



# CSWB: Where complexity serves simple ideals

Norman E. Taylor\*

In the two years since we published the first full issue of our *Journal*, the embrace of collaborative approaches to achieving community safety and well-being has continued to advance rapidly and broadly. This is welcome news unfolding against a backdrop of global events and trends that carry potential implications for public policy and system capacity at every jurisdictional level, down to local communities. If the wider socio-economic factors that contribute to marginalization, service equity gaps, and their attendant social symptoms have not worsened in the past two years, certainly neither have we seen much in the way of encouragement that the complex challenges facing a great many of our fellow citizens are going to ease up anytime soon.

## OUR SPECIAL RE-LAUNCH ISSUE

Thus, the essential mission of this still relatively new open access journal has also grown, both in its urgent importance and in its scope. During this same period, the *Journal's* champions have successfully tested the waters through the publication of a diverse mix of over 40 articles, across six issues, featuring original research, social innovation, and commentary that reflect a wide spectrum of disciplines. We are pleased to announce, through this special issue, the re-introduction of the *Journal of CSWB* as it now enters its full and continuing production mode.

Thanks are due to the Board of Directors of the Community Safety Knowledge Alliance (CSKA), our parent organization, for their original vision and continuing support for the *Journal*. But even more, we owe our early success and our promising future to the many authors whose contributions have given proof to the *Journal's* founding premise. To wit, "... we must invent the means to travel from research, to practice, to the ultimate alignment of the systems that are intended to serve society. ... together, we can discover, invent, and with the clarity of social science to guide us, we might just change the way we all do business." (Taylor, 2016)

## SEEKING A NEW FRAME

So experimental was the launch of the *Journal* two years ago that, in developing our initial editorial sections, there was no template or model available for organizing our still-forming concepts of what "CSWB" might ultimately include. In hindsight, we may have adopted a structure that was much more complicated than we need it to be. Certainly, any field

of endeavour that claims to embrace multiple social science disciplines, and to both draw upon and serve multiple sectors of public services, must by definition be complex in its scope. Our list of potential topics and our range of cross-cutting themes are vast, and our aim must continue to be as wide and inclusive as possible as we seek to attract our contributors and our readers alike. But, such complexity does little to help us convey the essence of our *Journal* in any sort of 'elevator pitch'. And, moreover, if our aim is also to integrate multi-sector and multi-disciplinary efforts under some common cause, it is important that any construct we adopt does not serve to further fragment those efforts.

And so, as we prepared to re-launch our *Journal's* ongoing production phase, we have reflected on several years of conversation with collaborative human services innovators and adopters, on current and emerging policies and practices, and on the growing body of literature and evidence-based scholarship that is variously underpinning, critiquing, and all the while attempting to give clearer definition to these and other closely related practices in Canada and abroad. We discovered that, whether consciously naming their efforts as CSWB (as is more familiar today across Canada and in parts of the USA), or focused on the interfaces among policing, justice, and public health (as in the Law Enforcement Public Health (LEPH) movement that has taken root more strongly in Australia and in parts of Europe), like-minded researchers and practitioners are indeed reflecting a lot of common cause.

We set ourselves a challenge: to find a way to express what this cause is all about in just a few key words. We settled on four words that in our view express the framing ideals of CSWB with some degree of elegance; that is to say, none can be taken alone, and each ideal is integral to the others. The four words are Trust, Strengths, Services, and Justice. These are the four new intersecting sections that will shape and guide the editorial thrust of our *Journal* as we move forward. Figure 1 depicts these four central ideals, adds some level of depth to each, and also shows the more complex array of cross-cutting themes and topics that sit below, to inform all of them together.

Time will tell if better words or some other structure might reveal itself, and we will no doubt continue to learn more about how these concepts intersect and build upon one another in service of greater understanding and collective impact. For the foreseeable future, our articles will be assembled under these four principal sections. We will continue to extend our open invitation to scholars, policy-makers, and

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## The Journal of Community Safety and Well-Being (CSWB)

Advancing Social Science, Knowledge Exchange & Interactive Dialogue Towards Healthy & Just Societies

*Our editorial mission spans these four essential ideals of CSWB, and through cross-cutting themes addresses the multiple roles & interfaces among agencies, researchers, policy-makers and front-line professionals working in all areas of public health, law enforcement, community development and social justice.*

