EDITORIAL

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Inspiring a new and diverse generation in uncertain times

Robert Chrismas*

The sparkle in their eyes said it all. They were bright and engaged and made me feel like I had better tell them something worth hearing. I said, "I can see the potential in your eyes and your hope for the future. The only thing limiting you is your own imagination. The rest is just deciding what you want to do in life, and then put one foot in front of the other until you get there. It's not about being smart or lucky. All it takes is tenacity; that means time and pressure." I was talking to a group of high-school students from all across Northern Manitoba. Frontier School Division brings their students into the city for a conference each year, and I've had the pleasure of talking to them the last few years.

There are no high schools in many rural places, and teens have to move into larger urban centres to complete high school. The predators know it, and that is when they do their targeting and grooming. In my doctoral research, survivors of sex trafficking told me they got visits in their home communities from new friends. They would say, "Hey, next year when you come into the city for school, I'll be your friend." We all know how that story can end.

My talk is about how to stay safe in the city. I draw on my research into trafficking, and the police work I've done trying to protect at-risk youth. But in the last couple of years, I have quickly shifted from the safety talk into my real passion, the value of education and realizing your potential. As a high school drop-out who eventually made it through my Ph.D., I've always valued education. I love to appreciate the opportunities I've had and share the knowledge with young and older people alike. Knowledge is power. Many newcomers, in particular, are aware that education is the key to a better life than they had access to where they came from. But they don't always know how to get it. We all need a push and some guidance from time to time, no matter where life's lottery dropped us into this world. That is where us adults come in. We must help our future leaders find the way.

I am 61 years old, and people from my generation love to reminisce about the old days and how we grew up tough and had a work ethic that we don't see anymore. But if I am honest and critical, I believe today's generation may be more dialled in and focussed. I worked hard when I was younger, but I spun my wheels a lot. It took a while before I figured out that I needed to get back to school, and even then, I had no idea where it would lead. I worked multiple jobs while taking evening classes, and I could afford an apartment and a car, and even a house when Barb and I got married young.

Today's youth have more challenges ahead of them. Wage scales have increased, but the cost of living has skyrocketed, and the feeling of uncertainty about the future is arguably worse, or at least as bad as it ever was. The news is full of war; well, OK, the news has always been full of war. COVID knocked all of us onto our backsides, leaving a trail of homelessness, a street drug crisis, and seemingly reduced opportunities in its wake. For teens, it must have felt like the world was ending. New persistent threats of pervasive artificial intelligence and Internet-based predators are the new reality. But in the face of the new digital environment of uncertainty, I find today's youth seem to be more socially aware and focussed, with a better sense of work–life balance. They just need a hand to sort through the doom and gloom that pervades the news and social media.

The truth is that there has always been war and calamity, and the social ills and economy have always transformed, ebbed, and flowed. In the larger historical context, there probably has never been more opportunity than today. Millions of our youth are not being sent to war. While COVID was bad, it had only a fraction of the impact of the Spanish flu a century ago. We are not building bunkers in our yards, fearing the fallout of a nuclear holocaust. We can understand from history that life will go on despite the current issues and social challenges. In the old days, people could decide how much news they were exposed to by turning the radio and the TV off. Nowadays, everyone has a smartphone, and the world can reach right into your pocket and affect you 24/7, 365 days a year. Youth need to understand this, and not get depressed about the fear that can come from paying too much attention to the news.

For my part, I try to pay forward for the adults who helped me out with encouragement to go back to school. I share the insights of my experiences every chance I get, every class I talk to, and in the things I write. Your contribution might be different, but just as impactful, whether it be with individuals in your life or the tone and reach of your social media. One small comment, or just showing that you care, can potentially change a young person's life. If they are at a crossroads, a nudge could send them off on an entirely different trajectory in life.

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Ubuntu is a term I learned when I travelled across South Africa studying reconciliation. It means roughly, "I am because we are." In Zulu, it also means, "humanity towards others." I take it to mean we are all in this together. We all have a responsibility to inspire each other, and to play a part in raising and supporting young people. The spark is there, but each one of us can, and should, play a part in helping the new generation find its way.

For many of you reading this journal, supporting young people in need may already be a large part of the work to which you have dedicated your careers. This alone is exhausting work these days, and full credit goes to those who continue to take it on. How wonderful would it be if every adult found it within the scope of their own lives to reach out at every opportunity and deliver inspiration to a generation that is needing it more and more? Sure, this could take the form of speaking to young audiences, for those with such opportunities. But it can also mean recognizing those small but significant opportunities to make a difference in the life and worldview of every young person we encounter. Each of them is trying to make sense of a frightening time in human experience coming at them in unprecedented ways. Let's all do our part to inspire this new generation; it is our shared future.

CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

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ORIGINAL RESEARCH

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Resident perspectives on police involvement in the response to mental health crises

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ABSTRACT

Exclusive reliance on police in the response to mental health crises can result in avoidable injury or missed connections to supportive services. Many cities are experimenting with co-deploying police officers alongside health professionals or deploying teams comprised entirely of civilian health professionals. No studies have explored the perspectives and preferences about these programs among residents in structurally disadvantaged areas where: mental health distress is more common, mental health services are less accessible, and involvement with police is more frequent and fraught. In this survey of residents from two such areas, many respondents suggested that police presence is necessary during the response to mental health crises because of the risk of violence but were simultaneously uncomfortable with police officer involvement. Discomfort with police involvement was especially strong among younger and Black residents. Support for co-deployment was high across all subgroups.

Key Words Co-deployment; behavioural health emergencies; community perspectives; first responders; structural disadvantage

INTRODUCTION

Police officers respond to a variety of incidents that do not involve crime or immediate threats to public safety (Vermeer et al., 2020). Many of these incidents involve a community member with unmet mental health needs. Some estimates suggest that 6% to 7% of all police interactions involve a person with a diagnosed mental illness (Morabito et al., 2018), and that police are involved in the pathway to care for as much as one-third of people with mental illness in the United States (Watson et al., 2021). Given their skill sets and available resources (Anderson & Burris, 2017), some of these interactions result in avoidable harm. People with untreated mental illness are 16 times more likely to be killed in a police shooting than other community members (Fuller et al., 2015; Rohrer, 2021). Police officers also may lack the knowledge and time to link people in distress with appropriately supportive resources, especially where there are other pressing demands, such as responding to serious violent crime (Shefner et al., 2023).

In the past few decades, cities have been experimenting with two strategies to respond more safely and effectively to acute mental health distress in the community (Beck et al., 2020; Watson et al., 2019). One is enhanced training for police officers such as the Crisis Intervention Training (CIT), developed in the 1980s, which provides training for police officers on behavioural health, strategies for de-escalation, and information about local health services (Rogers et al., 2019). The other is the deployment of response teams that rely less or not at all on police involvement but are dispatched through 911/emergency calling systems. This includes the co-deployment of police officers alongside mental health professionals (Shapiro et al., 2015) and deployment of fully civilian response teams, such as the longstanding CAHOOTS model, which pairs a nurse or an emergency medical technician (EMT) with an experienced crisis worker (El-Sabawi & Carroll, 2021).

Extensive research documents the benefits of CIT, including improved officer knowledge of mental illness, reduced use of force, and increased diversion to community psychiatric services rather than jails (Kane et al., 2018; Rogers et al., 2019; Taheri, 2016; Watson et al., 2017). A smaller but growing body of evidence describes the role of new response models in decreased involuntary psychiatric hospitalization (Puntis et al., 2018), reduced injury (Lamanna et al., 2018), increased linkages to psychiatric services (Shapiro et al., 2015), and shortened officer time on scene (Kisely et al., 2010). Some qualitative evidence also suggests that community members

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perceive less police-centred response teams to be better at de-escalation and less threatening (Boscarato et al., 2014; Puntis et al., 2018).

However, generalizing about the effects of these new models is complicated because they operate in different forms and contexts (Marcus & Stergiopoulos, 2022). Most studies evaluating programs have been conducted in settings—unlike the United States—where access to behavioural health care and high-quality safety-net housing are high and where rates of gun possession and serious violence are relatively low. Few, if any, studies explore the experiences and perspectives of community members living in areas marginalized by high rates of poverty and serious crime, where rates of mental distress are higher, due to disproportionate exposure to poverty, violence, and other trauma (Walker & Diforio, 1997), and involvement with police is greater and riskier (Gaston et al., 2021; Leslie et al., 2022). The present study examines preferences for police involvement in mental health crises in two areas of Philadelphia where there is concentrated economic disadvantage and where unmet social and health needs are extensive.

METHODS

Respondents

Respondents were recruited in collaboration with the Institute for Survey Research (ISR) at Temple University, which has extensive expertise exploring the opinions of "hard-to-reach" populations in Philadelphia. ISR maintains a panel of community members who have opted to participate in ongoing research, called BeHeardPhilly (BHP), which is a broadly representative sample of Philadelphia residents. Participation in this study was limited to BHP residents living in four police districts with high rates of serious crime. These police districts were chosen because they offer a pre-booking diversion program (Anderson et al. 2022), which was the subject of another set of survey items. At survey deployment, 1,443 members of BHP were eligible. Invitations and reminders to participate in the survey were distributed by telephone call, e-mail, and text message, and ten $30 gift cards were provided as a raffle incentive. The response rate to the survey was 20%, resulting in 293 respondents. Table I provides demographic information for the respondents.

Measures

The survey asked respondents to provide their perspectives about the involvement of police in responding to people in acute mental health distress. The items were developed in part based on findings from 10 focus groups with over 50 Philadelphia Police Officers conducted a few months earlier (Shefner et al., 2023). Those officers suggested that their involvement in the response to mental health crises is often inappropriate or even harmful but suggested that their presence is practically necessary given the high risk of violence in such incidents. Officers also suggested that community members often embellish the risk of violence in 911 calls to get a more certain and rapid emergency response. Preliminary measures exploring these propositions and associated concepts were created and refined through iterative review by academic and practice-oriented colleagues. ISR also conducted internal survey pretesting before deployment.

TABLE I Demographic information of respondents

	N	(%)
Sex		
Female	213	72.7
Male	70	23.9
Other	7	2.4
Race		
White	110	38.5
Black	125	43.7
2 or more races, or other	51	16.4
Ethnicity		
Hispanic	46	15.7
Non-Hispanic	209	71.3
Age		
18–25	4	2.2
25–34	24	13.3
35–44	28	15.5
45–54	36	19.9
55–64	44	24.3
65+	45	24.9
Education		
Less than HS completion	13	7.0
HS grad or GED	45	24.2
Some college or college degree	97	52.2
Graduate degree	31	16.7
Income		
Less than $14,999	34	22.5
$15,000–$24,999	26	17.2
$25,000–$34,999	27	17.9
$35,000–$49,999	18	11.9
$50,000–$74,999	20	13.3
$75,000–$99,999	15	9.9
$100,000 or more	11	7.3
Times having called 911 for emergency assistance		
Never	81	28.5
1–5	153	53.9
6–20	36	12.7
21–50	8	2.8
51+	6	2.1

HS = high school; GED = graduation equivalent diploma. Due to a small number of missing data in survey responses, number totals across variables are inconsistent and percentages do not sum to 100%.

Experiences with the 911 system

Respondents were first asked to identify how many times they have summoned emergency assistance by calling 911, using a 5-point scale (never, 1–5, 6–20, 21–50, 51 or more). They were next asked to identify their agreement, on a 4-point Likert scale (strongly agree, agree, disagree, strongly disagree), with the statement that Philadelphia police respond quickly to 911 calls. Respondents then were provided with the following statement "Some people claim that some community members who call 911 sometimes mention that there is a gun or other weapon—even if there isn't one—to get a faster police response" and asked to identify whether this happens never, once in a while, or all the time. They indicated whether they have ever done so in the next question (yes/no). Finally, respondents were asked whether they perceive their neighbourhood as safe.

Preferences for Police Involvement During Mental Health Crises

Respondents were asked next to indicate their level of agreement (strongly agree, agree, disagree, strongly disagree) with six statements about police involvement in mental health crises. One item explored the perceived adequacy of police training for mental health emergency response. Three items asked respondents to imagine that a loved one was having a mental health crisis and then to identify (1) whether they believed that a police officer is necessary to preserve safety, (2) whether they would feel comfortable with a police officer present, and (3) whether they would want a police officer involved in the emergency response. Two items also assessed respondent comfort, in the same situation, with receiving assistance from a co-deployment team and from a civilian-only response team. Two additional questions assessed agreement with the statements that the city should hire more police and mental health professionals.

Planned Analyses

To examine the relationships between demographic characteristics and perspectives about mental health responses, chi-square analyses were conducted after collapsing the 4-point agreement scale into agree (strongly agree, agree) and disagree (disagree, strongly disagree) and dichotomizing income and age by median splits. To explore whether the number of previous 911 calls exhibited any dose-response relationship to perspectives, Cochran-Armitage Trend tests were conducted after collapsing the 5-point scale (never, 1–5, 6–20, 21–50, 51 or more) into three levels (0–5, 6–20, 21+). Logistic regression models explored whether the three preference dimensions (need, comfort, want) for police involvement varied based on race, gender, age, income, and feeling safe in the neighbourhood. In these analyses, race was dichotomized as Black and non-Black, gender was dichotomized as male and non-male. Predictor variables were included individually and then collectively to determine unadjusted and adjusted odds ratios (ORs). *P* values were reported with .05 as the threshold of statistical significance.

RESULTS

Sample Description

Table I provides data about the demographic characteristics and the 911 experiences of respondents. Most respondents (72.7%) identified as female. Of the respondents surveyed, 43.7% identified as Black, 38.5% identified as White, and 16.4% identified as another race (including Asian, Native American, or Pacific Islander) or two or more races; most respondents (71.3%) were non-Hispanic. About half of the respondents were over the age of 55 years. A large percentage of respondents had completed high school (24.2%), or some college or an undergraduate degree (52.2%), and more than half (57.6%) reported an income of less than $35,000 annually. Most respondents had either never called 911 for emergency assistance (28.5%) or had called between 1 and 5 times (53.9%).

Experiences with the 911 System

Table II presents participant experiences with and perceptions about 911 services and neighbourhood safety across subgroups defined by race and number of times summoning 911 assistance. Disagreement with the statement that Philadelphia Police respond quickly to 911 calls was high overall (65.6%) and was positively correlated with having called 911 previously (Chi-square p=.002; Cochrane Armitage Trend Test=0.027). Table II also presents respondents' perspectives on and experiences of call embellishment. There was a positive and graded relationship between the perception that embellishment occurs and previous times calling 911 (Cochrane Armitage Trend Test=0.005), with agreement ranging from 62% among respondents with five or fewer lifetime calls to 93% among respondents with more than 20 previous 911 calls. In contrast, the 5% of respondents who reported suggesting themselves that there was a gun or other weapon present to get a faster response were not disproportionately distributed across the three groups (Chi-square p=.544). No statistically significant differences were observed on these items between different racial subgroups. Just over half (54.0%) of respondents reported feeling safe in their neighbourhood.

Preferences for Police Involvement during Mental Health Crises

Table III presents respondent perspectives on the involvement of police in mental health crises. Although only one-third of respondents (32.0%) believe that police are adequately trained to help people who are having a mental health crisis, three-quarters (76.6%) agreed that police are needed during a mental health crisis for safety reasons. White respondents were more likely to endorse both perspectives although the differences were small and statistically insignificant. In contrast, vastly fewer Black respondents (43.3%) felt comfortable with police involvement in a family member's mental health crisis compared with white respondents (71.7%; p<.001). This disparity tracked differences in wanting police officers involved between Black (60.3%) and White respondents (80.0%, p=.004). Notably, gender played a role in wanting police among Black respondents as 83% of Black men want police involvement compared with only 55% of Black women (data not shown). The difference among White men and women was smaller but followed the same pattern, at 84% vs 80%, respectively (data not shown). A large majority of all respondents reported being comfortable calling a co-deployment team (92.9%) and a large proportion were comfortable calling a civilian-only crisis team too (76.9%). However, only 55.3% were comfortable with a conventional police-only response (data not shown). Most

TABLE II Experiences with 911 systems in emergency response, by race and previous 911 calls

Item	Overall	Race				Previous 911 calls			
		White	Black	Other		0–5	6–20	21+	
	N (%)	N (%)	N (%)	N (%)	*p* value	N (%)	N (%)	N (%)	*p* value
I feel safe in my neighbourhood	157 (54.0)	69 (63.3)	56 (45.2)	26 (51.0)	0.020	141 (60.3)	12 (33.3)	3 (21.4)	<0.001
Philadelphia police respond quickly to 911 calls. [Agree]	93 (34.4)	66 (61.7)	39 (32.0)	31 (38.3)	0.315	90 (38.8)	4 (28.6)	3 (8.3)	0.002
How often people embellish									
Never	102 (36.1)	43 (39.8)	44 (36.4)	15 (30.0)	0.432	89 (38.4)	11 (30.6)	1 (7.1)	0.035
Once in a while	128 (46.3)	50 (46.3)	56 (46.3)	22 (44.0)		108 (46.6)	17 (47.2)	7 (50.0)	
All the time	49 (17.5)	15 (13.9)	21 (17.4)	13 (26.0)		35 (15.1)	8 (22.2)	6 (42.9)	
You have suggested in a 911 call that there was a gun or other weapon to get a faster police response.	14 (4.9)	3 (2.8)	7 (5.7)	4 (8.0)	0.331	10 (4.3)	3 (8.3)	1 (7.1)	0.544

TABLE III Perspectives on police and alternative responses to mental health crises, by race and previous 911 calls

Item	Overall	Race				Previous 911 calls			
		White	Black	2+; other		0–5	6–20	21+	
	N (%)	N (%)	N (%)	N (%)	*p* value	N (%)	N (%)	N (%)	*p* value
Police are trained to help people who are having a mental health crisis.	89 (32.0)	41 (38.3)	34 (28.1)	14 (28.0)	0.204	71 (30.7)	15 (41.7)	5 (35.7)	0.412
Police needed during mental health crises	213 (76.7)	85 (79.4)	87 (72.5)	41 (82.0)	0.297	175 (76.1)	29 (80.6)	10 (71.4)	0.760
If a family member or loved one was having a mental health crisis…									
… you would feel comfortable calling for police officer assistance.	155 (55.3)	76 (71.7)	52 (43.3)	27 (54.0)	<.001	128 (56.1)	17 (47.2)	9 (64.3)	0.479
… you would want at least one police officer to respond.	188 (68.0)	84 (80.0)	73 (60.3)	31 (62.0)	0.004	152 (66.7)	27 77.1	9 (64.3)	0.446
Comfortable calling a co-deployment crisis team	258 (92.9)	101 (95.3)	109 (90.8)	48 (96.0)	0.292	213 93.0	32 91.4	13 (92.9)	0.945
Comfortable calling a civilian crisis team	211 (76.9)	80 (76.2)	90 (74.4)	41 (82.0)	0.564	175 (76.8)	27 (77.1)	11 (78.6)	0.987
Philadelphia should hire more police officers.	225 (80.9)	87 (82.1)	96 (79.3)	42 (84.0)	0.746	186 (81.2)	25 (71.4)	14 (100.0)	0.069
Philadelphia should hire more mental health professionals.	273 (98.6)	106 (100.0)	117 (96.7)	50 (100.0)	0.073	226 (98.7)	34 (97.1)	14 (100.0)	0.695

respondents believed that Philadelphia should hire more police officers (81.0%) and nearly all respondents believed the city should hire more mental health professionals (98.6%).

