents, and the smallest CMAs—200,000 to 375,000 residents). These mixed results are difficult to explain and may be evidence of a polarization in perceptions, as the proportion of persons who indicated neutral feelings (neither agree nor disagree) decreased in all five tiers in 2021, while there was less variation in the neutral responses in Tables I and Table II.

### Changing Social Context for Canadian Policing

Altogether, an examination of the information Retrieved from: the individual police services and the grouped results disseminated by Advanis (2021) reveal a significant shift in the positive perceptions towards the police between 2020 and 2021. There are three plausible reasons for this change. The first is George Floyd's death in May 2020. The almost universal and short-term time frame of the drop described above suggests that incident influenced how Canadians view the police. A Leger (2020, p. 5) poll being carried out the weeks prior to and after his death, for instance, showed a visible decrease in trust in the Canadian police. This suggests the public might not distinguish the differences between American and Canadian policing. The Canadian Association of Chiefs of Police (2021, p. 6) observe that the perception of Canadian policing "is often influenced by incidents involving officers in other departments, other police services, other jurisdictions, and even in other countries." Canadians are interested in highly publicized use-of-force incidents by American police officers, and Logan (2014) reports that "the protests surrounding the deaths of black men at the hands of police was the top U.S. news story [in Canada] of 2014."

It is also likely that the public's perceptions towards all public institutions, including the police, changed after the March 2020 lockdowns in response to the global pandemic. A Leger (2022, p. 8) poll conducted in February 2022 reveals that 14% of their Canadian respondents were described as angry and opposed to mandates and government measures. Moreover, 40% of respondents in that survey were somewhat or very dissatisfied with the measures taken by the federal government to fight COVID-19, while 45% and 30% of them expressed dissatisfaction with their provincial and municipal governments, respectively (Leger, 2022, p. 25). Those unfavourable perceptions may also have been directed towards the police.

McClelland and Luscombe (2021) observe that some provincial governments criminalized public health responses to the pandemic and the police and other municipal officials became responsible for enforcing new restrictions and regulations. This expansion in police powers was not always seen by the public as legitimate, nor were these perceptions confined to Canada. Perry et al. (2021, pp. 5–6) summarized the results of surveys conducted in Israel, New Zealand, and the United Kingdom showing that indicators of public mood, such as trust in the police, decreased during the pandemic. Sheldon (2021) questions whether requiring the police to enforce public health restrictions may have reduced their legitimacy. Jones (2020) also speculates whether these new enforcement roles during the pandemic increased the divide between the police and the public. That divide may have widened after the police were required to implement public health restrictions at the same time as managing protests and social unrest directed towards them (Jiggeup-Akhtar et al., 2021).

A third possible explanation for our changing perceptions about policing in Canada exists: that there was an almost universal change in police conduct in 2020 that resulted in an unprecedented and rapid drop in favourable impressions of the police. That outcome is unlikely given the stability in positive perceptions of the police dating back to the 1980s (Roberts, 2004). Moreover, there is considerable variation in the degree of the decrease and some police services did not report any substantial drop in public trust, satisfaction, or confidence. Last, it is unlikely that the public would shift their perceptions in such a short period of time given that only about one-third of Canadians have any contact with the police in a given year (Ibrahim, 2020; RCMP, 2021).

As few of us have much interaction with the police, our ideas about policing are shaped by the way that information is presented in the social and mainstream media we follow. George Floyd's death is the most visible example, although high-profile incidents involving Canadian officers also influenced the public's impressions. One of the foremost of these acts was the 2007 death of Robert Dziekanski in the Vancouver airport after being shot with an RCMP conducted energy device. Focus groups and discussion circles of Black and Indigenous participants conducted in Calgary reveal they "felt that the media negatively influences relationships with CPS [Calgary Police Service] by exacerbating the tensions felt between CPS and citizens" (Calgary Police Commission, 2021, p. 11). Those observations are consistent with the findings of researchers reporting that negative news accounts about the police affect the public's perceptions (Intravia et al.,



2018; Li et al., 2016). More research needs to be carried out on the relationships between what is portrayed in the media and how those messages shape our perceptions of all public institutions, including the police.

While acknowledging that the public's perceptions of the police are influenced by the media, the results of these analyses suggest they do not distinguish between their local police and the misconduct of officers in other jurisdictions, or in other nations. Jones (2020, p. 581) observes that "negative media has an impact on police legitimacy and the community as a whole does not differentiate one police agency from another." These negative perceptions may be heightened in places where the public sees the police as illegitimate. The challenge for police services is that highly publicized acts of misconduct occurring thousands of kilometers away may reduce the favourable perceptions their residents have towards their local police, which may in turn reduce their willingness to cooperate with them.

## DISCUSSION

The information presented above describes a drop in the positive perceptions of Canadians towards the police. The death of George Floyd in police custody appears to be the primary driver in this loss of the public's trust and confidence. A secondary reason for this decrease may be a growing antipathy towards all government institutions after the onset of the pandemic and making the police responsible for enforcing regulations that a significant proportion of the public perceives as illegitimate. A third possibility is that the conduct of the police changed over a short period of time and this resulted in a one-year drop in public trust. There might also be an interplay of these three factors that led to different outcomes in the public's perceptions across the country.

There are limitations in the data and analyses presented above. The foremost is the lack of demographic and city-level data for the Advanis (2021) results. As a result, their findings are presented in this study based on two snapshots of grouped results. With respect to the data collected for the individual CMAs by the investigator, one shortcoming is the lack of a common indicator of the public's mood for all these sites. Hu et al. (2020) remind us that different indicators of perceptions of the police—such as trust, satisfaction, and confidence—are distinct. The lack of information from police services in Quebec collected by the investigator was mitigated, as Advanis (2021) surveyed respondents from four Quebec CMAs as well as rural and small-town Quebec residents; the client surveys conducted by the RCMP also report the perceptions of Quebec residents. A further limitation is the difficulty in disentangling the effects of this drop in favourable perceptions arising from George Floyd's death and those caused by using the police to enforce the public health restrictions imposed during the pandemic. Each of these factors may have contributed to these changing perceptions in different ways.

What the public thinks about the police is important for police agencies in terms of gaining the public's assistance and cooperation in their crime-control efforts. Consequently, one question emerging from the results presented above is how police services can use this information. The first is that police services seeking to better understand the changing results of community surveys can place their local results within a larger, national context. That is important in informing

stakeholders—including the public—about these changing perceptions. Police leaders must also take a more active role in managing the public's perceptions through public education campaigns after highly visible acts of police misconduct or use of force occur. Public education campaigns in the social and mainstream media may prove fruitful.

## CONCLUSIONS

The public's positive perceptions towards the police in Canada as reported in the GSS show a long-term stability, and, while those perceptions have ebbed and flowed over time, they tend to be almost self-regulating. Gallup researchers in the United States also report that confidence in the police since 1993—when they first collected data on this issue—has been stable (Brenan, 2021). While it is too soon to tell whether the positive feelings towards the police will return to their historical norms, it is certain that these perceptions can exert a direct impact on police operations, one of which is that the public might be more reluctant to aid or support the police than they were prior to George Floyd's death.

## CONFLICT OF INTEREST DISCLOSURES

There are no conflicts of interest in this unfunded research, and the author received no direct help in the preparation of the manuscript. This paper has not previously been published in any form.

## AUTHOR AFFILIATIONS

\*University of Regina, Department of Justice Studies, Regina, SK, Canada.

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# Awe: Helping leaders address modern policing problems

Jeff Thompson\*

## ABSTRACT

Policing in America is facing unprecedented issues, including surges in violent crimes, record-low levels of morale, recruitment and retention issues, COVID-19 as the leading cause of death in policing in 2021, police suicide described as an epidemic, and an overall increase in mental health conditions. As the resilience of police officers is pushed to the limits, police leaders must develop innovative approaches to enhance and sustain their workforce's mental health and well-being. This paper shares how one aspect of resilience—reflecting on and experiencing awe—can assist police leaders in exploring creative and meaningful ways to address current policing issues.

**Key Words** Police; leadership; resilience; law enforcement; well-being.

## INTRODUCTION

Policing in America is facing unprecedented issues, such as surges in violent crimes (including murder and shootings) (Kaste, 2021), recruitment and retention issues (IACP, 2020; PERF, 2019a; Smith, 2016; Westervelt, 2021), low morale (Westervelt, 2021), unenforceable COVID protocols (Chan, 2021), 62% of police officers' deaths in 2021 related to COVID-19 (Barr, 2021), the "silent epidemic" of officer suicide (Dvorak, 2021), and an overall recent increase in mental health conditions, with depression rates tripling (Van Beusekom, 2020).

The resilience of police personnel is being pushed to the limits, and their leaders, tasked with addressing all of these issues, must find new, innovative methods to genuinely address each of them while also building and sustaining a mentally healthy agency. Practices in awe are an innovative approach that can be applied not only for the overall well-being of police personnel but specifically for members of the leadership, who are responsible for countering negative elements and enhancing positive practices and programs.

One might ask how experiencing awe can be helpful, specifically with the challenges police leaders are currently facing. But that uncertainty is exactly the advantage that experiencing awe can provide. Awe has been described as an epistemological emotion, meaning that it helps bring awareness to gaps in one's knowledge (De Cruz, 2020; Keltner & Haidt, 2003; McPhetres, 2019; Stellar et al., 2018) and promotes creative thinking (Chirico et al., 2018; Ke & Yoon, 2020; Zhang,

2017; Zhang et al., 2021)—two traits that are necessary to tackle the current issues head on in meaningful ways.

If police leaders are to explore ways of addressing modern policing issues, a logical first step would be acknowledging the fact that the answers are not yet known and need to be developed. Additional benefits of experiencing awe will be explained later in this paper, but for the moment (and apropos of police leaders' need to accept this epistemological knowledge gap), it is important to emphasize that awe is linked with humility. Humility is a well-known requisite skill for high-performing leaders (Ou et al., 2018), especially in policing (Barker, 2011; Coleman, 2014; Colwell & Huth, 2010; Mills, 2019).

Chirico and her colleagues' study, cited above, demonstrates how experiencing and reflecting on moments of awe can contribute to creative thinking. In policing, creative thinking has been described as a beneficial and necessary skill for police leaders to possess (Pearson-Goff & Herrington, 2013; Koivuniemi, 2018; Martin et al., 2017; Roberts et al., 2016). Therefore, it would be reasonable to embrace awe-inducing techniques and practices that facilitate the recognition of knowledge gaps, promote and enhance creative thinking, and foster humility among police leaders.

## PROMOTING CREATIVITY AND INNOVATION IN POLICING

The idea of promoting creativity and innovation in policing is not new. Demonstrating resilience involves having a sense

**Correspondence to:** Jeff Thompson, PhD, Department of Psychiatry, Columbia University Medical Center, 1051 Riverside Drive, Room 2412, New York, NY 10032, USA.  
**E-mail:** j12768@cumc.columbia.edu

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of agency, or acknowledging that certain things are beyond one's control while other things can be controlled (Hanson, 2018). Police leaders and experts have recognized the current challenging moment in policing history and have embraced the opportunity it provides by calling for creative and innovative approaches to address these issues.

Chuck Wexler (2022), executive director of the Police Executive Research Forum, embraces this resilient approach and calls on police leaders to recognize that we are in different times that require different thinking. Deloitte (Mirkow, 2021), a global leader in consulting and related services, emphasizes that police innovation comes in the form of new concepts, methods, and tools. In their reference book for police chiefs, the International Association of Chiefs of Police (IACP) (2018) explains that "creativity, innovation, and experimentation are hallmarks of our philosophy" (p. 39).

The Major Cities Chiefs Association (MCCA) (2018) identifies a similar approach, with one of their three strategic goals being to "promote innovation and evidenced-based practices in policing" (p. 1). The MCCA further elaborates this by encouraging police leaders to open their agencies as "learning laboratories, advocating for funding to develop, testing new technology, practices, and approaches" (p. 4).

## PROMOTING RESILIENCE

Before examining awe more deeply, it is important to acknowledge how resilience and, more broadly, officer well-being are considered necessary for police personnel of all ranks to possess in order to be effective in their work and flourish in their lives overall. Leading police authorities have called for greater attention, training, and resources to be dedicated to officer well-being (Spence, 2017).

There are notable advancements in resilience programs as they are implemented in police academies (Ramey et al., 2017), with the general workforce (Thompson, 2020; Weltman et al., 2014), and nationally (FBINAA, n.d.; IACP, n.d.). According to McCraty and Atkinson (2012), agencies developing resilience programs for their workforce can lead to fewer citizen complaints and lawsuits as well as increased community safety.

Additionally, conferences and other gatherings are being convened where police officer resilience and well-being has been either the primary focus or a leading topic. This includes the Police Executive Research Forum (2019b), the International Association of Chiefs of Police (n.d.), and the Fraternal Order of Police (2022). The New York City Police Department, along with the Psychiatry Department at Columbia University Medical Center, co-hosted an online symposium devoted exclusively to police officer resilience (Resilience Symposium, 2020) for which more than 3,000 people registered from over 30 countries. Their second co-hosted symposium focused on how awe contributes to enhancing officer resilience and featured leading awe researchers from across the globe (Resilience Symposium, 2021).

Various techniques and skills fall within the realm of resilience practices, and a person must be able to call upon different techniques based on the context and circumstances (Bonanno, 2005). Recently, emotional intelligence, an attribute linked with resilience, has received increased attention. Emotional intelligence has been closely linked with the previously

mentioned trait of humility, and it has also been described as critical to police leaders' effectiveness (Closson, 2022; Hawkins & Dulewicz, 2007; Ramchunder & Martins, 2014). Emotional intelligence has been described as the foremost skill that New York City Mayor Eric Adams was looking for when selecting his new police commissioner (Rubinstein, 2021). Mayor Adams further stated that it was Keechant Sewell's proficient demonstration of emotional intelligence that separated her from the other candidates (Southall et al., 2021). A highly cited research study by Brunetto and colleagues (2012) demonstrated a connection between an officer's emotional intelligence and both their job satisfaction and well-being. Magny and Todak's (2021) recent review of police research studies on emotional intelligence revealed that not enough attention has been dedicated to this topic, despite its importance.

If attention to emotional intelligence research in policing has been limited, it could be argued that it has been nearly nonexistent regarding awe. However, considering the advances being made with resilience initiatives, the opportunity exists to embrace various novel practices, and these certainly should include awe. This is especially the case considering the evidence-based benefits associated with awe.