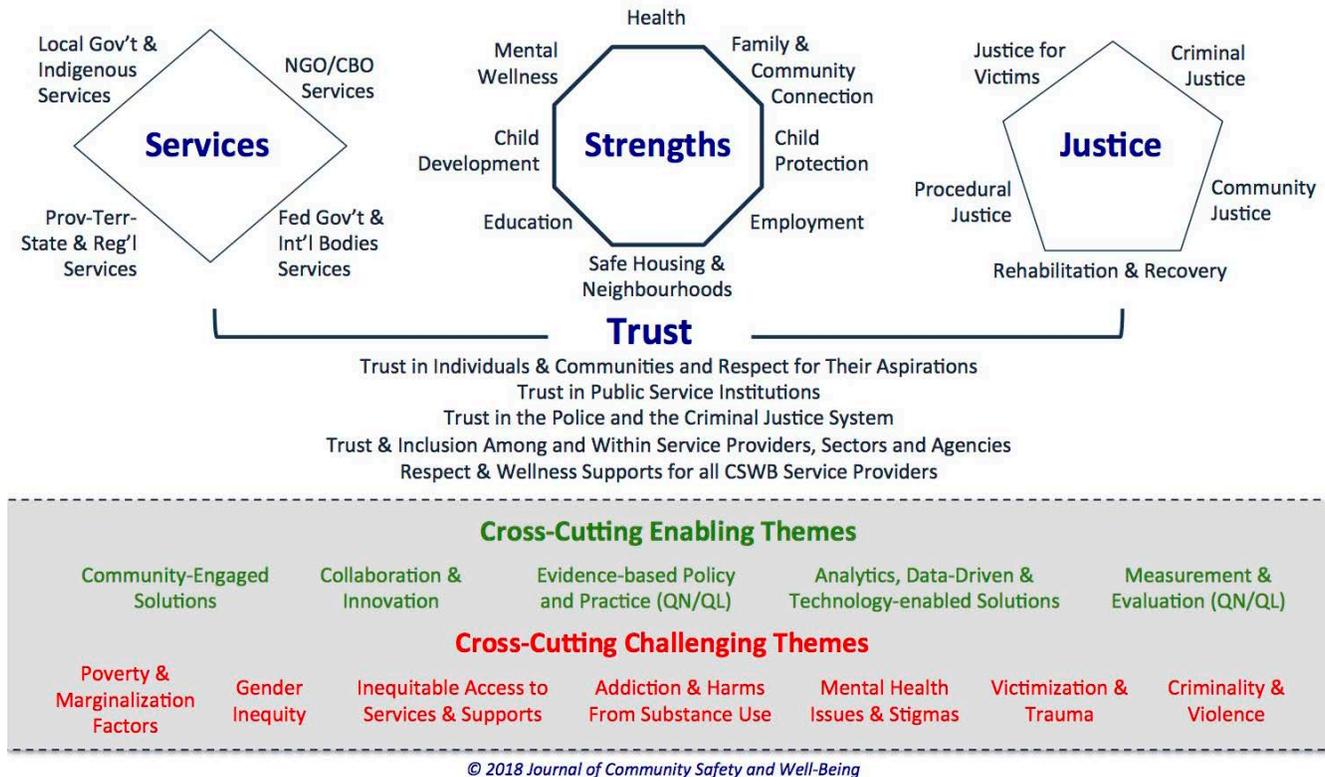


FIGURE 1 Journal concept model.

practitioners to consider if your work, your studies, and your search for better ways of doing business might align with any one of these words, or with all of these words together. If so, we invite you to consider the potential of your work to inform and stimulate others who may be pursuing similar ambitions.

I am pleased and very proud to introduce our exemplary panel of Section Editors (see sidebar) who will be working to encourage and support us all through these article identification, peer review, and publication processes. Note that each has contributed some introductory thoughts tied to their respective sections as Commentaries that form the basis of this special re-launch issue of the *Journal*. As well, each is already working hard to expand our multi-sector sources of contributing authors, while also continuing to grow our slate of qualified academic and practice-based peer reviewers in every related discipline.

### LOOKING AHEAD: PARTNERSHIPS EXPAND AND STRENGTHEN OUR GLOBAL COMMUNITY

In Volume 2(3) of the *Journal*, Crofts and Thomas (2017) introduced early plans that were then underway to bring the Fourth International Law Enforcement Public Health

conference to Toronto in October of this year. I am pleased to report that this conference is shaping up to be another success for the global LEPH community, and also as a timely event that should interest every CSWB practitioner, policy-maker or researcher in Canada and the USA. To top it off, our *Journal* has joined together with the conference organizers to provide an ideal and sought-after publishing venue for many of the event's highest impact features, and to serve as a continuing venue for the global LEPH research and practice community.

Dozens of LEPH papers have already been put forward for consideration, and our editorial team is currently selecting several for publication in both our early fall issue (October) and in our year-end issue (December) that will be themed to the conference proceedings and outcomes. Both of these issues will also feature a number of other high-quality general submissions that we have received throughout 2018. More information on the upcoming LEPH Conference in Toronto can be found at <https://leph2018toronto.com>

As we welcome the global LEPH community into our *Journal*, we are also pleased to feature one additional Commentary article in this special re-launch issue, alongside those from our Section Editors. This paper, by Australian doctoral candidate Melissa Jardine, addresses the important issue

## OUR EDITORIAL TEAM

### Dr. Nick Crofts, Section Editor – Services

School of Population and Global Health, University of Melbourne, Australia  
Center for Law Enforcement Public Health, Melbourne, Australia

*Mobilizing, aligning, improving, and validating through evidence, the services, programs, policies and capacities of the broader human services, justice and public health systems.*

### Dr. Katy Kamkar, Section Editor – Trust

Clinical Psychologist, Centre for Addiction and Mental Health (CAMH), Toronto, Canada  
Assistant Professor, Department of Psychiatry, University of Toronto  
Director - Badge of Life Canada (BOLC)  
Collaborative Centre for Justice and Safety (CCJS) Advisory Council

*Ensuring trust, wellness and inclusion among police, all human service providers, and their governing authorities, while continuously cultivating and affirming trust with those they collectively aim to serve.*

### Dr. Rick Linden, Section Editor – Justice

Chair, Manitoba Police Commission, Winnipeg, Canada  
Professor of Sociology, University of Manitoba, Winnipeg, Canada  
Director, Community Safety Knowledge Alliance (CSKA), Saskatoon, Canada

*Support and reconciliation for society, communities, families, adults and children recovering from victimization, criminality, and other socio-economic harms, while ensuring public confidence, effectiveness and efficiency in the operations, staffing, training and leadership of the policing, corrections and criminal justice systems.*

### Dr. Brian Rector, Section Editor – Strengths

Executive Director, Research and Evidence Based Excellence,  
Saskatchewan Ministry of Justice and Ministry of Social Services, Regina, Canada

*Working together with individuals, families, communities and cultures to improve life quality, to build strength-based capacities, and to achieve social outcomes through innovative, data-driven analysis and measurable solutions.*

of gender inclusion in law enforcement. It not only informs public health approaches, but also provides another timely tie-in to some priority research of the Canadian Association of Chiefs of Police (CACP), whose Executive Global Studies 2018 program is just this month issuing its report and forward actions arising from its 17-country study into Authentic Inclusion in workplaces. We hope to build upon that work in future issues of the *Journal*.

Finally, this past April the CACP partnered with the Saskatchewan Government, the Saskatoon Police Service and others to execute a first-of-its-kind conference dedicated to emerging applications of Open Analytics in CSWB. Section Editor Dr. Brian Rector played a leadership role in bringing about this conference, during which almost 200 delegates shared their early experiences in data-driven programming and policy. The *Journal* looks forward to continued work with the conference partners to bring further attention to these multi-sector data analytics models, their early impacts on practice, their policy challenges, and their ultimate outcomes on community safety and well-being.

On behalf of our new Editorial Team, our governing body at CSKA, and our publishing team at Multi-med, I thank you for your patience as we have proceeded through this transition to our production model. We look forward to delivering to you a rich mixture of articles and dialogue that touch on a wide range of themes and topics of urgency, framed under four simple, but compelling, ideals.

#### CONFLICT OF INTEREST DISCLOSURES

The author declares no conflicts of interest.

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## Trust starts within

Dr. Katy Kamkar PhD, CPsych \*

I am pleased to be taking on this new role as a Section Editor for this journal with a primary focus on ensuring our editorial content pays continuing attention to the broad issues of trust in relation to CSWB. There is so much good work that we will need to showcase and discuss with regard to this very human issue that underpins everything our CSWB professionals must do to serve our communities effectively. To open, though, I would like to focus some attention on our trust in, and our respect for, those professionals who serve across the many CSWB sectors.