Table IV presents the findings of logistic regression models exploring the relationship between sociodemographic predictors (race, gender, age, income, and feeling safe in their community) and the perspectives of respondents on the three preference dimensions for police involvement in mental health responses. Black respondents were 50% less likely to believe police were necessary (adjusted OR 0.51, p=.047) and older respondents were 96% more likely to believe police were necessary (adjusted OR 1.96, p=.052). Black respondents were similarly less comfortable (adjusted OR 0.45, p=0.006) and older residents were similarly more comfortable with

TABLE IV Predictors of needing, being comfortable with, and wanting police presence during a mental health crisis

	Unadjusted OR	*p* value	Adjusted OR	*p* value
Police necessary				
Black	0.55 (0.29–1.04)	0.064	0.51 (0.26–0.99)	0.047*
Male	2.19 (0.92–5.22)	0.077	2.34 (0.95–5.72)	0.063
Older (age 55+ years)	1.83 (0.96–3.50)	0.066	1.96 (0.99–3.88)	0.052*
Income ($35,000+)	0.56 (0.30–1.07)	0.080	0.55 (0.28–1.06)	0.075
Feel safe in neighbourhood	1.37 (0.72–2.58)	0.338	1.24 (0.63–2.43)	0.529
Comfort with police				
Black	0.46 (0.27–0.79)	0.005*	0.45 (0.25–0.80)	0.006*
Male	1.59 (0.84–3.01)	0.155	1.61 (0.82–3.16)	0.163
Older (age 55+ years)	1.97 (1.13–3.43)	0.017*	2.21 (1.22–3.99)	0.009*
Income ($35,000+)	1.02 (0.60–1.74)	0.948	0.99 (0.56–1.75)	0.961
Feel safe in neighbourhood	2.10 (1.22–3.62)	0.007*	1.85 (1.05–3.26)	0.034*
Want police				
Black	0.48 (0.27–0.85)	0.012*	0.51 (0.27–0.96)	0.037*
Male	3.77 (1.60–8.86)	0.002*	3.99 (1.64–9.70)	0.002*
Older (age 55+ years)	1.30 (0.73–2.33)	0.377	1.37 (0.72–2.60)	0.339
Income ($35,000+)	0.70 (0.39–1.24)	0.216	0.56 (0.30–1.06)	0.074
Feel safe in neighbourhood	3.15 (1.75–5.68)	<0.001**	3.12 (1.67–5.83)	<0.001**

police involvement (adjusted OR 2.21, p=.009). Respondents who reported feeling safe in their community were also more likely to report being comfortable calling the police (adjusted OR 1.85, p=.034). Finally, Black respondents were less likely to want a police officer involved (adjusted OR 0.51, p=.037), while feeling safe in the community (adjusted OR 3.12, p<.001) and being male were associated with higher odds of wanting a police officer present (adjusted OR 3.99, p=.002).

DISCUSSION

This study is subject to important limitations. The readability of the survey instrument was examined closely by the research team and ISR staff. However, misclassification bias is possible to the extent that any questions were misunderstood. The survey questions are abstract, and it is possible that respondents might respond differently to questions that are anchored in more specific scenarios. Respondents likewise might envision what constitutes a "mental health crisis" very differently. There is assumed variability across the sample with respect to relevant lived experiences and social vulnerabilities. Some respondents—or their loved ones—may have experienced involvement of police during a mental health-related event that informed answers to the survey in a way that would differ from those answering in the abstract. Finally, the sample appears to be older, wealthier, and more highly educated, with a higher proportion of women, than the population from which it is drawn despite the general representativeness of the BHP panel and the relatively high response rate. The resulting selection bias underscores the difficulty of engaging populations in research who have been marginalized for generations. Our findings should be understood as reflecting only a portion of the perspectives in these high need areas; engaging younger, poorer, and less educated community members in similar surveys is an important priority for future research.

Notwithstanding these limitations, our study provides some important insights to guide efforts at realizing a healthier response to mental health crises. The Philadelphia residents in our sample were overwhelmingly supportive of a co-deployment model for responding to mental health crises in the community. This support was conceptually consistent with their beliefs that police officers do not have adequate training to respond to people having a mental health crisis but that police officers are needed at such incidents given their potential to turn violent. Perspectives on police involvement, however, were far from uniform. Black respondents were significantly less likely than White respondents to feel comfortable with or want police officer involvement in the response to a family member's mental health crisis. In our adjusted analyses, Black respondents were also significantly less likely to agree that police officers are needed in mental health responses to address potential safety concerns, although the absolute proportion of Black respondents questioning the need for police involvement was still substantially less than half. These findings are consistent with a large body of evidence documenting higher levels of mistrust and dissatisfaction with police among Black community members (Lai & Zhao, 2010; MacDonald & Stokes, 2006; Schuck et al., 2008).

Additionally, respondents' overall preferences for police involvement in mental health crises may reflect stigmatized views about mental health, and specifically perceptions that individuals living with mental illness or experiencing a mental

health crisis are likely to become violent. Previous research has documented that perceptions on these issues vary significantly between racial and gender subgroups (Anglin, Link & Phelan, 2006; Whaley, 1997), which might account for some of the observed patterning. Understanding how stigma shapes perspective on the need for police involvement, how those views vary between subgroups, and how to counteract them are important research priorities. Prior literature also aligns with our finding that younger residents are less comfortable in interactions with police, and with our finding that feeling safe in the community correlates with being comfortable with and wanting police involved in the response to a family member's mental health crisis (Bolger & Bolger, 2019; Lai & Zhao, 2010).

Despite high face validity and growing evidence supporting the benefits of civilian and co-deployment response models, implementation has been limited in scale in the sense that such teams are only deployed in response to a small proportion of emergency services calls. In addition to concerns about budgeting and staffing (Carroll et al, 2021), there are concerns about sending these alternate response teams to situations that may involve ongoing or potential violence. This concern is exacerbated by the difficulty of assessing the characteristics of an incident through the 911 call-taking system, which is compounded by persistent disinvestment in emergency response systems. Few residents felt that the police responded quickly to 911 calls, most believed the city should hire more police officers, and nearly all agreed that the city should hire more mental health professionals. Relatedly, respondents provided the first documented evidence of call embellishment described anecdotally in focus groups of Philadelphia police officers (Shefner et al., 2023). More than half of the respondents believe that people embellish calls either "once in a while" or "all the time," and about 5% of respondents reported that they themselves had suggested in a 911 call that there was a gun or other weapon to get a faster police response. It is hardly surprising that community members value speed and certainty in emergency responses and will manipulate existing systems to extract the most utility out of finite available resources. Our findings suggest that the denominator for potential alternate responses may be larger than observed in previous research (Lum et al., 2022) but only if those alternate models have the capacity to meet community expectations in terms of speed and quality of the response.

Call embellishment is one dimension of police mobilization (Wood & Anderson, 2023), and it is likely that police mobilization dynamics depend on contextual factors in Philadelphia, including but not limited to general deficits in the emergency response system. Another dimension of police mobilization is the collection of norms surrounding what people expect, and what they think they need, to address the crises they are experiencing. Changing emergency response practices—including through deployment of new response models—will succeed to the extent that initiatives reshape norms around enlisting the services. Underserved communities have learned to rely on the 911 system and on police in addressing a wide range of social and health problems because alternatives have been missing for generations (Watson et al., 2021). Philadelphia is part of a welcome national effort to implement a continuum of services to support people in distress with interventions better suited to their needs, but the need for structural interventions that address the social determinants of mental health—such as poverty, inequality, and institutional racism—must not be forgotten. There was considerable tension in respondent perspectives on the involvement of police in mental health crises, with many residents viewing them as necessary but not comfortable with or wanting their presence. This reflects a sad but understandable concession to the longstanding absence of services other than police. Resolving that tension will require not just more supportive services but concerted efforts to demonstrate—empirically but, perhaps more importantly, socially—how those services can better support people in crisis while preventing the vulnerabilities that result in acute distress in the first place.

CONCLUSION

Many cities are experimenting with co-deploying police officers alongside health professionals or deploying teams comprised entirely of civilian health professionals. In a survey of residents living in areas marginalized by high rates of unmet social and health needs, there was broad support for co-deploying police officers and behavioural health providers in response to mental health crises. The implementation of these and other alternate response initiatives must account for the role of help-seeking norms and the concerns and experiences of community members who have been historically underserved by local governments and who often harbour substantial concern with police involvement in crisis response.

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ORIGINAL RESEARCH

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Reducing criminal recidivism in Alaska: The Set Free Model

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This article is related directly to the First European Conference on Law Enforcement and Public Health (LEPH) held in Umea, Sweden in May 2023.

ABSTRACT

Crime associated with problematic substance use remains a defining characteristic in the United States criminal justice system. In Alaska, a perennial leader in US criminal recidivism rates, thousands of formerly incarcerated individuals continue to commit crimes and misuse drugs and alcohol following their release from incarceration. The total cost of these crimes to victims and Alaska's criminal justice system is over $2.3 billion annually.

The Set Free Model is a comprehensive intervention addressing the primary risk factors of criminal recidivism within an innovative therapeutic campus environment. Occurring within a four-phase operational framework for an average of 6 to 18 months, participants engage in a suite of services proven to reduce further criminal recidivism. These services include certified peer support, supportive housing, co-occurring substance use disorder treatment, career placement, intensive case management, and positive community reintegration.

Over an 18-month period, the nonprofit treatment agency Set Free Alaska provided the Set Free Model to a sample of 32 formerly incarcerated adults at high risk of criminal recidivism. Participants displayed a 21.8% recidivism rate compared with the current rate of 66.4%. Treatment engagement rates significantly improved compared with traditional outpatient rates (94.7% vs. 66.7%). Employment rates were also remarkable compared with national employment rates at 1-year post-release (100% vs. 37%). Validated calculations indicate the sample population may achieve $6.25 million in cost savings and net economic benefits. Evaluation results indicate the model possesses significant potential to reduce criminal recidivism and should be further expanded and evaluated.

Keywords Recovery; treatment; therapeutic campus; criminogenic needs.

INTRODUCTION

Background and Context

Despite recent reforms, drug-related offenses remain a defining characteristic of the US criminal justice system. Over 451,000 Americans are incarcerated for a nonviolent drug offense every day (Sawyer & Wagner, 2019). Nearly 63% of all incarcerated individuals in the United States, approximately 1.5 million people, meet the criteria for a substance use disorder (Bronson et al., 2017; Epperson et al., 2018). Unfortunately, a large disconnect continues to exist between the treatment of substance use disorders and the criminal justice system. Almost 85% of inmates who could benefit from treatment do not receive it within a US correctional facility (Chandler et al., 2009). To reduce the incarceration of individuals with substance use disorders, innovative approaches must be implemented that specifically address the relationship between problematic substance use and criminal recidivism.

Problem Statement

Currently, thousands of formerly incarcerated individuals engage in problematic substance use and commit new crimes following their release from incarceration in Alaska. However, the state significantly lacks the community-based infrastructure and service capacity to effectively meet the needs of individuals with substance use disorders who are at risk of ongoing criminal activity.

The relationship between problematic substance use and incarceration in Alaska is clear: 80% of all individuals in the state's correctional system report a substance use disorder

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(Alaska Department of Corrections, 2017). Upon exiting the institution, these individuals are often given the same soiled clothes they wore upon admission and are required to redefine their entire lives while somehow maintaining their sobriety. As most formerly incarcerated individuals are unable to effectively access appropriate treatment, secure safe and sober housing, achieve economic viability, and connect with supportive peer networks (Mallik-Kane & Visher, 2008), a return to criminal activity and substance use relapse is highly probable.

Within the first 2 weeks after release, formerly incarcerated individuals with substance use disorders are 129 times more likely to die of a drug overdose (Kinner & Binswanger, 2018; Rich et al., 2011). Should they survive this period, 66% of these individuals in Alaska will be reincarcerated within the next 3 years (Alaska Department of Corrections Reentry, 2019). Beyond 3 years, the US Bureau of Justice Statistics reports that 83% of these individuals will likely be rearrested (Alper et al., 2018).

The economic cost and social impact of crime attributed to problematic substance use in Alaska is substantial. The Alaska Mental Health Trust Authority (2020) recently reported that 25,450 Alaskans were victims of crimes directly attributed to drug and alcohol misuse in 2017. The total cost of these crimes to the victims and to Alaska's criminal justice system was over $2.3 billion, with an average total cost per crime of $90,923 (Alaska Mental Health Trust Authority, 2020).

Unfortunately, 92% of all individuals returning to incarceration in Alaska still require treatment for substance use disorders (Alaska Department of Corrections Reentry, 2019). A viable, community-based option capable of addressing all criminogenic needs within one model does not currently exist in Alaska. Until community-based service capacity is increased, these Alaskans will continue to be trapped in a vicious and costly cycle of criminal activity and relapse resulting in more victims, longer incarceration, and even death. Successfully addressing this challenge as a strategy to promote smart decarceration will result in profound social, health, and economic benefits (Epperson et al., 2018; McCollister et al, 2010).

The Set Free Model

The Set Free Model for reducing criminal recidivism is a comprehensive intervention addressing the primary risk factors of ongoing criminal activity within an innovative therapeutic campus environment. The innovative model is primarily designed to effectively address criminogenic needs and mitigate problematic substance use relapse among formerly incarcerated adults with substance use disorders.

The Set Free Model is built upon the Criminogenic Needs Theory. Established by Andrews and Bonta (1998), the Criminogenic Needs Theory is grounded in substantial amounts of empirical evidence that suggest it is possible to reduce reoffending rates by treating or rehabilitating offenders rather than simply punishing them. Criminogenic needs are defined as dynamic attributes of offenders and their circumstances that, when changed, are associated with reduced rates of recidivism (Andrews & Bonta, 1998; Ward & Stewart, 2003). Andrews and Bonta (1998) identify criminogenic needs important to reducing offending as: substance use, antisocial cognition, antisocial associates, family and marital relations, education, employment, and leisure and recreational activities. Wooditch et al. (2014) particularly highlight access to substance use disorder treatment, positive relational networks, economic viability, and increased recreational activities as important factors in reducing a return to problematic substance use and criminal behaviours. Wooditch et al. (2014) conclude that participation in treatment programs for a 6- to 12-month time period can likely facilitate changes in criminogenic needs.

The Set Free Model occurs within a unique, four-phase operational framework: Reentry, Recovery, Reintegration, and Restoration. Living on a therapeutic campus for an average of 6 to 18 months, participants engage in a suite of services proven to reduce further criminal recidivism and problematic substance use. These services include: certified peer support (Boman & Mowen, 2017; Gonzales et al., 2019), supportive housing (Fontaine, 2013; Mericle et al., 2015), co-occurring substance use disorder treatment (Chandler et al., 2009; Jewell et al., 2017; Kohn, 2018), education, training, and career placement (Jilani, 2018; Mullaney, 2018; Smith, 2018), intensive case management (Prendergast, 2009), and positive community reintegration (Boman & Mowen, 2017; Spooner & Hetherington, 2004). As participants begin transitioning out of the therapeutic campus, they receive assistance in establishing their own stable housing, are supported in gaining or maintaining viable employment, and continue participating in community-based social activities. Participants also have access to case management and recovery support as needed.

