



## Building towards community-oriented policing: Forming an academic medical center partnership with local police

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### ABSTRACT

In the Spring of 2020, protective services for the Milwaukee Regional Medical Center (MRMC) Campus began a year-long transition process from the Milwaukee County Sheriff's Department to the Wauwatosa Police Department (WPD). This transition occurred during a time of focused local and national discourse regarding policing in diverse community settings. In response, the MRMC leadership formed the Ad Hoc Advisory Committee for the Transition of Protective Services (AATOPS). Over the course of six months, AATOPS members conducted site visits, developed a training manual, and divided into subcommittees to establish recommendations and key performance indicators in four primary areas: 1) Diversity and Inclusion of the WPD; 2) Psychological Evaluation of WPD Officers; 3) Use and De-Escalation of Force within the WPD; and 4) Communicating the Imminent Transition of Protective Services to MRMC organization employees, faculty, students, trainees, and patients. In this paper, we detail the process of organizing an accountable and collaborative approach to police and medical and academic campus relationships. At the end of the transition period, both the WPD and MRMC expressed commitment to a continued partnership to ensure the safety and security of all on the MRMC campus.

### 1. Introduction

On academic medical center (AMC) campuses, strong relationships between police, health care professionals, students, and visitors are critical for the safety and security of all. All stakeholders share a mission of creating a safe environment where people can receive high-quality health care, while honoring individual dignity and treating people with respect. However, differences in training, communication styles, and perceptions of roles can complicate relationships between police and academic medical center employees, learners, patients, and guests.

Community-oriented policing is designed with a focus on formation of cooperative relationships between police and the public through nonenforcement contact (Peyton et al., 2019). These contacts can include community meetings, neighborhood watch programs, and other opportunities for positive interactions with community residents. In comparison with standard models of policing practices, community-oriented policing models show strong evidence for reducing crime and disorder across diverse community settings by mitigating distrust, cynicism, and detachment fostered by enforcement activities (Peyton

et al., 2019; Burke, 2020; Council, 2004). Successful implementation of a community-oriented policing model requires: 1) administrative decentralization, where midlevel commanders respond to issues relevant to their districts, 2) community engagement, in which police and community members interact regularly, and 3) focus on a crime-prevention model instead of a crime-response model (Skogan 2006).

In 2004, the US Department of Justice's Office of Community Oriented Policing Services sponsored a National Summit on Campus Public Safety to examine the unique challenges of implementing community-oriented policing models in collegiate campus environments. They concluded that significant efforts were needed to overcome the fragmentation that inhibits innovation, partnerships, and professionalism in the field of campus public safety (Greenberg, 2007). In a three-year study of 741 officers across three neighboring police departments, prior experience with community-oriented policing strongly influenced willingness to support future community policing efforts while officer gender, age, and education consistently did not (Shupard and Kearns, 2019). However, after implementing community-oriented policing practices for a sustained period, officers reported improved ability to

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reduce threats and stress of intergroup interactions, increased opportunities for positive interactions in communities served, ability to counter negative stereotypes, and decreased distrust, cynicism, and detachment (Burke, 2020). There is a measurable impact in building trust, legitimacy, and positive relationships with campus police. Within campus communities, feelings that campus police have clear and fair processes, and act with the best interest of the students in mind, are more strongly associated with students' willingness to report dangerous or risky situations than those who feel less favorably (Rizzo et al., 2021; Aiello and Lawton, 2018). Successfully adapting a community policing model to an AMC requires support from both police departments and the communities they serve and dedicated time to building relationships and understanding novel approaches.

In the setting of an AMC, the community being policed is different than the general public, or a collegiate campus without an attached healthcare facility. AMCs are private entities and have internal security services and expectations for conduct beyond the norms of standard community settings. Patients visit AMCs for health concerns, and expect privacy, support during times of trauma, and efficient delivery of the health care that they need. Employees and learners on AMCs work and study outside of traditional office hours, under high stress conditions, and often require sterile settings for research and medical operations. These conditions require considerations for safety and policing beyond what is typically expected in public spaces.