Awareness and appreciation of mental health and well-being have increased in the past decade and more so in the past five years. We have also witnessed a reduction in stigma and change of attitudes related to mental illness. Increased communications and conversations, education, media, breakthrough research and evidence-based treatments, governments' new PTSD presumptive legislation, and collaboration and networking among other factors, have all contributed to the positive changes to date.

Improving and protecting the psychological health of individuals at work, as well as understanding the workplace and worker factors impacting health, are all part of workplace mental health. We have witnessed greater interest in advancing mental health promotion, prevention, and early intervention; and of identifying and boosting protective factors, reducing or eliminating risk factors, and building proactive strategies and resiliency.

Further training and education are needed to build positive culture, and for healthy supportive environments and interpersonal relationships. Moral injury, perception of injustice, burnout, compassion fatigue, lack of support, stigma and self-stigma can present barriers to recovery and prolong disability. Healthy interpersonal and communication skills and emotional intelligence need to be part of training and education for leaders—in particular, for all professionals working in human services. We all share the same human needs including the need for sense of safety, security, belonging, trust, autonomy, self-worth, independence, accomplishment, social justice, and self-efficacy. All those needs translate into our health and well-being—mental, physical, social, psychological and emotional health.

There is a need for the health care system, employers, workers, government, and compensation systems to engage in a collaborative approach to address the costs associated with mental health disability. The costs associated with mental health disabilities are higher than those of physical-related disabilities. The economic burden of mental illness

in Canada is estimated at \$51 billion per year, and includes health care costs and lost productivity due to absenteeism and sick leave. We have increasingly seen that employers are faced with staggering disability and absenteeism rates due to mental illness, and that maintaining workplace mental health is an integral part of any business plan. Failing to have a comprehensive mental health strategy in the workplace contributes to long-term disability, unemployment, and family and financial strains. Research findings on the incidence and costs of physical and mental health-related disabilities highlight the importance of promoting mental health and well-being in the workplace, including among first responders and our police officers.

Police work does increase the risk of psychological work-related injuries. Police officers are exposed to a unique set of challenges in their day-to-day duties that can easily facilitate mental health concerns. Occupational burnout and exhaustion result in reduced motivation and care or passion for the work. For others, it can cause feelings of helplessness or powerlessness, resulting in emotional disengagement. Depression, substance misuse as a coping mechanism, and occupational stress injuries (OSI; which are persistent psychological difficulties resulting from operational or service-related duties) are also common. Depression has been found to increase the risk for post-traumatic stress disorder (PTSD), anxiety disorders and addiction. As well, PTSD has often been found to be accompanied by depression, and the two overlapping conditions further worsen the overall functioning and quality of life and increase the risk of suicide. Thus, the promotion of good mental health and mental health education, prevention, and early intervention, as well as the promotion of healthy and supportive work environments based on trust, support, and care, are essential to prevent complications resulting from concurrent issues. Ongoing work is needed in encouraging a proactive approach to health, and ensuring wellness programs include mental health and well-being.

Stigma still remains predominant in addition to other barriers to care and recovery that deserve further attention, research and/or interventions. Barriers include self-stigma, moral injury, burnout, perception of injustice, not recognizing that help is needed, fear of disclosure, inconsistent program application or administration, focus on crisis management rather than prevention, lack of awareness of program availability, difficulty accessing evidence-based treatments, delayed access to providers with expertise, as well as identifying and addressing organizational and individual stressors.

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Various strategies could be implemented to provide a supportive and safe work environment, including: providing supportive reintegration into the work environment after a leave of absence; providing stress management programs; aiming for work/life balance; encouraging use of health care professionals when someone is experiencing psychological distress; providing/confirming job security; having roles and responsibilities well-defined; having enough resources to cope with the demands of the job particularly during times of organizational changes and staff cutbacks that might result in more job demands and fewer resources; providing opportunities for growth and development; offering flexible work conditions whenever possible and appropriate; providing regular and constructive feedback and recognition for good performance; and providing healthy and supportive

relationships and work environments that focus on trust, respect, support, gratitude, and care in the workplace.

This is why this topic must form part of our continuing dialogue on CSWB. If we do not attend to the stresses taken on by those whose work is directed to services, strengths, and justice for others, we will undermine the trust that is essential both within our human services systems, and among those systems and the public they are designed to serve.

#### CONFLICT OF INTEREST DISCLOSURES

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# Researching gender and law enforcement as public health input

Melissa Jardine\*<sup>†</sup>

In western developed countries women make up approximately 20 per cent of the police workforce. Estonia boasts the highest proportion of female officers with 33 per cent (Resetnikova, 2006), while among the lowest is Pakistan with fewer than 1 per cent (Peters, 2014). These figures show that the extent of women's inclusion in policing is globally disparate, but why is this so and does it matter? Policing is traditionally held up as a male occupation due to perceived necessity of physical strength, though many studies have rejected the view that effective policing requires the bodily authority associated with masculinity (Lonsway, 2000; Silvestri, 2003). Police agencies are under increasing pressure to be 'professional' and accountable to the whole community, including having a workforce which reflects the diversity of people they serve. Promoting and upholding an 'internal culture of mutual respect and fairness' can be seen as important ingredients in securing community support (Sutton, 1996). There is a range of circumstances which can propel women into law enforcement occupations, but these are not necessarily linear projects because they also relate to the status of women in broader society. Increasingly, it is recognized that policy transfer or export has unevenly travelled from Global North to South (Carrington, Hogg, Sozzo, 2015; Connell, 2007), sometimes with poor outcomes or unintended consequences. The nature of, and prospects for, women's integration in policing, their rights and safety, thus, rely on strategies both inside and outside the police organization and appropriate for local circumstances.

Whilst law enforcement has not usually been perceived to have an explicit public health role, there has recently been growing interest in the many ways in which law enforcement, especially police, contribute to the public health mission (Van Dijk & Crofts, 2017). Looking at a specific police-health nexus, women's participation in policing has shown benefits associated with responsiveness to—and reduction of—gender-based violence (Miller & Segal, 2016). Women officers are also less likely to use excessive force (Lonsway, 2000; Porter & Prenzler, 2017; Schuck & Rabe-Hemp, 2007). Thus, the presence of police women can have dual effects on public health: firstly, as protectors who prevent violence in the community, and secondly, as less inclined to be perpetrators of violence in their official capacity.

