



Collaborations for CSWB: The groups that everyone needs to join

Scott C. Allen*

Having spent nearly 30 years in the US public safety and community health fields, 26 years in active law enforcement, and the past 9 years working to support community safety and well-being within my community, other municipalities, counties, and states across the country, I am inspired to see public safety, public health, and community partners working together with common goals, saving lives and positively impacting vulnerable populations across all communities. Throughout the early part of my public safety career that was rarely the case, with these partners often operating in silos.

As a municipal police officer, former drug task force investigator, and later chief of police, having started my career in the mid-1990s, my training and focus were almost always reactive, responding to, investigating, and working to solve crimes. Although there were and continue to be countless effective community policing programmes, many of which I participated in, I discovered that my and my fellow officers' daily focus was always incident-driven, centred on crimes, crime statistics, number of arrests, and traffic citations. We judged our officers' productivity not by evaluating their positive impact on improving the community safety and well-being of our residents, but by how many arrests, drugs seized, traffic stops, citations, and calls for service they could tally. We neglected to prioritize and assess the officer engagements, proactive outreach, and positive interactions within our communities, as an outcome measure of their impact and success.

The tools on our tool belts for substance use and mental health disorder issues were extremely limited. In years past, many communities addressed these issues by either filing a court order for mandated treatment, convincing a vulnerable person to go in the ambulance to the emergency department (where they were often sitting idle for hours), or effecting a minor arrest charge to diffuse a situation. We would often then return to this same location, engaging the same individual(s) days later, repeating this same cycle, over and over. What we lacked was the awareness and understanding that these disorders should be treated like other medical disorders and not through traditional enforcement tactics.

For me, my perspective changed as I began thinking about alternatives to arrest for these calls, listening and learning from public health and community-based organization

experts. My philosophy changed dramatically in 2013 when I met a local mother from my community who championed as an agent for change. Due to the personal impact the opioid epidemic had on this mother and her family, she pledged to find any state or local government official who would listen to her, and help her, other families, and individuals who were being overwhelmed by opioid use disorder. The only leader to answer her letters was my boss, the police chief. As a police supervisor, at the time, I met with this mother at her local, grassroots coalition meetings, listening to her and other family's personal stories whose lives were being ravaged by this epidemic. This mother's passion and leadership caused me to recognize that we (law enforcement leaders) needed to change our responses to these behavioural health situations, learning how to police with a public health perspective.

My journey began with realizing that we (police) had a "front row seat", one which we could leverage to partner and collaborate with community members, community-based organizations, persons with lived experience, and other professionals that we should have but weren't communicating with. Through our local coalition, we created a volunteer drop-in centre at a local church to support persons with substance use disorders (SUDs), family members, and loved ones, which saw over 1,000 people come through our doors in just under 18 months. While volunteering at the drop-in centre, as a local police supervisor, and later chief of police, I was able to see the power and positive impact that a grassroots-led effort, in partnership with law enforcement, could have to forge a system of change. We became the group that you did not, not want to be a part of.

The drop-in centre quickly evolved into a formal collaboration across our entire county, bringing police, community coalitions, hospitals, treatment providers, government agencies, peer recovery organizations, and public health experts together. We focused on proactively engaging, post-overdose survivors, their family members, and loved ones impacted by overdoses and SUDs. Our collaboration would become one of, if not the first US county-wide outreach initiatives (population of 550,000), in which police officers, and peer recovery specialists, alongside clinicians and social workers, would respond to vulnerable persons with SUDs at their homes and

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in their communities, meeting with them in living rooms and at kitchen tables, with the sole purpose of supporting them and helping connect them to treatment and behavioural health professionals.

We learned about the strong stigma surrounding SUDs, the importance of using proper language, and harm reduction, and that the treatment system has many challenges and obstacles that prevent those in need from finding support and recovery. I began hearing about other community-based models and initiatives that had been implemented in the United States and Canada. I, as an early adopter of what was being referred to as pre-arrest diversion, deflection (deflecting vulnerable populations away from the justice system and emergency departments, connecting them instead to treatment, care, and recovery), immersed myself in learning as much as possible from the public health and community-based experts.

Our county-wide deflection initiative quickly realized our efforts could not focus solely on opioid use disorder and overdoses, although those were our highest-risk populations. We adapted the deflection co-response model to address persons at acutely elevated risk (AER), mental health disorders, drug-exposed children, and victims of domestic violence, sexual assault, and other traumatizing incidents. Our deflection initiative's goals expanded to tend to the needs of all underserved, marginalized populations. We worked with our drug court judges, prosecutors, and jails to ensure that we were truly promoting a county-wide, whole system of care approach, meeting vulnerable persons along all the intercept points.

Having established our co-response initiative, already aware of the first US-based "Situation Table" an hour away in Chelsea, MA, known as the Chelsea Hub (Chelsea 2023) (https://chelseapolice.com/community_services/hub.php),

our deflection leadership team recognized the need to incorporate a situation table, which would expand our collaborative reach meeting the needs of those persons and families at AER. We knew through our overdose response efforts who many of the highest risk of our high-risk populations were (i.e. those at AER). We built four situation tables across our county to support and complement our deflection efforts. We ensured that the situation tables would integrate with the county-wide deflection initiative, and not exist as a separate, siloed model. Our public health partners and colleagues (the "smart people in the room") had taught us ("the cops") to recognize that our efforts would be more impactful and efficient, by building upon our strong collaborative partnerships.

As my team and I at O2SL and QRT National engage with communities, counties, and state leaders across the country (having now partnered and collaborated in 27 states), we see our role as being ambassadors to improving community safety and well-being through a whole system approach, utilizing the recognized best practices that continue to evolve through deflection initiatives in partnership with situation tables. These initiatives complement one another so effectively that you truly become the "group that everyone wants to be a part of". Let's continue to push the envelope so that public safety, public health, and community partners eliminate silos and work together to help our communities save lives. There really is no excuse not to.

CONFLICT OF INTEREST DISCLOSURES

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

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Addressing gender-based violence in Saskatchewan through second-stage housing: an overview of research and setting new directions

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ABSTRACT

Saskatchewan, Canada, has some of the highest rates of gender-based violence (GBV) in Canada, with statistics double the national average. The government of Saskatchewan does not substantively fund second-stage housing – a key mitigating solution to GBV. Nor does the province have a related action plan to reduce this violence and enhance the safety of women, gender non-conforming people, and children who are disproportionately targeted by GBV. This article demonstrates the outcomes of a knowledge synthesis on the intersection of GBV and second-stage housing across Canada. This research used an intersectional feminist approach to guide a literature review and NVivo analysis. This article's results section demonstrates the importance of second-stage housing as it relates to the mitigation of GBV. The discussion section offers various recommendations collected across Canada that can be used in Saskatchewan to bolster the existing non-profit sector that supports victims and survivors of GBV through enhanced public funding and related supports from the provincial and federal governments. The article concludes by identifying three viable and urgent areas for future research: first, investigate the potential correlation between GBV rates and second-stage housing to examine whether support for second-stage funding impacts GBV rates. Second, identify and develop alternative assessment and evaluation metrics that shift quantitative reporting standards to qualitative understandings of success. Third, examine the interconnection between settler colonization and GBV that disproportionality targets Indigenous women through strengths-based, decolonial, Indigenous-led frameworks that are culturally appropriate and responsive.

Key Words Gender-based violence; second-stage housing; transition housing; women's shelters; intimate partner violence; domestic violence; Saskatchewan; National Action Plan.

INTRODUCTION

The intersection between gender-based violence (GBV) and stable and secure housing resources is clear: GBV leads to housing insecurity, and housing insecurity can foster unsafe living arrangements for survivors. However, second-stage housing – one factor that provides enhanced safety when escaping situations of violence – is not universally publicly funded in Canada. In Saskatchewan, which has some of the highest rates of GBV in the country, the first provincial funding announcement for related dollars was only made in Spring 2023. This lack of funding signals an apparent lack of political will and public institutional support to mitigate the rates of GBV in the province.

In Saskatchewan, several non-profit community organizations have mandates to address gendered violence. This article stems from a collaborative project between the University of Regina and two such organizations: the Provincial Association of Transition Houses and Services of Saskatchewan (PATHS) and SOFIA House. PATHS is the member association for women's shelters, second-stage shelters, and counselling centres that provide support to survivors of intimate partner violence (IPV). SOFIA House was the first second-stage housing facility in Saskatchewan, opening in October 1988. Both organizations advocate for a wide range of essential programs that support women and children fleeing violence.

This article reports on a knowledge synthesis project on the intersection of GBV and second-stage shelters in Canada,

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with a particular focus on Saskatchewan. Using an intersectional feminist approach to review the extant literature and NVivo analysis, we aimed to identify, collate, and synthesize the existing research to examine support for second-stage shelters as a critical response to GBV. The knowledge synthesis aimed to address one key question: What kind of support for second-stage housing exists across Canada, including legislation, policy, and provincial/territorial budgets? This article assesses the state of GBV and second-stage housing, identifies recommendations for mitigating GBV through second-stage housing, and makes suggestions for future and ongoing research.

Scope of the Issue in Saskatchewan

GBV includes all forms of violence that disproportionately impact women and gender-diverse people, including Intimate Partner Violence (IPV) and sexual violence. In Saskatchewan, GBV rates are the highest among the Canadian provinces and more than double the national rate (Statistics Canada, 2021). Rates are higher in Canada's territories, but the northern regions of Saskatchewan have the highest rates of IPV in all of Canada, including the territories (Rotenberg, 2019). GBV rates in Saskatchewan increased throughout the COVID-19 pandemic (James, 2021) while access to resources was simultaneously restricted.

GBV is one of the leading factors resulting in women's homelessness (Maki, 2021). Adequate and appropriate housing supports are the most significant GBV interventions to ensure women do not return to unsafe living arrangements (Allary et al., 2023; Canadian Alliance to End Homelessness, 2021; Ponc et al., 2012). GBV is also a significant cost to society, which is evidenced through a gender-based analysis plus (GBA+) policy lens. For example, in Canada, the total economic impact of spousal violence was calculated to cost approximately \$7.4 billion annually in 2009 (Zhang et al., 2012), which is equivalent to \$10.2 billion in 2023. Mitigating these sorts of impacts of GBV would significantly improve the lives of survivors of GBV and their children, greatly improve survivors' ability to successfully leave situations of GBV, mitigate the intergenerational perpetuation of violence, and have a significant impact on the public purse in terms of reduced spending on the justice system and healthcare, as well as broader economic benefits through the contributions of wage labour.

Since the 1970s, civil domestic violence legislation in Saskatchewan has emerged, informed by national and international contexts, in an effort to improve the safety of potential victims and survivors of GBV (United Nations Office of the High Commissioner for Human Rights, 2019; Wieggers & Douglas, 2007). Regardless of these legal changes, rates of GBV in Saskatchewan have increased. While GBV was exacerbated in Canada by the pandemic, there is evidence in Saskatchewan that this violence is rooted in the violence of the settler colonial state-making (Beattie, 2005; Carter, 1993; Milhorean, 2005; Razack, 2002). This is based on how settler colonialism disproportionately targets women, specifically Indigenous women and girls (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019), through sexual violence and its related structures of hetero-patriarchy (Bourgeois, 2017; Eberts, 2017; Snyder, 2018), which results in the disproportionate rates of Indigenous women who face GBV in Saskatchewan (Arriagada, 2016; Giesbrecht et al., 2022).

Second-stage shelter housing is an integral resource for GBV survivors – women, gender non-conforming individuals, and children – to leave situations of domestic violence successfully. Stable second-stage housing can support the transition from emergency shelters to independent living and ensure survivors retain/access employment, have consistent access to childcare and schools for children, access healthcare or substance use services, and live in a household free from abuse in a safer community.

Experts have long argued that the excessive rates of GBV in Saskatchewan are due to the limited provincial government resources earmarked to reduce or eradicate GBV and to support survivors (Umereweneza et al., 2020; Wieggers & Douglas, 2007). For example, Saskatchewan is one of two Canadian sub-national jurisdictions (provinces and territories) that does not have an action plan on GBV (Women's Shelters Canada, 2019). Also, until 2023, Saskatchewan was one of two provinces in Canada that did not provide provincial funding for second-stage shelters (Latimer, 2020), though the government did announce limited funding for second-stage shelters in April 2023. This funding commitment includes \$876,000 over 3 years provided to five second-stage shelters (Government of Saskatchewan, 2023).

Despite insufficient public funding, several non-profit community organizations throughout Saskatchewan have mandates to address GBV. These non-profit community organizations rely on funding models that might be characterized as unsustainable, often bolstered by fundraising and grant-based funding. Shelters routinely have long wait lists – a situation exacerbated during the pandemic – that limit accessibility for those seeking safety from an abuser; in such situations, some victims of IPV may have no option but to remain living with the abuser (James, 2021). These GBV-related shelters and accompanying resources struggle to maintain provisional services due to insufficient funding (Maki, 2020). As increases in food, utilities, and transportation costs accompany budgetary restrictions that lead to low wages, it can be challenging to attract and retain staff for difficult labour, such as shelter work (Latimer, 2020). Providing adequate financial support would mitigate some of these ongoing deficiencies in the resources available to survivors of domestic violence, which could contribute to women's ability to return to or remain in the wage economy.

METHODS

This project used an intersectional feminist approach to knowledge synthesis. Following principles of data feminism (D'Ignazio & Klein, 2020) – which uses data to identify and acknowledge unequal power distribution – the knowledge synthesis project employed an intersectional lens to analyze the GBV crisis in Saskatchewan. An intersectional feminist approach asserts that the experience of intersecting oppression cannot be understood through single-axis thinking (Crenshaw, 1989) but instead takes up gender alongside "race," class, or other relations of power and oppression. A literature review was used, first, to scope available research on second-stage housing in Canada, including legislation, policy, and budgets, and second, to scope the corresponding rates of GBV. In addition to government reports and communication, the scoping exercise included peer-reviewed

scholarship, industry-related reports, and media documentation. The search criteria for all documents included “GBV” / “IPV” / “domestic violence” + “housing” / “second stage housing” / “transition housing” / “shelter” / “wrap-around services”. This resulting pool of documents was reviewed and annotated bibliographies were produced, noting any intersectional dimensions (e.g., Indigenous women; disability). From these annotated bibliographies, themes were identified, and the research was organized according to these themes. In addition to the literature review, a total of 45 official provincial reports were analyzed using NVivo 12 software. NVivo queries identified 46 mentions of second-stage housing/shelters in 14 policy documents. All mentions of second-stage or transitional housing were analyzed inductively to identify themes.

RESULTS

The Multidimensional Impacts of GBV on Women and Children

The impacts of GBV on women and children are broad-based and long-lasting, and second-stage shelters play an integral role in mitigating further multidimensional impacts. Physiological and mental health impacts can affect women and children (Lagdon et al., 2014; Stewart et al., 2013). Housing and financial insecurity are related issues that can lead to homelessness in the wake of leaving violence (Maki, 2020; Tutty et al., 2009). Financial instability and poverty often result from GBV (Tutty et al., 2009), some of which are work-related matters such as loss of or reduced hours (Canadian Alliance to End Homelessness, 2021; Wathen et al., 2014).

The Need for Housing Support across Canada

Leaving the living situation where they were subjected to IPV does not ensure that the individuals or their children are free from further violence (Groening et al., 2019; Maki, 2020; Ponc et al., 2012); ongoing security concerns will continue to manifest related to this violence and general safety (Hoffart, 2015). There is a profound lack of safe, affordable, and secure housing for survivors – women, children, and gender-diverse people – in communities across Canada (Canadian Alliance to End Homelessness, 2021; Schwann et al., 2020), which can lead to housing insecurity (Schwan et al., 2020).

While emergency shelters and transition houses provide short-term safety and accommodation to survivors of GBV and their children, second-stage shelters differ. Second-stage shelters offer longer stay situations (typically 6 months to 2 years), and they often bridge a woman’s living situation from a shelter to permanent placement (Hoffart, 2015; PATHS, n.d.(a)). Several programs will be offered, including counseling and practical support, such as assistance securing housing or employment (Allary et al., 2023; Vecchio, 2019). Due to the multidimensional impacts of GBV, access to trauma- and violence-informed crisis/counseling during this time is critical (Sexual Assault Services of Saskatchewan, 2019).

The Current State of Housing Support and GBV across Canada

Assessing the state of emergency housing and GBV in Canada has limitations. Resource agencies face capacity restrictions that limit accurate data collection (Maki, 2020). Because

housing insecurity is often cast as a gender-neutral issue, the available data obscure and ignore the differing ways that women experience homelessness, particularly regarding GBV (Canadian Centre for Housing Rights, 2023). Additionally, the available data often do not capture the many individuals fleeing violence who encounter full shelters with long waitlists and are turned away (United Nations Office of the High Commissioner for Human Rights, 2019) or those who remain in dangerous, unsafe, and exploitative living situations (Maki, 2020; Schwan et al., 2020).

The existing data do illustrate an insufficient existing network of support (United Nations Office of the High Commissioner for Human Rights, 2019). For example, women’s shelters across Canada are chronically underfunded (Canadian Alliance to End Homelessness, 2021; Vecchio, 2019). As such, transition housing organizations are understaffed and limited in the quality, quantity, and timeliness of the programs that they can provide (Maki, 2020; Vecchio, 2019). Just over one-third of the shelters in Canada serve small populations and rural areas (Maki, 2019), with 4% of these shelters serving population areas of <1000 people (Beattie & Hutchins, 2015; Maki, 2019). Ten shelters are located in fly-in communities, which are remote with limited access (Maki, 2019). Only 30 shelters are located on reserves (Moreau, 2019), and 3 of these reserve locations are unfunded second-stage shelters (Allary et al., 2023). While no shelters are located in reserve communities in Saskatchewan specifically, various shelters are operated by tribal councils: Wichihik Iskwewak Safe House (Regina), Ts’ekwi K’oni Koe (Black Lake), Piwapan Wellness Centre (La Ronge), Waskoosis Safe Shelter (Meadow Lake), Yorkton Tribal Council Safe Haven (Yorkton), Qu’Appelle Haven Safe Shelter (Fort Qu’Appelle) (PATHS, n.d.(b)), and Yellow Quill First Nation’s Safe House (located near Yellow Quill First Nation in east-central Saskatchewan) (Yellow Quill Child & Family Prevention Services, n.d.). Shelter access in northern Canada is acutely minimal (Moffitt & Fikowski, 2017; Moffitt et al., 2022). Less than half of these shelters and transition homes in small and rural communities have access to public transportation in their community, and most in these smaller communities report a lower rate of access to mental health services and victim support for children than those in larger urban centres (Maki, 2019).

DISCUSSION

The results support the importance of second-stage shelter services for women leaving violent situations; however, such supports remain underfunded across Canada and particularly in Saskatchewan. The current knowledge synthesis has produced several recommendations for decision-makers at multiple levels.

First, at the federal level, we recommend both national standards and dedicated funding for GBV prevention and response. Federal operational funding for second-stage shelters can ensure consistency and sustainability of services nationwide. This should include funding transportation for women and their children living in urban, rural, remote, and northern communities without safe shelter services (Vecchio, 2019). Funding associated with the National Action Plan to End Gender-based Violence (NAP) (2022) should support second-stage housing as a model for sustained safety (Canada,

2022). Implementation of the NAP must identify the existing “best practices” in second-stage funding across Canadian jurisdictions and work toward equity and consistency.

We recommend a national action plan specifically related to shelter operations. The federal government could use the NAP (Canada, 2022) and the *National Housing Strategy* (Canada, 2018) to create a national action plan focused specifically on the connection between GBV and housing issues (Allary et al., 2023; Maki, 2020; Vecchio, 2019). Creating a national observatory to synthesize definitions and data collection on GBV would provide a more consistent, fulsome understanding of GBV rates and shelter needs across jurisdictions. Federally regulated industries could set the stage for normative workplace leaves and accommodations for workers experiencing GBV (Canadian Labour Congress, 2021; Giesbrecht, 2020).

An array of policies, many of them rooted in colonial and hetero-patriarchal systems, disproportionately dislocate Indigenous women and gender-diverse people as owners of property and create barriers to escaping violence or abuse (Allary et al., 2023; Canadian Alliance to End Homelessness, 2021). There is a real need for increased access to resources related to second-stage housing throughout Indigenous communities (Maki, 2020; United Nations Office of the High Commissioner for Human Rights, 2019). On May 8, 2023, Ottawa announced \$103 million for Indigenous women’s shelters to address the recommendations by the National Inquiry on Missing and Murdered Indigenous Women and Girls (NI-MMIWG) to provide for long-term sustainable funding shelters. While this funding will support 22 projects in 21 communities nationwide, more is needed (Stefanovich, 2023) – especially to fully implement NI-MMIWG Call to Justice #4.7 as related to transitional housing. Since Indigenous women and children in Canada face a higher risk of GBV (Heidinger, 2021), programs ought to include specific authentic Indigenous-led and partnered cultural practices – not pan-Indigenous – including ceremonial space and access to knowledge keepers (Allary et al., 2023; Giesbrecht et al., 2022; Vecchio, 2019).

At the provincial level, the NVivo analysis revealed a lack of clear, specific information about government funding for GBV, particularly regarding funding for second-stage shelters, in provincial plans and reports. Specific funding amounts allocated to second-stage shelters were difficult to find, which poses challenges for comparative funding analysis across jurisdictions. Enhanced transparency of government funding would be beneficial for future analyses and for the identification of any correlations between GBV funding and GBV rates by province or territory. Furthermore, it is not always clear whether funding commitments precede provincial action plans or whether funding commitments are expected to follow provincial plans. More transparent reporting in this area is needed. Considering the disproportionate rates of GBV in Saskatchewan, a provincial action plan on GBV and sustained funding for second-stage funding in the province are recommended.

CONCLUSIONS

This project has used intersectional feminism to frame a knowledge synthesis on second-stage housing in Canada,

with attention to the disproportionate rates of GBV in Saskatchewan. This article has provided evidence of intersectional dimensions of GBV in Canada, reviewed the current state of research to produce several recommendations for decision-makers, and identified knowledge gaps for future research.

This knowledge synthesis project recognizes various avenues for future research that are guided by an intersectional or GBA+ approach, which recognizes intersecting forms of power and inequity that ultimately shape both the rates and experience of GBV in Canada. Three specific research priorities result from this project:

First, there is a need to better understand the potential correlation between GBV rates and second-stage housing to examine whether support for second-stage funding impacts GBV rates. Additional socio-jurisdictional indicators such as geographic characteristics, cultural distinctions, post-secondary education, economic wealth, access to better public services on a jurisdictional basis, and urban and rural divides must be considered as variables.

Second, women’s shelters face challenges in collecting data to demonstrate the effectiveness of their operations. Commonly, granting applications and funding reports will require quantitative data collection; this may shift the non-profits’ organizational focus from service delivery to data collection. Furthermore, numeric data do not easily illustrate successes for women concerning situations of GBV. For example, all second-stage shelters will have lower numbers of clients than crisis shelters: a crisis shelter may serve 350 different people in a year, while a second-stage shelter serves the same 30 people over a 1-year time span. Essentially, the higher numbers of clients do not illustrate or equate to the higher need for housing services. Future research should identify and develop alternative assessment and evaluation metrics that shift quantitative reporting standards to qualitative understandings of success. To develop this knowledge, governments ought to support the research capacity within this sector, including staff researchers and research infrastructure access.