## THE SCIENCE OF AWE

Awe, described in the simplest of terms and adapted from a definition provided by Dr. Jennifer Stellar, is a complex emotion that an individual experiences in response to something or someone that is extraordinary and challenges their current thinking (Thompson, 2022a). Examining the definition of awe more deeply, Keltner and Haidt (2003), in their seminal work, describe how awe is felt when there is a perception of vastness and then a need for accommodation. The vastness can be something physical and perceptual, such as the Grand Canyon, but it can also be conceptual, such as discerning a complex theory, contemplating eternity, or trying to come to terms with the size of the earth compared with the sun. This vastness alters the way you see the world and requires a modification of your mental schema.

Awe can be elicited through a variety of means, including the contemplation of nature, space and the universe, music and the arts, accomplishments (of self and others), social interactions, and religious and spiritual moments (Allen, 2018; Anderson et al., 2018; Graziosi & Yaden, 2019; Pilgrim et al., 2017; Shiota et al., 2007; Sturm et al., 2020; Yaden et al., 2018).

Awe can also be induced through virtual reality (Chirico et al., 2017; Limpt-Broers et al., 2020; Quesnel & Riecke, 2018), watching videos (Chirico et al., 2017; Prade & Saroglou, 2016; van Cappellen & Saroglou, 2012), looking at images (Shiota et al., 2011; Silva et al., 2015), as well as sharing (Bai et al., 2017; Chen & Mongrain, 2020; Danvers & Shiota, 2017; Stellar et al., 2018) and reading awe-inspiring narratives (Cuzzolino, 2021; Piff et al., 2015; Rudd et al., 2012; Thompson, 2022b; Walker & Gilovich, 2020).

Why is awe such an important emotion to experience for police personnel, especially the agency's leadership? As Professor Helen de Cruz (2020) shares, awe can encourage and bolster the outside-the-box, paradigm-shifting thinking that is necessary to tackle the policing issues currently faced by departments across the country and globally. Although

she is referring to scientists and their work, it can certainly be applied to leaders in policing as well:

Awe thus plays an important role in the day-to-day work of scientists, which Kuhn called “normal science,” when it is business as usual and scientists are tweaking, rather than changing, their views. But, as I suggested at the outset, awe is especially important in revolutionary science, when scientists are grappling for new ideas and new concepts. (paragraph 24)

As previously mentioned, awe can promote creativity, bring awareness to gaps in knowledge, and promote humility. Yet it is not limited to these three. Experiencing awe can also promote open-mindedness (Silvia et al., 2015), optimism (Nelson-Coffey et al., 2019), prosocial behaviours (Bai et al., 2017; Piff et al., 2015; Prade & Saroglou, 2016), learning (Limpt-Broers et al., 2020), enhanced decision-making (Rudd et al., 2012), connectedness with others (Shiota et al., 2007), augmented critical thinking (Stellar et al., 2018), a “slowing-down” of time (Rudd et al., 2012), and increased curiosity (Anderson et al., 2020). Further, Bai and colleagues’ research (2021) demonstrates that experiencing awe can reduce stress and everyday worries. Finally, awe has also been described as an example of a self-transcendent experience (STE). Self-transcendent experiences can contribute to a sense of connectedness with others, promote prosocial behaviours, and provide numerous benefits in terms of a person’s well-being (Thompson, 2022b).

Each of these benefits can increase the effectiveness of a police officer on patrol. Also, and importantly, awe can support police leaders as they attempt to develop new, innovative means of crime-fighting and genuine, meaningful relationships with the community. Experiencing awe can contribute to enhancing police leaders’ creativity in cultivating healthier police officers and more effective and just agencies.

### Awe Practices

Implementing awe practices to support police leaders and the police workforce must be practical and evidence based. In research laboratories, when studying emotions such as awe, scientists often try to isolate the emotion being studied from other emotions. However, in real life, emotions are frequently clustered together. In the case of awe being used to assist police leaders, a benefit of experiencing awe often is the feeling that it can be connected with other positive emotions. Further, certain programs designed for policing are already embracing this by incorporating awe and other related resilience practices (Thompson, 2020; Thompson & Drew, 2020). Examples of such resilience-related practices include controlled breathing, gratitude, cognitive reappraisal, and prospection, or future thinking (Southwick & Charney, 2012; Tabibnia, 2020).

One program, The Awe Project,<sup>1</sup> has had promising results, based on preliminary data collected from program evaluations. The program’s design is based on the previously cited awe studies, and it was developed initially for police personnel. It has since been extended to the general public. Participants have included police leaders from numerous countries, including Canada, Scotland, Sweden, and the

United States. The five-day, cohort-based program entails watching awe-evoking videos, sharing reflections on the videos, and also sharing personal awe stories. The program generally takes place via a private Google Classroom on participants’ personal mobile devices but has also since been adapted for police leadership and investigative courses that take place in person in a classroom setting.

When designed with a specific purpose, brief interventions can include other resilience practices and have a meaningful impact on participants. Additional examples of how awe practices can be practically implemented by both police agencies and individual police leaders include writing and sharing awe narratives from a police leader’s professional and personal life, watching videos, looking at images, and taking nature-based walks.

Creating awe programs to assist police leadership and the entire agency workforce should be a collaborative effort with researchers to ensure it is grounded in evidence-based practices. As awe research and incorporating awe practices in policing begins to emerge, agencies such as the Pinole Police Department (California) are already implementing awe practices agency-wide, as is the New York City Police Department, especially in their leadership training. Additionally, Durham College (Ontario, Canada) has incorporated awe and other resilience practices in a course for students aspiring to work in law enforcement.

It is important to note that, as Dr. Kirk Schneider (2009) reminds us, if one goes looking for awe, one most likely will not find it. Instead, the key to experiencing awe is being open to the opportunity for it. These three examples of awe programs demonstrate how awe is accessible in our daily lives, and it is already being embraced by both police agencies and individuals, including members of law enforcement.

## CONCLUSION

From a practical perspective, it must be acknowledged that awe experiences on their own will not solve the current issues that police leaders and their agencies are facing. Nor are awe practices being advocated here as a silver bullet that will immediately fix modern policing woes. What awe can do, when used along with other evidence-based resilience practices, is provide a spark that inspires policing leaders to think creatively, practically, and sustainably in their approach to the problems currently facing the policing profession.

### CONFLICT OF INTEREST DISCLOSURES

The author declares that there are no conflicts of interest.

### AUTHOR AFFILIATION

\*Department of Psychiatry, Columbia University Medical Center, New York, NY, USA.

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<sup>1</sup>The Awe Project was created by the author. More information can be found at [www.5DaysOfAwe.com](http://www.5DaysOfAwe.com).



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# Implementation of a post-overdose quick response team in the rural Midwest: A team case study

Meredith L. Canada\* and Scott W. Formica†

## ABSTRACT

The opioid-involved overdose crisis in the United States has had devastating effects on communities across the country. Post-overdose outreach teams have emerged as one way to reduce overdose risk for individuals who use drugs. Limited literature exists on how these teams are developed and how they operate. Even less is known about these teams in rural locations. This case study explored one rural team's implementation, including its strengths and barriers to serving participants. Findings from interviews with program staff indicate the team had a consistent procedure for conducting outreach with overdose survivors and family members, had broad support and buy-in from leadership, and were able to clearly articulate the program's strengths, challenges, and opportunities for growth—including the need for more formal program evaluation. Factors that facilitated implementation included use of a person-centred and non-coercive approach, establishment of team role boundaries, multi-disciplinary collaboration, empathy, and buy-in across agencies and town leadership. Barriers included stigma among citizens, lack of an evaluation plan, difficulty providing outreach to individuals who have unstable housing, and difficulty following up with service agencies. The findings can benefit other jurisdictions, especially small and rural localities seeking to address the drug crisis more effectively.

**Key Words** Post-overdose outreach; opioid overdose; overdose prevention; co-response team; law-enforcement led.

## INTRODUCTION

Drug overdoses are at crisis levels in the United States. In the last twenty years, more than 750,000 people have died from a drug overdose (CDC, 2020). Opioid-related deaths contributed to declining life expectancy in the United States from 2014 to 2016 (Ho & Hendi, 2018). During this period, nationally, an 18% decline in life expectancy for women and a 42% decline for men were attributed to overdoses. Individuals who survive a drug-related overdose are at higher risk for future drug overdose (Darke et al., 2011; Larochelle et al., 2019).

Vulnerability to drug overdoses is complex. Few studies exist on the epidemiology of drug overdoses in rural communities. Several suggest that rural communities have been disproportionately affected by drug overdoses (Mack et al., 2017). However, at least two studies, including a study about Indiana, indicate this may not be the case. For example, in Georgia, urban communities demonstrated a higher rate of overdoses compared with rural communities (Valentini & Jayawardhana, 2019). Sawyer et al. (2021) analyzed all 92 Indiana counties for overdose vulnerabilities using thirteen factors. They identified social and economic marginalization as having the strongest impact on overdose rates; such factors

included income, unemployment, education, disability status, female-led households, and non-Hispanic Black households. Even so, it is well documented that rural localities compared with urban centres have significantly fewer resources and policies to effectively address the ever-increasing drug overdose crisis (Swann et al., 2021). However, interventions used in urban areas for individuals at risk for drug overdose, for example those who inject drugs, can be tailored to meet the needs of individuals in rural localities (Havens et al., 2011).

Multi-disciplinary post-overdose response programs have emerged in communities across the United States to assist individuals who have recently survived a drug overdose, yet little is known about their compositions, implementation, and outcomes (HIDTA, 2018). In their scoping review, Bagley et al. (2019) identified 27 post-opioid overdose programs, 24 of which were described in gray literature while the other three were documented in peer-reviewed literature. Post-opioid overdose interventions appear to belong to five categories based on when they are deployed, where they are deployed, and which entities collaborate. In general, a post-overdose response team is a multidisciplinary team that includes a police officer, a paramedical professional, a mental health and/or substance abuse counselor, and/or a peer support

**Correspondence to:** Meredith Canada, Indiana University School of Social Work, 902 W. New York St., Indianapolis, IN 46202 USA. **E-mail:** mlcanada@iu.edu

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specialist (Formica et al., 2018). These programs may also be called drug abuse response teams (DART), quick response teams (QRT), or naloxone plus (BJA, 2021). The team conducts outreach to individuals who have survived a drug overdose. Teams seek to conduct outreach visits within a defined period (e.g., 1–3 days) following the overdose event (Formica et al., 2021). Quick response teams may be effective because they have the potential to break down cultural and procedural barriers across agencies. The literature suggests that, rather than collaborating, different agencies within one system often work in parallel (Mason et al., 2017).

While there is evidence to suggest that an increasing number of municipalities are adopting post-overdose outreach programs (BJA, 2021; Formica et al., 2021), particularly in the wake of fentanyl and fentanyl analogs entering the drug supply, there are currently no evidence-based best practices to guide their design or implementation. Limited practice-based guidance characterizing early adopters of this approach identifies the importance of establishing clear goals, fielding a multi-disciplinary team of service providers, training staff members on procedures and equipping them with the knowledge and tools needed to effectively work with overdose survivors, operating discretely to not draw unnecessary and potentially stigmatizing attention to individuals, protecting participants' privacy, not engaging in enforcement activities during outreach, and extending supportive services to family and social network members (HIDTA, 2018; NYSDOH, 2021).

Descriptive studies on the formation and implementation of post-overdose outreach programs have been conducted in well-resourced urban (White et al., 2021) and suburban (Davoust et al., 2021; Donnelly et al., 2021) settings, but these programs have not been comprehensively described in rural settings despite evidence that the emergence of these programs is not limited to a specific type of geography (BJA, 2021). To begin to address this gap in the literature, this case study examined the creation and implementation of a law-enforcement-led QRT in the rural Midwest. The guiding research question was: how do post-overdose outreach teams operate in one rural locality?

## METHODS

### Study Design and Setting

The lead author conducted an exploratory single-case study of a rural post-overdose outreach team. Case study methodology is designed to answer “how” and “why” questions and is relevant to understanding contemporary issues in the field (Yin, 2017). This design was chosen because rural QRTs are not well represented in the literature and findings from this study can help inform implementation of teams in other rural settings. Data were collected during face-to-face interviews in November and December of 2018 from staff members within a single QRT program in the rural Midwest.

The QRT operates in a town with approximately 5,000 residents in a county that is part of a metropolitan statistical area (U.S. Census Bureau, 2022). However, the town is inside a census tract that is designated as rural (HRSA, 2018). The town is at least 90% White, non-Latinx/Hispanic. The town is located off two major traffic corridors, near a major entertainment destination.

At the time of the program's inception, the Midwest had started to see a drastic increase in deaths from synthetic opioids (CDC, 2022b). The QRT's county overdose deaths were above the state average, with about 30 deaths per 100,000 (age adjusted) (CDC, 2022a). Emergency room visits and in-patient hospitalizations were below the state average, with about 160 per 100,000 and 80 per 100,000, respectively. People admitted for drug treatment in the county were nearly twice the state average, with over 1,000 per 100,000.

### Participant Selection and Participants

Based on word-of-mouth, the lead author identified a QRT program operating within a police department in a rural community in the Midwest. The Chief of Police (Chief) was contacted by e-mail and invited to participate in the study. The Chief identified members of the QRT who would be interested in participating in interviews. Five individuals participated, all of whom had responded to at least one post-overdose outreach visit. These individuals included the city's Mayor, the Chief, a licensed mental health professional employed by the local community mental health centre (LMHP), a law enforcement officer (LEO), and the Fire Chief (medic). All participants were White; one participant was female.

### Measures and Procedures

The semi-structured interview protocol included questions about the structure and composition of the QRT, program development and implementation, and processes for linking participants to services and follow-up. Several interview questions were developed using an appreciative inquiry framework (Coghlan et al., 2003). Appreciative inquiry invites participants to identify positive experiences and successes and to imagine future possibilities and growth. Appreciative inquiry may be used when little is known about a particular topic and, therefore, is a good fit for this study. Interview questions focused on the purposes, strengths, and challenges of program implementation both at the program level and by professional role.

Interview data were collected from August 2018 to December 2018. The first interview was conducted with the Chief and the Mayor at the police station as a group. This interview was not recorded; detailed notes were taken. This interview lasted approximately 90 minutes. The second and third interviews were conducted with the Chief, LEO, and LMHP, as a group. This interview was held at the police station. The third interview was held at the fire house with the medic. The second and third interviews lasted about 30 minutes each. Interviews were recorded and transcribed by the first author.

### Ethical Review

All study procedures were reviewed and exempted by the Institutional Review Board of Indiana University.