Within western liberal democracies, women have often pursued full integration (after a period of segregation) into policing, undertaking the same training and initial operational deployment as men. This approach relied on pioneering women who were prepared to publicly and overtly resist workplace segregation (Brown, 1997; Strobl, 2008), but this tactic is not globally uniform. Strobl (2008) argues the trajectory for women's integration in policing in the West coalesced around availability of legislation to litigate against gender discrimination and wider feminist movements in the 1960s. These dynamics enabled a 'cultural space' for dissent not necessarily available to women in some places. Strobl specifically mentions Muslim Arab contexts. That is not to say Muslim Arab women do not engage in 'politicking', but that it is done within certain cultural parameters which avoid overt confrontation and maintain the 'power and control associated with the male identity' (Strobl, 2008, p. 55).

Despite some universalities, there are different policing paradigms with distinctive systems and cultural differences (Van Dijk, Hoogewoning, & Punch, 2015). Subsequently, there are different drivers for women's inclusion in policing and the nature of their inclusion. In some cases, it is to address the needs of women in the community (for example, gender-based violence and Women's Police Stations in Brazil) (Hautzinger, 2002); in others, a broader top-down government push for gender equality and equal opportunity (see post-Confucian Taiwan) (Gingerich & Chu, 2013), or as a response to public criticism, as in the aftermath of the Nirbhaya gang-rape case in 2012 which instigated reforms in the Delhi Police (Khanikar, 2016). In the Ukraine, an unstable security environment has seen gender-sensitive police reform as a key driver for improving policing with a view to being an exemplar for gender equality community-wide (Weitenberg & Grey, 2018).

Barriers to women's participation in policing also vary across different legal frameworks, local cultures, and institutional practices. For example, departmental policies compelling women to cut their hair to shorter than one inch prior to entering police training in Texas had differential effects on potential African-American applicants (Kringen, 2014). A lack of uniforms, lockable toilets and changing rooms, and exposure to sexual assault dissuades women from policing in Afghanistan (Hancock, 2013). In some instances,

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official policies, such as ceiling quotas, exist that make it more competitive for women than men to be selected (e.g., a maximum quota of 15% females in Vietnam) (BỘ Công an, 2016, Article 3). In Turkey, a member of the police selection committee admitted to unsavoury methods to limit women's recruitment, saying, "In fact we do not want to recruit them, but officially we have no right to bar them. To make them unsuccessful, we ask some really illogical and difficult questions" (Caglar, 2004, p. 360). In Bahrain, the impact of social stigma on family and marriage prospects affects women's participation due to cultural parameters regarding religious identity (Strobl, 2008).

Whilst there are different models for women's inclusion in policing, recruitment and selection is only a first step. Retaining women in frontline police work can be difficult. An Australian study found that whilst in training, female police desired equal treatment to their male counterparts; however, after field experience, many policewomen became resigned to 'doing gender' or taking on functions perceived as peripheral to 'core' policing (Chan, Devery, & Doran, 2003). A recent Australian review found that gender stereotyping, sexual harassment, and discrimination led to increased attrition of policewomen (Victorian Equal Opportunity and Human Rights Commission, 2017). Further, the fact policewomen in Brazil were specifically tasked with supporting female victims of violence did not prevent them from sometimes having derisory and cynical attitudes towards those they were supposed to help (Hautzinger, 2002). Indeed, policewomen sometimes take on masculine characteristics to fit into the male-dominated police culture and to broaden career opportunities (Rabe-Hemp, 2009). In Dehli, Khanikar (2016) maintains women's presence in a police organization itself is not enough to pursue an emancipatory objective if the organization continues to idealize 'manliness' entrenching the subjugation of women officers.

Of course, the police are a powerful institution and women should have equal opportunity to be involved at the highest levels in the decision-making processes that affect them. But fundamentally, women comprise 50 per cent of the population and so why shouldn't they be jointly responsible for community safety? However, the most effective way to get there varies. Strategies for women's inclusion in policing must take into consideration the varied structural conditions and individual needs of women whilst pursuing the larger goal of a universal gender equality and women's safety.

An important obstacle in designing context-specific strategies is that knowledge about policing has been produced and disseminated unevenly so that our understanding comes from a skewed emphasis on the western experience. Models for women's inclusion in policing in the Global North cannot neatly be transferred to suit the specificities of the Global South (arguably a colonial act itself, according to Strobl, 2008). Strobl argues for more empirical research to be undertaken in different political, social, and cultural contexts to provide evidence for which circumstances, variations, and alternatives are suitable, and that hybrid or 'two-track' system for women's integration into policing may be appropriate for some contexts (2008, pp. 55-56). Equally, the transportation of approaches to address gender-based violence from Global North to South has both questionable ethics and efficacy, and requires greater appreciation of local environs, structures,

and cultures (DeKeseredy & Hall-Sanchez, 2018; Walklate & Fitz-Gibbon, 2018).

To address weaknesses in current theorizing of policing, a conceptual framework is needed to facilitate more nuanced understandings of the relationship between (but not limited to) gender in policing and public health. I suggest a framework for a southern policing perspective to enable exploration of variations and change in other policing cultures and practices outside the dominant western conceptual frameworks. I propose an extension of the interactive model of police culture and practice developed by Chan (1997; Chan et al., 2003) which draws on Bourdieu's (1990) conceptualizations of field and habitus as a relational dynamic. The framework is useful because it provides flexibility for explaining police practices in both northern and southern contexts. It can also account for differences in cultural knowledge and institutionalized practices. A southern policing perspective pays attention to variations in the field, including the historical relations of a particular place, its political system, broad societal culture, legal frameworks, organizations, relations between police and the community, and gender as a social institution. Reflexive consideration of these aspects of the structural environment (and their interaction, given they are not necessarily fixed and thus amenable to change) can promote better design and implementation of approaches inside and outside the police organization.

Fortunately there are platforms in place to further develop this agenda. For example, in 2018 two relevant international conferences will be held in Canada: the first is the International Association of Women Police's annual conference, 26-30 August, in Calgary, followed by the International Law Enforcement and Public Health (LEPH2018) Conference, 21-24 October, in Toronto. In particular, LEPH2018 purposefully seeks empirical research and program examples from the global South to highlight diversity of policing and public health approaches which are culturally contextualized. Whilst held separately, the conferences' goals are inextricably linked in their ambition to deliver a more holistic and community-based inclusive model to safety and well-being, law enforcement, and public health.