METHODS

Over an 18-month period, Set Free Alaska, a leading nonprofit treatment provider certified in the state of Alaska, provided the Set Free Model prototype to 32 formerly incarcerated adults who were at high risk of problematic substance use and ongoing criminal behavior.

Participant Demographics

Demographic analysis suggests those in most need of recidivism reduction interventions in Alaska are adults aged 18 to 44 with substance use disorders who are incarcerated for less than 2 years (Alaska Department of Corrections, 2019). The US Sentencing Commission (2016) further identifies individuals with a high school diploma or less and a lower socio-economic status as the most likely to be rearrested. Individuals at high risk for recidivism and problematic substance use have typically experienced substantial amounts of childhood and adult trauma (Wolff & Shi, 2012). Further, they usually lack stable housing within a supportive social and cultural environment (Moore & Elkavich, 2008; Spooner & Hetherington, 2004).

Gender demographics of incarcerated individuals in Alaska indicate a distribution of 90.63% male and 9.37% female (Alaska Department of Corrections, 2019). The race/ethnicity demographics within the Alaska Department of Corrections (2019) include: Caucasian (43.10%); Alaska Native (37.32%); Black (10.37%); Asian/Pacific Islander (5.03%); Hispanic/Latino (3.48%); and Other (0.70%).

Procedures

All participants received services in line with the Set Free Model's four-phase operational framework. These services and their operational justifications are described as follows:

Phase 1: Reentry

Certified Peer Support *– Direct connection with an individual with lived experience and peer groups who have successfully overcome addiction and criminal behaviours.* Research indicates that a positive connection to peers with lived experience provides an array of benefits to individuals at risk of criminal recidivism and problematic substance use (Boman & Mowen, 2017; Gonzales et al., 2019; Mallik & Visher, 2008; Rocha, 2019). Upon release, peer support workers assisted formerly incarcerated individuals with aspects of psychosocial adjustment related to subverting prison social norms identified as *the convict code* (Mitchell et al., 2020). Garland et al. (2011) relate that nearly 60% of formerly incarcerated individuals report general anxiety and disorientation due to the social adjustments required with living outside of the correctional facility. Peer support workers helped participants mitigate potential culture shock as they transitioned from incarceration into living on Set Free Alaska's therapeutic campus.

Supportive Housing Environment *– Access to living in a safe and stable recovery residence.* Access to a sustainable housing environment that reinforces healthy behaviours is a critical component in reducing recidivism and relapse (Fontaine, 2013; Jason et al., 2013; Mallik & Visher, 2008; Mericle et al., 2015). Participants lived on the therapeutic campus and engaged in a suite of individualized services for an average of 6 to 18 months. Jason et al. (2013) relate that transitioning directly to a recovery-based environment immediately after release from incarceration promotes a stronger likelihood of abstinence self-efficacy than reintegrating back into former residences or unstable settings that lack oversight and support. Set Free Alaska's therapeutic campus provided a structured, therapeutic setting that facilitated a healthy transition to stable long-term housing, a robust sober community connection, and easy access to critical services.

Phase 2: Recovery

Co-Occurring Substance Use Disorder Treatment *– Rapid access to therapeutic, individualized, and trauma-informed treatment.* Access to effective substance use disorder treatment is widely recognized as critical to reducing criminal recidivism (Chandler et al., 2009; Jewell et al., 2017; Kohn, 2018; Roybal, 2011). On the therapeutic campus, Set Free Alaska's licensed clinical social workers and certified addiction counselors provided a comprehensive therapeutic approach to address the prominent comorbidity of substance use disorders and mental health challenges that often occur. Staff used evidence-based models, including cognitive behavioral therapy, motivational interviewing, dialectical behavioral therapy, client-centered approach, and moral reconation therapy. In addressing the thought distortions and transgressions that present during therapeutic intervention, formerly incarcerated individuals addressed the foundational criminal and addictive thinking patterns that had perpetuated their cycle of problematic substance use and subsequent recidivism.

Intensive Case Management *– Assistance in accessing services such as medical care, pain management, dental care, public assistance, and other necessary supports.* A comprehensive meta-analysis of interventions for offenders with substance use disorders highlighted intensive case management as a crucial community-based service for the desistance from further criminal behaviours and problematic substance use (Prendergast, 2009). Set Free Alaska's clinical staff assisted participants with identifying and accessing critical community-based services, completing applications for benefits, and attending scheduled appointments.

Phase 3: Reintegration

Economic Viability *– Access to education, training, and career placement opportunities.* Recent social enterprises and research findings have highlighted the importance of meaningful employment and socioeconomic stability in achieving and sustaining a crime-free and sober lifestyle (Jilani, 2018; Mullaney, 2018; National Employment Law Project, 2016; US Council of Economic Advisors, 2018). Set Free Alaska's employment specialists helped participants develop and pursue a viable and sustainable career pathway. Support included access to individualized education, training, and career placement opportunities. Employment specialists also assisted participants in overcoming social norms that often create barriers to meaningful employment (Agan & Starr, 2016; Couloute & Kopf, 2018).

Positive Community Connection *– Assistance in overcoming existing social stigmas and barriers to developing meaningful community relationships apart from treatment.* To mitigate the potential of trans-institutionalization (Primeau et al., 2013) from correctional environments to the therapeutic campus setting, peer support workers served as strategic relational bridges to positive community support networks outside of the treatment environment. Peer support workers facilitated interaction within the community to promote social and recreational skills, healthy community relationships, and a sense of belonging. The networks and relationships built within the peer support construct offer formerly incarcerated individuals the opportunity to reconnect with their communities, find purpose within their recovery capital, and ultimately reduce the likelihood of recidivating in the future.

Phase 4: Restoration

Ongoing Support *– Developing resilience, stability, and a strong sense of belonging.* A sense of community belonging is widely recognized as an important factor in recidivism reduction (Boman & Mowen, 2017; Mallik & Visher, 2008; Moore & Elkavich, 2008; Spooner & Hetherington, 2004). While the presence of ongoing support is essential for long-term success in reintegration and recidivism reduction, the quality and meaningfulness of these connections is particularly influential in goals relating to problematic substance use (Lookatch et al., 2019). Throughout the treatment experience, from reentry to full community reintegration, Set Free Alaska staff used co-created treatment plan goals to identify relationships and activities that were congruent with participants' individualized goals, core values, and passions. Prior to participants leaving the therapeutic campus, Set Free Alaska staff worked to ensure that a robust long-term restoration strategy was developped and community support networks were in place. As participants transitioned out of the therapeutic campus, they received assistance in establishing their own stable housing and gaining or maintaining viable employment. Participants also continued in the community-based social activities they were introduced to in the earlier phases of the model.

Data Collection

A programmatic evaluation was conducted using a combination of Set Free Alaska's de-identified treatment records and the publicly available State of Alaska CourtView arrest and remand database. De-identified treatment records included outcome data from co-occurring substance use disorder treatment services, case management and peer support engagement data, active employment status, and service engagement rates. A comparative analysis was then conducted to assess differences, if any, between prototype participants and a control group of similar justice-involved individuals with problematic substance use challenges in Alaska.

RESULTS

Formerly incarcerated individuals who engaged in the Set Free Model presented significantly higher attendance rates to treatment groups, individual counseling sessions, peer support services, and case management sessions. Prototype participants achieved an average attendance rate of 94.7% compared with the existing outpatient and intensive outpatient attendance rate average of approximately 66.7%. Historic reports from outpatient treatment participants consistently indicate the biggest barrier to treatment and meeting attendance is access to reliable and affordable transportation. Transportation challenges appear to be exacerbated in Alaska and other similar locations where great geographic distances exist between limited services and available housing.

Although employment and economic viability are identified as critical to maintaining a sober and crime-free lifestyle, only 37% of formerly incarcerated individuals nationally are able to find employment within the first year after their release (Carson et al., 2021). Approximately 83.3% of those participating in the Set Free Model prototype found employment within the first 6 months and 100% found employment prior to transitioning out of the therapeutic campus environment.

Of the 32 formerly incarcerated participants in the Set Free Model prototype, 5 were remanded due to probation violations and 2 were arrested on new criminal charges for an overall recidivism rate of 21.8%. All 7 individuals who were remanded or arrested left the therapeutic campus of their own accord prior to completing the full treatment process. While any occurrence of remand or rearrest is not a desirable outcome, the recidivism rate demonstrated in the prototype evaluation was a marked improvement over the current rate being reported in the state of Alaska of 66.4% (see Table I). According to cost-of-crime and economic benefit calculations provided by the Alaska Mental Health Trust Authority (2020) and McCollister et al. (2010), respectively, the 18-month Set Free Model prototype may result in a combined cost savings and net economic benefit of up to $6.25 million.

TABLE I Comparative analysis results

Category	Set Free Model Participants	Non-Participants
Treatment Engagement/ Meeting Attendance	94.7%	66.7%
Employment within 6 months post-release	83.3%	38%
Employment at 1 year post-release	100%	37%
Remand/Rearrest	21.8%	66.4%

DISCUSSION

Due to COVID-19 pandemic protocols, the sample size during the prototype's 18-month evaluation had to be limited to 32 participants. Other than the sample, it is undetermined whether these protocols had a significant impact, if any, on participant outcomes. It is important to note that throughout the intervention, ethical standards dictated that participation remain on a voluntary basis. As a result, Set Free Alaska staff were limited in their ability to retain an individual in services if that individual desired to leave the therapeutic campus environment prior to the completion of their treatment. The prototype's recidivism results appear to support Wooditch et al.'s (2014) findings that longer durations of participation in treatment services are correlated with lower recidivism rates. Of the participants that recidivated, all seven voluntarily left services early. This is a highly likely indicator that they did not have sufficient time on the therapeutic campus to make significant changes in their criminogenic need areas. Because length of stay appears to be a critical factor in reducing the risk of criminal recidivism, it is recommended that Set Free Alaska staff continue to pursue additional strategies to maximize participants' motivation for change while living on the therapeutic campus. However, the 21.8% recidivism rate demonstrated by the Set Free Model is a significant improvement over the existing 66.4% rate in Alaska.

Overall, the Set Free Model appears to provide a substantial opportunity for changing criminogenic needs. In addition to living in a safe, therapeutic environment, participants achieved significantly higher rates of treatment service engagement (94.7% vs. 66.7%) and meaningful employment (100% vs. 37%). These factors have all been attested as critical to reducing criminal recidivism (Mallik & Visher, 2008; Spooner & Hetherington, 2004). In addition to lives changed, the prototype's potential cost savings and economic benefits of up to $6.25 million is in alignment with the US Council of Economic Advisors (2018) report of $5.27 of value for every $1.00 of taxpayer money spent.

As the intervention continues to grow and the number of graduates increases, it will be imperative for Set Free Alaska to advance strategies that improve participant connectedness in the community beyond the 18-month time period. The development and integration of automated systems to track long-term recidivism of participants should also be pursued.

CONCLUSION

Given the results displayed within the prototype and the validated success of interventions using the Criminogenic Needs Theory, the European Union's (2018) Triple-R Model, and the Norway Model of Restorative Justice (Hagstrom, 2016; Janzer, 2019; Sterbenz, 2014), it is reasonable to conclude that the Set Free Model is capable of achieving significant social impact and reduced recidivism rates.

Although the model may have been hindered by a lower sample size due to COVID-19 protocols, results indicate

the model possesses a valuable potential to redefine the recidivism reduction landscape. The model should therefore be advanced to serve more individuals and evaluated with a larger sample size over a longer period of time. Effectively reducing criminal recidivism will have tremendous social, health, and economic impacts in Alaska. The state of Alaska will also likely position itself as a national leader in recidivism reduction in the United States.

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The authors have no conflicts of interest to declare.

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ORIGINAL RESEARCH

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Hungarian vs. American mediators and how to make communities more resilient

Laura Schmidt*

This article is related directly to the First European Conference on Law Enforcement and Public Health (LEPH) held in Umea, Sweden in May 2023.

ABSTRACT

Restorative justice practices are used in a wide array of criminal offence cases globally as it puts the need of victims and the community at the centre of the proceedings and focuses on repair and rehabilitation rather than judgement and punishment.

This study focuses on the different experiences of mediators in Hungary and in Bloomington, Indiana, United States. Two local government offices in Hungary and a non-profit organization, called Community Justice and Mediation Center (CJAM) were selected for this study. Six Hungarian and five American mediators from the local government offices and CJAM were interviewed in person and online.

Analyzing the interviews, we find that there are fundamental differences between the definitions, legislation, and the practices used in the two jurisdictions. The training of mediators is found to be similar in both countries but the way restorative practices are used is different. The system in Bloomington allows the process to be more flexible whilst in Hungary, the high caseloads and strict timeframes of the prosecutor's office demand that cases be very quick and efficient. This is likely the reason why at CJAM, co-mediation is the norm, with at least two but sometimes three or four facilitators working on a case, while in Hungary co-mediation only happens in the most complex cases.

However, it is apparent that the goal of mediation and restorative justice meetings is the same in both Hungary and Bloomington: to repair the harms and to help build a better community.

Key Words Restorative justice; mediation; alternative conflict resolution; Hungary; Indiana.

INTRODUCTION

Criminal justice systems around the world increasingly use restorative methods, but the legislation and policies vary from country to country, making it difficult to compare different practices.

There are ongoing debates around how best to define the term restorative justice. However, one widely acknowledged definition is Tony Marshall's (1996), which states that "[r]estorative justice is a process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future" (p. 37). It is important to note that this definition includes not only the victim and the offender of a crime but the wider community, as well, who might have been affected by the offence.

The present study focuses on restorative justice practices in Hungary and in Bloomington, Indiana, United States. The aim of this research is to present the experience of Hungarian and American mediators who facilitate communication between victims and offenders in criminal offence cases.

In Hungary, the term mediation is used as a synonym for restorative justice proceedings in criminal offence cases. However, in many other countries, mediation is not the same as restorative justice—it is, rather, a process where the focus is not on repairing the harm but on solving the problem at hand. In this article, mediation in the context of the Hungarian criminal justice system will be used interchangeably with the term restorative justice.

In 2006, the Hungarian Criminal Code was changed, allowing certain criminal offence cases to be referred to mediation after January 1, 2007 (Act C of 2012 on the Criminal

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Code). Since 2012, the types of cases that can be referred to mediation have broadened even more to include more serious and complex cases.

In the United States, there is no federal legislation in place for governing restorative justice, but there are certain rules that are applied state by state. Restorative justice practices are generally facilitated by non-profit organizations that are contracted by the different counties of the state on an annual basis.

This article will examine the similarities and differences in mediators' experiences in Hungary and Bloomington, with a focus on implementing best practices.

METHODS

The present research is a qualitative study in which observations were made and interviews were conducted. As the aim of the study was to learn about the work of mediators in Hungary and the United States, observing their tasks and asking them about their experience was considered to be the most appropriate way to get all the relevant information.

Ethical Approval

Permission for this research was granted by the Prime Minister's Office and the Ministry of Justice in Hungary. The Julius Rezler Foundation also approved the research plan to conduct interviews in the United States.

Participants

Participants provided informed consent to take part in the study. Six Hungarian and five American mediators were interviewed (n=11). The Hungarian participants were selected from two local government offices (Szabolcs-Szatmár-Bereg county and Heves county) where the author had previously conducted research for her PhD study. The American participants were selected from a non-profit organization called Community Justice and Mediation Center (CJAM) in Bloomington, Indiana, while the author spent a semester at Indiana University on a scholarship.

All participants are mediators who facilitate communication between victims and offenders in various criminal offence cases.

Measures

Observational research was conducted in the county of Szabolcs-Szatmár-Bereg in Hungary and online for cases at CJAM in Bloomington. The author observed victim–offender conferences, initial interviews with offenders and victims as part of the Victim Offender Rehabilitation Program, and sessions with offenders as part of the Shoplifting and Theft Education Program at CJAM. The observational research helped to better understand what the process is and how restorative methods are used in practice.

The interviews were semi-structured, and all interview questions were open-ended. At the beginning, there were some general questions on the qualifications and training experience of the mediators before they were asked about the legislation (types of offences that go to mediation, whether there are certain types of offences that need to be victim-initiated, etc.). The third set of questions was about the preparation of cases, and participants were then asked about co-mediation. The topic of agreements (for example the types of agreements) was also covered, and there were questions around victims' and offenders' feelings and the difficulties and challenges mediators face.

Data Collection

The author conducted the interviews in person with four American mediators and online with one American mediator and with all six of the Hungarian mediators. The interviews lasted about 1 hour, and the author took notes and audio recordings with the consent of the participants. Data was collected from October 2022 to March 2023.

Notes from the observations and interviews and the audio recordings and the transcripts of the interviews are all password-protected and can only be accessed by the author.

RESULTS AND DISCUSSION

The 11 interviews with mediators were all analyzed using thematic analyses, and the emerging themes are discussed in this section. Using inductive coding, initial codes were generated, and the author looked for meaningful patterns and themes across the data.

Mediators

The first block of questions was about the mediators, their qualifications and their training.