## 2. Methods

The Milwaukee Regional Medical Center (MRMC) Campus, located in Milwaukee, Wisconsin, is a consortium of health care institutions that includes hospital facilities for both adults and children, and a health sciences university that offers post-baccalaureate training in medicine, pharmacy, and biomedical research. In the Spring of 2020, protective services for the MRMC began a transition process to the Wauwatosa Police Department (WPD). These services include primary emergency response, proactive patrolling, traffic and parking enforcement in public areas, criminal investigations, and participation in MRMC Campus emergency planning and exercises. Implementation of this transition included adding 21 sworn and 1.25 non-sworn (dispatch) positions to the WPD (Fox, 2019).

Given local and national sensitivity around medical campus security, racial equity, and police accountability, members of the MRMC Board of Directors identified the need for key performance indicators (KPIs) for the WPD and directed the MRMC Executive Director to convene a task force of subject matter experts to further define, explore, and make recommendations for KPIs.

The Ad Hoc Advisory Committee on the Transfer of Protective Services (AATOPS) was formed in June of 2020. Categories identified by the MRMC Board of Directors were informed by robust discussions with leaders representing communities of diverse racial and ethnic, sexual orientation and gender identities, and religious backgrounds. These categories were: 1) Diversity and Inclusion of the WPD; 2) Psychological Evaluation of WPD Officers; 3) Use and De-Escalation of Force of WPD; and 4) Communicating the Imminent Transition of Protective Services to the MRMC. The group established an AATOPS chair, and 18 individuals divided into subcommittees, each with their own subcommittee chair. A common theme in the community conversations that informed the creation of AATOPS was to "stop creating community committees and *do something*". In respect of that feedback, the composition of AATOPS included 18 individuals representing each individual MRMC organization, the WPD Police Captain and Police Sergeant, WPD staff members, and outside consultants in areas where expertise was missing. Each member organization identified a Public Information Officer who assisted in developing communications, including identifying key audiences, identifying communication channels, ensuring that the work of AATOPS was responsive to feedback from community conversations, and helping to assess the communications plan around the transfer of

services.

The work proceeded in three phases. Phase 1 took place between June and August of 2020, when the WPD met with four security training teams from individual MRMC organizations. At the end of these meetings, the WPD and MRMC Member Security Teams drafted an MRMC Protective Services Training Manual (MPSTM) and developed a Key Performance Indicator framework to measure success. Phase 2 was conducted between August and October, when the AATOPS conducted 17 meetings to develop recommendations for KPIs. In November of 2020, the AATOPS committee presented their final report to the MRMC Board of Directors and finalized the MPSTM and KPIs. Phase 3 began in November and continues to present date, as the MRMC monitors the progress of WPD KPIs and provides feedback to the AATOPS members through quarterly reporting. In this paper, we present the findings of the AATOPS task force, and present our adaptation of a community-oriented policing model that can be used to ensure transparency and operationalization of a shared vision for a safe and secure campus for all, whether developing new or established relationships with police departments. Our protocol to analyze and disseminate this process is in accordance with the Medical College of Wisconsin's Institutional Review Board (Approved PRO #00042099).

## 3. Results

Recommendations made to the MRMC Board of Directors thoughtfully considered the capacity of both the MRMC and the WPD (Table 1). Representatives from both entities expressed willingness to partner and dedication to the recommendations made.

### 3.1. Diversity and inclusion

The Subcommittee on Diversity and Inclusion (D&I) was charged with providing best practices to integrate D&I strategies into the Wauwatosa Police Department. The proposed recommendations involve

