



Casualties of a false narrative that the system is okay

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Spoiler alert: The system is not okay. It is far from okay.

It has been almost two years since I contributed an opening editorial to our journal, and in the interim, we have featured a series of inspiring and aspirational openers penned by members of our global Contributing Editor Community. We will continue that pattern in the coming months and years. My own last piece appeared in Issue 6(1) and was titled “The Enduring and Contagious Optimism of Change Makers.” Since that release, and in keeping with recent challenging times, we have placed much of our editorial emphasis upon ongoing discussions about wellness for those same CSWB changemakers. These are the professionals in multiple human service sectors who dedicate their careers and lives to serving the needs of others, often serving those with the most critical and cumulative needs in our society. To cap this off, we are excited about our upcoming *Special Wellness Issue*, made possible through the support of Deloitte and through the enthusiastic international response to our special call for papers. Guest Editors Dr. Linna Tam-Seto and Dr. Jeff Thompson are currently finalizing a brilliant scope of papers for this February 2023 release. As well, our Journal team will proudly showcase and examine highlights of this encouraging literature at the Canadian Association of Chiefs of Police (CACPP) Canadian Policing Wellness Check Conference, to be held in Ottawa in March 2023.

I have almost always been a glass-half-full kind of guy. My colleagues and I take considerable pride in the fact that this continues to be the tone we set in the Journal’s vision, mission and throughout the body of works we publish. Make no mistake, we have found there to be an enormous wealth of promising and evidence-based practice and innovation that is advancing the resilience, supports and recoveries essential to the continued wellness of police, other first responders and front-line CSWB practitioners. But would we not be foolish, perhaps even derelict, if we did not ask, from time to time at least, why are so many of them becoming increasingly unwell?

Sadly, the answer to that has also become increasingly easy to see. If we continue to ask people to do impossible things, against impossible odds, with impossibly deficient resources, and amid impossible-to-ignore illogical public policy decisions, there is a pretty good chance someone’s going to get hurt. We know that this hurt can take many forms. And it is.

Let’s review just some of the socio-economic paradoxes our professional human service providers are currently leaning into, each and every day when they go to work:

- Some are directed to reduce the presence of and support the urgent needs of unhoused, often unwell and generally unwelcome individuals from city streets and makeshift encampments, while adequate housing alternatives, essential health, mental health and substance use supports and safe substance alternatives remain elusive in the extreme, virtually in every town and city, everywhere
- Some are asked to triage and clear back-logged emergency rooms that are experiencing ever-increasing overcrowding and wait times, while admission beds do not exist in sufficient number, and while community support alternatives struggle and compete for adequate funding and resources
- Some are asked to confront, arrest and detain the unwelcome, often those suffering from a multitude of ills and deprivations, to bring them before the courts because there is nowhere else to take them, where many are remanded to custody in facilities woefully ill-designed to safely house and care for them
- Some are relentlessly implored to achieve greater public trust with the communities that are over-represented in every part of this system, while being the forward face, and the most authoritative face of this broken system on many people’s worst days
- Some are asked to educate, care for, and build up the positive futures of children, routinely and quaintly referred to as our most important resource, with ever-reducing investment in their facilities and the tools to do the job, and truly miserly disrespect for their right to a decent standard of living
- Some are asked to bring comfort and care to the elderly and infirm, at the other end of lives well-lived, while navigating precarious employment conditions, amid insufficient public funding in some facilities, and overt competition with a profit motive in others
- And sadly, there are many more I could add.

So, what is the enduring false narrative that is common to these paradoxes, these everyday realities that are failing

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to meet the needs of communities, families and individuals, and of which our CSWB professionals are also becoming the collateral casualties?

The false narrative is that this is good enough. It is all we need to do. It is the acceptable pattern that we want our political leaders, our senior bureaucrats and our economic elites to maintain. It is the popular and lazy narrative that any change to this system, and in particular to our levels of investment in the human services, might amount to an existential threat to our broader economic well-being and prosperity. Nonsense. As if the growing marginalization, economic disparities, social and racial stratification, and human suffering are not a many-times-greater threat.

This is not okay. It is very far from okay. And more and more people are unwell because of it.

So, as we all take important steps to shore up the wellness

of this vital segment of the workforce, let's also take it a step further, whenever and wherever we can. Let's call this false narrative out: out of date, out of touch, and out of time.

In Canada and in many other prosperous nations, we have ample resources to do better, our everyday heroes deserve much better, and we need to start now before it becomes even harder to attract, develop and sustain the health and well-being of this essential talent.

CONFLICT OF INTEREST DISCLOSURES

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

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The Relationship between the legal status of drug possession and the criminalization of marginalized drug users: A literature review

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ABSTRACT

The longstanding association between addiction, crime, and mortality has become increasingly severe in Canada, affecting larger numbers of individuals and communities. Diverse and irreconcilable courses of action have been proposed involving the decriminalization of drug possession, expanded resources to promote recovery from addiction, or both. The current review used the PICOTS method to identify peer-reviewed publications that reported outcomes of reducing the criminal consequences of drug possession and the specific relationship between law reform and the well-being of people who are at greatest risk for poisoning. We separately included notable reports and grey literature discussing outcomes associated with the Portuguese National Drug Strategy. Over 2,500 articles were retrieved from three databases, with six meeting all inclusion/exclusion criteria. An additional five manuscripts were retrieved specific to Portugal. The evidence reviewed indicates that drug decriminalization alone is associated with potential harms to drug users and their communities, and that potential benefits may be realized when law reform is closely coordinated with the provision of evidence-based resources that promote recovery from addiction. The evidence summarized in this review supports careful consideration of the factors necessary to promote social reintegration among people who are at highest risk for drug-related harms, including repeated criminal offending and death.

Key Words Decriminalization, addiction, recovery, poisoning, repeat offending.

INTRODUCTION

People who experience drug addictions are overrepresented in Canada's criminal justice sector. Rezansoff and colleagues (2013, p. 1) investigated criminal recidivism among 31,014 people sentenced to provincial corrections, observing that "nearly 50% of repeat offenders had a physician-diagnosed substance use disorder" prior to sentencing. A body of research discusses the harmful effects of incarceration on housing, income, and mortality among people who use drugs (PWUD). Reviewing the failure of the War on Drugs over 30 years ago, Alexander and Somers (1990) concluded that "punitive measures directed at [drug] users are not only ineffective, but counter-productive" (p. 272).

More recently, the association between addiction, crime, and mortality has stimulated proposed changes to Canada's criminal code regarding the simple possession of illicit drugs, popularly described as the "decriminalization of drug use" (e.g., Kolla et al., 2022, p. 1194). The current review examines scientific and scholarly evidence addressing the outcomes

of legal reforms concerning the possession of illicit drugs. The review begins by summarizing conflicting recommendations of recent reports addressing the crises of addiction and drug poisoning in Canada, which provide a framework for the current study.

Recent Reports Addressing Decriminalization of Drug Possession in Canada

In 2020, the Canadian Association of Chiefs of Police (CACP) released a report acknowledging that "[a]n understanding of decriminalization starts by recognizing that it is not a single approach, but a spectrum of principles, policies and practices that can be implemented in various ways" (Special Purpose Committee on the Decriminalization of Illicit Drugs, 2020, p. 4). This spectrum includes actions that are specific to the criminal justice sector as well as actions undertaken elsewhere in society that prevent addictions and promote recovery from them.

Following their review of international and Canadian evidence, the CACP advised that: "It will be key in a Canadian

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context that treatment facilities are established and operational ahead of decriminalization and have the capacity to take in individuals diverted through police contact” (p. 12).

An analysis by the BC Association of Police Chiefs (BCAPC, 2021) reached similar overall conclusions to those of the CACP: “The BCAPC suggests that decriminalization must be accompanied by a framework of diversion program options to provide front line police with established pathways to refer PWUD to health, rehabilitation, and recovery support” (p. 12), noting that “[a]t present, nearly two thirds (64%) of RCMP detachments in the province report that the communities they serve do not have drug rehabilitation or treatment programs available” (p. 13).

British Columbia’s Provincial Health Officer (PHO) issued a report titled “Stopping the Harm: Decriminalization of People Who Use Drugs in BC” (Office of the Provincial Health Officer, n.d.). The overview states: “This PHO Special Report examines the criminalization of people who use drugs in BC, Canada, and beyond, and based on existing evidence, offers a single recommendation: decriminalization of people who use drugs in BC” (p. 3). The PHO’s report emphasizes the current poisoning crisis as a catalyst for action, and attributes harms including stigma and mortality to prohibition-based drug laws. In response to the current crises, the report states that “[i]deally, decriminalization would involve changes to the federal Controlled Drugs and Substances Act” (p. 37). It also suggests that decriminalizing simple drug possession would enable the “redirection of police resources away from the low-level, typically victimless offence of simple possession” while serving “to improve access to harm reduction and health services by limiting the fear and stigma that people who use drugs face” (p. 37). The report does not call for concurrent actions addressing the treatment or prevention of addiction but specifies that “provision of pharmaceutical alternatives to street drugs” must be scaled up (p. 38).

The Stanford-Lancet Commission (Humphreys et al., 2022) completed a comprehensive analysis of the opioid crisis in Canada and the United States. The Commission proposed that incarceration should not be used as a punishment for drug possession but did not recommend decriminalizing the possession of illicit drugs, summarizing evidence that: “Very broadly speaking, one would expect that when a supply of drugs is present, they would be consumed more by individuals with more environmental stressors and fewer alternative rewards than by those with fewer stressors and more rewards, and that of all people who use drugs, those in stressful environments with few alternative rewards available would be most likely to develop addictions” (p. 585).

The Commission’s recommendations place emphasis on evidence-based interventions that reduce demand for drugs and address the role of the criminal justice sector. Their report observed that “[c]ontrary to some popular narratives, contact between the criminal justice system and people who use addictive and intoxicating substances will be prevalent whether drugs are legal or illegal” (Humphreys et al., 2022, p. 583). Notably, alcohol is legally available to adults and is associated with more violence and crime than any other drug. The Commission’s recommendations directly conflict with some of the BC PHO’s recommendations: “Policies that should attract scepticism include the dispensing of hydromorphone from vending machines and prescribing a range of potent

opioids and other drugs (e.g., benzodiazepines, stimulants) to individuals with opioid use disorder (OUD) in hopes of creating a safe addictive-drug supply” (p. 12).

A Quadrant of Options

The foregoing reports recommended distinct approaches involving: decriminalization of drug possession; expanded resources to promote recovery from addiction; or both (see Figure 1), and differ with respect to the order in which reforms should be implemented.

The BC PHO report advised that there are potential benefits to removing penalties for drug possession alone, including increased engagement with existing health services. In relation to Figure 1, the PHO report reflects quadrant C by recommending immediate changes to Canada’s criminal code without any necessary preconditions.

Both police-led reports emphasized the primary need for substantial increases in community-based services to divert people with addictions from lifestyles that involve frequent drug-related crimes, including theft, break and enter, and robbery: “The current lack of substance use treatment options and diversion programs means that often individuals are arrested for their drug-related crime but are subsequently released to re-commit the same crimes, placing a strain on police resources, and ultimately not improving the individual health and safety outcomes” (Special Purpose Committee on the Decriminalization of Illicit Drugs, 2020, p. 12). By emphasizing the implementation of addiction recovery resources *prior to* law reform, both police-led reports represent quadrant A in Figure 1.

The Stanford-Lancet Commission focused on the gap between evidence-based practices that promote recovery from addiction and their availability to members of the public. The Commission emphasized the implementation of these practices, but did not recommend changes to drug possession laws, consistent with quadrant B.

The core question for the current review is: *Does the decriminalization of drug possession for personal use contribute to the goals of reduced harms and improved well-being among people who use illicit drugs addictively?* We examined peer-reviewed publications that reported outcomes of reducing the criminal consequences of drug possession. Results are discussed in relation to the well-being of drug users, diversion from the criminal justice sector, and whether reforms were concurrent with or preceded by investments addressing addiction recovery.

METHODS

A formal search strategy was implemented using the PICOTS method (Samson & Schoelles, 2012) as detailed in Table I. The

	Decriminalize Personal Drug Possession?	
	Yes	No
Expand Resources for Addiction Recovery?	Yes	A
	No	C
		B
		–

FIGURE 1 Models of reducing harm: Decriminalize drug possession, promote recovery, or both

domains of Population, Comparator, Timeframe and Setting were unspecified to maximize inclusion of potentially relevant manuscripts. Key terms were specified for Intervention and Outcome, which represent the focus of this review. Searches were conducted using three databases to ensure inclusion of relevant publications (APA PsycInfo, CINAHL, Criminal Justice Abstracts).

Identified publications were reviewed by at least two members of the project team for relevance and inclusion in the review. Disagreements between reviewers were resolved by including a third project team member and making a consensus decision among all three reviewers. Citations of selected articles were reviewed to identify additional potentially relevant publications, and identified papers were assessed for inclusion using the same review method described previously (i.e., two independent reviewers, disagreements resolved by consensus with a third reviewer).

The decriminalization of illicit drug possession in Portugal is frequently cited in policy discussions. As a secondary objective we sought peer-reviewed as well as high-profile grey literature discussing decriminalization in Portugal, and we present these works separately.

Our review examined studies reporting health and social effects of reforms addressing the possession of illicit drugs in amounts consistent with personal use. We focused on studies that addressed the forms of illicit drugs that are most responsible for poisonings and mortality, including opioids and stimulants. We included studies that reported outcomes associated with cannabis alongside other illicit drugs. However, we excluded publications that focused exclusively on cannabis legalization or decriminalization. The reasons for this exclusion were: first, cannabis use is not associated with a high risk of mortality or disability compared with other illicit drugs; and second, the large number of studies addressing cannabis legalization alone would dilute the focus of the current review.

RESULTS

A total of 3,208 articles were identified by combining the results from all three databases, which was reduced to 2,518 after eliminating duplicates (see Table I).

Six manuscripts satisfied our inclusion criteria and are listed in Table II followed by summaries relevant to the current review.

Vicknasingam et al., 2018

In 2016, the United Nations General Assembly Special Session on the World Drug Problem signaled a shift in policy by recognizing that drug dependence has “social causes and consequences that can be prevented and treated” (United Nations Office on Drugs and Crime (UNODC), 2016, p. 6). The self-described purpose of this systematic review was “[T]o review the literature on decriminalization of drug use from 2016 to 2017 and suggest the way forward” (Vicknasingam et al., 2018, p. 300). The review notes that surveys of physicians in the United States and Ireland reported a lack of support for the legalization of cannabis, citing concerns regarding mental and physical risks. Of the articles identified through the review, “almost all of them discussed the legalization of cannabis in the United States” (p. 302). One exception was an article

based in Portugal, which reported that the decriminalization of illicit drugs did not affect the market price of cocaine and opiates. The review concluded that “studies reporting on the positive outcomes of decriminalization remain scarce” and that evidence needs to be more widespread in order to support the case of decriminalization” (p. 300).

TABLE I Decriminalization of simple drug possession rapid review: Search parameters & results

Search using PICOTS method	Query/Key words	Results
Population	Open/unspecified	
Intervention	depenalization OR decriminalization OR drug possession OR drug offenses OR drug legalization OR drug control policy	
Comparator	Open/unspecified	
Outcome	harm reduction OR overdose OR poisoning OR mortality OR quality of life OR wellbeing OR diversion OR arrests OR remand OR jail OR incarceration OR crim* OR criminal justice OR emergency OR accidents OR deaths OR injuries	
Timeframe and Setting	Open/unspecified	
Combined search (intervention and outcome)	Three databases (retrieved records): Criminal Justice Abstracts with Full Text (n=1585) APA PsycInfo (n=1201) CINAHL Complete (n=422) Limiters – Scholarly (Peer-Reviewed) Journals; Academic Journal; Language: English Time duration: up to April 29, 2022 Retrieved records with duplicates removed	3,208 2,518

TABLE II Selected articles satisfying review criteria (n=6)

Authors	Article Title
Vicknasingam et al., 2018	Decriminalization of drug use
Stevens et al., 2022	Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession
Bird et al., 2020	Impact of defelonizing drug possession on recidivism
Hughes & Stevens, 2010	What can we learn from the Portuguese decriminalization of illicit drugs?
Félix & Portugal, 2017	Drug decriminalization and the price of illicit drugs
Scheim et al., 2020	Impact evaluations of drug decriminalization and legal regulation on drug use, health and social harms: a systematic review

Stevens et al., 2022

This review reports a systematic search spanning nine countries “for information on alternative measures in three categories: depenalization; diversion; and decriminalization” (p. 30). The reviewers developed their methodology in consultation with a working group convened by the Irish government. “Our discussions with this group focused the review on the following questions: How can alternative measures for dealing with simple drug possession (a) avoid giving people who use drugs a conviction and criminal record for drug possession in a way that: (b) avoids increasing the health harms of drug use; (c) does not increase the scale and violence of organized criminal involvement in drug supply; (d) maintains the possibility to intervene in public drug use; (e) diverts people who need it into treatment (without swamping the treatment system with people who do not need treatment); and (f) is cost-effective?” (p. 32).

The review describes a pragmatic and policy-oriented approach that acknowledges interactions between alternative drug policies and the broader social context: “[S]tructural and cultural properties of social systems influence the institutional contexts in which alternative measures operate. The implementation of alternative measures in these contexts triggers mechanisms in three causal pathways (normative, criminal justice, and health and social services). These alternatives work through complex combinations of contexts and mechanisms to produce differing outcomes. These outcomes then go on to affect the conditions and institutional contexts within which measures in response to drug possession operate” (p. 47). The review recommends that effective policy requires “careful design of the choice of reform, achieving awareness and support from the public, police and prosecutors for reform, simultaneous investment in treatment and social services, and funding and use of research and evaluation” (p. 47).

Bird et al., 2020

In 2014, the State of California implemented measures to reduce the severity of criminal sentences associated with drug possession and selected property crimes (Proposition 47). This 2020 publication reports results generated by examining rearrest and conviction data spanning nine California counties; it found that “people who received drug possession convictions after Prop 47 had lower overall rearrest and reconviction rates than people with comparable convictions and criminal histories released prior to the proposition” (p. 591). Not all of the researchers’ findings were similarly positive, however. Declines in nonviolent recidivism were accompanied by an increase in rearrests and reconvictions for crimes against persons, primarily comprised of assaults and domestic violence. Interpreting these findings, the researchers wrote: “[W]e are concerned that lessening [sic] of sanctioning for drug possession means a small segment of those who would previously have been rearrested for drug possession and are now left without a criminal justice intervention experience an escalation of their problems and wind up in a physical altercation” (p. 604).

Hughes and Stevens, 2010

The current paper was published roughly eight years following the implementation of drug policy reforms in Portugal, including the decriminalization of drug possession for personal use. The researchers examined the criminal and health

impacts of Portugal’s reforms in comparison with evidence from Spain and Italy during the same period and observed that, “[b]etween 2001 and 2007, lifetime and last-year use was reported to have increased in Portugal for almost all illicit substances” (p. 1006). Increased use was evident in all age groups above 19 years, and similar increases were concurrently observed in both Spain and Italy. Impacts on crime appear to have been mixed: “[T]he number of crimes strongly linked to drugs—that is theft, robberies, public assaults and certain types of fraud—increased by 9 per cent between 1995–99 and 2000–04” (p. 1009). Street robberies increased 60% between the two time periods reported. At the same time, thefts from post offices, homes, and businesses all declined. Additional findings included reductions in the numbers of people incarcerated for crimes associated with drug possession and substantial increases in participation in drug treatment oriented towards social reintegration and recovery.

Due to the multiple elements of Portugal’s reforms, the researchers conclude that “it is impossible to state that any of these changes were the direct result of the decriminalization policy” (p. 1017). Summarizing the advice provided by key informants in Portuguese policy roles, they add: “They contend that such reform, while not a swift or total solution, holds numerous benefits, principally of increased opportunity to integrate drug users and to address the causes and damages of drug use” (p. 1018).

Félix and Portugal, 2017

This research paper focused on the specific effects of Portugal’s national strategy on the prices of illicit drugs. The researchers compared changes in drug prices in Portugal with those of 15 other European Union countries plus Norway and concluded that “[t]he results suggest that the prices of opiates and cocaine in the post-treatment period did not decrease in the sequence of the policy change” (p. 121).

Scheim et al., 2020

This systematic review concluded that “peer-reviewed longitudinal evaluations of drug decriminalization and legal regulation are overwhelmingly geographically concentrated in the US and focused on cannabis legalization” (p. 7). The authors report that, to the best of their knowledge, their review is the first to assess outcomes of drug decriminalization or regulation. Fully 96% of the studies they identified were focused on cannabis and 91% were conducted in the United States. The prevalence and frequency of drug use were the most commonly reported outcomes across the identified studies, with most studies reporting little change in measures of drug use.

A comparatively small number of studies included any measures associated with drug poisoning as an outcome following cannabis decriminalization or legalization. These studies either examined the effects on poisonings involving cannabis itself (e.g., consumption by infants or young children) or on classes of drugs other than cannabis. Seven measures examined poisonings directly related to cannabis and were consistent: “[I]n all cases an increase in calls to poison control centres or unintentional paediatric exposures was reported” (p. 7). With respect to poisonings involving other drugs, four measures suggested a decrease following cannabis decriminalization, while an additional three measures suggested mixed or no effects.

The authors discussed the compelling need for high-quality research to provide guidance to policy makers. They observed that “there was a lack of alignment between the stated policy objectives of drug law reform and the metrics used to assess its impact in the scientific literature” and concluded: “The findings of this review indicate a need for a broadening of the metrics used to assess the impacts of drug decriminalization and legal regulation” (p. 8).

Additional Articles and Reports Addressing the Situation in Portugal

In addition to peer-reviewed studies presenting original research, publications were retrieved that present details of the decriminalization of drugs in Portugal. Selected documents include widely cited reports and scholarly analyses, including a Portuguese physician’s essay on the relationship between law reforms and impacts on the lives of drug users.

Documents specific to Portugal are listed in Table III, followed by summaries.