Mediators' Qualifications

In Hungary, mediators who work with criminal offence cases can have different degrees (they mostly have qualifications in social work/teaching or related degrees) but are all probation officers who work for the local government offices. They have all received 60 hours of training in mediation and restorative justice, and some of them have also completed training on how to facilitate peace circles.

The American mediators also have qualifications from a variety of fields and must complete 40 hours of training in mediation and restorative justice. Some mediators are employed by CJAM and some work as volunteers. Two of the mediators interviewed were currently completing a university degree while volunteering for CJAM as mediators.

Importance of Neutrality

In terms of the qualities a good mediator possesses, the different guidelines and the interviewees all agree. One interviewee phrased it like this, when they were asked about the challenges mediators face:

> It's so natural to [lead] and to try and solve [the problem] for them but you cannot do so. It's so crazy, when you don't, the solutions are more sustainable. Because when you solve it, you're technically not a facilitator, you're part of the community.

Neutrality is something that many mediators find difficult to achieve and yet is an essential part of facilitation (Bowling & Hoffman, 2000; Garcia et al., 2002). Neutrality means being completely impartial and unbiased towards both sides of the dispute to ensure a fair and just process. The mediator must set aside their personal beliefs and opinions

to take on the role of a facilitator. Whilst impartiality can be demonstrated by the mediator's actions, neutrality is more about the mediator's interest in the outcome. The mediator should be neutral to the outcome but not the process. As one interviewee explained the importance of being neutral, "You find that people are able to connect better when you're neutral rather than advocating even a little bit for any side."

Perhaps a better term than "impartial" is "omnipartial," as facilitators are still involved in the conflict they are trying to help resolve (Cloke, 1994). Omnipartiality means that the mediator is equally partial to all parties.

Defining Mediation and Restorative Justice

As it was discussed briefly in the introduction, there are differences between the Hungarian and American understanding of the terms mediation and restorative justice.

In Hungary, mediation is used as a synonym for restorative justice. Even on the Ministry of Justice website, both terms are used to explain what the process is (Ministry of Justice, n.d.). When asked about the difference between restorative justice and mediation, an American interviewee explained it this way:

> Restorative justice, we see it more as kind of an advocacy and we kind of see facilitation more like fostering, empowering. We're empowering individuals and empowering the good in people to collaborate to really build community infrastructure, participatory governance, where the city runs as a community rather than as a separate entity.

Legislation

Just as there are differences in terms of the definitions, the legislation varies between Hungary and Indiana. In Hungary, there are two main laws that govern restorative justice. First, the "Act XC of 2017 on the Code of Criminal Procedure" sets the conditions for conducting a mediation procedure. According to Chapter LXVI, Section 412, "(2) With a view to conducting a mediation procedure, the prosecution service shall suspend the proceeding if a) the suspect or the aggrieved party initiates, or consents to, a mediation procedure, b) the suspect confessed to having committed the criminal offence before the indictment, and c) having regard to the nature of the criminal offence, the manner of its commission, and the identity of the suspect, ca) reparation of the consequences of the criminal offence can be expected, and cb) conducting a criminal proceeding may be dispensed with, or conducting a mediation procedure is not inconsistent with the principles of sentencing. (3) Suspending the proceeding for the purpose of conducting a mediation procedure shall not be prevented by the fact that the suspect has already voluntarily paid for, in whole or in part, the damages or pecuniary loss caused by his criminal offence or the value affected by the criminal offence, or he provided reparation for the injury caused by his criminal offence, in a manner and to an extent accepted by the aggrieved party." The other legislation that provides a strict structure for the mediation process is the "Law on mediation in criminal cases CXXIII of 2006," which regulates the activities and duties of mediators and related practical issues.

In the United States, there is no federal legislation around restorative justice, but there are different laws and rules that vary from state to state. In Indiana, there are three statutes, and restorative justice is available diversionary/pre-trial, as intermediate sanction, and also post-sentencing (Sliva & Lambert, 2015). It is recommended for the juvenile population but is also available for the general population. It is evident that restorative justice is present in state laws across the United States, but very few of the states provide comprehensive support and structure, making system-level use difficult. Restorative justice is an ever-evolving concept in communities and states across the United States, presenting itself as an alternative to conventional justice systems (Pavelka, 2016). Many state statutes and codes now include language related to restorative principles, and there is a growing trend of incorporating restorative practices within the legal framework. However, implementation of these policies and laws varies significantly, with some being explicitly addressed while others remain implicit. Furthermore, there is a lack of comprehensive mandates and support structures to ensure systematic implementation, including adequate funding, which is essential for achieving policy objectives and successful outcomes in practice.

Co-Mediation

Hungarian and the American practices differ in terms of the frequency of co-mediation. In Bloomington, it is very rare that a case is mediated only by one mediator, and most restorative justice cases observed were facilitated by three mediators. In Hungary, co-mediation rarely happens due to the high caseloads and the strict timeframes set by the prosecutor's office. When it does happen, it is usually in complex cases such as domestic violence or serious assault cases. One American mediator explained it this way:

> Sometimes it's good to be very flexible when you have two facilitators and let the other person come in if they are knowledgeable, and they'll serve better as a community member because, guess what, we are all community members. In a facilitation, you can still be a community member, but during certain sessions you play a certain role.

Mediators reported that co-mediation is helpful as they feel more comfortable and less pressure with someone else being present at the meetings. They explained that they overcome some of the challenges more effectively by discussing them with the other mediator. Cornfeld (1985) suggests that co-mediation is a better method than mediating solo as there are many benefits, such as more ideas are generated, there is a more relaxed and balanced atmosphere, and therefore fairer agreements can be achieved.

Impact of COVID-19

In Hungary, when the COVID-19 pandemic broke out and everything started to shut down, the mediation processes were all on hold as well. There was a period when mediation was allowed in person but clients and mediators had to wear masks. One interviewee mentioned how difficult it was to facilitate mediation during these times as nonverbal communication is a key part of mediation but masks were hiding people's facial expressions. However, as the referrals were still coming in, the legislation was soon changed to allow

mediation via telecommunication channels and mediators started facilitating meetings over the phone. Post-pandemic, facilitation is back to normal and it is very rare that a meeting is conducted online.

On the other hand, at CJAM, the majority of meetings still happen online, as mediators realized the advantages of online facilitation. One interesting finding is that mediation and restorative justice conducted online was found to be more accessible, and the attendance rate of clients increased. In the beginning, mediators were worried that not everyone would be able to access a smartphone or a computer to join the meeting, but these worries were unsubstantiated. Clients reported that it is easier to join the meeting online, as they do not have to worry about parking, and it is also easier to find a time for the meeting if they do not have to think about commuting to an office and can just do it from their workplace or home.

Successful Mediation

Mediators were all asked about what makes a mediation process successful and what the importance of restorative justice is. The answers were all very similar, and it is clear that mediators focus greatly on the well-being of clients and repairing harms. As one interviewee explained it,

> A successful facilitation is when everyone feels heard, listened to and they have had a chance to listen and they're more open. They feel heard and they feel heard enough to listen. And they learn and they take in what's being said and then we move on from there. Solution is not really a part of facilitation. And respect, respect is a huge part of it too. That's when you know it was a successful facilitation.

Another interviewee mentioned the importance of sharing values: "A whole thing about facilitation is sharing values. And sometimes you have to find those values."

When asked about the importance of restorative justice, one interviewee said: "It's a really rewarding experience because I actually got to change the community for the better. You know, like Nelson Mandela: Be the change you want to see in the world. I actually got to do that." Another interviewee had this to say: "If we don't meet our goal [such as finishing a certain number of restorative justice sessions in a year] at the end of the year, that's okay. What we're really trying to do is to help the community."

One interviewee emphasized how important awareness raising is:

> Mediation is something that could use a lot of awareness. I think there is an opportunity to bring awareness to mediation in a community and the value it can bring to them. Sharing what mediation can bring to the table is really important and you really are helping people make their own decisions. You could save time and money and potentially get to an outcome that would be better for all parties involved.

Just as in various parts of the world, mediators in Hungary and in Bloomington share the experience that people still do not know what restorative justice and mediation are (Shapland, 2014). When clients are first contacted, generally they need to have the process explained to them and be told what the benefits for them could be.

Recommendations

1. There is a need for clearer definitions. It makes it difficult to evaluate and compare processes when terms such as restorative justice and mediation have different meanings in different countries and contexts. The Ministry of Justice in Hungary should make a distinction between the definitions of restorative justice and mediation based on international practice. It is recommended that the core restorative values and principles set out by the European Forum for Restorative Justice, whose general aim is to contribute to the development of high-quality restorative justice throughout Europe, be incorporated.
2. All mediators agreed that there is a lack of awareness in the public about what restorative justice means and the benefits of these restorative practices. Governments and organizations should focus on raising awareness so that people know of these processes that might be available. Raising awareness of restorative justice should involve a multifaceted approach to reach a broad audience. Effective strategies could include the following: (1) Educational campaigns to develop and disseminate informational materials, such as brochures and videos, explaining the principles and benefits of restorative justice. These materials could be distributed in schools, community centres, online platforms, and public spaces. (2) Workshops and seminars to educate key stakeholders, including law enforcement personnel, legal professionals, educators, community leaders, and the general public, about restorative justice practices and their potential impact. (3) Collaboration with media to partner with local media outlets to feature stories, interviews, and documentaries highlighting successful restorative justice initiatives. This will help increase public awareness and interest. (4) Engagement with schools and universities to collaborate with educational institutions to incorporate restorative justice concepts into their curricula. This will help young people understand the importance of alternative approaches to conflict resolution.
3. Co-mediation should be encouraged in Hungary. It was found to increase mediators' comfort about the process and can also help supervision as mediators can give feedback to one another and discuss the challenges of the case with each other.

Limitations and Future Research

The findings of this study have to be seen in light of some limitations. First, the study includes a small sample size (n=11) and whilst Hungarian participants were from two different counties of the country, the American participants were all from the same organization in one town of the state of Indiana. Therefore, while we can see tendencies in the findings, the sample is not representative.

For future research, it would be interesting to interview participants from other parts of Indiana and Hungary to have a bigger and more diverse sample. Moreover, for her PhD

study, the author asked victims and offenders who have taken part in mediation in Hungary to complete a questionnaire, and a number of participants were then also interviewed about their experience in the process. It would be useful to ask clients in Indiana to answer the same questions in order to compare the views of not just the mediators but the clients as well.

CONCLUSION

In conclusion, when comparing the restorative practices in Hungary and in Bloomington, we see many differences in terms of the definition, the legislation and how mediation and restorative justice are conducted in practice. However, the core values and aims of the process are the same—facilitators want to help empower victims, rehabilitate offenders, and strengthen communities.

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CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

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Act C of 2012 on the Criminal Code (https://net.jogtar.hu/jogszabaly?docid=a1200100.tv)

Act XC of 2017 on the Code of Criminal Procedure (https://net.jogtar.hu/jogszabaly?docid=a1700090.tv)

ORIGINAL RESEARCH

Journal of
COMMUNITY SAFETY & WELL-BEING

Preventing sexual harassment through a prosocial bystander campaign: It's #SafeToSay

Alex Walker,* Emma R. Barton,* Bryony Parry,* and Lara C. Snowdon*

This article is related directly to the First European Conference on Law Enforcement and Public Health (LEPH) held in Umea, Sweden in May 2023.

ABSTRACT

Sexual harassment is pervasive and often hidden, occurring on a continuum of violence against women, domestic abuse, and sexual violence (VAWDASV), and often underpinned by problematic attitudes and beliefs. Bystander interventions have been shown to illicit positive outcomes in VAWDASV prevention. Therefore, the Wales Violence Prevention Unit created the #SafeToSay campaign, to encourage prosocial bystander responses against sexual harassment. The campaign was delivered in two phases. Phase One was delivered in Cardiff and Swansea, calling everyone to action. Phase Two was delivered in Swansea and specifically engaged men. Both phases received a process and outcomes evaluation using social media and website analytics, and a public perception survey. The surveys showed that members of the public felt that #SafeToSay had drawn people's attention to an important issue and had provided them with some of the information and skills needed to take prosocial bystander action against sexual harassment. However, men had particularly negative responses to some of the social media advertisements in Phase Two. Possible explanations for this have been explored. When considering future iterations of #SafeToSay, more work is needed to understand what works in engaging men and boys in violence prevention campaigns through research, focused engagement, consultation and coproduction with this group. Similarly, refining the target audience, including exploring options for targeting other socio-demographics, should be considered. This could be achieved through behavioural insights work, such as surveys, interviews, and focus groups. This would support the development of messaging to make the campaign more relatable to the desired target audience.

Key Words Violence prevention; sexual harassment; bystanders; campaigns; night-time economy; sexual violence.

INTRODUCTION

Sexual harassment is a pervasive and often hidden social problem (Fitzgerald & Cortina, 2018). The UK Government Equalities Office's *2020 Sexual Harassment Survey* found that 72% of the adult population had experienced sexual harassment at some point in their lives. Sexual harassment is particularly prevalent amongst 18- to 24-year-old women, with 97% reporting that they experienced some form of sexual harassment in their lifetime (UN Women, 2021). Most commonly, the perpetrators of sexual harassment are men, and the victims are women (Adams et al., 2020).

Women most commonly experience sexual harassment in the street, pub, club or bar (UN Women, 2021). Whilst the night-time economy does not cause sexual harassment, there are many factors associated with it that can promote the conditions for it to occur. This includes intoxication, drug use, overcrowding, and anonymity (Janssen et al., 2020; Quigg et al., 2020; Philpot et al., 2019). These factors, coupled with problematic attitudes and beliefs relating to gender (for example, misogyny), can result in sexual harassment.

Sexual harassment occurs on a continuum of violence against women, domestic abuse and sexual violence (VAWDASV) behaviours. This continuum ranges from unwanted sexual attention or harassment through to rape and homicide. Evidence suggests that problematic attitudes and beliefs relating to gender inequality, including sexism, racism, misogyny, and homophobia, can underpin violent behaviours that can escalate when left unchallenged (see Figure 1). This can lead to social and cultural norms in which sexual

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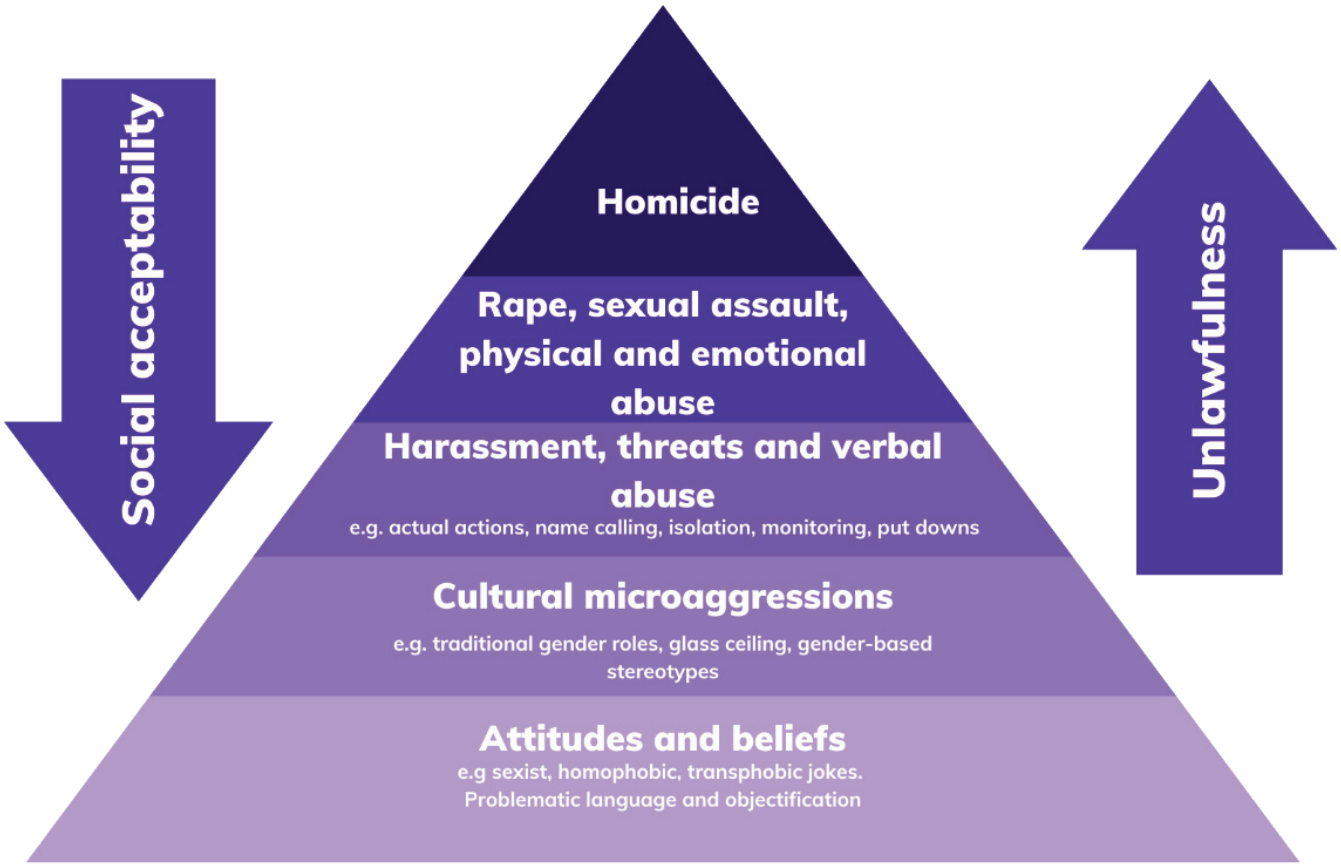

FIGURE 1 Pyramid of sexual violence.

harassment is highly prevalent and acceptable (McMahon & Banyard, 2012).