Third, it is crucial to better understand the interconnection between settler colonization and GBV that disproportionately targets Indigenous women. While it was clear from the literature review that Indigenous women are disproportionately victimized by IPV, and GBV more broadly, at the same time, official data sources often do not provide data specific to Indigenous women, and there is little available research or discussion regarding culturally appropriate and culturally responsive supports for Indigenous survivors of GBV. This knowledge synthesis report concludes that more research needs to be undertaken that will centre Indigenous women and the ongoing legacies of settler colonialism through strengths-based, decolonial, Indigenous-led frameworks that are culturally appropriate and responsive.

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The authors have no conflicts of interest to declare.

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Barriers and bridges: Exploring the introduction of meditation and mindfulness training into Canadian policing

Les Sylven*

ABSTRACT

Canadian police organizations are under significant pressure to enhance the health and wellness of their employees. Growing research suggests that training in meditation and mindfulness can contribute to the well-being of police personnel and may even be a catalyst for police reform. Limited research, however, has been conducted that seeks to understand how these practices should be introduced into Canadian police organizations. This article contributes to this understanding by sharing results from an exploratory study that asked 11 Commissioned Officers, who regularly practice meditation, to identify the key factors that should be considered when introducing mindfulness practice into their large Canadian police service. Using semi-structured interviews and focus groups, and guided by a reflexive thematic analysis approach, six themes were developed. These can be viewed as both barriers (invincibility and stigma; overworked and overstressed; and checkbox cynicism) and bridges (credible champions; the whole person perspective; and the philosophy of servant leadership) to the successful introduction of meditation and mindfulness practices into Canadian police organizations. This study advances the literature on introducing mindfulness to policing as it is one of the first to focus on the perceptions of mindfulness practicing Commissioned Police Officers. It also offers practical suggestions for police leaders, and leaders from other public safety professions, to consider when contemplating the introduction of these mental practices into their organizations.

Key Words Canadian police leadership; police employee well-being; introducing mindfulness to policing; servant leadership.

INTRODUCTION

In 2023, Canadian police organizations were under significant pressure to improve the health and well-being of their employees (Edwards, 2023; Jackson & Theroux, 2023; Thompson & Tam-Seto, 2023). This call to action has grown stronger over the past 5 years as emerging research has led to a better understanding of the depth and breadth of trauma and stress carried by police and other public safety professionals (Carleton et al., 2018; Heber et al., 2023; Papazoglou et al., 2021; Ricciardelli et al., 2018).

A variety of interconnected occupational factors are reportedly driving this crisis in wellness. For example, Ricciardelli and Johnston (2022) identified chronic workload and burnout, work-life imbalance, poor perceptions of leadership,

and the stigma associated with seeking mental health treatment as major contributors. Similarly, Reid (2023) highlighted staff shortages, low morale, high levels of fatigue, and the existential threat to Canadian policing due to diminished public trust as driving factors. Regardless of the reasons, it is a serious problem that extends beyond policing, and directly impacts Canadian society. As Jackson and Theroux (2023) explained:

The mental health and wellness of the workforce is not a sector-specific issue; it is a human issue – one facing every single police service in Canada and, indeed, globally [...] We recognize that you cannot have safe, healthy, and resilient communities without a safe, healthy, and resilient police workforce. Full stop. (p. S4)

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Identifying which evidence-based programs should be introduced to build a safe, healthy, and resilient police workforce is up for discussion. In February 2023, the *Journal of Community Safety and Well-Being* published a special issue that focused on ideas from around the world to promote first responder wellness (Taylor, 2023). Topics in the issue included: leadership interventions for alcohol abuse in police and public safety organizations (Rinkoff, 2023); peer-led workplace reintegration programs following significant injury or illness (Jones et al., 2023); mental health stigma and help-seeking intentions in police employees (Grupe, 2023); and the use of meditation and other contemplative practices by some Canadian police officers (Sylven, 2023a).

This study relates to the last topic, and was part of a broader research project that examined the practice of meditation and police leadership. More specifically, the current study explores the introduction of meditation and mindfulness training into Canadian police organizations. Much like the growing interest in mindfulness for other professions (Dhiman, 2021; Reina et al., 2022; Urrila, 2022b), interest in mindfulness for the well-being of police employees is also on the rise (Fleischmann et al., 2022; Stevenson, 2022; Sylven, 2023b; Withrow et al., 2023). However, a gap currently exists in the research literature on how best to introduce these mental practices into Canadian police organizations.

The purpose of this article is to advance the literature by sharing results from an exploratory qualitative study which asked 11 Canadian police managers, who self-identified as regular meditation practitioners, how mindfulness training should be introduced into policing. More precisely, the research question guiding this article was, “What organizational factors should be considered when introducing mindfulness practice into a large Canadian police agency?”

The article begins by identifying the definitions of mindfulness and meditation that guided this study. A review of the selected empirical research on mindfulness and meditation training for policing is then provided, as well as a description of the methodology employed in the current study. Next, the themes are presented, which are supported by selected quotes from the study participants. A discussion then follows in which each theme is examined against aspects of the selected literature. The practical implications of each theme, as well as suggested areas for future research and potential limitations of this study, are also considered.

Study Definitions

Mindfulness training and meditation practice have been components of religious traditions for thousands of years; however, interest in the secular use of mindfulness has grown exponentially in the past three decades (Bartlett et al., 2019; Donaldson-Feilder et al., 2019; Eby et al., 2019; Good et al., 2016). With this growth, researchers have highlighted the importance of definitional clarity in mindfulness studies (Shabaz & Parker, 2021; van Dam et al., 2018). Accordingly, the following definitions of mindfulness, meditation, and regular meditation practice were used in this study.

Mindfulness

For this study, mindfulness was defined as a state of consciousness characterized by “an enhanced attention to and awareness of current experience or present reality” (Brown &

Ryan, 2003, p. 822). Although it is understood that everyone possesses a basic ability to be mindful, it is also understood that mindfulness as a temporary mental state, and an enduring dispositional trait, can be strengthened by regularly engaging in mindfulness training such as meditation and other related contemplative practices (Brown & Ryan, 2003; Jamieson & Tuckey, 2017).

Meditation

From the multiple available definitions of meditation, Walsh and Shapiro’s (2006) definition was selected for this study. They proposed meditation is “a family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calm, clarity, and concentration” (pp. 228–229).

Regular Meditation Practice

With respect to what constitutes regular meditation practice, the definition from a previous phenomenological study exploring the influence of meditation on the leadership development of managers was adopted (Frizzell et al., 2016). They defined regular meditation practice as training at least three times per week, for at least 3 months. For the purposes of this article, mindfulness training, mindfulness practice, and meditation are used interchangeably.

Selected Empirical Research on Mindfulness and Meditation for Policing

Research into the health and wellness outcomes of mindfulness training for police employees has progressed significantly in the past 5 years (Fleischmann et al., 2022; Stevenson, 2022; Withrow et al., 2023). For example, early pilot and feasibility studies were conducted which involved police participation in mindfulness-based intervention training programs. These studies reported reduced aggression, burnout, and sleep disturbances in these police officers, as well as increased dispositional trait mindfulness, resilience, and emotional regulation (Bergman et al., 2016; Christopher et al., 2016; Eddy et al., 2021; Kaplan et al., 2017).

More recently, wait-listed randomized control trial (RCT) studies of mindfulness-based training interventions for police employees have been carried out internationally. These include studies with Brazilian police officers (Trombka et al., 2021), United Kingdom police professionals (Fitzhugh et al., 2023), and police officers working in the United States (Grupe et al., 2021a). Collectively, the findings from these RCTs suggest greater improvements in the quality of life and well-being for police employees who underwent a mindfulness training intervention than those participants who were assigned to a wait-listed control group.

However, information and research on how best to introduce mindfulness and meditation training into police organizations are limited. It is understood these practices were initially introduced by several police organizations in the U.S. to improve the mental wellness and performance of their employees (Effron, 2017; Kelly, 2017). Later, several mindfulness-based mind fitness training programs, tailor-made for policing, were developed and introduced to more police agencies (Zielinska, 2019). Recently, the International

Association of Chiefs of Police (2022) created a mindfulness toolkit for law enforcement officers with examples of meditation practices for officers to do on their own time.

Grupe et al. (2021b), in the book *Interventions, Training, and Technologies for Improved Police Well-Being and Performance*, provided suggestions for introducing mindfulness training to police organizations. These included the following: finding internal mindfulness champions; introducing a variety of voluntary mindfulness practices; taking a trauma-informed approach; and making a long-term commitment to the overall wellness of police employees.

In addition to the health and well-being benefits of mindfulness for police employees, Grupe et al. (2021b) also posited about the potential long-term benefits of mindfulness practice as a catalyst for police reform. They argued mindfulness practice “can contribute to widespread cultural changes in the policing institution that are needed to reimagine the profession, save lives, and bring greater justice to communities that have historically been marginalized by the criminal justice system” (p. 127). They also cautioned that, “To realize this ambitious and transformative vision, it is critical to think deeply and carefully about how these practices are adapted, introduced, and delivered to police officers” (p. 128).

In summary, it is clear that evidence supporting the effectiveness of mindfulness training for police officers is growing. It is also clear that more research is needed that explores how best to introduce mindfulness training into Canadian policing to improve the wellness of employees and potentially become a catalyst for police reform.

METHOD

The current study sought to answer the research question “What organizational factors should be considered when introducing mindfulness practice into a large Canadian police agency?” To do so, an exploratory qualitative methodology (Yin, 2016; Klenke, 2016) was used to gather and interpret the perceptions of a cohort of Commissioned Police Officers who regularly practiced mindfulness.

More specifically, semi-structured interviews with individual participants, followed by focus group discussions were the two methods used to generate data. In this section, a brief description of the participant invitation, selection, demographics, and data collection processes are outlined. A description of the data analysis method used in this study, reflexive thematic analysis (RTA) (Braun et al., 2022b), is also presented.

Participant Invitation and Selection

On March 18, 2021, following written institutional approval from the University of Victoria Human Research Ethics Board and the police service’s Human Resources Research Board, an “Invitation to Participate” was emailed to all 605 Commissioned Officers in a large Canadian police service. This strata of experienced police officers was selected as they typically hold managerial positions and have obtained senior officer status from the rank of Inspector to Chief or Commissioner (Statistics Canada, 2023).

In the study invitation, recipients were asked to contact the author if they were a Commissioned Officer who regularly practiced meditation and wished to confidentially discuss

their meditation and leadership practices in semi-structured interviews and focus groups. A total of 13 individuals contacted the author and offered to participate. Eleven respondents met the study inclusion criteria of holding the rank of Commissioned Officer and having a regular meditation practice of at least three times a week for at least 3 months (Frizzell et al., 2016; Walsh & Shapiro, 2006).

Demographics of Study Participants (n = 11)

The age range of study participants was 45 to 57 years, with a mean age of 49.6 years. Participants self-identified their gender as either male (6) or female (5). Race or ethnicity were reported as White (8), Metis (1), South Asian (1), and Black (1).

Length of service in the police agency varied between 19 and 30 years, with a mean of 24.5 years. Participants reported they had been in formal leadership roles (defined as their first promotion in rank) between 10 and 21 years, with a mean of 15.5 years. The ranks of participants were almost exclusively Inspectors (10), with one Superintendent.

Finally, study participants were serving in a wide variety of roles including: Unit Commander (2), District Commander (2), Operational Support (2), Major Crimes Section (1), Workplace Health and Wellness (1), Integrated Proceeds of Crime Unit (1), Integrated National Security Enforcement Team (1), and Executive Officer to a senior executive (1).

Data Collection

Data were collected using two methods: semi-structured interviews and focus group discussions. Combining semi-structured interviews with focus group discussions can be an effective approach to conducting qualitative research (Longhurst & Johnston, 2023; Yin, 2016). Furthermore, doing so in a sequential process may enhance the richness of the data and add to the trustworthiness of the results (Lambert & Loiselle, 2008). In the current study, semi-structured interviews were conducted first. After the interview data underwent analysis, each participant was invited back to join an online focus group to discuss the preliminary results. This focus group step resulted in additional data being generated that were used to answer the research question.

The semi-structured interviews were conducted between April 9, 2021, and June 24, 2021. These were conducted in English and recorded on the Microsoft Teams video conferencing platform. Each interview was conversational in tone and often became deeply personal. For the purposes of the current study, the guiding interview question used was simply, “What might be some of the challenges of introducing meditation into policing?”

Eight of the eleven Commissioned Officers also chose to participate in one of the three focus groups which were conducted on Microsoft Teams between June 15, 2022, and July 5, 2022. The guiding question used in the focus group stage was “What are your thoughts on the preliminary results from the interviews?”

Data Analysis Process

The version of data analysis followed in this study was RTA as envisioned by Braun and Clarke (2019) and Braun et al. (2022a). RTA has been described as a qualitative approach that avoids any positivistic notions of data interpretation (Byrne, 2021). A hallmark of the approach is the premise that

a researcher's subjectivity is a valuable analytic resource to be highlighted, not diminished (Gough & Madill, 2012). This approach toward researcher subjectivity seemed important, as the author was also a Commissioned Canadian Police Officer who has practiced mindfulness and meditation for over 30 years.

Braun et al. (2022b) identified six iterative phases of RTA, each of which were adhered to in this study. These were familiarization with the entire data set (i.e., the semi-structured interviews and focus groups final transcripts); coding the smallest units of data related to the research question; initial theme generation by clustering codes into meaningful patterns; reviewing and developing the initial themes; further refining, defining, and naming the themes; and producing the research report.

RESULTS

In total, six themes were developed that the author believed best answered the research question, "What organizational factors should be considered when introducing mindfulness practice into a large Canadian police agency?" Although each theme is distinct, some similarities are shared across some themes. Accordingly, these themes can be conceptualized as three barriers (invincibility and stigma; overwork and overstress; and checkbox cynicism) and three corresponding bridges (credible champions; the whole person perspective; and the philosophy of servant leadership). Each theme is described below and supported by quotes from study participants.

The Barrier of Invincibility and Stigma

The first theme addresses a potential barrier that invincibility and mental toughness are highly valued in this police organization, while mental health struggles are often ignored or stigmatized. As one participant explained in a troubling story:

I had a group of people working for me and we investigated a horrendous fatal motor vehicle accident where three kids were killed. I ended up at the scene and it was probably the worst I'd ever seen. I remember coming back to the office, and at that time I was reporting to an Inspector, and I said, "I want to do a critical stress debrief with a mental health professional with these people." And he said, "No! Don't give them a fucking excuse to get off work!" I did it anyway.

This theme was also developed from the words of a participant who argued, "As adrenaline junkies and macho people, meditation is a big barrier because the mindfulness side of things contradicts all of that and takes people to a place that they don't want to be." As another participant shared, the stigma associated with mental health challenges also exists at high levels of formal leadership in this organization, which could be a further barrier to the introduction of mindfulness practice:

I think this really is tied into mental health stigma. I had an officer who I worked with, she's my boss actually, and we had conversations about her mental health, and she said, "If I open that door, I'm not sure I can close it."

The same participant added that admitting struggles with mental health is particularly difficult in specialized sections such as organized crime, national security, or homicide investigation units. He explained, "People are fearful of two things. One, if I open this floodgate I'm going to be destroyed. Two, I'm going to be delegitimized and people aren't going to trust me anymore and I'm going to be ruined."

The Barrier of Overworked and Overstressed

A second barrier theme was that all employees are overworked and overstressed in this organization. As one participant explained:

I think there's a risk of introducing meditation in a way where the police officers are saying, "You say you care about my wellness, yet you're working me like a dog. You only want me to be well so I can keep working, because right now I'm so close to breaking."

Similarly, another individual commented on the heavy workload in their workplace as a barrier to meditation practice, in a very literal sense:

At least here, in terms of the challenges of introducing meditation, one is like, "How am I going to meditate when I'm rushing from call to call to call?" [...] I just wonder about how to really introduce meditation when we're in such a state.

Another participant identified the lack of trust between ranks in the organization, brought on by the heavy workload, as a barrier to introducing mindfulness practice. They explained, "My concern is that there seems to be some trust elements that are challenging right now organizationally. Introducing meditation may have to overcome resistance at that level."

The Barrier of Checkbox Cynicism

A final barrier to successfully introducing mindfulness training was based on the organization's track record with previous new initiatives. More specifically, some participants worried that the organization would create a mandatory online, one-time, mindfulness training course. This would be viewed cynically as just another checkbox that every employee must tick for the employer's benefit. As one participant bluntly explained:

If this turns into some mandatory online course, people will just go straight to the exam and bullshit their way through it. There are so many courses like this in the police service where it's like "Oh checklist, checklist, okay yah, did it, did it, check, check." But this is so important, and I want people to be serious about it. If they're not going to be serious, don't bother. Don't bother.

Another participant bluntly shared his concern with the consequences of a checkbox approach to introducing meditation:

Well, the way this police service will probably implement meditation is they'll send you an email and say

“Hey, go do this course” and no one’s going to read the stupid thing. So, one of my main issues is that if we put something in place, it cannot be just a ticking the box kind of thing.

Another participant simply said, “I just don’t think this should be an online course. I think it should be led by a practitioner or someone who really knows what meditation is and someone who understands the police world too”, while another participant explained:

If we’re going to be serious about this, it can’t be seen as a fad, we don’t want meditation and mindfulness to be the new Keto diet. Meaning that everybody’s heard about it, everybody’s tried it for about 2 weeks, and then they move on.

The Bridge of Credible Champions

The remaining three themes can be viewed as supportive bridges to the successful introduction of mindfulness practice. The first bridge leveraged the value placed on professional and personal credibility within policing. As one participant explained:

To me, people who champion meditation and mindfulness need to be true legitimate champions that are viewed as people who are credible in their positions. I think that would show people you can still succeed in high-performance, high-level things, and still be part of this.

One participant who spoke of the importance of using credible mindfulness champions, also stressed the need for the organization to defer to these experienced practitioners:

You need people who are high performers to say, “Yah I’m not just talking about this, I do this. I’m here, and I’m in this position.” So, it has to be led by the right people, people who have experience. And sometimes the organization just goes and picks anyone. They need to listen to the people who have the experience to advise them.

Finally, the importance of credible mindfulness champions who are male, and also White, was brought up during a focus group by a participant who is neither of these. She explained:

I’m going to try to, I want to be diplomatically correct, ok? I’m quite happy to see two White males here, and I’ll tell you why. Because of my background, people are like, “You? You are a police officer?” So, although sad to say, I think it gives a lot of credibility to meditation to have many White male practitioners. Because unfortunately, when you look at things, they are regarded as the people that have the solutions.

The Bridge of the Whole Person Perspective

A second thematic bridge is to plainly communicate the positive benefits of meditation practice for the whole person, not just as an employee. As one participant explained:

As police officers, we’re often very analytical. The whole, “What’s in it for me?” and “How will I personally benefit from it?” and “If I’m going to invest time in this, what is it going to give me?” I think that that has to be made clear. It can’t be just theoretical.

A similar perception was shared by another participant who argued for communicating about mindfulness training clearly and pragmatically:

Make the links for people, like actually spell it out for them. Even to the community, “We are giving our people these tools to help them do things. And these things relate to a better home life, and by relating to a better home life, they also relate to a better workplace.”

The same participant suggested simply telling others, “What we want to do is better tool and equip our employees to survive the harshness of police work, but also the pressures of everyday life, both within their personal life and everything else.”

Finally, another participant suggested explaining to police officers, “This is a technical skill that can be honed, that can be developed and has broad effect on every aspect of your life.”, while another shared, “We know this is going to help our people be better. They’re going to be healthier. They’re going to do better in retirement. They’re going to do better at dealing with the stressors that we expect them to handle.”

The Bridge of the Philosophy of Servant Leadership

The final theme was to introduce mindfulness training as a component of a larger leadership framework. In particular, the philosophy of servant leadership, with its focus on leaders first striving to meet the highest order needs of their followers (Greenleaf, 1997/2002), was specifically mentioned by multiple study participants, including one who stated, “Servant leadership is a great way to explain our ideals in police leadership.”

Within the context of introducing mindfulness training, the philosophy of servant leadership would first prioritize the needs of employees. For example, training in a wide variety of meditation techniques would be offered, and numerous opportunities to revisit mindfulness training would be provided throughout a policing career. As one participant explained:

I think a broad range of meditation options that are going to be as individualized as the people that are participating is necessary. That would be my suggestion. The approach needs to be as broad as possible, to be inclusive as we can.

Several participants reflected on initially introducing mindfulness during basic police training. As one participant explained:

The police academy is a great place to start. We’ve always tried to give tools and set a certain mindset to assist our police officers and prepare them for the harshness that is going to come. The challenge of introducing it at the police academy is that people don’t yet really understand

just how hard it's going to be out there in the field. But this is something that should still be taught at the police academy.

Referring to meeting the needs of police officers later in their careers, several participants argued that mindfulness training and practice should be adaptable. As one participant explained:

The analogy I draw is this. Did I become a proficient shooter at the police academy? Yes. Did I become a really good shooter later when I was on the Emergency Response Team? Yes. So, there has to be a process where you're introduced to it, but then there's continuous learning throughout your career where it's buttressed or backstopped or adjusted based on change in practices and changes in learning needs.

DISCUSSION

In this section, the barrier and bridge themes are analyzed in relation to what is currently reported in the academic literature. The practical implications of these themes for police organizations, as well as suggested areas for future research, and potential limitations of this study, are also included.

The Barrier of Invincibility and Stigma

The theme of invincibility and stigma appeared often in the perceptions of participants. Working as a public safety professional, participants argued, requires effective resilience, coping, and sensemaking strategies. The mindset that I will not waiver, stumble, or fail, is instilled from the earliest moments of basic training, reinforced organizationally by co-workers and supervisors, and celebrated by the community in public award ceremonies (British Columbia Public Safety and Solicitor General, 2023).

It is possible that this mindset of invincibility helps officers engage with the trauma and danger inherent in their work. However, as study participants shared, there are occasions when a mindset of invincibility it is not effective and may lead to poor decisions and behaviours. More empirical evidence is needed to establish with any certainty that an untempered mindset of invincibility leads to police officer misconduct.

What appears more certain in this theme is that a culture of invincibility can reduce the expression of vulnerability and self-reflection. As reported by study participants, the absence of vulnerability in policing leads to stigma when seeking mental health support or engaging in activities that support mental well-being. This supports research by Grupe (2023) who concluded that perceived stigma reduced help-seeking intentions due to "Police employees' beliefs about what others might think if they sought out mental health support" (p. S36). This stigma could be a significant barrier for police officers who may want to participate in mindfulness practice to enhance their mental wellness.

The Barrier of Overworked and Overstressed

The second theme of public safety professionals feeling overworked and overstressed is well documented in the literature (Carleton et al., 2018; Ricciardelli & Johnston, 2022; Ricciardelli

et al., 2018). What was unexpected was some participants' concerns that mindfulness training will be perceived simply as a tool to make overloaded police employees work even harder.

Reflecting on this further, it could be argued that what lies underneath this concern are police officers' feelings of being unsupported by their supervisors and leaders. This is consistent with the findings of Carleton et al. (2020), who reported that many Canadian public safety personnel feel a lack of organizational support. The outcome of not feeling properly supported could result in some police officers feeling suspicious or resistant to the idea of participating in mindfulness training. This is a practical implication that police leaders should consider.

The Barrier of Checkbox Cynicism

The third barrier theme points to another challenge. It can be argued that this theme may be rooted in the power structure of police organizations. For example, police agencies in Canada are paramilitary organizations with clearly defined ranks and lines of authority. Although rank structure and insignia help to quickly identify key decision makers during high-risk incidents, it can also enhance deference to authority in more complex, non-urgent situations (Herrington & Colvin, 2016). These non-urgent situations could include the successful development and introduction of new organizational programs or initiatives such as mindfulness training.