### Analysis

The lead author reviewed the transcripts from the three interviews multiple times and coded the transcripts according to the *a priori* domains within the semi-structured interview protocol. This analysis approach was used to develop a descriptive framework of the QRT's implementation and day-to-day operations (Yin, 2017). Following initial coding, data were additionally deductively coded for other domains of interest that emerged.

## RESULTS

Through the interviews, several themes emerged describing how the QRT operated, including its goals, how the team conducted outreach, how the team linked participants to care, and implementation strengths and challenges. These themes and sub-themes are described below.

### Program Inception

The QRT program was initiated by the Chief of Police in the fall of 2016. The Chief learned about this model from an urban law enforcement agency’s post-overdose outreach program formed in July 2015 (Colerain DPS, 2016). In the original model, a police officer, substance use disorder counselor, and firefighter/paramedic conducted home-based follow-up with overdose survivors and their family/caregivers within 3 to 5 days of the overdose event. The Chief consulted with this agency to develop a similar model that would fit a rural setting.

### QRT Goals

Interviewees articulated three specific goals for the QRT. First, according to the Chief, the team seeks “to be a resource for survivors and families of drug overdoses” by providing

information about treatment resources and other community resources to overdose survivors and those living in the residence with the overdose survivor. Elaborating on this statement, he added that the QRT is a way for “the community to show up and demonstrate that we care” for persons who have survived an overdose and their family. Second, according to the LMHP, the team seeks to provide linkages to substance use treatment services. Third, according to the medic, the team seeks to be a supportive presence to survivors and their family. Further, the LMHP indicated that in addition to supporting the overdose survivor, the team attempts “to validate the family members’ experiences that their family have previously tried some form of treatment and it didn’t work.” During the interviews, multiple interviewees expressed that they seek to encourage survivors and family members to never give up; the LMHP noted that they “seek to encourage survivors and family that even though [treatment or recovery] didn’t work last time, recovery could work this time.”

Documentary review of the QRT’s program logic model revealed a high degree of alignment between the goals as described by interviewees and the QRT’s pre-specified short-term and long-term goals. As shown in Figure 1, the program’s short-term goals were to raise awareness of supports and resources, decrease risk of future overdose, improve community

Inputs	Activities	Participants	Short-term goals	Long-term goals
<p>Staff</p> <ul style="list-style-type: none"> <li>• QRT Team members</li> <li>• Chief of Police</li> </ul> <p>Equipment</p> <ul style="list-style-type: none"> <li>• Vehicles and maintenance</li> <li>• Gas for deployment</li> </ul> <p>Technology</p> <ul style="list-style-type: none"> <li>• Cell phones for team members to communicate among QRT and with participants</li> <li>• Computer to maintain participant data</li> </ul> <p>Materials</p> <ul style="list-style-type: none"> <li>• QRT resource packet</li> <li>• Substance use resources and pamphlets</li> <li>• Naloxone</li> <li>• Bag to hold resources and materials</li> </ul> <p>Time</p> <ul style="list-style-type: none"> <li>• QRT member deployment and debriefing</li> <li>• Overdose incident tracking</li> </ul> <p>Partners</p> <ul style="list-style-type: none"> <li>• County health department</li> <li>• Local drug free coalition</li> <li>• Community mental health (CMH)</li> <li>• Police department (PD)</li> <li>• Fire and EMS</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach to overdose survivors and their families in town</li> <li>• For survivors from out of town, referral information to home department</li> <li>• Outreach to jail for future outreach post-incarceration</li> <li>• Provide resources, including local treatment services</li> <li>• Provide naloxone to family members</li> <li>• Link survivor and/or family to treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• Overdose survivors</li> <li>• Survivors’ family and loved ones</li> </ul>	<ul style="list-style-type: none"> <li>• Provide awareness of resources to overdose survivor and/or family members</li> <li>• Decrease risk of future overdoses for overdose survivors</li> <li>• Improve community relationships between overdose survivors and loved one and CMH, PD, and Fire &amp; EMS</li> <li>• Increase social supports for overdose survivors and loved ones</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease stigma about substance use disorders and overdoses</li> <li>• Increase community knowledge of resources and supports available for substance use disorders</li> </ul>

**FIGURE 1** QRT logic model. The team’s logic model, including inputs, outputs, and outcomes. Inputs represent the resources used in the program, such as staff time, materials, and equipment. Outputs are the measurable results of the program’s efforts. Outcomes represent intended results of the team’s efforts

relations, and increase social supports for overdose survivors and members of their social network. The program’s long-term goals were to decrease stigma related to substance use disorder and overdose and to increase community knowledge of available supports and resources.

**QRT Implementation**

*Identification of Overdose Survivors and Family*

All individuals who survived an overdose and lived inside the police department’s jurisdiction (including the survivors’ family members) were eligible for the QRT’s services. Family was defined by the team as individuals identified by the survivor as family and those living with the survivor.

As shown in Figure 2, the Police Chief served as the point of contact for the team and deployed the team. Emergency dispatch, police, fire, and emergency medical services (EMS) had a mechanism to relay information to the Chief. Overdose survivors were identified in three ways. First, when police, fire, and/or EMS responded to an overdose, the information was entered into the city’s computer-aided dispatch (CAD) system. Second, if a resident overdosed in a nearby jurisdiction, emergency first responders in that jurisdiction could relay this information to the Chief if they were aware of the existence

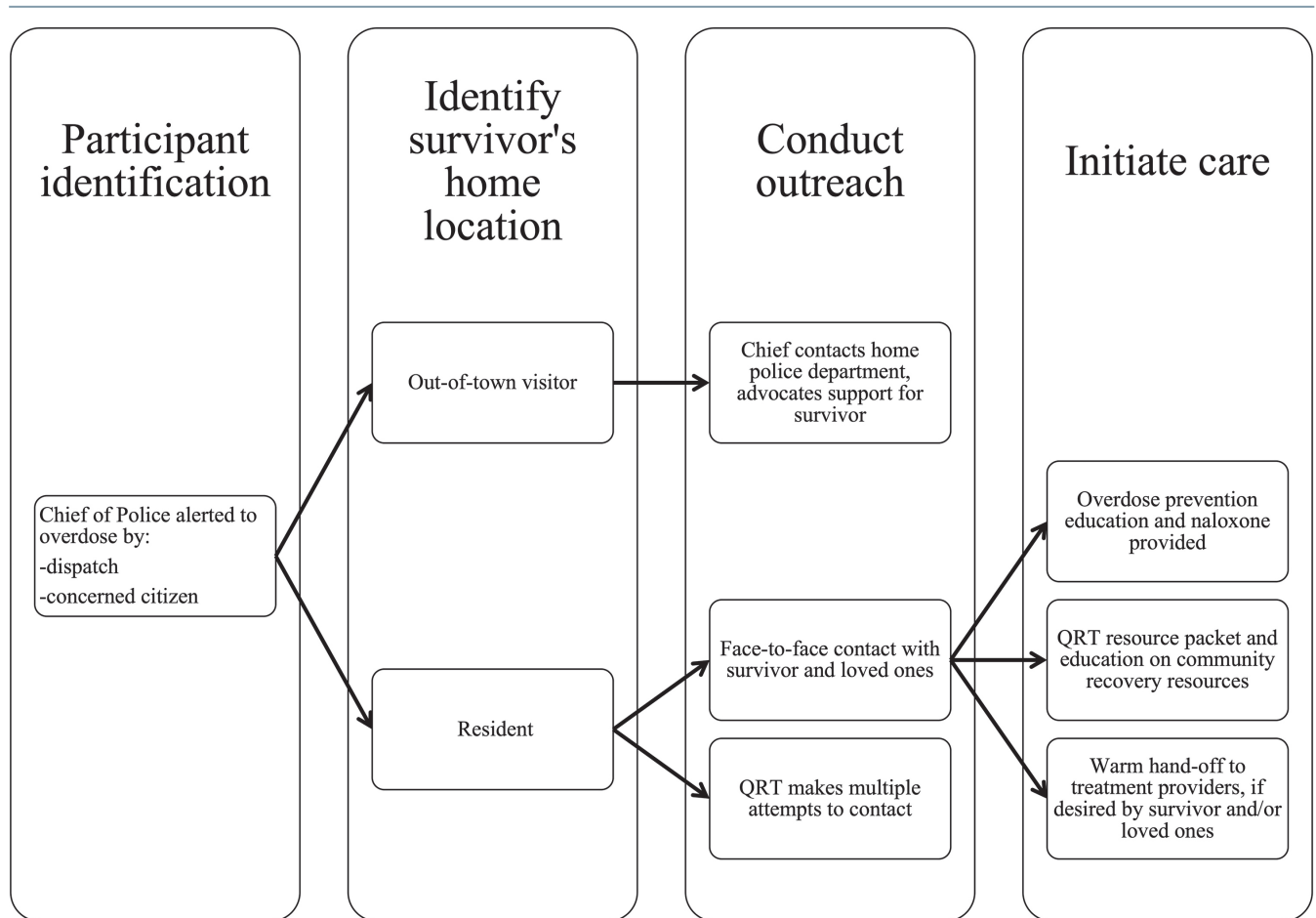
of the QRT. Third, an overdose survivor or concerned citizen could contact police, fire, or EMS to report an overdose that had already taken place. In all three instances, this information was then reported to the Chief. When someone who resided in another jurisdiction had an overdose in the town where the QRT was located, the Chief attempted to send this information to the home jurisdiction.

*Team Composition*

The outreach team was comprised of one LEO, one medic, and one clinician. Each participating agency had multiple staff on rotation who were willing and able to deploy, as needed. The time between the overdose event and the time that the team deployed was largely dependent upon the schedule of the clinician on duty since the clinician had regularly scheduled appointments.

*Team Outreach*

The team makes face-to-face contact with a survivor at their residence, typically during normal business hours, within 24 to 48 hours of the overdose event. Team members arrive in their respective uniforms in marked vehicles. They intend to demonstrate to the community that their community agencies care about overdose survivors and their family



**FIGURE 2** QRT deployment process. The co-response team deployment process includes how individuals are identified, how outreach occurs, and what services are offered by the team.

members. If the survivor is not present or does not return home immediately from the Emergency Department if they were transported following the overdose event, the team will engage with the survivor's family. Additionally, should the survivor become incarcerated, the Chief will stay in contact with the jail so that the team can contact the survivor within 24 to 48 hours following the person's release.

At the time of the last interview, the team had served eight women and six men. The average age of a participant was 33 years old. The QRT did not collect other demographic information.

### Roles of Team Members

**Role of the LEO:** The LEO's primary role is safety and support. The LEO initiates contact at the overdose survivors' residence by knocking on the door and explaining why the team is there. The LEO indicates that the purpose of the visit is because the survivor experienced an overdose and then describes the team's visit as a "social visit" and introduces the other members of the team. The LEO waits for the survivor to decide whether they would like to meet with the team and, if so, where they would like to meet with the team. If the LEO was on the scene of the survivor's drug overdose, the police officer may speak with the survivor and/or family member(s) about the overdose event.

**Role of the medic:** The medic serves in a supportive capacity and will address any medical issues and medication-related questions, as appropriate. Sometimes, the medic at the home visit was the responder who revived the survivor from their overdose. When appropriate, the EMT may talk to the survivor and/or family member(s) about the overdose event.

**Role of the clinician:** The clinician takes the lead for most of the visit and provides on-site assistance in linking the survivor and their family with recovery services, if they are interested. During the visit, the clinician tells participants about available recovery resources. If the participants are interested, the clinician can link them with recovery services. The clinician can also provide de-escalation and crisis intervention services at the home, if needed.

### Linkage to Care

At any time during the team's visit or anytime afterwards, a survivor and family could choose to start services with the clinician's mental health agency, the local Community Mental Health Center (CMHC). The clinician was responsible for referring participants and following up to ensure their agency made contact to start services. The team was unable to provide transportation to services. However, if an individual was linked to services through the local CMHC, the centre could provide transportation to some services. Follow-up from the team occurred as needed. The team could make additional visits to the residence at the request of the participant.

### Outreach Materials

At each visit, a bag of materials was provided to the survivor and their family with a dose of naloxone, a 16-page booklet with recovery resources and psychoeducation, and brochures from local treatment providers, including information on access to medications for opioid use disorder (MOUD). Naloxone was typically given to the family member, not the overdose survivor, if family was present.

### Funding and Resources

Each agency donated the time for its respective team members to participate in outreach as well as vehicles and other gear for outreach visits. Local organizations donated the printing for the recovery resources booklet and doses of naloxone.

### Implementation Strengths and Challenges

Team members identified several features of the QRT model that they felt facilitated implementation along with a set of factors that they felt impeded implementation. Factors that facilitated implementation included use of a person-centred and non-coercive approach, establishment of team role boundaries, multi-disciplinary collaboration, empathy, and buy-in across agencies and town leadership. Barriers included stigma among citizens, lack of an evaluation plan, difficulty providing outreach to individuals who have unstable housing, and difficulty following up with service agencies.

### Facilitating Features

**Person-centred and non-coercive:** There are no conditions or legal repercussions attached to the team visit and no expectations that the individuals and/or family members will access and utilize services because of the visit. Individuals choose whether, how, and where they interact with the team. If the overdose survivor refuses to interact with the QRT, the team will respect the wishes of the individual and leave the residence.

**Role boundaries:** Individuals on the team indicated that they were professionals who knew their jobs and their roles. They noted that they "stay in their lanes" and limit their activities to those that fall within their respective professional capacities. The clinician takes the lead on identifying the needs of the survivor and/or family members and provides referrals to services. Law enforcement and EMS provide supportive roles within their professional capacity.

**Multi-disciplinary and multi-agency collaboration:** As the medic commented, "I think just the point that people are willing to help is different. You've got police, fire and EMS, and social workers...that's a diverse crowd that shows up...I think it just shows [survivors] that people do care [and are] willing to help." Additionally, the Mayor indicated, "This is a community effort that we need to bring to the people."

**Empathy:** Multiple times, interviewees indicated that the biggest need is to humanize the individuals who are struggling with drug use disorders and overdose and demonstrate to community members that they care about the risks associated with substances use. The LEO stated, "It is our job to save lives [regardless of] whether others agree with a person's behaviours or choices." Further, team members expressed great meaning in the work they do. As the Chief stated,

If we can save one person, it's worth it...the whole [purpose] of this is saving that person. They deserve a whole lot better than what they are going through right now. I don't believe they chose to be this way. I think this is a disease....But the addiction messes up your brain. I don't think anybody out there wants to [be] like this, have a drug addiction. They want a better life, a normal life, whatever normal is. I think we are a small part of this solution by this little thing we do. We change this person's life over in town by just showing up by saying "hey we are here to help. Here's some information."