Hughes and Stevens, 2007

This Briefing Paper was developed by the Beckley Foundation and aimed to present “perceptions of key stakeholders regarding the major impacts, successes, and challenges” associated with Portugal’s introduction of Commissions for the Dissuasion of Drug Addiction and legal reforms affecting the possession of drugs for personal use (p. 1). The report concluded that all interviewees agreed that the Commissions had positively impacted the lives of drug users by facilitating treatment and social reintegration. Summarizing their learnings from key stakeholders, the authors concluded: “The Portuguese experience cannot provide a definitive guide to the effects of decriminalization of drugs, but only indications of the results of decriminalization in the specific Portuguese context. It is not possible to tell the extent to which changes were caused by decriminalization or the wider drug strategy” (p. 9). The authors emphasized that the success of reforms to drug policies “depends upon the existence of a well operating system” that integrates education, treatment,

media, police, and legislators. Despite the successes observed in Portugal, the authors also noted that the “implementation of decriminalization has been affected by a lack of strong collaboration, of adequate resources, of a good media campaign on the meaning of the reform and evidence-based studies and evaluation” (p. 9).

Greenwald, CATO Institute, 2009

The CATO Institute developed this report focused on “drug-related trends in Portugal both pre- and post-decriminalization” and concluded that “judged by virtually every metric, the Portuguese decriminalization framework has been a resounding success” (p. 1). The report examines rates of drug-related crime, prevalence of drug use, drug-related mortality, and HIV incidence rates and, where possible, compares these over time and with rates in other countries. The report’s sole author does not consider the impact of Portugal’s substantial investments in new services implemented as part of their national strategy and does not discuss the importance of coordination spanning multiple sectors working concertedly.

Hughes and Stevens, 2012

This academic commentary synthesizes disparate perspectives on the consequences of Portugal’s national drug policy reforms. The authors observe that the conclusions reached by previous commentators have ranged from “resounding success” to “disastrous failure.” Through an analysis of available reviews, including the methods and sources of data they employ, the authors conclude that “divergent policy conclusions were derived from selective use of the evidence base that belie the nuanced, albeit largely positive, implications from this reform” and caution that “for proponents of reform, that is, those challenging the status quo, deliberate misinterpretation of evidence is a high-risk game” (p. 111).

Coelho, 2015

The author of this detailed 14-page letter is a Portuguese M.D. and Ph.D. specialized in addiction (Coelho, 2015). A wide variety of evidence is presented from sources within Portugal that mitigate the magnitude of positive effects reported by previous reviewers, including evidence of increased drug-related deaths and homicides, increased prevalence of adult drug use, and indicators that, within the European community, “Portugal remains the country with the highest incidence of related intra-venous use drugs with AIDS and it is the only country recording a recent increase” (p. 7).

Reflecting fatigue with the persistent framing of addiction as either a moral failing or a disease, the author recommends: “In contrast to the suggestion that we should place health at the centre of drug policy there is a strong case instead for placing well-being at the centre of policy” (p. 11). Coelho reviews evidence that people who experience addictions “need psychological help, not medical: while doctors prescribe medicines, psychologists ‘prescribe’ psychotherapy. Psychologists are essential in this process” (p. 12). The author concludes by arguing that the prevention of addiction and promotion of recovery are fundamental to international commitments to human rights, including the Declaration of the Rights of the Child, and also reflect reciprocal responsibilities between individuals and their societies, a basic premise of democratic governments.

TABLE III Selected literature specific to Portugal (n=5)

Authors	Title	Document Type
Hughes & Stevens, 2007	The effects of the decriminalization of drug use in Portugal	Discussion Paper
Greenwald, 2009	Drug decriminalization in Portugal – lessons for creating fair and successful drug policies	Report
Hughes & Stevens, 2012	A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs	Journal article
Coelho, 2015	Drugs: The Portuguese fallacy and the absurd medicalization of Europe	Letter to editor
Mendes et al., 2019	Literature review on the implications of decriminalization for the care of drug users in Portugal and Brazil	Literature review

Mendes et al., 2019

This “integrative review” examined scientific literature addressing the effects of “drug legalization change for the care of drug users in Brazil and Portugal” (p. 3395). The authors reviewed studies spanning several decades and concluded that the relatively weak quality and low number of available studies precludes drawing clear inferences. “The scarce scientific production on the subject in the two countries shows the need to increase knowledge through research that effectively identifies the implications of changes in the legislation on care” (p. 3403). Despite their observations concerning the limitations of extant research regarding the care of drug users (i.e., selected or indicated prevention), the authors report that evidence regarding the importance of universal prevention is relatively clear: “[W]hat is described in literature suggests that it is necessary to advance the prevention of the use of alcohol and other drugs in both countries. Such actions must be planned for the medium-and long-term and cannot be performed to achieve immediate results, despite demand from management, professionals and population for instant responses” (p. 3403).

DISCUSSION

Our results replicate the findings of recent systematic reviewers (Scheim et al., 2020; Vicknasingam et al., 2018), who concluded that evidence addressing drug decriminalization is overwhelmingly specific to cannabis in the United States. Evidence concerning the decriminalization of other drugs is substantially based on studies conducted in Portugal, followed by California and Brazil. Overall, results indicate that the decriminalization of drugs is associated with potential harms as well as potential benefits. Beneficial outcomes among drug users are primarily attributable to the introduction of evidence-based resources that promote recovery from addiction, consistent with the United Nations General Assembly Special Session on the World Drug Problem, which stated that drug dependence has “social causes and consequences that can be prevented and treated” (United Nations Office on Drugs and Crime (UNODC), 2016, p. 6).

The available evidence indicates that drug decriminalization is associated with increases in drug consumption as well as associated harms among drug users and other community members (e.g., poisonings among infants and young children), a conclusion that was also reached by the Stanford-Lancet Commission (Humphreys et al., 2022). The opportunity to offset these harms appears to be dependent on the extent to which jurisdictions implement targeted measures to reduce the prevalence of addiction, which is achieved by both preventing addiction and promoting recovery. A thorough review of the first decade of Portugal’s reforms concluded:

Internationally, Portugal has gone furthest in emphasizing treatment as an alternative to prosecution. Portuguese political leaders and professionals have by and large determined that they have made the right policy choice and that this is an experiment worth continuing. Portuguese policy makers suggest that adoption of such a reform requires time to develop the infrastructure and the necessary collaboration between the criminal justice and health systems. They contend that such reform, while

not a swift or total solution, holds numerous benefits, principally of increased opportunity to integrate drug users and to address the causes and damages of drug use (Hughes & Stevens, 2010, p. 1018).

Evidence collected from Portuguese key informants found universal agreement that community-based Commissions for the Dissuasion of Drug Addiction had positively impacted the lives of drug users by facilitating treatment and social reintegration (Hughes & Stevens, 2007). The Portuguese National Drug Strategy unambiguously described the goal of addiction treatment: “Strictly speaking, there is no such thing as treatment without social reintegration” (Portuguese Government, 1999, p. 82). The Strategy also affirmed the ongoing need to curtail the availability of drugs: “[C]onsidering that the Committee does not propose the decriminalization of the sale of drugs, which would continue to be a crime, the scenarios of liberalization and regulation of the drug trade are obviously excluded” (p. 32).

The importance of reducing the overall prevalence of addiction was emphasized throughout the manuscripts included in this review. Mendes and colleagues (2019) discussed the importance of medium- and long-term actions that include alcohol as well as illicit drugs, recognizing that addictions often involve multiple substances, particularly among those most at risk for harm. Coelho (2015) suggested that the concept of “well-being” should be the core organizing feature of policies addressing addiction, led by neither the criminal justice nor healthcare sectors. The very recent review by Stevens and colleagues (2022) concluded that reforms to reduce drug-related harms require “awareness and support from the public, police and prosecutors for reform, simultaneous investment in treatment and social services, and funding and use of research and evaluation” (p. 47). Reviewers described unintended harms associated with reductions in criminal sanctions when unaccompanied by investments in addiction recovery. Describing California’s experience with drug decriminalization, researchers concluded: “[A] small segment of those who would previously have been rearrested for drug possession and are now left without a criminal justice intervention experience, an escalation of their problems and wind up in a physical altercation” (Bird et al., 2020, p. 604). Further evidence of harms associated with decriminalized drug use is illustrated by the long-term impact of medical cannabis: “[S]tates with medical cannabis laws had higher than expected mortality from opioid overdoses between 1999 and 2017, even after the restrictiveness of cannabis laws was controlled for” (Humphreys et al., 2022, p. 13).

Taken collectively, the results of this review support the effectiveness of policy interventions that aim to reintegrate people who experience harmful addictions into society, and indicate that reforms to the criminal justice sector can facilitate that goal. This evidence is most consistent with models A and B in Figure 1.

A considerable body of evidence characterizes unmet needs among people who experience poisonings and addictions in British Columbia, where the decriminalization of simple possession has been approved by Canada’s federal government. Two-thirds of the people who experienced drug poisonings in BC between 2014 and 2016 earned no employment income in the year preceding their deaths, and

the remainder earned as little as \$500 (Carrière et al., 2021). Between 2009 and 2017, the rate of involuntary hospitalizations attributed to substance use disorders (SUDs) in British Columbia increased from 1,887 to 4,536 (Vigo et al., 2019). During the same period the percentage of British Columbia's custody population that had been diagnosed with SUDs prior to custody increased from 42% to 55% (Somers et al., 2021). An earlier study indicates that, among people diagnosed with SUDs and sentenced for crimes in British Columbia, fully 70% had also been diagnosed with additional forms of mental illness such as schizophrenia or bipolar disorder (Rezansoff et al., 2013). Those at highest risk for repeated convictions in British Columbia are individuals with SUDs alongside concurrent mental illness and poverty: "[T]he relationship between SUD and recidivism may be associated with the disproportionate clustering of various social disadvantages among this subset of offenders" (Rezansoff et al., 2013, p. 8).

Russolillo and colleagues linked healthcare and corrections data to examine criminal convictions among 14,530 people in British Columbia who had been diagnosed with opiate use disorder. Members of the cohort were convicted an average of 5 times per person, totaling 67,824 offences. Drug possession accounted for only 3.8% of their offences, eclipsed by the prevalence of property crimes (50.1%) and substantially less common than violent offences (9.6%) (Russolillo et al., 2018, Supplementary Tables S2 & S3). About one-third of the sample had also been diagnosed with either schizophrenia or bipolar disorder, confirming the very high prevalence of severe mental illness among people in British Columbia who struggle with addiction and who are repeatedly exposed to the criminal justice sector. Reinforcing these facts, a Vancouver-focused study included 107 people who had 19.4 criminal sentences and received \$246,899 in public services over a 5-year period (Somers et al., 2015). Every member of the cohort had been diagnosed with either a SUD or another mental disorder, and 88% had been diagnosed with both a SUD and another mental disorder.

These results indicate that the criminalization of drug users extends well beyond the offence of personal drug possession and implicates needs related to unemployment, untreated mental illness, and support for recovery and wellness. Similar actions were recommended by Canada's National Inquiry into Missing and Murdered Indigenous Women and Girls (2019), which detailed the significance of addiction among both the perpetrators and victims of violence and called for action to promote recovery and healing in the context of Reconciliation. The Inquiry's Final Report "reframes challenges such as substance use, addiction, or suicidal thoughts, which are often seen as personal failings, as understandable responses to the trauma of colonial violence" (National Inquiry into Missing and Murdered Women and Girls, 2019, p. 112) and describes "the need to foster recovery and reintegration" (p. 497).

Canada has critical gaps in resources that promote recovery from both addiction and mental illness. Following a pan-Canadian series of consultations, a Senate Committee (the Kirby Commission) published its vision for a reformed system of care addressing addiction and overall mental health: "At the core of this vision is a recovery-oriented, primarily community-based, integrated continuum of care" (The Standing Senate Committee on Social Affairs, Science and Technology, 2006, p. 91). The Committee observed that among

Canadians who are homeless "20–25% are living with concurrent disorders, that is, with both mental health problems and addictions" (p. 118). The Committee stated plainly that "[t]his report focuses on facilitating the recovery of people living with mental illness and addiction" (p. 42) and emphasized the urgent need to address "factors such as income, access to adequate housing and employment, and participation in a social network of family and friends" (p. 41).

Removing penalties for the possession of drugs for personal use would enable the pharmaceutical industry to expand the "provision of pharmaceutical alternatives to street drugs," as recommended by British Columbia's Provincial Health Officer (Office of the Provincial Health Officer, n.d., p. 38). However, it is unclear how much improvement in the lives of vulnerable Canadians would be achieved by removing a criminal penalty that is associated with less than 4% of their criminal convictions, while failing to prioritize, or even mention, indicated evidence-based interventions.

Limitations of the current review include a reliance on English language publications and the use of three search engines as the basis for identifying manuscripts. These limitations are mitigated by the agreement between our major findings and those reached by previous systematic reviewers.

The evidence summarized in this review supports careful consideration of the factors necessary to promote social reintegration among Canadians at highest risk for drug-related harms, including repeated criminal offending and death. Interrogation of those factors implicates needs that can be effectively addressed through evidence-based housing, supported employment, and treatment for addiction and mental illness. It also implicates the urgency of addressing addiction in the context of Reconciliation with First Peoples, recognizing that culture and community exert potent influences on recovery as well as prevention. In the absence of robust action addressing the determinants of addiction, measures that increase the availability and legality of addictive drugs are contraindicated.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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An evaluation of SimVoice mental health de-escalation training

Genevieve Brook,* Miranda Elliott,* and Craig Bennell*

ABSTRACT

Systemic changes, such as the deinstitutionalization of mental health care, have increased the likelihood that people with acute mental health symptoms encounter the police. Given this, greater attention is being paid to mental health training for police officers in Canada. The current study presents a preliminary evaluation of SimVoice, a training tool that was designed to enhance the realism of de-escalation training for officers who may encounter individuals experiencing auditory hallucinations. Survey responses from trainees and trainers who took part in SimVoice training suggest the training is viewed very positively. Trainers felt that SimVoice was easy to use and contributed to realistic training, and they unanimously indicated they will continue using SimVoice as a training tool. Trainers and trainees both felt that the training was useful for developing general and specific knowledge and skills that would help officers more effectively manage encounters with people in crisis. Survey respondents also identified limitations when using SimVoice, along with suggestions for improving its use in training.

Key Words Mental health training; training evaluation; police training; auditory hallucinations; person in crisis; police.

INTRODUCTION

In June 2020, a man residing in Mississauga, Ontario, was killed by Canadian police officers during a mental health wellness check (Nasser, 2021). Ejaz Choudry was 62 years old and suffered from schizophrenia.¹ After a call was made by Choudry's family to a non-emergency line asking for someone to check on Choudry's well-being, paramedics who arrived on the scene noticed he was carrying a knife and called for police reinforcement. Choudry's family asked police to let them accompany officers into Choudry's building, stating that their presence would make him more comfortable, as he feared officers in uniform. After failed negotiations with Choudry, officers, worried that Choudry was at risk of self-harm, entered Choudry's unit through his balcony door and commanded in English that he drop his weapon (a language Choudry did not fully understand). After using both a conducted energy weapon and plastic projectiles on Choudry, an officer shot and killed him. Ontario's Special Investigations Unit found the officers acted reasonably and ruled that there would be no criminal charges.

¹ Schizophrenia is a mental disorder that involves problems with cognition, behaviour, and emotions. Symptoms can include delusions (i.e., false beliefs), visual and auditory hallucinations, disorganized speech, and abnormal motor behaviour.

While cases like these are thankfully rare, such cases have led to calls for improvements to mental health training for Canadian police officers and to demands from some to divert funds away from the police to community-based support services for persons in crisis (PICs). A discussion of police defunding is beyond the scope of this article. Instead, the focus here is on the first issue—improving mental health training for police officers. While mental illness can present in many ways during police–citizen interactions, this study focuses on individuals experiencing auditory hallucinations who might encounter the police, and on training designed to equip police officers with the appropriate knowledge and skills, centred on de-escalation, to effectively engage with individuals experiencing such hallucinations. More specifically, a training tool called SimVoice (SV), which is described in more detail below, is evaluated to determine whether it can be used to enhance the quality of mental health training.

Such training, and the evaluation of it, is important, especially when one considers the degree to which persons with a mental illness (PMIs) are likely to interact with the police in Canada and the nature of these interactions. Factors such as the deinstitutionalization of mental health care have increased the likelihood that PMIs will encounter the police. Indeed, numerous studies have suggested that PMIs

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in Canada are more likely than those without mental illness to encounter the police (Boyce et al., 2015; Brink et al., 2011), and some studies highlight the potentially negative impacts of these interactions for PMIs, including the fact they can leave PMIs feeling traumatized and criminalized (Geller et al., 2014; Lamanna et al., 2018), and that they can (but do not always) result in higher levels of force by police when compared with interactions that do not involve PMIs (Kesic et al., 2013; Rossler & Terrill, 2017). Despite police officers now acting as frontline mental health responders, these officers often report not feeling adequately prepared for this role (Borum et al., 1998; Sellers et al., 2005), providing an additional reason why mental health training for officers needs to be delivered and evaluated.

The Current Study

Mental health training is regularly provided to Canadian police officers, although the quantity and quality of that training has varied over time and across jurisdictions (Coleman & Cotton, 2010). SimVoice (SV) was developed to improve the quality of interactions between police officers and PMIs. SimVoice is a free application that can be downloaded from the App Store. It is intended to be used by police trainers as part of their mental health training protocol. It was developed by a company in Winnipeg called SetCan. The application mimics auditory hallucinations that a PMI might experience during interactions with the police. Trainers listen to the hallucinations through headphones and are instructed to act in accordance with the hallucination, which encourages the role player to exhibit various levels of compliance with officer trainees (from cooperative to resistant). SimVoice has three primary objectives: (1) to create a barrier to communication so that trainees can learn to manage such interactions, (2) to guide trainees through various levels of subject compliance, and (3) to allow trainees to experience some of the challenges faced by members of the community who struggle with mental illness, and to develop empathy for the struggles faced by this group (SetCan, n.d.).

While it would have been optimal to conduct a study that compares the outcomes of training that does, or does not, include SV, logistical issues during the COVID-19 pandemic made this challenging. Instead, as a first step in the evaluation process, we collected survey data from trainers who have used SV in their training and trainees who have been involved in SV training. We were particularly interested in hearing from trainers about their use of SV as a training tool. We also wanted to capture views about the impact of SV on trainees and how this training might change their responses to PMIs in the future. Finally, we were interested in identifying limitations of SV, and ways in which the app could be improved.

METHODS

Participants

Participants in this study were active-duty new recruits or police trainers from a Canadian police service. To be included in the study, trainees had to have taken part in their service's SV training, and the trainers had to be qualified instructors who deliver this sort of training. In total, 38 members of the service indicated they would like to participate in the study,

but only a subset of these members were retained for analysis given that some did not fully complete the surveys. We discuss the limitations associated with using a self-selected sample of survey completers below.

The final sample consisted of $n = 27$ trainees who acted as responding officers in the SV training. They had an average age of 26.6 years (standard deviation [SD] = 3.2) and 1.1 (SD = 1.0) years of service. This sample consisted of 8 female participants (29.6%), 15 male participants (55.6%), and 4 participants who did not indicate their gender (14.8%). Of the trainees, 23 indicated their rank as Constable, whereas 4 participants did not indicate their rank. Most participants ($n = 23$) indicated they had no previous specialized training on police-PMI interactions. The final sample also consisted of $n = 23$ trainees who participated as role players in SV training (i.e., they played the role of the PMI experiencing the auditory hallucinations). This group had an average age of 26.6 years (SD = 3.2) and 1.1 (SD = 1.0) years of service. There were 8 female participants (34.8%) and 15 male participants (65.2%). All participants indicated their rank as a Constable. Most participants ($n = 19$) indicated they had not completed previous specialized training on police-PMI interactions.

Both trainer surveys (observer trainers and role player trainers) were completed by the same 6 participants. The sample of trainers surveyed had a mean age of 40 years (SD = 4.8) and 14 (SD = 3.6) years of service. On average, the samples had 8.5 years of experience training police officers (SD = 5.5) and 2.4 years (SD = 1.8) of experience using SV. The sample of trainers consisted of 5 males (83.3%) and 1 female (16.7%). Five of the trainers held the rank of Constable (83.3%), while one trainer was a Sergeant (16.7%).

Materials

The evaluation sought, through online surveys, to analyze the usefulness of SV from four perspectives: (1) the instructor role player who was wearing SV during scenario-based training, (2) the instructor who was observing/evaluating trainees during scenario-based training where SV was used, (3) trainees who were given the opportunity to wear SV during scenario-based training, and (4) trainees who were actively participating as officers during scenario-based training where SV was used. The surveys consisted of Likert scales and open-ended questions. The surveys asked slightly different questions depending on the participant group, but questions generally focused on how SV contributes to mental health training, the observed impact of SV training on trainees, limitations of SV training, and ways to improve SV training. Demographic information was also collected.

Procedure

Individuals who had participated in SV training, or who had provided SV training, were contacted by a member of the training team, who distributed a recruitment announcement. Those who were interested in participating contacted the second author by e-mail, who sent them the appropriate survey using a Qualtrics link. The surveys began with an informed consent form and ended with a debriefing form. Surveys took approximately 30 minutes each to complete, and responses from participants were anonymous. Surveys were completed throughout January and February 2022.

RESULTS

Quantitative Responses

Many of the survey items asked trainees and trainers to reflect on SV training by rating various items using Likert scales. The examination of this quantitative data, which focused purely on mean ratings, is presented first. Following this, we present our analyses of qualitative responses.

Ease of Use and Contribution to Realistic Training

One set of survey questions asked the trainers (observers, $n = 6$; role players, $n = 6$) to reflect on how easy SV was to use as a training tool and on the contributions that SV made to their service’s mental health training. Participants indicated their ratings on Likert scales ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), and average scores were calculated based on the ratings. As illustrated in Figure 1, both groups of trainers rated SV very positively. All items received a score of at least 3.8 out of 5.