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# Strength building, data analytics and privacy: An urgent need to update the balance

Brian Rector\*

At first glance the purpose and description of the new editorial section, Strengths, for community safety and well-being, look rather straightforward and non-controversial: “Working together with individuals, families, communities, and cultures to improve life quality, to build strength-based capacities, and to achieve social outcomes through innovative, data-driven analysis and measurable outcomes.” I wish life were so simple.

Sometimes, innovation and data-driven analysis will take us to uncomfortable places. We are now aware of many examples where demonstrated results through analysis have challenged and even conflicted with our prior thinking and belief systems. What we may not recognize is that those individuals who at one time believed the world to be flat, may well be us today in the field of community safety.

As the Editor-in-Chief referenced in his editorial (Taylor, 2018), we collaborated with the Canadian Association of Chiefs of Police to hold a conference last April on advanced analytics and community safety. For me, the unofficial title of that conference was “not hot spotting”. We focused upstream, tapping into emerging research that uses advanced techniques in combination with multiple data sources to improve safety and well-being outcomes for individuals. I believe the *Journal* can play a significant role in advancing this approach.

Advanced predictive analytics, deep learning, and artificial intelligence are all terms many will have heard, but applying this wide array of methodologies will require new kinds of collaboration, and at times completely new thinking if measurable outcomes in community safety are to be successfully achieved.

By new kinds of collaboration, I refer to public sector community safety and well-being service agencies striking formal collaboration agreements with advanced experts in mathematics and computer science. Collaboration may at times involve private companies that have invested in these advanced skill sets, and I would also highlight the potential in formal collaborations with experts and scholars working at universities in any of the cross-cutting thematic areas referenced throughout this *Journal*. Although the skill sets may be similar among private and not-for-profit researchers and analysts, just how open these analytics can be may differ

under differing arrangements. For transparency and scrutiny, this is an important consideration, and an issue that must be specifically addressed in the framing documents that define any such collaboration.

Anytime we examine multiple data sets, especially data at the individual level, the important question of privacy must be addressed, and the balance between privacy and public safety must be carefully understood and applied. But how do we define that balance? Striking a balance between privacy and public safety is a phrase often used, but do we really know what it means in practical terms? Do we balance only when we discover that public safety has been so compromised that a change is required? Or do we seek and establish that balance proactively and on agreed-to criteria? I think we are currently more in the former stage. Unfortunately, what this sadly and too often means is, how many children and adults must die before we adjust? Criminal groups embrace technology. To not apply the best of our technologies to address the challenging issues that undermine CSWB collaborations may result in our defined measures of public safety deteriorating over time. A holding pattern is not good enough.

In some ways, the application of advanced analytics reminds me of those early advances in genetic research that leapt ahead of then-current legislation and created new ethical dilemmas. With time, legislation did adapt and new ethical standards were defined. Today, how the *Journal of CSWB* contributes to the research and discussions needed to similarly refine these checks and balances in public safety is an important and urgent role, and a role in which I am pleased to play some part.

## CONFLICT OF INTEREST DISCLOSURES

The author declares there are no conflicts of interest.

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# The intimate relationship between public health and law enforcement: the common ground of CSWB

Nick Crofts, AM\*

I am a public health practitioner—for much of my professional career, an infectious diseases epidemiologist. It was while working in the field of harm reduction, specifically on prevention of HIV transmission among and from people who inject drugs, that I became aware of the need to collaborate with police. This was especially the case in countries in Asia where everything to do with illicit drugs is in the hands of police and public security, and everything to do with infectious diseases is the concern of public health—and the two did not talk with each other.

That was my first learning in this area. My second was the realization that as a well-qualified public health practitioner I had never been taught of the role and importance of law enforcement as a sector in the public health mission. From this came a review of the content of Masters of Public Health courses from schools of public health globally, and the discovery that none of them teaches this subject. This is an extraordinary oversight, given the manifest importance of the law enforcement collaboration and the multi-disciplinary approach on which public health prides itself.

The next learning has now, for me, been going on for twenty years, and that is the breadth of public health issues in which collaboration of some kind with the law enforcement sector—most often police—is at the very least important, if not critical.

Law enforcement and public health practice are commonly envisaged as radically different approaches to different sets of human problems; but they can also be seen as on a spectrum of efforts to address the same general set of problems, centered around public safety and security as a basis for health and well-being. In this view, at one extreme is the pure law enforcement sector's responsibility for the exercise of governing power in the control of crime; at the other end of the spectrum is the health system's mandate for curing disease and caring for the sick. The middle ground, between these extremes, is vastly larger than either, and is the territory of both—in varying degrees and with differing emphasis, from crime prevention to health promotion.

This 'middle ground' covers the widest range of public health issues, from mental health crises to epidemic disease, from trauma and violence and catastrophe to alcohol and other drugs. Its location is in all parts of the community,

from the home to the workplace to institutions; its population focus is the vulnerable, the marginalized, the at-risk. I can no better illustrate the breadth of the field than by describing the themes for the 4th International Conference on Law Enforcement and Public Health (LEPH2018) (see separate information piece about the conference in this issue).

Often, it is the same populations which are at risk of over-representation in the health care and the criminal justice systems, and involvement with the one often increases the risk of involvement with the other. For instance, people with mental health issues, acquired brain injury or dependence on alcohol and/or other drugs are more likely to be involved with the criminal justice system, and involvement with the CJS is deleterious to the health of many who are subject to it. Socio-economic class and ethnicity are major determinants of both health states and access to health care, and involvement with and outcomes of involvement with the criminal justice system. Much of this confluence can be explained by underlying or preceding events or conditions—adverse childhood events, mental health issues, poverty, and income inequality, for example.

The challenges and opportunities in this middle ground are therefore to re-think our services, across the system, to bring greater alignment between sectors and a stronger focus on upstream solutions. In practice, much of these devolve to and demand partnerships and collaborations.

I am very pleased to take on the role of Section Editor on Services for the *Journal of Community Safety and Well-being* as a second step in bringing together the emerging fields of Law Enforcement and Public Health (LEPH) and of Community Safety and Well-being. The first step was the partnership of The Centre for Law Enforcement & Public Health with the Community Safety Knowledge Alliance to convene the upcoming LEPH2018 conference. The *JCSWB* is becoming de facto the journal of the LEPH conferences and movement. The *JCSWB* will publish at least one special issue containing papers presented at the LEPH2018 conference (an example is in this issue, the paper by Jardine on gender and the law enforcement and public health agenda). Perhaps this will become a de jure relationship as the LEPH conferences become annual; the LEPH2019 will be in Edinburgh.

