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## Shared responsibility: conceptualising how a public health approach may enhance police response to missing persons

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Shared responsibility: conceptualising how a public health approach may enhance police response to missing persons

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### **Abstract**

When a person is reported missing there are substantial costs for the individual, the family and society. This paper conceptualises the experience of going missing through a public health approach, thus allowing police, stakeholders and the community to engage in the lives of people vulnerable to going missing by intervening in a way that addresses risk. Historically, a missing persons episode involves an absence, typically followed by police involvement in consultation with next of kin with establishing the whereabouts of the missing person being the primary focus. Yet the risk factors of going missing relate more to the psychosocial aspects that trigger a disappearance – family disconnection, mental health, poverty, intergenerational trauma. A narrative review of the literature reflects that the police are public health interventionists regarding social issues; however, this is untested in a missing persons context. Successful examples of public health approaches in the injury and violence prevention fields demonstrate that a public health approach is critical to address risk and protective factors. In a context of going missing (and the aftermath of a missing episode), enhanced awareness of the social and economic costs of an absence may prevent future episodes. This paper proposes a conceptual framework to address key challenges and risk factors in missing persons cases. The paper also proposes a future framework that emphasises shared responsibility between police alongside public health and social care agencies to support better those at risk of going missing and engages fully with the experiences of those who return.

**Keywords:** missing persons, police, public health, public health prevention

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## **Introduction**

### **Understanding the context of missing persons**

Missing episodes can be triggered by a range of factors such as substance abuse, trauma, relationship breakdowns and dangerous situations (Biehal *et al.* 2003; Gibb and Woolnough, 2007). More recently, Huey and Ferguson (2020) identified that ‘going missing’ can be a maladaptive coping strategy utilised by people seeking to disconnect from their usual environment due to levels of distress, or mental ill-health. Huey and Ferguson (2020) recognised that “negative emotions and stressors can act as ‘triggers’ for these episodes, and, as a result of ineffective coping, ‘going missing’ can be a maladaptive coping response employed as a way to manage these issues” (p. 9).

Examples of priority populations, within missing persons statistics, note that looked after children are an at-risk group for going missing (National Crime Agency, [NCA] 2020; Department for Education [DfE], 2019) and children in residential care are three times more likely to run away than children living with their families (Rees and Lee, 2005). Children who run away are at significant risk of harm such as exposure to alcohol and drug abuse, criminal and sexual exploitation, sexually transmitted diseases and arrest (in an Australian context see Biehal *et al.*, 2003; Clark *et al.*, 2008; and a UK context see Sidebottom *et al.*, 2020).

Taylor *et al.* (2014) investigated young people’s experiences of going missing from care, identifying authority and power; friction; isolation; and environmental issues as reasons for

running away. During focus group discussions, young people were critical of the lack of support on return, another area where there is scarce evidence and therefore limited support in practice. In their 2018 review, Public Health England (PHE) also identified a lack of service user voice in the field of policing and public health, a similar critique as in the field of missing persons (PHE, 2018).

A missing person is defined as someone whose whereabouts are unknown and there are fears for the safety of the individual (Bricknell & Renshaw, 2016). Data from England and Wales regarding the incidence of missing persons episodes identified that there are more than 320,000 reports (NCA, 2020) received each year. At least 90% of those people are located within a relatively short timeframe, usually in 48 hours, yet just under half will go missing again (Sidebottom *et al.*, 2019). There are significant social, economic and health-related costs to the person absent, police, families left behind and the wider community, yet to date, international research has primarily focussed on search and rescue techniques, or the grief experiences of those left behind rather than the health and wellbeing of those who are lost (Wayland and Maple, 2020). Missing cases are complex, with each circumstance influenced by an individual's current level of functioning, social determinants of health and nuances between escaping *from*, or running *to*, a new location. These factors place pressure on police risk assessment and response with the first 72 hours of a missing persons investigation being crucial (College of Policing, 2017) to ensuring that a person's level of risk does not equate to harm. Presently, little research has considered the issue of missing persons through a public health lens.

The conceptualising of these issues was addressed by conducting a narrative review of the literature, using an iterative approach to incorporate the three fields consistent with the expertise of the authors. This paper presents a review of the literature across the three

authors' discipline approaches –policing, allied health and prevention awareness – and identifies both the complex presentations involved in decisions regarding going missing and the potential role of police as public health interventionists. This role has already been identified in the literature however it has not specifically been related to the impact of going missing. We propose a shift from addressing missing via a policing lens to a broader, more holistic approach identifying the predictive factors which may place a person at risk of going missing, as well as examining the reintegration support needs for them on return. Following identification of the definition of a missing person, the risk profile of people who go missing, the role of policing in response to this population and adjacent sectors where public health approaches have been utilised were explored.