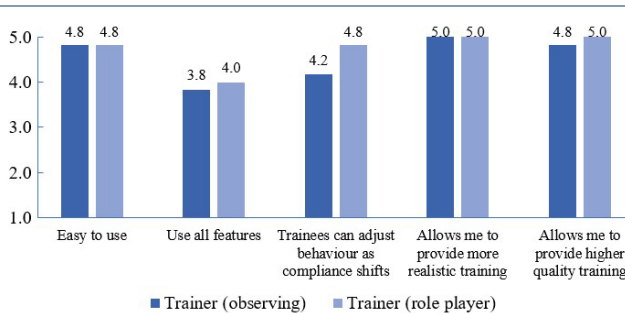


FIGURE 1 Ease of SV training and its contribution to realistic training

Impact on Trainees—General Knowledge and Skills

Another set of survey questions assessed how useful SV was in developing general knowledge and skills among trainees that are relevant to interactions with PMIs. The participants indicated their ratings on Likert scales ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Average scores were calculated. As illustrated in Figure 2, both groups of trainees (participating, $n = 26$; role players, $n = 22$) rated the impact of SV training positively. All items received a score of at least 3.8 out of 5. As illustrated in Figure 3, both groups of trainers (observing, $n = 6$; role players, $n = 6$) also rated the impact of SV training positively. All items received a score of at least 4.7 out of 5.

Impact on Trainees—Specific Knowledge and Skills

The next set of survey questions assessed how useful SV was in developing specific knowledge and skills among trainees that are relevant to interactions with PMIs. The participants indicated their ratings on Likert scales ranging from 1 (Not at all Useful) to 4 (Extremely Useful). Average scores were calculated. As is illustrated in Figures 4a and 4b, both groups of trainees (participating, $n = 26$; role players, $n = 23$) generally felt that SV training was useful for developing specific knowledge and skills. Figures 4a and 4b also indicate that observing trainers ($n = 6$) felt that SV training was more useful than trainees for developing specific knowledge and skills.

Overall Assessment

Finally, both groups of trainers (observing, $n = 6$; role-players, $n = 6$) were asked to provide their overall assessment of SV training by providing ratings on two items using Likert scales ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). As illustrated in Figure 5, the overall assessment was very positive.

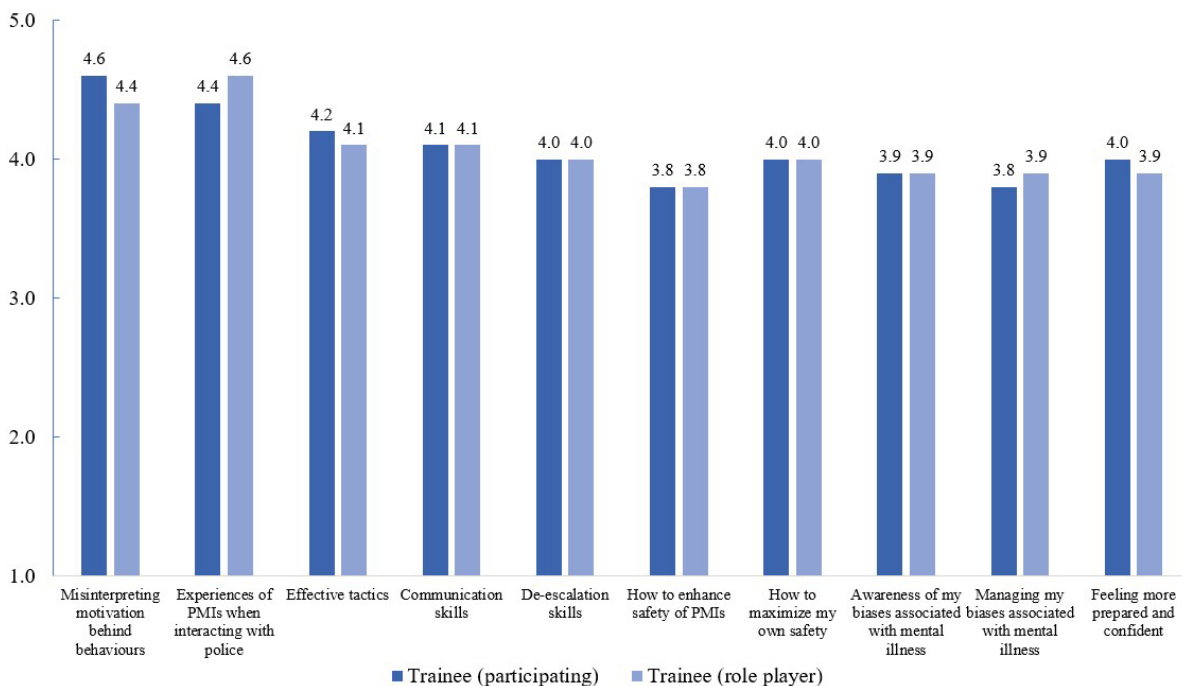


FIGURE 2 Impact of SV training on general knowledge and skills—trainees. PMI = person with mental illness.

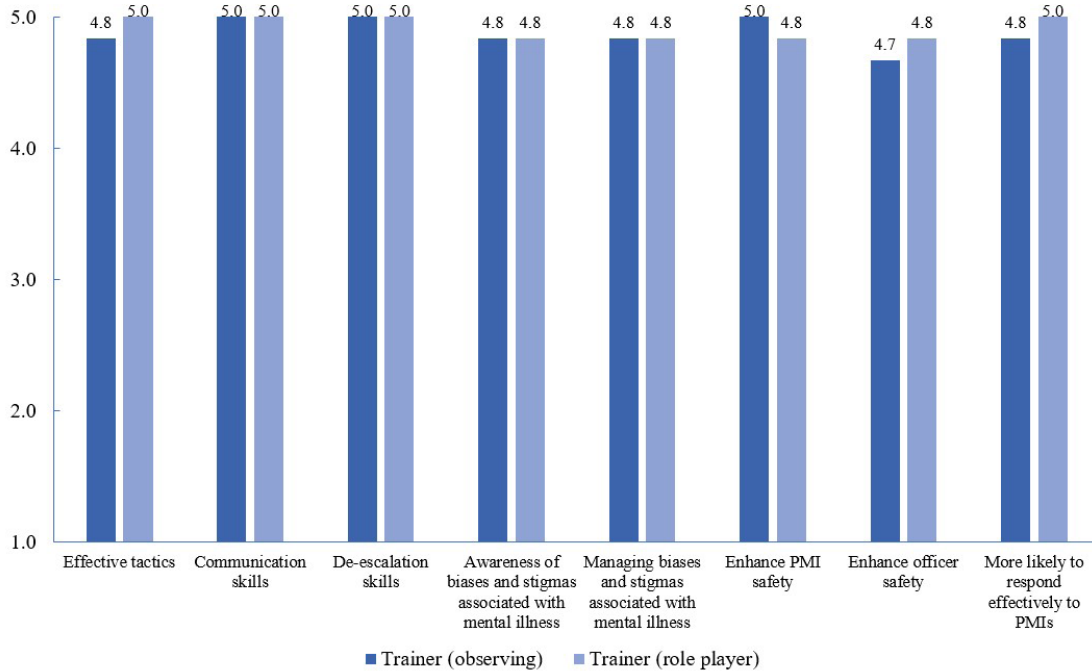


FIGURE 3 Impact of SV training on general knowledge and skills—trainers. PMI = person with mental illness.

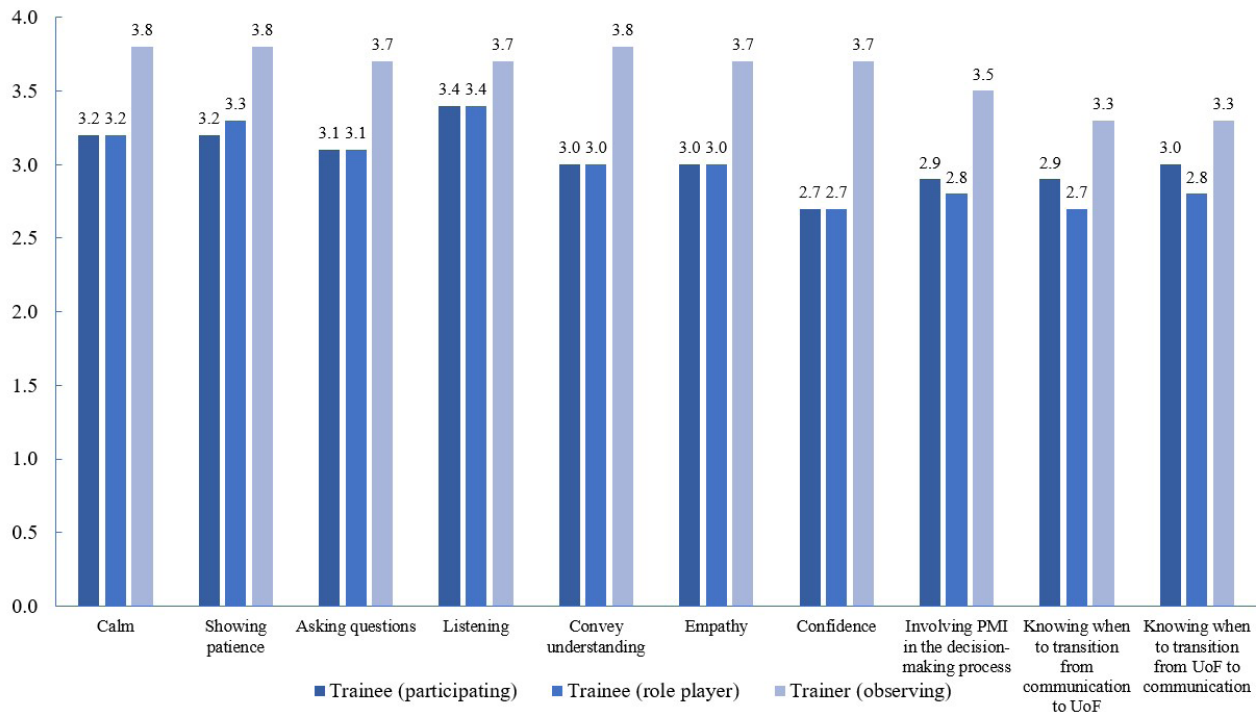


FIGURE 4A Impact of SV training on specific knowledge and skills—trainees and trainers. PMI = person with mental illness; UoF = use of force.

Qualitative Responses

As mentioned previously, in addition to the rating data, trainees and trainers were also asked to respond to several open-ended questions. Content analysis was utilized to analyze these qualitative responses (Krippendorff, 2004).

Specifically, we reviewed the qualitative responses provided by each survey respondent and generated content codes that emerged from their responses. We then counted how often the same content codes were endorsed by the survey respondents. We present this data in the sections below.

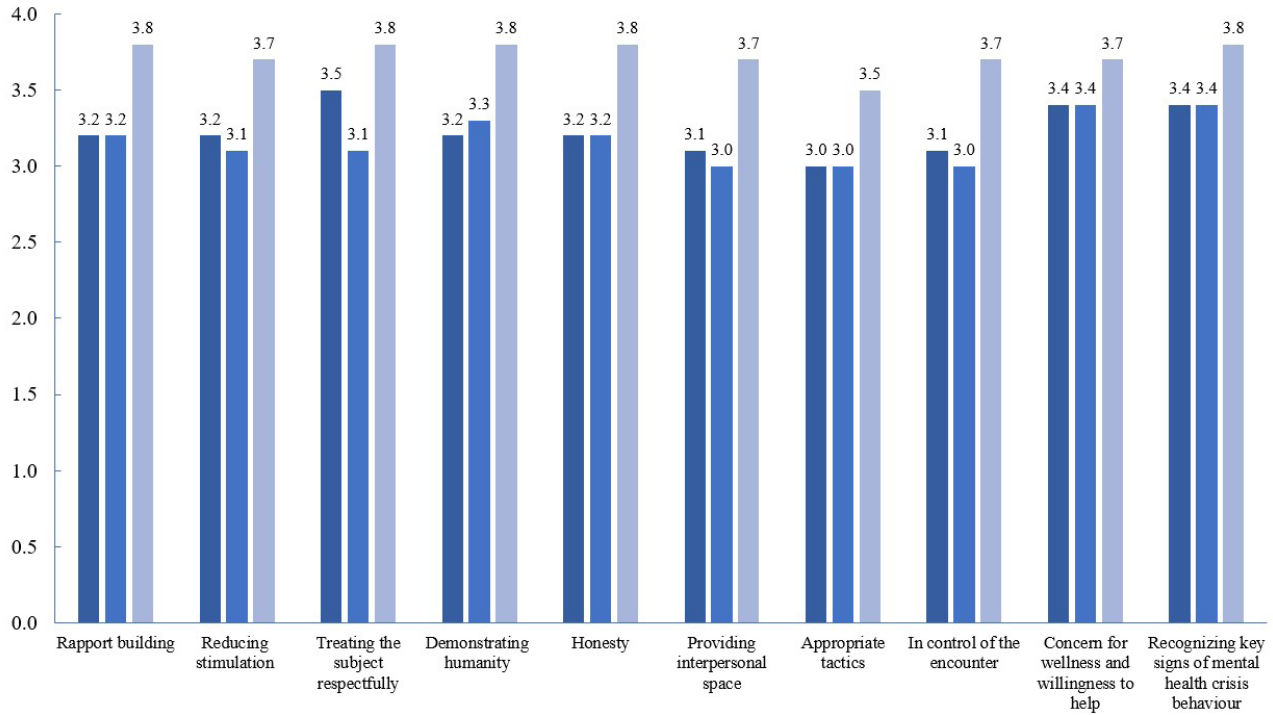


FIGURE 4B Impact of SV training on specific knowledge and skills—trainees and trainers (cont.).

What are the Main Limitations of SV Training?

As illustrated in Table I, several limitations of SV training were highlighted. The most common limitation that was indicated by both groups of trainees (40.7% of the participating trainees and 47.8% of the role players) was that SV training does not generalize well to other situations they encounter as police officers (e.g., the scenarios they were exposed to did not include important elements of danger). As illustrated in Table II, analyses of responses from trainers also indicated several limitations of SV training. The most common limitation identified by both groups of trainers (66.7% of each group) was that the SV software did not always work (or work effectively) with the device that it was being used on.

How can SV Training be Improved?

As illustrated in Table III, roughly 60% of each sub-sample of trainees either indicated they had no suggestions for how to improve SV training or they left this question blank. The

most common response that emerged (roughly 15% of the sub-samples) was that the versatility of scenarios could be enhanced to improve SV training. As illustrated in Table IV, trainers also suggested ways in which SV could be improved, although roughly 30% of the observing trainers and 50% of the role players either indicated they had no suggestions or left this question blank. The most common response was that SV software should come already downloaded on the device it will be used on, as there were issues with hardware and software compatibility.

DISCUSSION

Given the frequency of interactions that occur between Canadian police officers and PMIs, there is a need for high-quality mental health training for officers to increase the likelihood of safe outcomes for all involved through the use of de-escalation strategies. Unfortunately, we currently know very little about the mental health or de-escalation training being offered by Canadian police services, and very few studies have been conducted which speak to the effectiveness of the training that is available (with some notable exceptions; e.g., see Krameddine et al., 2013). While only a first step in evaluating SV training, the current study adds to the small amount of Canadian research literature on this topic.

Findings from the current study suggest that SV can assist with the task of training police officers on how to peacefully resolve interactions with PMIs. Our survey results indicate that SV is a tool that is easy for police trainers to use and, in their eyes at least, it helps them present more realistic training to trainees by allowing role players to more accurately mimic the sorts of behaviours that might be exhibited by someone

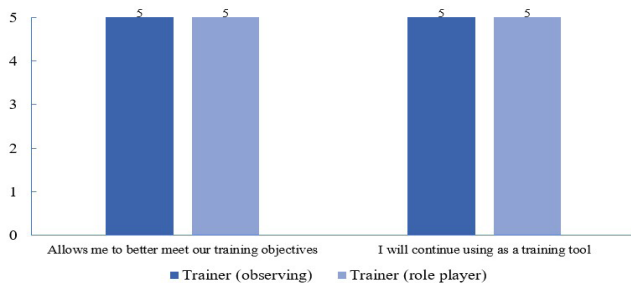


FIGURE 5 Overall assessment of SV training—trainers

TABLE I Main limitations of SV training—trainees

Group	Response	n (%)
Trainee (participating)	Does not generalize well to other situations/experiences (e.g., elements of danger)	11 (40.7%)
	Hard to hear officer	3 (11.1%)
	Effectiveness of experience depends on the role player	2 (7.4%)
	Longer training sessions are needed	2 (7.4%)
	Difficulty in knowing when to escalate or de-escalate the simulated auditory hallucinations for the person in control	1 (3.7%)
	Does not foster real empathy	1 (3.7%)
	Did not come with supplementary materials	1 (3.7%)
	Unsure	1 (3.7%)
	Blank	5 (18.5%)
	Trainee (role players)	Does not generalize well to other situations/experiences (e.g., elements of danger)
Hard to hear officer		3 (13.0%)
Effectiveness of experience depends on the role player		2 (8.7%)
Longer training sessions are needed		2 (8.7%)
Difficulty in knowing when to escalate or de-escalate the simulated auditory hallucinations for the person in control		1 (4.3%)
Does not foster real empathy		1 (4.3%)
Did not come with supplementary materials		1 (4.3%)
Unsure		1 (4.3%)
Blank		1 (4.3%)

Note: Trainee (participating, n = 26); Trainee (role players, n = 23).

TABLE II Main limitations of SV training—trainers

Group	Response	n (%)
Trainer (observing)	The SV software did not always work (or work effectively) with the devices being used	4 (66.7%)
	Only the role player can hear the app’s audio (it may be valuable for others to hear it as well)	1 (16.7%)
	Requires headphones	1 (16.7%)
Trainer (role players)	The SV software did not always work (or work effectively) with the devices being usedw	4 (66.7%)
	Requires that role players “buy-in” to the experience	1 (16.7%)
	Blank	1 (16.7%)

Note: Trainer (observing, n = 6); Trainer (role players, n = 6). SV = SimVoice.

TABLE III Suggestions for improvement to SV training—trainees

Group	Response	n (%)	
Trainee (participating)	No recommendations	9 (33.3%)	
	Enhance versatility of training (more scenarios, more environments, etc.)	4 (14.8%)	
	Add supplementary materials (e.g., handouts)	2 (7.4%)	
	Extend training to include other kinds of mental illness	1 (3.7%)	
	Use smaller headphones (for a more realistic experience)	1 (3.7%)	
	Incorporate use of force element	1 (3.7%)	
	Use different voices for each situation	1 (3.7%)	
	Blank	8 (29.6%)	
	Trainee (role players)	No recommendations	9 (39.1%)
		Enhance versatility of training (more scenarios, more environments, etc.)	4 (17.4%)
Add supplementary materials (e.g., handouts)		2 (8.7%)	
Extend training to include other kinds of mental illness		1 (4.3%)	
Use smaller headphones (for a more realistic experience)		1 (4.3%)	
Incorporate use of force element		1 (4.3%)	
Use different voices for each situation		1 (4.3%)	
Blank		4 (17.4%)	

Note: Trainee (participating, n = 26); Trainee (role players, n = 23).

TABLE IV Suggestions for improvement to SV training—trainers

Group	Response	n (%)
Trainer (observing)	The SV training software should come already downloaded on an appropriate device	2 (33.3%)
	Enable all participants in training scenario to hear the app’s audio	1 (16.7%)
	Format SV so that it can function on less expensive devices	1 (16.7%)
	Nothing	1 (16.7%)
Trainer (role players)	Blank	1 (16.7%)
	The SV training software should come already downloaded on an appropriate device	1 (16.7%)
	Format SV so that it can function on less expensive devices	1 (16.7%)
	Fix glitches	1 (16.7%)
	Blank	3 (50.0%)

Note: Trainer (observing, n = 6); Trainer (role players, n = 6). SV = SimVoice.

experiencing auditory hallucinations. In turn, this enables trainers to better meet their training objectives. In addition, respondents to our surveys indicated that SV training was very helpful for developing knowledge and skills known to be important for managing potentially volatile encounters, especially those involving PMIs (Bennell et al., 2022). This included, among other skills, various competencies related to the effective use of de-escalation, such as rapport building, remaining calm, active listening, and showing empathy.

In contrast to these views, SV training was perceived by some respondents as being less useful for developing other competencies, such as knowledge about when to transition from communication to use of force, and vice versa; arguably a critical skill for all officers. This issue likely results from the types of scenarios that the service under study currently uses when employing SV. Indeed, when asked about the limitations of SV, this was the most common issue raised by trainees—that SV training did not generalize well to other experiences in the field, especially those involving elements of danger that might require transitions from communication to the use of force. In theory, SV training could be easily adjusted to develop these (and other) relevant competencies by expanding the types of scenarios utilized in the training. So long as the training is appropriately structured and sequenced so that the added complexity does not significantly interfere with the learning process, stressful SV training scenarios could prove very useful (Bennell et al., 2021; Jenkins et al., 2021; Mugford et al., 2013).

Many of the limitations of SV that were raised by trainers were quite different from those raised by the trainees. For example, a number of limitations related to software and hardware issues, such as the fact that SV software did not always work on the device it was downloaded on. These limitations are critical, especially if they prevent SV training from being able to proceed. Even if workaround solutions can be found, the time wasted to find solutions is problematic given the serious time constraints that police trainers must contend with. The very limited in-service training time available for general duty police officers means that the time trainers do have with trainees must be free of tasks that distract them from their training; otherwise, their training goals are less likely to be met.

Few suggestions were made for how to improve SV training, presumably because trainers and trainees perceived it in such a positive light. Trainees did note that more versatile training scenarios and the addition of supplementary materials, such as informational handouts, would improve the training. Trainers suggested that SV software should already come downloaded on an appropriate device to avoid compatibility issues and that the software should be formatted for less expensive devices. It appears that all these improvements could be implemented in a relatively easy and cost-effective manner. Given this, we recommend that the participating police service and SetCan explore ways to make these changes.

Limitations and Future Research Directions

The current study has several limitations. First, this study was conducted on small sub-samples of participants from only one police service. This means that results will not necessarily generalize to other officers within the service that was studied, or to police officers from outside the service.