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The *JCSWB* Services Section will look to mobilize, align, improve, and validate through evidence the services, programs, policies, and capacities of the broader human services, criminal justice and public health systems, and we will be seeking submission of articles addressing any aspect of these relationships.

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# Themes of the upcoming LEPH2018 Conference

Nick Crofts, AM\*

## OVERARCHING THEME

### Disparities in Health and Criminal Justice

Health states are intimately related to socioeconomic status, which itself relates to the major direct determinants of health (including access to and quality of health care, social and physical environments, and health behaviours) and further indirect determinants (such as inequality in access to and quality of education, income inequality, and occupational environment). Access to justice and outcomes of involvement with the criminal justice system are also intimately related to socio-economic status and class. Both disparities affect the same communities in ways that are inextricably linked. Therefore, both disparities must be addressed jointly.

*Health differences adversely affecting socially disadvantaged groups are particularly unacceptable because ill health can be an obstacle to overcoming social disadvantage ... It is time to be explicit that the heart of a commitment to addressing health disparities is a commitment to achieving a more just society (Braveman, Kumanyika, Fielding et al, 2011).*

Global shifts are taking place in the culture and orientation of law enforcement agencies that have seen their role as purely focused on public safety, specifically crime combat and maintenance of public order, but are increasingly beginning to understand the inextricable links between public safety and public health. In part this has resulted from deliberations about 'community policing', 'problem-solving policing', 'joined-up policing' and 'smart policing'. Being responsive and forward-thinking has led police agencies, particularly in the Global North, to consider the range of social and economic issues that underpin insecurity and risk. Police are now engaging as nodal actors in the governance of both public safety and public health; how this is configured varies according to existing resources, skills, and network actors.

## SUBSTANTIVE THEMES

### 1. Crises & Catastrophes

This theme covers a very wide range of types of events in which health authorities and law enforcement must respond in a concerted manner and often in the worst of circumstances: natural disasters, major disease outbreaks and pandemics, mass violence, human-caused disasters, technological disasters and, very topically, refugee crises. Adverse

health outcomes following these events include injury and death, mental health and physical health problems, drug and alcohol use, and increased mental health service demand. In addition, community safety is threatened by looting, destruction of property, and theft. Evacuations and food and water relief also call for cooperation and collaboration between health and law enforcement.

### 2. Violence

Violence causes major public health outcomes including massive health care service utilization with emergency room attendance and hospitalization, ensuing disability, and death. It is impossible to estimate the lifetime health impact of violence, as exposure to violence as a child can increase health risks in later life. Violence is contagious, inter-generationally reproduced, and shows one of the strongest inequalities gradients. By adopting a public health approach, violence can be prevented, and a wide range of interventions are available to public health practitioners. Violence prevention is a critical element in tackling other public health issues. There is a strong evidence base behind public health approaches to violence prevention with collaborative multi-sectoral approaches led by police and public health authorities.

The LEPH conferences have, to date, focused on domestic and family violence and gender-based violence. With the first appearance of the LEPH conference in the Americas, gun violence becomes a major focus for LEPH2018—12 of the top 15 countries ranked in terms of per capita gun deaths are in the Americas.

### 3. Mental Health

There is a disproportionate involvement of people with serious mental illnesses and in mental health crises in the criminal justice system: 10–30 per cent of all police contacts involve people with mental illnesses, and high proportions of prisoners in all jurisdictions have a mental illness. Mental health-related calls can and do result in police or persons with mental illness being seriously or fatally wounded. At the same time, mental health budgets are being cut in many countries, and many low- and middle-income countries have no, or only rudimentary, community-based mental health services. As mental health services decline, the police role as gatekeepers to both the mental health and criminal justice systems becomes increasingly important; as a result, police see themselves as being relied on as an emergency mental health service. Police perceive mental health-related calls as

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very unpredictable and dangerous which, without adequate training in de-escalation, can rapidly escalate to disastrous ends. Police often do not feel adequately trained to effectively respond to mental health crises, see mental health calls as very time-consuming that divert officers from other crime fighting activities. There is also a feeling that mental health providers are sometimes not sufficiently responsive.

The collaboration of police and mental health service providers has become critical to appropriately serving the needs of individuals experiencing mental health crises and their families and communities.

#### 4. 'Hidden in Plain Sight'

Health and criminal justice systems frequently encounter people experiencing communication difficulties. This may occur in a wide range of situations, such as when someone goes missing, or are victims, witnesses or offenders of crimes. The needs of the individual may be unclear or misunderstood; the individual may be inappropriately placed and susceptible to repeat harm. Understanding the health/police intersect in support of people experiencing communication problems has become critical in the provision of timely and appropriate risk assessment and safeguarding interventions.

This theme covers a very wide range of events where health services and law enforcement agencies support people, their families, and communities at times when communication is challenging. This may include contact with people who have dementia, learning difficulties, epilepsy, autism, neurobiological brain injury such as stroke or head trauma, hearing or sight impairment, or when someone is unresponsive through injury. Research and innovation in this area of health care is emerging, particularly within the field of speech and language therapy, yet there are opportunities to share and develop multi-agency learning and research in this crucial area of practice. In this theme, we encourage presentations from a range of disciplines to support understandings of communication innovations, joint practices, and research to reduce barriers to effective communications, and improve health and police responses to those in need of communication support. We are particularly interested in exploring how such learning could be transferable and made available within police and health practice and multi-agency safeguarding to maximize opportunities for appropriate communication interventions.

#### 5. Indigenous Communities

Providing health services and policing services to Indigenous communities present unique challenges. Indigenous peoples in Canada, US, Australia, and New Zealand face very similar justice and health issues, with lower life expectancies, over-representation in the courts and corrections and significant health issues, including higher rates of alcohol and other drug use, mental health issues, and infectious diseases including HIV. Levels of violence are disproportionately higher among Indigenous people, especially intimate partner violence, and alcohol-related violence is a major health concern. Common contributing factors include denial of land rights, remoteness of communities, cultural differences, unemployment and discrimination, poor access to health and other services, poverty, and homelessness. These issues are generally well-researched and well-known, yet they persist.