Based on the comments of study participants, they were concerned that introducing a new initiative, particularly mindfulness, will not be successful if it is implemented solely from the top-down, or if it is seen as another publicized metric to advance the organization's reputation in the community. Similarly, Grupe et al. (2021b) expressed that introducing mindfulness training as a one-time course or program would result in perceptions that it was yet another example of their organization "checking off a box to meet public demands" (p. 130). The theme of checkbox cynicism appears to support these findings and is a challenge police organizations should also consider.

The Bridge of Credible Champions

The importance of credible champions was also identified by Grupe et al. (2021b) in their experience introducing mindfulness to a U.S. police agency. They wrote, "It is critical to identify internal champions in a variety of roles, whose support and enthusiasm for this training is necessary for long-term success" (p. 141). They also acknowledged the special role of credible police leaders, writing "We have been fortunate to identify several champions for this work in department leadership whose authority and decision-making ability is needed to support future training opportunities and integrate this training into the fabric of the department" (pp. 141-142). It is argued that the results from this study extend the findings of Grupe et al. from the U.S. policing context, into the Canadian policing context.

Furthermore, one participant's suggestion that identifying credible meditation champions who are White males was unique. In the colonially rooted, hyper-masculine profession of Canadian policing, the current critical discourse identifies White male toxic hegemony as one of the most significant drivers of police organizational dysfunction (Pamminer, 2022; Roach, 2022; Silden, 2023). Showcasing White male

police leaders who practice meditation as exemplars for organizational change might seem paradoxical.

However, as the dominant demographic in Canadian policing (Statistics Canada, 2022), it is logical that this group could hold significant influence over the successful introduction of any change or new program. Therefore, intentionally seeking out and highlighting individuals from the dominant demographic could be important. Nevertheless, additional empirical research is needed to understand how, and exactly which, credible champions should be fostered.

The Bridge of the Whole Person Perspective

This theme can be viewed as a bridge to the barrier of overworked and overstressed police officers. More specifically, the concern that mindfulness training is only being introduced to make employees work harder may be assuaged by embracing the whole person perspective. The importance of the whole person perspective is found in other literature on police leadership. For example, Smith (2009) conducted research with training officers from U.K. police agencies and concluded that, “the negative aspects of operational police culture may stem from officers not being recognized and valued as whole people” (p. 7). Similarly, Smith et al. (2015) concluded that a wholistic approach that includes the physical, mental, emotional, and spiritual components of an individual should be considered when developing police officer resilience programs.

Study participants shared that the benefits of mindfulness practice extend beyond the employee to the whole person. Similarly, Grupe et al. (2021b) wrote that police officers need to feel there is a long-term, meaningful commitment being made by their organization to their full well-being. They reported police officers want evidence that “the organization is not just saying, ‘we care about wellness’ because this is a trendy topic but rather because they are genuinely committed to supporting their employees in a meaningful way” (p. 130). This is valuable information for police organizations to consider when communicating new programs such as mindfulness training.

The Bridge of the Philosophy of Servant Leadership

Of the three thematic bridges, this final theme could be the most challenging and rewarding to implement. As Herington and Colvin (2016) explained, police organizations often follow “Traditional bureaucratic, hierarchical, and leader-centric conceptualizations of leadership” (p. 8). This way of leading emphasizes the needs of police leaders over the needs of employees. Inverting this power paradigm by adopting the philosophy of servant leadership would mean emphasizing the needs of the employees within the context of the timing, frequency, and variety of mindfulness training being offered. Although the philosophy of servant leadership was identified favourably by several study participants, it is a new leadership approach for most Canadian police employees and is only beginning to gain interest (Patterson, 2019; Sylven & Crippen, 2018; Taylor et al., 2022).

The need to introduce a new leadership philosophy in conjunction with a new wellness program has been recommended previously in Canada. In particular, Cohen et al. (2019), while exploring the culture of police officer wellness, identified several promising programs. However, they

cautioned, “Programs alone will not change the culture. The real change comes from a new approach to leadership and to developing positive, supportive relationships across the organization” (p. 225).

Results from research outside of policing also suggest that the practice of mindfulness may develop servant leadership behaviours. For example, Reb et al. (2014) in their studies of mindfulness for leaders argued:

Being fully present in an interaction with a subordinate may enable a supervisor to better recognize the needs of the other person, such as what kind of support that person requires. In this way, mindfulness may allow supervisors to engage in more effective leadership behaviours toward their subordinates. (p. 38).

Similarly, Verdorfer (2016) argued that mindfulness training can assist in the development of servant leadership behaviours, while more recently, Urrila (2022a), in her qualitative study of leaders ($n = 62$) who participated in mindfulness training, also reported servant leadership type behaviours were developed through mindfulness training. She explained, “Leader mindfulness training and practice supported leaders in becoming more other-oriented as it tapped into genuine feeling of wanting to support their followers, instead of supporting followers because it was within their job description” (p. 229).

Finally, when considering the outcome of introducing mindfulness practice to police organizations, Grupe et al. (2021b) argued that the benefits go well beyond individual officers and could be a catalyst for creating, “an organizational culture that is kinder, wiser, and more compassionate, with the ultimate goal of greater justice and well-being for all who come into contact with the system” (p. 143). Although more empirical evidence is required to establish a connection between servant leadership and mindfulness in Canadian policing, it is a promising idea worthy of further investigation.

Study Limitations and Suggested Future Research

There are several limitations to this study. As is the nature of qualitative research, the results of this study are not meant to be generalized to all Canadian police agencies. They can be viewed, however, as the beginning of a working hypothesis for future research (Yin, 2016). For example, the participants in this study were a cohort ($n = 11$) of Commissioned Officers from a single large Canadian police organization. Although this police organization is engaged in a wide variety of policing duties and has a distinct history and culture, it is only one of many in Canada. Therefore, conducting a similar qualitative study with police leaders from other large Canadian police agencies is recommended, as it may result in similar, or different, barriers and bridges for police organizations to consider.

Second, the interviews and focus groups conducted in this study were exploratory and focused on answering the research question, “What organizational factors should be considered when introducing mindfulness practice into a large agency?” As such, discussions were strategic in nature, and did not delve into administrative details such as the human and financial resource implications of introducing mindfulness training. In the fiscally challenging

environment of Canadian public safety, this would be an important focus for future study, as Fitzhugh et al. (2023) have demonstrated in their study of the cost-effectiveness of implementing mindfulness practice to police forces in England and Wales.

Lastly, although several study participants, and some police mindfulness researchers (Grupe et al., 2021b), have suggested police mindfulness practice could become a catalyst for future police reform, additional qualitative and quantitative research is necessary to measure and advance this connection. Although it may be intuitive that developing police leaders to “embody leadership presence by cultivating focus, clarity, creativity, and compassion in the service of others” (Marturano, 2015, p. 11) may eventually create a tipping point in Canadian police culture, future research is needed that delves more deeply into how the outcomes of mindfulness practice might begin to reduce the deep-seated injustices present in the Canadian justice system.

CONCLUSION

As stated at the outset of this article, Canadian police organizations are under pressure to take immediate steps that enhance the health and wellness of their employees. Previous research has suggested that meditation and mindfulness training can contribute to the wellness of police employees and may even be a catalyst for police reform. However, limited research has been undertaken that explores what must be considered when introducing these practices into Canadian police organizations.

Through the interpretive analysis of the experiences and perceptions of 11 Commissioned Officers who regularly practice meditation, the six themes developed in this study have contributed to the literature by identifying barriers and bridges to introducing mindfulness practice into their large Canadian police organization. In light of this new information, it is hoped that further research will be conducted and that Canadian police organizations will now be more informed when introducing these practices into their own organizations, particularly as they strive to create healthier workplaces and more safe and just communities.

CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

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RREACT: A mobile multidisciplinary response to overdose

Alexander J. Ulintz*, Rebecca J. McCloskey†, Gretchen Clark Hammond†, Matthew Parrish‡, Isaac Toliver‡, Alina Sharafutdinova‡, and Michael S. Lyons*

ABSTRACT

Opioid overdose is a leading cause of death in the United States, and engaging with patients following overdose to provide harm reduction and recovery resources can prove difficult. Quick response models use mobile, multidisciplinary teams to establish a time-sensitive connection between individuals who overdosed and harm reduction and recovery resources that improve outcomes. These quick response models are consistent with the broader field of mobile-integrated health programs that are growing in number and acceptability, though the literature base is sparse and programs vary. We describe the 5-year reach, effectiveness, adoption, implementation and maintenance (RE-AIM) framework of the Rapid Response Emergency Addiction and Crisis Team (RREACT), a fire/emergency medical services-led, multidisciplinary (firefighter/paramedic, law enforcement officer, social worker) mobile outreach team. RREACT provides harm reduction, linkage/transportation to care and wrap-around services to individuals following a nonfatal opioid overdose that resulted in an emergency response in Columbus, Franklin County, Ohio, United States. Between 2018 and 2022, RREACT made 22,157 outreach attempts to 11,739 unique patients. RREACT recorded 3,194 direct patient contacts during this time, resulting in 1,200 linkages to care: 799 direct transports to opioid use disorder treatment and 401 warm handoffs to community treatment agencies. Furthermore, RREACT's staffing increased from 4 full-time equivalent staff in 2018 to 15.5 in 2022 and was supported by the surrounding community through 287 community outreach events and the development of an alumni program. These preliminary results further support the deployment of multidisciplinary mobile outreach teams to increase access to harm reduction and recovery resources following opioid overdose.

Key Words Opioid-related disorders; quick response team; harm reduction; mobile integrated healthcare; multidisciplinary care team.

INTRODUCTION

Accidental opioid overdose resulted in over 200,000 emergency medical responses in the United States in 2022, a rate that has doubled over the past 4 years (Casillas et al., 2022). Approximately 1 in 12 individuals who survive an accidental opioid overdose are expected to die annually, resulting in over 100,000 preventable deaths each year (Centers for Disease Control and Prevention, National Center for Health Statistics, 2021; Florence et al., 2021; King et al., 2021; Stooze et al., 2009). The best chance at long-term survival for individuals with opioid use disorder (OUD) includes a combination of harm-reduction techniques, cognitive-behavioural approaches and medication-assisted treatment (Hawk et al., 2015; National Institute on Drug Abuse, 2018; Schuckit, 2016; Sharma et al., 2017). However, contacting

individuals at places and moments in time when they are accepting of these interventions can be difficult and is often compounded by personal, financial and logistic barriers to treatment (Powell et al., 2019; Wollschlaeger et al., 2017).

While many individuals living with OUD can connect to recovery resources through medical facilities (e.g., emergency department (ED), outpatient clinics), approximately 60–80% of overdoses responded to by emergency medical services (EMSs) are transported to an ED (Bergstein et al., 2021; The Office of National Drug Control Policy, 2024). Concerningly, the mortality rate for individuals refusing EMS transportation following an overdose is up to 66% higher than that of those who accepted transportation to a healthcare facility (Zozula et al., 2022). First responders (firefighters, EMS providers, law enforcement (LE) officers)

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may represent an under-utilized resource for connecting high-risk patients to OUD treatment, as they are oftentimes the only providers who have contact with individuals following an overdose, particularly when patients decline transportation to an ED or live in an “opioid treatment desert” (Allen et al., 2021; Cao et al., 2019; Centers for Disease Control and Prevention National Center for Injury Prevention and Control, 2021; Hyder et al., 2021). Thus, programs that leverage first responders’ access to patients to provide harm reduction and connection to recovery resources may increase the chances of long-term recovery after an overdose (Diriba & Whitlock, 2022; Langabeer et al., 2020; Wagner et al., 2019; Xuan et al., 2023). Preliminary reports suggest that mobile multidisciplinary teams are effective in providing proactive outreach and harm reduction to these patients; however, little is known about program design and outcomes (Bagley et al., 2019; Langabeer et al., 2020; Xuan et al., 2023).

The purpose of this program evaluation is to describe a fire/EMS-led post-overdose multidisciplinary mobile outreach program (Rapid Response Emergency Addiction and Crisis Team (RREACT)), its implementation and program outcomes over a 5-year period.

METHODS

Study Design

This retrospective evaluation of the RREACT program using a deidentified dataset was determined to be exempt from review by The Ohio State University Institutional Review Board (#2023E0544).

Setting

The state of Ohio is widely considered an epicentre of the opioid crisis (Lyle Cooper et al., 2020; MacKinnon & Privitera, 2020). Franklin County, the most-populated county and home to the state capital of Columbus, reported a three-fold increase in opioid-related deaths per capita between 2007 and 2017 (16.3–44.1 per 100,000) (Columbus and Franklin County Addiction Plan, 2023). Furthermore, Ohio has one of the nation’s worst overdose deaths-to-available treatment facility ratios, with an average of one program for every 8.5 deaths (Langabeer et al., 2019).

Program Description

In response to the opioid epidemic and the need for community-based treatment resources for individuals with OUD, the City of Columbus Department of Public Safety developed RREACT – a multidisciplinary mobile outreach program spearheaded by fire/EMS, crisis-trained LE officers and behavioural health/social work. RREACT was established in May 2017 following a 6-month City of Columbus grant-funded pilot and is housed within the Columbus Division of Fire (CFD), which employs dual-trained firefighter-EMS clinicians. Using post-overdose outreach protocols, RREACT reduces barriers to OUD treatment through direct linkage and/or transportation to treatment, harm reduction and case management. RREACT staff receive additional training about the science, nature and course of addiction, and trauma-informed care which are refreshed on a regular basis. Best practices for providing EMS care in the context of opioid and drug-related events follow those suggested by Keseg et al. (2019).

An interdisciplinary data management system housed within CFD allows for patient identification using the following criteria: fire/EMS or LE reports a suspected opioid overdose or evidence of naloxone administration. Fire/EMS personnel review the run report to manually confirm suspicion of an overdose and eliminate lower-risk encounters (e.g., naloxone administered to an unresponsive person who had a medical emergency not caused by an opioid overdose). The Columbus Division of Police (CPD) then reviews the patients’ addresses for safety concerns and the likelihood of patient contact at this address. Once verified, the case is assigned for outreach, and a RREACT firefighter, plain-clothes LE officer and social worker visit the address. Team members wear a RREACT uniform and travel in a vehicle marked with the RREACT logo. The branding is intended to increase trust in the community and the likelihood that individuals will open their doors to RREACT. If the individual who experienced an overdose is present and willing to speak to the team, RREACT offers the following services: (1) access to behavioural health treatment (including direct transportation or warm handoff); (2) resources and support to stabilize households, including basic needs, kinship supports and counselling; (3) education and training on trauma, substance use disorders, the administration and handling of naloxone (including leave-behind naloxone); and (4) case management and patient advocacy for patients, whether or not they immediately choose to enter treatment. If the individual who experienced an overdose is not present, team members leave RREACT contact information at the address they visited. Outreach occurs Monday to Friday, 9 am to 5 pm with variable evening and weekend coverage. The structure and activities of RREACT are summarized in Figure 1.

Data Source and Patient Identification

At the program’s inception, programmatic data were documented on paper and in Microsoft Excel; thus, some data metrics for 2018–2019 were not available for analysis. Since 2020, RREACT has utilized a unique case record database that imports data from CPD’s documentation and CFD’s electronic health record, including dispatch information, EMS response and RREACT outreach data (EMS & Fire Software, 2023). For this program evaluation, we utilized a convenience sample of patients who refused transport to the ED following overdose (as this represents a high-risk population who may not have accessed resources otherwise) with whom RREACT attempted outreach between 2018 and 2022. Additionally, we analyzed RREACT’s community outreach events and case management databases.

Outcomes

The primary outcome was program growth, defined as both patient contacts and number of full-time RREACT staff over a 5-year period. Secondary outcomes included the remaining elements of the RE-AIM framework (Glasgow et al., 1999), including reach (outreach attempts), effectiveness (number of patients who were directly transported to treatment or received a warm handoff to a community resource), adoption (increase in full-time equivalent (FTE) support), implementation (programmatic changes and use of resources) and maintenance (community adoption and external funding support).

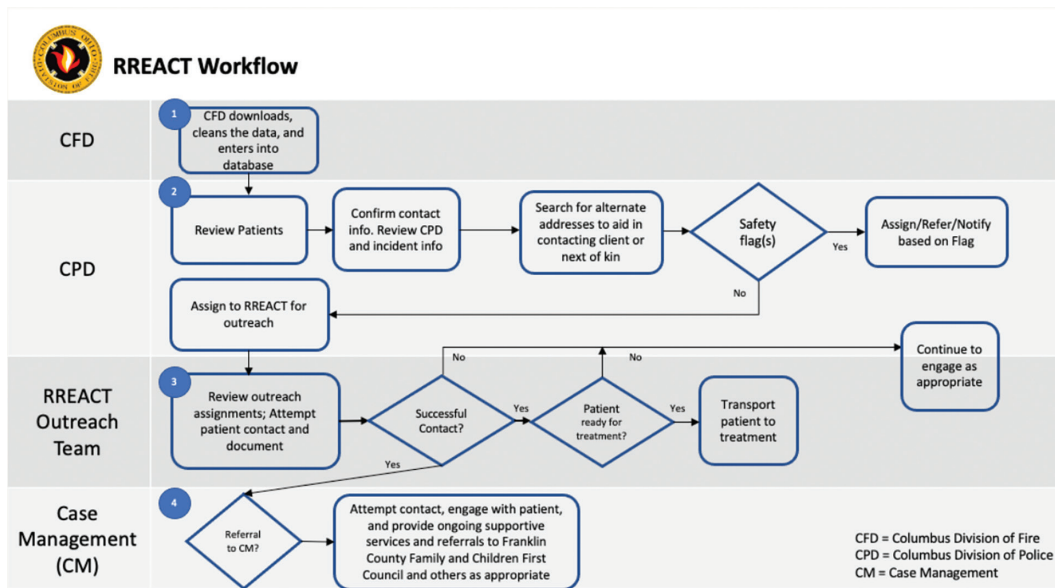


FIGURE 1 Swimlane diagram summarizing individual roles in the overall program process

Analysis

We conducted a descriptive data analysis by year to assess RREACT's growth, reach, effectiveness, adoption and maintenance. Data were categorized as program outreach, program outcomes and patient demographics.

RESULTS

Reach

The program's reach increased annually: from 2018 to 2022, there was an eight-fold increase in the annual number of outreach attempts ($n = 661$ in 2018 to $n = 6,196$ in 2022) and a four-fold increase in the number of unique patients receiving an outreach attempt ($n = 520$ in 2018 to $n = 2,963$ in 2022). We also observed an increase in the number of patients who RREACT made direct contact with (i.e., spoke directly with the patient in person or by phone rather than to a friend or family member) between 2018 ($n = 208$) and 2022 ($n = 868$). Further, RREACT's social worker actively engaged 125–127 patients in case management services each year from 2020 to 2022 (Table I). Data from 2020 to 2022 show that participants were predominantly male (61%), 25–34 years of age (34%), and either White (64%) or Black/African American (28%) (Table II).

Effectiveness

The number of direct transports to treatment facilities ($n = 799$) and warm handoffs to community-based care ($n = 401$) via RREACT increased annually (from 56 in 2018 to 382 in 2022) (Table I). Notably, transport to treatment was more common than a warm handoff to community-based resources after interacting with RREACT. In 2018, 17% of patients who had direct contact with RREACT accepted transportation to OUD treatment; in 2022, that proportion increased to 29%.

Adoption

RREACT began in 2017 with one CFD program supervisor and one firefighter to review nonfatal overdose cases and attempt outreach to the patient alongside a community behavioural health social worker. Program adoption increased yearly as grant funding increased. In 2018, RREACT expanded outreach hours and increased its number of firefighters/paramedics and CPD officers, though additional needs were met using overtime. In 2019, RREACT added a project director, supervisors, a grants manager and additional CPD officers, and its first behavioural health specialist. In 2020, a social worker, behavioural health specialist liaison and data analyst were hired. By the end of 2022, RREACT had 15.5 FTE including five and a half firefighters/EMS, five LE officers, two social workers and three individuals serving in the roles of data analyst, grant manager/program director and behavioural health liaison (Table I).

Implementation, Maintenance and Sustainability

Beginning in 2020, adaptations to the COVID-19 pandemic allowed for program continuation despite new and rapidly changing barriers to contacting patients and connecting patients to care. For example, the location of outreach interventions changed from in-home to the patient's front door (wearing standard EMS personal protective equipment and social distancing), telephone encounters increased and naloxone distribution occurred in high-need areas. We did not observe a significant decrease in patient participation during this time, supporting consistent implementation despite a change in how participants interacted with the program. RREACT became more sustainable as additional grant funding allowed for expansion outside of Columbus and into all of Franklin County. RREACT also proactively uses data for quality improvement efforts.

TABLE I RREACT program characteristics and outcomes 2018–2022

Descriptive Characteristics and Outcomes	2018	2019	2020	2021	2022
	n (%)	n (%)	n (%)	n (%)	n (%)
Full-time staff members	4	12.5	14	14.5	15.5
Fire	2	3.5	3.5	3.5	5.5
Police	1	5	5	5	5
Social work/behavioural health	1	2	2	2	2
Other (program manager, liaison, data analyst)	0	2	3.5	4	3
Community outreach events	*	*	*	142	145
Community outreach event attendees				2,890	2,775
Outreach contact attempts	661	1,830	5,145	8,325	6,196
Unique patients for attempted outreach	520	1,362	3,256	3,638	2,963
Case management patients	*	*	127	125	150
Outcomes of outreach contact attempts					
No contact and unknown	235 (36%)	418 (23%)	329 (6%)	442 (5%)	454 (7%)
Left message/contact information	223 (34%)	783 (43%)	4,168 (81%)	7,037 (85%)	4874 (79%)
Direct contact with patient	203 (31%)	629 (34%)	648 (13%)	846 (10%)	868 (14%)
Linkages/referrals to treatment	21 (3%)	72 (4%)	34 (1%)	148 (2%)	126 (2%)
Direct transports to treatment	35 (5%)	140 (8%)	164 (3%)	204 (3%)	256 (4%)

Notes: *Data not available.

TABLE II RREACT patient demographics, 2018–2022

Demographic Variables	2018	2019	2020	2021	2022
	n = 520	n = 1,362	n = 3,256	n = 3,638	n = 2,963
	n (%)	n (%)	n (%)	n (%)	n (%)
Age (mean years)	*	*	39	39	39
<18	*	*	19 (1%)	17 (0%)	15 (0%)
18–24	*	*	248 (8%)	293 (8%)	242 (8%)
25–34	*	*	1151 (35%)	1214 (33%)	988 (33%)
35–44	*	*	912 (28%)	999 (27%)	831 (28%)
45–54	*	*	492 (15%)	592 (16%)	458 (15%)
55–64	*	*	317 (10%)	385 (11%)	298 (10%)
65–74	*	*	75 (2%)	106 (3%)	104 (4%)
75 and older	*	*	15 (0%)	11 (0%)	9 (0%)
Unknown	*	*	27 (1%)	21 (1%)	18 (1%)
Gender					
Male	*	*	1978 (61%)	2229 (61%)	1794 (61%)
Female	*	*	1259 (39%)	1362 (37%)	1154 (39%)
Unknown	*	*	19 (0%)	47 (1%)	15 (0%)
Race/ethnicity					
American Indian or Alaskan Native	*	*	1 (0%)	1 (0%)	1 (0%)
Asian	*	*	6 (0%)	15 (0%)	24 (1%)
Black/African American	*	*	868 (28%)	959 (25%)	954 (32%)

Demographic Variables	2018	2019	2020	2021	2022
	<i>n</i> = 520	<i>n</i> = 1,362	<i>n</i> = 3,256	<i>n</i> = 3,638	<i>n</i> = 2,963
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Hispanic or Latino	*	*	46 (1%)	74 (2%)	89 (3%)
Native Hawaiian or Other Pacific Islander	*	*	4 (0%)	6 (0%)	9 (0%)
White	*	*	2,229 (68%)	2,226 (62%)	1798 (61%)
Other	*	*	4 (1%)	60 (2%)	23 (1%)
Unknown	*	*	98 (3%)	297 (8%)	65 (2%)

Notes: *Data not available.