Researchers who examine SV in the future should attempt to conduct their research on larger samples of trainees and trainers from police services across Canada.

Second, participants self-selected to engage with this study, and we only included respondents if they fully completed the surveys. Both of these things could have biased the results. For example, trainees who enjoy taking part in SV training, and trainers who enjoy delivering SV training, may have been more likely to participate in the study and complete the surveys. This could have resulted in overestimates of how impactful SV training is. While the voluntary nature of research always makes this a challenging issue, greater care could be taken by researchers in the future to ensure that representative trainees and trainers are surveyed (e.g., by using multiple strategies for participant recruitment).

Finally, we focused on perceptions of SV training rather than the actual impact of this training. While it is promising that trainees and trainers involved in SV training felt that it allowed them to develop important skills, this does not necessarily mean that the training will have an impact on officer behaviour. Indeed, the field is full of training evaluations where attitudes and knowledge change because of training, but officer behaviour remains unaffected. To be sure that SV training is having the desired impact in the field, behavioural outcomes from SV trained and untrained officers will have to be examined using a more rigorous experimental design than was the case in the current study (e.g., a randomized control trial).

CONCLUSION

This study provides support for the use of SV as a tool for improving mental health de-escalation training. Both trainees and trainers involved in the training see it as having real value. While additional research is necessary before drawing strong conclusions about the impact that SV training will have on officers in the field, the results reported in this paper are promising. Thankfully, the fact that SV is freely available means that any service can use it; this should make the behaviourally-based research that we recommended above much easier to conduct.

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CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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Exploring the genesis and praxis of restorative justice in Nova Scotia, Canada

Dr. Muhammad Asadullah*

ABSTRACT

Nova Scotia has seen the most systematic growth of restorative justice (RJ) in Canada. Initially moving from a pilot RJ phase to province-wide implementation for young offenders, a similar model was used to implement RJ for adult offenders. Nova Scotia has received national and international attention for its innovations in RJ. Extensive articles and reports have been published about the RJ movement in Nova Scotia, focusing mainly on the impact of RJ practices. Few peer-reviewed journal articles document the factors that contributed to the actual growth of RJ in Nova Scotia. To address this research gap, this study employed 8 in-depth key informant interviews and a survey. Two distinct stages—Catalytic and Innovative—emerged as salient factors shaping the growth of RJ in Nova Scotia. This study also reveals contemporary discourses and issues prevalent among RJ visionaries and practitioners in Nova Scotia, such as relational theory of justice, the moratorium against the use of RJ for gender-based violence, and the role of government. This research offers a comprehensive debate on the concept of a moratorium against gender-based violence and the role of government. The paper concludes by addressing limitations and areas for future research.

Key Words RJ practices; community; restorative inquiry; relational theory; justice.

INTRODUCTION

A number of circumstances contributed to the growth and development of restorative justice (RJ) practices in Nova Scotia, including a pivotal 1997 airplane ride from a Vancouver RJ conference, the formation of the Nova Scotia Restorative Justice Community University Research Alliance (NSRJ-CURA), and the RJ process used to address a sexual harassment incident at Dalhousie University's Faculty of Dentistry.

This article discusses two types of findings—general and emergent. General findings include the “catalytic role” of former defence counsel Danny Graham. Collaboration and partnership between different justice stakeholders, such as corrections, police, and the Department of Justice, led to a pilot phase of RJ for young offenders in Nova Scotia in 1999. Subsequently, in 2001, RJ services became available for 12- to 17-year-old youth and their victims. The arrival of Professor Jennifer Llewellyn at Dalhousie University's Schulich School of Law marked the innovative phase of RJ in Nova Scotia. Restorative justice for the Dalhousie Dentistry Department and Restorative Inquiry for the Nova Scotia Home for Colored Children are some of the examples explored. Emergent findings in RJ include a) the examination of justice through a relational lens, and b) a moratorium on the use of RJ for

sexual assault. This article offers a comprehensive debate on the issues around the moratorium and ends with a brief discussion on limitations and areas for future research.

LITERATURE REVIEW

Early developments in RJ in Nova Scotia have been attributed to a seminal “airplane conversation” between two defence counsels from Nova Scotia (Archibald & Llewellyn, 2006, p. 301). Their conversation led to the formation of an ad hoc committee to organize numerous community meetings, consultations, and conferences with local criminal justice members and RJ experts. The committee, consisting of criminal justice professionals, community members, thought leaders, and academics, offered a highly coordinated and strategic partnership which resulted in the expansion of restorative justice (Archibald & Llewellyn, 2006).

Sustainable funding support from both the federal government and the provincial government contributed to the establishment and growth of the Nova Scotia Restorative Justice Program (NSRJP). The provincial government provided 1.5 million dollars in funding, which sustained the RJ programs. Additionally, funding from the federal government helped to complete both the internal and external assessments

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of the impact of RJ programs across Nova Scotia for a number of years (Archibald & Llewellyn, 2006). Training, travel, and special program development costs were all covered by government funding (Clairmont, 2005)

A five-year, million-dollar grant from the Social Sciences and Humanities Research Council of Canada (SSHRC) in 2006 had one of the most tangible impacts on the collaborative development and expansion. It supported the development of the NSRJP and contributed to the formation of the Community University Research Alliance (CURA). This alliance led to the “largest research and development” in the field of RJ practices in Canada (Funk, 2012, p. 2). Currently, nine community-based justice organizations throughout Nova Scotia provide a variety of services. Restorative justice practices customized to address the needs of Aboriginal youth and African Nova Scotians also exist in the province (Asadullah, 2020) (Llewellyn et al., 2013).

The NSRJP has been recognized as one of the most comprehensive RJ practices in Canada (Archibald & Llewellyn, 2006). Established in 1999, the NSRJP provides RJ conferences to 12- to 17-year-old, justice-involved youth. One of the key reasons for the success of the NSRJP is its partnership with community, courts, and law-enforcement agencies. The NSRJP receives approximately 1900 referrals per year, from police (pre-charge), the crown (post-charge), the courts (post-conviction and pre-sentence), or corrections (post-sentence) and community (Clairmont & Waters, 2015). Since 2007, the NSRJP has completed more than 8800 RJ meetings. The programme aims to: (1) reduce recidivism; (2) strengthen communities; (3) increase victim satisfaction; and (4) restore public confidence in the criminal justice system (Crocker, 2016).

A recent high-profile application of RJ in Canada emerged from a 2014 sexual harassment complaint at Dalhousie University’s Faculty of Dentistry, which drew attention from mainstream media nationally and locally. Several male students in the faculty had posted highly offensive comments on a private Facebook account about their female student-colleagues. The Facebook posts were considered misogynistic, sexist, and homophobic (Llewellyn et al., 2015, p. 2). In December 2014, a number of the female students filed formal charges under Dalhousie’s Sexual Harassment Policy, and the university responded by initiating an RJ process on December 16, 2014. As part of this RJ process, in which 12 of the 13 male members—the “harm-doers”—of a “Gentlemen’s Club” Facebook group participated voluntarily in RJ sessions, sharing what happened and taking responsibility for their actions. The successful resolution of this case has been nationally and internationally recognized (Llewellyn et al., 2015).

The province of Nova Scotia is also leading many other RJ initiatives particularly in the education, research, capacity building, and human rights spheres. Published articles and reports on the impact of RJ practices in Nova Scotia are extensive (Archibald & Llewellyn, 2006; Clairmont, 2005; Clairmont & Waters, 2015; Crocker, 2016; Llewellyn et al., 2015). There is a dearth, however, of peer-reviewed journal articles documenting perspectives of visionaries and practitioners of RJ, since most of the scholarship has focused exclusively on the voices of victims and offenders. As such, this study takes a more inclusive approach by exploring all the various factors that have contributed to the growth of RJ in Nova Scotia. The

primary research question that addresses these research gaps is “How has restorative justice praxis emerged and developed in Nova Scotia, Canada?”

METHODOLOGY

This research is qualitative in nature. The following section describes the research question, research participants, and research instruments employed in this study. Using both snowball and purposive sampling techniques, this research included two types of research participants—key informant interviewees and survey respondents.

Key Informant Interviewees

A total of eight key informant interviewees participated in this study. Table I shows their background. The researcher’s social capital in Nova Scotia contributed to the recruitment of four of the key informants. The others were recruited via snowball sampling. The interview participants are numbered (NS1 to NS8) for anonymity.

Survey Participants

A total of 33 participants completed the survey. Their background is indicated in Figure 1.

TABLE I Key informant interviewees’ backgrounds

Pseudonym	Category	Professional Background
NS 1	Visionary	Government agency
NS 2	Visionary and Academic	Academic institution
NS 3	Practitioner	Community-based organization
NS 4	Practitioner	Community-based organization
NS 5	Practitioner	Government agency
NS 6	Practitioner	Community-based organization
NS 7	Practitioner	Community-based organization and School District
NS 8	Visionary and Academic	Academic institution

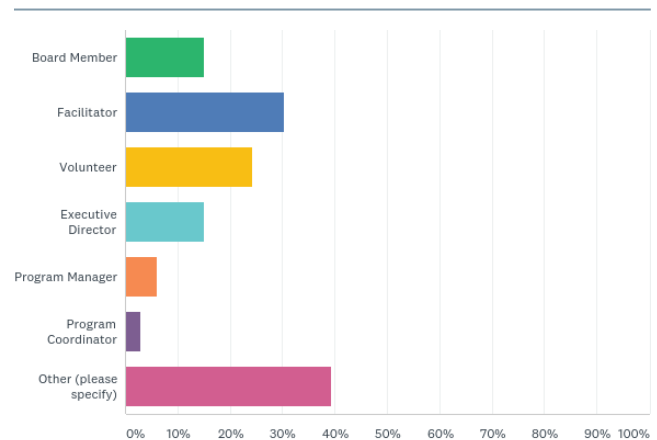


FIGURE 1 Survey participants’ backgrounds

Data Collection and Analysis

This study collected data from both in-depth qualitative interviews and surveys. The researcher used a categorical data analysis technique for survey analysis. Categorical data analysis in a survey contributes to “measuring attitudes and opinions” of the research participants (Agresti, 2012, p. 1). It can be presented in various forms, including tabular and graphical formats (Mcdowall & Murphy, 2018). Both tables and graphs are used for survey data analysis in this study.

FINDINGS

The findings are presented as general and emergent themes. General findings are the results of the answers to the research question “How has restorative justice praxis emerged and developed in Nova Scotia?”. Emergent findings are the additional themes identified in the in-depth qualitative key informant interviews and survey.

General Findings: Factors Contributing to the Growth

The general findings are divided into two pivotal stages—catalytic and innovative—in the growth and development of RJ in Nova Scotia. NS2 called these phases “stopping points” that mark different junctures of the growth and development of RJ in Nova Scotia.

In the early stage, in the 1980s, the presence of dispute resolution practices, the legal framework of the *Young Offenders Act* (YOA), and the dissatisfaction of justice stakeholders with the existing Criminal Justice System (CJS) set the foundation for the growth of RJ in Nova Scotia. In the catalytic stage in the 1990s, an elite connection given by the support, active engagement, and influence of key contributor Danny Graham, a former defense counsel, was instrumental in the development of RJ. During this stage, ripple effects spread RJ systematically from the pilot testing to the whole province. Buy-in from all justice partners—police, crown, court, corrections, and the community—was the highlight of this phase. Finally, the arrival of Professor Jennifer Llewellyn at Dalhousie University’s Schulich School of Law in 2001 marked the innovative stage for RJ in Nova Scotia. A number of innovative RJ practices are testaments of this phase, which included instituting RJ at Dalhousie Dentistry’s Sexual Scandal incident, learning communities, RJ in public schools, and RJ in Nova Scotia’s Human Rights Commission. As well, a restorative inquiry process was implemented in the Nova Scotian Home for Colored Children. The following section discusses the two pivotal phases of RJ development in detail.

Catalytic Stage: 1990s

Restorative justice was formally launched in Nova Scotia during this stage, which marked the beginning of systematic growth of RJ for youth. It started in four piloting regions and then expanded province wide. The momentum was created by a day-long workshop in Citadel Hill attended by all justice stakeholders. Another highlight of this phase was the establishment of NSRJ-CURA.

A number of participants noted that former defense counsel Danny Graham had played a catalytic role in the growth of RJ in Nova Scotia. NS4 regarded him as a person connected with “Nova Scotia’s elite community,” while NS8 called Danny Graham “well-connected politically, a good, well-known,

likeable fellow.” NS2 and NS3 also mentioned Danny Graham’s leadership in the growth of RJ in Nova Scotia. The following comments by NS8 are a testament to his contribution:

Danny Graham, at that time, was a practicing criminal lawyer; he then became a politician...was a fairly well-connected member of...Nova Scotia’s elite community. So, he had the ability to, through his professional and his personal position in life, open a dialogue with the Minister of Justice of the day.

The following section discusses a pivotal event that shaped the growth of RJ in Nova Scotia during the catalytic phase.

Citadel Hill meeting – 1997. A meeting that was critical in the development of RJ in Nova Scotia took place in September 1997. Attended by leaders in the criminal justice system, academics, and RJ practitioners, this meeting was held in historic Halifax at Citadel Hill. NS1, who was instrumental in convening this meeting, vividly remembers:

[W]e had an event in September of 1997 I believe it was, that was an important turning point as well. Gordon, the Deputy Minister of Justice, realized that there needs to be broad support amongst the leaders in the criminal justice system in order for this to become what it could become, so we put out an invitation for the Chief of Judges, the Chiefs of Police, the Director of Public Prosecutions, the Head of Corrections, the Head of Victim Services, and his top officials along with some community leaders and Mi’kmaq community, to come together for a conversation about the notion of...restorative justice?... And finally, soon-to-be-retired Chief Vince McDonald spoke, and he said...“I’ve been sitting on the assembly line of the criminal justice system and watching the conveyer belt doing the same things the same ways with very limited results, and every so often I’ve lifted my head and tried to imagine how can we do this better. And each time on the assembly line that I’ve done that, I’ve felt someone’s hand come to the back of my head, push it down and say keep doing what you’re doing on the assembly line, we’re not looking for change.” And he said “this feels like the first time that I’ve lifted my head up and nobody’s pushing it back down.”

Following the Citadel Hill day-long meeting, several committees were formed. The next section discusses the role of these committees in the expansion of RJ practices in NS.

Steering committee: Elite table. In 1997, after the Citadel Hill meeting, a steering committee chaired by Danny Graham—NS4 called it the “elite table”—was formed to take RJ to the next level. It consisted initially of four subcommittees, one each for judges, police, the Crown, and Corrections. According to NS1, the main objective of the steering committee and subcommittees were to explore, plan, and finalize the RJ action plan for pilot and province-wide implementation. Discussions on a number of themes, such as “how [sic] RJ program looks like in Nova Scotia’s context,” “what kind of offences RJ should address,” “what would be the role of different agencies,” and “who should fund RJ,” were held in the committee meetings (NS1). The subcommittees usually met

once a month and reported back to the steering committee. This “pre-implementation” phase continued for a year and a half (NS8).

As a result of regular meetings and discussions with the subcommittees, the steering committee started a pilot-testing phase of offering RJ practices for young offenders in November 1999. Four regional sites—Cape Breton, Truro, Halifax, and the Annapolis Valley—were chosen for pilot testing that continued for two years. In 2001, after the pilot phase, Nova Scotia implemented province-wide RJ for young offenders. The following section discusses the findings of the pilot and province-wide phase.

Pilot and subsequent province-wide RJ for young offenders. In 1999, the NSRJP for youth was formally launched as a pilot program in four regions. In 2001, the NSRJP was expanded across the province. It targeted 12- to-17-year-old youths and their victims.

NS1 had been involved in this systematic implementation of RJ:

We started with phase 1, which involved four of the seven community justice programs for pilot testing, along with a connection to the Mi’kmaq, who were also part of the steering committee. So the Mi’kmaq legal support network, they operated out of the community but served the entire province, with a model that wasn’t exactly the same as the model that we had; it was more reflective of Mi’kmaq values over time. The program eventually expanded to include all seven of those communities.

With the success of the pilot-testing phase in the four regional sites, RJ services were expanded to eight sites serving the entire province in 2001: Cape Breton, New Glasgow, Truro, Amherst, Halifax, Kentville, Yarmouth, and the Mi’kmaq Legal Support Network (MLSN). NS8, however, offered a cautious evaluation: “...[E]ven though it is province-wide and everything else, and so forth, restorative justice is still very modest in its impact on society and the impact on the criminal justice system.”

Nova Scotia Restorative Justice-Community University Research Alliance (NSRJ-CURA). The formation of NSRJ-CURA in 1999 was instrumental in the growth of RJ in Nova Scotia. A five-year, million-dollar grant from the SSHRC contributed to the establishment of NSRJ-CURA, which aimed to foster “collaboration and connection” between academics and community members (NS2). NSRJ-CURA was mandated to conduct research on the “institutionalization process of Nova Scotia’s RJ program” (NS7). NS2 shared her detailed reflection on NSRJ-CURA:

[T]he NSRJ-CURA was a real catalyst for sort of the next iteration of change, the growth, the sort of sustaining the successes...it created some energy and momentum around continuing to reflect and learn and improve. It created a collaborative space to identify issues that needed work and to work on them.

Forming the NSRJ-CURA not only contributed to the systematic development of RJ in Nova Scotia, it also fostered willingness and innovation. Along with the SSHRC funding that helped establish NSRJ-CURA, funding from the

Department of Justice to examine the impact of RJ in Nova Scotia also contributed to the growth.

In summary, leadership by Danny Graham, the Citadel Hill meeting attended by all justice stakeholders, the establishment of NSRJ-CURA, and coordinated support by the Steering Committee and subcommittees solidified the formal foundation of RJ in Nova Scotia. The catalytic phase further affirmed the role of justice stakeholders in the formal genesis of RJ in Nova Scotia. Furthermore, this study echoes Archibald and Llewellyn (2006, p. 303), who state that the “[c]riminal justice system actors, opinion leaders and administrators were at the forefront” in Nova Scotia.

The following section discusses findings from the next stage of RJ in Nova Scotia: Innovation.

The Innovation Stage: The 2000s

In 2001, Professor Jennifer Llewellyn joined Dalhousie University’s Schulich School of Law. This took RJ in Nova Scotia to another level. Nova Scotia experienced a number of innovative RJ practices during this stage. Restorative justice at Dalhousie’s Faculty of Dentistry, RJ in primary and secondary schools, and the Restorative Inquiry for the Nova Scotia Home for Colored Children all strengthened this innovative stage, which also saw the growth of RJ through adult piloting and then province-wide implementation in Nova Scotia.

A number of participants mentioned Professor Llewellyn’s contribution to the growth of RJ in Nova Scotia. NS5 considers her a “trailblazer,” who contributed to the growth of RJ through her “relational justice theory,” “hosting multiple conferences,” and “offering guidance to different agencies.” For NS4, Professor Llewellyn provided a “theoretical framework” for existing RJ practices in Nova Scotia.

Professor Llewellyn’s work contributed to RJ in different school districts, RJ at Dalhousie’s Faculty of Dentistry, and the Restorative Inquiry – Nova Scotia Home for Colored Children. The following section discusses RJ in schools.

The RJ process in the Dalhousie Dentistry Department. The RJ process used to address the 2014 sexual harassment incident at Dalhousie University’s Faculty of Dentistry received local and national media coverage. The 12 men who caused the harm and the 14 women harmed participated in a restorative process from December 2014 to May 2015, inclusive. According to NS8, the successful completion of the Dentistry Facebook scandal created a “lasting legacy,” not only at Dalhousie but in the rest of Nova Scotia and Canada as well. More importantly, its use of RJ pushed Dalhousie University towards the “institutionalization of RJ” in an academic setting (NS3).

The success of the Dalhousie Dentistry’s RJ process attracted both positive and negative publicity. It also influenced public opinion to consider RJ for sexual assault, which is particularly important in light of Nova Scotia’s moratorium against the use of RJ for such cases. According to NS5, Dalhousie’s Dentistry RJ process contributed to “softening public opinion” regarding the use of RJ for gender-based violence. NS5 noted that “Dr. Singer is working with a community committee to look at, eventually, using restorative approaches in low-end domestic violence cases and sexual violence cases. It’s not there yet, but it’s on everyone’s radar to look at it especially after the success of Dal’s Dentistry RJ process. People are more curious about it”.

The application of RJ in Dalhousie's Dentistry sexual assault scandal is significant for the praxis of restorative justice as the process was both created and implemented by practitioners, academics, and students. This diverse reflective community not only came together and created a restorative process, they also successfully implemented it.

Restorative Inquiry – Nova Scotia Home for Colored Children – 2015. One of the most recent innovative RJ practices in Nova Scotia is Restorative Inquiry. It was started in 2015 to examine the history and legacy of the Nova Scotia Home for Colored Children. The entire inquiry was led by African Nova Scotians and other relevant stakeholders and not controlled by lawyers or judges (NS2). According to NS5, restorative inquiry is “the first of its kind” in Canada. The traditional “Sankofa” bird has been used as a symbol for the inquiry (NS5) because it is about bringing and gathering people “where they are at,” reaching back to reclaim something needed to move forward, and it also recognizes that the past is as important as the future. NS2 articulated the purpose of restorative inquiry:

[G]enerally, a traditional public inquiry focuses on finding facts and putting blame [on] the perpetrators, whereas in restorative inquiry, our goal is to find what happened, why it happened. Everybody is included in the process. Our goal in this inquiry is to look into [the] past with a focus on the future.

In summary, RJ in Nova Scotia is grounded in Afrocentric tradition. Led by African Nova Scotians, RJ can be an example to address human rights violations and historical harms for other countries as well.

The final innovative practice this study identified in Nova Scotia is the local learning community.

Learning communities (LCs). The idea of local learning communities grew out of NSRJ-CURA. According to NS2, people involved with NSRJ-CURA wanted to stay connected, work together, and collaborate. The idea of LCs emerged. NS2 noted the existence of LCs in Hull, Leads, Vermont, and Halifax. A shared desire for connection, research, and knowledge mobilization in the area of RJ motivated RJ practitioners and academics to form LCs in different jurisdictions.