### Barriers to Implementation

**Difficulty contacting survivors:** Interviewees indicated that it can be difficult to contact people following an overdose because the individual moved or is otherwise difficult to find. Sometimes the team makes multiple repeat trips to attempt to contact survivors.

**No evaluation plan:** Despite operating in a small town with a low volume of cases, QRT members acknowledged the potential value of conducting a more robust evaluation in the future. The LMHP stated, “If you think about numbers, it probably wouldn’t be compelling. It probably wouldn’t be statistically significant. But every life matters. That’s compelling.” The team reflected that they would like to be able to track participants’ progress. Currently, they do not ask participants to sign a release of information, so they are unable to determine whether an individual successfully met with a provider to whom they were referred.

**Substance use stigma among community members:** At the conception of the QRT, the team conducted a community perception survey on attitudes about people who use drugs and people who overdose. The results demonstrated that the community held highly stigmatizing views about overdose and people who use drugs.

## DISCUSSION

This case study explored program implementation for one post-overdose outreach team in the rural Midwest that was largely based on an earlier QRT model operating in an urban setting (Colerain DPS, 2016). Preliminary evidence suggests that the model generalized well to a small rural setting and that the new QRT was able to develop a consistent implementation process that involved key agencies and leadership in the town and adequate resources.

Interviewees identified several features that they felt facilitated adoption and implementation of the QRT program. First, the program was designed to be person-centred, with emphasis placed on addressing the self-reported needs of overdose survivors and their family members—an approach that has been associated with higher levels of engagement and improved outcomes among individuals with substance use disorder (Friedrichs et al., 2016; Marchand et al., 2019). In addition to being person-centred, the approach taken by the QRT is non-coercive. There is no legal repercussion if a survivor refuses to meet with the team or refuses to accept services. Coercion into treatment is not associated with decreased substance use (Pilarinos et al., 2020) and, in some cases, is related to poorer outcomes in individuals who use drugs (Werb et al., 2016). The QRT also provides support and resources to family members of overdose survivors—a practice-based recommendation that has been widely applied in other post-overdose response programs (Bagley et al., 2019; Formica et al., 2021; White et al., 2021). Engaging family members in treatment services is associated with a reduction in substance use and issues related to substance use such as legal problems, housing instability, and employment instability (Ariss & Fairbairn, 2020).

Second, QRT outreach members had clearly defined roles and self-imposed boundaries that dictated their interactions with program participants to maximize the benefit to recipients of services and minimize unintended consequences.

This included attempts to minimize role conflicts that might contribute to or perpetuate stigmatizing attitudes or beliefs or feelings of compassion fatigue among team members based on their professional affiliation (Carroll et al., 2020; Kruis & Merlo, 2021). Specifically, interviewees reported that the clinician took the lead when interacting with overdose survivors and family members and that the LEO and medic supported the interaction as needed and as directed. This approach also helped to centre the outreach visit as a health and wellness encounter versus an enforcement-based encounter such that the health system and criminal legal system were not conflated.

Third, the QRT team relied on multi-disciplinary and multi-agency collaboration to broaden its scope of service—an approach that has been recommended over programs that rely exclusively on a single sector or narrow set of partners (HIDTA, 2018; NYSDOH, 2021; Yatsco et al., 2020). Inclusion of a paramedical professional as well as a licensed mental health practitioner on the QRT facilitates a menu of services ranging from provision of naloxone to linkages to MOUD providers to recovery support services. Leaving naloxone behind following an overdose and engaging the survivor’s support system has been associated with increased connection to follow-up services (Scharf et al., 2021). The initiation of MOUD is associated with improved treatment retention and long-term outcomes.

Lastly, the QRT team identified having empathy for people who use drugs and those who experienced an overdose as a pre-condition for participation on the team. Previous work has identified characteristics such as compassion and empathy, communication skills, patience, and a non-judgmental attitude as traits that QRT program developers value and prioritize when constructing teams (Formica et al., 2018). In addition to the perceived benefits of adopting an empathetic approach with direct recipients of services, QRT members also noted a desire to spread the idea that the town cares about people who use drugs and to share information about the risks associated with substances use, by word-of-mouth in the community. It is possible that positive word-of-mouth in the community and seeing evidence that QRT visits are not enforcement-based might help overcome some of the fears associated with contacting emergency services during an overdose event (Wagner et al., 2019; Wagner et al., 2021).

The team also identified several factors that it viewed as being barriers to successful implementation. The team conducts outreach at residences where survivors and family members live to bring services to individuals who might not otherwise access services on their own. However, the team reported that they sometimes struggle to reach people who have unstable housing. To enhance their services, the team might benefit from expanding to place-based outreach (HIDTA, 2018). Place-based or community outreach is a practice of conducting outreach in places in the community where people who use drugs or transient individuals may congregate (WHO, 2004).

Another limiting factor identified by interviews was the lack of a formal evaluation plan. Without an evaluation plan and mechanisms for evaluation, the team has been unable to measure the extent to which their goals are being met. For example, the team had no way to ensure whether an individual was linked to services other than the local community mental health center (CMHC). Developing an evaluation plan might

support and inform the development of a more consistent tracking system and identification of a core set of performance metrics and continuous quality improvement mechanisms.

To decrease stigma, the team wanted to show that they were present in the community, including using marked vehicles and uniforms for outreach visits. The team had evidence that substantial stigma existed among residents in the community toward individuals with substance use disorders and those who experienced an overdose. It is unclear whether this approach had the intended effect or whether it resulted in unintended consequences. The use of marked vehicles and professional uniforms has been flagged in practice-based guidance as contraindicated due to the potential breach of privacy of overdose survivors and family members (HIDTA, 2018; NYSDOH, 2021).

As currently organized, the QRT lacked guidance and participation from individuals with lived experience. The local program is driven by professionals and heavily influenced by law enforcement. To strengthen their model, the team might benefit from adding peer recovery support services or, at minimum, ongoing guidance from individuals who have experience with substance use disorder (Wagner et al., 2019). Including peer support is associated with improved outcomes for individuals with substance use disorders, including improved treatment retention, improved relationships with providers, and reduced relapses (SAMHSA, 2017).

### Limitations

This study explored implementation strengths and barriers to one QRT in the rural Midwest. The information gathered from five team members give us insight into their experiences but cannot be generalized to all post-overdose outreach teams. Further, study questions were limited to aspects of the team's implementation that were experienced as positive by team members.

### CONCLUSION

The findings from this case study indicate that a rural town was largely successful in adapting a QRT model from an urban setting. The size of the community appeared to play both supportive and limiting roles in its implementation. On the positive side, the program was able to centralize its point of contact and survivor identification process to a single individual (the Chief), and the low volume of cases made it feasible to review every incident for evidence of substance use disorder or overdose—including individuals who were incarcerated and released from the county jail. This level of scrutiny may not be possible within larger geographic settings with a greater number of incidents and actors on the data side. On the other hand, over-reliance on a single individual or a single professional position is potentially subject to disruptions during transitions in staffing. Similarly, the QRT was only able to deploy when it aligned with the schedule of the clinician on duty—which may be less of an issue in larger settings with more staffing available. The program in this study was proximal to a major metropolitan area, which facilitated the ability to make referrals for services that may not have been locally available through their CMHC. This may not be a feasible option in more rural, remote, or frontier areas—possibly necessitating the use of telemedicine partnerships and

other facilitative distance-based technologies. Future studies should examine rural QRT programs implemented across multiple settings to better understand the factors associated with successful implementation and the challenges these programs experience in comparison with programs in larger suburban and urban areas.

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### CONFLICT OF INTEREST DISCLOSURES

The authors declare that they have no conflicts of interest.

### AUTHOR AFFILIATIONS

\*Indiana University School of Social Work, Indianapolis, IN, USA;  
 †Social Science Research and Evaluation, Inc., Lincoln, MA, USA.

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# Policing the pandemic: Public health, law enforcement, and the use of force

Auke J. van Dijk,\* Clifford Shearing,<sup>†</sup> and Gary Cordner<sup>‡</sup>

## ABSTRACT

This article delves into the relationship between policing and public health in the context of the COVID-19 pandemic. The police have been seen as a crucial and extensively mobilised resource that has been utilised in responding to a public health crisis. The response to the pandemic shows the police mainly as enforcing state orders in which they have a traditional function related to the use of force. It is argued here that the classic definition of policing in terms of the use of force allows for the police becoming 'decoupled' from the institutional frames of criminal justice and public order. The perspective of a decoupled police would have real consequences for their involvement in public health. The article concludes with the conditions necessary for police to be a legitimate force in the public health domain.

**Key Words** COVID-19; decoupled; crisis; criminal justice; Bittner.

## INTRODUCTION

On 11 March 2020, the World Health Organization declared the COVID-19 (Sars-CoV-2) coronavirus outbreak a pandemic. In the context of the pandemic, public health requirements have necessitated widespread behavioural change that citizens are required to adopt. With this pandemic, the central initial issue was to slow down the rate of new infections in order to retard the spread of a virus by limiting human-to-human contact. This involved reducing taken-for-granted and widely accepted freedoms of movement. These measures included not only social distancing at a community level but also the closing of national and regional borders. Across the globe, in accordance with shared standards of public health practices, nations responded by declaring states of emergencies and, in many instances, adopted extraordinary legal measures aimed at addressing the acute pressure on healthcare systems and preventing further spread of the virus (DECAF/ISSAT, 2020, p. 3).

Central to these developments and the widespread support they received has been a deeply entrenched cultural understanding that states are required to protect their citizens from harms and that those who do not will lose legitimacy. A corollary that cuts across very different political cultures is that the greater the perceived risks, the more acceptable the restriction of freedom required to ensure citizens' safety: extraordinary measures are acceptable in times of extraordinary

threats. The police role has varied among nations but has generally been important in states' responses to the pandemic. For example, in New South Wales, Australia, during the early stages of the pandemic, the crucial role played by police in responding to the pandemic was symbolically demonstrated at the daily briefings of the Premier, as the two principal players the Premier called on at these briefings were the chief medical officer and the police commissioner. At the root of these developments is the fact that within public health, behaviour shifts, in addition to more established medical interventions, constitute health intervention.

The COVID-19 pandemic has brought the relationships between policing and public health to centre stage. This occurred first and foremost because the strategies being used to stem the spread of the virus, in the absence of medical options such as an effective and safe vaccine, were focused on shifting people's behaviours, that is, creating new orderings—specifically, limiting spatial movements, closing establishments, physical distancing when people are in the same location, hand washing, and wearing masks. These interventions, which had very significant economic consequences, were mandated by behaviourally focused regulations enacted by governments, and also by private authorities, on the advice of epidemiologists.

A constant issue around these regulations is how and to what extent they are enforced and what the role of the public police should be in that respect. To monitor and apply

**Correspondence to:** Auke J. van Dijk, Strategist, Netherlands National Police, Nieuwe Uitleg 1, 2514 BP The Hague, The Netherlands. **E-mail:** [auke.van.dijk@politie.nl](mailto:auke.van.dijk@politie.nl) / [aukevandijk@yahoo.com](mailto:aukevandijk@yahoo.com)

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public health requirements, police have been mobilised as public health actors, precisely because of their legitimate capacity to ensure compliance with these requirements, with force if necessary. As a consequence, public health has become a matter of operational policing directed at enforcing public health interventions. The fact that police typically have the capacity to legitimately both *threaten* to use force and *actually* use it—both physical force and more indirectly by fines (O'Malley, 2010)—means that they are called upon to respond to a wide variety of situations where force is deemed to be likely to produce a desired outcome. For example, and this is directly relevant to the COVID-19 response, police have authority and the ability to “gate” people, that is to compel them to remain within and outside of particular areas. White and Fradella (2020, p. 705) make this point in the following passage:

We ask police to enforce [stay-at-home/shelter-in-place orders] because they have the authority to use force to overcome the resistance of violators. Police can force violators to disperse. Police can issue tickets or fines, and they can even deprive violators of their liberty through arrest.

This has been a regular feature of policing in response to COVID-19 across the globe, where enforcement of social distancing and quarantining was a feature of police work, often, as was the case in Australia, with police issuing fines when regulations at either the state or federal level were violated. Police have effectively participated in an essentially public health domain, where their capacity and licence to deploy non-negotiable force (Shearing & Leon, 1977) has been extensively used.

It is this same characteristic, however, that has been the source of pressure on police legitimacy. In a number of cases—for example in the United States—police leaders expressed concerns and were decidedly hesitant about being used as law enforcement agents because of concerns that this would damage relationships and trust, particularly within minority communities, that they had been carefully nurturing for years as part of their social service role with an emphasis on community policing (PERF, 2021, pp. 22–27). One chief of police expressed it this way (Cauley, 2020):

In the last several years, all of us have tried hard to earn the support and trust of our communities. We've been very deliberate in our approach to everything related to COVID to be sure that we stay true to who we are, and do not erode the trust and support that we've worked so hard to earn.

While policing the pandemic primarily shows the police as enforcing pandemic-related public health orders, it puts pressure on the so-called social dimension of policing. As a matter of factual practice, police spend much of their time performing a myriad of public service functions, something that Maurice Punch (1979) recognised in his insightful designation of police as a “secret social service.” This has established two sides to the police coin: as law enforcers and as a readily available social service. When political leaders were calling on police as law enforcers, this presented front line police officers with a difficult and precarious balancing act, one that highlights a systemic feature of public policing that has

for years provided something of an elephant in the room: namely, the growing tension between the two sides to the police coin. The two sides are also increasingly associated with differentiating between the state and the community.

Clearly, it has been states that have taken the lead in the response to the pandemic. This follows from the fact, and this is true across a variety of legal systems, that only states can make a legitimate claim to restrict what, in many parts of the globe, are regarded as basic human rights. Relevant in this context, however, is that fairly early in the public health crisis, policing the pandemic had also become intertwined with policing protests—first, protests for and against COVID-19 health mandates, and then protests sparked by police use of force. Pandemic-related health concerns intersected with widespread and heated “Black Lives Matter” and “defund the police” protests, prompted by the use of deadly force on George Floyd (May 25, 2020) by a police officer in Minneapolis in an incident that was widely shared on social media. These protests were not limited to cities within the United States but also took place in many other cities across the globe—for example, London, Amsterdam, Paris, and Sydney.