Maintenance of RREACT has been supported by its community outreach events and the use of wristbands and business cards with RREACT's contact information, both of which have enhanced visibility. Through these 287 community events over 2 years, RREACT connected with over 5,000 individuals, made them aware of RREACT's services and provided harm reduction training and naloxone distribution. Additionally, RREACT established partnerships with numerous community organizations, including refugee and immigrant groups, community businesses, social service agencies and behavioural health treatment facilities, health departments and faith-based communities. Further, in partnership with RREACT patients in long-term recovery, the RREACT alumni group was formed. Alumni share RREACT's story and plan monthly recovery-focused events, increasing RREACT's recognition in the community and providing peer support to patients starting their recovery. These events are funded through donations and individual contributions from RREACT team members.

DISCUSSION

Over a 5-year period, RREACT – a Fire/EMS-led multidisciplinary mobile outreach program following a nonfatal opioid overdose – grew in staff, referrals, successful contacts and linkages to treatment. Program reach increased annually and demonstrated increased capacity to adjust to the ongoing opioid epidemic. RREACT contacted higher numbers of patients and transported increasing proportions to treatment annually. Adoption was noted by increased first-responder staffing. Implementation was challenged by the COVID-19 pandemic, but sustained patient engagement supported effective implementation. Program sustainability was noted through progressive integration with city and county resources along with the development of an alumni group.

The program structure had important similarities and differences to other post-overdose models of care, such as the sequential intercept model, diversion programs, quick response team (QRT) or community paramedicine/mobile integrated healthcare approaches. First, RREACT's opt-out structure yielded a higher referral rate (near 100%, due to automated referrals) compared to the 66% referral rate of the opt-in structure used in Tacoma Fire's CARES program, but an overall lower contact rate due to this larger referral denominator (Bagley et al., 2019; Scott et al., 2020). The ideal patient contact strategy (opt-in versus opt-out) remains unclear and should continue to be investigated in future work. Second, as RREACT evolved, it concentrated on its firefighter/paramedic–LE officer–social

worker triad and later expanded to include case management and additional support services for families, similar to Massachusetts' PORT and CO-OP programs (Bagley et al., 2019; Formica et al., 2018). Third, though RREACT did not include peer support professionals during initial outreach, as was done by QRTs in North Carolina, the RREACT alumni group in some ways serves a similar function (Bagley et al., 2019). Finally, one area that RREACT did not document formally exploring was community health workers and/or registered nurses, as was done in West Virginia and Washington state QRT pilot programs (Bagley et al., 2019), though RREACT did have a registered nurse on its team in the role of behavioural health liaison.

RREACT's multidisciplinary mobile outreach program's contact rate of 89% was higher than the 53–58% reported by similarly structured QRTs in Ohio and Massachusetts, but the direct contact rate was lower (Formica et al., 2022; Manchak et al., 2022). One plausible explanation is that the study population analyzed here (post-overdose but not transported to an ED) is different from the study population of similarly structured programs (e.g., self-referral, community referral, court referral, hospital referral) but may have been more likely to accept outreach. Though our findings in this high-risk cohort are important, they do make direct comparisons to other programs more difficult, and future work should investigate how unique program aspects, including the patient population and team composition, impact patient engagement.

The demographic description of individuals engaged by RREACT was similar to the population of individuals in Franklin County, OH, who overdosed on opioids during the same time period (56% male, 57% White), though RREACT's population was slightly older (25–34 years old versus 18–24 years old) (Columbus and Franklin County Addiction Plan, 2023). RREACT's demographic data also mirror those from a 2019 statewide description of 25 similar post-overdose programs in Ohio, suggesting that the target population reached is similar despite using slightly different program structures (Firesheets et al., 2022).

The number of RREACT outreach contacts exceeded the number of unique individuals seen by RREACT, suggesting that some individuals required repeated contact. This emphasizes the need for multiple outreach attempts, similar to findings reported by Langabeer et al. (2020) demonstrating that 86% of participants in Houston Fire's HEROES program declined treatment at least once prior to enrolment. Notably, as RREACT expanded its FTE, this allowed for increased outreach efforts, the introduction of community events and broader community advocacy and training efforts.

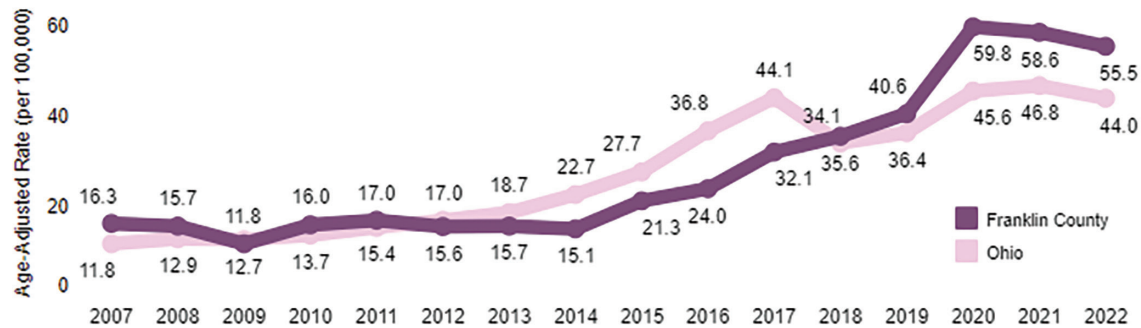


FIGURE 2 Rate of Franklin County resident deaths by year, 2007–2022. Data and figure are courtesy of Columbus and Franklin County Addiction Plan, 2023

One unique aspect of RREACT was the role of LE officers. Prior studies of LE-led diversion programs (e.g., DART, Massachusetts; Hope Not Handcuffs, Michigan; Plymouth County Outreach, Massachusetts) demonstrate the ability to disengage individuals who used opiates from the legal system and engage them in the community-based recovery (Bagley et al., 2019; Cruz, 2017; Schiff et al., 2017; White et al., 2021). Other programs have leveraged fire/EMS-based resources to identify and reach out to at-risk individuals (Langabeer et al., 2021; Mechem et al., 2020). The RREACT approach leveraged elements of each of these models by using a unified referral database to synergize LE and fire/EMS calls into a single referral pool for outreach (similar to Houston Fire HEROES) and leveraged LE in scene safety and patient identification roles. Notably, RREACT's success would likely not have been possible without intentional efforts to secure multisector collaboration and community trust; without these elements, individuals in need may be less likely to seek and receive care and resources from first responders (Zakrison et al., 2004). These findings, collectively, support the role of multidisciplinary teams and interagency collaboration in identifying at-risk individuals and connecting them to treatment, though future research may consider identifying ways to optimize each agency's role (Yatsco et al., 2020).

RREACT's multidisciplinary mobile outreach was also unique and differed slightly from the more episodic QRT model. Many QRTs prioritize the "quick" aspect and either allow the patient to reach out directly or attempt to make contact within 2–7 days of overdose and may provide services for up to 90 days (Bagley et al., 2019; Sacco et al., 2018). RREACT's design included intentional longitudinal follow-up and unlimited contact as needed by the patient, a unique aspect not reported elsewhere. Additionally, while the role of peer support is established in other community-based post-overdose interventions (e.g., North Carolina's Rapid Response Teams and Delaware), the evolution of an alumni group to support ongoing recovery was a distinctive finding, and its presence ties the episodic public safety intervention to a more sustainable, long-term recovery response.

Limitations

First, this study is limited by its use of a programmatic database that transitioned during the observation period, resulting

in missing data from the first 2 years of implementation. To reduce this limitation, we worked directly with the program and database vendor to ensure the most accurate data were used. Second, selection bias was present in our inclusion of a subset of high-risk patients, making it difficult to compare results to the more robust literature based on patients from multiple referral sources. Third, our study design does not allow us to draw conclusions between the program and rates of opioid deaths in the target population; however, to provide additional context, we have provided county-level incidence of fatal opioid overdose prior to RREACT's inception (2017) through the last available year of data (2022) in Figure 2 using data from the Columbus and Franklin County Addiction Plan. Finally, there is an absence of universal taxonomy in the literature about how to refer to post-overdose response programs (e.g., sequential intercept, QRT, diversion, community paramedicine, mobile integrated healthcare) and we may have unintentionally excluded reference to similar programs in our discussion.

CONCLUSIONS

This retrospective evaluation of a multidisciplinary mobile outreach program following a nonfatal opioid overdose demonstrated effective linkage to treatment and sustained growth over a 5-year observation period. The collaboration of fire/EMS, LE, and social work demonstrates one potential community-based model for linking patients to OUD treatment.

CONFLICT OF INTEREST DISCLOSURE

Mighty Crow Media, LLC, employs an author of this article and serves as the grant evaluator for RREACT's Bureau of Justice Assistance COSSAP grant. Grant funding does not support time or other costs associated with this publication.

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Trends and patterns of terrorist attacks targeting the police in Nigeria, 2009–2022

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ABSTRACT

In Nigeria, terrorist attacks targeting police officers and police facilities have continued to gain momentum since 2009. However, in spite of the intensity of the problem, it is yet to command tangible scholarly attention. Against this background, this study investigates the trends and patterns of terrorist attacks targeted against the police in Nigeria between 2009 and 2022. An exploratory research design was adopted, and data were principally sourced through the content analysis of a corpus of two purposively selected Nigerian national newspapers' coverage of the recorded incidents of terrorist attacks that were directed at police officers. The results showed that 455 cases of such attacks were recorded between 2009 and 2022. Incidents of terrorist attacks targeting police officers were recorded in nearly all the states of the federation, with Borno State having the largest share (42.9%). Also, the largest single share of the incidents (29.2%) happened in 2021 with the highest percentage of police fatalities (24.8%) occurring in the same year. The majority of the attacks (51.9%) occurred within police stations. Indigenous People of Biafra (32.1%) and Boko Haram (31.2%) were the terrorist groups responsible for most of the attacks on police officers. Terrorist attacks hold multiple serious deleterious consequences for the Nigeria Police Force. Thus, it is important for the law enforcement agency to develop a functional institutional framework through which police officers can be adequately exposed to professional counter-terrorism training and strategies.

Key Words Terrorist attack; police officers; police fatalities; Nigeria Police Force; Boko Haram; IPOB.

INTRODUCTION

Terrorist attacks targeting police officers and police facilities are a global phenomenon (Collard-Wexler et al., 2014; Gibbs, 2013). The 2014 report of the National Consortium for the Study of Terrorism and Responses to Terrorism indicates that attacks directed at the police accounted for over 13% of the 125,148 terrorist attacks that were globally recorded between 1970 and 2013. In Nigeria, terrorist attacks targeting the police have continued to gain momentum since 2009 with the emergence of Boko Haram and other terrorist organizations engaging in armed struggle against the Nigerian state (Alhassan, 2021; Odogun, 2022; Premium Times, 2021). Consequently, a high rate of police homicides and large-scale destruction of critical police infrastructures and material resources are annually recorded in Nigeria (Egigogo, 2023; Nseyen, 2021).

Generally, all violent attacks targeting the police including those carried out by terrorist organizations hold multiple serious and deleterious consequences for the Nigeria Police

Force as a law enforcement agency. Apart from the high police fatalities that usually characterize such attacks, they also constitute assaults on the government and symbolize a breakdown in the capacity of the formal social control mechanism to effectively maintain law and order. Furthermore, the high rate of police homicides resulting from terrorist attacks is not only aggravating the problem of inadequate police officers currently confronting the Nigeria Police Force (Daily Trust, 2020; Punch, 2020), but it is also capable of dampening the morale and the overall job commitment of law enforcement agents while also negatively impacting the socio-economic well-being of their significant others and dependants. Moreover, armed violent attacks on the police have the tendency to further worsen the existing gap in the police–public relationship, while also placing a huge financial burden and increasing the operational cost of the Nigeria Police Force as a result of the need to constantly rehabilitate, renovate, and replace lost material resources and critical infrastructures.

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Despite the fact that armed violence by terrorist groups against police officers and police facilities is increasingly being recognized as a serious social problem in Nigeria, the issue is yet to command tangible scholarly attention. Consequently, there is a dearth of empirical and factual information on the frequency, magnitude, dimension, and distribution of the recorded incidents. Therefore, this study was conceived to fill this observed gap by investigating the trends and patterns of cases of terrorist attacks targeting the police that were recorded in Nigeria between 2009 and 2022.

METHODOLOGY

An exploratory design was employed for this study. The recorded incidents of terrorist attacks targeting the police in Nigeria between 2009 and 2022 constituted the unit of analysis. This timeframe was selected due to the fact that 2009 was the year the problem of terrorism began in Nigeria (Aguwa, 2017). The collection of data lasted for a period of 6 months between October 2022 and March 2023. Data were exclusively sourced through the review and content analyses of the recorded incidents of terrorist attacks that were directed at police officers as reported in two purposively selected national newspapers, namely the Daily Trust and the Vanguard. The choice of these two newspapers stemmed from the fact that they are national in terms of coverage and are also among the Nigerian newspaper outlets that are actively maintaining online presence. More so, the two of them individually have a specially designed online search dialogue box through which current and archived news reports can be virtually sourced and retrieved. The adoption of this method was considered apt and suitable for a study of this nature because it is usually very difficult to access *sensitive* and *intelligence-related* information from the Nigeria Police Force. Furthermore, another merit of this approach lies in the fact that it not only provides the opportunity for comparisons along a spatiotemporal basis but also equally allows an in-depth understanding of the situational and contextual peculiarities involved in the recorded cases of terrorist attacks targeting the police.

Specifically, the procedure employed for data harvesting involved searching for news reports on the subject matter of the research in the designated dialogue boxes that were provided on the websites of each of the selected newspapers. Relevant news reports on the subject matter that were collated from each of the selected news outlets were individually sorted and content analyzed on yearly basis. Afterwards, the incidents reported by the two outlets were carefully read, compared, and sieved to avoid the possibility of duplication of cases. Furthermore, to forestall the possibility of repetition, only one source was taken in all the cases in which a particular incident was observed to have been reported by the two selected news outlets. Thereafter, relevant data harvested were carefully sorted, organized, and arranged according to the sub-themes of the research. At the analysis stage, univariate analyses including charts, frequency distribution, and line graphs were performed.

A major limitation of this research is that the analyzed data were principally sourced through the content analysis of newspaper reports on the subject matter. Thus, there is a possibility of bias and omission in the reportage of some of the

incidents. However, in spite of this limitation, this research yielded tremendous results and foregrounded knowledge on the subject matter.

RESULTS AND DISCUSSION

In this section, the key findings that emanated from the analyzed data are presented, discussed, and interpreted.

Yearly Distribution of Terrorist Attacks Targeting Police Officers in Nigeria

To determine the frequency and patterns of terrorist attacks that were directed at police officers in Nigeria within the timeline considered, the analysis of the yearly distribution of the reported incidents was performed. Figure 1 depicts the result of the analysis.

Findings revealed that terrorist attacks targeting police officers were recorded annually between 2009 and 2022. Out of the 455 cases that were reported within the timeline, the largest single share (133: 29.2%) occurred in 2021, while 2022 also accounted for a significant percentage (77: 16.9%). Also, substantial proportions of terrorist attacks on the police were also recorded in 2018 (39: 8.6%) and 2012 (39: 8.6%). The lowest incidents of terrorist attacks on police officers happened in 2009 (5: 1.1%). It can also be gleaned from this finding that there was a consistent increase in the incidents of terrorist attacks targeting police officers from 2009 to 2014. However, there was a noticeable sharp decline in the occurrence of such attacks in 2015 and 2016. This observed decline was likely to have been informed by the change of government occasioned by the 2015 general elections in Nigeria which resulted in the defeat of the then incumbent President, Dr. Goodluck Jonathan. The new administration under President Muhammadu Buhari embraced a far-reaching counter-terrorism measures against Boko Haram insurgency as part of its cardinal objectives which considerably weakened the capacity of the terror group (Nosiri & Ibekwe, 2021; Onapajo, 2017). Nevertheless, the observed consistent rise in the terrorist attacks targeting police officers as of 2017 can be explained as resulting from the emergence of other forms of terrorist groups and separatist movements operating in different parts of Nigeria.

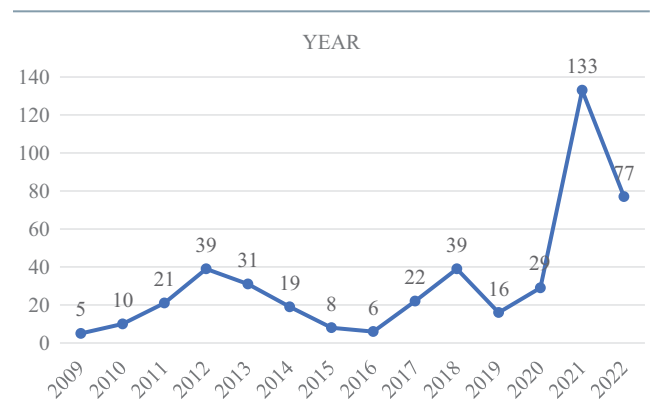


FIGURE 1 Yearly distribution of terrorist attacks targeting police officers in Nigeria

Situations and Contexts Which Exposed Police Officers to Terrorist Attacks in Nigeria

To generate insight into the factors accounting for the increasing vulnerability of police officers to terrorist attacks in the line of duty, information was sought on the situations and contexts that were associated with the recorded incidents. The output of the analysis is as presented in Figure 2.

The majority of the attacks occurred within police stations (236: 51.9%), followed by those that happened during police patrols (106: 23.3%). Also, a considerable proportion (56:12.3%) of the terrorist attacks were recorded at police checkpoints. The distribution of other contexts of terrorist attacks on police officers was ambush (30: 6.6%), attacks on police officers engaging in protection services (12: 2.6%) and attacks targeting police colleges (2: 0.4%). From the distribution of the contexts and locations in which police officers were exposed to terrorist attacks, it is clear that they were not only being intentionally targeted by terrorists, but they were also constantly at the risk of exposure to armed violence by terrorist groups, regardless of their location at any given point in time and irrespective of whether or not they were actively involved in policing operations and law enforcement duties. This result is in tandem with the submission of Gibbs (2013) that police are accessible targets to terrorists and are more vulnerable than all other targets representing government coercive force because they are frequently involved in routine street patrols and are always available to members of the public in their police stations that typically have minimal security arrangements.

Terrorist Groups Targeting Police Officers for Violent Attacks in Nigeria

It was also considered imperative to investigate terrorist groups targeting police officers for violent attacks within the timeline considered. Figure 3 shows the outcome of the analysis.

The output of the analysis indicates that six major terrorist organizations carried out violent attacks against police officers between 2009 and 2022. Specifically, the Indigenous People of Biafra (IPOB) separatist group was responsible for the largest single share of the recorded attacks (146: 32.1%), while the attacks carried out by the Boko Haram terrorist group also accounted for a significant proportion (142: 31.2%) of the recorded incidents. Furthermore, bandit attacks constituted 137 (29.9%), with unknown gunmen responsible for 20 (4.4%) of terrorist attacks targeting police officers. A few

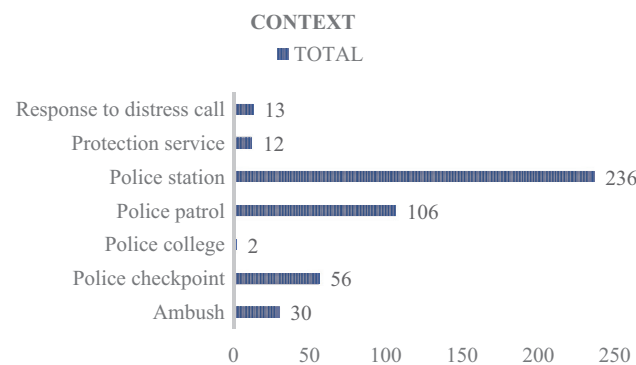


FIGURE 2 Situations and contexts which exposed police officers to terrorist attacks

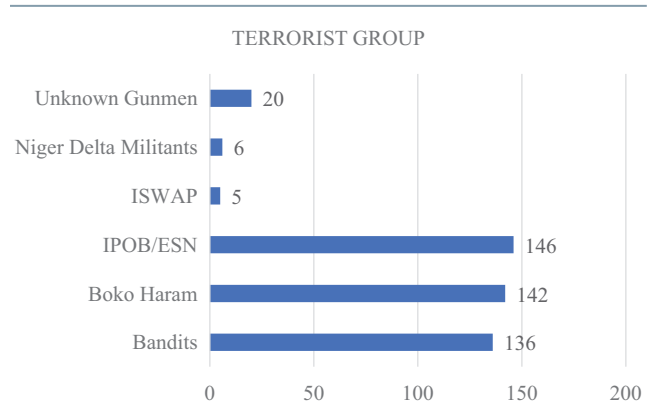


FIGURE 3 Terrorist groups targeting police officers for violent attacks in Nigeria. IPOB, Indigenous People of Biafra; ISWAP, Islamic State’s West Africa Province

terrorist attacks were also carried out against the police by Niger Delta militants (6: 1.3%) and members of the Islamic State’s West Africa Province (5: 1.1%). The Nigerian government officially proclaimed IPOB to be a terrorist organization in September 2017 (Adesomoju, 2018; This Day, 2017), while bandits and unknown gunmen were officially designated as terrorist groups in January 2022 (Ejekwonyilo, 2022; Ochojila, 2022). A major deduction that can be inferred from this result is that terrorist organizations operating in Nigeria irrespective of their agenda usually consider police officers suitable targets for violent attacks in the course of pursuing their terror objectives and ideologies. This finding is in tandem with the position of Freilich and Chermak (2009) that police officers are generally considered attractive for violent attacks by terrorists for the purpose of fulfilling their symbolic, functional, and expressive objectives.

The Recorded Incidents of Terrorist Attacks Targeting Police Officers by State

Analysis of the recorded incidents of terrorist attacks directed at police officers across the states of the federation was also performed as a way of gauging the intensity and spatial distribution of the problem. The output of the analysis as contained in Figure 4 shows that the problem is pervasive as incidents were recorded in 31 of the 36 states.