NS 2 mentioned some of the key areas being explored by these LCs:

[T]hese learning communities in multiple jurisdictions focus on, “how do we learn from each other?” How do we ask these questions together across our experience of trying to be restorative in broader ways, across systems, across structures? Whether we call that restorative communities or restorative provinces or...it's about thinking about: How does this way of approaching our lives together and how we secure just communities together, how is that working? How do we support changes in institutions and structures and systems, from thinking this way? What does that look like in terms of processes? What does that look like in policy? How do we share our learnings in real time?

In summary, the idea of an LC offered ways to cultivate mutual learning. It also offered insights into how to foster

innovation and creativity in RJ. Crucially, it provided a practical framework to address contemporary challenges. Questions such as, “what is working, what is not working, what can be done to address new challenges,” guided local learning communities. The following section discusses the growth of RJ for adults in Nova Scotia.

Pilot and province-wide RJ for adults in NS – 2011 to the present. The final element of the systematic growth in Nova Scotia was RJ for adult offenders. Nova Scotia's RJ-for-adults program began in 2011 with three pilot sites—Cape Breton, the MLSN, and Truro—and continued until 2015. After an evaluation and a long bureaucratic process, province-wide RJ for adult offenders officially began in November 2016. Nova Scotia is the first province in Canada to use RJ for both young and adult offenders.

Unlike the RJ in the young offender phase, RJ for adult initiatives encountered a number of challenges in Nova Scotia. One such challenge, according to NS8, was “bureaucratic” owing to the time it took the new Deputy Minister to grasp the complete picture across the provincial RJ landscape, which delayed the move from the pilot phase to province-wide implementation. Another challenge NS8 mentioned concerns the “organizational mode of delivery”—in particular whether the Crown, the police, and the court could offer adult referrals to non-profit organizations. According to NS8, this debate remains unresolved. NS4 believes in RJ's potential for serious offenders, noting that RJ in both youth diversion and adult diversion are “limiting” because they only involve minor offences.

To address such challenges, an additional committee to review the future of RJ was formed in 2017. This committee consists of the head of Corrections, head of Crown prosecutors, head of the Police, head of Legal Aid, and a few academics.

In summary, the highlights of this innovative stage include the arrival of Professor Jennifer Llewellyn, the success of RJ in Dalhousie's Faculty of Dentistry, the Restorative Inquiry – Nova Scotia Home for Colored Children, and local learning committees. Expansion of RJ in schools and for adults also occurred during this innovation stage in the growth of RJ practices in Nova Scotia.

With regard to genesis, it shows the consistency of systematic development of RJ. Similar to the early phase of the genesis, where RJ for youth went from a pilot phase to province-wide implementation, RJ for adults also went from pilot to province-wide. The concept of a “learning community” (NS2), in particular, contributed to a framework where all stakeholders could come together and explore creative community praxis. Additionally, RJ at Dalhousie's Faculty of Dentistry, and the Restorative Inquiry – Nova Scotia Home for Colored Children enriched community praxis.

Emergent Findings

This section discusses four emergent findings evoked in conversations with key informants and survey participants. These emergent findings include a relational theory of justice and a moratorium against the use of RJ for intimate partner violence and sexual assault.

Applying a Relational Lens to Justice

A number of participants in Nova Scotia applied a relational lens to RJ. According to NS7, relational worldviews of justice

not only resonated with their personal life, it also provided a “framework” for their work on RJ in schools and the community. For NS4 and NS5, a relational understanding of justice offered an interconnected and deeper sense of justice. In contrast, NS6 explained the relational notion of justice from a macro perspective, noting that applying a relational lens to justice provided a “grounded” guideline for their work on restorative inquiry, which aims to address large human rights violations of African Nova Scotians.

At the practical level, NS7 shared concrete examples of how the application of a relational lens to justice had contributed to an almost 95% literacy rate at their school.

When we started using relational practices...all of a sudden then kids were experiencing, regularly, conversation in their classroom, with their peers, with their teacher. And they were starting to shift their perspectives as well, which is a strand in most curriculums...Language arts, putting yourself in the shoes of the character and taking different perspectives. All of those things got better in the curriculum. So, we went from about a 65% success rate on the grade 2 literacy assessment to a 95% success rate in about 4 or 5 years. Just constant improvement.

Like the key informant interviewees, the survey participants also shared their views on the use of the relational lens of justice. The following represent some survey responses to the question “How do you define relational theory of justice?”

A number of survey participants explained relational theory of justice from conceptual perspectives. According to this perspective, crime has ripple effects on so many levels that restoring and repairing all types of relationships are imperative.

A relational theory of justice recognizes at its core that we are all humans, who are connected together. Crime and other offences impact relationships and create needs and obligations on those harmed, those causing harm and the broader community to heal those relationships. (NS Survey Participant 18)

Other survey participants described relational justice theory from a practical perspective, especially its implication in day-to-day work, which also emphasizes the impact of relational justice on processes and stakeholders.

In summary, both the key informant interviews and survey respondents shared theoretical and practical interpretations of the use of a relational lens on justice. The relational lens in theory explains the interconnectedness and ripple effects of harms on all levels. In practice, both key informant interviews and survey participants shared how having a relational lens had an impact not only in schools, but also in day-to-day interactions with clients and with each other.

Moratorium on RJ for Sexual Assault and Intimate Partner Violence

A number of women’s rights groups, particularly transition homes, the Elizabeth Fry Society, and other non-profits, were concerned with the application of RJ for cases of sexual assault and intimate partner violence. This led Nova Scotia to

impose, in 2000, a moratorium against the use of RJ for cases of sexual assault and intimate partner violence. Both NS4 and NS5 expressed opinions in favour of this moratorium. According to NS5, the moratorium is an “appropriate step” to protect victims of gender-based violence.

Key informant interviewees offered varied accounts of why and how the moratorium came about. According to NS8, it was instated due to resistance from women’s groups. During the early days of RJ, women’s groups had claimed they were not “properly consulted” and had “raised strong opinion against RJ.” However, NS5 argued that several murders—the Maxwell-George murder-suicide, in particular—had created “very punitive” community sentiment. According to NS5, “[the] moratorium reflects public opinion as well.” NS2 acknowledged that women’s groups “had a whole bunch of worries” regarding the use of RJ for gender-based violence. Nonetheless, NS2 believed the moratorium has been a process of learning and growth. They viewed the moratorium as implying “not yet” or “stop,” and as an opportunity to explore ways to move forward and see when it would be a suitable condition to start using RJ for sexual assault and intimate partner violence.

In the survey, many participants called for “holistic training on domestic violence,” “be[ing] very sensitive,” “police presence,” “strict confidentiality,” “total unequivocal acceptance by an offender of her/his responsibility,” “significant strengthening in victim supports,” and “trauma-informed, victim-centric training” to ensure the safe use of RJ in sexual assault cases. Below are some detailed responses from survey participants when asked “What would be the necessary safeguards for the use of RJ for sexual assaults?”

Some survey respondents do not think Nova Scotia is ready to address domestic violence cases with RJ:

We are currently far from equipped to deal with sexual offences. The primary boundaries are: Not having adequate training to support victims of these offences—Not having trauma-informed spaces—Not having trained counselors/psychologists as part of our team. (NS Survey Participant 19)

Other survey respondents think it is feasible to address domestic violence cases through a restorative justice lens with adequate training:

It would be necessary to have staff trained in sexual assault prevention initiatives and counselling skills as they pertain to sexual assault victims. (NS Survey Participant 3)

In summary, both the key informant interviews and survey responses captured the tension over the moratorium on the use of RJ for sexual assault and intimate partner violence. Some view the moratorium as an appropriate step, whereas others believe RJ has the potential to address gender-based violence. Most, however, argue that the moratorium is more of a pause than the idea that RJ is not appropriate for gender-based violence (NS2). The survey respondents, in particular, echoed this sentiment and expressed the belief that a restorative approach is feasible with appropriate training and supervision.

DISCUSSION AND ANALYSIS

This study captures key debates in the field of RJ and the application of RJ to sexual assault cases. Additionally, this study also distinctively highlights the role of Professor Llewellyn's relational theory of justice among RJ practitioners in Nova Scotia.

Moratorium Debate

Debates over the use of RJ in sexual assault and intimate partner violence are not new. Whilst some studies have reported success, especially in the case of young offenders, a number of scholars have advised caution in the use of RJ in sexual assault cases (Presser & Gaarder, 2000). This debate is also prevalent among RJ advocates and practitioners in Nova Scotia. The initial proposal of the 1998 Restorative Justice Outlines by the Department of Justice included both sex offences and spousal/partner assaults as eligible offences for RJ programs. Yet women's groups expressed serious concerns over the idea of using RJ for sexual offences and intimate partner violence. A major study funded by Status of Women Canada's Women's Program also supported the women's groups' concerns. As a result, a moratorium on the use of RJ for domestic and sexualized violence has been in effect since February 2000 (Clairmont & Waters, 2015; Rubin, 2003).

A number of key informant interviewees (NS2, NS4, NS5, and NS8) and survey participants mentioned the context, rationale, and future of the use of RJ for domestic violence and sexual assault. The debate on this issue is still ongoing. Representatives from 20 organizations, including Transition House Association of Nova Scotia (THANS), Women's Centres Connect, and Alice House, issued a position statement that they need more study and consultation before moving away from the moratorium (Peddle, 2019).

Impact of Relational Theory of Justice

Restorative justice as a relational theory of justice explains both what it means to be in a relationship with others and its impact on all levels, including individual, community, and institutional. It is grounded in relational theory, which assumes that "being in relationship is integral to self-understanding and to interactions with others at individual, collective, and even institutional levels" (Downie & Llewellyn, 2011, p. 4). The core assumption in this approach is that "justice is fundamentally concerned with just relationship" (Llewellyn, 2012, p. 295). A point to note is that this approach does not "glorify relationship" per se; rather, it views relationship as an "unavoidable fact" that can have both positive and negative aspects (Llewellyn, 2012, p. 294). Restorative justice's relational approach assumes that we are inherently related at all levels—self, institutions, and everything around us (Llewellyn, 2011).

Both general and emergent findings confirm a number of themes relevant to RJ as a relational theory of justice. Firstly, the quality of interpersonal relationships of former defence counsel, Danny Graham, with the major justice stakeholders played an instrumental role in the growth of RJ. Secondly, a number of participants shared how the relational approach to justice framework affected their thoughts and RJ praxis (NS4, NS7). NS7, for example, believed that the relational theory of justice provided them with a "language to help me make sense of what I was doing in school." Secondly, Nova

Scotia's RJ genesis stories show substantial interconnectedness and complementary relationships across the institutions. This study found similar relational interconnectedness and complementarity in Restorative Inquiry – Nova Scotia Home for Colored Children. Along with African Nova Scotians, academics and justice stakeholders got involved with and supported the entire process (NS2). Finally, this study finds that Nova Scotia's RJ growth is linked to respect, dignity, and concern. The majority of the key informant interviewees explicitly shared the impact of relational theory of justice in their work (NS2, NS4, NS5, NS6, NS7). A large number of survey respondents also shared their understanding of the relational theory of justice. Awareness and understanding, according to the findings of this study, of the relational theory of justice are higher among research participants in Nova Scotia than any other research sites.

CONCLUSION

In conclusion, this paper discusses the genesis of RJ in Nova Scotia. Responding to the research question "How has restorative justice praxis emerged and developed in Nova Scotia?" it discloses several milestones that led to the development of RJ in Nova Scotia. Conflict resolution practices under the *Young Offenders Act*, coupled with dissatisfaction with the criminal justice system, motivated local criminal justice leaders in the province to explore RJ. The vision and leadership of former defence counsel Danny Graham was considered crucial to this development. Subsequently, with coordinated partnership and collaboration of the provincial Department of Justice, police, courts, and corrections, RJ for youth began with a pilot phase that later expanded to the entire province in 2001. Another milestone that same year was the arrival of Professor Jennifer Llewellyn. This study finds a number of innovative practices during this phase, which include the application of a restorative process at the 2014 sexual harassment incident at Dalhousie University's Faculty of Dentistry and the Restorative Inquiry to examine the history and legacy of the Nova Scotia Home for Colored Children in 2015.

Along with the genesis, this paper also captures a number of emergent themes that are posited as the working edge of RJ praxis in Nova Scotia. These include the relational lens and the application of RJ for gender-based violence. It finds that both awareness and practice of a relational understanding of justice are prevalent in Nova Scotia. The degree of interconnectedness, coordination, and collaboration across individual, community, and institutional levels with regard to both brainstorming and implementation of RJ praxis are prevalent in Nova Scotia.

The study was limited in three ways. First, it did not explore the influence of Indigenous justice practices or traditional practices of African Nova Scotians on the development of RJ in Nova Scotia. Secondly, it only included eight in-depth key informant interviews. Inclusion of more key informants would have strengthened the depth of the findings. Thirdly, it did not include the voices of victims and offenders. This study specifically explored the viewpoints and experiences of RJ visionaries and practitioners.

A possible area for future research in Nova Scotia would be to explore what motivates people, including victims, offenders, volunteers, and practitioners, to get involved with RJ

practices. Is it their lived experience, a feel-good incentive, a sense of civic responsibility? Finally, for cases of domestic and sexualized violence, an international study exploring trauma-informed, trauma-responsive, and victim-centred frameworks that could be applied even in rural settings might pave the way for innovative RJ practices for these crimes in Nova Scotia.

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CONFLICT OF INTEREST DISCLOSURES

The author declares that there are no conflicts of interest.

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Firefighters: Hostility and world assumptions

Shannon L. Wagner* and Romana Pasca†

ABSTRACT

The present project was intended to provide an initial exploratory investigation into the relationship between hostility and world assumptions for a firefighting sample. Specifically, we hypothesized that increased hostility would be associated with more negative assumptions with respect to world benevolence, world justness, and self-worth, and that these variables would also be related to years of service and self-reported mental health. The current study was part of a larger study with firefighters from British Columbia, Canada, and included 186 paid-professional firefighters who completed a series of questionnaires. We demonstrated that, for our firefighting sample, hostility was related to both world benevolence and self-worth across multiple measures, even while controlling for the individual characteristic neuroticism. We did not find any significant relationship with years of service, but world benevolence and self-worth were also important in the prediction of mental health outcomes. These findings may have clinical or occupational intervention implications in therapeutic relationships with firefighters, in that the present project demonstrated a first indication that reduced hostility in combination with increased positivity in world assumptions may help achieve good mental health.

Key Words Firefighters; mental health.

INTRODUCTION

World Assumptions and Well-Being

World Assumptions

Janoff-Bulman (1989, 1992) discusses schemas as a way to organize our experiences and suggests that we hold three basic assumptions about the world. These assumptions include expectations of world meaningfulness, expectations of world benevolence, and self-worth. She describes world meaningfulness as an understanding that good and bad outcomes make sense, world benevolence as a belief that the world is generally a good place, and self-worth as a belief that one is good, decent, and competent. Further, Janoff-Bulman contends that each of these world assumptions must be intact to experience well-being. In contrast, she proposes that, following the experience of extreme events (e.g., criminal victimization, illness, natural disaster), risk of disruption to world assumptions may occur, potentially leading to loss of well-being.

Links with Mental Health Symptoms

Since the introduction of Janoff-Bulman's world assumption schemas, significant research has supported her original contention that traumatic experience can disrupt positive views of the world and that loss of such assumptions is associated with mental health symptoms such as anxiety, depression, and

traumatic stress. Nygaard and Heir (2012) reported that loss of belief in a just world was related to traumatic stress, whereas greater meaningfulness and self-worth were associated with increased quality of life.

Previous research supporting a link between a disruption of world assumptions and traumatic stress has also been completed, although it is noted that much of this literature was completed more than ten years ago. Specifically, Monson and colleagues (2009) found that, for heterosexual couples, when both partners held benevolent assumptions, fewer mental health symptoms were reported. Grilss-Taquechel et al. (2011) also found that disruption in world assumptions of control and self-worth predicted increased emotional and physiological symptoms of anxiety following the experience of the Virginia Tech campus shootings. Lilly et al. (2010) considered impacts of intimate partner violence (IPV) and found that disrupted world assumptions were a mediator between trauma exposure and severity of depression. More recently, work completed by Zukerman and Korn (2014) found that negative world assumptions positively predicted increased symptoms of avoidance.

Firefighters

To our knowledge, only one article has specifically considered the impact of disrupted world assumptions on firefighters as a specific occupational group, an occupational group known to be at high risk for occupational traumatic stress (Wagner et al., 2021).

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Wagner et al. (2009) reported that, for their firefighting sample, greater belief in world benevolence was associated with lower symptoms of somatization, obsessive-compulsive symptoms, anxiety, and hyperarousal. Further, these authors suggested that benevolence may provide a specific source of possible intervention with firefighters. That is, reframing cognitive schemas for firefighters in terms of benevolence may provide a protective factor for them with respect to mental health symptoms.

Hostility

Physical Health

Hostility as a predictor of physical and psychological well-being is well studied, with general agreement that hostility as an individual characteristic is predictive of poorer functioning in both domains. Miller and colleagues (1996) provided an early review of this relationship through use of meta-analysis. Using 30 independent studies in their review, they determined that hostility is a significant predictor of both coronary heart disease (CHD) and all-cause mortality. Similarly, Smith et al. (2004) provided a review supporting links between expressions of hostility, anger, and aggressiveness with CHD and decreased longevity. In other work, Knox et al. (2004) found that hostility was also a risk factor for impaired glucose level, another physiological outcome. More recently, Wong et al. (2014) reported that for each standard deviation increase in hostility on the Williams subscale for patients with CHD, an associated 20% increase in mortality ratio was observed.

Mental Health

Similar negative impacts of hostility are often revealed with respect to mental health symptoms. Riley et al. (1989) found associations between anger experience and depression. In an investigation regarding hostility and anxiety, Dadds et al. (1993) found that hostility may be important as part of anxiety disorders and, in particular, panic disorder. Finally, anger and hostility are well supported as aspects of posttraumatic stress disorder (PTSD), with one study suggesting that, in Vietnam combat veterans, anger accounted for more than 40% of the variance in PTSD (Novaco & Chemtob, 2002). More recently, Mathes et al. (2020) completed a longitudinal study with trauma-exposed individuals, and proposed rumination and hostility as promising possibilities for treatment and prevention of PTSD symptoms.

Current Hypotheses: Hostility and World Assumptions for Firefighters

To our knowledge, no studies have yet considered the relationship between hostility and world assumptions, and we are even more confident that no current studies have considered this relationship in a firefighting sample. Consequently, the present project was intended to provide an initial investigation into this relationship. Specifically, we hypothesized that:

1. Increased hostility (as measured by the SCL-90 hostility subscale) in a firefighting sample will be associated with more negative assumptions with respect to world benevolence, world justness, and self-worth.
2. Increased aggression (as measured by the Aggression Questionnaire subscales) in a firefighting sample

will be associated with more negative assumptions with respect to world benevolence, world justness, and self-worth.

3. Positive world assumptions will be negatively correlated with increased years of service in a firefighting sample.
4. Hostility will be positively correlated with increased years of service in a firefighting sample.
5. Positive world assumptions will be correlated with less reported SCL-90 mental health symptoms as previously reported by Wagner et al. (2009).

METHODS

Participants

The current study was part of a larger study completed with firefighters from British Columbia, Canada, and included 186 paid-professional members (male $n = 184$; female $n = 2$), with 81.5% of those eligible choosing to participate. The firefighters were between 26 and 60 years of age and most were married or in a marital-like relationship (87%), with 78% having one or more children. Nearly all of the firefighters self-identified as having a Canadian cultural background ($n = 4$ reported "other") and as having some form of postsecondary training or education (87.6%).

Procedure

Following approval by research ethics and both management and union executives of each participant fire department, participants completed a series of questionnaires for the larger study. From this larger questionnaire set, measures used in the current analysis included the *Symptom Checklist-90-Revised* (Derogatis, 1994), a 90-item scale intended to evaluate symptoms on nine different scales, including the *hostility* subscale used here; the *Aggression Questionnaire* (Buss & Perry, 1992), measuring five expressions of aggression (physical, verbal, anger, hostility, and indirect); the *Personality Scale NEO-FFI* (Costa & McCrae, 1985); and the *World Assumption Scale* (WAS) (Janoff-Bulman, 1989), a 32-item instrument providing a measure of the three dimensions of world assumptions (world benevolence, world justness, self-worth).

RESULTS

Hypothesis 1

Partial correlations were completed to evaluate the relationship for the 3 dimensions of the WAS with the SCL-90 hostility scale; alpha was set to be conservative ($p \leq .01$) as compensation for the number of correlations completed, and we controlled for neuroticism, given the links between this characteristic and poor mental health outcomes (Lahey, 2009). For participant firefighters, hostility was negatively correlated with benevolence ($r = -.274$, $p \leq .01$) and self-worth ($r = -.340$, $p \leq .01$), but not with meaningfulness.

Hypothesis 2

Partial correlations were completed to evaluate the relationship for the 3 dimensions of the WAS with the 5 sub-scales of the AQ; alpha was set to be conservative ($p \leq .01$) as compensation for the number of correlations completed, and we controlled for neuroticism. For participant firefighters,

significant correlations were only revealed for the relationship between benevolence and anger ($r = -.261, p \leq .01$), benevolence and hostility ($r = -.274, p \leq .01$), and self-worth and hostility ($r = -.341, p \leq .01$); self-worth and anger were also correlated at a level nearing significance ($r = -.168, p = .02$).

Hypothesis 3

Partial correlations were completed to evaluate the relationship for the 3 dimensions of the WAS with years of service; alpha was set to be conservative ($p \leq .01$) as compensation for the number of correlations completed, and we controlled for neuroticism. No significant relationships were observed between firefighter years of service and any subscale of the WAS.

Hypothesis 4

Partial correlations were completed to evaluate the relationship for hostility (SCL-90 subscale) with years of service; alpha was set to be conservative ($p \leq .01$) as compensation for the number of correlations completed, and we controlled for neuroticism. No significant relationships were observed between firefighter years of service and any subscale of the WAS.