While on the one hand, police legitimacy—in this case as related to enforcing public health measures—is based on a direct relationship with the state, it is at the same time a possible ground for institutional criticism. The police are in this context seen as the wrong answer and instrumental in reproducing an order that is not characterized by social equity—with ethnicity as the most urgent dimension in this respect. In that sense, policing the pandemic seems at odds with the public health endeavour, which generally is seen as less contested and clearly for the public good. Police are primarily perceived as an instrument of the state and easily associated with “politics,” an arena that has become more and more polarized and thus, by definition, straining the preferred frame of an objective police service guided by professional considerations.

Some would say there is no place for policing in the public health endeavour (McNeil, 2020), because “to do harm” is the essence of policing and therefore the antonym of public health. However, the pandemic clearly showed the importance of the (potential) use of force by the police to “prevent harm” as well. As will be discussed below, the fact that policing—especially enforcement—is part of public health is not a new phenomenon. The issue is not—we will argue—the potential use of force but the currently dominant conceptualization of the public police. Why is it that the police seem to get drawn into so many of society's chronic and emergent problems to begin with? Specifically, in regard to public health, should the police be in or out?

### Public Health and Double-Sided Policing

Policing and public health are historically connected in that health issues have always required enforcement roles. Punch (2019, p. 4, referring to Carroll, 2002) gives a vivid description of this, referring to the eighteenth century and well before.

Historically there is a long association between certain enforcement officials in cities and societies—religious, civil, lay—who took some form of responsibility for maintaining order and control in diverse law enforcement roles and also for a range of health, safety, medical and inspection tasks

(as on human and animal waste) and during epidemics and plagues as well as regarding prostitution, the poor, indigent and mentally ill.

It was in the nineteenth century that both policing and public health emerged as institutions in the process of modernization, particularly fuelled by technological innovation and urbanization (van Dijk et al., 2019a, p. 289). The complexities of the city required explicit policing, be it primarily as an instrument of state control—the Continental model—or ideologically based on the consent of the public—the British Policing or Anglo-Saxon model (van Dijk et al., 2015, pp. 29–68). When city police were established in England in the early 1800s, they were expressly focused on prevention more than enforcement and investigation. In the following years in the United States, when city police were formed, they had very broad remits, including public health, since sanitation systems had not been established, nor was there any reliable infrastructure of health or medical systems.

A view of police history in the United States has been that the police mandate had narrowed to law enforcement by the early to middle 1900s, in a way that was ultimately problematic (Kelling & Moore, 1988). There was an effort to “professionalize” police through training, standards, and bureaucratization in order to reduce corruption and misconduct. Part of professionalizing was to unburden the police of myriad “non-police” responsibilities so that they could focus on law enforcement and fighting crime. This unburdening was never accomplished to any great extent, yet both the police and the public gradually adopted the belief that policing was, or at least should be, mainly a matter of law enforcement.

Important in that was—according to Kelling—the invention of the metaphor of the Criminal Justice System. This had a significant impact on both public perception and on police self-perceptions.

For over the last thirty years this metaphor, largely unrecognized as such, has radically transformed the way police define their jobs, revolutionizing both police missions and tactics, and powerfully distorting the way we think about crime control. (Kelling, 1991, para. 23)

It became most common—especially in the United States—to think of policing occupying the front end of the Criminal Justice System, a perspective that gives priority to crime, crime control, criminal law, and law enforcement. Within this conception, the criminal justice system has been established and maintained by states to implement orders, defined by the laws of the land, intended to promote the safety of citizens. To enable the criminal justice system to enforce orders, the institutions that make them up have been accorded powers as a means to act to achieve public safety. For police, a crucial feature of these powers is the right to use force, including, if necessary, deadly force—something that is expressed in the tools of their trade, for example, batons, Tasers, and firearms. This accounts for the popular designation of police organizations as law enforcement agencies.

However, this narrowing of the police role, along with deteriorated police–community relations, also fuelled the popularity of community policing, starting in the 1960s. As community policing developed, there was an acknowledgment that society looks to the police for assistance in all manner of

situations, and that police actions frequently involve providing a service rather than enforcing a law. When one looks at what the police actually do, one sees a lot of activity associated with mental health crises, domestic violence, substance abuse, homelessness, unsupervised children and the like (Cumming et al., 1965). The classical sociological research into modern policing around this time consistently showed the broadness of policing, explicitly referring to the social services mandate of the police (Banton, 1964; Bittner, 1970; Wilson, 1968).

The public health perspective sits well with a community policing perspective associated with prevention and solving problems rather than perceiving officers primarily as “bandit catchers” or “crime fighters.” A public health approach can be broadly described as follows:

The fundamental basis of public health is evidence of the distributions of states of health and the causal chains involved in their production: this is the remit of the science of epidemiology. Using this evidence, loci for interventions can be identified; policies can be developed to address health issues at the population or community level; interventions can be devised and implemented; and further evidence can be garnered to refine and improve interventions and the understanding of the causation of ill-health. (van Dijk & Crofts, 2017, p. 263)

What is striking even at first glance is how much this description resembles an apt definition of policing; especially, if we put in “security/safety” where it now reads “health,” we get a surprisingly adequate description of community or problem-oriented policing. Problem-oriented policing, in particular, uses the public health analogy to encourage police to look for, and address, underlying conditions of crime and disorder, as a way of having a greater impact by preventing future occurrences (Goldstein, 1990). And, as mentioned with regard to community policing, many policing issues have a social service and more or less explicit public health character. These issues have tended to be conceptualized by referring to the importance of preventing harm and protecting the vulnerable as part of the police function, or by pointing out that some issues should be perceived primarily as public health issues and not as part of criminal justice (Asquith & Bartkowiak-Théron, 2017).

A consistent message within the law enforcement and public health debate with regard to policing has been to strengthen the problem-oriented and community-based approach, while the public health sector is encouraged to see the police as a valuable partner in the public health endeavour. The police have in many cases been responsive to this, realizing that they are confronted with a number of issues which cannot be solved by enforcement: “we cannot arrest our way out of this problem.” More pointedly, on many subjects, law enforcement was explicitly seen as endangering public health—as in the case of the war on drugs or with regard to HIV/Aids—and contributing to structural social inequity.

The same remarks could be made with regard to the role of the police in dealing with the COVID-19 pandemic. And yet we see the dilemma, as there also is a clear enforcement imperative from a public health perspective. There is a need to take a closer look at the intersection of law enforcement

and public health, and the use of non-negotiable force is a good place to start.

### Non-Negotiable Force

The police role in response to COVID-19 is first and foremost based on their authority to deploy non-negotiable force. With respect to health security, long a central feature of public health, police officers, and the police organization, are now acting in support of health professionals. What is striking is that this is occurring without a challenge to the established understandings of police as state officials with the authority to deploy non-negotiable force against non-complying citizens. As noted by Bittner (1970, p. 44):

In sum, the role of the police is to address all sorts of human problems when and insofar as their solutions do or may possibly require the use of force at the point of their occurrence. This lends homogeneity to such diverse procedures as catching a criminal, driving the mayor to the airport, evicting a drunken person from a bar, directing traffic, crowd control, taking care of lost children, administering medical first aid, and separating fighting relatives.

It is this feature of police that makes them unique among security providers, and that has made them a problem-solver that is often mobilised—calling 911 (or some other emergency telephone number) is a ubiquitously available option for mobilizing police that is used by both individuals and organizations (Shearing, 1984). This traditional problem-solving role, backed up by the authority to use force, is still very much in demand. At most times and in most places, the police have performed many functions. What has unified them has been their authority and capacity to use force, which equipped them to be the appropriate service provider in cases of “something-that-ought-not-to-be-happening-and-about-which-someone-had-better-do-something-now” (Bittner, 1990, p. 249). This remains a prominent expectation of citizens (Muir, 2016):

If you ask the public how they want the police to go about their work they say pretty much what they have always said: they want more Bobbies on the beat, speedy response to calls for help and for the police to be accessible and to engage with local communities.

It is the emergency response role that has put high pressure on the availability of the police, and this is related to choices made with regard to other services, such as those related more directly to public health. Being available on a 24/7 basis at no cost to those calling on them for help has led to their involvement in an ever-broadening set of issues, as shifts in the provision of services have led to an increase in issues about which “someone-had-better-do-something-now.” Police dealing with mental health crises is a clear example in many societies as diverse as the United States, the United Kingdom, and the Netherlands. For example, in the United States, “mental hospitals” were significantly downsized—starting in the 1960s as part of the progressive deinstitutionalization movement—to be replaced by community-based services for those with serious mental health issues, but the community-based services have never

been adequately funded (Lamb et al., 2002). More broadly, since the 1980s, there has been strong political momentum in favour of market forces and smaller government (van Dijk et al., 2019b). Many of the demands and problems that other services used to handle, or handle more completely, have subsequently fallen in the lap of the police, in part because police haven’t been as systematically underfunded, because they are open for business 24 hours a day, and because they still make house calls.

The police might be involved in many “social services” but maybe they should not be? As is stated in one recent well-grounded research paper on US policing (Friedman, 2020, p. 1):

Crimefighting actually is a very small part of what the police do every day, and their actual work requires an entirely different range of skills, among them: mediation skills to address conflict, social work skills to get people the long-term solutions they need, interviewing and investigating skills to really solve crimes, and victim-assistance. Yet, the police are barely trained in any of this, so, it is no surprise harm is the result.

This author disaggregates the police function, and finds the police performing many different roles that require many different skills. The concern here is that police are lacking appropriate skills *while at the same time* having the authority to use force. However, it was exactly the authority to use non-negotiable force and the lack of other skilled public service providers that got the police involved in the first place.

It is very clear that the police will not solve problems alone. With the development of community policing for example, partnerships with social service providers came to be seen as one of the key elements (Cordner, 2014). This stance has synergies with the conception of police officers first and foremost as problem-solvers (van Dijk et al., 2015, p. 178, referring to Christie Report, 2011).

People approach the police for myriad reasons, and it is clearly not the case that officers should respond equally to all these calls for help and advice. But “problems” do not come with a simple label and issues that the police encounter—say, related to drug use, sex work, mental health, domestic violence or child abuse—all have a potential law enforcement element as well as social welfare and health elements. This brings the police into contact with multiple agencies seeking cooperative solutions.

What is especially relevant in the above quotation is, firstly, that the level of analysis shifts from the “police officer” to “the police” as related to multiple agencies. And, secondly, that there is no juxtaposition of law enforcement and social tasks, as these two sides to the police coin are, in the end, based on the authority to (potentially) use non-negotiable force.

As policing (as opposed to “the police”) has increasingly emerged as a multi-agency function—what has been termed the “pluralizing of policing” (Bayley & Shearing, 1996, pp. 585, 597)—the context in which this double-sided coin finds its expression has shifted to what the late Jean-Paul Brodeur (2010) termed a “web of policing,” which involves a host of other players engaged in the governance of safety



and security that includes, but is not limited to, “the police.” On top of—and accompanying—this, there has also been a pluralization of the idea of security, from its initial focus on state-endorsed orders to a much wider conception evidenced in concepts such as food security, water security, climate security, health security and so on, a usage that references what have come to be termed the UN Sustainable Development Goals (Blaustein et al., 2018). The complexity of our new nodal and networked societies (Castell, 2000) has translated into numerous “security assemblages” around risk and associated harms. In recognizing this, Berg and Shearing (2018) have coined the term “harmscapes.” Contemporary harmscapes, Mutongwizo et al. (2019) have argued, will generate all kinds of crises and disasters, including climatic events. Events that are characterised by both radical uncertainty and unpredictability; the COVID-19 pandemic clearly being a good case in point.

These developments have done much to reinforce the extension of the idea of security beyond its traditional meanings. With this, the police ability to use non-negotiable force has been extended to include a broader definition of security than that of “crime fighting,” something that resonates with the idea of “homeland security” that emerged in the United States following the 9/11 terrorist events, and an idea that has begun to be taken up internationally. Technological developments are also important and have changed the traditional focus on policing the streets. Today these “streets” include the new cyber “streets” and, increasingly, dealing with “future crimes” (Johnson et al., 2019), for example. As a consequence, the core business of the police has widened considerably.

The emerging field of law enforcement and public health (van Dijk & Crofts, 2017) is itself an example of how current pressing societal problems cannot be neatly labelled and dealt with by specific and specialized public organisations. And policing the pandemic makes very explicit that numerous assemblages come into play, ranging in scope from global to the explicitly local. It is primarily the authority to use non-negotiable force that has implicated police across security assemblages, including public health. Since the matters at hand in these various assemblages are often not crimes, and also because the threat of force or threat of enforcement is frequently sufficient to resolve the immediate problem, police are decoupled from their usual connection to the criminal justice assemblage, instead playing a significant role in other domains, where they have been able to use their definitive authority and associated capacities towards the governance of security (Cordner, 2019, pp. 416–417). Also crucial is that they are seen as representing the state, which still is—for better or worse—the institution that is issuing the particularly invasive measures in the context of the pandemic.

This is true of numerous other domains where police have become directly involved in public health issues. As always, police still find themselves responding to situations about which something has to be done now, including online and within private settings, as is the case with domestic violence, for example. In these assemblages, the police role, in ways that harken back to the historical role that Bittner identified, is frequently based on the authority and capacity to use force. Police seem to respond to every human problem still, but now it is also transposed on an institutional level by their involvement in these numerous assemblages.

With these developments, police have found themselves spread very thinly and required to act in areas outside of their established domain of expertise. Also, where the use of force was explicitly “in the background” and the human problems at the centre, the high demand for policing comes with the risk of the actual use of violence becoming a more prominent characteristic of policing by police. This has led to a need for strategic choices, not only with regard to traditional policing but especially with regard to the current and future assemblages, in this case related to public health.

### Requirements for Policing Public Health

Referring back to the introduction, the answer to why the police get drawn into so many of society’s chronic and emergent problems still is that “the police are nothing else than a mechanism for the distribution of situationally justified force in society” (Bittner, 1970, p. 39). And—looking at public health—the answer to the question as to whether the police should be in or out is that they are in, in the maybe uncomfortable sense that public health cannot do without non-negotiable force, as is especially clear in the context of the pandemic. There are, of course, challenges here as there have always been, as police sometimes can and do use the non-negotiable force inappropriately and dangerously, as the recent death of George Floyd has made abundantly clear. Bound up with these concerns are also long-established concerns that police may, and often do, use the force at their disposal in unacceptably biased and inappropriate ways, something that the Black Lives Matter protests and the related “defund the police” movement have highlighted. The defund movement is essentially arguing that, if the police can’t be controlled, then we need to get rid of them or at least cut them down. This might or might not be a viable strategy, depending on the context, but without an effective body with the authority to use non-negotiable force, such as police, it is not apparent how a society would meet its need for a mechanism for distributing non-negotiable force in uncertain and unpredictable circumstances (Perry, 2020).