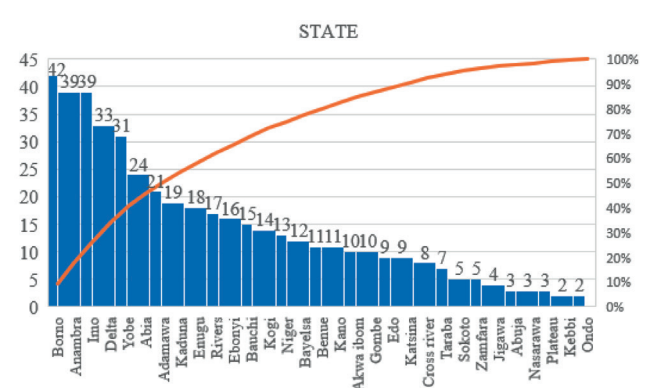


FIGURE 4 Incidents of terrorist attacks targeting police officers by state

This finding revealed that the highest percentage of the incidents was recorded in Borno State (42: 9%) followed by Anambra State (39: 8.6%), Imo State (39: 8.6%), Delta State (33: 7.3%), Yobe (31: 6.8%), Abia State (24: 5.3%), Adamawa (21: 4.6%) and Kaduna State (19: 4.2%). Furthermore, very few incidents were recorded in Jigawa State (4: 0.9%), Abuja (3: 0.7%), Nasarawa (3: 0.7%), Plateau State (3: 0.7%), Kebbi (2: 0.4%) and Ondo State (2: 0.4%). This result shows that incidents of terrorist attacks targeting police officers have been recorded in nearly all the states of the federation. However, the distribution of the attacks also indicates that police officers serving in the south-western states of the federation were less affected by the problem. The only state that had records of such attacks within the geopolitical zone was Ondo State with only two cases. This spatial distribution can be explained as resulting from the fact that only the south-western region of Nigeria has not experienced the emergence of a terrorist organization or an insurgent organization within its territory. Furthermore, this finding confirms the assertion of Ojedokun (2014) that police homicide in the line of duty in Nigeria is increasingly becoming a national problem due to the annually recorded high number of police killings across the country.

Analysis of Weapons Used by Terrorists to Attack Police Officers

Lethal weapons have been widely recognized to be among the most favoured operational tools of terrorists (Berman, 2011; Lewis, 2017). Therefore, an investigation was conducted on the weapons of choice of terrorists who launched violent attacks against police officers. Figure 5 depicts the results of the analysis.

As evident in Figure 5, guns were the weapon that was exclusively deployed in the majority (304: 66.8%) of terrorist attacks targeting police officers between 2009 and 2022. Also, explosives and guns were jointly used in a significant proportion of the attacks (85:18.7%). Furthermore, the distribution of the remaining weapons of choice that were deployed by terrorists during attacks targeting police officers was explosive (45: 9.9%), cutlass (10: 2.2%), gun and cutlass (8: 1.8%), stone (2: 0.4%) and explosive and cutlass (1: 0.2%). A major inference that can be drawn from this finding is that there is a high concentration of harmful weapons in the hands of non-state actors in Nigeria. This is evident in the output of the analysis which shows high percentages of guns and explosives as ter-

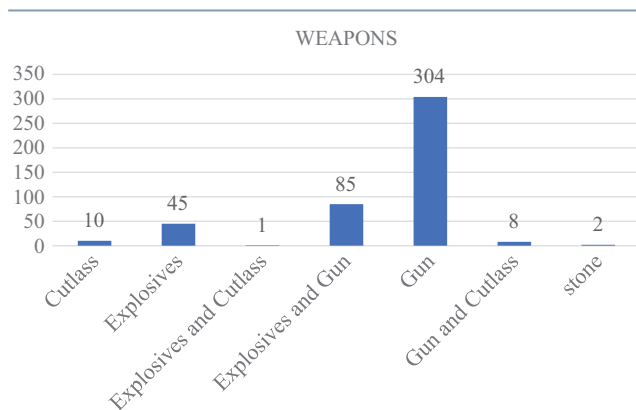


FIGURE 5 Weapons used by terrorists to attack police officers

rorists’ weapons of choice. Indeed, the proliferation of small arms and light weapons (SALWs) is among the major challenges that have been contributing to the pervasive problem of armed violence in Nigeria (Onuoha, 2011; Soetan, 2017).

Yearly Distribution of Violent Attacks on Police Officers by Terrorist Groups

As it was established that there is a spatiotemporal variation in the activeness and activities of terrorist organizations operating in Nigeria, it was considered important to probe into the yearly distribution of the recorded violent attacks that were directed at police officers. The result yielded by the analysis is presented in Figure 6.

As shown in Figure 6, the Boko Haram terrorist group was responsible for the largest share of the incidents of violent attacks targeting police officers from 2009 to 2015 (2009 (4: 80%), 2010 (7: 70%), 2011 (20: 95%), 2012 (34: 87.2%), 2013 (21: 67.7%), 2014 (16: 84.1%) and 2015 (3: 37.5%)), while bandit attacks had a lion share of terrorist attacks on police officers from 2016 to 2019 (2016 (4: 57.1%), 2017 (9: 41%), 2018 (17: 42.5%) and 2019 (6: 35.3%)). Furthermore, the IPOB was responsible for the highest numbers of attacks on police officers from 2020 to 2022 (2020 (11: 35.4%), 2021 (72: 52.6%) and 2022 (39: 48.1%)). This result is indicative of the hydra-headed nature of the problem of terrorism in Nigeria. As evident in the finding, the frequency and intensity of terrorist attacks targeting police officers vary widely in terms of time and space. The implication of this result is that terrorist attacks against police officers may prove to be very difficult to control because of the fluidity of the problem and also due to the fact that multiple terrorist organizations are targeting them for violent attacks. This result also aligns with the submission of Gruenewald et al. (2015) that many terrorist groups attack police officers because they see them as government foot soldiers who are enforcing policies that are inimical to their existence.

Yearly Distribution of Police Fatalities Resulting from Terrorist Attacks

Terrorist attacks generally have the tendency of resulting in huge human and material losses (Chermak et al., 2012; Gibbs,

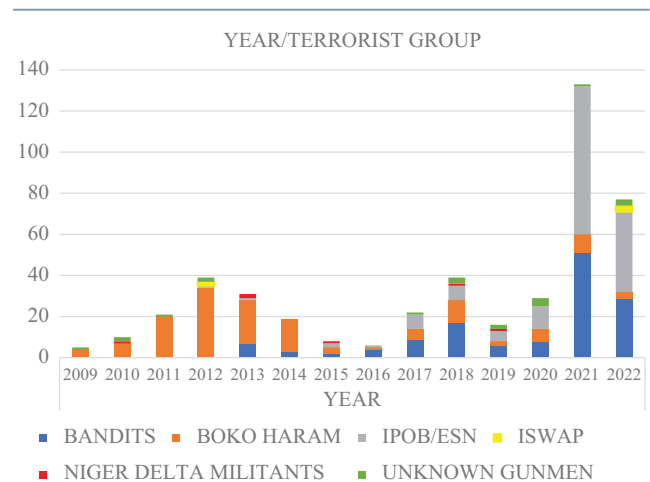


FIGURE 6 Yearly distribution of violent attacks on police officers by terrorist groups. IPOB, Indigenous People of Biafra; ISWAP, Islamic State’s West Africa Province

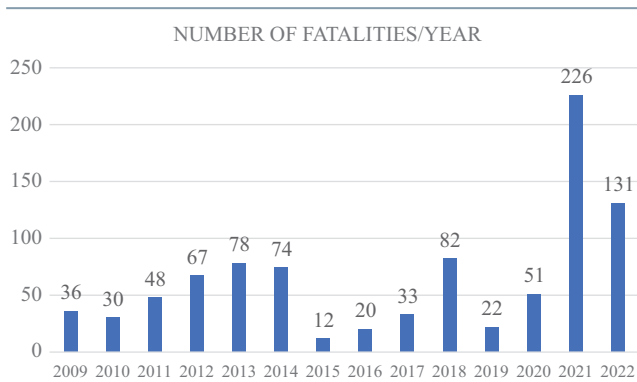


FIGURE 7 Yearly distribution of police fatalities resulting from terrorist attacks

2017; Ojedokun, 2014). Therefore, it was considered imperative to devote attention to the number of police fatalities resulting from terrorist attacks. Figure 7 presents the outcome of the analysis.

The result reveals that police fatalities emanating from terrorist attacks were annually recorded in Nigeria between 2009 and 2022. A total of 930 cases of police homicides were recorded within the timeline. In terms of the distribution, 2021 (226: 24.8%) was the year with the highest number of police killings, followed by 2022 with 131 (14.4%) cases of police homicides resulting from terrorist attacks. Furthermore, police fatalities were also high in 2018 (82: 9.1%), 2013 (78: 8.6%), 2014 (74: 8.1%) and 2012 (67: 7.4%). The recorded cases of police fatalities in the remaining years were 2020 (51: 5.6%), 2009 (36: 4.0%), 2017 (33: 3.6%), 2010 (30: 3.3%), 2019 (22: 2.4%), 2016 (20: 2.2%) and 2015 (12: 1.3%). This finding clearly points out the devastating impacts of terrorist attacks targeting police officers on the Nigeria Police Force in terms of the recorded huge loss in human resources. More so, the prevailing situation also has the tendency to bring about a huge socio-economic burden for the law enforcement agency through the initiation of employee retention programs for officers and by making provision for dependants of murdered police officers. Fridell et al. (2009) have equally stated that armed violence against the police impacts individual law enforcement officers, their families, their colleagues, their departments, and the law enforcement profession as a whole.

CONCLUSION

The high fatalities that typically accompany terrorist attacks against police officers make it a major cause of concern. Therefore, the following recommendations are considered pertinent for the effective management of the problem. First, there is a need for the Nigerian government and relevant stakeholders to make concerted efforts toward combatting the proliferation of SALW in the country by identifying and controlling their pathways of circulation into the country. The successful blockage of terrorist groups' access to illicit arms and ammunition would be crucial for the effective control of their terror activities including the targeting of police officers for violent attacks. Second, it is important for the Nigeria Police Force to develop a functional institutional framework through which police officers can be adequately exposed

to professional counter-terrorism training and strategies. The fact that terrorism and terrorist attacks targeting police officers are relatively recent phenomena in Nigeria makes it very difficult for police managers and police personnel to be professionally knowledgeable and adequately prepared to respond to the novel challenge. Similarly, it is important for the Nigerian government to provide necessary logistics and financial support for the Nigeria Police Force to enable the procurement of essential modern policing equipment and vital organizational resources that are necessary for boosting its terrorism emergency response and surveillance/intelligence gathering capacities.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

AUTHOR AFFILIATIONS

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The need for a Canadian *Criminal Code* offence of coercive control

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ABSTRACT

Canada is currently considering legislating an offence of coercive control. Coercive controlling behaviour is currently criminalized in the UK, Scotland, Ireland, Northern Ireland and New South Wales, Australia. Potential benefits of the implementation of a coercive control offence in Canada include enhancing victim/survivor safety with access to protective orders; allowing police to respond in situations where physical violence is not occurring and, importantly, respond in a way that is reflective of the type of violence being enacted and the assessed risk; moving beyond an incident-based view of intimate partner violence to recognize patterns; improving perpetrator accountability and opportunities for risk management; sending a clear message that these behaviours are unacceptable; enhancing public awareness of coercive control; bringing the *Criminal Code* in line with other recent legislation; and creating consistency between family and criminal courts. This article summarizes the concept of coercive control, including gendered implications and risks for domestic homicide; the need for a coercive control offence, including support from professionals; and guidance for the implementation of a coercive control offence, including promising practices from international legislation, risk assessment, training for police and other professionals, and evaluation and data gathering.

Key Words Coercive control; intimate partner violence; domestic violence; Criminal Code of Canada; police response.

INTRODUCTION

Legislation criminalizing coercive controlling behaviour is in place in the UK (2015), Scotland (2018), Ireland (2018), Northern Ireland (2021) and New South Wales, Australia (2022). In 2021, a Private Member's Bill (C-202; *An Act to amend the Criminal Code [controlling or coercive conduct]*) was introduced in Canada's House of Commons but did not make it to the second reading. Another Private Member's Bill by the same name (Bill C-322) was introduced in May 2023 and is currently undergoing the second reading in the House of Commons.¹ In the fall of 2023, the Department of Justice Canada consulted with survivors, advocates, and researchers regarding a potential coercive control offence.²

¹As of 5 December 2023.

²This article is a shorter version of a written submission provided by the author to the Department of Justice Canada (11 October 2023). This article also includes elements of the author's presentation to the Department of Justice Canada (21 September 2023) as part of this consultation.

Coercive control is a pattern of behaviour, consisting of various actions by the perpetrator. Behaviours occur on a continuum and may or may not occur in conjunction with physical and sexual violence (Dutton & Goodman, 2005; Johnson, 2006; Myhill & Hohl, 2019; Stark, 2007). The Saskatchewan Police Commission's (2018) *Domestic Violence Risk Indicator Checklist* states that coercive control "may include acute jealousy, degradation, micro-regulation of daily life, social isolation, disallowing independent thinking or decision-making, deprivation, surveillance, forced sex, sexual exploitation, shaming, forced adherence to a belief system that condones [intimate partner violence] IPV, intimidation, [and] threats."

In some cases, perpetrators completely dominate all aspects of the victim's life. Coercive control often results in a constant state of fear, reinforced by threats as well as past experiences of violence. Dutton and Goodman (2005) explain ways that perpetrators control victims, including "creating the expectation of negative consequences, creating or exploiting the victim's vulnerabilities, wearing down the victim's resistance, and facilitating—and then exploiting—emotional

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dependency” (pp. 748–749). The very nature of this form of abuse creates significant barriers to ending the relationship.

In a study conducted with survivors of IPV in Saskatchewan, one woman shared:

“It was nothing physical; it was all emotional. Basically, I wasn’t allowed to go anywhere. I could go to work. I could go to the store, [but] I had to report what store I was going to. I couldn’t be too long. I would get yelled at and in big trouble. It was demeaning, and [I was] ridiculed, and I felt like a small child if I was late. My contact with my family was severely frowned upon. I couldn’t talk to my sister. If I did, I was yelled at: “Why?” and “What did you talk about?” He would check my phone to see who I texted throughout the day. I didn’t have friends. . . I could do work during work time, but I couldn’t do functions or anything after hours. . . I was never left alone. I was never allowed to be myself” (Giesbrecht et al., 2023c, p. 7).

Evan Stark (2007) stated that coercive control is a “liberty crime” against women, as victims are often trapped in a relationship with a perpetrator/partner who regulates their day-to-day activities. In many cases, this means that victims’/survivors’ ability to participate in the workforce and secure their own future economic stability is undermined. Coercive control can have serious health implications when access to food, medications, or services is restricted.

In a study with newcomer women survivors of IPV in Saskatchewan, one of the women explained, “And you basically [cannot] go out . . . if you need pads, you just have to wait for him. I just depended on him. Everything. If there’s no milk, there’s no water; there’s nothing. I had no freedom.” She also described how her partner intentionally created barriers to her being able to access services, limiting her ability to gain independence from him: “You know, living with him was so hard, and at the same time, I lost . . . my world became so very small. No papers. I have no driver’s license. I have no health card” (Giesbrecht et al., 2023a, p. 14).

The Need for a Coercive Control Offence

There are several benefits that could be expected to accompany the implementation of a coercive control offence in Canada, including enhancing victim/survivor safety with access to protective orders; allowing police to respond in situations where physical violence is not occurring and, importantly, respond in a way that is reflective of the type of violence being enacted and the assessed risk; moving beyond an incident-based view of IPV to recognize patterns (Aspinall & Gill, n.d.; Gill & Aspinall, 2020; Mandel & Wright, 2019); improving perpetrator accountability and opportunities for risk management; sending a clear message that these behaviours are unacceptable; and enhancing public awareness of coercive control. An offence of coercive control would bring the *Criminal Code* in line with other recent legislation, including Bill C-233 (*Keira’s Law*; 2023), the amended *Divorce Act* (2020) and accompanying provincial legislation, and aid in creating consistency between family and criminal courts.

Coercive control is a pattern of many small actions which add up to a significant amount of harm and a high level of dangerousness, but on their own, a few of these behaviours would be considered a crime. Some of the

most damaging behaviours used by perpetrators, including degradation, taking away victims’ freedom, denying any opportunities for autonomy and micromanaging their daily lives, are not currently illegal. An offence is necessary to effectively protect survivors and to convey that these behaviours are not only unacceptable but also criminal and will be taken seriously.

Additionally, there is often a perception that the abuse ends when the relationship does. In fact, the tactics of coercive control can continue to impact the adult victim and any children long after separation. Failure to pay child or spousal support, false reports to social services, false claims of parental alienation, and undermining the parenting of the protective parent are just a few of the forms that post-separation coercive control can take. The criminalization of coercive control can make this form of abuse evident and stipulate consequences for those who use these behaviours, allowing survivors of IPV to be truly free from abuse.

Support from Survivors and Professionals

Researchers in Australia surveyed women survivors of IPV; over 90% stated that they believed coercive control should be a criminal offence (Fitz-Gibbon et al., 2023). The majority of these survivors agreed that criminalizing coercive control would enhance public awareness of coercive control, send a clear message that these behaviours are unacceptable, allow police to respond, enhance victim/survivor safety and improve perpetrator accountability.

In September 2023, PATHS consulted IPV professionals who work at domestic violence shelters and services in Saskatchewan; all of those who responded stated that they were in support of a coercive control offence. All of these IPV professionals had worked with survivors of coercive control who could not access legal mechanisms (e.g., reporting to police, their partner being charged, being granted a protective order) or faced other barriers to services or support because they did not experience physical violence or other criminal behaviours from their partners. One explained, “. . . some police we have worked with completely recognize coercive control is happening, but they are still limited in the actions they can take due to it not being a criminal offence.”

Professionals who deliver treatment for perpetrators of IPV in Saskatchewan reported that the majority of participants enter treatment because they are court-mandated after perpetrating a chargeable offence. This means that perpetrators who have not used physical violence usually do not come to the attention of treatment providers. An offence would provide the opportunity for individuals who are perpetrating coercive controlling abuse and could be at risk of perpetrating domestic homicide to be mandated to treatment and appropriate risk management conditions such as supervision (Giesbrecht et al., 2023b).

Domestic Homicide

Researchers and domestic violence death review committees (DVRDCs) have documented cases where women were killed by their partners or were at risk of being killed, even though no previous physical violence occurred (Campbell et al., 2003; Monckton Smith, 2021; Nicolaidis et al., 2003; Office of the Chief Coroner for Ontario, 2019). A study of 358

domestic homicides of women by male perpetrators in the UK (2012–2014) found that stalking behaviours (including obsession (94%) and fixation (88%)) were present in 94% of the cases, controlling behaviours were present in 92% of the cases and isolation was present in 78% of the cases. Other high-risk factors, including strangulation (24%) and threats to kill (55%), were documented in fewer cases (Monckton Smith et al., 2017). Canadian Broadcasting Corporation (CBC) journalists (Carman et al., 2021) compiled a database containing information on 392 intimate partner/domestic homicides that occurred in Canada between 2015 and 2020; in 15% of these cases, there was a known history of coercive control. A US study by Campbell and colleagues (2003) found that the risk of intimate partner femicide increased significantly in cases where the abusive partner was highly controlling; in cases where the abuser was highly controlling and the couple had separated after living together, the risk increased 9-fold.

The Canadian Femicide Observatory for Justice and Accountability identified “four common measures of coercive control: controlling/proprietary behaviour (specific to the perception of ‘women/girls as property’), psychological abuse, sexual jealousy; and stalking,” noting that these behaviours “often go unnoticed as red flags for the femicide that ultimately occurs” (Dawson et al., 2020, p. 47). DVDRCs have also identified the perpetrator “control[ling] most or all of the victim’s daily activities” as a risk factor for domestic homicide (Office of the Chief Coroner for Ontario, 2019).

Coercive Control and Risk to Children

Child abuse often co-occurs with IPV (Herrenkohl et al., 2008; Wathen & MacMillan, 2013); concurrent abuse of child and intimate partner victims is especially prevalent in situations of coercive control (Kelly & Johnson, 2008). Coercive controlling behaviour has been identified as a risk factor for children (David et al., 2017; Hardesty et al., 2008; Jaffe et al., 2014, 2023; Kelly & Johnson, 2008) and is clear in the histories of fathers who killed their children. One of these horrific cases included that of 6-year-old Chloe and 4-year-old Aubrey Berry, who were killed by their father on Christmas Day in 2017. The girls’ mother presented evidence of coercive control—and therefore, the risk of future violence and domestic homicide—to the court; however, there was a failure to recognize this risk (Chambers et al., 2018; Cheek, 2023). This is similar to the experience of Jennifer Kagan, whose ex-partner engaged in coercive controlling tactics during their relationship and killed their daughter Keira in a murder-suicide in 2020, more than 3 years after separation (Cheek, 2023).

Gendered Implications

While people of any gender can perpetrate or experience coercive control (Johnson, 2006), the phenomenon is specifically gendered (Johnson, 2006; Johnson et al., 2014; Hearn, 1998; Kelly & Johnson, 2008; Schechter, 1982; Stark, 2007). Hearn (1998) described how power dynamics within relationships can be seen as part of “‘normal’ family life” (p. 36). Some behaviours, which may be unproblematic (or appear unproblematic) on one end of the spectrum, can be part of a pattern of extreme control on the other end. Harm can be compounded when multiple forms of control are employed in conjunction.

Some coercive and controlling men may enact physical violence frequently; others may resort to physical violence when women resist or fail to comply with rules set out by the abuser or when other strategies to maintain compliance have failed. As Dutton and Goodman (2005) explained, “Coercive control in [IPV] is a dynamic process linking a demand with a credible threatened negative consequence for noncompliance” (pp. 746–747). Women’s attempts to control men are rarely as “successful,” given gendered power dynamics and that it is rare that women enact (and enforce) credible threats of inflicting severe physical or sexual violence or withholding financial resources or access to the necessities of daily life (Bishop & Bettinson, 2018; Dutton & Goodman, 2005; Stark, 2007).

In a US study using national population data that included victims, perpetrators and people who did not use/experience IPV, Johnson and colleagues (2014) identified that 5% of women in their sample could be classified as using coercive controlling violence. A UK study using a similar methodology classified 6% of abuse reported by male respondents by female perpetrators as coercive control (Myhill, 2015). Men perpetrated these forms of violence at 22% (US; Johnson et al., 2014) and 30% (UK; Myhill, 2015). Consistent with what we would expect to see based on scholarship on coercive control (Johnson, 2006; Johnson et al., 2014; Hearn, 1998; Kelly & Johnson, 2008; Schechter, 1982; Stark, 2007), the vast majority of individuals convicted for controlling or coercive behaviour offences in the UK 2016–2019 were male, ranging between 97% and 99% (Home Office, 2021). Examining data from one police force in England, Barlow et al. (2020) found that 96% of victims were women and 95% of perpetrators were men. It is to be expected that the gender of victims and perpetrators identified after the implementation of an offence in Canada will be similar to that in the UK.

While the language in legislation may be gender-neutral, it is important to recognize that decades of research on coercive control have illustrated that men are overwhelmingly the perpetrators of coercive control, while women are overwhelmingly the victims. Given the gendered nature of coercive controlling violence and the fact that coercive control is primarily a form of men’s violence against women, scholars have raised concerns about the gender-neutral language of legislation in other jurisdictions (Barlow et al., 2020; Stark & Hester, 2019).

Some advocates have raised concerns regarding criminalizing coercive control, citing fears that this legislation will be used against victims/survivors (Fitz-Gibbon et al., 2023). With adequate training in recognizing and assessing the dynamics of coercive control, Canadian police can identify the primary aggressor, as has been demonstrated by police in other jurisdictions. It is rare for two partners in a relationship to both perpetrate coercive control (mutual violent control; e.g., Johnson, 2006; 3% of the sample); therefore, data from Canada after the implementation of a coercive control offence should not show gender parity. Given that the basis of coercive control lies in an extreme power imbalance within the relationship, often resulting in the perpetrator’s complete control and domination over the victim, there is, by definition, a primary perpetrator of the abuse. “Dual charging,” should not occur in cases where a criminal charge of coercive control is being laid.