A search was conducted of academic databases SCOPUS, EBSCOhost, and ProQuest, using search terms in English ([“missing people\*” OR “missing person\*” AND “public health” AND [“police” OR “law enforcement\*”). Inclusion criteria were publications in English during the past 10 years. The search sought to identify how missing persons and police intervention could be enhanced using a public health approach. The review located eight studies, which were then hand searched to identify any papers not retrieved in the database search, locating four additional studies, alongside technical reports located in grey literature. An additional search of the same databases was also conducted to explore public health and its role in policing, to understand its application in adjacent criminogenic behaviours. A search was conducted using the search terms “public health approach” AND “police” OR “law enforcement”, revealing 28 relevant studies. The outcomes of these searches are explored in this paper.

## Why is a reframe required?

The experience of going missing needs to be reframed within a public health approach, an approach that is based on missing as a form of harm with consideration for the individual and collective harm involved in being missing. The words ‘being missing’ may dilute the seriousness of a situation and suggest something of a short duration. For the police, missing episodes are usually limited to between less than one day to three days in most cases.

However, this is in sharp contrast to the duration or journey experienced both by a missing person themselves and their families which may extend into several years. This period supported by previous work of Wayland (2007) identifying a trauma timeline associated with going missing, can be presented as a cycle (see figure one) that is not yet highlighted in public policy:

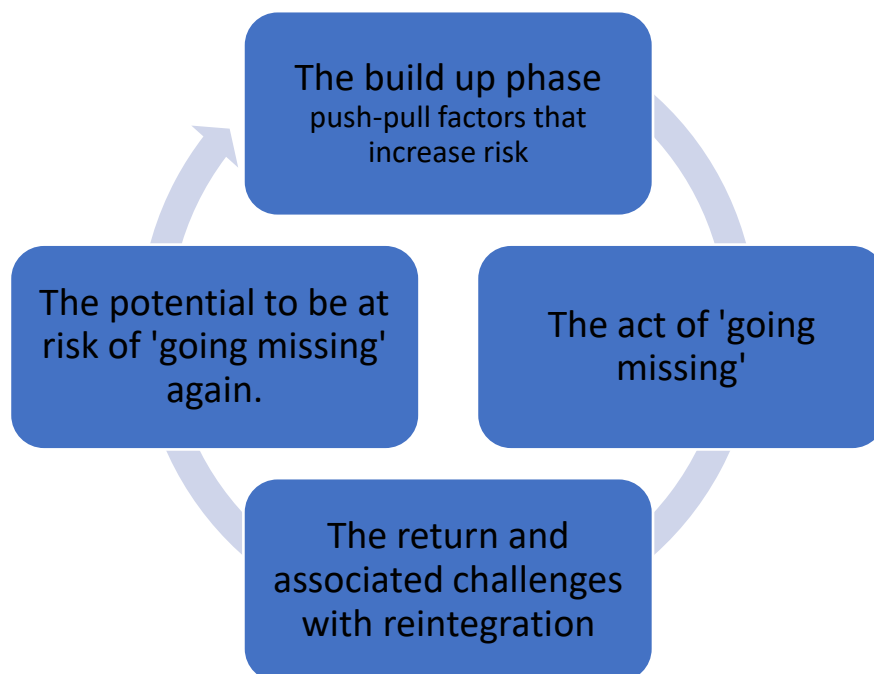


Figure one: The cycle of risk associated with going missing

Being a missing person is associated with harm, some of these harms are evident and obvious, but other harms are often not fully appreciated or recognised. This paper argues that being a missing person can be harmful to the individual: the missing event may be part of an abduction and subsequent murder; it may be a precursor to a suicide; it may be associated with a situation involving sexual or labour exploitation or may result in a death by misadventure or from an illness.

Missing can also be a form of collective harm. This is an argument that can be made, in part, through attention to the drivers to missing, that is, missing episodes which are caused by socially harmful activities either as an unintended consequence of actions taken by the state or through the omissions of the state in terms of public protection. For example, failures to address poverty, alcohol, and drug abuse; as well as mental ill-health adequately; to ensure education for all children; to promote full employment and so forth (Pemberton, 2016). In terms of collective harm, people other than the missing person may be harmed by missing episodes (individually) and incidence (collectively). According to Henderson *et al.* (2004) who found that,

‘Families and friends ... suffer significant health, work, quality of life, emotional, relationship, economic, and other impacts associated with the missing person incident. For every case of a missing person, an average of at least 12 other people are affected in some way. ... For some of these people, the impact is ongoing for years and even decades (p. 4).