While whole-of-government responses are required to significantly improve these conditions, the police and public health services often struggle to provide services relevant to Indigenous communities. The conference looks to engage with Indigenous leadership to better understand Indigenous concepts of justice, which includes broader social justice, and collaborative approaches to these highly complex issues, with public health and law enforcement working together with communities.

#### 6. Vulnerable Populations

Vulnerability, just as with human fragility and suffering, is universal. Most police interactions are with people who are vulnerable and, as a consequence, vulnerability is increasingly addressed as a rule rather than as an exception in public health and law enforcement procedures. Positioning vulnerability at the centre of policing and public health aligns with many theoretical and applied considerations of disadvantage and how to manage it. A recent focus of commentators, practitioners, and scholars on matters of vulnerability in law enforcement and public health has been in the recognition that vulnerability comes in different shapes and forms, and most importantly, that vulnerabilities can be standalone or multiple, layered, temporary or persistent, or even transgenerational. This theme of the conference looks at the various ways to operationalize vulnerability in law enforcement and public health processes, and at the various means to ward off or disrupt the more enduring, persistent, incremental or transgenerational forms of vulnerability.

#### 7. Alcohol & Other Drugs

Both licit and illicit drugs can be associated with adverse health outcomes and with crime and risks to public safety. Police have been critical actors in the reduction of alcohol-related road trauma and, in collaboration with health authorities, can ameliorate much of the damage caused by alcohol. With illicit drugs too, the police role in supporting the proven public health approach of harm reduction to achieve common goals is critically important and requires a good understanding of the dynamics of drug markets, and of drug use and dependence, as well as a mutually respectful partnership between police and harm reduction programs. An example of a beneficial police role is in the administration of naloxone to people suffering an opioid overdose.

Policies regarding currently illicit drugs vary worldwide and are evolving in different countries and regions—sometimes rapidly. Decriminalization and legalization of cannabis has occurred in many places, some which previously had immensely restrictive and punitive policies on cannabis. The police role clearly changes with changing policy—but in what ways? And where are the guidelines for police in the context of these changes? These are all topics the conference will examine, seeking better understanding of optimum partnerships between law enforcement and the harm reduction, drug treatment, and primary care sectors.

#### 8. Wellness & Resilience

Police are expected to cope with a myriad of complex and often deeply troubling circumstances, reinforced by informal police cultures which promote a type of machismo that does not allow for expressions of vulnerability. However,

very little attention is given to police officer well-being and resilience. Police are often viewed as resilient when they may simply have developed ways of coping that ultimately lead to burnout and post-traumatic stress disorder. It is not surprising, therefore, that the levels of use of alcohol and other drugs among police officers are high, according to the limited research on this subject. A number of other factors contribute to police vulnerability and compromised well-being and, as part of the society in which they are located, police are perhaps more vulnerable than other professionals to communicable diseases including sexually transmitted infections—particularly true of police in the Global South.

If law enforcement agencies are to operate optimally, deliberations and research focused on the challenges to police officer wellness and resilience are critical. This requires police agencies taking bold steps to empathically uncover the extent of compromised well-being amongst its members, and to ensure that help-seeking is encouraged and enabled. This is important for the organizational health of law enforcement agencies. But equally important, the police are more likely to be empathic to those who are most vulnerable to public health threats if police members are willing to acknowledge that they are affected by these issues too.

In this theme, we encourage presentations on the difficulties that law enforcement agencies, and the individuals that constitute them, face in regard to wellness and resilience. In so doing, a space will be provided for participants at the conference to deliberate on what services and processes could be made available to the police to maximize wellness and resilience. The conference also provides a forum for exploring the legitimate fears that law enforcement officers have in policing vulnerable population groupings.

## 9. Corrections—Prisons as Public Health Institutions

In most societies at most times, people who are incarcerated are disproportionately from lower social classes and have disproportionately increased health—especially mental health—needs. The provision of appropriate and high-quality health care to prisoners is critically important for pragmatic reasons, as part of rehabilitation, but more so to meet their human rights and address social inequities which compound their marginalization. But, as well, we must look at the role prisons play in the health of the wider community and address the role of prisons and imprisonment in spreading disease and impairing health and resilience. The HIV epidemic has been a classic example, where the role of prisons in the epidemic has been regularly described as being ‘incubators’ and ‘mixing machines’. Prisons in many societies act as de facto mental health institutions, but usually with few or no mental health services—a situation which aggravates the impact of mental illness on the whole community.

Ernie Drucker in *A Plague of Prisons* (2013) makes the case that our current unprecedented level of imprisonment has become an epidemic, and argues that imprisonment—originally conceived as a response to the crimes of individuals—has become mass incarceration: a destabilizing force, a plague upon our body politic, that undermines families and communities, damaging the very social structures that prevent crime. We seek in this theme to examine the public health role of prisons and ways to improve their impact on the public health of their society.

*We must examine the public health impact of intensifying incarceration legislation—both within and beyond prison walls. ... although confirming associations between marginalization and disease is important, we equally and urgently need to improve the health and health care of those most at risk, with the hope of reducing the burden of HIV and HCV in the community.*

An emerging field ...

## 10. Epidemiological Criminology (Conceptual Development & Methodology)

Those working in the fields of criminal justice and public health share a concern with understanding and reducing risky behaviours and environments. Yet ironically, it is only recently that these have engaged in strategic, interdisciplinary conversations to integrate theory and methods toward innovative policy, programmatic, and scientific solutions. This convergence can be depicted in the ‘Epidemiological Criminology’ paradigm, which encompasses efforts to understand and evaluate the nexus between crime and health in the context of behavioural change and analysis. Such efforts include the scientific study of risk and protective factors that transcend disciplinary, geospatial, and ecological boundaries.

Epidemiological criminology subsumes the most innovative strands in criminological and public health theories and methods, including experimental criminology and environmental criminology—in dialogue with acute care and preventative medicine, public health practice and behavioural change, public health law research, and social epidemiology. From an epidemiological perspective, a central policy question for law enforcement practitioners and researchers is whether (and how) police officers (and the criminal justice system, broadly) can influence behaviours and environments in ways that address threats to public health while, at the same time, disrupting and preventing criminal behaviour. The ‘downstream’ effects of policing policy and practice on both the functioning and wider health impacts and health disparities of the criminal justice system are also subsumed under this emerging paradigm.