**Table 1**  
Recommendations of the AATOPS Committee.

Diversity and Inclusion within the WPD
Better infuse D&I principles into the WPD on a consistent and ongoing basis.
Integrate D&I principles into established WPD training so that D&I recommendations are not stand alone.
Explore potential of developing current MRMC security staff as a feeder for WPD candidates.
Explore opportunities for expansion of career marketing strategy for WPD with MRMC Human Resources.
Minimize bias in the officer selection process and have diverse representation on officer selection teams.
Employ psychological testing and D&I evaluation into the testing process for WPD applicants.
Explore opportunities to offer D&I training to new and current officers.
Establish regular updates from the WPD to the MRMC on interactions with MRMC staff, students, and visitors.
Establish a mechanism for individuals at the MRMC to express concern following an interaction with the WPD.
Ensure consistent inclusion of a D&I "lens" in all messaging.
Psychological Evaluation of WPD Officers
Establish partnership between the WPD and the Department of Psychiatry to improve post-evaluation psychological testing protocols that conform to Peace Officer Standards and Training (POST) standards.
Use and De-Escalation of Force of the WPD
Seek opportunities to improve MRMC members' and the general public's awareness and understanding of use of force training currently provided to Wauwatosa law enforcement officers.
Communicating the Transition of Protective Services to MRMC Member Employees
Develop consistent messages for the transition and create an open dialogue forum for employees
Identify a spokesperson team of trusted internal sources to communicate about the transition.
Demonstrate trust through partnership.

integrating D&I concepts into recruitment, hiring, onboarding, and training as well as implementing transparent reporting practices of interactions with individuals on the MRMC campus. To operationalize the recommendations in [Table 1](#), the subcommittee suggested establishing one or more WPD-based D&I officers who facilitate integration of D&I into trainings, specific officer roles, and applicant assessment processes. Having this liaison with knowledge of both WPD needs and D&I principles allows for tailored plans and metrics. For example, differentiating needs between officers that carry firearms and those that carry out administrative tasks. The subcommittee also recommends that an external advisory committee be formed to support this WPD officer, comprised of a mix of consultants on D&I, MRMC members, and residents.

Additionally, subcommittee members identified an opportunity to build a feeder program to identify WPD candidates from the existing security staff at the MRMC. To build the feeder program, subcommittee members suggested identifying partners in technical colleges and workforce development, finding sources of grant dollars or tuition reimbursement for training, and assessing the background and skillsets of current officers. Marketing strategies included building a career website, marketing positions, and deploying targeted outreach to community organizations that serve diverse populations.

### 3.2. Psychological evaluation

The Subcommittee on Psychological Evaluation of WPD Officers was charged with assessing the current psychological evaluation process for WPD and providing best practice recommendations moving forward. The subcommittee concluded that the current evaluation partially met the standards of the Commission on Peace Officer Standards and Training but identified opportunities for improvement. To address this, the WPD and AMC's Department of Psychiatry agreed to work together and optimize the current approach.

Improvements planned for this process include removing general personality tests in favor of tests more specific to law enforcement, incorporating unconscious bias training into standard training protocols, implementing measures of psychopathology that allow for adjustments to high-pressure and complex situations, and improving both cognitive testing and interpretations of clinical data.

### 3.3. Use and de-escalation of force

The Subcommittee on the Use and De-Escalation of Force of the WPD was charged with providing best practices input on de-escalation training. In over 100,000 calls to the WPD between 2017 and 2020, 194 (0.17 %) required use of force. During training, WPD officers are taught the appropriate reasons to use force, the limitations of use of force, and key rules for force escalation and de-escalation. This training provides a structure for officers to perform their mission and function safely and efficiently. To improve awareness and understanding, the subcommittee recommends considering a citizen training academy, ride-along opportunities, and community outreach programs to improve relations between law enforcement and the public. These opportunities can demonstrate the approach considerations that officers take before making contact with subjects, explanation of intervention options that officers use, and follow through considerations to ensure appropriate safety and security.

### 3.4. Communication

The Subcommittee for Communication of the Transition of Protective Services worked to develop a comprehensive communication plan as WPD began assuming policing duties at the MRMC over a one-year transition process. This plan is intended to create awareness of the timing and reasoning for the transition of protective services, build a sense of confidence in the training and accountability of WPD officers,

and clarify perceptions about the WPD among campus employees and MRMC employees and visitors. The communications plan includes a standard set of key messages, a quarterly column from an internal expert, and a comprehensive and dynamic FAQ (Frequently Asked Questions) document, with opportunities for bidirectional communication and a plan for continuous updates as new questions arise. Considering the challenges and mistrust facing law enforcement at the time of the formation of AATOPS, identification of spokesperson teams was also recommended by the subcommittee. These designated teams were recommended to be comprised of individuals from both the WPD and the MRMC and assume responsibility for ensuring that key messages are accurate in tone and content, to be present for in-person communication opportunities, and to provide feedback to the WPD and MRMC about how messages are being received.