An Australian study by Clark (2009) explored the impact of going missing on the siblings left behind. The study found that missing people ‘are a complex, risky and highly vulnerable group of males and females’ (p.9). To address the issues, a public policy perspective that



looks at integrating opportunities for care and engagement, especially between mental health and policing services.

*'The need for a change in policy is also clear because of the impact of going missing, not only placing the missing person at significant risk of distress and harm, but also recognising the equally significant deleterious impact on family and loved ones who are left behind'* (Clark, 2012, p.12)

The potential for emotional harm, such as ambiguous loss (see for example, Wayland *et al.*, 2016) as well as prolonged grief disorder and post-traumatic stress (see for example, Lenferink *et al.*, 2017) suffered by families of the missing is also present.

### **How can we understand public health approaches in policing?**

The term 'public health' as defined by Acheson (1988), identifies the ways in which, from a health perspective, disease (including physical and psychosocial illness) may be prevented with a focus on the efforts of society surrounding the individual. Literature regarding the risk factors relevant to why individuals go missing, also mirror those factors identified by Acheson (1988) as requiring support from the wider community, being that people go missing due to complex mental health conditions, to escape dysfunction, to seek out new ways of living, or (to a relatively small extent) because they are victims of a crime (Bricknell & Renshaw, 2016). It is important to identify that it is not a crime to go missing, yet the role of the police is significant in identifying the wellbeing of the person who is lost.

The role of the police, in non-policing spaces, is presented and analysed by Bowling *et al.* (2019). With an emphasis on the UK approach, more than 80% of calls for service made to

the police are not crime-related (College of Policing, 2015). It could be said that the police are expected to be ‘the social service of first resort’ (as opposed to ‘last resort’) or as Punch (1979) historically highlighted ‘the secret social service’. The traditional inclusion of the police role in responding to missing persons cases has been utilised as a way to locate and return an individual. Nevertheless, the risk factors associated with going missing lean more to a health context. In matters where criminogenic behaviours are prominent, the role of the criminal justice system is far more connected to the inclusion of the police in responding to missing persons cases (Shalev Greene, 2020). However, the most common reasons why individuals go missing rarely has to do with becoming a victim of a crime.

Recent advances in UK research (see Gabbert *et al.*, 2020) regarding the accuracy of return home needs, requires an emphasis on integration support, akin to research exploring returned veteran needs, or prisoners returning to the community. Interestingly, Davis, Bahr and Ward (2013), found that in Australia, 95% of prisoners return to the community, which is similar to the return rates of those reported missing. However, lack of awareness regarding the mental health, social isolation and social determinants of health factors that increase the likelihood of returning to prison, fails to provide opportunities that divert people away from criminogenic behaviours, in the same way that reintegration support, at present does not divert people away from going missing. The latter is typically a response to social, emotional and financial factors. Thus, minimising police interactions and producing reactive rather than proactive responses are explored further in the section below. Given the conceptual nature of the paper the authors have explored the scant literature on the topic of public health and how it intersects missing with a framework approach to the ways in which the two ideas can overlap.

Changes in police policy also reflect a shift towards public health approaches in policing. For example, in the UK in 2016, police chiefs along with police and crime commissioners set out their ten-year vision for policing, *Policing Vision 2025* (Association of Police and Crime Commissioners [APCC] and National Police Chiefs' Council [NPCC], 2016) which documents the desire for transformative change across the whole of policing. This vision recognises that the increasing diversity and complexity in communities requires more sophisticated approaches to tackling these challenges. Specialised policing, such as in policing missing persons which typically does not relate to a crime focus, is one of the suggested approaches to protect vulnerable populations, which can be achieved by developing collaboration between police and health.

Another example of public health approaches in policing is in identifying the need for early intervention, particularly with children. Adverse Childhood Experiences (ACEs) are defined as stressful events occurring in childhood, these experiences shape their lifespan and can enhance the likelihood of social, emotional and physical health issues (Bellis *et al.*, 2013). In 2018, PHE reviewed collaborative work between police and health across England and Wales (PHE, 2018). PHE identified a program in Wales where an ACE-informed public health approach is applied with the police to address vulnerability and risk through early action. This approach was intended to break the generational cycle of crime by identifying those at risk and allowing interventions at the earliest opportunity. These ACEs a person has experienced, the higher their risk of adverse behavioural, mental and physical outcomes throughout their life (Bellis *et al.*, 2013), which are also potential risk factors for going missing later in adulthood.