Hypothesis 5

Partial correlations were completed to evaluate the relationship for the three WAS subscales and the SCL-90 subscale (hostility was excluded); alpha was set to be conservative ($p \leq .01$) as compensation for the number of correlations completed, and we controlled for both neuroticism and hostility. For benevolence, a significant relationship was revealed for paranoid ideation ($r = -.197, p \leq .01$), and for meaningfulness, no significant relationships were revealed. For self-worth, significant relationships were revealed for obsessive compulsive subscale ($r = -.222, p \leq .01$), interpersonal sensitivity ($r = -.239, p \leq .01$), depression ($r = -.339, p \leq .01$), paranoid ideation ($r = -.192, p \leq .01$), and psychoticism ($r = -.261, p \leq .01$).

DISCUSSION

Janoff-Bulman (1989) provides us with an important framework to understand traumatic experience, including occupational traumatic exposure such as experience through employment in the fire service. Specifically, given that previous research has demonstrated that world assumptions of benevolence, justness, and self-worth are important for positive well-being and mental health, disruption to these important assumptions via occupational exposure may reduce well-being for firefighters. Further, previous research has established a relationship between the individual characteristic of hostility and poorer physical and mental health outcomes. Consequently, we were interested in considering the links between hostility and world assumptions for firefighters, with the expectation that increased hostility would be linked to more negative world assumptions. We also expected that an increase in hostility and a decrease in positive world assumptions may be positively related to years of service as a firefighter. Finally, we were curious to consider the links between world assumptions and other measures of mental health if we controlled for hostility.

Our results partially supported our hypotheses in that our data revealed significant negative relationships between

hostility and benevolence, as well as between hostility and self-worth; however, we did not find any significant increase in hostility or decrease in world assumptions related to years of service. Finally, for our last hypothesis, we also expected to find outcomes similar to Wagner et al. (2009), with links between world assumptions and reported mental health symptoms. It is important to note that, while we intended to partially replicate the findings of these authors, in contrast to the previous analysis, we completed our current analysis with *both* neuroticism and hostility held constant according to our more recent understanding for the importance of hostility in these relationships. Even with neuroticism and hostility held constant, positive world assumptions, in particular self-worth, were significantly correlated with fewer self-reported mental health symptoms.

Limited previous research has considered the relationship among factors of hostility and self-worth, but, to our knowledge, no previous research has considered this relationship specifically in firefighters. However, previous research suggests that this finding may be consistent with links between hostility and low self-worth in other populations. Maxwell (1992) found that, for youth in crisis, hostility, depression, and self-esteem represent unique contributions to youth well-being. Baumeister and colleagues (2003) argue that the relationship between self-esteem and personal outcomes is complex and that self-esteem on either extreme (high or low) may contribute to reduced well-being and less positive interpersonal interactions. Mann et al. (2004), on the other hand, state that poor self-esteem predicts increased internalizing and externalizing issues. In comparison to the small literature on hostility and self-esteem, we were unable to find any previous work that specifically linked hostility with the benevolence subscale of the WAS.

In this data, we demonstrated that for our firefighting sample, hostility and anger have a significant relationship with both world benevolence and self-worth assumptions across multiple measures, even while controlling for the individual characteristic neuroticism; further, world assumptions predict mental health reporting in firefighters, beyond the two controlled personality variables. These findings may be important for potential intervention opportunities with firefighters. Specifically, world assumptions are potentially modifiable cognitive schemas that could be altered in a positive manner with the intent of reframing thoughts that may predict mental health outcomes. In particular, our current data suggest that clinical or occupational intervention focused on increasing benevolence and self-worth, while reducing hostility, may be particularly valuable.

Given the correlational nature of our data, we cannot suggest a direction for this relationship; that is, we are unable to comment on whether high hostility is a contributor to decreased self-worth and belief in world benevolence, or alternately, whether lack of self-worth and limited belief in goodness of the world lead to increased levels of hostility. Therefore, we would like to suggest that a multi-directional relationship seems the most likely possibility in this case. Individuals who are hostile likely experience the world as less benevolent and consequently, have fewer positive experiences leading to decreased self-worth. Similarly, individuals who see the world as negative likely have negative experiences leading to hostility and decreased self-worth. Regardless of

directionality in the relationship, it seems likely that interventions intended to increase firefighter self-worth or belief in a benevolent world, or to decrease feelings and expressions of hostility and anger, would benefit the individual in terms of positive outcomes for well-being.

CONCLUSIONS

While our results need to be interpreted through a lens of study limitations including cross-sectional data, non-representative sample, and lack of clarity as to the direction of the identified relationship, the present study provides an initial exploratory indication that hostility is negatively related to positive world assumptions for a firefighter sample and that, collectively, interventions to decrease hostility and/or improve benevolent and self-affirming thoughts, would likely be a meaningful intervention towards improving mental health for fire service members.

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CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

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Community-based policing to control COVID-19 outbreak at communal clusters: A Vietnam perspective

Hai Thanh Luong*

ABSTRACT

The COVID-19 outbreak and its practical impacts are changing policing and police responses. Alongside the relentless efforts of the health sector, the role of police forces has been the subject of debate between the global South and North. As the first study in Vietnam, this paper explains how Vietnam's police applied community-based policing to prevent and detect the interlaced occurrences among old and new patients at the communal cluster. Multiple sources were used to collect secondary data on police responses in the first lockdowns between February and March 2020. Online interviews with police leaders and six frontline officers were conducted to collect primary data. The findings show that, in each case, Vietnamese police implemented dynamic operations as much as possible in an effort to elicit voluntary collaborations to detect and contain COVID-19. Police used "onion-layer" and "door-to-door" approaches to coordinate and cooperate with their partners in the health sector. In addition, delivering persuasive propaganda was highly prioritized to incite local people to take up preventive measures rather than enforce them. The paper concludes with four specific recommendations and further discussions aimed at improving community-based policing's effectiveness in future exceptional circumstances.

Key Words Law enforcement; police officer; public health.

INTRODUCTION

While many nations saw the number of COVID-19 cases soar out of control before the release of the vaccine, and even the wealthiest countries struggled to stop the spread, how could lower-middle-income countries with limited resources bring the pandemic under control? To deal with infectious transmission that paid attention neither to borders nor to health agencies, law enforcement agencies (LEAs) played an essential role in curbing the virus's spread in their local, regional, and international communities. The following questions can be posed: What policing and police responses in these developing countries have contributed to controlling COVID-19? How can they balance their policing powers to deal with the pandemic without violating civil rights and individual needs, particularly in lockdown situations?

Some countries in Asia (e.g., India, Pakistan) and Africa (e.g., South Africa) were over-policing against the spread of COVID-19 (Pullat & Huma, 2020). Authoritarian states (e.g., China) applied their monopoly censorship tool (using the Internet police) to control the outbreak by controlling the thoughts,

words, and even memories of China's 800 million web users (Mozur, 2020). The different authoritarian styles used by the communist party often made it challenging to garner international recognition for their policing contributions (Walden, 2020; Waseem, 2020). For those states, police behaviour, transparency, and accountability are often met with suspicion and scepticism from their communities when they try to limit the transmission of the virus. In contrast to the authoritarian style, Vietnamese police balance power and propaganda strategies in their community-based policing (CBP) to control the spread of community transmission without a death toll in a country with a population of 100 million. In this paper, we examine two scenarios used in the first waves of the pandemic in Vietnam, in 2020, where lockdown plans were combined with CBP to deal with the COVID-19 epidemic without any deaths. One is the Son Loi's community transmission cluster, during the first lockdown, and the other is the Truc Bach special circumstances, during the second lockdown. The details of these two cases can be found in our first publications (Luong, 2021; Luong, Jardine, & Thomson, 2020). This study looks to evidence-based policies to answer four main

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questions arising from the use of CBP to control COVID-19 in Vietnam: 1) Why and how does transparent information help police conduct their strategies? 2) What is the role of leadership in producing decision-making policies with a timely response? 3) Should police use propaganda and involve residents in their operations, or should police apply force to control the public? 4) Why should police prioritize collaboration with public health during the outbreak?

METHODS

Vietnamese criminologists who work closely with police institutions can access data by requesting an “internal dispatch” (known as “the introduction letter,” which is sent among police forces) to help the researcher connect with participants. As a former lecturer, I have spent more than 15 years designing and delivering both undergraduate and postgraduate lectures in police institutions in Vietnam. Thus, based on my background, I used the internal dispatch from the police academy of Vietnam in order to communicate with potential participants in this study.

Three main approaches were used to collect data. Firstly, as a desk-research method to gather secondary data, I collected two completed reports of Binh Xuyen’s Public Security (Vinh Phuc Province) and Truc Bach’s Police Ward (Ha Noi) to present their CBP strategies during the two lockdowns. Secondly, I set up virtual meetings to form a focus group police discussion. These meetings were conducted on Vietnam’s secure platform with registered mobile phone accounts. Finally, using a snowball sampling technique, private, semi-structured interviews were conducted with police leaders and their frontline officers (six interviewees) in May and June 2020, when no community transmission case was recorded in Vietnam. The structured conversation of around 40 to 50 minutes took place on the online interviewing pathway, *Zalo* (free Vietnamese software).

FINDINGS

All-in-One Mobilizing to Implement “Onion Layers”: Son Loi’s Case Study

When identifying the first case of COVID-19 in the community, which was pertinent to several of Binh Xuyen’s workers from China returning home, the Vietnamese leaders established and conducted the “onion layer” model to control the spread of the virus. This model was predicated on the 4-round isolation model, based on the World Health Organization’s recommendations and Vietnam’s experience during the 2003 SARS outbreak (Luong, 2021; Luong et al., 2020).¹ The use of four isolation rings allowed authorities to avert a deadly circle of quarantining all into one; conversely, each round contributed

to different rings and minimized the potential for the spread of disease. As the first pilot, when applying this model to the Son Loi cluster, each onion’s layer was implemented as clearly as possible from the first round to the final round (Figure 1).

Police played a central role in detecting infectious people or suspected infection, and people who returned from Wuhan returned to the Son Loi commune (Round 1). Police also collaborated with health experts to control quarantine and isolation in the following three rounds. This partnership between police and health officers is based on bilateral agreements between policing and the health sector, known as the Coordinative Regulation No.03/QC-BCA-BYT since 2013.

For the first round, police forces had three primary responsibilities in order to control all cases of infection and suspicion of disease in people returning from Wuhan, China. First, police used professional techniques and responses to scan people under their community’s permanent or temporary management, based on the household registration system, known as *Ho Khau* in Vietnamese. The *Ho Khau* system, based on China’s hukou model, was established in 1964 in Vietnam. According to this model, as the government’s primary agency, the police hold two main functions: managing the resident registration and building and controlling household registration files and citizen identity archives. The Deputy Director of Binh Xuyen’s police district explained:

We had obtained the necessary information regarding all Son Loi citizens who spent time in Wuhan at the end of 2019 and returned in early 2020. Not all of them, but more than 85%, were scanned and examined via the *Ho Khau* system to check for infection during the first COVID-19 cases related to those groups confirmed. It is more transparent to give information to people, more valuable to cooperate with them! When we contact them, everything in these duties is clear to share with those householders.

Second, the police also checked and record all the temporary Chinese workers residing and working in the community. Binh Xuyen’s police station began by contacting Quang Ninh’s local police force to scan and identify all Chinese citizens at the Mong Cai’s international border gate into the Binh Xuyen

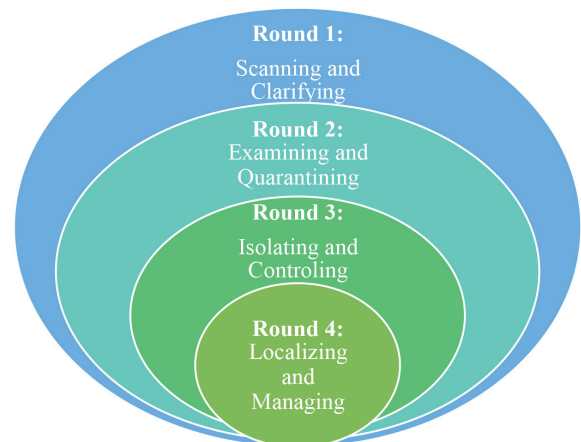


FIGURE 1 The 4-Round Model of isolation in Son Loi’s cluster

¹ According to the Ministry of Health, the 4-round model in Vietnam is as follows:

1. Round 1: Isolation and treatment at local health centres for infectious patients and any relatives they were in contact with (F0 and F1)
2. Round 2: Centralized isolation for those who were in close contact with F0 and F1 (F2)
3. Round 3: Isolation and control at home for those who were in close contact with F2 (F3)
4. Round 4: Isolation and localisation of communities with multiple cases

district. Police then communicated directly with the Japanese company in the Vinh Phuc province where the Chinese citizens worked in order to record their personal information.

Third, police deployed mixed teams to medical services to check and control the testing of newcomers. These included police traffic, task force, and police wards equipped with personal protection equipment (PPE) when dealing with the COVID-19 outbreak. They monitored and double-checked everyone who went in and out of the local medical services or health centres, including non-Vietnamese. Even though they were equipped with weapons in case of protests or crowd gatherings, there is no record of using these forces on citizens. One police patrol explained how they manage those Chinese workers:

We immediately took their temperature. Also, we established two units with four officers to escort 24/24 hours at these medical centres. We then established two units with four police staff escorted 24 hours a day at these medical services to ensure “nothing in, nothing out” movement and avoid traffic congestion. We did not use any forces or threats to confront them; on the other hand, they completed obeyed!

For the rest of the rounds, police forces deployed serial teams in “fixed patrols” (*chốt kiểm soát cố định* in Vietnamese) to collaborate with local authorities and health workers to control and manage the community during the lockdown. These patrols controlled the spread of COVID-19 by domestic transmission among intersecting borderlines. Local police at the frontline supported local authorities in conducting a “nothing in, nothing out” campaign, where police built up at least 12 fixed patrols in the Son Loi commune. Each team was made up of 30 to 40 officials, including police, military, and medical staff. At this stage, they monitored all activities in their local areas 24 hours a day, 7 days a week. Additionally, the Vinh Phuc’s Provincial Public Security mobilized more than 100 police task force officers to join the continuous armed inspection and support these fixed patrol teams in the Son Loi cluster to minimize the spread of the disease on a large scale. A young police officer recalled that

We established several military shelters at the patrols, not only to control everything but also to isolate our family’s relatives in the uncertain conditions. Sometimes, the local peasants provided corn, rice, bread, and veg. I have never experienced such a situation in my police career.

Police officers played a central role in maintaining social order and monitoring local people’s movements at each fixed patrol. Officers were instructed by their leaders to use professional techniques in conducting a fixed patrol team and given health tips by their healthcare colleagues in dealing with infectious diseases.

Police set up several checkpoints at each unofficial pathway or small road connecting Son Loi to other communes in the Binh Xuyen district. At least two police officers per team worked day and night shifts. Each police officer in the 12 fixed patrols was provided with PPE, including a medical thermometer, surgical mask, and hand sanitizer. One lieutenant police officer shared that

It was my job at this village’s border, and citizens were supportive with no complaints or riots. We tried to explain to our citizens about COVID-19 and how they can protect themselves first, and then communicate to their loved ones. For example, we instructed people to wash their hands with soap for at least 20 seconds per day and encouraged them to clean their houses and protect our commune’s environment by sprinkling lime on village roads to disinfect alleys.

In total, six COVID-19 cases were identified and they recovered without any new community transmission cases in the Son Loi cluster, and no police officer contracted the virus.

Specialized Techniques in “Door-to-Door” Campaign: Truc Bach’s Case Study

While the first lockdown period was happening in the Son Loi cluster, Vietnam’s capital still had no cases of COVID-19. Authorities in Hanoi deployed several anticipatory measures when the first COVID-19 cases were identified at the end of January 2020.

Under the Ministry of Public Security (MPS) notifications and directives, public security forces had to cooperate with health workers to identify any potential cluster that could become a community transmission concern in the country, particularly in Hanoi’s capital and other big cities. Accordingly, after the first COVID-19 Son Loi patients were confirmed in February, the Ba Dinh District’s Public Security sent their police wards to each house. Each small and medium-sized business (mainly hotels) had to check any foreigners (primarily focusing on Chinese and/or people in transit from China) and re-scan all potential relatives with Son Loi’s clusters. Only some people with relatives in the Binh Xuyen’s district returned to the Ba Dinh community and tested for COVID-19. All tested negative until the 17th patient (not related to the Son Loi cluster), at Truc Bach’s Street on the night of 6 March. Hanoi’s authorities immediately requested a lockdown of the entire Truc Bach ward, and police forces cooperated with various partners to control the area. After learning about Son Loi’s experiences, police ward managers recommended their district officials build and implement three fixed patrols (Figure 2). The first fixed patrol controlled Truc Bach street; the second covered Nguyen Khac Nhu road, which shared a borderline with Truc Bach street; the last was established at Hong Ngoc hospital. One police captain officer led each team.

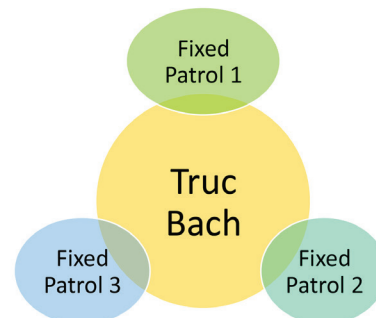


FIGURE 2 Door-to-door campaign via fixed patrol’s system in Truc Bach’s cluster.

Most teams deployed plans to control residents' movements at each location without enforcement. A deputy police officer confirmed that

During the 20 curfew days, we were consistent with “nothing in, nothing out.” Sixty-six householders within 189 residences were required to self-isolate. After we communicated with them, they were happy to cooperate with our policies. Of course, we supplied daily food and needs to ensure their living conditions at the time. No one was left behind!

One of the most prioritized strategies in the first days of the lockdown process was to request police officers check all residents. One of the techniques the CBP police used during this period was the model “go to each valley, knock at each house, check each individual”.

Like Binh Xuyen's police, Truc Bach's police officials checked and regularly updated their system upon contacting residents. They also highly recommended that those who had not yet informed police about their travel (especially overseas) provide such information to police or a health centre. Unlike Son Loi's model, the Truc Bach police station used public loudspeakers (*loa phường* in Vietnamese). Police cooperated with local authorities to use the loudspeaker system to give specific information regarding symptoms, pathways, and related prevention against COVID-19. Loudspeakers were programmed to play three times per day at fixed locations to encourage people to share any contacts with cases of COVID-19. The police captain recalls

We were on duty 24/7, providing services without a break since 6 March 2020. Utilizing the *Ho Khau* system, our team [including police, paramilitary, health workers, and hotel owners] checked daily more than 600 times for one week.

When the health advisor confirmed any positive case (F0), police quarantined their house immediately and looked for any close contacts (F1 and F2) before requesting their neighbours (F3) isolate at home during the lockdown. This strategy—the “door-to-door” campaign—helped the Truc Bach police ward collect timely data and sufficient information during the second lockdown. By doing this, police and health workers cooperated to distinguish F0, F1, F2, and F3, and to decide on the best solutions to deal with them, whether quarantine (separating and restricting the movement of people who were exposed to a contagious disease to look after if they become sick) or isolation (separating sick people with a contagious disease from people who are not sick).

In total, five COVID-19 cases were identified and they recovered without any new community transmission cases in Truc Bach's cluster. No police officer contracted the virus at that time.

DISCUSSION

Transparent Information and Timely Updates: Key Directions in the Health Crisis

Clear information and up-to-date communications during a health crisis impact, directly or indirectly, the policy decision

process and its relevant strategies, including police response. The blurring of the lines and responsibilities between government and LEAs during the first stage of the virus's spread in China posed potential risks to all countries in early 2020 (Bac & Murray, 2020; Mozur, 2020). Although it is a country with political institutions quite similar to China, Vietnam has long been considered more open than China regarding media censorship and information control. People in Vietnam, for example, can use most of the world's social networks, in which social media is most widely used and serves as a giant platform for people to share information and express criticism, directly or indirectly, of government policies. These resources also supported the local police stations, such as Son Loi and Truc Bach wards, helping them to update their residents' movements. While China's media was slow to reveal its vulnerabilities and information about the mysterious pneumonia in Wuhan, doubts about the disease statistics from China in the early stages were laid bare to the Vietnamese health experts to build up their National Steering Committee for COVID-19 framework immediately, including the police sector (Bac & Murray, 2020). This allowed police to actively monitor their citizens' movements, both overseas and internal, using the professional registration system. For example, Vietnam's police checked their residents' movements via the *Ho Khau* system, which identified Vietnamese workers coming back from Wuhan or Chinese citizens coming into the Son Loi lockdown. This system enabled police to collect personal data, including specific householders' changes at any commune. Applying the CBP to collect personal information and check specific movements using the registration system in Vietnam is one of the most traditional policing methods (Luong et al., 2020). In dealing with the threat of infectious transmission, transparent communication regarding movements and personal interactions must be provided to health authorities and law enforcement officers.

Two examples in this study show that using relevant community policing strategies helped police call for positive collaboration and productive cooperation from their local community. Using a public loudspeaker system (*loa phường*) for communication and deploying the “door-to-door” method, police encouraged their residents to do the right thing. They shared thorough instructions to protect personal health. As Reicher and Stott (2020b, p. 570) commented “people will be more willing to accept the actions of the authorities as ‘procedurally fair’...as a result, people and communities will be more likely to self-regulate... and to be more positive towards external regulation by the police.”

The first recommendation, then, is to use transparent information to support police and police responses more effectively to contact and respond to their local community.