Assessing Coercive Control

Coercive control is a pattern of behaviour, including acts that occur on a spectrum of severity and some that may not be considered harmful if not viewed in the context of the relationship and other co-occurring behaviours. Recognizing, investigating, and intervening in situations of coercive control requires a fundamental change in approach to focus on the perpetrator's pattern of behaviour and tactics and the impact on the victim(s). An offence of coercive control is not simply another avenue for charging IPV; it is a way to identify behaviours that are qualitatively different and pose a significant level of harm to victims and indicate risk for future danger.

Laws in other countries demonstrate that it is possible to create legislation that recognizes the pattern-based nature of coercive control, collect evidence of this behaviour, effectively prosecute perpetrators, and offer support to survivors. Evidence from England shows that coercive control legislation has facilitated police responses to IPV that would not have constituted an offence prior to the legislation (Barlow et al., 2020). Notably, Scotland reported conviction rates over 90% in 2020–2021, demonstrating that it is possible to effectively gather evidence and get convictions for coercive control offences (Government of Scotland, 2022). Some advocates have expressed concern that the need to provide evidence of the perpetrator's actions will place an additional burden on survivors. Conversely, an expected benefit of an offence of coercive control is that it will provide survivors with an opportunity to bring forward evidence of what they have experienced, where there currently is no legal avenue to do so.

When police attend situations where intimate partner/domestic violence is occurring, they assess risk. Municipal police and Royal Canadian Mounted Police have identified coercive control as a risk factor in their risk checklists. Saskatchewan's *Domestic Violence Risk Indicator Checklist*, for example, lists coercive control as one of eight risk factors. Their detailed definition (shared in Saskatchewan Police Commission., 2018, Appendix A) has been included on the checklist used by municipal police in this province since 2018, demonstrating awareness by police services and frontline officers of the concept of coercive control. Despite identifying when coercive control is taking place, noting the risk, and discussing this with victims, police currently do not have tools available to address perpetrators of coercive control or offer protective measures to victims.

Researchers (Barlow et al., 2020; Gill & Aspinall, 2020; Myhill & Hohl, 2019) have highlighted the need for validated risk assessments, used by police and other IPV professionals, that take coercive control into account. While validated IPV risk assessments currently used in Canada do not include coercive control, police-academic partnerships examining the incorporation of coercive controlling abuse in IPV risk assessment are currently underway in three provinces (Common Language for Intimate Partner Violence Risk Appraisal, CELIA, 2023; Hilton & Jung, 2023).

Constructing an Offence of Coercive Control for Canada

Canada is in the advantageous position of being able to learn from other jurisdictions. Scotland's legislation (2018)

provides that the court is always required to consider the implementation of a non-harassment order. A Canadian law should include the automatic application of protection orders for adult and child victims of coercive control without the requirement of an application to initiate the process.

It is necessary to add children as potential direct victims of coercive controlling behaviour, whether they are the child of the accused, the child of the victim, a shared child or another child who is under the care of either the accused or the victim. While the Scottish legislation includes a definition of abusive behaviour that includes behaviour directed at a child and aggravation in relation to directing abusive behaviour toward a child, Dr. Marsha Scott from Scottish Women's Aid has stated that Scottish IPV experts and advocates wanted to see it included in legislation that when a parent is victimized, their child is automatically a co-victim. Inclusion of children in this way would assist in preventing danger to children when family courts do not take IPV against their mothers seriously. It is well documented that even after family courts in Canada find that IPV has occurred, a child can still be ordered to have unsupervised time with the abusive parent. (Sheehy & Boyd, 2020). In Dr. Scott's view, the current wording of provisions around children in Scotland could be strengthened (Marsha Scott, Scottish Women's Aid, personal communication, October 9, 2023).

Legislation in Scotland, Ireland, Northern Ireland, and New South Wales, as well as Private Member's Bills C-202 and C-332, includes the "reasonable person" test, stating that a reasonable person would consider the course of behaviour to be likely to cause harm. This wording is preferable to that of the UK legislation, which states that the perpetrator "knows or ought to know that the behaviour will have a serious effect" on the victim. Language regarding the impact on the victim, such as is detailed in the UK legislation, could strengthen legislation implemented in Canada; however, this should be included using "or" along with a list of tactics that may be used by the perpetrator. Therefore, it will not be necessary to demonstrate harm to the victim to hold the perpetrator accountable for their behaviour.

It is also necessary that legislation define coercive control, including tactics and behaviours, and identify the ongoing, patterned nature (e.g., "a course of behaviour," "a range of behaviours"), as in Scotland's *Act*, which includes making the victim dependent on, or subordinate to the perpetrator; isolating the victim from friends, relatives or other sources of support; controlling, regulating or monitoring the victim's day-to-day activities; depriving the victim of or restricting the victim's freedom of action; and frightening, humiliating, degrading or punishing the victim. Further description, including mention of harm to pets through directed behaviour or omissions (e.g., failure to feed), is included in the Explanatory Notes to the legislation. The Government of the UK (The Crown Prosecution Service, 2023) provides a detailed list of 32 behaviours, including, for example, "enforcing rules and activity which humiliate, degrade or dehumanize the victim; taking wages; reproductive coercion; reputational damage; withholding and/or destruction of the victim's immigration documents; [and] threatening to place the victim in an institution against the victim's will." The guidance further explains that "This is not an exhaus-

tive list and prosecutors should be aware that a suspect will often tailor the conduct to the victim, and this conduct can vary to a high degree from one person to the next. Prosecutors should consider the conduct of the suspect in each individual case to assess whether it discloses controlling or coercive behaviour” (The Crown Prosecution Service, 2023). Canada should include similar language in legislation and accompanying guidance.

Implementation, Training and Evaluation

It is necessary, beyond the creation of a new offence, to create a strategy for effective implementation, including training for police (Gill & Aspinall, 2020) and other professionals who work with victims and perpetrators of coercive control, such as legal professionals (including lawyers and judges), and child protection workers. This is necessary to ensure that all professionals share a common understanding of the concept of coercive control (Barlow et al., 2020; Bishop & Bettinson, 2018) and how to respond effectively in terms of legal mechanisms and safety and support for survivors. The training must include certain elements, including the identification and documentation of coercive control. Training on the dynamics of coercive control must also include awareness of the way victims of coercive controlling abuse may present—for example, victims may doubt their own abilities or experiences and display symptoms of trauma. Training must include input and delivery by IPV experts, with ongoing training with periodic updates offered after implementation.

Some advocates have expressed concern that victims/survivors from racialized communities will be negatively impacted by the implementation of additional laws, including a coercive control offence. As Dr. Marsha Scott from Scottish Women’s Aid has clearly articulated, if the key issue is systematic racism within the legal system, this issue must be addressed, regardless of the implementation of a new offence. It is imperative to work towards ensuring that existing laws are not applied in ways that differentially impact survivors from marginalized groups.

Data regarding the offence of coercive control must be collected from police forces and courts and analyzed early, and on an ongoing basis, after implementation to ensure that the offence is working as intended. Disaggregated data are essential for understanding if there are differences in implementation in urban and rural settings, among provinces and territories, as well as among diverse survivors and perpetrators (e.g., race/ethnicity, gender, age). Research with survivors will be essential to inform how the new offence is impacting outcomes, and front-line service providers will provide important insight into how the offence is impacting practice. Improved methods of risk assessment that take coercive control into account (e.g., CELIA, 2023; Hilton & Jung, 2023; Myhill & Hohl, 2019) and training for police and other justice system professionals will improve the consistency of documentation of and response to coercive control.

CONFLICT OF INTEREST DISCLOSURE

The author has no conflicts of interest to declare.

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Impact of Race and Culture Assessments (IRCAs) in combatting anti-Black racism and reducing recidivism

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ABSTRACT

The Gladue report, named after *R. v. Gladue*, is a landmark Supreme Court of Canada case which emphasizes the need to consider unique circumstances faced by Indigenous individuals when determining appropriate sentences. Given the overrepresentation of Black identities at all levels in the justice system, it is argued that the use of pre-sentencing reports referred to as Impact of Race and Culture Assessments (IRCAs), also needs to be comprehensively implemented for Black offenders in Canada. IRCAs are pre-sentencing reports that help sentencing judges better understand the effect of poverty, marginalization, racism, and social exclusion on the offender and their life experiences, and how those factors inform the circumstances of the offender, the offence committed, and the offender's experience with the justice system. This is significant as it goes beyond a one-size-fits-all punitive justice system that has been ineffective in reducing recidivism. By recognizing the intersections of race, culture, and justice, IRCAs enable judges to make more informed decisions contributing to an equitable consequence for the accused. More importantly, we argue that the insights from IRCAs should be used to connect offenders with culturally reflective wraparound social services upon return into the community to address the root causes in areas of employment, education, and housing that gravitate people towards criminality. By acknowledging historical and systemic biases and tailoring supports to individual identities, life experiences, and community conditions, IRCAs have the potential to transform the criminal justice system through promotion of alternatives to custody that correlates with reductions in recidivism.

Key Words Anti-Black racism; Impact of Race and Culture Assessment (IRCA); Gladue report; pre-sentencing reports; equitable sentencing; culturally reflective wraparound services; recidivism; Canada.

INTRODUCTION

There is an overrepresentation of Black people in the Canadian justice system at all levels (Chan et al., 2017; Government of Canada, 2022a) due to anti-Black racism, systemic barriers, and over-policing of racialized communities (Colour of Poverty – Colour of Change, 2019; Eizadirad & Raj Varma, 2022; Khenti, 2013; Ontario Human Rights Commission, 2023). According to the *Rethinking Community Safety* report (Toronto Neighbourhood Centres, 2020) by the Toronto Neighbourhood Centres, “Black people are 3.9 times more likely to be charged by police than white people” (p. 3). At the federal level, Black Canadians represent over 8% of the prison population, despite making up about 3.5% of the whole population. In Ontario, Black adults make up about

5% of the adult population, but account for 14% of admissions to custody (Public Safety Canada, 2022). Furthermore, Black youth continue to be disproportionately streamed into lower education tracks as a result of individual prejudice and systemic factors (Eizadirad, 2019; James, 2017; VoicEd Radio, 2023). Invisibility within curricula, the predominantly white demographic makeup of educators (Abawi & Eizadirad, 2022; Maynard, 2022), and systemic discrimination within police services (Ontario Human Rights Commission, 2023) all contribute to the perpetuation of the school to prison pipeline (Black Legal Action Centre, 2022; Khenti, 2013; Reece, 2020; Sharpe, 2022).

Gun violence disproportionately affects lower-income and racialized communities (Eizadirad & Raj Varma, 2022; Khenti, 2013). Racialized Ontarians “account for 75% of

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homicide victims, 44% of whom are identified as Black” (Sharpe, 2022, p. 3). Gun violence can have a life-lasting traumatic and intergenerational impact on family dynamics (Olivia, 2022; Sharpe, 2022). It affects the physical and mental health of the victim, their family, and the larger community. It can also have an intergenerational impact in cases where the main person responsible for the family income becomes incarcerated or deceased, which inadvertently forces the family into alternative living circumstances due to the unaffordability of their rent or mortgage (Olivia, 2022).

The social determinants of health are the conditions under which people are born, raised, and live. Income, employment, education, and housing are all key social determinants that result in the inequitable treatment and unequal outcomes in justice and education systems (Government of Canada, 2020). People living in low-income areas are more likely to be exposed to more frequent violent acts and are at greater risk of experiencing fatal and non-fatal shootings (Helpguide, 2022; Khenti, 2013). Greater and more frequent exposure to violence reduces the likelihood of educational achievement and limits future economic success (Centers for Disease Control and Prevention, 2022; Eizadirad & Chambers, 2023; James, 2012; Khenti, 2013; Sharpe, 2022). Exposure to violence at the community level also contributes to greater mental health issues and a greater likelihood of engagement in risky behaviour such as involvement with gangs and criminality (Eizadirad, 2023; McMurtry & Curling, 2008). Therefore, to achieve equitable outcomes, there must be intentionality in how the root causes of anti-Black racism are mitigated to address inequitable institutional policies and practices contributing to overrepresentation of Blacks with incarceration at various levels of the justice system (Eizadirad, 2017; Maynard, 2022; McMurtry & Curling, 2008; Reece, 2020; Sharpe, 2022).

RECOGNITION OF HISTORICAL INJUSTICES: THE GLADUE REPORT’S LEGACY

The Gladue report, named after *R. v. Gladue*, is a landmark Supreme Court of Canada case which emphasizes the need to consider the unique circumstances faced by Indigenous individuals when determining appropriate sentences (Government of Canada, 2023a; MacCarthy, 2023; Rudin, 2008). The 1999 landmark Supreme Court of Canada case established that as part of sentencing Indigenous offenders, the judge must consider (Ralston, 2021):

- The unique systemic or background factors which may have played a part in bringing the particular Indigenous offender before the courts; and
- The types of sentencing procedures and sanctions which may be appropriate given the circumstances of the offender because of their particular Indigenous heritage.

R. v. Gladue highlights how historical injustices, systemic discrimination, colonization, and cultural factors play a significant role in shaping the lives of Indigenous offenders (Government of Canada, 2023a; MacCarthy, 2023; Rudin, 2008; Truth and Reconciliation Commission of Canada, 2015). Although Gladue reports and courts are implemented across

Canada, there have been challenges in their comprehensive implementation to significantly reduce the overrepresentation of Indigenous Peoples in the criminal justice system (Government of Canada, 2023a; MacCarthy, 2023; Rudin, 2008). As MacCarthy (2023) explains,

While Gladue’s reform may appear to be a transformative or liberating change, in practice, the Gladue principles support the maintenance of a system in which Indigenous people are filtered through a white judicial lens that perpetuates historical power relations. Adding in Gladue Reports or Gladue Courts allows for a further actualization of the Gladue principles; however, the problem for Indigenous people remains that they must depend on the goodwill of an often non-Indigenous judge in a non-Indigenous criminal justice system. (pp. 42-43)

Hence, there is still work to be done in terms of how Gladue can be adapted to be more effective and lead to reduced incarceration and recidivism (Government of Canada, 2023a).

HOW TO MITIGATE OVERREPRESENTATION OF BLACK IDENTITIES IN THE JUSTICE SYSTEM? R. V. MORRIS

In Ontario, the new 17-storey high-rise courthouse has amalgamated six Ontario Court of Justice criminal courthouse locations (Infrastructure Ontario, 2023). It offers 63 courtrooms including Gladue courts for Indigenous offenders, but none for Black offenders. We argue that, given that Black identities are also overrepresented in all aspects of the criminal justice system (Chan et al., 2017; Government of Canada, 2022a; Public Safety Canada, 2022; Reece, 2020), the pre-sentencing report framework needs to encompass supporting Black offenders. One crucial step towards creating equitable outcomes for Black identities would be the holistic implementation of Impact of Race and Culture Assessments (IRCAs) rooted in the principles of the Gladue report (Government of Canada, 2023a). This was acknowledged in the case of *R. v. Morris* (Government of Canada, 2021) where a lower sentence was given to a Black offender facing possession of a firearm charge due to their past negative experiences with anti-Black racism (Mann, 2022). The Ontario Court of Appeal in *R. v. Morris* ruled that an offender need not demonstrate a causal link between systemic racism and the relevant offence, but judges may consider the impact of anti-Black racism when considering the offender’s moral culpability, but not in considering the seriousness of the offence (Fox, n.d.).

WHAT ARE IRCAs?

According to the Department of Justice Canada (2021), “IRCAs are pre-sentencing reports that help sentencing judges to better understand the effect of poverty, marginalization, racism, and social exclusion on the offender and their life experience. IRCAs explain the relationship between the offender’s lived experiences of racism and discrimination and how they inform the circumstances of the offender, the offence committed, and the offender’s experience with the justice system” (para. 2). Similar to Gladue reports, IRCAs can inform judges of the disadvantages and systemic racism faced by Black and

other racialized Canadians (Fox, n.d.). It can also recommend alternatives to incarceration in community settings which correlates with more effective reintegration strategies (Latessa & Lowenkamp, 2006).

Currently, pre-sentencing reports similar to IRCAs are used occasionally in Ontario and Nova Scotia (African Nova Scotian Justice Institute, 2023; The Sentencing & Parole Project, 2023). IRCAs must be done by clinical social workers who provide judges and parole boards with a complete picture of an individual's personal background, with a focus on their past traumas and their impact on decision-making and engaging in criminality. IRCAs provide an opportunity to look deeper into the systemic inequities experienced by Black people across their lifespan with a focus on their difficult living situations related to accessing education, housing, employment, healthcare, and past or ongoing traumatic experiences (Eizadirad & Leslie, 2023). For example, people who experience various forms of racial discrimination and live in under-resourced communities are more likely to experience severe symptoms of post-traumatic stress disorder, suicidal ideations, anxiety, low self-esteem, and substance use (Colour of Poverty – Colour of Change, 2019; James, 2012; Khenti, 2013; McMurtry & Curling, 2008; Mental Health, 2022). Oftentimes, low-income communities are places where there are fewer opportunities, strained relationships with police, fewer social services, and higher rates of unemployment, which leaves people living in such circumstances lacking support and resources (Eizadirad, 2017; James, 2017; Sharpe, 2022). Exposure to such risk factors can gravitate people towards guns, gangs, and criminality as a means of survival (Colour of Poverty – Colour of Change, 2019; Eizadirad, 2016; McMurtry & Curling, 2008). The experience of trauma as a child or young adult can contribute to the individual perpetuating violence later in life by inflicting trauma on others and continuing the intergenerational cycle of violence at the family level and in the larger community where they live, where violence has become normalized and accepted as part of life.

REFLECTIONS FROM A BLACK SOCIAL WORKER: MR. GREG LESLIE

While various studies have been commissioned, reports written, and programs launched to address institutional racism since the 1970s (Ontario Human Rights Commission, 2023), Black Canadians across diasporas continue to bear the brunt of systemic racism. Society often ends up blaming the person for their actions without contextualizing how their past traumas and failure of the social service ecosystem in addressing their needs in a timely and culturally reflective manner contribute to tragic outcomes.

As a Black Jamaican man who was raised by a single mother and grew up in the Jane and Finch community within Toronto in the 1980s and early 2000s, I am no stranger to gun violence or its lasting traumatic impacts. For most of my life, I have witnessed friends, family, and clients lose their lives, or have their lives severely impacted by gun violence. My experience propelled me to become a social worker and psychotherapist, with now over 25 years of educational and hands-on experience in the mental health field supporting clients from diverse ethno-racial backgrounds.

In my practice, I provide trauma-focused therapy and cognitive behaviour therapy to survivors and witnesses of violence including gun violence, domestic violence, and accidents. Many of my clients are Black individuals and families, particularly from underserved communities dealing with mental health challenges and experiencing trauma because of violent crime. I use best practices from research, along with a strengths-based, anti-oppression, anti-racist framework, to deliver compassionate counselling and psychotherapy services. Many Black clients express not feeling comfortable sharing their grief and trauma with a social worker who may not identify with their lived experiences and understand the cultural nuances and complexities it entails.

Not feeling represented can be intimidating and undermine trust in the criminal justice system (Government of Canada, 2022b). I often receive referrals for Black clients from service providers that have increased recognition regarding the importance of representation and cultural competence within the social service sector. The goal of cultural competence in healthcare settings is to reduce economic, ethnic, racial, and social disparities when meeting a community's healthcare needs (Regis College, 2023). Substantive equity can only be achieved when programs and services meet unique needs and circumstances such as cultural, social, economic, and historical disadvantages. Unaddressed race-based traumas contribute to mental health problems, which by extension place greater strain on the social service sector, where there are existing gaps for accessing timely and culturally reflective services.

SIGNIFICANCE OF IRCAs AND THE ROLE OF BLACK-SERVING COMMUNITY ORGANIZATIONS

Adapting the Gladue process to provide pre-sentencing reports for Black identities would help judges contextualize traumas experienced by offenders for equitable sentencing purposes. Currently, IRCAs can be used for Black offenders facing jail time of 2 years or more or for youth facing a custodial sentence. IRCAs can be transformational by disrupting the one-size-fits-all justice system that often views Black offenders as dangerous through a stereotypical lens without consideration for offenders' upbringings, traumas experienced, and intergenerational impacts of poverty, discrimination, and marginalization (Eizadirad & Leslie, 2023; Parsaud, 2021).

We believe that IRCAs can be revolutionary in advancing more equitable outcomes for Black offenders because it will promote community-based alternatives to custody which are correlated with reduced recidivism (Cullen et al., 2011; Latessa & Lowenkamp, 2006; Waller, 2019). We argue that what is lacking to increase the efficacy of IRCAs is using them as a tool to connect offenders with culturally reflective wraparound services as part of integration back into the community with a focus on employment, education, and housing supports. This is an area where IRCAs and Gladue reports have failed (MacCarthy, 2023; Rudin, 2008). IRCAs are not meant to be a jail-free card as some of the criticism states, but rather an important process that identifies the root causes of why someone gravitates towards criminality. Once the root causes are identified, the focus should shift to mitigating such

risk factors by ensuring the person has access to relevant support services post-release back into community settings. This has to be a comprehensive process with considerations for the individual, family environment and dynamics, and the community where they live (Centers for Disease Control and Prevention, 2022; McMurtry & Curling, 2008; Parsaud, 2021; Waller, 2019).

Community organizations offering culturally reflective support services can play a significant role in this process. For example, Youth Association for Academics, Athletics, and Character Education (YAAACE) is Black-led, Black-focused, and Black-serving non-profit organization housed in the Jane and Finch community in Toronto that is working with their social workers to lead the way in advocating and implementing IRCAs in Ontario (Eizadirad & Leslie, 2023; YAAACE, 2024) while also connecting offenders with wraparound services post-release. One of their programs “New Narrative” features frontline risk intervention services offered by Community Resource Engagement Workers (CREW) who have lived experiences and deep connections to northwest communities in Toronto. CREW supports individuals who are impacted by the justice system (in the community, have been released from incarceration, or are currently incarcerated) to use their strengths in pursuing structure, promote positive and healthy lifestyle choices, and build life skills. By engaging and developing trust with clients, CREW supports the building of their capacity and skills, setting life goals, and connecting them with relevant and culturally appropriate spectrum of services.

Black community organizations such as YAAACE hold a wealth of knowledge and lived experiences that are indispensable in crafting effective IRCAs and connecting people with wraparound services once they return to the community. Additionally, YAAACE is working with various stakeholders to support initiatives, policies, and frameworks such as the City of Toronto’s SafeTO Strategy which involves the establishment of a Toronto Office to Prevent Gun Violence (City of Toronto, 2022), the Federal Framework to Reduce Recidivism (Public Safety Canada, 2022), and Canada’s Black Justice Strategy (Government of Canada, 2023b). Their leadership can ensure that the implementation process and the system navigation are less burdensome for Black offenders. Therefore, community organizations should serve as bridges between incarceration facilities and institutions, fostering trust and cooperation, and shifting from a deficit lens of blaming racialized communities for violence in the community to a more systemic asset-based approach of working with key figures, elders, and resources to mitigate the risk factors gravitating folks towards criminality.

CHALLENGES AND RESOURCES FOR IMPLEMENTATION

One of the key challenges for why Gladue reports and courts have not drastically reduced the overrepresentation of Indigenous Peoples in incarceration facilities is the lack of resources, training, and holistic implementation post-release with connecting offenders with accessing relevant wraparound services within community settings (Government of Canada, 2023a; MacCarthy, 2023; Rudin, 2008). Currently, IRCAs and Gladue reports are mainly used for equitable sentencing but

are not used as a diagnostic tool to connect offenders with community organizations and agencies that can offer culturally reflective services in areas such as housing, employment, and education. There are also challenges given that each province in Canada implements pre-sentencing reports in unique ways and that it is not holistically embedded within all aspects of the justice system (Government of Canada, 2023a; MacCarthy, 2023; Rudin, 2008).