In the light of these developments and arguments, the question that arises is the following: What is required for police to situate themselves as trustworthy and responsible niche players whose role is to be bearers of non-negotiable force within the policing web? In considering this question, it is important to recognize that the pluralization of securities is related to changes in the nature of contemporary societies, which, in turn, has implications for the policing web and the role of different participants in it, both state and non-state. As a consequence, it is no longer viable to design a police strategy in isolation. One of the central issues is how to position policing vis-à-vis other players, for example, in the public health domain. What could be—referring to the observations and arguments made throughout this article—the foundations of a constructive debate on the role of police in the public health agenda?

First, the more recent debate on the intersections of law enforcement and public health started with emphasizing that an exclusive focus on enforcement is harmful and that a community-based and problem-oriented approach is the basis for joined-up solutions in law enforcement and public health. The police have been very responsive to this and it sits well with the problem-solving and community perspective on policing. Hence, the hesitation to “enforce” in the context of the



pandemic, because it could endanger community–police relations. However, it should be crystal clear—both to the police and to the public health sector—that the potential use of force is why the police are there in the first place, not because they are the best providers of health education or health intervention. Emphasizing the importance of a comprehensive and community-based response to the pandemic (Loewenson et al., 2020) needs to be combined with an acknowledgement of the essential role of enforcement. Obviously, there should be close scrutiny on police misuse of force, but also the public health community should acknowledge the importance of the Bittner role, a role that will not become less important considering present and future societal risks and related harmscapes, especially with increased uncertainty and unpredictability.

Second, it should be clear that the police are reproducing a “state order,” and indeed this is precisely what is at the basis of their authority. In that sense, they also reproduce “unjust order,” especially if government and legislation are lagging behind societal developments or if the state itself is illegitimate. This is first and foremost an issue of politics, and not of policing, although policing can be a strong symbol thereof. As mentioned, in many countries the police are also bearing the brunt of increased social and economic inequality and diminished government services. This does not mean that it should not concern the police. If, for example, a specific group is over-represented in clearly negative statistics, this should be of concern to the police, not as a political matter but as a professional concern.

Third, the core of policing is to intervene—with force if necessary—if something is happening that should not be happening. The phrase “should not be happening” implies that it is not a structural or “normal” situation. So, if the police are dealing with structural issues, with people with mental illness as a clear example, obviously different structural solutions should be sought. As mentioned, one does not want the police doing the work of other professions just because they are the only ones available. So, again, around mental health in the United States, and related to the argument for defunding the police, it has been noted that persons in mental health crises comprise almost one-fourth of people killed by police, and also that handling such crises is dangerous for police (Earley, 2020). However:

It doesn't have to be this way. The movement underway to “defund the police,” is a long-needed moment to shift responsibility for the seriously mentally ill away from police and put it back to where it belongs: on social service agencies and the medical community.

In this context, Wood et al. (2020) point to the relationship between the content and appreciation of police work on the one hand and the quality and resources of community health systems on the other. Deficient health systems increase reliance on the police as what is called “mental health interventionists.” So, for example, in the Netherlands and Scotland, the police have explicitly asked government for resources related to the growth of mental health incidents, not for the police but for mental health care. Better still would be to dedicate resources to solve societal issues by different parties in the aforementioned assemblages. That would broaden the “defund the police” strategy into a “fund problem-solving”

strategy. That has proven difficult for often “compartmentalized” administrations—and inward looking-related organizations—but is of the essence.

Fourth, police should intervene in cases of “something-that-ought-not-to-be-happening-and-about-which-someone-had-better-do-something-now” as it has the authority and discretion to use non-negotiable force in a specific situation. This means the police are actually *there* in the *situation*. Depending on the country, probably others can use force but always in strictly rule-structured circumstances (private guards for a nuclear plant, for example), where discretion is curtailed. The effective and legitimate access to wide discretion presupposes a commitment to a general public good. To exercise this level of discretion effectively, and to do so in ways that are perceived to be legitimately serving the community, requires, in turn, that police be knowledgeable about the communities they are serving, and, *ipso facto*, that communities know their police. This mitigates against a “fire brigade police” as the pandemic has made clear. An important remark by many police leaders is that their policing model is policing by consent, and that they are reluctant to enforce rules if they feel it runs against public consensus. Obviously, the police are expected to enforce rules if necessary, but the basis is public consent in the institutional sense of “consent to be policed” (van Dijk et al., 2015, pp. 40–45). Policing the pandemic has made this perfectly clear: if rules are not supported, it has either been near impossible to enforce them or—if the police do enforce them—led to public dissatisfaction and, sometimes, abuse of police powers.

Fifth, and finally, there should be acknowledgment that—even if there is consent and procedures are followed—when the police use force, “it often isn't pretty.” Importantly, the visibility of police conduct was limited before personal cell phones with cameras, widespread surveillance cameras, and police body-worn video became commonplace. Today when police use force it is increasingly digitally captured and made available through social and news media to a wide audience. It can seem to the public that police use and misuse of force is itself an epidemic, which, though probably not true (Ouss & Rappaport, 2020), takes a serious toll on police legitimacy. So, it is one thing to posit that, inevitably and legitimately, using non-negotiable coercive force is at the core of the police role; it is another thing to overcome people's visceral reaction to that reality when proposing that police have a constructive role to play in public health. This observation is not meant to downplay police misconduct that has fortunately become more visible and, accordingly, led to a strong incentive for improving police accountability, but only to acknowledge heightened public awareness of a core element of the police role that has long existed.

## CONCLUSION

Returning to Bittner (1970, p. 46), “the role of the police is best understood as a mechanism for the distribution of non-negotiably coercive force employed in accordance with the dictates of an intuitive grasp of situational exigencies.” We might wish that this risky approach to handling immediate human problems was not necessary, but as policing the pandemic has made clear, it is. Inevitably, mistakes will be made. The best we can do is to put in place measures to minimize these mistakes.

Clearly, then, the use of force is by necessity part of the public health endeavour, emphasising the importance of joined-up solutions. To refer to the “defund the police” arguments: what is clear is that dismantling an institution that is authorized and capable of applying non-negotiable force would leave a very large and potentially dangerous policing vacuum, across a number of safety and security assemblages, that would need to be filled. It might lead to the use of force being distributed and fragmented, and probably dealt with by private partners—as is happening with the military and with cyber—to the detriment of the aforementioned Sustainable Development Goals. As policing the pandemic has highlighted, there is a requirement for a mechanism to distribute non-negotiable force. As the Black Lives Matter protests forcibly remind us, this requirement brings with it huge challenges with respect to the regulation of the use of non-negotiable force as a necessary capacity in social ordering.

#### CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

#### AUTHOR AFFILIATIONS

\*Strategist, Netherlands National Police, The Hague (Netherlands);  
†Professor, Law Faculty, University of Cape Town, Cape Town, South Africa; Griffith Institute of Criminology, Griffith University, Brisbane, Australia; School of Criminology, University of Montreal, Montréal, QC, Canada; \*Academic Director, Education & Training Section, Baltimore Police Department, Baltimore, MD, USA.

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# Domestic and family violence behaviour change programs: An examination of gendered and non-gendered frameworks

Emily Boxhall\* and Philip Birch†

## ABSTRACT

This article sets out to examine the dichotomous frameworks used to inform domestic and family violence (DFV) behaviour change programs (BCPs). Based on a Rapid Evidence Assessment (REA) methodology, we consider what works and what does not work in the delivery of Domestic and Family Violence programs through a gendered and non-gendered framework. This methodology was selected as it supports a balanced assessment of existing published research in the area, allowing for the current knowledge base to be critically examined. As a result, the REA revealed both the strengths and weaknesses of traditional gendered approaches focusing on the Duluth Model and non-gendered therapeutic approaches focusing on Cognitive Behaviour Therapy (CBT). Yet, while strengths and weaknesses can be seen in both the “violence as gendered” and “violence as non-gendered” paradigms, a case is made for only delivering BCPs within a non-gendered framework.

**Key Words** Gendered violence; non-gendered violence; Duluth model; cognitive behaviour therapy; offender behaviour; treatment intervention.

## INTRODUCTION

Domestic and family violence (DFV) is a widespread issue globally, occurring across all socioeconomic groups and impacting individuals of all religions, ages, genders, cultures, and sexualities (Hegarty et al., 2000). The term domestic and family violence is not a gendered term. Yet when an example is given or the media depict a portrayal of DFV, the scenario is often the same: a male figure abusing his female partner and family members. These scenarios commonly overlook the other instances in which DFV occurs, i.e., where the female is violent towards the male, same-sex relationships, the Queer community to name but a few. As a result, society has, to an extent, embraced the feminist ideologies of aggressive masculinity, patriarchy, and femininity (Gutmann, 2021).

During the mid-1980s many Western democracies saw the emergence of Behaviour Change Programs (BCPs) aimed at men recognizing, addressing, and changing their violent behaviours towards women (Day et al., 2018). Houston (2014) acknowledges the key role that feminism played in developing this area of work. However, as the times changed, it became apparent that DFV was not just a problem faced by one singular group, and as such, questions regarding domestic violence

as a gendered issue began to emerge (Bates et al., 2019). It was proposed by feminists that domestic violence be viewed as the male oppression of women, thereby rejecting other forms of oppression (Houston, 2014).

Men are not inherently violent, nor is violence or aggression a gendered behaviour (Gutmann, 2021). However, domestic violence programs are contextualised within the framework of feminist ideology. The Duluth model, as an illustration, arose as a framework to address male violence towards women and has been entrenched in DFV programs for the past 40 years (Bohall et al., 2016). In recent times, the Duluth model has been a topic of debate within the DFV field, in which it has been suggested the model lacks the ability or will to address the psychological and/or emotional aspects of violence and is underpinned by gender bias (Bohall et al., 2016). Again, the question of domestic violence being a gendered issue arises as does the question of how domestic violence is depicted to society.

Gender-inclusive DFV research posits that men are not inherently violent, and instead negative behaviours are often learned during childhood where individuals are exposed to violent situations and the use of violent materials (Gutmann, 2021). Day et al. (2018) have suggested that it is possible to implement strategies and/or programs that help change an

**Correspondence to:** Philip Birch, PhD, School of International Studies & Education, Faculty of Arts & Social Sciences, University of Technology Sydney, 235 Jones Street, Ultimo, Sydney, NSW, 2007, Australia. **E-mail:** Philip.Birch@uts.edu.au

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individual's harmful tendencies. As a result, various organizations have attempted to implement BCPs with the aim of helping individuals recognize their negative behaviours and develop strategies for positive change. A common feature of these approaches is that they all have the same objective: assisting perpetrators in recognizing their negative behaviours and attitudes, helping them to change and acknowledge their accountability. Notably, some of the program names seem to be based upon gender bias. Mission Australia, for example, have named their program "Manin' Up," a term that highlights the social construct of gender expectations. It is these gender expectations that often lead to developing negative behaviours, especially by heterosexual men (Sinacore et al., 2021). In comparison, there are programs with positive names that come across as neutral and non-judgemental, such as "choosing change" and "taking responsibility."

Existing literature shows that there has been little evidence-based research studying the effectiveness of current BCPs, even less data on post-program evaluations, and limited long-term impact evaluations (McGinn et al., 2019). There is a grey area within the field of domestic violence concerning BCPs, particularly in terms of what actually works and what needs to be changed and/or implemented. This study seeks to address this particular shortcoming by assessing existing scientific evidence to determine the current strengths and weaknesses of the gendered and non-gendered frameworks that inform such programs.

## METHODOLOGY

This study adopted a secondary data approach to research in the form of a Rapid Evidence Assessment (REA). An REA is part of the systematic review approach to research and is a short process in terms of timeframe, taking approximately 6 months (CEBMA, 2017).

The Centre for Evidence-Based Management (CEBMA) recognizes that an REA is a systematic methodology which aims to search and evaluate empirical studies and then provide an assessment on what is known and unknown regarding a particular issue, problem, or intervention (CEBMA, 2017). The REA involves a number of steps, outlined by the CEBMA, with the first and second steps based on finding relevant search terms that are relatable to the study and deciding on the most applicable databases for the REA question. Step three involves the researcher conducting systematic and reproducible search terms in the selected databases. This is followed by step four, verifying the "methodological appropriateness and quality" of the study. Steps five and six involve identifying the effect size of the study and its main limitations. In step seven, the researcher rates how trustworthy the study is, and in step eight, they assess the main findings before providing a summary. The alternative to a REA is a full systematic review, but this approach takes longer and fell outside the study timeframe. In sum, a REA was chosen for its ability to provide a thorough and detailed analysis of relevant data, much like a full systematic review, but within a shorter timeframe.

### Search Terms/Themes (PICOC Framework)

The following tables are based on the acronym PICOC, which stands for Population or Problem, Intervention, Comparison,

Outcome and Context (Schardt et al., 2007). The PICOC framework is used to focus a study's search strategy. It is useful in organizing the exclusion and inclusion criteria when searching for secondary evidence. Table I lists the parameters used in each PICOC component.

Table II illustrates the inclusion and exclusion criteria that guided the REA.

This study used a thematic analysis to make sense of the scientific literature obtained through the REA. A thematic analysis allows a large variety of data to be analyzed and managed extensively to provide a comprehensive understanding of the relevant literature. As described by Braun and Clarke (2006), a thematic analysis is concerned with the process of "identifying, analysing and reporting patterns (themes)" found within the data.

## FINDINGS

The following findings consider the strengths and weaknesses of Domestic and Family Violence Behaviour Change Programs based on 15 journal articles identified through the REA process. The strengths and weaknesses are considered within the context of traditional gendered approaches focusing on the Duluth model and non-gendered therapeutic approaches focusing on cognitive behaviour therapy (CBT).

### An Analysis of Gendered Approaches to Behaviour Change Programs: The Duluth Model

The effectiveness of the Duluth model is an ongoing debate among DFV researchers, in part because evaluations of this approach show varying outcomes. When research on the efficacy of the Duluth model has been conducted by feminist-focused researchers, the programs are assessed as highly successful and effective (Voith et al., 2018). In comparison, when the efficacy of this approach is considered from gender-inclusive-focused researchers, the effectiveness is shown to be poor. Nevertheless, it can be shown that the Duluth model has both strengths and weaknesses.