For this theme, presentations on innovative theoretical or methodological developments at the intersection of epidemiology and criminology are encouraged. Examples include, but are not limited to, data on the geographic patterning of crime and health-related incidents, or the presentation of new analytic techniques and theories for interpreting the spatial (and/or social) relationships between health risk behaviours and criminal behaviour. Theoretical papers might address the influence of public health laws and/or criminal laws on policing policy and practice, or the ways in which community-based, problem-oriented policing (e.g., “Smart Policing”) interventions can or could impact the social determinants of health and crime. Other topics that bridge theories and methods in public health, policing, criminology, and criminal justice systems are encouraged.

## 11. Economics of Policing (empirical research as related to policy-making LEPH)

The Economics of Policing strives to understand the social and financial costs and benefits of policing by looking at the efficiency, effectiveness, and equity of police service delivery and policing models. In examining these factors,

it is important to understand the context and complexity of policing—that is, the external factors impacting policing, relationships with the public, with other public and private service providers, legislation and the courts, and with governments—and within that understanding, to develop methods of costing, measuring performance, understanding the multi-disciplinary aspects of policing, and understanding sustainability. Policing does not operate independently of the public or of other government services; therefore, collaborative approaches are needed to effectively contribute to public safety and community well-being.

## 12. Policing and Public Health Education and Training Agenda

Despite frequent aspirational calls for cross-sectoral collaboration, public health and safety professionals and institutions continue to work in silos, and—at times—at cross-purposes. Numerous factors impede integration, including divergent professional cultures, skill-sets, and incentives, as well as the pervasive demand to do more with less. Education and training serves as an additional barrier, but is also one of the key building blocks towards improved collaboration. Achieving police/public health synergy requires an agenda to reform training, skill-building, and other educational infrastructure within these sectors, at both frontline and management levels. This includes developing a shared vocabulary, service systems, and key performance indicators, which can then be integrated into law enforcement and public health training curriculums. If police officers continue to take on an increasing role as public health interventionists and collaborators, then we also must start building a theoretical and practicum-based framework for better education. What pedagogical, technological, and other tools can be deployed to deliver new training content in most effective and cost-effective ways?

Academic public health education also needs to include the importance and role of law enforcement, especially police, in the public health mission. This theme emphasizes

the importance of such training and education in bringing law enforcement and public health practitioners together in their pursuit of healthy and safe communities.

### CONFLICT OF INTEREST DISCLOSURES

The author declares there are no conflicts of interest.

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# Justice: Let's look beyond the system as we know it

Rick Linden, BA, MA, PhD\*

The justice system plays a major role in our quest for community safety and well-being. However, it never has been a coherent 'system' committed to achieving just outcomes. Rather, it is a very loosely-articulated group of organizations, many of which often seem more focused on their own respective needs and operations than with the overall goal of building a healthy society. The re-launch of this *Journal* is timely because it is becoming increasingly obvious that complex societal issues can only be solved by long-term collaboration among organizations both inside and outside of the traditional justice system.

While a broad range of justice-related research will meet the mandate of the *Journal of Community Safety and Well-being*, two recent news reports raise some current issues that might well be addressed in forthcoming issues of the *Journal*.

The first of these is that public health agencies in both Toronto and Montreal have recently advocated for the federal government to decriminalize the personal use of all illicit drugs, and that we move to treating drug use as a public health issue, not a criminal one. This view from these health agencies makes the case that addiction is a medical problem and that criminalization creates barriers to the provision of treatment. The threat of criminal charges stigmatizes drug users, and the threat of arrest often makes them reluctant to come forward for treatment.

While the question of decriminalization is complex, few would argue that the so-called "war on drugs" has been anything but an expensive failure. While that term is more associated with the US than it may be to Canada or other countries, most developed nations have similarly favoured interdiction and prosecution, even as illicit drug markets have continued to thrive and expand. Taking a public health approach to the problem would free up an enormous amount of police time and other justice resources (there were nearly 91,000 drug-related offences known to the police in 2017), and would offer the prospect of more effective collaborations that could help users and addicts more readily return to being healthy, safe, and more productive members of society.

Drug offenses are not the only problems that should be treated using a broad collaborative model. The Canadian Association of Police Governance recently asked their members to identify the major issues facing their police services. The top issues cited were 'policing persons with mental issues' and 'domestic violence', both clearly social issues.

Not far behind were 'root causes of homelessness' and 'First Nations issues in urban centres', followed by 'opioid overdoses' and 'marijuana legalization' (Malloy 2018). It will take a major commitment to research to ensure that evidence is available to help plan and implement what will inevitably be very complex new ways of improving community safety and well-being in all of these areas

The other recent news story addressed what I believe to be a major problem affecting our ability to ensure safer communities. The issue is highlighted in the article's opening sentence: "Amid a summer of gun violence, a Scarborough gang prevention program is closing its doors because its federal funding has run out." Winsa (2018) goes on to describe how, at a time when those responsible for community safety in Toronto are scrambling to find ways of dealing with the guns and gangs issue, this Scarborough program will end in August because its federal funding has ended. The National Crime Prevention Strategy (NCPS) has had a long-standing policy that requires funding to be cut off after five years, even if the program has proven to be successful. The hope has been that other levels of government will pick up the future costs of successful programs, but this rarely happens.

This NCPS policy is certainly not the only reason that successful community safety initiatives are often ephemeral. Even the best initiatives may not survive a change in government, a new police chief, or even the transfer or retirement of a police service member who championed the initiative. One of the first directives of Ontario's new Ford government cited concerns raised by some, including Ontario's police unions, and responded by halting the implementation of improvements to the province's police oversight agencies. While Premier Ford and others claimed that the new oversight mechanisms would reduce public confidence in the police, one needs only to look to the USA to see how a lack of effective oversight has destroyed public trust in the police.

Within the police community, the failure of community policing to transform many police services, despite some noble efforts to make it work, shows how the habits and practices of many decades of policing can be very difficult to change. However, the police should not be singled out in this, as they have been much more willing to at least try to change than have either the courts or the prison system. Here again, we would welcome research

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showing how best to ensure that new ways of dealing with society's problems become part of our normal way of doing business.

Finally, it is also worth noting that justice does not necessarily equate to the operations, capacities, and limitations of our more formal systems alone. Community justice and restorative practices have gained considerable traction in many jurisdictions, and some show considerable promise in both indigenous and non-indigenous environments. The *Journal* looks to continuing research and knowledge exchange to assist practitioners, policy makers, and local leaders to better understand how these methods might best contribute to achieving just solutions for victims, communities, and offenders, while also serving community safety and well-being in general.

#### CONFLICT OF INTEREST DISCLOSURES

The author declares no conflicts of interest.

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