Leadership in COVID-19: Priorities in Community Policing

Leadership in policing and police response has been cited as one of the core points to steer and manage CBP against COVID-19. As Filstad and Karp (2020, p. 14) argued, the police leaders' professional practice is reflected in “everyday dynamics and emergent nature of police leadership practices,” particularly in “producing, relating, interpreting/sensemaking, and negotiating.” The role of leaders in implementing their orders, instructions, and related duties plays an essential

part in guiding their police station to deal with emergencies, particularly health crises such as SARS and COVID-19. Two lockdown cases in Vietnam showed that the leadership-as-practice approach used consistent guidelines and specific requirements in controlling and managing local movements in both the “onion layers” and “door-to-door” models. Based on experience from the 2003 SARS outbreak, Vietnamese police established and maintained “fixed patrols” as anchored hubs as one of the priorities of local police, particularly in complicated and overpopulated communities such as the Son Loi and Truc Bach communes. By doing this, they deployed their CBP strategies and created a trust-building matrix between police and the local community to answer the public’s priorities for policing (Luong et al., 2020). In some specific circumstances, leaders deployed their proactive policing plans to control citizens’ movements and conduct effective quarantine and isolation requirements. In particular, when applying the “nothing in, nothing out” approach in two lockdown periods, leaders requested their police officers implement “24-hour-a-day escorts” to strictly monitor all local citizens’ activities. By doing this, they were able to identify those who did not obey the strict health advice on COVID-19, such as wearing a face mask, physical distancing, or misinformation on reporting health conditions (Luong, 2021; Luong et al., 2020). Indeed, policing during COVID-19 was a test for policing contributions to public trust (Higgins, 2020; Roberts, 2020).

The second recommendation, then, is timely planning and relevant policing strategies to help police leaders consider the best ways to approach various solutions.

Face-to-Face Policing: Capitalism vs Socialism?

The effectiveness of propaganda (soft policing) and force (hard policing) to deal with COVID-19 in policing has become controversial. Currently, although we cannot scale and vote for the best solution to control the spread of the virus, the excessive use of power in policing is not highly recommended in the CBP model of Vietnam. In both cases above, there no heavy force was used on the public community. In theory, police have to keep zero tolerance of riots and crowd gatherings because public protests are not permitted under Vietnam’s laws. In both the Son Loi and Truc Bach cases, police did not use weapons to conduct their “nothing in, nothing out” strategies during the lockdown. While several Asian and African states applied hard policing to enforce physical distancing, some Western countries, such as Australia, Canada, the United Kingdom, and the United States, used repressive policing to maintain social order. While those countries expected to maintain social order, unfortunately, this led to “escalating dissent into open violence” rather than their original wishes (Reicher & Stott, 2020a, p. 699). Perhaps, for those democracy policing models, the specific requirements of policing legitimacy to deal with uncertain circumstances (e.g., the COVID-19 pandemic) need more evidence-based documentation if they are to undergo reform (Reicher & Stott, 2020a, 2020b). Under the Communist-based regime, again, the excessive use of force to maintain social order in the pandemic context was not permitted in Vietnam’s police forces (Luong, 2021; Luong et al., 2020), though some foreigners were still concerned with limited freedom of speech or visits of conscientious objectors at that time (Walden, 2020). Neither the Son Loi nor the Truc Bach cases reported police

brutality in the community, such as in some countries in South Asia and Africa (Waseem, 2020).

Clearly, the COVID-19 pandemic meant that policing and police response had to engage in a different form of crowd policing (Reicher & Stott, 2020b; Roberts, 2020). Indeed, those who break protective health regulations in public areas are fined or given jail terms (Roberts, 2020), and, in some cases, officers may have to resort to force and sanctions. Although it is a “new” power for police, using a cooperative way to conduct dialogue, encouragement, and advice should be prioritized (Higgins, 2020; Walden, 2020). Using brutality and excessive force, such as was done by the Indian police and in some African countries, not only failed to control the spread of the virus and made citizens less compliant with social distancing, it also led to the escalation of potential violence (Pullat & Huma, 2020; Reicher & Stott, 2020a). The two cases in Vietnam show that informing and consulting with the local community to explain and advise them what they should do, and instructing them to cooperate with the police, brings more effective coordination between the two sides. In other words, when police forces respect citizens, they create positive collaborations while implementing “onion layers” and “door-to-door” strategies.

The third recommendation, then, is balancing police powers with personal rights via dialogue and collaboration with local residents, thus effectively conducting community-based policing.

Law Enforcement and Public Health: A Specific Connection in Community Policing

The COVID-19 pandemic emphasized the need for collaboration between law enforcement and public health (LEPH). After the 2003 SARS outbreak, to deal with infectious transmission concerns, productive cooperation between LEPH became essential. “As societal functions and professions” (van Dijk & Crofts, 2017, p. 263), police are required to reimagine their daily roles as service providers with a public health function, rather than only focusing on the crime-prevention part of the public security function. However, a lack of trust between public health workers and police officers has led to weak collaboration between the two agencies (Takei & Fernandez, 2020; Waseem, 2020). In some countries, conflicts of interest exist between law enforcement and public health (Waseem, 2020).

In contrast, implementing the principle of shared information among COVID patients and their contacted relatives (F0, F1, F2, or F3) was one of the highest priorities in policing in Vietnam (Luong, 2021). Both Son Loi and Truc Bach cases demonstrated that whenever health workers shared their patients’ information, they became the best resources to help police identify precisely where to draw the line around the lockdown. Luckily, in Vietnam, collaboration between police and public health to maintain social order has been in place since early the 1990s (Luong, 2021).

The COVID-19 outbreak is changing police practices globally and potentially laying the foundations for organizational change and reform, particularly building a trusted partnership with public health (Reicher & Stott, 2020b; Schaap, 2020). As “an emerging field” (van Dijk & Crofts, 2017, p. 261), LEPH needs the support and collaboration of policymakers, practitioners, and scholars to build a specific framework to deal with health crises.

The fourth recommendation, then, is enhancing the close partnership in LEPH as an effective strategy to mobilize all interests in community-based policing.

CONCLUSION

From the 2003 SARS outbreak, to the 2009 Avian Flu, to the COVID-19 pandemic, Vietnam has continuously improved its health system under limited conditions and sound economics. It does not mean their public security and military system's strengths and powers, particularly police forces, will not progress. Many police forces in Southeast Asia still hesitate to deploy specific tactics to prevent, detect, and contain COVID-19. Vietnamese police played a major role in controlling and combating COVID-19 via community-based policing. It is still premature to confirm Vietnam's policing performance in dealing with COVID-19. To better identify "the historical, political, economic, social, cultural, and gendered influences that shape policing and police culture in Vietnam," Jardine (2020, p. 188) suggests using appreciative inquiry to understand "Southern policing."

Success stories of Vietnam in the first wave of COVID-19 at the communal level provide more evidence to answer the two questions posed in the introduction. Firstly, when the state ordered transparent information and specific plans, police forces planned their strategies to apply the most suitable approach to prevent and detect the spread of the virus. Secondly, leadership is crucial to steer and construct the relevant tactics in CBP, whether the "onion layers" or "door-to-door" approach. Based on the size, condition, and requirements of Son Loi and Truc Bach, police forces were deployed and cooperated with other partners to mobilize a powerful society while applying the lockdown.

Vietnam's police demonstrated that explanations, combined with specific information, supported the process of CBP more effectively than enforcement and confrontation with residents during the period of isolation and quarantine. Police partnerships with local voluntary organizations, public health providers, and workers is crucial for strengthening the police's public health function. It is now up to the police to capitalize on this relationship and develop this collaboration to exchange knowledge and techniques between public health and policing.

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CONFLICT OF INTEREST DISCLOSURES

The author declares that there are no conflicts of interest.

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Understanding the impact of bail refusal on the Australian public health system

Isabelle Bartkowiak-Théron* and Emma Colvin†

ABSTRACT

Australia's incarceration rates are the highest they have been in a century. Bail and remand contribute much to this trend, and yet the reasons why police refuse bail to vulnerable people are currently unclear. What is clear, though, is that a disproportionate number of vulnerable people are being refused bail, resulting in periods of remand incarceration which end up either longer than the prison sentence given by a magistrate, or undue if the alleged offender is found not guilty. This tendency is particularly observable for the most vulnerable: Aboriginal people, children, people with a mental health condition, the homeless, and women. The authors investigated how magistrates grant or refuse bail as part of the court process, then looked at two tipping points bracketing the bail continuum: 1) policing interactions leading to court appearance, and 2) the impact of bail refusal on public health and community safety and well-being in general. In the present article, they examined how authorized police officers consider refusing or granting bail. This new project aims to investigate the police bail decision-making process and generate new knowledge about the impact of bail refusal on vulnerable people. Through an iterative process with national practitioners and international experts, the authors aimed to identify factors to consider when bail involves vulnerable people. Expected outcomes included the development of mechanisms to benefit the full remit of criminal justice, reduce costs, and improve fairness, accountability, and procedural justice.

Key Words Police; remand; decision-making; vulnerable people; community safety; well-being.

INTRODUCTION

Bail is a key driver in the over-representation of vulnerable people in the criminal justice system. Australian incarceration rates are at their highest in a century (Sarre, 2021). While bail and remand are a fundamental part of our legal framework for community safety and well-being (Australian Government Productivity Commission, 2021), the circumstances under which bail is refused to vulnerable people, particularly by police, are unclear. We urgently need to know why bail is being disproportionately refused to disadvantaged people, as well as the impacts of these refusals. This paper outlines the current state of knowledge of bail and of the bail decision-making process, demonstrating a pressing need to determine the various stages at which there should be explicit guidance and transparency on who makes bail decisions, and the impact of these decisions on defendants and public health overall.

A new research project aims to reveal specific tipping points where police may make better, vulnerability-informed bail decisions. Such guidance is crucial in light of the current state of remand imprisonment in the Australian justice

system. There are clear indications remand is in the disfavour of vulnerable people, and possibly aggravating vulnerability circumstances for defendants and the broader community.

Two important issues are currently unresolved in our understanding of how bail works. First, according to the most recent Australian Government Productivity Commission report (2021), most Australian inmates are from disadvantaged backgrounds, with significant increases in remand rates for vulnerable people such as Indigenous Australians (the most incarcerated population in the world; see Anthony, 2017), children, women, and people whose vulnerability conditions (acquired brain injury, substance use or mental illness) require medical evaluation or support.

Second, vulnerable remandees, who are still not proven guilty of any crime, are likely to see an aggravation of their condition through poor access to support services. This is of particular concern as remand in custody is a time during which specific forms of vulnerability can escalate, with limited public health service provision. Bail therefore comes at a considerable economic and social cost to individuals, communities, and Australian society as a whole.

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STATE OF KNOWLEDGE ON POLICE BAIL AND REMAND IN AUSTRALIA

Australia’s incarceration rates have grown out of line with other countries (Figures 1 and 2). Bail refusal and subsequent remand imprisonment contribute significantly to the overrepresentation of people from disadvantaged groups in custody. Being refused bail means that a defendant spends an undetermined amount of time in custody before trial. This remand imprisonment is a significant factor in the growth of incarceration numbers. In 2021, a third of all persons incarcerated in Australia were on remand, doubling since 2000.

Our preliminary research, which focused on how magistrates approach bail (Travers et al., 2020) found significant flaws in procedural and distributive justice when bail is refused by police. This is particularly problematic as people are remanded at a younger age, when homeless women are remanded “for therapeutic reasons” (with no provision for therapy in remand settings), when some remandees stay in custody for months, and when some commit suicide during such extended periods (JIIE, 2020). Studies from New South Wales and South Australia have shown that over 50% of prisoners who committed suicide in the relevant study period were on remand at the time of their death (Willis et al., 2016).

Some authorized police officers have the power to grant or refuse bail (Hucklesby, 2001), and to grant special bail conditions. Police were initially given this power to *reduce* the number of alleged offenders held in custody overnight before appearing at court, and to retain some control over defendants’ whereabouts during bail. While this gave police a decision-making framework, only limited data exist on bail granted by police, which reveals inconsistent decision-making. Differences in types of defendants and their vulnerability attributes are not considered (Hucklesby, 2001). Instead, the five broad criteria that are taken into account are:

1. likelihood of showing up at court or absconding,
2. concern over the safety of the person,
3. criminal record and history,
4. the seriousness of the alleged offence and the strength of the prosecution case, and
5. the likelihood of re-offending by the accused while on bail.

Aside from these, the specific grounds for granting or refusing bail are not often recorded in police files, unless it

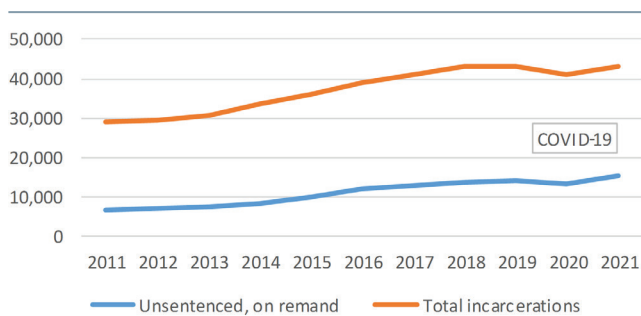


FIGURE 1 Remand and total incarceration rates, Australia 2011–2021. Source: ABS, Prisoners in Australia 9/12/2021.

is a prosecutorial file. Our preliminary research showed that in Australia, police officers are making decisions to refuse bail according to criteria that differ vastly between officers, and that vulnerability factors usually are *to the detriment* of defendants. As a result, a significant number of citizens are being deprived of their liberty without clear justification. Procedurally arbitrary decisions have resulted in growing incarceration instead of a decline (Figure 1).

Hucklesby (2001) has questioned whether such decisions are even legal. While they are lawful in general, the fact that personal circumstances are not considered, and that vulnerability or disadvantage disfavors so far unconvicted defendants may imply that decisions are illegal in virtue of being discriminatory. This is of particular concern when the person is ultimately found not guilty, and when remanded people have limited access to support services.

WORK IN PROGRESS

After working on the topic of how magistrates consider bail and securing federal funding to study bail decision-making by magistrates (2017–2019), the team is now considering where, throughout the bail timeline, crucial tipping points exist that could facilitate procedural and distributive justice. We are also exploring how bail (particularly bail refusal) impacts on public health more broadly, as well as community health and safety. Current pressure on the criminal justice system, from concern over increases in prison numbers to increased financial cost and legal rights erosion, indicates a need for restructuring how bail decisions are made for vulnerable people. While there exist some legal guidance frameworks for the granting of bail, there is no agreed approach to how vulnerable people should be responded to in the decision-making process.

Specifically, there is no clarity about how to set and apply—consistently and equitably—what is called the “unacceptable risk threshold.” The “threshold test,” which is provided for in legislation, means the decision-maker must consider levels of risk of, for example, offences being committed while on bail. Little is known, however, about the threshold of risk considered acceptable by decision-makers in practice. Bail decisions are a balancing act between core

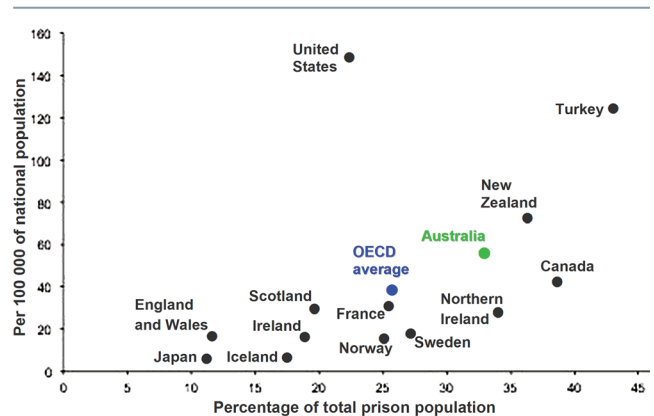


FIGURE 2 Remandees in proportion to national populations and prison populations, 2016. Source: Institute for Crime and Justice Policy Research, World Prison Brief, 2021.

competing legal principles and the probability of something actually occurring. Such competing principles and matters of probable fact need to be weighed against a range of likely consequences for the persons concerned—even when it is granted that some do genuinely pose a risk to the community and, for that reason, should be remanded in custody awaiting trial.

The team's project addresses four intersecting socio-legal and judicial challenges which fundamentally impact on public health, community safety, and defendants' well-being.

1. The over-representation of vulnerable people in prison:

Vulnerable people are more likely to come into contact with police (Justice Reform Initiative, 2021; Bartkowiak-Théron & Asquith, 2012) and are over-represented in criminal justice: nearly seven times more than in the general population. The Australian Productivity Commission (2021) indicates that vulnerability traits actually contribute to individuals entering the prison system. Most prominent among these vulnerability attributes are:

- mental illness (50% of incarcerated adults and 80% of incarcerated youth have been diagnosed with a psychological disorder),
- Indigeneity (Australian Aboriginal people make up 28% of all inmates, but only represent 3% of the general population; the imprisonment rate for Aboriginal and Torres Strait Islanders has increased by 35% since 2006, compared with 14% for the nonIndigenous population),
- gender (women are the fastest growing prison population; Justice Reform Initiative, 2021).

Some public health agencies argue that a much higher proportion of defendants experience these difficulties (Australian Institute of Social Welfare, 2019). The New South Wales Commission determined, in 2015, that the cycle of disadvantage for First Nations peoples is likely to be exacerbated due to the detrimental impacts of prolonged periods of remand and separation from family (JIIE, 2020). This is a significant challenge to vitally important legal principles, such as imprisonment as a last resort, the presumption of innocence, and duty of care for the most vulnerable (Travers et al., 2020).

2. Lack of support while on remand: Vulnerable defendants generally come from economically and socially disadvantaged backgrounds and have low levels of education, and most defendants require social support. While remandees should have access to a custody nurse (under the jurisdiction of corrections, and not police), there remains limited access to support services. Remand incarceration does not provide for much follow-up on medical and vulnerability issues, which increases disparities for disadvantaged and vulnerable groups upon release and aggravates health outcomes for Indigenous people (Justice Reform Initiative, 2021). Remand can therefore have a particularly adverse impact on individual and overall public health and well-being indicators.

3. Remand is at least as costly as incarceration, both economically and socially: There are considerable costs

to remanding vulnerable people, usually higher than the cost of imprisonment after a court decision. People are typically not remanded overnight, with an average increase from 4.5 to 5.8 months between 2001 and 2020 (Australian Government Productivity Commission, 2021). While the Productivity Commission (2021) reported that 90% of defendants were found guilty, 25% of them received a sentence consisting of less time than they had already spent on remand or received no custodial sentence at all. Being refused bail and placed on remand means that the circumstances of disadvantage worsen, resulting in fractured families and communities. The entire ecosystem (housing, employment, primary and public health care) is destabilized, especially given how long remand may last.

4. Transparency, accountability, and procedural justice:

Hardship and worsening of vulnerability conditions should be a fundamental consideration of the bail decision-making process, focused on individual circumstances (Murphy & Ferrari, 2020). Our latest publication shows that, currently, "only police in NSW and Victoria are required to consider an accused's vulnerability explicitly under the law," and that "although legislation may cater for varying vulnerabilities, intersecting vulnerabilities are not considered" (Hughes et al., 2021, 1).

CONCLUSION

Our proposed project contributes a tangible "research lab" in which to test methodological approaches to policing, justice, and vulnerability assessment, as a political and social priority for Australia and beyond.

- **From a public health perspective:** Prisoners can be highly vulnerable, and over-represented vulnerable people in remand can see their vulnerability aggravate (whether due to primary ill-health, public health issues, or social factors), as any stay in prison amplifies difficulties associated with accessing services. Such unfavourable circumstances result in fractured communities, service inefficiencies, and a steep escalation of conditions for the vulnerable during incarceration and upon release.
- **From an economic perspective:** Prisons are expensive. Increasing incarceration figures come with a heavy financial burden (AU\$20 billion overall in 2019–20), due to the nature and the logistics of "living in prison." This social cost continues upon release (rise in homelessness, unemployment rates, etc.).
- **From a legal perspective:** Remand is particularly problematic in terms of human rights, procedural fairness, and due process, since some bail refusals end up in non-guilty verdicts or no additional prison time. This means that some individuals have spent traumatic time in jail for nothing.

The COVID-19 pandemic saw magistrates granting bail more liberally, as time on remand and time-pressure on the system were deemed unfair and risky to defendants. As a result, a notable "dip" in remand rates has been recorded, with an associated decrease in incarceration rates altogether

(Figure 1). If unnecessary remand can be avoided in pandemic circumstances, and if incarceration can decrease out of concerns of fairness and public health, then there is significant social, economic, and public health benefit to considering how the circumstances of vulnerable people can be consistently ameliorated and carefully assessed in police custody suites prior to deciding on bail. Such restructuring would increase police accountability and transparency and better articulate procedural justice for the most disadvantaged members of society. There are additional benefits concerning the liability of police officers in making rushed or ill-advised bail decisions and in avoiding serious health complications or irreparable consequences, such as suicides by remandees. The criminal justice system is under scrutiny for its lack of procedural and distributive processes. Our project is a significant step in correcting the current overincarceration trajectory.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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Human safety and security for sustainable and inclusive settlements

Adegbola Ojo*

ABSTRACT

The 2030 Agenda for Sustainable Development was adopted by all member states of the United Nations (UN) in 2015. One year later, Habitat III, the first UN global summit to adopt the sustainable development agenda, took place in Quito, Ecuador. Habitat III served as a forum for discussing the planning and management of human settlements for promoting sustainability. Global stakeholders are increasingly acknowledging that Agenda 2030 must embrace people-centred approaches to address the interconnectivity of today's challenges in order to deliver its transformative promise to human settlements. To this end, human safety and security, which is concerned with whether people live in conflict or peace, provides an effective programming framework for promoting inclusive and sustainable human settlements. This paper explores the nexus between human security and the sustainable development of human settlements. Drawing on a broad range of literature, the paper begins by considering the conceptual basis of sustainable development through the lens of inclusivity. This is followed by a detailed explanation of why human security is central to promoting the sustainability of settlements. The paper also offers some insight into measuring and modelling human security for the purpose of sustainable settlement programming. The paper concludes by offering some thoughts about why statutory public safety stakeholders should work with communities and civil society in order to secure and sustain positive gains for human settlements.

Key Words Sustainable development; inclusion; human settlement.

INTRODUCTION

The concept of sustainable development is not new, as it has invoked numerous intellectual debates over the decades. Many of these debates are situated around global environmental politics (Haas, 2002), which examine relationships between global political forces and environmental change. The politics of the environment also focus on the implications of local-global interactions for environmental management, as well as the implications of environmental change and environmental governance (Backstrand, 2006). Despite diverging perspectives about the concept of sustainable development, there is some convergence around the notion that it is centred on environmental politics (Scoones, 2016).