### Strengths of the Duluth Model

The main strength of this model is that it allows DFV to be understood and addressed from the female experience/perspective (Forsdike et al., 2021). Furthermore, it provides men with an opportunity to recognize and change their

TABLE I PICOC Framework

PICOC component		
<b>P</b>	Population or problem	Domestic and Family Violence offenders Areas: Australia, United Kingdom (UK), Canada, United States of America (USA), New Zealand (NZ)
<b>I</b>	Intervention	Behaviour Change Programs (BCPs)
<b>C</b>	Comparison	Traditional gendered programs; Offender treatment programs (cognitive behaviour therapy)
<b>O</b>	Outcome	Strength/Weakness of BCPs; Impact
<b>C</b>	Context	BCP providers/organisations

**TABLE II** PICOC framework with corresponding study inclusion and exclusion criteria

PICOC elements	Inclusion criteria	Exclusion criteria
Population or problem	1. Australia, UK, USA, Canada, NZ 2. Domestic and Family Violence offenders	1. Countries other than Australia, UK, USA, Canada, NZ 2. Non-domestic violence offenders
Intervention	1. Behaviour Change Programs 2. Government 3. Non-Government	1. Other offender interventions
Comparator	1. Gendered programs 2. Cognitive behaviour therapy programs (core components)	1. Offender programs based on alternative theories/ approaches.
Measurement	1. Strengths and weaknesses 2. Impact on offending	1. Specific program content & structure
Study design	Any study design	N/A
Other factors	1. Publication language is English 2. Academic articles 3. Published between January 2011 to May 2021	1. Publication language is non-English 2. Non-academic articles/publications 3. Published before January 2011 or after study completion (May 2021).

adverse behaviours. This is highly beneficial, as it focuses on a core component of behaviour change, recognition that a change needs to occur. Another strength is that it holds the perpetrator, in this case men, accountable for their actions and provides them a program in which they can work to change for the better (Hasisi et al., 2016). Additionally, the model aims to address the notions of patriarchy, masculinity, and gender inequalities, with the goal of creating safer environments and relationships for women and their children (Forsdike et al., 2021; Voith et al., 2018). Wood et al. (2021) highlight that by focusing on these aspects, the model aims to educate men on the systems in place that promote their negative use of power and control. By understanding these and the harmful effects these have on women, men are encouraged to promote change in not only themselves but the systems that justify their misuse of power (Hasisi et al., 2016). Further to this, it has been noted in some academic circles, for example by Voith et al., (2018), that the Duluth model could be enhanced by combining it with more a therapeutic approach such as CBT. By using aspects of both approaches, the intervention becomes more multi-dimensional in its treatment process. In this way, it not only treats the behaviour but considers the problems that cause such behaviour.

### *Weaknesses of the Duluth model*

The main weakness of the Duluth model is that, although women are considered the most likely victims of DFV, they are not the only victims. The model lacks the ability to be applied to other groups who are victims of DFV, as the ideology behind the model is to address male control and power over women (Bohall et al., 2016; Wood et al., 2021). The Duluth model is often criticized for its “one-size-fits-all” approach (Moss, 2016). The model lacks diversity, focusing solely on the experiences of women, such that other offenders are likely to feel as if they cannot reach out for assistance (Dixon & Graham-Kevan, 2011). Behaviour change programs need to be accessible and relevant to everyone who perpetrates DFV and acknowledges that they want to change. Furthermore, the Duluth model is quite confrontational in its

implementation, and clients can feel attacked rather than supported (Moss, 2016).

As noted by Hamel (2020), women are just as likely to use violence as men are, yet the Duluth model argues that, in most cases where women use violence, it is out of self-defence. Also, when a male victim contacts support that uses a traditional approach, he is still screened as if he is a perpetrator (Archer et al., 2012). This does not occur to women in the same situation. The implications is that women cannot be the aggressors in a DFV situation without there being a justifiable reason. Arguably, it could be said that the Duluth model disregards the experiences of men and others who do not identify as female. The model also frequently disregards many other risk factors, such as past trauma, employment status, socioeconomics, and substance abuse, to name but a few.

### *Evaluation: Duluth Model*

Whilst the Duluth model does have merits, its limitations arguably far outweigh those. It is certainly true that women experience DFV at a higher rate than that of men. Nevertheless, by focusing on one gender, we are neglecting non-female victims for the sole reason that they are not women. There is also the matter of victims not seeking support or reporting DFV, as they do not feel supported in an environment and context that is gendered and female-focused (Wood et al., 2021). In terms of prevalence rates within DFV, it could be suggested that the current statistics regarding victimization do not show the real picture due to this reluctance on the part of genders other than women to seek support (Wood et al., 2021). Traditional gendered approaches also appear to be more hypocritical than other approaches, applying opinion over evidence to their programs, for example the opinion that women who use violence do so mainly out of self-defence (Day et al., 2018). Gendered approaches such as the Duluth model also base their programs on the opinion that men engage in DFV due to inherent characteristics of masculinity and patriarchy (Forsdike et al., 2021; Vlasis et al., 2017). This precludes the BCP from providing a service to all DFV offenders in favour of some DFV offenders. Furthermore, the Duluth model cannot be considered more effective than any other

treatment model, as it is not informed by evidence-based research (Cannon et al., 2020). When implementing a DFV program, it is important to understand what works and what does not, with supporting evidence. Otherwise, the program's credibility and efficacy can be called into question. Finally, the Duluth model is not addressing the contemporary issues that cause DFV but remains focused on past ideologies and social opinion. This is not to say that traditional approaches cannot work or be effective; rather, it means that these approaches need to be revisited and revised. It has been suggested that treatment using certain features of the Duluth model applied in conjunction with aspects of other approaches, such as CBT, are more effective (Voith et al., 2018). Treatment programs that are more holistic, individualised, and targeted have greater chances of success (Voith et al., 2018).

## An Analysis of Non-Gendered Approaches to Behaviour Change Programs: Cognitive Behaviour Therapy

### *Strengths of Cognitive Behaviour Therapy*

The key strength of CBT is that it is evidence-based. Research is used to understand the underlying causes of the violent behaviour and to determine what approach works and how it needs to be applied depending on the individual's needs and situation (Aaron & Beaulaurier, 2017). This enhances the effectiveness and positive outcomes of the approach (Cannon et al., 2020). CBT also assists DFV perpetrators by helping them adopt coping mechanisms, so they do not revert to violent or adverse behaviours (Bernardi & Day, 2015). This is highly beneficial as it focuses on long-term treatment outcomes. If the coping mechanisms are maintained, the likelihood of recidivism is decreased, as the offender is equipped to understand and avoid adverse behaviours. Additionally, this approach identifies early indicators of violence, which allows for coping mechanisms to be developed and applied early on (Aaron & Beaulaurier, 2017). Furthermore, this model of DFV treatment is not informed by gendered ideologies, meaning that the terminology is neutral and aimed at promoting inclusivity. However, this may not be the case for all CBT programs, as it depends on the organizations and who they are targeting.

### *Weaknesses of Cognitive Behaviour Therapy*

A limitation of CBT is that it can be quite confrontational, in the sense that it often requires the offender to confront their emotions and the primary causes for them (Voith et al., 2018). Offenders may potentially feel increased stress as they confront their own thoughts and feelings as well as addressing the underlying causes of their violent behaviours (Voith et al., 2018). This has the potential to lead to discomfort and an unwillingness to continue treatment. Also, CBT on its own may not be able to offer the required support for behaviour change if the individual has a variety of complex needs (Voith et al., 2018). CBT focuses on the individual's thought pattern and their ability to engage and learn coping strategies (Aaron & Beaulaurier, 2017). If the individual has complex emotional or mental needs, CBT has the potential to be harmful to them, as they may begin to feel overly emotional about their behaviours and the change process (Voith et al., 2018). Thus, the implementation of CBT needs to be carefully considered in order to avoid any potential harm to the client. It has been

suggested that CBT should be used in conjunction with other forms of treatments (Blatch et al., 2016). Again, the key is to provide a form of treatment that is holistic and multifaceted, addressing all the clients' areas of concern.

### *Evaluation: Cognitive Behaviour Therapy*

CBT can be considered the more effective approach for delivering BCPs as it is informed by evidence-based research. The outcomes of this approach have been evaluated more extensively than that of traditional [gendered] approaches (Bernardi & Day, 2015) and continue to be evaluated using current research to determine what changes or amendments can be made to treatment programs to enhance success. Additionally, this model views violence as a learned behaviour which can be unlearned (Aaron & Beaulaurier, 2017). As such, it recognizes that non-violent behaviours and coping strategies can also be learned in order to minimize relapse into negative behaviours. This therapeutic approach has been proven to be effective when applied to non-DFV offenders, such as sex offenders and violent offenders (excluding DFV) (Hasisi et al., 2016). It can be concluded that this model does work in changing behaviours. As previously mentioned, much like the Duluth model, the success of CBT could be enhanced by applying other forms of treatment alongside (Voith et al., 2018). The implementation of a multifaceted program has the potential to address all or most of the needs of the offender that are influential for behaviour change. If these needs are not addressed, there is an increased risk that the program will not be as effective and the offender may fall back into negative behaviours.

## DISCUSSION

The Duluth Model's principal strength lies in its ability to address the concerns of women who were or are victims of domestic violence. However, this is overshadowed by the model's main weaknesses, which are that it lacks diversity, it is a model made by women for men, and it is difficult to apply this model to any other group. Additionally, it lacks empirical evidence to support its effects and implementation. Overall, the findings of the REA have shown that this approach is not beneficial when used as the sole method of treatment. In contrast, the strengths of the non-gendered therapeutic approach, CBT, include its ability to assess violence as a gender-inclusive notion, removing all gender bias. Furthermore, it is supported by evidence, enhancing its credibility. The key weakness of this approach is that if a client had complex needs beyond the underlying causes for their violent behaviour, it may be damaging to continue, or even start, treatment. CBT is deemed to be highly effective, but there is room for improvement (for example, see the work of Sicard & Birch, 2020). It has been suggested for both the Duluth model and CBT that using them in conjunction with other models could provide a more holistic approach to address the complexity of domestic and family violence.

Based on the findings presented above, the following key observations can be made. First, when DFV is discussed in relation to BCPs the key focus is on the physical aspect of DFV. Studies frequently focus on the physical harm that men subject their female partner and/or family to. Women perpetrators are seen as rare cases, with their violence justified



as self-defence. However, as noted by Hamel (2020), women are just as likely to engage in physical violence as men. Yet the focus remains primarily on male aggression and underlying masculinity and patriarchy. This study highlighted that focusing on just female victims disregards the experiences of other victims—those who are not women but who are subjected to physical, financial, emotional, psychological and/or verbal abuse to name a but a few. If a BCP is to be implemented, it should incorporate all forms of DFV not just the physical abuse, which could limit who can access the service and support.

A second observation is the two differing thoughts on violence: *violence as gendered* and *violence as gender inclusive*. In general, DFV is presented as an issue faced predominantly by women at the hands of men. In fact, DFV is more complex than a binary gendered narrative, and recognizing therapeutic approaches that are inclusive of all offenders is an important observation drawn from the REA. Traditional gendered approaches often adopt the Duluth model as their framework and are focused on ideology rather than evidence-based practice. In contrast, the non-gendered therapeutic approach is not only inclusive regarding gender but also evidenced-based and aimed at addressing both the societal stressors and the underlying psychological and emotional causes of such violence.

## CONCLUSION

Of the two frameworks used to inform DFV BCPs, a non-gendered framework is a more holistic and evidenced-based approach for seeking change in the use of violent behaviour. As such, we make a case for only delivering BCPs within a non-gendered framework.

## CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

## AUTHOR AFFILIATIONS

\*Centre for Law & Justice, Charles Sturt University, Port Macquarie, NSW, Australia; \*School of International Studies & Education, Faculty of Arts & Social Sciences, University of Technology Sydney, Sydney, NSW, Australia.

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# Criminality and crime control measures in selected train stations in Lagos, Nigeria

Usman Ojedokun\* and Grace Adeoti†

## ABSTRACT

Crime is among the major problems negatively impacting the effective operation of the rail transportation system in Nigeria. Although considerable scholarly attention has been devoted to criminality in public transit stations, there is a paucity of empirical data on the occurrence of the problem within train station facilities. Thus, using routine activity theory as a guide, this study investigated criminality and crime control measures in selected train stations in Lagos, Nigeria. In-depth interview and key informant interview methods were primarily deployed to gather data from 20 train station officials and eight locomotive drivers selected using purposive sampling technique. Results showed that vandalism, pilfering of train station equipment, rooftop riding and ticket evasion were the most commonly recorded forms of crime in train stations in Lagos. Multiple situational and environmental factors, including the presence of abandoned equipment, lax security systems, the construction of train stations in residential neighbourhoods, and poorly illuminated environments were making train stations vulnerable to criminality. It is imperative for the Nigeria Railway Corporation to strengthen existing security architecture at train stations to effectively deter motivated offenders from viewing the public transportation hub as suitable sites for crime perpetration.

**Key Words** Motivated offenders; rail transportation system; public transit stations; Nigeria Railway Corporation.

## INTRODUCTION

Transit stations are globally recognized to be among the major sites prone to criminality (Paes-Machado & Viodres-Inoue, 2017; Tay et al., 2014; Uittenbogaard, 2014). In Nigeria, crime is one of the key problems negatively impacting the effective operation of rail transportation. Passengers and train station officials are often exposed to different forms of criminal victimizations, while trains and railway facilities are routinely targeted for attack and vandalism (Aderibigbe, 2016; Badiora et al., 2020). For instance, in a bomb attack launched by terrorists against a train along the Abuja-Kaduna route in March 2022, seven passengers were killed and over 100 others kidnapped (Opejobi, 2022). Similarly, the Nigeria Railway Corporation (NRC) recently declared that theft of railway equipment is on the increase (Aliyu & Ugwuezuoha, 2022). Although considerable scholarly attention has been devoted to transit crime in Nigeria (Ajayi & Ajayi, 2014; Badiora et al., 2015; Olojede, 2019), there is a paucity of data on the forms of criminality occurring within train stations.

Crime targeting train stations is a major cause for concern because of its multiple negative socioeconomic implications. Apart from its deleterious impact on human safety and

security (Irvin-Erickson & La Vigne, 2015), it can also lead to low patronage of rail transportation as commuters may be unwilling to make use of train services out of fear and anxiety (Gallison, 2016). Moreover, criminal attacks targeting trains and railway facilities not only create a huge financial burden on the NRC, they are also capable of rendering ineffective the Federal Government's efforts to revamp railway transportation (Aliyu & Ugwuezuoha, 2022).