Following their review paper, PHE and the College of Policing collaborated on a discussion paper (Christmas and Srivastava, 2019) to support the police and their partners in

understanding and applying public health approaches to policing. This paper highlighted the public health approaches to policing which support the *Policing Vision 2025*. These approaches include taking a population focus (delivering interventions at a population level); identifying the ‘causes of causes’ (social determinants such as housing and education); prevention approaches (primary, secondary and tertiary); data-driven approaches; and partnership working. Each of these public health approaches to policing can be used in the field of missing persons and have been outlined within this paper.

Recent conversations in the academic community identify that whilst there is awareness regarding risk factors relating to why people go missing, as well as best practice strategies for police to investigate and locate missing individuals, collaboration between public health or allied health service providers has not yet been trialled (Wayland and Ferguson, 2020). In addition, there is no embedded evaluation approach is available to initiatives seeking to better understand missing persons narratives, or strategies to minimise repeat missing episodes. Therefore, centring an ongoing prevention strategy on the importance of identifying determinants of mental health in order to eliminate or prevent the missing episode is required.

### **How can we shift police policy towards a public health approach to missing?**

If much of policing has been focussed on crime control (Rock, 2012) rather than social change, a gradual shift in policing policy towards a public health approach is required. Focussing primarily on the UK Government’s agenda to reduce crime, changing views on ‘vulnerability’ have been emphasised. Missing persons feature as one of the thirteen core strands of ‘vulnerability’ according to the College of Policing (2020b). This shift in position represents a paradigm change in policing with the new emphasis on vulnerability. Some commentators, for example Punch (2016), take a critical and sceptical view: the move into

policing vulnerability is evidence of the ineffectiveness of the police in tackling other crime types as much as a reduction in overall crime. With the government's emphasis on public spending and consequent reductions in police numbers, the police are looking for other areas to occupy to preserve their roles with the transfer of effort into policing vulnerability (Punch, 2016). Second, the College of Policing has been responding as well, promoting a professional 'licence to practise' qualification in the field of vulnerability which presents itself as a near equivalent to the 'Professionalising Investigations Programme' for crime investigators in a move designed to professionalise the police and embed evidence-based policing policy and practice (Marshall, 2016). Thirdly, and as already stated, the *Policing Vision 2025* strongly promotes the policing of vulnerability, "Reducing crime and protecting the vulnerable are core priorities for the police service" (APCC and NPCC, 2016, p. 3).

Last, in Scotland, too, the key issues in policing are changing. The new Police Scotland 'Policing 2026' strategy shifts the debate on the purpose of policing. It sets out crime prevention, harm reduction, partners and collaboration, and localities and communities as its aims with the four supporting themes of prevention, protection, communities, and knowledge and innovation (Gormley, 2016; Mathieson, 2016; Fyfe, 2016 and Police Scotland, 2017). Following the publication of the new policing strategy, Scotland published the first National Missing Persons Framework (NMPF) in 2017. The purpose of this framework was to focus all agencies working in missing to work collaboratively. This multiagency approach is an essential aspect of a public health approach. Return discussions are crucial to understanding a person's behaviour, risk factors and preventing repeat missing episodes. Despite the NMPF stating that return discussions should be conducted by other agencies, Police Scotland carried out 91% of return discussions in 2017-2018 (see 2018 update on NMPF) ADD outcome. This update states that other agencies need to take more responsibility for return discussions.

However, the notion that the police should assume the role of social workers is rejected by Redmond (2019) who argues that the drugs crisis in America has allowed the police to occupy another space in which to expand power, embedding themselves in the private lives of drug users. Redmond (2019) problematises this occupation, calling for a critical analysis of the encroachment of policing into the territory of the social worker. She opposes the occupation as it disguises ‘the continuing, large-scale criminalization of marginalized drug users, and obscures chronic underinvestment in non-carceral systems of care’ (p. 2). The over-criminalisation of missing children particularly has been exposed by the Howard League (2018) which argues that missing should not be the sole responsibility of the police. Also, when we view missing as solely police response issue, in terms of resources, policy, and so on, we detract from opportunities to fund and support interventions that prevent missing through education, behavioural and emotional support.