Bystanders

The *2020 Sexual Harassment Survey* found that 38% of 12,131 people surveyed had witnessed sexual harassment, yet only 16% had intervened (Adams et al., 2020). Those who intervene positively are called "prosocial bystanders". Prosocial bystander responses include interrupting the situation to prevent it escalating, being a supportive ally to victims, and speaking out against the social norms that perpetuate sexual harassment within the night-time economy, including addressing problematic attitudes and beliefs relating to gender (Pederson et al., 2017; Cares et al., 2015).

Evidence suggests that bystanders need to follow four steps before they will take prosocial action in response to VAWDASV. These four steps are termed the "bystander theory of change", and are as follows:

1. Becoming aware of the behaviour
2. Recognizing that behaviour as problematic
3. Feeling responsible to take action
4. Feeling they possess the right skills to take action (Berkowitz, 2009).

A systematic literature review to explore what works to prevent VAWDASV found promising evidence to support the use of bystander training programs, as well as campaigns and programs that transform harmful gender norms (Addis & Snowdon, 2021). Whilst there is strong evidence to support bystander interventions against VAWDASV, evidence on the impact bystanders can have on sexual harassment within the night-time economy is an emerging area of research (Quigg et al., 2020).

#SafeToSay Campaign

The Wales Violence Prevention Unit's #SafeToSay campaign aimed to encourage prosocial bystander responses to sexual harassment in the night-time economy. More specifically, the campaign sought to address problematic attitudes and beliefs that may escalate into sexual harassment if left unchallenged (Figure 1). The campaigns followed the bystander theory of change, aiming to provide bystanders with awareness of problematic behaviour and the skills to challenge or divert from potential perpetrator behaviour in a non-violent way.

The campaigns depicted scenarios a bystander may encounter whilst in the night-time economy and offered examples of prosocial bystander responses that they could use to address the problematic behaviour (examples of the scenarios can be found in Appendices A and B). All scenarios were tested with members of the target audience prior to the campaigns going live. The campaign did not aim to alter the behaviour of victims or potential victims but did offer contact information for support services should the

victim, bystander or potential perpetrator want to contact someone for support.

#SafeToSay was delivered in two phases. Phase One was delivered in 2021, in response to concerns from police and local partnerships that sexual violence may increase as COVID-19 restrictions lifted in Wales. This phase of the campaign targeted 16- to 45-year-olds, and sought to equip people with the knowledge, skills, and confidence to speak up about sexual harassment within the night-time economy, to reduce the risk of it escalating to sexual violence. Campaign materials were delivered both online (Facebook, Twitter, Instagram, and Snapchat) and offline, through posters, digivans, parking meter adverts, and buses, in Cardiff and Swansea. The campaign linked to a website, which contained a bystander toolkit and information on support services and bystander training programs. Phase One ran for 4 weeks. See Appendix A for images of Phase One.

Phase Two of #SafeToSay was delivered in 2022 and ran for 7 weeks. Similar to Phase One, it sought to prevent sexual harassment by encouraging prosocial bystander responses towards individuals who display sexually inappropriate behaviour and problematic attitudes and beliefs in the night-time economy. More specifically, Phase Two encouraged male bystanders to challenge problematic behaviour, attitudes, and beliefs of their friends, in a non-confrontational way. Advertisements were targeted at men aged 18 to 35 who took part in nightlife in Swansea, South Wales. As the majority of sexual harassment is perpetrated by men, it is imperative that men be engaged as active bystanders in the prevention of sexual harassment, and that they be empowered to speak out against harassment behaviours as a way to encourage other men to do so, disrupting pluralistic ignorance. Campaign materials were delivered across Swansea, online (Facebook, Instagram, and Audience Network) and offline, through beer mats and digital screens in pubs and clubs, at bus stops, and in train stations. Again, the campaign included a website with a bystander toolkit and signposting to support services and training. See Appendix B for images of Phase Two.

The key differences between Phase One and Phase Two of #SafeToSay can be found in Table I.

METHODS

Objectives

Both phases of #SafeToSay underwent process and outcomes evaluations shortly after the campaigns finished. For both evaluations, the objectives were to:

1. Measure public engagement with the campaign across social media platforms
2. Measure public engagement with the campaign website and associated information and resources
3. Assess public awareness of the campaign, including visibility and recognition of the campaign among the target population
4. Explore public perceptions of the content and delivery of the campaign
5. Explore the impact of the campaign on public awareness of, and attitudes towards, sexual harassment in the night-time economy
6. Explore the impact of the campaign on bystanders' confidence and willingness to safely challenge harmful sexual behaviour within the night-time economy
7. Consider future delivery and up-scale of the campaign across different sectors.

TABLE I Key differences between Phase One and Phase Two of #SafeToSay

Phase One	Phase Two
Ran for 4 weeks June to July 2021	Ran for 7 weeks February to March 2022
Ran in Cardiff and Swansea	Ran in Swansea
Called everyone to action	Called men to action
Targeted 16- to 45-year-olds	Targeted 18- to 35-year-olds
Scenarios were not gender specific	Scenarios were targeted at men and male behaviours

For both evaluations, social media and website analytics were reviewed. Further, a public perception survey was delivered to people residing in the areas targeted by each phase of the campaign. Survey responses were analyzed with SPSS and Atlas.ti.

Ethics

Public Health Wales' Research and Evaluation department deemed these evaluations exempt from needing ethical permissions.

Public Perception Surveys: Participant Demographics

After both phases of #SafeToSay, a public perception survey was delivered to residents within Cardiff and Swansea to gauge whether they had seen the campaign while it was live, and to gather their opinions on the design of the campaign materials and messaging. For both phases, the survey was emailed to a database of people who have consented to be registered in a research participation database.

The survey was completed by 265 respondents for Phase One, 56% of whom were women; 85% identified as White British, and ages ranging ranged from 18 to 65. These respondents lived in Cardiff and the Vale and Swansea.

For Phase Two, 231 responses were collected. All respondents lived in the Swansea area, 61% were women, and 83% identified as White British. Similar to Phase One, the ages of respondents ranged from 18 to 65. While Phase Two targeted men specifically, the team wanted to understand the gender differences in responses to the campaign, therefore women were also included in the survey.

RESULTS

Social Media and Website Engagement

Phase One of #SafeToSay reached 392,001 people through social media channels across Cardiff and Swansea; this is noticeably more than Phase Two, which reached 84,208 people across Swansea.

Phase Two generated considerably more traffic to the campaign website. Phase One generated 1,938 click-throughs from the campaign advertisements to the campaign website, with a unique click-through rate of 0.49%; whereas Phase Two generated 4,514 clicks, and a unique click-through rate of 5.36%.

More people reacted to the Phase One social media advertisements (like, love, haha), with 147 reactions compared with 124 for Phase Two. However, Phase Two elicited more comments on social media, with the adverts receiving 74 comments, compared with Phase One's five comments. Unfortunately, many of the comments posted on Phase Two's advertisements were severely negative and had to be reported to Facebook as "hate speech." These hate speech comments contained direct verbal attacks of the campaign creators' protected characteristics, including their sexual orientation, sex, and gender identity. Facebook removed these comments. Similarly, there were many comments in Phase Two highlighting the rate of sexual harassment by women towards men, including some disclosures of harassment. It is important to note that anyone who made a disclosure was signposted to appropriate support services. While the social media comments were primarily negative, a few sparked discussion, with some men supporting the messaging within the campaign and challenging the perceptions of the men who had posted negative comments (Figure 2).

Public Awareness of the Campaign

Phase One was seen by 19% of survey respondents (n=50 respondents) during the time the campaign was live. Just over half of those respondents had seen the campaign advertisements in Cardiff (58%).

Phase Two was seen by 28% of survey respondents (n=64 respondents) during the time the campaign was live. The advertisements were seen equally online and physically in Swansea.

Impact of the Campaign

For both phases, the survey respondents who had seen the campaign advertisements while they were live were asked about the impact of that campaign. This impact was mapped against the bystander theory of change, asking specifically about whether the campaign had provided awareness of sexual harassment behaviours and provided the skills needed and confidence to take action.

Less than half of survey respondents for both phases felt that the campaigns had helped them recognize sexual harassment. Similarly, less than half felt that the campaigns had provided them with the information needed to take action, and the campaigns had not increased their confidence to take action. However, Phase One was slightly better at providing survey respondents with the information and resources they needed, while Phase Two was slightly better at helping people recognize sexual harassment and increasing their confidence to take action. A full breakdown of results is presented in Table II.

There were noticeable gender differences in the survey responses when exploring the effects of Phase Two. This phase specifically targeted men, yet more men (43%) than women (23%) indicated that the campaign had no effect on them. Markedly more women felt that the campaign had increased their confidence to take action and felt that the campaign helped them recognize sexual violence in the night-time economy. Thirty-five percent of men felt that the campaign had provided them with the information and resources they needed to take action, slightly less than women respondents (37%) (see Figure 3).

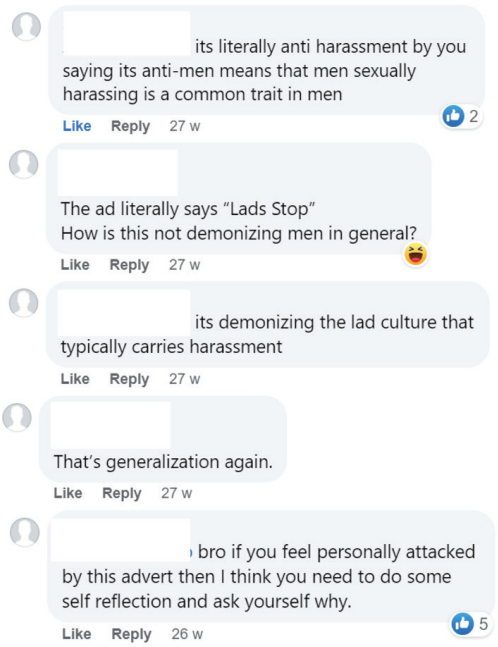

FIGURE 2 Bystander intervention on Facebook post

Public perceptions of the campaign

Survey respondents for Phase One were generally in agreement that the campaign had drawn people's attention to an important topic (81%), that it had highlighted an important issue (sexual harassment within the night-time economy) (79%), and that the messaging within the campaign advertisements was clear (83%). Further, 71% of respondents also felt that the campaign helped people know how to intervene safely when they witness sexual harassment, yet only 45% of respondents said that the scenarios used within the campaign had resonated with their own experiences.

Feedback from Phase Two showed survey respondents were in general agreement that the campaign had drawn people's attention to an important topic (81%), that it had highlighted an important issue (81%), and that the campaign messaging was clear (80%). The scenarios presented within the campaign advertisements resonated with the experiences of 44% of respondents.

TABLE II Impact of Phase One and Phase Two on public perception survey respondents

Impact statements	Phase One (50 respondents)	Phase Two (64 respondents)
The campaign helped them recognize sexual harassment within the night-time economy.	32%	38%
The campaign provided them with the information and resources needed to help them take action.	42%	36%
The campaign increased their confidence to take action when they witness sexual harassment within the night-time economy.	36%	38%

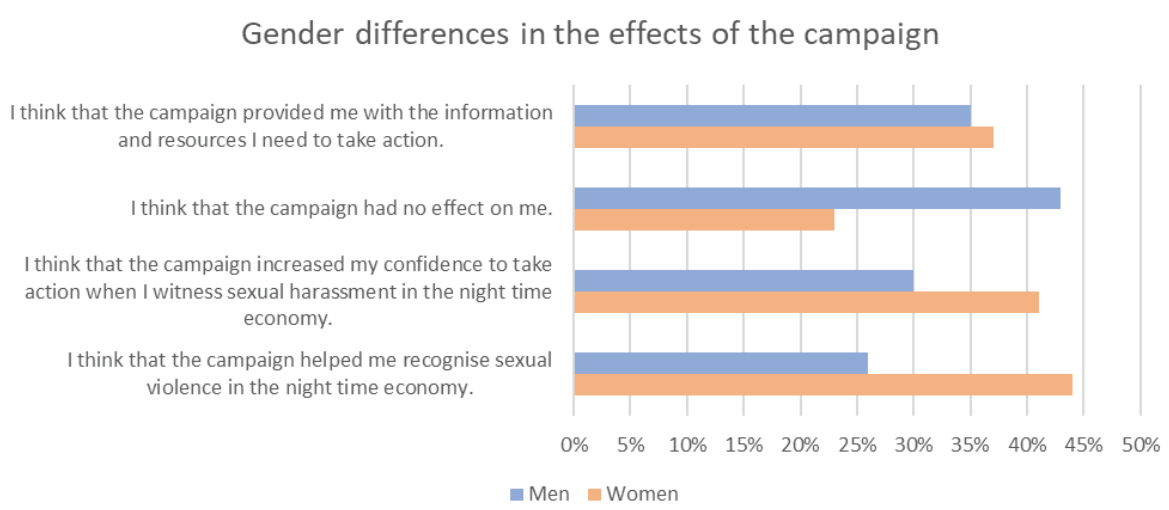

FIGURE 3 Gender differences in the effects of the campaign

DISCUSSION

Sexual harassment has become an acceptable and almost inevitable experience within the night-time economy for women and girls. It is generally perpetrated by men and boys, and regularly occurs in the presence of a bystander. Yet rarely do these bystanders feel able do something about it (Adams et al., 2020).

#SafeToSay Phase One's evaluation found the campaign highlighted an important issue but had only helped a few people recognize sexual harassment within the night-time economy. Nevertheless, it had helped people know how to intervene safely when they witness sexual harassment. The scenarios used for Phase One had not necessarily resonated with the experiences of the public perception survey respondents.

Phase Two of #SafeToSay aimed to engage men as prosocial bystanders against sexual harassment. The scenarios depicted problematic attitudes traditionally shared by men and offered bystander responses that men could adopt, using Welsh male slang (for example, "mate," "lads," "boys"). Phase Two had drawn people's attention to an important topic, but only a few people felt that the campaign had provided them with the information and resources needed to take action. Additional information and resources could be found on the campaign website, which had a good click-through rate from the campaign materials. This increased click-through rate for Phase Two was likely achieved through a direct call to action on the advertisements; they specifically suggested visiting the website. A limitation of this evaluation is that it is unclear how useful people found the materials on the website.

All the website visits for Phase Two were generated by men; this is a positive finding as prior campaigns have struggled to engage men (Walker et al., 2022; Gunstone & Fowler, 2017). Engaging men in violence prevention campaigns, particularly conversations around violence against women, is essential to initiating a cultural shift in attitudes towards women (Walker et al., 2021).

Phase Two's social media engagement rates were higher than the average for similar campaigns, yet a lot of this engagement was negative. There is a need for further exploration on why a campaign targeting men to encourage them to be prosocial bystanders against sexual harassment was not received as positively as Phase One, despite Phase One including men within the target audience. Phase One called everyone to action; therefore, men may not have felt that they were being targeted. Phase Two, on the other hand, used male-voiced audio, further reiterating that the campaign was solely aimed at men.

Men are not a homogeneous group. Treating them as such can be met with hostility and disengagement. This could have played a part in #SafeToSay not being positively received by some men. Some men may feel that they are being labelled as sexual violence perpetrators purely based on their sex (Hoxmeier & Casey, 2022). Therefore, future iterations of #SafeToSay need to break down the target audience further, to ensure it is not a blanket campaign for all men. The scenarios need to be specific to different groups of men, for example, football clubs. It is imperative that the scenarios resonate with the experiences of members of that targeted audience (Muralidharan & Kim, 2019); this could be achieved through more extensive engagement during the design phase of the campaign. However, caution should be taken when designing the messaging, as men will not respond positively if they are accused of being perpetrators (Nicolla & Lazard, 2023). Conversely, McCook (2022) suggests that violence prevention initiatives should be about humanity and being a better human being, rather than challenging men, male norms, and masculinity.

Research shows that bystander behaviours differ when faced with problematic situations online and offline, with those responding to online behaviours being less afraid of negative repercussions (Obermaier, 2022; Quirk & Campbell, 2014). This may offer some explanation for men feeling that it was acceptable to share their disagreement with the social media advertisements; it does not, however, explain why some men's disagreement consisted of hate speech—abuse directed at the campaign creators' protected characteristics. A possible explanation for the hate speech could be that the scenarios challenged the social norms for behaviours within the night-time economy, particularly the scenario that says "boys, let's all bring someone home tonight." Research suggests that men

who go against the social norm are often met with suspicion, homophobia, and questions about their masculinity (Crooks et al., 2007). By responding particularly aggressively to the advertisements, the men are securing their position within their peer group as supportive of the social norm and the behaviours of their peers.

The interaction between gender and bystander responses to sexual harassment is complex (Bennett et al., 2017). With regard to men in particular, and as touched upon previously, it is important to note the significance of "social categorization" when considering male bystander behaviour. According to social categorization, people are less likely to intervene when they belong to the same social category as the perpetrator (Urschler, 2015). In the context of #SafeToSay, it would result in significant challenges when asking men to address the attitudes of their friends, as they would belong to the same social category and will often have similar social norms.