Evidence of partnership was also recommended throughout the MRMC campus. The subcommittee recommended the development of commentaries about de-escalation of force, psychological fitness metrics, and statistics regarding minimal use of force. Additionally, the subcommittee recommended the development of announcements of the transition and timeline, topic updates in regular employee communications, quarterly listening sessions and town hall meetings, shared landing pages with interactive Q&A sections, and signage for employee breakrooms, parking structures, and elevators to create awareness.

### 3.5. Initial results

Six months after the completion of the AATOPS recommendations, several key expectations have been met or exceeded. 100 % of WPD officers have received unconscious bias training, psychological evaluations are conducted upon application for hiring, promotion, and assignment for special duty, and all WPD officers receive use and de-escalation of force training. On the MRMC campus, the WPD has continued conducting most interactions (99.98 %) with the use of no force. Finally, a customized training manual unique to the cultures and needs of each MRMC institution was authored and distributed, to be used as part of required instruction for all WPD officers prior to authorization to patrol the campus.

## 4. Discussion

Many of the AATOPS recommendations involve engagement between individuals on the MRMC campus and the WPD. Previous studies establish that partnerships between healthcare professionals and police result in better outcomes for patients, providers, and police ([McKenna et al., 2015](#)). In a similar, community-based study that utilized collaborations between police and healthcare professionals to respond to mental health crises, there were improved outcomes for patients, improved trust, and better de-escalation of crises ([Evangelista et al., 2016](#)). Applying this approach to a new policing partnership on the MRMC campus resulted in identification of key recommendations to improve police-community relations and continue to avoid use of force in interactions.

During this partnership, principles of community engagement and conflict resolution strategies were employed to ensure all perspectives were heard and respected. These included identifying clear and relevant goals, including diverse perspectives, ensuring equitable power and responsibility between parties, developing a transparent evaluation and monitoring practice, and sustaining relationships after the AATOPS partnership ends ([Ahmed and Palermo, 2010](#); [Ritas, 2003](#); [Moini et al., 2005](#); [Schulz et al., 1998](#)). This approach also closely mirrored the *Assessing Community Engagement (ACE) Conceptual Model*, using bidirectional influence and information flow between communities and partners, and building inclusive, culturally centered approaches to partnership ([Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs and Policies I, 2022](#)).

During the period of transition of protective services, there was significant social unrest regarding race, policing, the economy, and COVID-19 policies. The AATOPS partnership occurred during a time of national scrutiny and immense external pressure for policing policy change. One significant challenge was the external perception that there were not existing policies and practices around things like minimizing the use of force, or pre-employment psychological screening. Significant time was spent investigating existing psychological screening processes, only to discover that they were consistent with best practices and national standards. Findings like these created opportunities between stakeholders from both the MRMC and the WPD to build respect and trust:

*“There were ongoing conflicts at the time, but honestly? That helped us make our objectives clearer. We were able to speak more openly about the diversity of our population and our concerns for policing them safely, instead of beating around the bush.” – MRMC Member.*

*“Police organizations are not as good at outward facing relations as they could be, and a constant dialog is needed, both when things are good, and when they are not as good. There are going to be misunderstandings and competing ideas, but if there is constant dialog, even if there is conflict, we are going to have a better product in the end.” – WPD Member.*

*“Every-one had moments where they needed to pause and regroup. But we intentionally built relationships and subsequently built trust that allowed us to persevere when the inevitable, significant obstacles manifested. It is all about relationships, leaders ‘breaking bread,’ respecting every-one and moving forward, and doing everything you can to help a situation.” – MRMC Member.*

Collaborative relationships between academic medical centers and police are not only possible, but critical to improve safety and security for all. Building these relationships requires taking the time to understand how each conceives their public mission and the unique population that each entity either directly or indirectly serves. Initially, there was a general perception among WPD members that policing was standard across populations, and that no major adjustments would need to be made to serve the MRMC campus. However, differences were quickly identified that required strategic approaches to address.