With the shifting discourse regarding the police mission being about harm reduction as well as crime prevention, these legislative and policy changes are designed to increase the visibility of vulnerability in general and public protection matters specifically in policing. However, two potentially conflicting issues need to be resolved: firstly, the over-arching duty (and common law duty in the United Kingdom) for the police to preserve life (repeated in Article 1 of the European Convention on Human Rights, ‘the right to life’) which translates into a police duty to investigate missing persons’ cases when life is believed to be in danger. Secondly, that not all missing episodes require a response from the police or other caring agency. The National Police Chiefs’ Council (United Kingdom) is developing a ‘levels of intervention’ model: a determination of ‘if and when’ the police should respond to a reported missing episode (Rhees-Cooper, 2020). This model acknowledges, inter alia, ‘the right to be forgotten’ as a useful way of describing a reported missing person’s case that ought not to be

investigated by the police as it represents a too significant intrusion of a person's privacy or private life. Adults, particularly, are able to make life choices (and sometimes very bad choices) without hindrance or objection by the state (for instance, the police). In these cases, the police face a dilemma: whether to investigate a case which may contravene human rights law (particularly, Article 8, European Convention on Human Rights, 2013) or decide not to investigate but then have to persuade a family that police action is unjustified and that an alternative solution to find their missing loved one is needed. The inherent uncertainty of a missing persons wellbeing cannot be sufficiently emphasised in the tensions exposed between a justified police response when life is in danger and an unwarranted intrusion into an adult's private life, especially when there is little early information for an accurate risk assessment. These issues will need to be addressed by the police in the early stages of a missing person case.

Police involvement in missing persons cases can lead to responses being viewed in a punitive light. The police usually rely on variety of ways and means to perform their functions, be that crime control, social service, or order maintenance without resorting to legal proceedings. However, most policing tasks arise in emergency situations, usually with an element of social conflict (Bittner, 1974; Brodeur, 2007) and the bottom line in their tactics is the power to wield legal sanctions, ultimately through the use of legitimate force (Newburn and Reiner, 2012). Many people believe that being missing is a crime, or why else would the police be involved? Missing can be a pipeline to criminal activities such as abduction and modern slavery as well as child sexual exploitation and abuse and domestic abuse but 'going missing' is not a criminal offence in itself. However, the mere fact of reporting a missing case to the police can mean scrutiny of a family and revelations of family secrets and perhaps criminal activities (for example, fraud, drug and alcohol abuse) may emerge; all of which may

strengthen the argument that going missing a criminal matter and has some punitive element to it.

As already stated, the police are usually the first responders in a missing person case and have the unique capacity to be support providers both to the family left behind as well as the missing person on their return (Wayland, 2015). They provide a unique skillset in both investigating and then disseminating information that have the capacity to offer support interventions, long after the cases are resolved. The complexity of social problems, that underlie a missing persons incident require accessible collaboration models, which may be location-specific, population-specific or social problem-specific. It is important to emphasise that in an ‘ideal’ world where funding, responsivity, and capacity to collaborate, such as the approach presented in this paper, is possible. However, awareness of barriers, as noted by van Dijk and colleagues (2019) identify that police and public health come from different cultural approaches, and that intersectoral approaches are often rare. Identifying ways to align organisational vision across systems can be difficult to achieve. Considering factors such as how to combine funding, organisational capacity for intersectoral approaches, enforcing collaborations (see Shepherd and Sumner, 2017) as well as the uncertainty of making decisions when a missing persons immediate welfare is unknown, require attention. More research is required to investigate the ways in which a framework of policy that prioritises a supportive intervention can minimise the increasing rate of people who go missing.

### **Engaging the evidence base: a public health framework for missing**

Morewitz and Sturdy-Colls (2016), in exploring the historical shift in research regarding multifactorial engagement in responding better to missing persons cases, noted a “range of biological, physical, anthropological, social, psychological, economic, political, geographic



and historical theories and methods to respond to a missing persons event” (p. 1) was required. This paper identifies how these intersections are not always engaged. From Australian data, we know that the groups highly vulnerable to going missing are young people, those with mental illness or those who have intent to self-harm (Bricknell, 2017). Nevertheless, public health interventionist approaches are not embedded in current missing persons initiatives internationally given the over-reliance on search and location strategies rather than nuanced conversations about better understanding better the risk factors associated with going missing. Australia research highlights that family, or next of kin, as well as health professionals often report concern about suicide or intentional self-harm as one of the motivating factors for going missing (Bricknell, 2017). Police, carers and health professionals (involved in the care of those vulnerable to missing) are first-line responders who have the capacity to reduce risk, of disappearance and therefore harm to self or others whilst absent.