If future iterations of #SafeToSay were to continue targeting men, there is a need to better understand what works to engage men and boys in violence prevention initiatives and acknowledge that men can also be victims of sexual harassment. This should include an exploration of the international literature but also consider what works when engaging men and boys within Wales, understanding their social norms and the barriers to engaging with them. In particular, this work should look to explore and overcome the challenges of asking bystanders to participate in peer group intervention.

Whilst #SafeToSay drew people's attention to an important topic, in alignment with the bystander theory of change, survey respondents did not necessarily feel that the campaigns had provided them with the information, skills, and confidence they needed to take action. Therefore, future iterations of #SafeToSay should look to align with bystander training; this would allow people to further explore how to recognize VAWDASV and take action in response to the behaviours, and boost their confidence to actually take action. Research has shown that a multi-component intervention is more effective at initiating attitude and behavioural changes (Quigg et al., 2021).

Whilst the evaluations of #SafeToSay offer some enlightening results, the questions used within the evaluation surveys need to be refined. For example, in Phase One, 42% of survey respondents said the campaign provided them with the information and resources needed to take action, but 71% agreed that the campaign helped people to know how to take action. These fairly similar statements had significantly different levels of agreement; the majority believed the campaign helped people know how to take action, but fewer than half felt the campaign provided the right information and resources. Therefore, it would be worth exploring further what information and resources people need to take action.

CONCLUSION

While sexual harassment within the night-time economy is a pervasive problem, bystanders can play an important role in its prevention. #SafeToSay is an innovative campaign that sought to encourage prosocial bystander responses to sexual harassment, and the problematic attitudes and beliefs that underpin it. Centred on the bystander theory of change, #SafeToSay aimed to provide people with the awareness, skills and confidence to take action. Engaging men proved particularly difficult for the #SafeToSay campaign, and this offers an opportunity to further explore effective methods of engaging men and boys in future sexual violence prevention initiatives.

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CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

AUTHOR AFFILIATIONS

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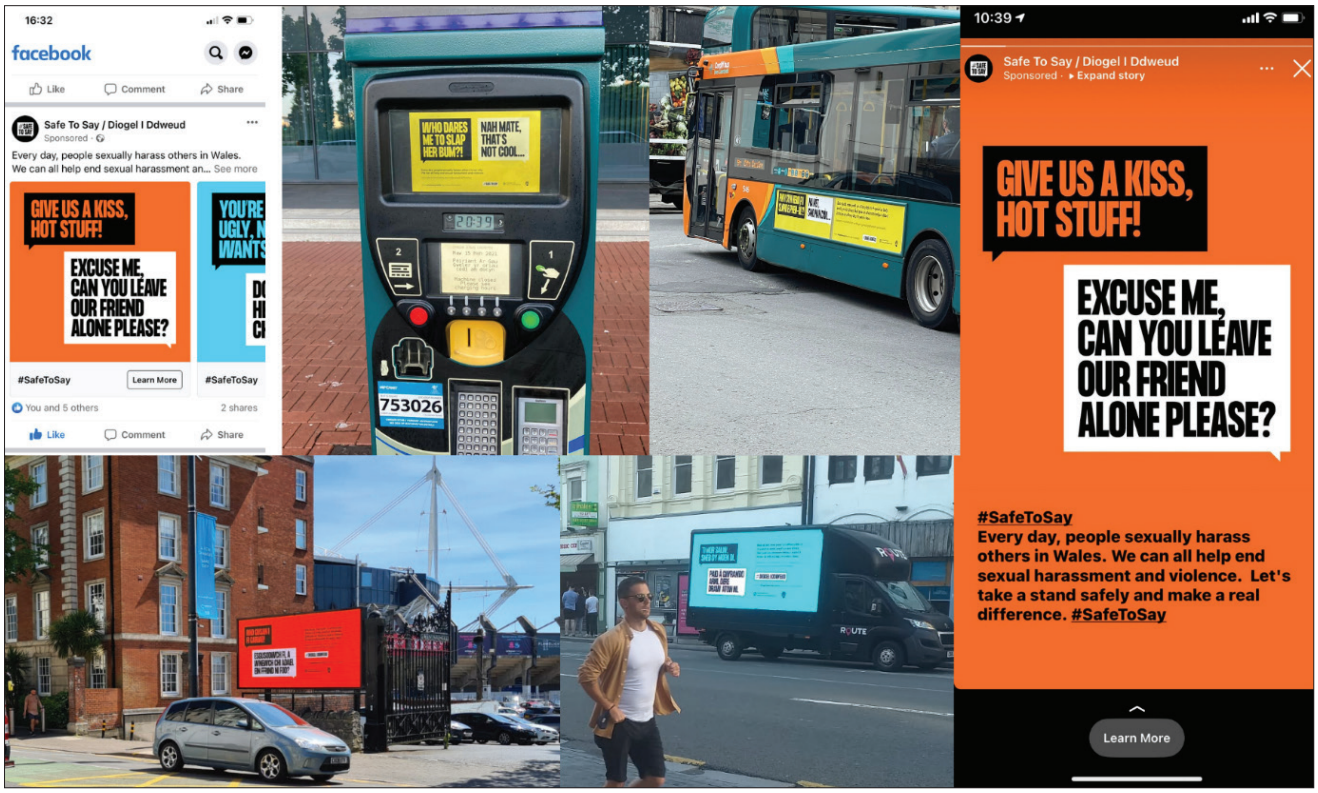
APPENDICES

A: Images of Phase One

Artwork:

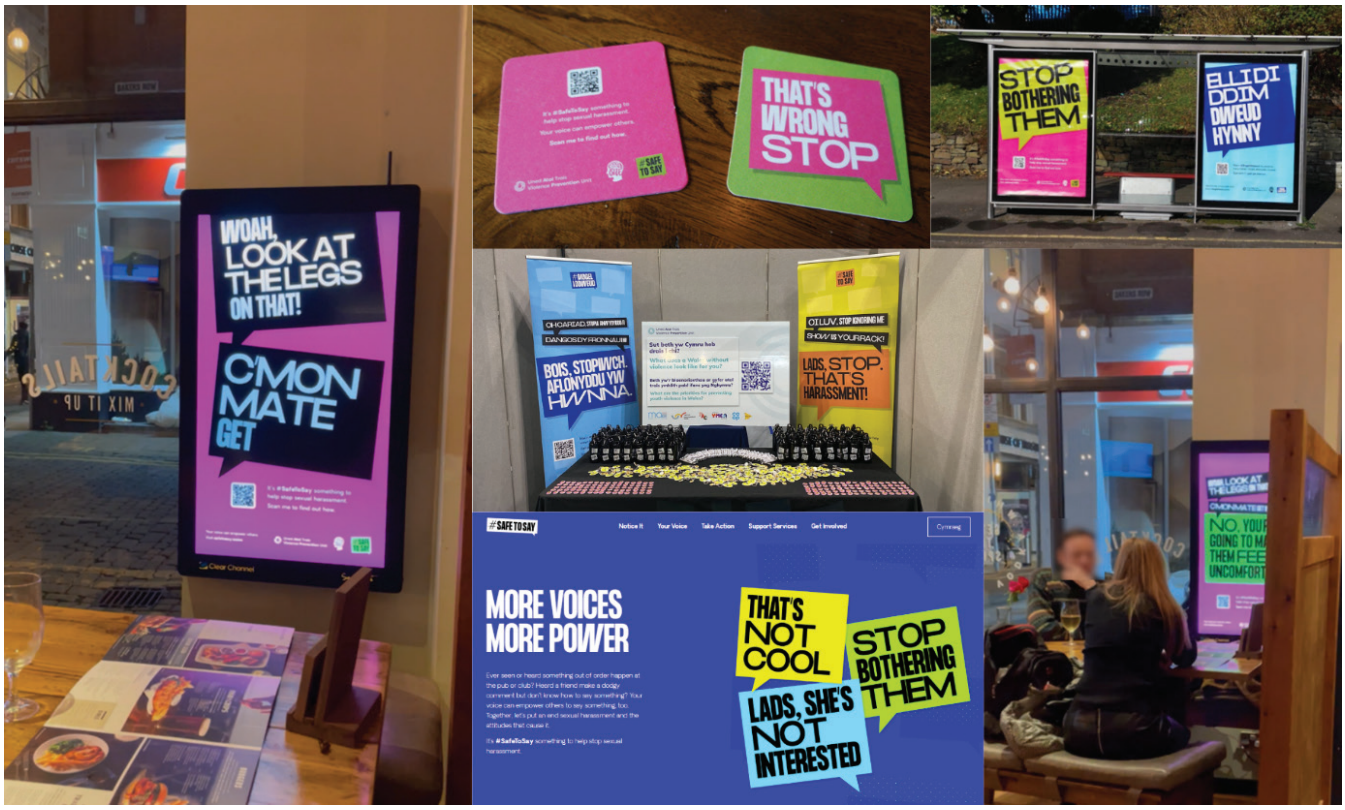
In-place:



B: Images of Phase Two

Artwork:

In-place:


WOAH, LOOK AT THE LEGS ON THAT!
C'MON MATE GET
THAT'S WRONG STOP
STOP BOTHERING THEM
ELLIDI DDIM DWEUD HYNNY
BOIS, STOPWCH AR ONYDDU YW HWNNA.
LADS, STOP. THAT'S HARASSMENT!
#SAFETOSAY
Notice It
Your Voice
Take Action
Support Services
Get Involved
MORE VOICES MORE POWER
THAT'S NOT COOL
STOP BOTHERING THEM
LADS, SHE'S NOT INTERESTED

Journal of
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Wales without violence: A framework for preventing violence among children and young people

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ABSTRACT

Violence among children and young people (CYP) is a complex societal issue that has detrimental impacts on the health and well-being of children, young people, and adults throughout their lives. Population health research tells us that CYP are adversely at risk of experiencing violence and are at higher risk of experiencing multiple forms of violence. However, evidence suggests that prevention approaches are most effective when implemented with CYP and can have positive health, well-being, and social impacts across the life-course.

This social innovation narrative sets out how the Wales Violence Prevention Unit and Peer Action Collective Cymru coproduced a strategic multi-agency framework for the prevention of violence among CYP in Wales. The first of its kind to be developed in the United Kingdom, this national framework acts as a guide to strategic action on violence prevention, amplifying the voices of CYP, and providing evidence of "what works."

This evidence-informed, coproduced framework used an innovative participatory design process to listen to the voices of a diverse range of stakeholders, highlighting the voices of CYP. Informed by the views and experiences of over 1,000 people in Wales, and grounded in the lived experiences of CYP, the Framework proposes nine strategies to prevent violence among CYP as part of a public health approach to violence prevention. These strategies represent evidence-based approaches proven to reduce violence among CYP, address the risk factors for youth violence, and build individual, community and societal resilience.

Key Words Violence prevention; evidence-informed; public health; public health approach; coproduced.

INTRODUCTION

What would a Wales Without Violence look like?

"Children and young people wouldn't be afraid to be themselves and to pursue their dreams." *(Young Person)*

Violence among children and young people (CYP) is a complex societal issue that has detrimental impacts on the health and well-being of our population across the life-course. Those experiencing violence can suffer long-term consequences to their physical, mental, and social well-being (Krug et al., 2002). Preventing violence before it occurs and developing effective response strategies can improve the health and well-being of individuals and communities, and have a wider positive impact on the economy and society (World Health Organization, 2021).

Population health research tells us that violence among CYP is widespread, serious and normalized (Wilkins et al., 2014). Additionally, CYP are adversely at risk of experiencing violence and are at higher risk of experiencing multiple forms of violence (Centers for Disease Control and Prevention, 2016). Like other countries worldwide, violence is commonplace in Wales and can cause long-lasting harm and trauma. Fifty per cent of pupils in Wales experience bullying (HBSC Survey, 2018), and for one-third of those, it is recurrent (Moore et al., 2017). For every 10 people admitted to hospital for injuries caused by a knife or other sharp object, four are under 25 years

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old (Patient Episode Data for Wales, 2023). Across the United Kingdom, 97% of women aged 18 to 24 have experienced sexual harassment (UN Women, 2021); 70% of victims of sexual assault are aged between 16 and 25 (ONS, 2020); and 40% of domestic abuse victims are aged between 16 and 24 (ONS, 2022).

Whilst violence is prevalent, the risk, nature and impact of violence are felt disproportionately. The Equality and Human Rights Commission (2019) found that racial harassment and bullying are still commonplace in UK schools, with CYP from ethnic minority backgrounds more likely to experience such incidents. They report that 71% of Black CYP experience racial harassment in schools, compared with 29% of White CYP. Similarly, a Race Disparity Unit (2021) report found that Black and mixed ethnicity CYP in the United Kingdom were more likely to experience and be victims of violent crime than their White counterparts and, according to the Office of National Statistics (ONS, 2021), are six times more likely to be victims of homicide in England and Wales.

A 2017 UK Survey by Stonewall found that 84% of lesbian, gay, bisexual, transgender, queer, and other (LGBTQ+) pupils had experienced homophobic, biphobic, or transphobic abuse, with 35% experiencing physical assault (Stonewall, 2017); and between 2018 and 2020, 52% of sexual assault victims were bisexual (ONS, 2020). Between March 2018 and March 2020, 65% of all sexual assault victims in the United Kingdom were classed as disabled (ONS, 2020). In 2018, CYP living in the poorest areas of the United Kingdom were seven times more likely to be involved in violent crimes as a young adult compared with those living in more affluent areas (Mok et al., 2018).

Violence Prevention

Despite violence being harmful and pervasive, it is preventable (Krug et al., 2002). Internationally, new evidence of "what works" to prevent violence is emerging at pace, with efforts made to synthesize and advocate for evidence-based violence prevention programming by academics and public health and policy professionals as part of a public health approach (Kovalenko et al, 2020; Quigg et al., 2020).

A public health approach prioritizes the health, safety, and well-being of an entire population. It employs a systematic and multidisciplinary approach to promote health, reduce health inequalities, and prevent violence through epidemiological analysis and scientific evidence. Multi-agency partners work in partnership with local communities to develop a coordinated and comprehensive approach (UK Faculty of Public Health, 2016).

To achieve population-level impact in preventing interpersonal violence, a comprehensive, multi-component approach is necessary. This involves implementing multiple theory and evidence-based interventions across the socio-ecology. Given the range of interrelated risk and protective factors for interpersonal violence, such an approach appears more effective than single-component interventions, as it addresses multiple risk factors. The interventions work together in a whole-system approach to create sustainable conditions for preventing violence (Nation et al., 2003; David-Ferdon et al., 2016).

FRAMEWORK DEVELOPMENT

The Wales Violence Prevention Unit (VPU) and the Peer Action Collective (PAC) Cymru (see Figure 1) have coproduced a strategic multi-agency framework for the prevention of violence among CYP in Wales. This national framework, the first of its kind to be developed within the United Kingdom that focuses specifically on the primary prevention of violence among CYP, is an evidence-informed guide to strategic action on violence prevention, amplifying the voices of CYP, and providing evidence of "what works."

What Works to Prevent Violence?

The Framework draws upon evidence of what works to prevent violence among CYP from two literature reviews (Maxwell & Corliss, 2020; Addis & Snowdon, 2021), commissioned by the VPU and Welsh Government.

In addition, a systematic scoping review was undertaken which explored international public health violence prevention frameworks (Snowdon, 2023). Using this evidence base, the VPU developed an initial model that was presented to CYP for consultation, as well as to professionals across Wales. The VPU also sought technical advice from experts on specific areas. This model was then adapted following feedback. This pragmatic approach means that the Framework is both rooted in the evidence of "what works" and considers the practicalities of implementing violence prevention work in Wales. Most importantly, it is grounded in the lived experiences of CYP.

Consultation Process

To ensure the voices of CYP remained at the forefront of the Framework development, the VPU invited the PAC to act as the Advisory Board for this project. The PAC provided leadership, facilitation with children, young people, and professionals, outreach and expert advice to guarantee the views of CYP were embedded into the Framework. The Advisory Board sat throughout the duration of the Framework's development (January 2022 – February 2023). It was chaired by members of the PAC team and supported by staff from the VPU.

Extensive participatory consultation with children, young people, professionals and members of communities across Wales took place over a 6-month period. The Framework development team held a range of consultation events nationwide, including in-person workshops and online webinars, in-depth online surveys (one designed specifically for CYP and one for professionals); attended school events; ran stalls at community events, such as university freshers' fayres and Pride events; and created and ran a city centre pop-up shop that provided a safe and interactive space for members of the public, and particularly CYP, to speak to the

- The **Wales Violence Prevention Unit** is a multi-agency team taking a public health approach to preventing violence in Wales.
- The **Peer Action Collective** is an innovative social action research team led by children and young people aged 16-25 designing and conducting research about CYP's experience of violence.

FIGURE 1 Framework development partners. CYP = children and young people.

PAC about their views on violence prevention. The themes considered throughout the consultations can be found in Figure 2.

Sector-specific webinars and workshops were held with police, education, health, and community partners, with separate wider professional consultation events for anyone involved in violence prevention to attend. Over the consultation period, the VPU and PAC engaged with almost 500 CYP and over 550 professionals and volunteers (see Figure 3 for breakdown).