The following are important factors to consider for more effective implementation of IRCAs to contribute to reducing recidivism with a focus on connecting folks with wraparound services once back into a community setting:

Training and Education

Legal professionals, judges, police officers, and corrections staff must undergo comprehensive training on cultural competence, unconscious bias, and the historical context of systemic racism and colonization. This training is essential to ensure that IRCAs are administered and implemented effectively. Such training needs to be led by people with lived experiences including folks previously incarcerated.

Data Collection

Accurate data collection is crucial to measure the impact of IRCAs and address potential disparities in their implementation in the short and long term. This requires collaboration between government agencies, academic institutions, and community organizations. More studies that track folks longitudinally are required focusing on people who have gone through the Gladue court and had IRCAs used as part of their sentencing to get a true measure of the effectiveness of these tools and their impact on reducing recidivism.

Community Leadership

Black community organizations and agencies should play a pivotal role in guiding the implementation of IRCAs, but just as importantly, in connecting offenders with culturally reflective wraparound services based on the needs of the person in the areas of employment, education, and housing.

Government Support

All three levels of government in Canada must provide adequate resources and funding to support the implementation of IRCAs including the training of professionals and organizations to meet demand and reduce costs. This should involve sustainable long-term funding for training programs, data collection initiatives, and collaboration with community organizations.

CONCLUSION

Embracing IRCAs grounded in the Gladue principles is a critical step towards creating a more just criminal justice system in Canada. By recognizing the intersections of race, culture, and justice, IRCAs enable judges to make more informed decisions for equitable sentencing. We argue that insights from IRCAs should be used to connect offenders with culturally reflective wraparound services upon return to the community to address the root causes in the areas of employment, education, and housing that gravitate people towards criminality. By acknowledging historical

and systemic biases and tailoring interventions and supports to the unique needs of individuals and where they live, IRCAs have the potential to transform the criminal justice system through promotion of alternatives to custody which correlates with reduced recidivism. Through collaboration, education, and community leadership, Canada can pave the way for a more equitable justice system and safer communities from coast to coast.

CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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Safe and welcoming “warm hubs”: Building social connections and inclusion in Welsh communities

Ella C. Rabaiotti*

ABSTRACT

This article is based on research into the development of “warm hubs” in one Welsh city where community organizations and public buildings offered a warm place to access refreshments, food and local support. These hubs (also described as “warm spaces”) aimed to provide a “safe, warm and welcoming” universal offer to all residents. Drawing on qualitative data from those visiting and coordinating the hubs, the research found evidence which suggests the warm hubs largely met their intended aims. The roll out of the scheme was found to be beneficial in responding to the cost-of-living crisis in post-COVID Wales, but it also contributed to the safety and well-being of communities. A key finding was that the hubs were perceived to have broader societal benefits in developing social connections, promoting inclusivity and reducing social isolation. Warm hubs also promoted digital inclusion, although older attendees preferred face-to-face connections. Further research could consider the role of warm hubs within broader, longer-term strategies for addressing inequalities in communities.

Key Words Social inclusion; poverty; community resilience; digital inclusion; social connectivity.

INTRODUCTION

The societal effects of the COVID-19 pandemic, including social distancing measures, have had a lasting impact on well-being, including social interaction and isolation, as well as reducing access to services (Dahlgren & Whitehead, 2021; Green et al., 2022). Within Wales, certain population groups have been particularly impacted, including socially deprived communities, older people and those on low incomes (Green et al., 2022). In response, public services, including the police and local government workers, are increasingly employing a public health trauma-informed and preventative approach to helping communities (Jones, 2020; Snowdon et al., 2020).

In autumn 2022, Wales’s First Minister highlighted a “cost-of-living crisis” as a consequence of rising inflation and increasing food and energy costs (Senedd, 2022). This crisis was considered particularly acute for low earners, who were expected to be three times worse off than high-income earners (Handscorn & Marshall, 2022). These ongoing challenges have uncovered not only food inequalities but also the capacity of Welsh communities to work together at

a grassroots level to find innovative responses (Jones et al., 2022). The socially innovative scheme presented in this article is based on research into the promising influence of “warm hubs” in one Welsh city, where community organizations and public buildings offered refreshments, food, local support and shelter from the cold.

In the aftermath of social distancing, “warm hubs” (also known as “warm banks” or “warm spaces”) have brought people together to help alleviate issues caused by the pandemic as well as provide a space for those affected by the ensuing cost-of-living crisis (Cotton, 2021; Ellingham & Foster, 2022). Expanding across the UK, as well as other parts of Europe, warm hubs opened so “people who cannot afford the costs of heating their home during the day can go and interact with other people in the community while staying warm” (van Hoof, 2023, p. 3). Within Wales, the First Minister noted the increasing use of warm hubs as a community-engaged solution, “where community councils, faith groups, sports clubs, community centres are having to plan to prevent people from facing extreme fuel poverty this winter” (Senedd, 2022).

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Subsequently, in winter 2022, the Welsh Government committed £1 million in funding for warm hubs across Wales, stating that they should be “open and inclusive,” responding to “local and cultural needs” (Welsh Government, 2022). Such considerations are relevant, as despite food poverty affecting a wide range of people, visitors to community venues (such as foodbanks) have experienced feelings of stigma and shame (Purdam et al., 2016). Despite this, the COVID-19 response demonstrated the potential for community-engaged solutions in difficult circumstances. Indeed, community groups have found to be “adjusting their activities and scope of action to current needs and challenges” (Mao et al., 2021). Therefore, the emerging establishment of warm hubs offered an important opportunity to conduct an exploratory study into one developing community scheme.

EXAMINING A WARM HUBS SCHEME

The scheme studied and presented in this article was introduced in late 2022, where 80 warm hubs were established in a variety of community spaces in one Welsh city, from community centres to church halls, voluntary sector buildings and public libraries. Hubs had varying opening hours which were promoted via an online directory. The research set out to examine if the warm hubs were “safe, warm and welcoming” as they had been advertised, as well as understand why people used warm hubs and their wider benefits. A qualitative research study was conducted between March and July 2023 with ethical approval. Carrying out qualitative research requires flexibility and is best conducted in a natural setting (Wincup, 2017). Therefore, focus groups (five) and interviews (seven) primarily took place at the warm hubs. In total, 38 people were spoken with, including coordinators (including librarians), volunteers and attendees, a range of demographics (see Table I). This sample was representative of just over a quarter of the warm hubs within the scheme.

These findings were strengthened by anonymized questionnaire feedback from 63 coordinators (representing over three-quarters of the warm hubs), which was gathered by the

local government team coordinating the scheme. Responses were provided to key questions including the difference, if any, made by the scheme to organization and individuals, any unintended outcomes and any partnership working. However, it is acknowledged that criticisms or negative aspects shared by participants may be limited given that the local government funded the scheme. These qualitative responses, together with the transcripts of the focus groups and interviews, were subject to thematic analysis using a six-phase approach from coding to defining themes to analyze the data (Braun & Clarke, 2006).

Warm Hub Themes

Warm hubs responding to poverty

Study participants described the importance of warm hubs in response to the cost-of-living crisis in a post-COVID world. One participant suggested “some people won’t come out since covid” and another stated people are “struggling to pay their bills.” Warm hubs were seen to provide relief for those experiencing poverty and isolation:

“Now that I am claiming benefits, I don’t hardly leave my house or do anything, so it’s nice to come somewhere.” (Int2 participant)

“You didn’t need to put your heating on all day, and it was the company... Otherwise, you sit at home, you’re on your own.” (FG3 participant)

All the venues visited provided free or low-cost refreshments which were appreciated by the participants:

“A lady came in and said she couldn’t afford to pay for a coffee.” (FG4 participant)

“[Because of] the cost-of-living we were struggling, and it was nice to come and have a soup and a bread roll.” (Int6 participant)

TABLE I Focus group and interview participant sample overview

Designation	Label	Area	Number of Participants	Description
Focus group 1	FG1	West of city	5	Hub attendees – primarily retired/older people. Mixed gender.
Focus group 2	FG2	West of city	6	Hub attendees – primarily retired/older people. Mixed gender.
Focus group 3	FG3	East of city	7	Hub attendees and volunteers – primarily retired/older people. Mixed gender.
Focus group 4	FG4	Cross-City	3	Hub coordinators. Working age adults. Females.
Focus group 5	FG5	Rural	7	Hub attendees. Primarily retired/older people. Females.
Interview 1	Int1	City centre	1	Hub coordinator. Working age adult. Male.
Interview 2	Int2	City centre	1	Hub attendee. Working age adult. Male.
Interview 3	Int3	City centre	1	Hub attendee. Working age adult. Male.
Interview 4	Int4	West of city	2	Hub volunteers. Retired male and female.
Interview 5	Int5	East of city	1	Hub attendee and volunteer. Retired female.
Interview 6	Int6	Rural	2	Hub attendees. Working age male and female.
Interview 7	Int7	Rural	2	Hub volunteers. Retired females.

The positive impact of this hospitality was recognized; one participant said, “there’s a difference between living and existing,” and another echoed this – “you can have tea and toast here. That immediately makes you feel at ease.”

At least a quarter of warm hubs also responded to digital poverty. One coordinator explained – “we give out free sim cards,” and another said, “people can come and use our broadband for free and our computers for free.”

Warm hubs as safe and inclusive spaces

Around 40% of questionnaire comments suggested that warm hubs were a place of safety, primarily in the context of inclusivity. This was reinforced through discussions with scheme coordinators:

“Whatever people’s background, circumstances, age, protective characteristics ... they can come in and they can have a conversation.” (Int1 participant)

“We’re a place where people feel they can go in without judgement ... we are a safe space for minority groups as well.” (FG4 participant)

Inclusive approaches were appreciated by those visiting the spaces; participants said – “this place is good because its open to all,” “there’s all different people” and “all ages here.” This promoted a safe atmosphere; as one participant explained, “you can sit anywhere ... everyone is gentle.” Another said – “it’s a place where they trust the staff and they feel safe in the environment.” Participants mentioned that community leaders visit; seeing councilors, police community support officers (PCSO) and local area coordinators enabled them to raise issues. As one participant said:

“It feels very safe here ... the PCSO visits regularly. That’s important. We have a chat about any concerns.” (FG2 participant)

The accessibility of warm hubs for people with disabilities was also emphasized:

“I am agoraphobic and am frightened to go out of my house. But I like coming here.” (FG5 participant)

“I’m suffering with my mental health at the moment so I’m trying to get out and do things.” (Int2 participant)

“My daughter has learning disabilities and places like this help.” (FG2 participant)

However, there remain some unknowns in terms of people choosing not to visit the hubs. Eleven schemes noted some issues with lack of attendance or non-attendance with this possibly being related to the issue of stigma of accessing the hubs. This was suggested by eight warm hub coordinators, with one saying, “[We] have learnt that there are a lot of people out there in need of help. They are reluctant to come forward as they feel ashamed of the situation they are in.”

Welcoming warm hubs that increase social inclusion

One of the most significant findings was the impact of warm hubs on building social connections and reducing isolation. This was reflected in over 90% of questionnaire comments about the perceived difference between individuals and the most expressed unintended consequence of the scheme:

“The main unintended outcome was that it was connection and community that people hungered for more than warmth itself!” (Questionnaire comment)

“I really was not expecting this funding to bring the community together as much as it has.” (Questionnaire comment)

This was also reflected across the focus groups and interviews:

“It’s not about the coffee. It’s about engaging with people in the community” (Int4 participant)

This was particularly important for the older participants who lived alone. It enabled them to build local connections, with one participant remarking that it was “the only time [they saw] people” and another indicating that despite living in the same community, they “didn’t really know each other before.”

Furthermore, 27% of questionnaire comments suggested that through the connections, the spaces helped improve the well-being of individuals. One participant explained that her mother had become less withdrawn and “more chatty since coming.”

Warm hubs as informal learning spaces

Warm hubs also act as spaces where people can access information and learn (noted in over 40% of questionnaire comments). Over two-thirds of warm hubs worked with community partners. Finding out what is on locally was vital to residents who were not digitally connected:

“There’s an assumption everyone’s computer literate.”

“I came for company and for information ... to know what’s going on.”

While there was no requirement to provide activities, all the hubs visited appeared to have something to offer. One participant described the warm hubs as a “much bigger experience” than their original purpose. The activities described by participants varied, such as “flower arranging, art, yoga, talks,” “music workshops” and “a community garden,” and many targeted well-being and “mindfulness.” Warm hub coordinators (within one focus group and one interview) stated that skill-based sessions (such as digital skills) were also offered.

Reflections on the Potential of Warm Hub Schemes

Themes from the study were subsequently transformed into an animation which was shared at a community engagement event in July 2023. Indeed, it has been suggested that researchers need to explore new ways of engaging with a

wider audience and creating impact through story telling (Czaran et al., 2017). The event discussions have helped to shape the reflections on the potential of warm hubs as a community-led innovation.

Socially inclusive community spaces reduce the impact of poverty

Communities across Wales opened over 700 warm hubs in winter 2022 (Thomas, 2023), and it is thought over 4,200 warm spaces were provided across the UK (Butler, 2023). The total number of beneficiaries within this study is unknown, as the footfall was not calculated. However, it is suggested that more than half a million people or even more have accessed such spaces in the UK (Butler, 2023). Most people within the research saw the benefits of coming together to keep warm and weather the challenges; as one participant acknowledged, “the pandemic ... heating and energy poverty, the war in Ukraine, Brexit ... have had an impact” on communities. Indeed, it has been argued that “crisis events can stimulate innovative community action, build community and social capacity” (Jones et al., 2022, p. 19). Notably, the impetus for warm hubs came from communities and civil society leaders themselves (WCVA, 2022). Libraries and community information services are also taking a lead role (CILIP, 2022). However, the extent to which warm hubs can be expected to ameliorate a cost-of-living crisis can only be limited. Particular issues exist in Wales, such as the disproportionate amount of poorly insulated homes and number of people living in fuel poverty (NEA, 2023). Poverty requires long-term solutions, and Welsh Government’s responsive strategies, such as a “warm homes” programme aligned with the Well-being of Future Generations Act goals (Corbyn & Baxter, 2021), are yet to be fully realized.

As well as responding to poverty, the most significant finding of the study was the benefits of warm hubs of building social connections and reducing isolation. Notably, a UK survey also found that the greatest impact of warm hubs was “providing a sense of community and tackling loneliness in a safe and welcoming space” (Butler, 2023). There is a sense from the research that, despite some concerns from a small number of coordinators, the spaces do not create the same level of stigma found in visiting foodbanks, for example (see Purdam et al., 2016). It could be that the wider need created by the pandemic and cost-of-living crisis has reduced stigma. Glass et al. (2021) have suggested that the pandemic enabled people to seek help “more easily” than previously, as the “nature of the crisis absolved recipients of blame.” Furthermore, the “impact of the pandemic may be to shift perceptions of stigma ... making people more open to support of one kind or another in the future” (Glass et al., 2021, p. 17).

Indeed, this study mirrored an earlier Welsh study which found “hidden capacity,” “empathy” and a “sense of togetherness” in generating community support (Jones et al., 2022). Moreover, this research found that inclusivity and being non-judgemental were key aspects of providing a sense of safety at the spaces. Notably, this extended to greater opportunities for informal community police engagement, which may have the potential to build trust in police within deprived and high-crime neighbourhoods (Mehmi et al., 2021).

However, there remains concern that there are people in need who are not accessing warm hubs. This was emphasized

by several coordinators and reinforced at the community event to discuss this study and ongoing learning from the warm hubs. While there may be opportunities to examine this, the current lack of quantitative data on footfall will limit the ability to analyze patterns of attendance. Despite this, there are examples of UK cities addressing community engagement, such as using a “warm spaces” charter to promote “dignity and respect” (Gateshead Council, 2023). While Price et al. (2023) have used geospatial approaches to map bus and walking routes to warm hubs which may highlight gaps in accessibility.

The big divide: Is digital the solution to reduce social isolation?

Social networks can play a key role in addressing community inequalities (Marmot, 2010). The findings in this study showed the benefits of connecting people to reduce social isolation and as an extension of this, contribute to improvements in well-being. While there was consensus around warm hubs improving social inclusion, when it came to digital inclusion, there were a range of views suggesting a need to take a more intersectional approach. Digital inequality has been described as a public health challenge in Wales related to “social deprivation, an ageing population and poor broadband connectivity in remote rural areas” (Gann, 2019, p. 146). This so-called “digital divide” was heightened during the pandemic; however, the cost-of-living crisis has stilted digital connection improvement plans (Welsh Government, 2023).

Digital connections were perceived to be important within the warm hubs which have a broader age demographic of visitors. Hubs promote digital inclusion by offering free pre-loaded SIM cards, the use of WiFi and computers and digital skills classes. Indeed, the need to respond to digital inequality is likely to continue to be an issue, for example, with increasing UK broadband prices (Beckett, 2023). A consumer survey suggested that people adjust spending on essentials such as food and clothing to afford telecom services (Which, 2022). Given modern society’s reliance on the internet, it has even been argued that access should be a human right (Nathaniel-Ayodele, 2023).

In contrast, for many older participants, digital access was not a concern, and they were more interested in face-to-face connections and sharing local information. While Wales’ digital strategy aims to ensure “no one is left behind,” it does accept that there are people who “cannot, or decide not to, participate digitally” (Welsh Government, 2021, p. 20). Limited evaluation exists on the impact of technology to address issues such as loneliness and social isolation for older people. One study found some benefits, but this “did not replace or reproduce the value of face-to-face contact” (Barnett et al., 2022, p. 4). Indeed, Roberts and Windle (2020) found rising levels of loneliness and social isolation among older people in North Wales. Their findings emphasized the importance of developing individualized interventions that support community integration. Certainly, the Welsh digital strategy accepts that “user-centred design” should help explore alternative ways to access services (Welsh Government, 2021, p. 20).

“Local area coordination” is one person-centred approach (where coordinators match individuals with community activities) with a strong evidence base, including in

relation to tackling isolation (Roderick et al., 2016). However, its impact on the wider community is less understood (Lunt et al., 2021). Therefore, to respond to intersectional needs around social inclusion and community benefits, this study suggests we may look towards libraries. Libraries played a key role in the development of warm hubs (CILIP, 2022), and their social value in addressing both social and digital inclusion has been acknowledged (Senedd Commission, 2023b). Moreover, they appear to cross the digital and social divide by providing digital and social connectivity to a broad demographic.

CONCLUSION

The rise in “warm hubs” in Wales was community-driven but government-supported during a cost-of-living crisis. Wales’s community leaders have emphasized that poverty can be ameliorated by community-led initiatives such as warm hubs (Senedd Commission, 2023a, p. 11). This exploratory study has found that evidence which suggests the warm hubs largely met their intended aims – to be safe, warm and welcoming – as well as having broader societal benefits and relevance to the field of community safety and well-being. Firstly, participants found warm hubs to be safe and inclusive spaces where they felt comfortable speaking to the police about community concerns – an important alternative to digital solutions. Secondly, and most significantly, hubs have a well-being role by helping to bring people together (and keep warm), build social connections and reduce isolation.

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CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

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Enhancing organizational well-being and growth: The value of ombud services and the development of ombud consultation evaluation survey

Katy Kamkar* and Mario Baril*

ABSTRACT

The role of an organizational ombud (formerly ombudsman) is increasingly recognized as a significant contributor to fostering a healthy workplace environment. This specialized service offers an impartial, confidential, informal, and independent resource for employees and executives, addressing their concerns, mediating conflicts, and promoting fair treatment within the organization. While the role of an ombud may vary from one organization to another, this article sheds light on the findings of our ombud's office and its contribution to the health of an organization. The ombud consultation evaluation survey serves as a valuable tool for organizations to simultaneously safeguard the health of their employees and the health of their business. The ombud confidential services serve as a cornerstone of organizational health, contributing to enhanced employee satisfaction, improved conflict resolution, ethical compliance, increased productivity, and reduced legal risks.

Key Words Organizational ombud; workplace issues; inclusive culture; healthy culture; organizational health; conflict resolution; work productivity; mental health.

INTRODUCTION

Since the Report of the Clerk of the Privy Council (2018) "Starting a Dialogue and Taking Action on Harassment in the Public Service," we now have 26 Organizational Ombuds serving Government of Canada departments and agencies. Public Services and Procurement Canada (PSPC) was one of the pioneers, creating the position in 2017 prior to the Clerk of the Privy Council's Report being tabled.

What is frequently heard is that individuals may encounter challenges when navigating harassment response mechanisms, and public servants frequently lack guidance or resources on where to seek advice or obtain information. Victims say they hesitate to report harassment for several reasons: they do not believe it will make a difference; they do not know how to start the process; they tell themselves the harassment to which they are exposed "isn't that serious";

they worry about the length and difficulty of the process; and they fear reprisals or social repercussions. Managers need practical advice and a better understanding of the resources available to support their employees.

The organizational ombud works to proactively prevent and resolves the issues that employees, managers, and executives face in the workplace. The organizational ombud strives to ensure impartiality, fairness, and objectivity in the treatment of employees, managers, and executives and the identification of problems, including systemic issues. The ombud delivers high-quality independent, confidential, impartial, and informal professional services.

The ombud helps employees with tools, resources, and guidance so that they are equipped in resolving the various workplace issues they are facing. As ombud's professional services are voluntary, clients are accountable for the outcome of these informal mechanisms, including the determination

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as to when and how they will activate the recommendations, advice, and guidance delivered to them.

The goal is to promote a psychologically healthy work environment that leads to a high-performing, productive, and innovative workplace, enshrining the values of a diversified and inclusive workplace.

The Impact of Mental Health Conditions on Productivity and Costs

Mental health conditions impose a substantial economic burden, with an estimated annual cost reaching as high as US\$83 billion (Greenberg et al., 2015). One of the leading contributors to these costs is the decline in work productivity attributed to mental illnesses. Factors such as absenteeism, presenteeism, and work-sick leave play pivotal roles in reducing productivity. Among these, presenteeism emerges as a significant concern, often surpassing absenteeism in its impact on employers (Boles et al., 2004).

Anxiety and clinical depression persist as the primary contributors to the global burden of illness. According to the World Health Organization's 2017 report, depression stands as the foremost cause of compromised well-being and disability worldwide. Research conducted by Gaspar et al. in 2020 has also explored the connection between work-related leave and the presence of depression and anxiety. The findings indicate that depression and anxiety serve as predisposing factors for the likelihood of taking a future work-related leave. Furthermore, for individuals who do not experience depression or anxiety, taking work-related leave can increase the risk of developing these conditions. Redirecting attention toward the well-being and mental health of both the organization and its employees can yield a positive return on investment. Such a shift in focus fosters improved work participation, heightened engagement, and enhanced work functioning among employees.

Stigma significantly exacerbates the financial burden associated with mental illness by intertwining with adverse effects such as diminished self-esteem, reduced efficacy, and reduced accomplishments. Moreover, it is a barrier to seeking help when needed. The ramifications of this stigma are significant, contributing to disability through reduced productivity, delayed treatment seeking, and a barrier to accessing workplace accommodations (Clement et al., 2015; Mojtabai et al., 2011). Consequently, individuals may postpone treatment, exacerbating the risk of experiencing multiple concurrent mental health issues, along with an increased risk of both short-term and long-term consequences. The above highlights the need for establishing strategies and interventions aimed at combating stigma, as well as implementing measures to mitigate its impact.