By focussing substantially on the task of location, the potential to impact the rate of repeat missing episodes (Huey and Ferguson, 2020) does not yet allow for sufficient collaboration between health services, and the justice system (see Humphrey, 2020 and Sowerby and Thomas, 2016). An adjustment is necessary in order to reconceptualise missing persons approaches. In addition to the lack of understanding around the connection between missing and public health, there is a lack of academic investment in directly hearing from those who return from missing. The dearth of literature on returned experiences (as noted by Stevenson *et al.*, 2013) emphasises the lack of connection between policing and health services, despite such collaboration being identified as a potential way to reduce the burden of risk assessment on police. What is known from the scant literature on that topic, as noted by Sowerby and Thomas (2016), is that “anecdotally, police acknowledge a degree of complacency when dealing with repeat missing person cases, especially those involving young people, perhaps

due to the burden repeat episodes have on policing service” (p. 96). However, the simple act of returning the person or them returning of their own volition is doing little to address the underlying drivers that are associated with their repeat absences. Having partial or incomplete information, particularly from prevention interviews (formerly known in the UK as police ‘safe and well’ checks), means that an immediate assessment by police on finding a missing person or seeing a returned missing person at home to review the person’s safety and wellbeing may not address risk factors. These checks have been widely criticised by those outside of policing as inadequate and officers, themselves, have felt untrained, ill-equipped and unsupported in assessing a person’s wellbeing, especially from a mental health perspective. In the UK, statutory guidance is in place to ensure that all missing children are offered a ‘return home interview’ within 72 hours of their return (DfE, 2014). This is designed to allow ‘hearing from those who return from missing’ in an effort to identify risks, make referrals to relevant services and so on. It is a major undertaking for local authorities charged with this responsibility given the volume of missing children. While there is a lack of research on this area, data is being collected for children who return from going missing (McFarlane, 2021).

Return home interviews (often conducted by a ‘professional’ third party organisation, such as Barnardo’s, The Children’s Society and Missing People in the UK, see for example, Pona *et al.*, 2019 and Missing People, 2019) and other ‘found’ reports on police IT systems contain information and intelligence seen as being critical to understanding a missing episode(s) in order to enable safeguarding and other actions to be conducted to ensure the proper care of returned missing persons, while preventing repeat missing episodes. However, the main criticism is that this information is not being utilised sufficiently and responsibility for post-missing support provision does not sit with the police. A change to a public health approach

has the potential to unlock ‘siloes’ data, allow children’s voices to be heard and shape appropriate services designed to assist them. This style of information-sharing and usage is in only available to one UK police force. While no external evaluation has been conducted, results include: shorter missing episodes; reduced number of repeat missing episodes and, more importantly, a greater understanding of issues affecting individual people and increased application of safeguarding services from all the social services: police, health, education, third sector organisations and so on and not just local social services (Didcock, 2019).

The experience of returning home and collection of return home interviews requires commitment and funding to evaluate the value of interviews and signposting to services by way of referrals, however most current practice are around children and not adults. This inclusion is currently being explored by the charity, Missing People in the UK. Research is underway to test a feedback form as a self-administered return home interview (Gabbert *et al.*, 2020) which may assist in developing clearer public health connections, nevertheless the primary issue is not the interview itself but the follow-on care available locally to support people with care and other needs once the interview form has been returned.

In addition to seeking insight from returned missing people themselves, Huey and Ferguson (2020) propose that “future research and intervention efforts should include families and social networks as factors for examination as they can influence this phenomenon and should focus on family and personal relationship adaptive coping efforts” (p. 10). The unique challenge, as noted by Sowerby and Thomas (2016) is finding ways for justice, criminal and health providers to intersect, in order to address the unique vulnerabilities of each person that goes missing. The purpose of this paper is to propose a preliminary conceptual model to address the unique challenges of missing persons from a public health lens, as detailed below.

The primary focus of each missing person's episode is to locate the individual safe and well. The public health approach seeks to give precedence to the social issues underlying the health concerns. In the missing persons' academic literature, discussion appears to be emerging regarding the prevention of missing episodes (see, Vo, 2015 and Taylor *et al.*, 2018). There have been few suggestions as to how to approach this practically.