Defining "Violence Among Children and Young People"

The Framework development team coproduced a definition of violence among CYP (see Figure 4) through the PAC advisory group and then consulted on the definition. The CYP involved in developing this definition did not differentiate between different forms of violence in the same ways that professionals might. Instead, results from the consultation revealed that, rather than the type of violence or the characteristics of the victims of violence, violence among CYP should concentrate on the age group of those affected by it. Additionally, no distinction was made between violence that happens in online or offline settings, in community settings, or in public or private spaces.

The children, young people, and professionals who contributed to this definition were clear that the term "youth violence" was a term that has become outdated, with the potential to lead to stereotyping of CYP.

Children and young people

- **What would a Wales without violence look like?**
- **How would CYP's lives be different if violence didn't exist?**
- What are the most common issues in your area related to violence among CYP?
- How do CYP's identity affect their experience of violence?
- What can we do as a society to make sure CYP's identity does not put them at greater risk of violence?
- Is there anything we can do as a society to help prevent violence among CYP in your community?
- Who has the power to end violence among CYP?
- Do CYP have the power to make a change to end violence; and do professionals listen to the views of CYP when making decisions affecting them in relation to violence?
- What could professionals do differently to make sure they are listening to and acting on the ideas of CYP?

Adults and those working in professional capacity

- What is youth violence/violence among CYP?
- What are the most common issues affecting CYP's involvement in violence?
- If any, what are the programmes that already exist in preventing violence among CYP in your area?
- What are the enablers to the prevention of violence among CYP in Wales?

Additionally, views were sought on the proposed nine strategies to prevent violence among CYP; examples of existing programmes in Wales that fit within the strategies; changes that need to be made for CYP, communities and society; and who needs to be involved to ensure the change happens.

FIGURE 2 Consultation themes. CYP = children and young people.

A WHOLE-SYSTEM APPROACH TO PREVENTING VIOLENCE AMONG CHILDREN AND YOUNG PEOPLE

A whole-system approach describes collective actions that can be taken by multiple partners to address a complex, population-scale issue, such as violence. The Framework outlines nine evidence-informed strategies (Figure 5) that, together, have the potential to prevent multiple forms of violence that impact CYP if a whole-system approach is used.

The nine strategies are mapped against the socio-ecological model (Krug et al., 2002) and describe areas of intervention for primary prevention and early intervention. These nine strategies are underpinned by nine principles which should inform all violence prevention work in Wales (Figure 6). The nine strategies are described in further detail below (for full details see Snowdon et al., 2023).

Families, Parenting, and Early Years

Nurturing Caregiving Environments in the Early Years and Throughout Childhood

This strategy includes promoting supportive, nurturing, and resilient family and caregiving environments, and quality early years and pre-school education, including measures for

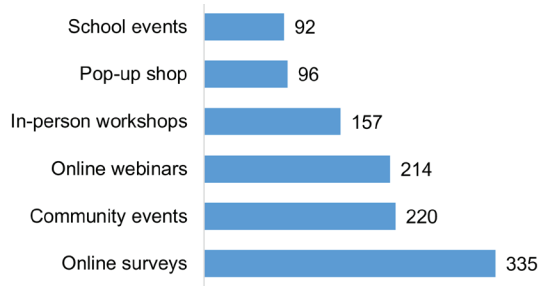

FIGURE 3 Number of people engaged with during consulation

"Violence among children and young people is an umbrella term for acts of, or the threat of, violence and abuse between those under the age of 25. It can be physical, verbal, psychological, sexual or economic. It can occur in the home, education settings, workplace, community or online"
(Snowdon et al, 2023).

FIGURE 4 Definition of "violence among children and young people" used as the focus for the Framework

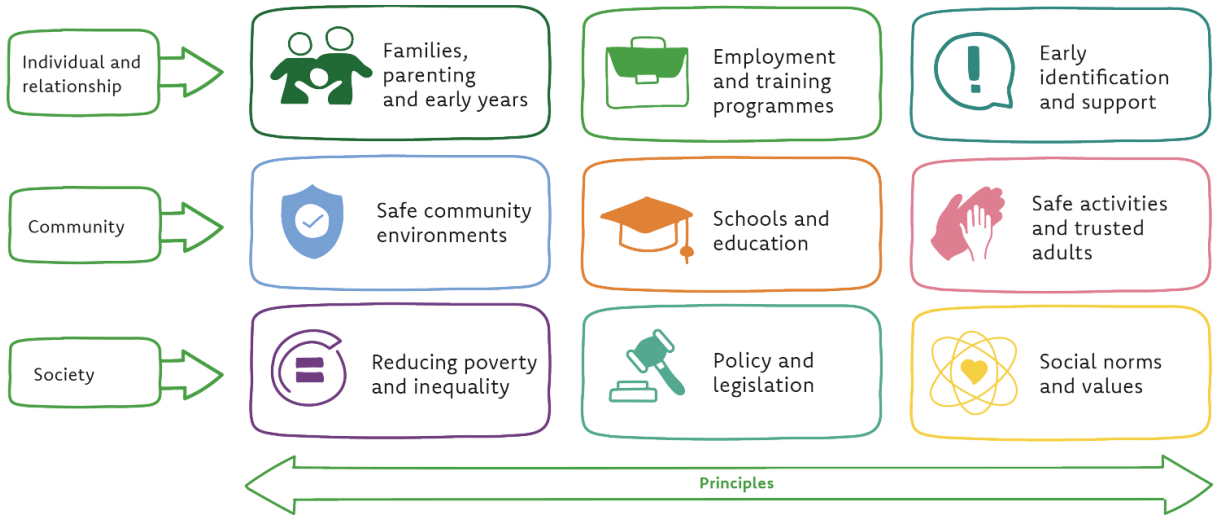

FIGURE 5 Nine strategies for preventing violence among children and young people

1. **Recognize that violence is preventable**
2. **Build partnerships for prevention**
3. **Coproduce the solutions**
4. **Uphold children's rights**
5. **Take a trauma-informed approach**
6. **Use an intersectional lens**
7. **Integrate multi-agency data into decision-making**
8. **Take an evidence-based approach**
9. **Be proactive in involving communities**

FIGURE 6 Nine violence prevention principles

the prevention of child abuse and other adverse childhood experiences (ACEs). Evidence supports a number of different delivery models as being effective, including home visitation (Bilukha et al., 2005), group-based parenting training, and support in community settings (Knox & Burkhart, 2014; Pierce, El-Banna, et al., 2020; Pierce, Maxwell, & Scourfield, 2020), parenting support as a component of comprehensive interventions (Beets et al., 2009; Kärnä et al., 2011; Washburn et al., 2011; Salmivalli & Poskiparta, 2012), pre-school programmes (Children's Commissioner, 2019), and measures to prevent harsh parenting and corporal punishment (Knerr et al., 2013).

Employment and Training Programs

This strategy focuses on the importance of CYP having access to meaningful and equitable training and employment opportunities to develop a career path and find direction and hope for the future. These are important protective factors for preventing violence and exploitation (David-Ferdon et al., 2016). Evidence suggests that the following have all been used as successful methods of delivery: after-school programs (Goldschmidt et al., 2007), apprenticeship schemes (Goerge et al., 2007), mentoring programs (Tolan et al., 2014), and tailored support to young people not in education, employment, or training, including developing basic skills, employability skills, therapeutic support, and specialized support, such as job searching (Damm et al., 2020).

Early Identification and Support

Intervening As Soon As Possible to Limit Harm Through a Trauma-Informed Approach

This strategy describes trauma-informed approaches to encouraging CYP who have experienced violence, or are concerned about violence, to access safe, appropriate, and timely support.

There is good evidence for the value of victim-centred services and therapeutic approaches for reducing the long- and short-term impacts of violence. These approaches include an array of formal and informal services provided by both charities and the public sector, such as helplines and support services for victim-survivors (Campbell, 2006), identification and referral in healthcare settings (Purtle et al., 2015), and safeguarding responses (Bentovim et al., 2009).

Therapeutic treatment, such as group or individual trauma-focused cognitive behavioural therapy or multi-systemic therapy, can mitigate the behavioural and health consequences of witnessing or experiencing violence in the home and community and other ACEs (Cary & McMillen, 2012; Letourneau et al., 2009).

Safe Community Environments

Creating Physically and Psychologically Safe Spaces for Children and Young People

Characteristics of a community's environment can have a significant influence on how a person acts, creating a context that can have a positive or negative effect on their behaviour. Examples of evidence-based programming include the

following: improving the built environment to create appealing, safe, and accessible spaces in communities (Cassidy et al., 2014; Cerdá et al., 2012); interrupting the "spread" of violence using a public health approach to prevent transmission and change community norms to resolve conflicts (Skogan et al., 2009; Webster et al., 2012); identifying violence hotspots within nightlife areas to inform licensing decisions, transport planning or other safety schemes (Braga et al., 2012; Quigg et al., 2020); and using data sharing and analysis (Florence et al., 2011).

Schools and Education

Integrating Violence Prevention into School and Education Settings

Education settings play a crucial role in violence prevention. These are places where CYP are socialized into societal norms, learn about relationships with their peer group and community, develop a sense of belonging, and acquire knowledge, skills, and experiences. Educational engagement is also an important protective factor in preventing violence in childhood and adolescence (World Health Organization, 2016).

There is a wealth of research on evidence-based programs and whole-setting approaches that are proven to be effective in reducing levels of violence. These include school-based life, relationship, social, and emotional skills training (Wilson & Lipsey, 2007; Shek & Ma, 2012), intimate partner violence prevention programs (Foshee et al., 2005; Wolfe et al., 2009), sexual violence prevention programs in universities (Salazar et al., 2014), community based relationship and life skills training (Jewkes, 2007), gender transformative approaches (Banyard et al., 2019), bystander programs (Fenton et al., 2016), and interventions to prevent school exclusions (Timpson, 2019).

Multi-level approaches, including individual, classroom, peer-group, whole-school, and wider community interventions, have also been proven to be effective (Baldry & Farrington, 2007), as have been multi-modal approaches such as programs with online and offline components (Palladino et al., 2016). Overall, whole-school, comprehensive programs, in which multiple modalities reinforce each other with consistent messaging across the types of violence, were the most effective compared with targeted and social skills programs (Cox et al., 2016).

Safe Activities and Trusted Adults

Creating Positive Connections with Trusted Adults and Safe Activities so CYP Can Learn and Grow

Children and young people's risk of becoming involved in violence can be buffered through strong connections with caring adults—outside of parents and caregivers—and taking part in activities that encourage skill development, creativity, learning, and growth. These relationships can have a positive influence on CYP's choices and prevent them from committing crimes and acts of violence, using alcohol and drugs, and engaging in harmful sexual behaviour (David-Ferdon et al., 2016).

Evidence-based interventions include applied theatre (Heard et al., 2020), mentoring programs that focus on supporting positive youth development (Gaffney et al., 2022; O'Connor & Waddell, 2015), and sports-based interventions (Gaffney et al., 2021; Miller at al., 2012).

Reducing Poverty and Inequality

Addressing the Root Causes of Violence Through Programmes to Reduce Poverty and Inequality

Reducing poverty and inequality are fundamental to preventing violence (Bourguignon, 2000). Whilst violence can happen to anyone, its adverse impacts are felt most severely in communities with high levels of socio-economic deprivation, so reducing poverty and income inequality are fundamental building blocks in preventing violence and improving community safety. In Wales, people living in the most deprived communities are seven times more likely to attend an Emergency Department as a result of an assault compared with those in the least deprived communities (Violence Prevention Unit, 2021).

Social inequalities relating to socioeconomic status also intersect with race, ethnicity, sexuality, disability, and gender, increasing the likelihood of violence taking place. In turn, violence further ingrains and perpetuates those inequalities, leaving certain populations more vulnerable to violence and its consequences. Specific groups of people, such as those who are LGBTQI+, people with disabilities, people from racially and ethnically minoritized groups, women, and girls, are more likely to experience multiple forms of interpersonal violence (Snowdon et al., 2023).

Evidence suggests that poverty reduction schemes have positive impacts on risk factors for violence, such as child and adolescent mental health (Zaneva et al., 2022). Other programs include those that build confidence, knowledge, and leadership skills, which can in turn lead to improved outcomes in education, employment, community engagement, and political participation (UN Women, 2020).

Policy and Legislation

Fostering a Policy and Legislative Environment that Enables Violence Prevention

A robust legislative and policy framework lays the groundwork to prevent violence, address risk factors and legislate for employing a children's rights approach. It can also provide a structure for protecting, effectively responding to, and supporting victims, witnesses, and children (World Health Organization, 2016). Whilst laws alone cannot reduce violence, effectively implementing and enforcing them strengthens all nine strategies to prevent violence among CYP. This can include laws banning physical punishment of children by parents, teachers, and other caregivers (Roberts, 2000; Österman et al., 2014); laws criminalizing the sexual abuse and exploitation of children (World Health Organization, 2014a); laws that prevent alcohol misuse, including limiting clustering of alcohol outlets (alcohol outlet density), increases in alcohol price, changes to closing times (Fitterer et al., 2015), and minimum age purchase limits (World Health Organization, 2014b); laws limiting access to firearms and other weapons (Xuan & Hemenway, 2015); multi-component legislation that increases funding for victim services, prevention programming, research, evaluation and improves rates of prosecution and penalties associated with gender-based violence (Degue et al., 2014).

Social Norms and Values

Modifying Harmful Attitudes and Beliefs

This strategy describes programs that challenge harmful attitudes, beliefs, social norms and stereotypes that uphold privilege, inequality and subordination, justify violence and stigmatize survivors. Violence prevention efforts in this area seek to strengthen social norms and values that support non-violent, respectful, nurturing, positive, and gender-equitable relationships for all CYP (World Health Organization, 2016).

This can include programs that change adherence to restrictive and harmful social and gender norms (Jewkes et al., 2008; Verma et al., 2008; Miller et al., 2012), interventions to prevent child marriage as a risk factor for domestic and sexual violence and abuse (Malhotra et al., 2011), community mobilization programs (Abramsky et al., 2014), bystander interventions (Banyard et al., 2007; Coker et al., 2015; Coker et al., 2016) and long-term, social norms marketing campaigns (Mennicke et al., 2018).

WORKING IN PARTNERSHIP

Collaboration is essential to maximize the impact of violence prevention efforts through a public health approach. This involves exchanging information, promoting learning, and developing shared governance and understanding. To prevent violence among CYP, a cross-cutting approach addressing multiple forms of violence is necessary. This requires building on existing partnerships, creating new relationships, and engaging with CYP and communities. To achieve this, violence prevention practitioners need opportunities to develop relationships and learn from one another in a more effective and systematic way. The violence prevention landscape in Wales goes some way to supporting this (Snowdon et al., 2023). This Framework forms part of the violence prevention "toolkit" for Wales. Local areas can take this shared understanding of a whole-system approach and use it to develop their own responses to violence prevention rooted in a public health approach.

CONCLUSION

Violence among CYP is a public health issue of critical importance which has adverse impacts on the health and well-being of our population across the life-course. It is evident from the development of this Framework that there is not a single catch-all solution or one agency that has the answers to violence prevention among CYP. It is a complex issue that requires a coordinated effort from all sectors and stakeholders. Prevention strategies must be evidence-based, inclusive, and intersectional.

This Framework outlines the key elements needed to successfully develop primary prevention and early intervention strategies to end violence among CYP through a public health, whole-system approach.

Working directly with CYP is essential in developing effective strategies to prevent violence through a public health, whole-system approach. Extensive engagement with CYP has facilitated the creation of a shared understanding and approach across Wales, ensuring that the strategies are tailored to meet their specific needs and challenges. Such engagement has been crucial in identifying key areas of concern and ensuring that CYP have a voice in shaping the interventions aimed at promoting their safety and well-being.

This evidence-informed, coproduced Framework used an innovative participatory design process to listen to the voices of a diverse range of stakeholders, centring the voices of CYP to provide such strategies. By working together, we can create a safer and healthier environment for all CYP.

What would a Wales Without Violence look like?

"Peace. My mind would be at peace". *(Young Person)*

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CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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FOOD FOR AFTERTHOUGHT

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Psychonautical engineering: Synergizing the magic of mindfulness, mushrooms, and mindsets for police officer well-being

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ABSTRACT

The setting of policing exposes its officers to a host of negative health outcomes physiologically, psychologically, and spiritually. Policing mindsets around accessing mental health are far from fixing the epidemic of its mental health crisis or being able to sustain a healthy workforce. Policing is losing the battle with a misguided and a scientifically misinformed war on drugs. Canadian legislators are shifting mindsets from decriminalizing substance use towards applying a public health lens to the mycelium underlying its root causes. So too should its *peace* officers—not just to restore peace in society—but also in their own minds and in their dysregulated nervous systems by synergizing psilocybin's neural benefits with mindfulness-based psychotherapy. Western science's exploration into the healing magic of mushrooms and mindfulness is in its infancy compared with the centuries of wisdom from both Indigenous science and eastern contemplative traditions. Not only does their fusion amplify hope for those suffering but perhaps it offers a scientific key to the neurogenesis of resilience. This is a pracademic *trip* driven by a retired and now reformed agent from Canada's War on Drugs.