In 1980, the concept of sustainable development appeared for the first time in World Conservation Strategy (WCS) (IUCN, 1980). The WCS defines four main factors in natural resource destruction. These include poverty, population pressure, social inequalities, and international trade conditions. By 1987, the Brundtland Commission published its landmark report entitled *Our Common Future*. It has been argued that the fundamental basis of that publication was to establish the

links between economic development and the maintenance and sustenance of the physical environment (Langhelle, 1999). Furthermore, for the first time, the concept of sustainable development was defined as a development mode that fulfils the needs of the present generation without compromising the ability of future generations to fulfil theirs. While numerous definitions of the concept abound, the most often used definition of sustainable development is that proposed by the Brundtland Commission (Cerin, 2006; Dernbach, 1998; Dernbach, 2003; Cruickshank et al., 2012).

Sustainable settlements are expected to display and promote certain values and philosophies. Although one of the popular frameworks used to diagnose the sustainability of settlements is the triple bottom line model, which focuses on the balance between environmental, social, and economic issues (Elkington, 1998; Elkington et al., 2004), the use of economic growth as a primary pillar of sustainable settlements is contestable. Furthermore, economic growth does not seem to feature as a central tenet of the vision subsumed within the Brundtland Commission report. Based on insight drawn from the report of the Brundtland Commission, Daly (2007) and Hoyer (2000) identified eight important primary and

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secondary attributes that should underpin settlements for the purpose of sustainable development. These eight attributes are illustrated in Figure 1.

In order to understand the concept of inclusion, it is important to initially explain its opposite. Exclusion happens when settlement dwellers are directly denied access to what they should normally be entitled to. If members of a settlement find themselves in a situation where they are unable to fully participate in economic, social, political, and cultural life, as well as the process leading to and sustaining their settlement, such persons can be described as excluded (Silver, 1994).

Conversely, inclusion involves a deliberate process of systemic reforms in order to overcome the barriers of exclusion and to provide everyone with an equitable environment and opportunities that best correspond to their needs (Martin & Cobigo, 2011). Inclusion should be viewed as a deliberate process and a goal for settlements that want to do well. The goal is to improve the terms of participation in society for people who are disadvantaged on the basis of their age, gender, disability, ethnicity, background, religion, and other aspects of socio-economic status. To achieve this, settlement dwellers must become more encompassing and welcoming of all persons while also embracing greater equality and tolerance. Evidence from several studies across the world shows that inclusive settlements are potentially more cohesive (Worldwatch Institute, 2016). This portends well for the sustainability of such settlements. Nevertheless, it should be mentioned that some cohesive societies may systematically exclude segments of their population.

How do the processes and goals of inclusion help to promote sustainable settlements? One way to address that question is by revisiting the principles that underpin the 2030 Agenda for Sustainable Development. Essentially, the Agenda

is reinforced by the notion that all settlement dwellers should be able to reap the benefits of prosperity and basic standards of well-being. The Sustainable Development Goals (SDGs) are designed with the intention of freeing all segments of society from poverty and hunger in order to guarantee healthy lives and access to education, modern energy, and information. Furthermore, inclusivity should be considered as an essential plank for fulfilling Agenda 2030 since the SDGs subsume targets that are aimed at promoting the rule of law, ensuring equal access to justice, and broadly fostering all-encompassing and participatory decision-making (Colglazier, 2015).

There are many local and global hazards that threaten the sustenance and existence of human settlements (Leal et al., 2020) and the recent outbreak of COVID-19 is only one of example. An important lesson from these recent events is the realization that the nature of risk across human settlements has changed dramatically. Human-centred activities have become the dominant influence on the environment. A key element of this is the requirement for urban and rural settlements to provide security for their residents, businesses, and visitors. The objective of human settlement security is to safeguard the vital core of all human lives from critical pervasive threats in a way that is consistent with long-term human fulfilment (UN-Habitat, 2018). If this objective is unmet, settlement insecurity can entail substantial human and economic risks. However, if addressed, the safety and security of settlements can be used as a mechanism to facilitate how urban and rural dwellers create more sustainable ways to live. Although there is a plethora of literature about the links between inclusivity and sustainable development, there is minimal understanding about how the safety and security of settlement dwellers can be used to facilitate the long-term sustainability of such settlements. The remainder

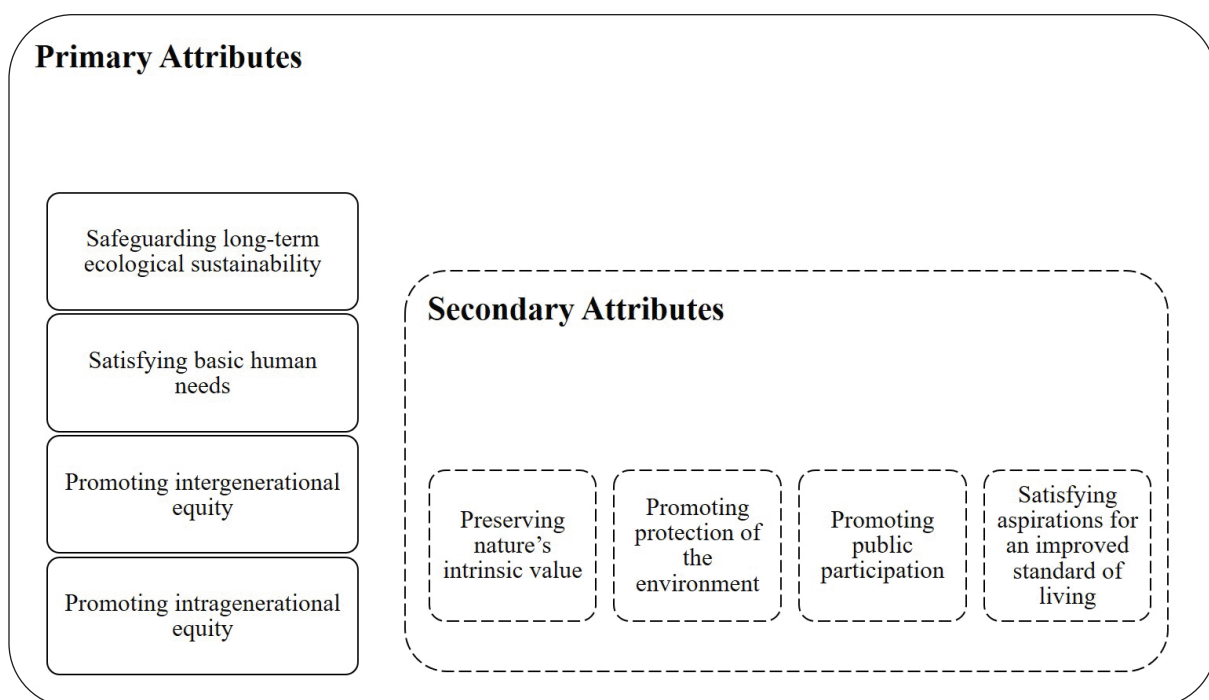


FIGURE 1 Attributes that should underpin settlements for the purpose of sustainable development

of this paper seeks to fill this knowledge gap by offering a critical examination of these issues.

HUMAN SECURITY IS CENTRAL TO PROMOTING SUSTAINABLE AND INCLUSIVE SETTLEMENTS

Human settlements can be viewed through the lens of social and ecological systems because they are characterized by complexity. Settlements exhibit this complexity in different ways depending on their composition. According to an article published in the Encyclopaedia Britannica, human settlements consist of nature, including physical geography, soil resources, water resources, plant and animal life and climate; human biological and emotional needs, sensations and perceptions, and moral values; society, including population characteristics, social stratification, cultural patterns, economic development, education, health and welfare, and law and administration; shells, or structures, in which people live and function, such as housing, schools, hospitals, shopping centres and markets, recreational facilities, civic and business centres, and industries; and networks, or systems, that facilitate life and day-to-day functions of inhabitants such as water and power systems, transportation networks, communication systems, and the settlement's physical layout (Augustyn et al., 2018).

Settlement Insecurity and its Dimensions

The complexity of human settlements generates multifaceted relationships between different settlement components. These complex relationships can often trigger chaotic outbursts which make human settlements vulnerable to disturbances that threaten to distort their stability and sustainability. Insecurity is one of the disturbances that threaten the sustainability of all human settlements. As illustrated in Figure 2, insecurity presents itself in multiple forms and dimensions (UNDP, 1994).

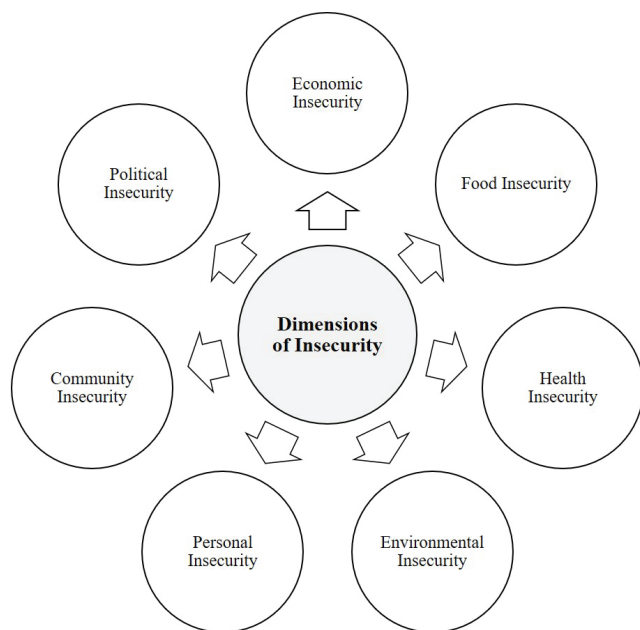


FIGURE 2 Dimensions of insecurity

These different forms of insecurity are underpinned by root causes. Economic insecurity for instance is generally associated with persistent poverty, unemployment, lack of access to credit and other economic opportunities (Western et al., 2012). Food insecurity is linked to hunger, famine, and sudden increases in food prices (Barrett, 2010). Epidemics, malnutrition, poor sanitation, and lack of access to basic health care have been associated with health insecurity (Gama, 2016). Environmental insecurity is defined from perspectives related to environmental degradation, resource depletion, and natural disasters (Prins, 1993). Personal insecurity has been associated with physical violence in all its forms, human trafficking, and child labour (Hope & Sparks, 2000). Community level insecurity arises from inter-ethnic, religious and other identity-based tensions as well as crime and terrorism (Duvall et al., 1999). Political insecurity is connected to political repression, human rights violations, and lack of rule of law and justice (Bates, 2005).

Insecurity has the potential to give rise to unbalanced settlements with distorted human demographic compositions. For instance, high levels of insecurity can give rise to settlements with high proportions of young men who are killed before they become adults (Hume, 2007). This can affect the sustainable gender balance of settlements, leading to a shortage of males or children who grow up without males.

Settlement insecurity can also give rise to families who lose a parent or have members in prison. This can create the knock-on effect of exposing families to poverty and leaving them without access to support or legitimate sources of income. Additionally, insecurity disturbs the sustainability of settlements as it increases the potential of women being subjected to violence in their homes, or at risk of sexual assault in public spaces. Furthermore, settlements with significant levels of insecurity quickly become characterized by neighbourhoods where levels of crime and insecurity have led businesses and families to cut themselves off from other citizens. Evidence shows that public life within these types of settlements is typically confined behind gates and the use of private security is generally common (Atkinson & Blandy, 2006).

Human Security for Promoting Settlement Sustainability

The concept of human security has multiple genealogies, but the definition which seems to have been widely accepted was articulated in the 1994 Human Development Report (UNDP, 1994). The 1994 report argued that the interpretation of security has been narrow, focusing on the protection of national interests from external aggression. The report therefore highlighted two major components of human security (freedom from fear and freedom from want). Human security is a people-centred framework based on shared ownership, which aims to support settlement leaders and governments in responding to threats impeding their people from living free from fear, want and indignity, while recognizing the complexity and interconnected nature of the challenges that confront settlements.

Settlements that adopt the human security approach for the purpose of sustainable development are required to embrace the five principles listed in Table 1, which should be implemented as a collective.

Long-term settlement sustainability is increasingly dependent on the ability to pre-empt and forestall disturbances like

TABLE I Principles underlying the human security approach

Principle	Description
Principle 1: People-centred	Considers the conditions that threaten the survival, livelihood and dignity of people and their communities, particularly those who are most vulnerable.
Principle 2: Comprehensive	Recognizes the complexity and interconnected nature of the challenges that confront people and their aspirations to be free from want, fear, and indignity.
Principle 3: Context-specific	Recognizes that risks to the human condition vary considerably within and across settlements and at different points in time.
Principle 4: Prevention-oriented	Drills down to ascertain the root causes of challenges and promotes the development of early warning mechanisms that help to mitigate the impact of threats.
Principle 5: Protection and empowerment	Empowers people and communities to articulate and respond to their needs

crime and insecurity (Ojo & Ojewale, 2019). Human security approaches are effective prevention mechanisms that allow stakeholders to consider current and emerging risks and vulnerabilities. The human security approach can therefore help guide efforts to bridge the gap between humanitarian assistance within settlements and longer-term dependence on external financial and material aid.

Safeguarding human settlements implicates not only those institutions that intend to promote human security overtly, but also institutions that unintentionally undermine it. The strategies that are associated with providing human security identify the threats and then seek to prevent threats from materializing, mitigate harmful effects for those that eventuate, and help victims cope.

The adoption of the human security approach ensures that settlements do not just address challenges related to human development, but it also offers stakeholders the opportunity to address obstacles of economic growth and poverty reduction. By funnelling settlement challenges through the human security lens, one can easily clarify how deprivation, social polarization, violence, and environmental degradation interact and are interconnected (Ostby, 2008). This approach also allows comprehensive and context-specific solutions to be developed.

Imminent threats arising from extreme inequalities within and among settlements are generally recognized as a major factor affecting human security (Moghaddam, 2010). Despite its significance, the security threat arising from the exclusion of different population segments is most commonly underestimated in the settlement sustainability discussion. Marginalized population segments can quickly become distressed, which is a sign of danger that threatens the entire settlement. Embracing human security principles and framework allows for greater understanding of the challenges of exclusion. The human security approach, based on its core vision to achieve freedom from fear, want and indignity, can help to address challenges stemming from inequality.

Gender parity is essential for delivering sustainable settlements. Wide gaps between the economic empowerment

and opportunity of women and men still remain pervasive across the globe (Duflo, 2012). The inequalities that confront women in multiple areas of their lives infringe upon their rights and freedoms. The human security framework can be used to counterbalance these distortions of gender parity by ensuring that women are able to participate in, contribute to, and enjoy economic, social, cultural, and political freedoms in an inclusive manner.

Settlement Security Indices for Sustainability Programming

Given the multi-dimensional nature and complexity of human security, multivariate indices are widely used to measure and model the scale and patterns of settlement security (Guzman et al., 2012). These settlement security indices (SSI) often subsume indicators that are used to give a sense of security hazards and risks (Geneva Declaration Secretariat, 2010). In general, SSIs, which are combinations of indicators, are designed to measure the overall performance or progress of settlements from a security perspective.

The use of SSIs to provide answers to “what” and “how” questions makes them important quantitative tools for measuring specific achievements, goals, targets, or outcomes (Geneva Declaration Secretariat, 2011). Settlement security indices also enable the benchmarking of performance and effective communication to a diverse range of stakeholders.

In the context of settlements, SSIs can assist in providing an evidence base to decision makers and managers to improve policy, plan-making and management by highlighting needs, setting priorities, formulating policy, and evaluating and monitoring progress towards pre-defined settlement security targets (Gilgen & Lauren, 2011).

Settlement security indices can also be part of results-based accountability systems, which can provide a way of setting baselines and targets/outcomes and evaluating progress towards them. The increasing use of SSIs is a result of the vast amount of work being done at the global, regional, national, and local levels by public, private, and non-profit organizations of all types and sizes to collect and share official statistics and/or crowd-sourced data and information.

Functions of Settlement Security Indices

Multilateral and bilateral organizations, national and local governments, as well as private and public organizations have been using SSIs to monitor and evaluate the degree to which they are meeting certain settlement sustainability goals or outcomes of their policies and programmes. The functions of SSIs are determined by the approach that was adopted when constructing them (Hoornweg et al., 2006).

Policy-based approaches: These approaches are associated with goal-based SSIs. The key objective of a security index constructed using this approach is to measure progress towards certain pre-defined goals and objectives.

Thematic approaches: The SSIs constructed from a thematic purview tend to focus on broad, multi-dimensional topics. Examples of such thematic areas include demographics, poverty and well-being, governance and competitiveness.

Systems approaches: The systems approach to developing composite SSIs dwells upon a systematic integration of indicators aligned where operators and causality between sectors are well-defined.

Needs-based allocation approaches: Indices constructed using this approach subsume a demand-led purview. The indicators selected are used to efficiently redistribute resources to those geographical areas with particular needs in order to establish targets and priorities.

Performance approaches: These are outcome-oriented SSIs. They include measures of inputs, outputs, outcomes, and efficiency and they are particularly used by public sector stakeholders to measure the performance of a programme and/or projects.

Benchmarking approaches: These measure performance in areas that need improvement. They are used for comparison with other settlements that are performing better. The overall objective is to adopt and adapt the best practices of those settlements that are performing better.

Modelling Considerations

The statistical modelling and construction of composite indices such as SSIs can be influenced by a wide range of factors. Hoornweg et al. (2006) catalogued some of these challenges.

Determining what to measure: Due to competing interests and priorities, it is common practice for researchers and policy makers to get locked up in conceptual and definitional debates about what constitutes determinants of security or insecurity.

Determining political boundaries/geographical extents: There can be significant challenges faced in the area of delineating the geographical boundaries of some types of settlements. For instance, in some countries, cities do not have any form of statutory boundary (Ojo & Ojewale, 2019)

Cost of measurement: The cost of measurement is linked mainly with data collection costs. There are weaknesses in statutory data registration systems in some developing countries, partly due to a misconception of the importance of building sustainable data infrastructure (Ojo & Ezepue, 2011). Lack of adequate ongoing data registration systems, especially at detailed spatial granularity, makes it difficult to adequately monitor trends and patterns of SSIs.

Political interference and a lack of sustained political will: Security policy decisions in some countries can be heavily influenced by the priorities of politicians (and party politics). This can have detrimental implications for the interests of

governance at the settlement level. Additionally, competition between federal and state politics can sometimes lead to conflicts of interest and attempts to suppress important statistics when constructing SSIs.

Replicability and reliability problems: It is often the case that, in order to find readily comparable data, SSIs become overly simplistic—and thus are of little practical use to policy and decision makers. However, it is also essential that SSIs not be too complex or reliant on too many sources of data, some of which may not be collected regularly; otherwise, the ability to replicate the process necessary to update the index over time will be diminished.

The construction of SSIs can broadly be summarized as comprising five stages, as shown in Figure 3. The relevance and practical application of SSIs depend upon clarity about the aims of measurement and the principles, quality, and robustness that underpin it. Design quality assurance principles could include assurance of integrity; open, sound, and transparent methodology; robust and reliable official data; serviceability in terms of a planned revision cycle over the long term; and accessibility to the SSI.

CONCLUSION

This paper has presented a discussion about the intersection of human security and the sustainable development of human settlements. The paper also presented a working definition and description of sustainable settlements in full awareness of competing explanations and the implications of inclusivity for security. The multidimensional complexity of human security requires the adaptation of data. However, the mere representation of data points or trends by itself is insufficient to facilitate analysis and inform policy-making and programmatic decisions. For this reason, sets of indicators can be fused together in the form of settlement security indices to properly understand and monitor the different dimensions of settlement security. The promotion of safe, secure, and sustainable settlements also requires government stakeholders to work in partnership with civil society and the academic community. Working in partnerships is not simple and can be time-consuming. However, it can prove beneficial for the sustainability of settlements. Effective partnerships for

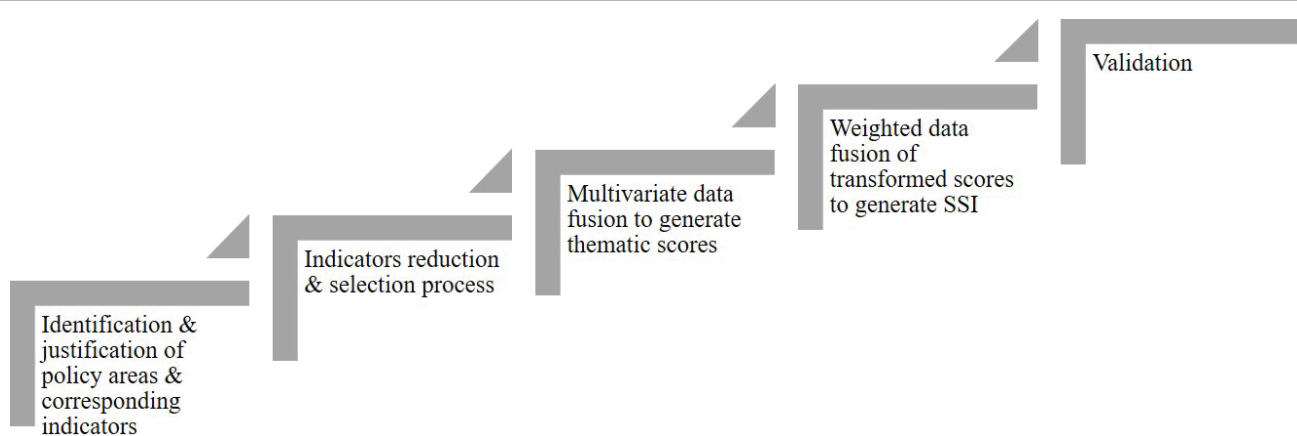


FIGURE 3 Stages of construction of settlement security indices

sustainable settlement security can be forged where there is a clear mission or purpose for the partnership, together with agreement on intended outcomes.

CONFLICT OF INTEREST DISCLOSURES

The author declares that there are no conflicts of interest.

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