In developing this conceptual framework, the authors have chosen two approaches: one focussing on three levels of prevention, and exploring the range of factors that might impact a person's likelihood of going missing. These two approaches are combined and addressed below.

Having explored the prevalence of missing people in Australia James *et al.* (2008), suggested a primary, secondary and tertiary prevention approach, which is common in public health.

The second approach extends this by using Bronfenbrenner's social-ecological model (1979) as a framework for understanding a range of factors that might determine whether a person is at risk of missing, thus enhancing the potential for better outcomes for the police and for the missing people they seek to locate. The social-ecological model was originally introduced by Bronfenbrenner (1979) as a conceptual model for understanding human development. It has since been adapted across disciplines to explain person-environment interactions including public health promotion and is discussed in relation to missing persons later in this paper.

This socio-ecological framework is designed to be a heuristic tool to stimulate discussion and assist the development of global prevention strategies to missing episodes. Huey and Ferguson (2020) note that "a fuller understanding of what a missing episode entails, can not only result from risk and social and environmental factors, but can also be triggered by negative emotions, stress, and ineffective coping (i.e., emotional and individual-level factors)" (p. 2). The proposed model is included as Table 1.



Table 1: Prevention approaches to missing persons within a public health framework

(adapted from Magruder et al. 2017)

| Socio-ecological level             | Prevention level  |   |  |
|------------------------------------|---|---|--|
|                                    | Primary (general awareness-raising)   | Secondary (approaches targeted to at-risk populations)  | Tertiary (approaches targeted at those who have already been affected by missing episodes)   |
| <b>Intrapersonal:</b>              | Education to raise general awareness and reduce the stigma of going missing     | Tailored support interventions for individuals at risk  | Tailored interventions upon return from missing i.e. mental health treatment, addiction services, counselling services   |
| <b>Interpersonal:</b>              | Education on relationship breakdowns, healthy relationships and signs of abuse  | Supporting families/partners relationship issues are identified as risk factors e.g. developing coping strategies alternative to going missing  | Supporting families/partners of missing persons (regardless of return status)  |
| <b>Community factors</b>           | Community building interventions to address loneliness and social disconnection | Prioritisation of appropriate local services to support those identified at risk (e.g. if a person has been identified as at risk of missing due to depression and social isolation) provide psychological support and community initiatives to encourage interaction | Identify areas where people are more likely to go missing from. Invest in the area (e.g.. improved upkeep of green spaces, community coffee morning, social connectedness) |
| <b>Macro-level – public policy</b> | Cross-organisational policy guidelines on the prevention of missing episodes    | Cross-organisational policy guidelines on how to reduce a person's risk of missing  | Government policy guidelines for roles and responsibilities of respective agencies in responding to missing episodes   |

### Understanding how a public health approach can be operationalised in missing persons between police and partner agencies

Prevention is a key element of public health. A three-level approach recognises the opportunity for prevention, even after the event has occurred. Primary prevention aims to prevent the issue in the first place. In this case, it would involve preventing individuals from going missing at all, a strategy utilised to divert maladaptive behaviours, as well as identify that missing may be a risk for certain population groups or individuals. This could be achieved through education, raising awareness, and providing social and psychological support prior to the event occurring, or upon return from a missing episode.

Secondary prevention aims to intervene early when the problem starts to emerge in order to prevent re-occurrence. This could involve setting up a support system for someone who returns from missing via referrals for psychosocial interventions such as therapy, counselling, or capacity building via resilience-based models of care. These protective skills that seek to offer reflection and support to people at risk of going missing are the crucial areas where vulnerability currently sits. There is a lack of understanding among organisations as to who has the responsibility of supporting returned people from the immediate return interview to prolonged support, which results in people, who require care, or ongoing support, being left to seek out strategies themselves due to inadequate referral pathways. A current Australian study, exploring the support needs of individuals who return from being missing, note that the common experience on return is to be met with anger and feelings of shame from family members, and a lack of emotional support after an individual's physical location has been resolved (Wayland and Ferguson, 2020). This tier requires a trauma-informed approach to understanding what individuals are going missing 'from' rather than where they are being returned 'to'.

Finally, tertiary prevention involves ensuring that ongoing presentations of disappearances are well managed, among collaborations between local police and support or care providers. Capacity to avoid crisis and reduce the consequences of going missing (as noted by Stevenson *et al.*, 2013) may assist to encourage help-seeking behaviours from individuals thereby reducing stigma. This tier requires policy development and community interventions underpinned by a strengths-based approach (for example, Scotland's National Missing Persons Framework as discussed later in this paper).