Lucy in the Sky with Diamonds

I was born the same year as the *War on Drugs* (Richard Nixon Foundation, 1971) and my older sister, the year that the Beatles recorded *Lucy in the Sky with Diamonds*—believed by some to be an LSD acronym (Dyck, 2007; Shirbon, 2015). Throughout the 1970s, my older brother and I played *John* and *Poncho* riding the mean streets of our hometown with hockey cards in the spokes of our moto-cross bicycles (Rosner, 1977). In addition to re-enacting CHiPs, we dive-bombed the rec room furniture playing S.W.A.T.'s theme song on our 8-track boom box, and once we slid over the hood of our grandma's replica Starsky and Hutch Gran Torino (Hamner & Husky, 1975; Blinn, 1975). Much like these original television series' new era do-overs, psychedelics are also experiencing a resurrection. I grew up to become a police officer working in surveillance, dealing with gangs, and enforcing the *War on Drugs*. Dysregulation, empathetic distress, and post-traumatic stress disorder (PTSD) ended my professional War on Drugs career early after two decades and served as a liminal portal to mindfulness, mind-body science, and advocating for plant medicine. Drug *enforcer* to drug *dealer*. Well, not exactly—but pretty darn close. I practice in mindfulness-based and psychedelic-assisted therapies with those I'm privileged to serve on the sunset side of the blue line. What a *trip!* Now how the heck did that happen?

The Systemic Problem with Drugs

The political agenda of the *War on Drugs* targeted the recreational use of drugs, but for decades, it also stalled the clinical research into the healing potential of novel drugs for a multitude of psychological afflictions crippling society (Nutt et al., 2013). Sadly, the biggest impact of the War on Drugs was marginalizing the marginalized even further (Botschner et al., 2023). And it still is. The purpose of this narrative is to introduce the science of a synergistic effect between mindfulness-based interventions (MBI) and psilocybin-assisted therapy (PAT)—for Canadian police populations, for their leadership, and for their governance. Its purpose is not an exhaustive review, nor a deep dive into the neuroscience—but a bridging of two novel, evidence-based, and logistically feasible interventions potentiating hope and healing in policing's mental health epidemic. It also requires a *shift* in mindset.

This is Not Your Brain on Drugs

As a teenager I was bombarded with commercials about an egg frying on a buttery pan—a public service fear campaign directed at youth to demonstrate the devastatingly permanent effects of using drugs such as LSD (Pytka, 1986). The myth was further perpetuated by my police academy training and strongly reinforced by my police culture's demonizing view

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of drug users. Interestingly, neither my police academy training nor my police culture were informed by science—or a training day with a pharmacologist. That came a year and a half after I retired, and its effects are still mind-manifesting today (Osmond, 1957; Kaplan, 2016). If you surveyed police officers to list the pharmacological safety profiles of several substances from least harmful to the most, how might they sequence these: psilocybin (magic mushrooms); LSD; MDMA (ecstasy); ketamine; cannabis; tobacco; cocaine; heroin; and alcohol? Would it be surprising that tobacco is nearly on par with cocaine at the higher end of the harm scale (Nutt et al., 2010)? How about that LSD is significantly less harmful than heroin (Nutt et al., 2010)? Or—that LSD is effective in treating substance-use disorders (Dyck, 2007; Dyck, 2012; Fuentes et al., 2020; Winkelman, 2014)? In the police culture I worked in, we tailgated after shift using alcohol, dark humour, and othering to maladaptively diffuse the day. [For reference, the substances listed above are ordered from the least to the most harmful (Nutt et al., 2010).] After a day of agenting the War on Drugs agenda, we socialized by drinking the #1 harmful substance on the list—and it was legal. Imagine the backlash if we used the least harmful and illegal one… magic mushrooms? Unfortunately, our maladaptive behaviour didn't diffuse or flush the toxins from our psycho-physiological systems, it just created heavy sediment. Which segues nicely into a trauma-relevant, evidence-informed discussion about mindfulness and magic mushrooms *instead* of alcohol to metabolize the harm police officers experience during their careers. Optimizing their mental health promotes better decision-making in crisis situations, and it makes them healthier humans when they return to their families and to their communities, thus reducing harm for both the police and the public they serve.

This is Your Brain

The brain is a complex network of neural pathways and brain regions. Two of those networks are relevant and helpful in a discussion about how trauma, mindfulness, and magic mushrooms intersect. The breadth of research on neuroscience, mindfulness, and psychedelics is exploding, with each its own complexity. Metaphors can be helpful tools in simplifying and understanding this complexity, and in bridging the alignment between them. Imagine a driver choosing a high-performance sports car transmission profile. Do they choose an automatic one or a manual one? For fuel economy, to maximize engine performance, and to regulate power purposefully and sustainably they likely choose a manual transmission. It's no different with the brain's engine and the fuel that enters it as experience. In the brain's engine system, the brain region called the Task Positive Network (TPN) is like a gas pedal. It's the place where brain functions like attention, awareness, and interoception live. The brain region called the Default Mode Network (DMN) is akin to its braking system and it's where functions like mind-wandering, self-referential thinking, and rumination live. The TPN and the DMN are mostly alternating systems and generally negatively correlated (Di & Biswal, 2014; Fox et al., 2005; Fox et al., 2009). When task-oriented, the TPN is active, and the DMN is dampened and vice-versa. Connectivity issues within and between these networks correlate with many brain challenges such as autism, depression, and schizophrenia (Daniels et al., 2010). Brain imaging in patients with PTSD demonstrates the difficulty in switching between the TPN and DMN and reduced connectivity in the DMN (Daniels et al., 2010). Reduced DMN connectivity is also associated with combat exposure to trauma—even absent a PTSD diagnosis (DiGangi et al., 2016). An optimized brain fluidly shifts and balances between these brain regions without grinding its gears, burning its fuel, or wearing out its brake pads. An optimized brain is psychologically flexible.

This is Your Brain on Trauma

The brain is affected by trauma, and it impacts each person individually according to their epigenetic, physiological, and psychological circumstance, influenced by both internal and external environments (set and setting). But despite trauma, the brain is also resilient and incredibly plastic (Bremner, 2006; Merzenich et al., 2014). Emerging research is mapping both trauma and resilience signatures in the brain, guiding interventions to target regions involved such as DMN connectivity (Zhu et al., 2022). Post-traumatic growth (PTG) happens *after* trauma not before. Grit develops at the tension of passion with perseverance, not in a resistance-free environment (Duckworth et al., 2007). This is not a treatise to rationalize discrimination against those with lived experience in suffering because they *might* develop PTSD. The intention is to create salutogenic structures and interventions, both preventive and therapeutic, to maximize thriving and healing regardless of the environment but especially for when operational stress injuries (OSIs) occur. Because it's not a question of *if* OSIs will occur in the span of a policing career, it's a matter of when (Goerling, personal communication, November 12, 2016).

The *body keeps score*, even if the mind is unaware (van der Kolk, 2014). By the time a police officer's brain enters policing, it arrives with a history of experiences and live-wired neural circuitry. A person can store trauma epigenetically, be impacted by adverse childhood experiences (ACEs), or be imprinted through some other developmental experience (Bremner, 2006; Roth et al., 2022; Yehuda, & Lehrner, 2018). And each of these, or their accumulation, can prime OSIs given the right setting, and especially when the operational system is rife with trauma. Roth et al. (2022) examined ACEs within a Canadian and American public safety personnel (PSP) population and found possible mechanisms, such as moral injury and difficulties with emotional regulation, relating to adverse mental health conditions after trauma exposure. Similarly, Papazoglou et al. (2020) found that moral injury was predictive of PTSD in a police sample. Regardless of these prior experiences, the policing environment adds chronic operational and organizational stressors, high exposure to trauma and suffering, maladaptive coping, and a culture of mental health stigma risking subjecting its officers to a host of negative health outcomes (Carleton et al., 2017; Carleton et al., 2020; Grupe, 2023; Lentz et al., 2022; Ricciardelli et al., 2018; Stevenson, 2022; Violanti et al., 2017; Wilson et al., 2016). Not surprisingly, this allostatic load creates unwell officers who make unwise decisions, resulting in damage to their communities, to their families, and to their brains.

This Is Your Brain on Mindfulness

Mindfulness is the brain's metaphorical gear shift. A vehicle can slow down by applying pressure on the brakes, or without

its braking system simply by using its gears. Agency is the power to manage the engine system manually as needed, to fluidly toggle between acceleration (TPN) and deceleration (DMN), depending on road conditions, and to optimize peak engine performance, maximizing its resources. The efficacy of MBIs to positively impact Canadian police officer well-being is becoming well established in research (Stevenson, 2022). Acting on the evidence, which includes reducing aggression, alcohol use, and working memory degradation while improving psychological flexibility, resilience, sleep quality, emotional regulation, and distress tolerance, is long overdue (Christopher et al., 2016; Christopher et al., 2018; Christopher et al., 2020; Fitzhugh et al., 2019; Fleischmann et al., 2021; Grupe et al., 2021; Jha et al., 2020; Kaplan et al., 2020; Sylven, 2023). Further, MBIs are shown to both increase grey matter plasticity in executive function brain regions and strengthen connectivity in the DMN (Kral et al., 2022; Tang et al., 2020; Sezer et al., 2022). In MBIs, mindset is a key psycho-educational and experiential learning component which begins with the skill development of making the implicit explicit. "Until you make the unconscious conscious, it will direct your life and you will call it fate (Jung, n.d.)." In *noticing* sensations, emotions, thoughts, and behaviours—the implicit becomes explicit and a person is empowered to respond to stimulus, instead of habitually reacting to it. This builds not only agency but self-efficacy. Learning and building psychological flexibility is foundational in efficacious MBIs such as mindfulness-based stress reduction (MBSR) and mindfulness-based resilience training (MBRT), as well as psycho-therapeutic modalities such as acceptance and commitment therapy (ACT), dialectical behavioural therapy (DBT), and mindfulness-based cognitive therapy (MBCT) (Boyd et al., 2018; Christopher et al., 2016; Gloster et al., 2020; Grossman et al., 2004; Linehan et al., 1991).

This Is Your Brain on Mushrooms

Suggesting police officers use psilocybin is not in the context of recreational use or after-shift tailgating. *Set* and *setting* are core components of safe and effective PAT protocols administered by supportive, interdisciplinary teams of regulated health practitioners (Carhart-Harris & Goodwin, 2017; Carhart-Harris et al., 2018; Griffiths et al., 2016; Griffiths et al., 2018; Krediet et al., 2020; MacCallum et al., 2022). The *set* relates to mindset and the *setting* refers to the therapeutic environment. The assertion is to use psilocybin as a medicinal agent to treat and to mitigate the overexposure to trauma and suffering police officers experience throughout their careers—and to catalyze neuroplasticity and optimized brain functioning in conjunction with mindfulness-based therapeutic interventions.

There is a resurgence in psilocybin clinical research, and its effects are described as a *reset* mechanism within the brain (Carhart-Harris et al., 2017). Psilocybin's therapeutic use spans hundreds if not thousands of years within Indigenous medicinal practices and it is characterized by low toxicity as well as low abuse potential within western biomedical systems (Carhart-Harris & Goodwin, 2017; Johnson & Griffiths, 2017; Krediet et al, 2020). Psilocybin is found in over 100 species of mushrooms and works as a serotonin agonist on some of the brain's receptors, positively influencing behaviour when paired with psychotherapeutic interventions (Johnson & Griffiths, 2017). The use of neural imaging is illuminating psilocybin's effect beyond psychometric measures, showing reduced DMN recruitment and increased global functional connectivity of executive function brain networks (Daws et al., 2022). In keeping with the automotive metaphor, psilocybin is like fuel injector cleaner helping remove harmful deposits and sediment interfering with the combustion system of a brain's engine performance. Early classic psychedelic research in the 1950s and 1960s produced hundreds of scientific publications, involving thousands of patients, examining psychedelics' positive impacts with a variety of psychological conditions, including trauma, but was halted due to psychedelics' scheduling as controlled substances (Griffiths et al., 2016; Krediet et al., 2020). These mid-century research methods were not as rigorous as in the current psychedelic renaissance, but their findings are similar. In their review, Ziff et al. (2022) assessed the safety and the potential of PAT for treating substance use, depression, and mood disorders (in end-of-life populations) and found it efficacious. These are similar comorbidities to those in PTSD's profile. Recent psilocybin research relating to depression, substance use, anxiety, and obsessive-compulsive disorder led to its Food and Drug Administration (FDA) breakthrough designation for depression (Krediet et al., 2020). Psilocybin research demonstrates reduced amygdala reactivity while enhancing mindfulness, creativity, empathy, insight, connectedness, and acceptance—all critical mechanisms in developing psychological flexibility—but also for its therapeutic potential in treating PTSD (Krediet et al., 2020). In evaluating psilocybin use, researchers found it produced mystical experiences that involved a profound sense of spiritual meaning (Griffiths et al., 2006). University of British Columbia researchers conducting an online survey of self-selected micro-dosers (n=8703) found that, across gender, micro-dosing correlated with lower reporting of both depression and anxiety (Rootman et al., 2021). In 85% of their sample, psilocybin was reported by respondents as the substance used. Griffiths et al. (2016) similarly found sustained effects in lowering depression and anxiety in those with end-of-life distress, while demonstrating increases in optimism, acceptance, and quality of life—which were sustained 6 months post-treatment. In depression, PAT is demonstrating substantial and sustained effects lasting up to 12 months post-treatment (Carhart-Harris et al., 2017; Carhart-Harris et al., 2018; Gukasyan et al., 2022). Davis et al. (2023) propose a study protocol for psilocybin's use with PTSD-diagnosed veterans, and Canadian companies Apex and Halucinex are conducting clinical trials examining PAT with PTSD in military veterans and treatment-resistant PTSD (Apex Labs, 2023; NIH, 2022).

This Is Your Bionic Brain

It won't cost the public healthcare system $6 million to build—or rebuild—a bionic brain, nor does it need to be Steve Austin's (Caiden, 1970). The per participant cost to cultivate a *metta*-human in a group-based PAT (including introductory mindfulness skills) in Canada is approximately $2800 (Roots to Thrive, 2023). And its intervention is weeks-long not years. A culturally-informed, evidence-based MBI such as MBRT, combined with PAT offers the potential of an accelerated, sustained, and economically viable psychotherapeutic option to stem the tidal wave of mental unwellness in Canadian police

populations. Griffiths et al., (2018) examined the synergy of a secular MBI with PAT using a double-blind design, showing enduring changes but also "robust interactive positive effects" between dosing of psilocybin with added meditation practice supports (p. 67). In an experienced population of meditators, Smigielski et al. (2019) found psilocybin enhanced the depth of meditation and noted greater positive effect in psychosocial functioning 4-months post-MBI in the psilocybin group compared with the placebo (2019). Mindfulness-based interventions and PAT are complementary, correlate to increased trait mindfulness, and demonstrate that fusing the neurogenic and anxiolytic benefits of MBIs with PATs amplifies their impacts (Eleftheriou & Thomas, 2021). This creates traction for its human drivers, but also cleaner operating systems using plant-based fuels already formatted to work with human neural receptors. Mixing PAT with an MBI is like adding a non-toxic, environmentally friendly, *dilithium crystal* warp drive to your brain's combustion system (Star Trek, 2023). Said differently, it's "cerebral harmony" (Álvarez de Lorenzana, 2023, 19:19). Practicing mindfulness and PAT increases both psychological flexibility and ego dissolution, contributing to changes in neurophysiology, connectedness, and meaning making (Hendricks, 2018). It's a magic-making mindset.

Future Directions

A significant barrier for police officers in accessing mental health support is their own culture. The attitudes of the *War on Drugs* mindset still strongly permeate this culture, as does mental health stigma. The psychedelic renaissance is in its infancy, and there is no published research involving Canadian police officers and PAT… yet. This void does not mean a lack of evidence. Since psilocybin is a controlled substance in Canada, its access is either through the unregulated underground or through Health Canada exemption typically for end-of-life distress.

Although its implementation has been delayed, the Canadian government amended legislation authorizing medical assistance in dying (MAID) for those with prolonged and treatment-resistant mental health conditions. Accessing plant medicines such as psilocybin for the same afflictions is still very tightly restricted (DOJ, 2023). Those at the frontlines of Canada's health system are pushing back against this barrier as doctors, nurses, and therapists are filing for emergency Health Canada special access to allow this novel treatment (Fraser, 2023). Wider availability could help buffer the epidemic of mental health crises in this country. The Canadian Association of Chiefs of Police (CACP) recommends a public health perspective in decriminalizing personal possession for civilian Canadian citizens (CACP, 2020). This same public health perspective needs to be applied to its own membership—in both training and availability of varied psychological support systems. Police governance must take greater action not only in normalizing access to mental health supports but in mitigating its operational and cultural barriers. Leaders must better inform themselves and their members on novel, evidence-based treatments such as meditation and psychedelics, as their members are at significantly higher risk for developing negative mental health conditions than civilian Canadians (Carleton et al., 2017; Lentz et al., 2022). Synergizing the evidence-based magic of mindfulness with efficacious psycho-therapeutic interventions using psilocybin potentiates peace, ending an outdated war on drugs for all populations involved.

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CONFLICT OF INTEREST DISCLOSURES

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