

Divides and Synergies in Australian Law Enforcement and Public Health

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The current divide between law enforcement and public health is baffling in light of the long history of engagement between practitioners in the field. In this paper, we argue that this divide is futile, and we suggest an alternative lens through which to view the ground shared by these disciplines. In light of an empirical and conceptual analysis of policy and practice in Australia, we suggest that an understanding of vulnerability based on universal precautions can offer new opportunities for policing, and reinforce existing inter-agency relationships between law enforcement and public health [1].

Since the 1970s, police scholars, criminologists, health practitioners, and policy-makers have debated the policing remit [2,3]. While some insist on tightening the boundaries of policing, most agree that police work exceeds the portfolios of law enforcement or justice, and that most police work is welfare-related [4].

Both law enforcement and public health list 'special' people who qualify for special service enhancements. These lists of the 'deserving vulnerable' posit that individuals are incapable of avoiding or mitigating risks, and preclude that they have sufficient coping mechanisms or resilience. However, these lists can never be exhaustive [1,5] and are mostly ineffective or counterproductive at best: some people reject special services as patronizing, some never make it to the list, or are often left to manage their own vulnerability irrespective of the harms caused. Viewing vulnerability through a universal precautions model reveals salient synergies in the situations that arise in both law enforcement and public health, and experienced by victims, offenders, witnesses and patients alike [6].

In our extended article, we showcase the flaws of the 'Miranda warning' (the mandatory caution against self-incrimination) to illustrate the capricious nature of selective responses to vulnerability. Only 5% of suspects, and as few as 49% of police officers, comprehend the caution, regardless of how the caution is delivered. For drug-affected offenders, the barriers to comprehension are even higher. Yet it is only those who are

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recognized as having a biological or acquired deficiency (such as a hearing or cognitive impairment), or language incapacity (such as English as a second language) who receive the caution in a manner that may facilitate greater comprehension, such as 'call and response' or easy-read English. This tipping point comes late in the policing process, and in many cases, too late for vulnerable offenders.

Most government and non-government agencies that work with vulnerable people are increasingly expected to work collaboratively with each other [7-11]. In the criminal justice system, health departments, police and child protection agencies are viewed as unified entities communicating and working towards a shared single purpose and clear goal [12,13]. As a conceptual tool, vulnerability assists in operationalizing the ethics and practices underpinning public health strategies for frontline policing. Public safety and public health have long been linked at the practice level, but estranged at conceptual and policy levels. Reframing critical issues faced by both public health and law enforcement through the lens of vulnerability may provide the building blocks required to create space for more productive synergies and less dissonance.

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