Train stations' vulnerability to criminality is a global problem. Badiora et al. (2020) mention that safety issues are among the major concerns of stakeholders in the railway sector. Loukaitou-Sideris et al. (2002) opine that train stations are frequently perceived as nodes of criminal activity because they typically bring together numerous individuals with varying motives. Kennedy (2008) laments that the Melbourne metropolitan train network often experiences different incidents of crime across its stations. A study conducted by Uittenbogaard and Ceccato (2013) at Stockholm's underground train stations found evidence of different acts of vandalism. Similarly, Ceccato and Paz's (2017) research in São Paulo metro stations revealed that touching, groping, ejaculation, genitalia exposure, and rape were the major categories of crimes commonly reported by train passengers.

**Correspondence to:** Usman Ojedokun, Department of Sociology, Faculty of the Social Sciences, University of Ibadan, Ibadan 200132, Nigeria. **E-mail:** uaojedokun@gmail.com

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Furthermore, Madzivhandila's (2019) research indicated that assaults on ticket collectors and vandalism were common forms of crime in South African train stations.

Wilson and Kelling (1982) observe that crimes occurring at railway stations are mainly motivated by the physical appearance of a neglected or susceptible environment. Diec et al. (2010) assert that the combination of a poorly designed railway environment, the presence of uncivil people, the lack of apparent security measures, and negative media exposure often trigger anxiety among train passengers. Moreover, Gallison and Andresen (2017) state that the complex network of stations, trains, and platforms usually provides both targets and opportunities for motivated offenders. Kennedy (2008) identifies situations making passengers feel unsafe in a railway environment as including waiting at stations, walking to and from a station, and using available toilets and waiting rooms. Walsh (1999) submits that train travel represents one of the most fear-inducing activities because passengers often feel that they are confined within the system and are restricted in their ability to cope with a dangerous situation. Generally, the connection between public transportation and crime demonstrates the importance of the interaction between the decision-making behaviour on the part of the motivated offender to commit crime, and the environment (Gallison, 2016). Against this background, this study investigated the common types of crime occurring in train stations in Lagos, the factors promoting crime in train stations, the victimization experiences of train station officials in the line of duty, and the types of crime-control measures in Lagos train stations.

### Theoretical Framework

Routine activity theory (RAT) was employed as a guide. It essentially posits that criminal activity is typically organized around routine activities of a population in which crime is likely to occur as a result of the interplay of three principal elements: a motivated offender, a suitable target, and the absence of a capable guardian (Cohen & Felson, 1979). The theory assumes that when a motivated offender and a suitable target come together in the absence of a capable guardian, criminal opportunity occurs. Target suitability connotes certain attracting qualities such as the value of a person or property, access to them, and resistance capability, while capable guardians refer to third parties that may be formal or informal and who have the capacity for intervention. Motivated offender refers to an individual who has the inclination towards perpetrating crime. This element is considered a constant, meaning that a motivated offender will always be available to take advantage of opportunities that arise to perpetrate crime (Cohen & Felson, 1979). Furthermore, RAT states that, although there will always be a substantial number of motivated offenders, suitable targets (either vulnerable people or unattended valuables) and capable guardians (watchful friends and neighbours, the police, security personnel) will vary in terms of place and time. Consequently, the risk of exposure to criminal victimization varies dramatically among the circumstances and locations in which people place themselves and their property (Schmallegger & Volk, 2018).

### Study Area and Study Population

Lagos city in south-west Nigeria was the study area. The choice of the city was primarily informed by the fact that it pioneered the train transportation system in Nigeria and also operates

Lagos Mass Transit Trains (LMTT). Specifically, the stations covered in this research were those situated at Ebutte-Meta Junction, Iddo, Ikeja, and Oshodi. The study population constituted locomotive drivers and train station officials.

## METHODOLOGY

This research study was exploratory and cross-sectional in design. Data were principally elicited through a qualitative approach involving in-depth interviews (IDIs) and key informant interviews (KIIs) because these provide opportunity for a detailed exploration of sensitive topics in context (Neuman, 1994). Specifically, information was elicited from 20 train station officials through IDIs, while KIIs were used to gather data from eight locomotive drivers. All respondents were selected using a purposive sampling technique. The non-probabilistic sampling technique was considered apt for a qualitative study involving respondents who have professional knowledge and an informed opinion on the subject matter. For data analysis, all categories of elicited responses were processed using manual content analysis. The small sample size of this study may make it difficult to generalize its findings, as they may not be representative of the situations in other train stations in Nigeria and elsewhere.

### Ethical Considerations

This research was conducted strictly in accordance with the international ethical standards guiding social research. Informed consent was sought and obtained by respondents before their participation. Also, the study objectives were clearly explained to them, and they were duly informed about their right to withdraw from further participation in the research at any time.

## RESULTS AND DISCUSSION

### Socio-Demographic Characteristics of Respondents

Table I presents the socio-demographic profile of respondents. Male respondents constituted 85.7% of the population. Also, a single largest share had spent between 6 and 10 years in the railway service. The majority (59.4%) of the respondents were serving at the Ebutte-Meta Junction train station, followed by

TABLE I Socio-Demographic Characteristics of Respondents (n=28)

Characteristics	Categories	Frequencies	%
Sex	Female	4	14.3
	Male	24	85.7
Years of service	1-5	8	28.5
	6-10	10	35.7
	11-15	4	14.3
	16-20	4	14.3
	21-25	1	3.6
	26-30	1	3.6
Train station	Ebutte-Meta Junction	17	59.4
	Iddo	5	15.6
	Oshodi	3	12.5
	Ikeja	3	12.5
Designation	Train station official	20	71.4
	Locomotive driver	8	28.8

those serving at the Iddo station (15.6%). Most (71.4%) were train station officials.

### The Common Types of Crime Occurring in Train Stations in Lagos

To gauge the nature and extent of criminality in train stations, respondents were asked about the common types of crime occurring in the public transportation hub. All the interviewees submitted that train stations in Lagos were susceptible to different forms of crime. One respondent stated that:

The most common types of crime in this railway station are rooftop riding, ticket evasion, violence targeting train station officials, theft of passengers' belongings, and vandalism which usually involves the removal of clips and iron from train tracks and train station as well physical assaults involving passengers. (IDI/Male/Principal Commuter Inspector)

A senior traffic officer interviewed also said, "Acts of vandalism which mainly deal with removal of clips and iron are very common. It usually happens when human scavengers come around to pick unused metals. They usually engage in loosening of bolts and nuts from train tracks" (IDI/Male/Senior Traffic Officer).

Another interviewee submitted thus:

Ticket evasion by passengers is common. Ticketless passengers usually gain entry into this train station through the back gate. Thereafter, they will mix up with other passengers in the station and then go ahead to get inside a train without buying boarding tickets. (IDI/Male/Traffic Commercial Officer)

The above narratives demonstrate the pervasiveness of crime in train stations in Lagos city. Vandalism, pilfering of train station equipment, rooftop riding, and ticket evasion were identified by nearly all the respondents as the most commonly recorded forms of crime in interviewees' train stations. Other forms of crime mentioned as occurring in the transit hub included theft of passengers' belongings, pickpocketing, physical assaults involving passengers, and violent attacks on train station officials. The implication of this finding is that train stations in Lagos city are hotspots that are not only attractive to motivated offenders interested in engaging in acts constituting crime against property and crime against persons but are also generating anti-social behaviours amounting to crime against public order. This result supports the submission of Irvin-Erickson and La Vigne (2015) that transit stations are crime generators and crime attractors by bringing together large numbers of people while also providing well-known opportunities for criminals. It also validates a key assumption of RAT, namely, that criminal activity is typically organized around routine activities of a population in which crime is likely to occur as a result of the interplay involving a motivated offender, a suitable target, and the absence of a capable guardian.

### Factors Promoting Crime in Train Stations in Lagos

Investigation was also conducted into the factors leading to the occurrence of crime in train stations. Multiple factors were

identified as contributing to the problem. In the opinion of one respondent:

The unnecessary exposure of unused equipment scattered around the train station is the major motivation for some human scavengers. Everything is exposed, and even valuable items are not usually kept in an enclosed store. There [is much] unused equipment everywhere (IDI/Male/Principal Commuter Inspector).

Another respondent explained, "This railway station environment is porous. Criminals can easily gain entry as intending passengers. Moreover, railway stations in Lagos are situated in residential neighbourhoods and business districts. Thus, it is often very difficult to apprehend criminals" (IDI/Male/Traffic Inspection Officer).

Another respondent also stated:

It is very easy for criminals to commit crimes within this train station at night because the environment is generally not well illuminated. Most of our faulty electricity-generating appliances have not been repaired. Hence, it is always dark here at night. (IDI/Male/District Safety Officer)

It can be deduced from these statements that crime occurrence in train stations in Lagos city is being driven by different factors. The major factors identified were the presence of abandoned equipment in train stations, lax security systems, the location of train stations in residential neighbourhoods, and poorly illuminated train station environments. This result indicates that the presence of certain conditions is encouraging motivated offenders to target train stations as sites for perpetrating different forms of crime. Ceccato and Uittenbogaard (2014) and Newton et al. (2014) have also submitted that train stations can become criminogenic as a result of their structural characteristics and the constant rhythms of human activity within them. This outcome also supports the core element of RAT stated above, which posits that although there will always be a substantial number of motivated offenders, suitable targets and capable guardians will vary in terms of place and time.

### Victimization Experiences of Train Station Officials in the Line of Duty

Since most of the respondents mentioned that they normally experienced physical attacks in the line of duty, it was considered imperative to investigate the social context underlying the occurrence of such behaviour. One of the interviewees narrated his victimization experience this way:

Yes, I have been assaulted before in the line of duty. There was a time a passenger fought me because her luggage was missing in the station. It was really a very serious matter. Her luggage must have been carried away by another passenger. It was not my fault. (IDI/Male/Traffic Inspector)

Another respondent explained thus:

See, this, my broken teeth were as a result of an attack in the line of duty. One day, my train developed a technical



fault, so we needed to fix it. As I was trying to sort out the problem, someone threw a stone at me. It broke one of the train glasses and also hit my mouth. (KII/Male/ Locomotive Driver/male)

In the words of another respondent:

I have almost been attacked in the line of duty by a train passenger. I was trying to tell him to conduct himself properly and he got it all wrong. He was drunk at the time. So, he started hitting his head on the body of the train. Of course, I had to look for an opportunity to excuse myself from the scene before he could fatally attack me. (IDI/Male/Train Station Official)

It can be inferred from the above narratives that officials of NRC are sometimes physically assaulted by train passengers as a result of travel time delays, missing luggage, and alcohol intoxication. The implication of this finding is that train stations in Lagos are generators of both instrumental crime and expressive crime. Consequently, the fear of exposure to violent assault may negatively impact train station officials' level of job commitment. This finding is similar to the outcome of Madzivhandila's (2019) study in South Africa, which found that railway station staffers are frequently subjected to assault by train passengers. It also demonstrates the relevance of a submission of RAT that the risk of exposure to criminal victimization varies dramatically according to the circumstances and locations in which people place themselves and their property.

### Types of Crime-Control Measures Available in Train Stations in Lagos

To determine the level of preparedness of the NRC in addressing the occurrence of criminality in its stations, respondents were asked about the types of crime-control measures that are available in their train stations. All the respondents gave similar responses. One interviewee explained thus:

In this train station, we mainly rely on the presence of officials of the Nigeria Police Force and personnel of other law enforcement agencies, like the Nigeria Security and Civil Defence Corps (NSCDC). In fact, police and other security agencies usually have their stations located very close to every wayside train station. (IDI/Male/ Train Station Official)

However, another respondent submitted thus: "The measure put in place by NRC to control crime occurrence in train stations is not really effective. The number of security personnel on the ground is very small compared to the population of train passengers" (IDI/Male/Train Station Official).

A further respondent confirms this:

The available crime-control measure, which essentially centres on the presence of security personnel, is not really effective. It is just better than making no effort. Compared to the population size that is always present within train station premises and the different types of crime that are being recorded, the existing crime control arrangement is weak. (KII/Male/Locomotive Driver)

It is clear from the above responses that train stations in Lagos relied exclusively on the presence of law enforcement agents for the control of crime and security provision. The implication of NRC's exclusive reliance on the traditional policing style for crime prevention and law maintenance at train stations points to the fact that the organization is not yet well positioned to tackle security and safety issues. Indeed, the efficiency of traditional policing style to deter criminals at train stations is increasingly being called into question by different forms of criminal behaviours that are being recorded in the public transport hub. Uittenbogaard and Cecato (2013) have similarly submitted that train stations with environments that provide poor conditions for formal and informal social control will tend to attract a greater incidence of crime and disorder. It also buttresses the position of RAT which states that the absence of capable guardians with the capacity for intervention will encourage a motivated offender to engage in crime.

## CONCLUSION

Crime targeting train stations has multiple negative socio-economic implications for Nigeria. Thus, the following recommendations are put forward as practical means of addressing the problem. Firstly, it is imperative for the Federal Government to formulate practical policies that would be geared towards strengthening the existing security architecture at train stations and train routes so as to effectively deter motivated offenders (thieves, terrorists, and vandals) from viewing the transportation hub as suitable sites (targets) for crime perpetration. This step can be achieved by introducing capable guardian(s) with capacity for intervention, such as increasing the presence of law enforcement officials, increasing surveillance through access control, installing CCTV cameras, improving the quality of illumination within train station environments, and making use of drones.

Secondly, train station management personnel should become more capable guardians by ensuring that unused work equipment (suitable targets) is properly kept in secured spaces. This step can make train stations less attractive targets to motivated offenders (thieves and vandals) seeking suitable locations for engaging in vandalism and pilfering.

Also, it is important for NRC to fully embrace the adoption of ticket vending machines and ticket scanners to effectively overcome the crime of ticket evasion while also designing suitable measures to overcome operational challenges of delayed train departures, travel time delays, and missing luggage, which can expose train station officials to physical assault and violent attacks.

### CONFLICT OF INTEREST DISCLOSURES

The authors declare that they have no conflicts of interest.

### AUTHOR AFFILIATIONS

\*Department of Sociology, Faculty of the Social Sciences, University of Ibadan, Ibadan, Nigeria; †Department of Sociology, Faculty of the Social Sciences, University of Ibadan, Ibadan, Nigeria.

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