The decision to disclose mental illness appears to be influenced by two key factors: the perceived relationship with supervisors and a sense of responsibility toward the organization, as demonstrated in Dewa et al.'s study in 2020. These findings align with similar results reported in other countries, as exemplified by the research of Evans-Lacko & Knapp in 2016. According to Dewa et al.'s (2020) study, the significance of the relationship with one's manager stands out as a crucial factor influencing decision-making. Their research indicates that this relationship's importance can even surpass that of other occupational stressors, such as organizational

pressures, recommendations from occupational physicians, or the provision of workplace accommodations. The study by Dewa et al. (2020) recommends that managers undergo training to foster supportive working relationships with their employees.

Burnout and Its Consequences

Burnout is recognized as a workplace hazard with implications for both health and work-related outcomes (Ahola et al., 2009). Maslach et al. (2001) have defined burnout as a complex condition characterized by three clusters of symptoms: exhaustion, depersonalization, and a reduced sense of personal accomplishment. Exhaustion refers to the depletion of emotional and energetic resources. Depersonalization entails individuals emotionally distancing themselves from others, often leading to cynicism or indifference toward their work and colleagues. The third cluster of symptoms includes a diminished sense of personal accomplishment, which refers to a loss of self-efficacy or a perceived decline in one's ability to achieve meaningful goals. This, in turn, can profoundly impact one's self-esteem, self-confidence, and overall well-being. Burnout can lead to reduced work productivity and work engagement.

Office of the Organizational Ombud

The Office of the Ombud offers (a) a confidential and impartial environment for employees, managers, and executives to have informal conversations about workplace issues, including harassment; (b) resources, tools, and supports; (c) a framework for exploring options for resolving workplace issues, including harassment; (d) a referral to other services, including restoring the work climate after a case of harassment; (e) a safe space for employees or groups seeking equity, diversity, and inclusion; (f) advice to the Deputy Minister on the Call to Action for Anti-Racism, Equity, and Inclusion in the Federal Public Service; and (g) the ombud works impartially, which means that no side is taken with any of the parties in conflict. The ombud strives to find fair and just solutions for all parties involved. This impartiality is one of the cornerstones of the profession and ensures that everyone is treated fairly, regardless of social status, race, gender, or religion.

Objectives of Our Office of the Ombud

Our objective has been multifaceted. We are working on enhancing (a) employee satisfaction and well-being: increased job satisfaction also comes in part from employees feeling heard, supported, and empowered to cope with workplace issues without fear of retaliation; (b) improved conflict resolution: the prompt and efficient resolution of work conflicts can help effectively resolve disputes before they escalate, leading to a more harmonious and healthier workplace, and individual and organizational resiliency; (c) enhanced organizational ethics: the ombud's office helps with the organization's ethical standards by promoting compliance with regulations and encouraging a culture of fairness and integrity; (d) increased productivity and employee engagement: employees who feel supported are more likely to be engaged in their work and feel satisfied, leading to increased productivity and improved organizational performance; (e) prevention of costly litigation: early and proactive intervention for conflict resolution by the ombud's office can significantly reduce the likelihood

of costly legal disputes, resulting in fewer lawsuits and lower legal expenses; (f) anonymous reporting: the availability of anonymous reporting provides employees with a safe avenue to raise concerns about misconduct, or unethical behaviour, in turn, protecting the organization's reputation and financial health.

Core Values and Ethical Principles

The following core values are essential to the ombuds' work:

- Act with honesty and integrity.
- Promote fairness and support equitable processes.
- Remain non-judgmental, with empathy and respect for individual differences.
- Promote dignity, diversity, fairness, inclusion, and belonging.
- Communicate an accurate understanding through clear and concise language.
- Communicate accurate understanding through active listening.
- Promote individual empowerment, self-determination, and collaborative problem-solving.

Our standards of practice include the following four fundamental ethical principles that define the practice of the ombud: independence, impartiality, informality, and confidentiality. The ombud holds in the strictest confidence all communications with people who ask for help and takes all possible measures to preserve confidentiality. The ombud may only take specific action in relation to an individual's problem with the individual's permission, and only to the extent permitted. The ombud is a designated "neutral party" that reports to the Deputy Minister and is independent of the organization's hierarchical structure. The ombud does not make binding decisions or pronounce formal judgments on behalf of the organization. Use of the ombud office is optional and not a mandatory step in any process.

Occupational Stressors

Occupational stress has been shown to incur significant costs at both the individual and organizational levels. This includes risks to negative physical and mental health conditions for individuals, as well as consequences such as absenteeism, reduced productivity, staff turnover, and a heightened risk of accidents for organizations (Cooper & Marshall, 1976; Cooper & Cartwright, 1994).

When individuals experience work-related stress, they tend to resort more to unhealthy coping strategies and are less inclined to adopt healthy adaptive coping mechanisms (e.g., Meunier et al., 2019). This, in turn, exacerbates work-related stress and contributes to the deterioration of health conditions and increased stress levels. Therefore, any comprehensive approach to organizational health should encompass preventive and intervention measures that address stress at multiple levels, including the systemic, organizational, and individual levels.

Research by McCreary & Thompson (2006) and Toch et al. (2002) has shown that occupational stressors associated with high work demands, insufficient resources, limited control, reduced social support, and a sense of injustice within an organization can be categorized into two main types:

organizational stressors (such as a lack of adequate resources) and operational stressors (such as job-related injury risks). To foster a more resilient and psychologically well-balanced organization, various approaches have been proposed. These include leadership training, support for leaders, improving organizational engagement, and addressing factors like sleep quality and social support, as suggested by Carleton et al. (2020).

Our office of the ombud compiled a catalogue of occupational stressors further drawing upon Finney et al.'s (2013) research on organizational stressors and Carleton et al.'s (2020) investigation into both organizational and operational stressors. This list was customized to suit the unique context of our public service sector. Encounters with potentially traumatic situations and the pressures of the workplace elevate the likelihood of experiencing psychological and physical harm. Research suggests a strong connection between exposure to traumatic events and workplace stressors and the development of mental health issues (Carleton et al., 2020). Furthermore, both factors have been shown to individually contribute to the onset of mental health conditions (Carleton et al., 2020).

THE RESULTS OF THE OMBUD EVALUATION SURVEY: METHODS

Sample

Our office of the ombud has developed its own evaluation survey, drawing insights from Ombud Professional Consultations held in June 2023. This survey was poised for implementation in July 2023, following a meticulous development process. The data informing this report span from June 2023 to 19 October 2023, providing a robust foundation for analysis.

The survey was administered using the Interceptum software, ensuring a streamlined and efficient data collection process. Out of 85 clients to whom the survey was distributed, responses were obtained from 34 participants who comprised the sample. For a detailed examination of the survey questions, please refer to Supplemental Survey.

Survey Instrument

Demographics

Our office of the ombud administered the survey instrument, which encompassed a range of demographic questions. Participants were queried about their work location, branch affiliation, and position level within Public Services Procurement Canada (PSPC). Additionally, the survey delved into aspects related to equity-seeking groups and membership in the 2LGBTQI+ community.

Office of the ombud interaction experience

Data were collected regarding the satisfaction levels with the services provided by the ombud's office during consultation (four questions). Responses were gathered using a scale of 1 to 5, where 1 denoted "strongly disagree," 5 indicated "strongly agree," and an additional option allowed for expressing a neutral stance ("neither agree nor disagree"). Additionally, feedback was collected on the satisfaction with professional guidance provided by the ombud/associate ombud, captured through a single question. Respondents rated their

satisfaction on a scale of 1 to 6, where 1 represented “not at all” and 4 reflected “to a very large extent.” Two supplementary options (5 and 4), “don’t know” and “not applicable,” were included to ensure a comprehensive understanding of participants’ perspectives.

Action and impact

The survey aimed to gather insights into participants’ responses to recommendations provided by the ombud/associate ombud. Specifically, participants were asked to indicate whether they had actively acted on or not these recommendations by selecting “yes” or “no.” For those who responded affirmatively (“yes”), participants were prompted to specify the extent to which the recommendations contributed to resolving workplace issues, utilizing a scale of 1 to 6. In this scale, 1 represented “not at all,” and 4 indicated “to a very large extent.” Two supplementary options (5 and 4), “don’t know” and “not applicable,” were also included. Conversely, for participants who answered negatively (“no”), they were asked to assess the anticipated effectiveness of future implementation. Like the affirmative group, respondents rated their level of optimism on the same scale of 1 to 6.

Workplace issues consultation

Organizational Stressors: To understand the sources of stress in the workplace, participants were invited to articulate specific organizational stressors for which they sought consultation from the ombud’s office. They were presented with a list of 18 potential stress sources. The options included dealing with co-workers, dealing with supervisors/managers, favouritism, low professional worthiness, excessive administrative duties or excessive workload, change in policies, lack of resources, training, and support, leadership style, inconsistent work distribution, negative judgment from others, performance feedback, dealing with an investigation, participation level, skills utilization, roles-related issues, perceived rewards, organizational culture, and not applicable.

Operational Stressors: Subsequently, participants were prompted to pinpoint the operational stressors that prompted them to seek assistance from the ombud’s office. They were presented with a concise list of eight potential sources of stress. These included responding to overtime requests, feeling of always being on duty, fatigue, administrative, finding time to stay in good physical care, managing social life, occupational-related pain, and negative comments from Open Government Data (OGD)/Industry Sector.

Confidential services and intent

This survey focused on gauging participants’ interactions with the ombud’s confidential services. Respondents were prompted to identify the type of service they received choosing from options such as “individual intervention,” “group intervention,” or indicating that they had experienced both types of interventions. Subsequently, participants were inquired about their post-consultation intent with the ombud/associate ombud. Responses options included: remain within PSPC and continue to engage with the ombud’s office, leaving PSPC, no matter what the outcome of the process is, and an open-ended “other” category.

Impact of consultation services

Data were collected to evaluate the perceived impact of consultation services provided regarding the ombud’s, encompassing six questions. Participants were asked to indicate the current or anticipated effect these services had or will have on them. Responses were gathered using a scale of 1 to 5, where 1 denoted “strongly disagree” and 5 indicated “strongly agree,” and an additional option allowed for expressing a neutral stance with “neither agree nor disagree”.

RESULTS

Office of the Ombud Interaction Experience

The interaction experiences, as illustrated in Table I, show that more than half of respondents found their interactions with the ombud’s office appropriate. Notably, 33 participants (97.6%) strongly agreed or agreed that the ombud/associate ombud promptly met with them, with only one participant (2.94%) providing a neutral response. Regarding professional and respectful interactions, 34 participants (100%) affirmed the ombud/associate ombud’s conduct. Additionally, 33 participants (97.6%) acknowledged effective listening skills and empathy, while only one participant (2.94%) remained neutral. Finally, 34 participants (100%) agreed or somewhat agreed that the ombud/associate ombud delivered services in a confidential manner.

Action and Impact

Of the 34 participants, 91.18% (31 participants) actively initiated or planned to implement recommendations discussed with the ombud/associate ombud. Among these, 8.82% (3 participants) did not take action. The details of the implementation of recommendations and options are illustrated in Table II. Among the 31 participants committed to taking

TABLE I Participant satisfaction with various aspects of their interactions with the ombud’s office

The Ombud/Associate Ombud (and Their Staff)	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Met with me within a reasonable time (within 2 weeks)	0% [0]	0% [0]	2.94% [1]	8.82% [3]	88.24% [30]
Have interacted with me in a professional, respectful, and courteous manner	0% [0]	0% [0]	0% [0]	5.88% [2]	94.12% [32]
Have demonstrated listening skills and empathy	0% [0]	0% [0]	2.94% [1]	5.88% [2]	91.18% [31]
Have delivered service in a confidential manner	0% [0]	0% [0]	0% [0]	11.76% [4]	88.24% [30]

Percentages (%) are based on participant responses. The numbers in square brackets [] represent the count of responses.

TABLE II Participant implementation of ombud recommendations/options for workplace issues

	Not at All	To a Small Extent	To a Moderate Extent	To a Very Large Extent	Do Not Know	Not Applicable
To what extent did it help toward a resolution pathway to the workplace issues? ^a	0% [0]	2.94% [1]	23.53% [8]	23.25% [8]	26.47% [9]	23.53% [8]
To what extent are you hopeful it will help toward a resolution pathway to the workplace issues? ^b	8.82% [3]	0% [0]	14.71% [5]	41.18% [14]	11.76% [4]	23.53% [8]

^aYes is the selected answer by participants, indicating active implementation or intent to implement one or more of the recommendation/options explored with the ombud/associate ombud.

^bNo is the selected answer by participants, indicating that they have not yet executed one or more of the recommendation/options explored with the ombud/associate ombud.

Percentages (%) are based on participant responses.

The numbers in square brackets [] represent the count of responses.

action, 2.94% (1 participant) found the impact small, 23.53% (8 participants) moderate, and 23.53% (8 participants) found the action had a very large impact. Interestingly, 26.47% (9 participants) were uncertain about the impact, and 23.53% (8 participants) deemed the question not applicable. For participants planning to implement recommendations, 8.82% (3 participants) anticipate no impact, 14.71% (5 participants) a moderate extent, and 41.18% (14 participants) a very large extent. Similarly, 11.76% (4 participants) are uncertain about the expected impact, and 23.53% (8 participants) consider the question not applicable. The valuable findings can be utilized to shape the organizational ombud program and other workplace support programs accordingly.

Workplace Issues Consultation

Organizational stressors

In the exploration of organizational stressors, participants detailed the specific stressors for which they sought consultation from the ombud’s office, as depicted in Figure 1. Among the 34 participants, only one (2.94% each) sought consultation on perceived rewards and participation levels.

Three participants (8.82% each) sought guidance on issues such as inconsistent work distribution, negative judgment, and excessive administrative duties. In another category, four participants (11.76% each) sought help with skills utilization, investigations, and role-related concerns. Five participants (14.71% each) sought assistance on a range of issues, including policy changes, favouritism, non-applicable matters, and challenges related to resources, training, and support. Seven participants (20.59% each) consulted on organizational culture and performance feedback. Eight participants (23.53%) sought help with feelings of low professional worthiness, while nine participants (26.47%) sought guidance on co-worker issues. For 11 participants (32.35%), consultation focused on leadership styles. The most prevalent stressor, highlighted by 17 participants (50%), was challenges associated with supervisors/managers.

Operational stressors

In the examination of operational stressors, participants detailed the challenges leading them to seek consultation from the ombud’s office, as depicted in Figure 2. Among the 34 participants, 3.33% reported consulting on social life



FIGURE 1 Organizational stressors in participant consultations with ombud’s office. Labels are positioned adjacent to each column, indicating the organizational stressors for which participants sought consultation from the ombud’s office. Percentages (%) are provided next to each column, derived from participant responses. The numbers in square brackets [] alongside each column represent the specific count of responses within each category. IT = information technology.

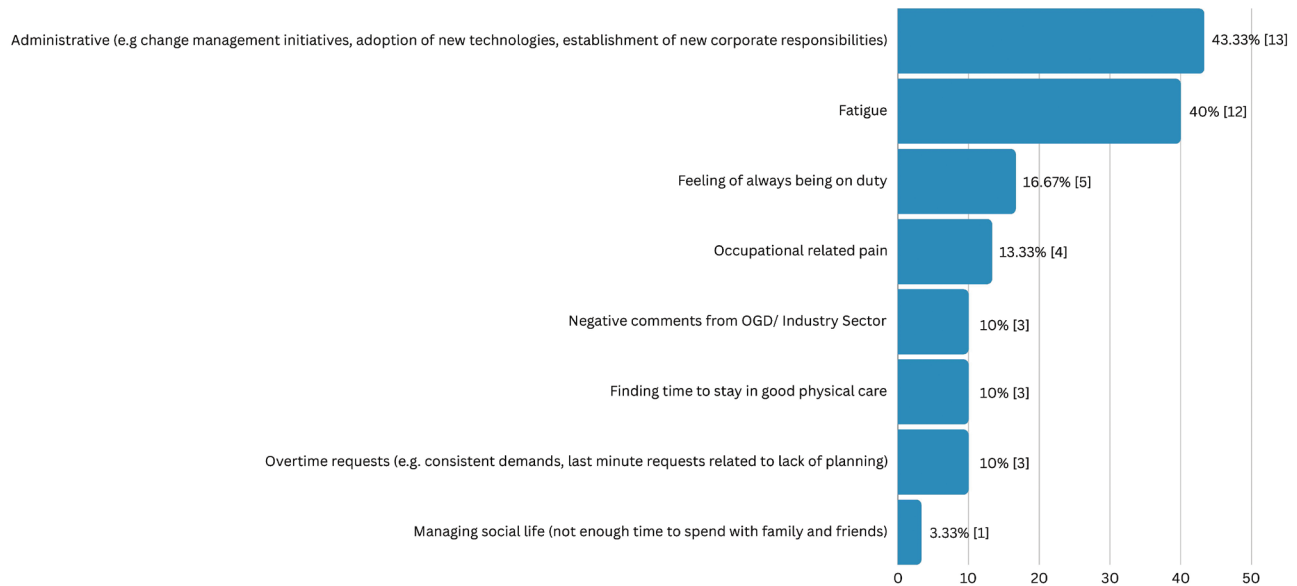


FIGURE 2 Operational stressors in participant consultations with the ombud's office. Labels are positioned adjacent to each column, indicating the operational stressors for which participants sought consultation from the ombud's office. Percentages (%) are provided next to each column, derived from participant responses. The numbers in square brackets [] alongside each column represent the specific count of responses within each category. OGD = other government departments.

management. Three participants (10% each) sought advice on diverse issues, including overtime requests, maintaining physical health, and addressing negative comments from OGD/Industry Sector. In another category, four participants (13.33%) sought guidance on managing occupational-related pain. Five participants (16.67%) consulted on the persistent feeling of always being on duty. A substantial group of 12 participants (40%) sought help with issues related to fatigue, and 13 participants (43.33%) consulted on administrative concerns (e.g., complaints about change management initiatives with new administrative processes involved, new electronic tools, without proper or sufficient training provided).

Confidential Services and Intent

The distribution of participant engagement revealed that a significant majority, comprising 29 individuals (85.29%), participated in individual interventions, while 3 participants

(8.82%) opted for group interventions. Additionally, 4 participants (11.76%) engaged in both individual and group interventions, as depicted in Figure 3. Following the confidential process, it was found that 24 participants (70.59%) expressed their intention to remain affiliated with PSPC and continue their involvement with the ombud. Interestingly, only one participant (2.94%) indicated a desire to discontinue their association with PSPC, while 9 participants (26.47%) had diverse considerations influencing their decisions.

Impact of Consultation Services

The findings, as demonstrated in Table III, reveal a resounding consensus among participants. A noteworthy 67.65% (23 individuals) strongly agreeing or somewhat agreeing that the service significantly contributes to their understanding of personal goals. Minimal dissent is observed, as only 5.88% (2 participants) express disagreement, while 26.47%

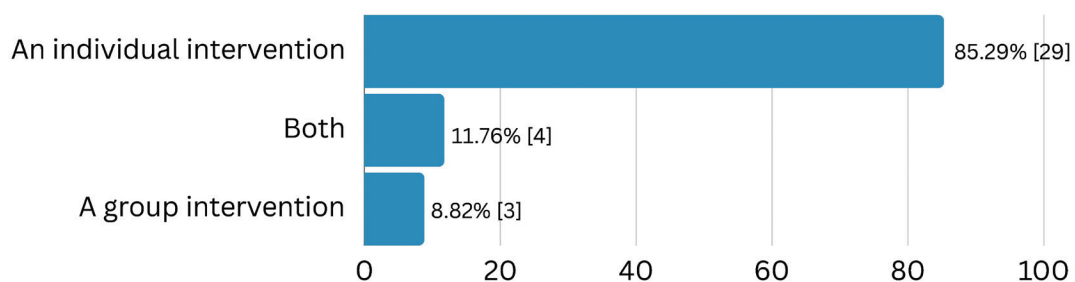


FIGURE 3 Participant engagement in ombud office interventions. Labels positioned next to each column delineate the confidential services provided by the ombud/associate ombud. Percentages (%) are provided next to each column, derived from participant responses. The numbers in square brackets [] alongside each column represent the specific count of responses within each category.

TABLE III Participant perceptions of consultation service impact

I Feel/I Have	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
The consultation service has helped me gain a better understanding of my specific goals, needs, and interests	5.88% [2]	0% [0]	26.47% [9]	26.47% [9]	41.18% [14]
Satisfied with the level of support and guidance provided by the consultation service	2.94% [1]	2.94% [1]	8.82% [3]	17.65% [6]	67.65% [23]
Gained valuable insights and skills through the consultation service to help me better cope	2.94% [1]	5.88% [2]	8.82% [3]	23.53% [8]	58.83% [20]
The consultation service has had a positive impact on my overall quality of life	2.94% [1]	8.82% [3]	8.82% [3]	23.53% [8]	55.89% [19]
The consultation service has had a positive psychological and emotional impact	2.94% [1]	5.88% [2]	8.82% [3]	26.47% [9]	55.89% [19]
Consultation service has helped/will help me build stronger and healthier relationships	2.94% [1]	8.82% [3]	29.41% [10]	23.53% [8]	35.30% [12]

Percentages (%) are based on participant responses. The numbers in square brackets [] represent the count of responses.

(9 participants) maintain a neutral stance. Moving ahead, an impressive 85.3% (29 participants) showcase high levels of satisfaction, with a mere 5.88% (2 participants) in disagreement and 8.82% (3 participants) adopting a neutral perspective. In terms of well-being, a substantial 82.36% (28 participants) either strongly agree or somewhat agree on gaining valuable insights, juxtaposed with a modest 8.82% (3 participants) in disagreement and an additional 8.82% (3 participants) expressing neutrality. Assessing overall quality of life, a significant 79.42% (27 participants) either strongly agree or somewhat agree, while 11.76% (4 participants) indicate disagreement and 8.82% (3 participants) remain neutral. Examining the psychological impact, an impressive 82.36% (28 participants) either strongly agree or somewhat agree, contrasted with 8.82% (3 participants) in disagreement and an additional 8.82% (3 participants) maintaining a neutral standpoint. Shifting the focus to relationships, a majority of 58.83% (20 participants) strongly agree or somewhat agree, while 11.76% (4 participants) express disagreement, and 29.41% (10 participants) hold a neutral opinion.

CONCLUSION

Our office of the ombud serves as a cornerstone of organizational health, contributing to enhanced employee satisfaction, improved conflict resolution, ethical compliance, increased productivity, and reduced legal risks. The findings and recommendations can generalize across organizations and beyond the public sector.

Our findings reveal key information for an ombud’s office in terms of organizational and operational stressors which, in turn, allows the ombud’s office to provide clear guidance and recommendations to senior management. For instance, workshops, initiatives, programs and training in order to support a stronger organizational culture and health. This also can help contribute to return on investment and improved employee performance, recruitment, and retention. This paper also allows the ombud’s office to tailor its specific workshop on mental health, leadership and organizational health and resiliency.

The challenges associated with leadership style are prevalent stressors in the workplace with significant impact on the employee’s well-being and job satisfaction. Leadership training programs focused, for instance, on interpersonal skills, effective communication and conflict resolution would be proactive measures toward a healthy workplace culture that fosters employee engagement and reduces stress levels.

By providing employees with confidential, informal, independent, and impartial services to address their concerns and workplace issues, organizations can create a more resilient and inclusive workplace culture with a positive impact on the organization’s overall health and success.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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SUPPLEMENTARY MATERIAL

Supplementary material is linked to the online version of the paper at https://www.journalcswb.ca/index.php/cswb/article/view/375/supp_material.

- Supplemental Survey: Detailed examination of the survey questions.

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