Academic medical centers are made up of large clinical, educational, and research enterprises, and function to train physicians, researchers and address complex health care needs (Johnston, 2019). Unique situations can arise in each of these settings that require distinct levels of police response, and police officers are typically not the first responders that attempt to mediate safety concerns. Healthcare workers are trained in communication skills and conflict resolution strategies to manage disruptive behavior (Moreira et al., 2019; Grubaugh and Flynn, 2018). Hospital security staff are trained to assist in situations involving mental health crises, drug abuse, and behavioral problems (Wand et al., 2020). By the time an incident escalates to police, multiple mediation approaches have usually been attempted. Helping all individuals work effectively together in this environment requires opportunities for consistent communication, education, and development of strategies to integrate police and healthcare worker protocols.

In this partnership, MRMC leadership were impressed with the significant amount of due diligence, sheer volume of work accomplished, and professionalism by all members of AATOPS. Based on the principles and successful examples of community-oriented policing, the process was described as efficient, respectful, thorough, and meaningful. WPD members of AATOPS were praised for their willingness to participate in difficult conversations, and openness to new and challenging ways of doing things, and dedication to understanding the unique environment of the MRMC. In addition, WPD leadership shared appreciation for the MRMC’s ability to push information to all levels of the organization. In most public settings, it is difficult for information to flow from leadership to community members. Within the AATOPS partnership, front line workers would approach WPD leadership well informed of things that had only been shared with leaders of the organization. Establishing

transparency, accountability, and a reliable method of soliciting information is recommended for future partnerships between other AMCs and police departments.

Currently, oversight of WPD and MRMC interactions has transitioned to the Combined Organizations for Protective Services (COPS) Committee. Future work from this research team will detail results from key performance indicators, and any modifications to the existing strategy in order to improve outcomes. Overall, acceptance of the recommendations of the committee was accompanied by a strong feeling of significant positive impact on MRMC safety and security and sets a standard as a guide for academic medical centers nationwide to improve campus and policing partnerships.

#### 4.1. Limitations

In publishing this report, the study team hopes to assist partnerships like ours in identifying common goals and working effectively together. However, a fundamental limitation of this study is that these recommendations are not broadly generalizable across all academic partnerships with police. Our specific recommendations reflect the capacity, needs, and shared interests of our respective organizations.

The distribution of recommendations may vary widely across different partnerships. In our work, there were ten recommendations focused on diversity and inclusion because this was identified by both partners as an area where the MRMC could build resources within the WPD. There is only one recommendation around the use and de-escalation of force because the WPD had already demonstrated responsiveness to community concerns by proactively implementing de-escalation of force training. The availability of resources will also vary widely in other partnerships and make some recommendations more challenging to implement. For example, identifying a spokesperson team and conducting diversity and inclusion training requires dedicated employee time that not all organizations may be able to allot. With significant dedication and resources, expansive education in broad categories can be taught, like exploring microinequities and building awareness of the cultures within communities served. With minimal time and resources, it may only be possible to conduct awareness education, such as education to mitigate unconscious bias.

The unique context and histories of the entities involved will also determine baseline trust and investment of time needed to discuss differences and find common ground. In this partnership, the police department was already listening and responding to community concerns and was receptive to listening to concerns from an academic medical center. With the limitations of unique contexts, challenges, and assets, we advise using these recommendations as a starting point for conversations rather than asserting that all recommendations are broadly generalizable.

#### CRediT authorship contribution statement

**Jessica Olson:** Data curation, Visualization, Writing – original draft. **Janine Tucker:** Data curation, Writing – review & editing. **Robert Simi:** Conceptualization, Methodology, Supervision, Project administration, Writing – review & editing. **Shane Wrucke:** Validation, Project administration, Writing – review & editing. **C. Greer Jordan:** Conceptualization, Methodology, Validation, Investigation, Resources, Supervision, Project administration, Writing – review & editing.

#### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Data availability

Data will be made available on request.

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## Declarations

This work was conducted in accordance with the Medical College of Wisconsin's Institutional Review Board's policies and procedures (PRO00042099). The authors declare no competing financial or personal interests. This article has not been published previously and is not under consideration for publication elsewhere.

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