Within a public health approach, the model aims to consider the wider environment that an individual exists within. In order to prevent missing episodes, we must first identify the risk factors associated. James *et al.* (2008) reported that the lack of evidence in this area limits our ability to suggest comprehensive, evidence-based factors. This statement still holds true more than ten years later. Statistical risk prediction scores are difficult to develop due to the variety of risk factors that may lead to a missing episode (Tarling and Burrows, 2003). Therefore, it is crucial that police are able to use their professional judgement in responding to missing episodes. A public health approach could strengthen relevant and necessary police responses to missing persons by identifying that the police are not the only agency with responsibility for competence to reduce missing.

Taking a prevention approach and combining this with the socio-ecological framework offers a unique way to understand the complex interaction between individual, relationship, social, cultural and environmental factors attached to a missing persons episode, or ongoing episodes. Understanding how these factors can have a compounding effect, which may lead to a missing episode, is an important step in a targeted public health intervention and/or prevention approach to missing. In order to understand these factors, we apply a social-



ecological model of intrapersonal, interpersonal, community and public policy factors to missing episodes.

- A) **Intrapersonal factors:** Individual factors might include a mental health diagnosis, suicidal ideation or the presentation of dementia. The identification of these factors allows for targeted support and prevention strategies such as tailored psychological therapies, counselling services and personalised care planning. It is important to note that these support services already exist. We are not suggesting the development of a new support pathway for those who are at risk of missing. We argue for those at risk to be identified early so they can benefit from pre-existing pathways of support as well as awareness of both inter and intrapersonal factors that increase the proximity of a person going missing as a way to respond to the situational distress in their lives.
- B) **Interpersonal factors:** In a missing persons context, relationship factors might exacerbate risk. This includes relationship breakdowns, escaping dangerous situations, abuse and trauma. At a relationship level, examples of interventions are social services providing family support or support for a person who is trapped in an abusive relationship via national domestic abuse helplines and counselling services. These services are already provided but health professional could be better informed on the risk of going missing in persons who experience relationship difficulties.
- C) **Community Factors:** At a community level social disconnection (following Durkheim's theory of 'anomie' [1897/1951]), urban decay, regional/metropolitan divide, and limited awareness of help-seeking may lead to a missing episode. At a community level, having clear pathways of support for those who are identified at risk of missing, fostering social connection through community cafes and events, investing in public spaces such as upkeep of green spaces, and financial and economic opportunities in local areas may prevent missing episodes. In addition, the inclusion

of societal perception of going missing may further impact risk due to shame and stigma. There is a lack of appreciation for the scope of the problem and an emphasis on solution-focused approaches rather than seeing missing as multifactorial.

D) **Public policy:** Missing episodes could be prevented by educational campaigns that reduce stigma and shift societal views of missing. A public health approach focussed on upstream prevention and continued support rather than response-based intervention is necessary at this level with additional focus on aligning public policy.

## **Conclusion**

Framing the approach to missing persons as a public health issue would allow for the joining up of police and health professionals in this field. Sowerby and Thomas (2016) asserts that policing with an emphasis on public health approaches has often been viewed as two separate approaches in the way that injury prevention and violence are responded to. This is evident in police practice and clinical interventions. The language used by police when discussing missing persons is far more focussed on the identification of risk, the use of search strategies to locate and the resolution of the case in terms of a case being resolved. The nuanced language of the understanding of the connection between health needs and going missing, speaks far more to the liminal complexities of going missing – the varied triggers as to why a person vanishes, and the unique support issues that may reduce the likelihood of going missing in the future. There is scope for these two languages to intersect.

This paper aims to be a timely intervention reflecting on a broad range of problems in government and police strategies and operational practices concerning missing persons. The paper points to the need for the following: firstly, the design of an innovative and smarter

approach, which acknowledges the public health aspect of missing persons. An approach, which recognises the inherent individual harms as well as the wider, or collective, social harms generated by missing persons and those that promote missing episodes. Secondly, a coordinated approach that recognises the complex interplay between individual needs, service responsibilities, referral pathways and policy initiatives that involve the person, their family, the broader community, and the services tasked to offer support when people feel they have no choice but to go missing, and to have clear avenues of awareness about the role each person plays. And finally, an emphasis on the cycle of missing persons episodes, with a greater focus on policy that engages pre- and post-engagement with missing people, to minimise risk and in turn develop innovative prevention strategies that will, in turn, reduce the incidence and impact of going missing.

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