

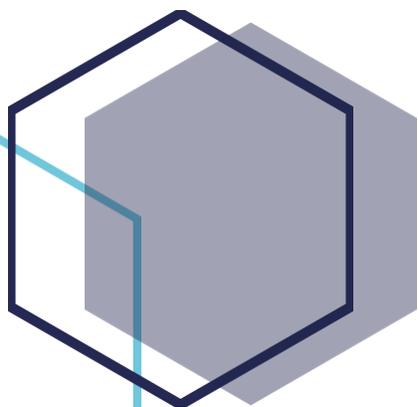
# Behind Blue Doors

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## Cisgender Female Police Officers' Experiences of Psychological Stress and Mental Health

A Summary Report  
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# Cisgender Female Police Officers' Experiences of Psychological Stress and Mental Health

## Introduction

Current policies regarding police officers' mental health are insufficient, resulting in high levels of psychological stress, mental health problems, and mental illness among officers. Policing organizations must identify stress sources to create effective and impactful policies and programs that support police officer mental health. Research has distinguished two substantial sources of psychological stress for police officers: operational and organizational stress<sup>1</sup>. However, studies have failed to consider the role of gender in stress experiences and the impacts of the same.

Recent literature relating to female officers falls into several categories including gendered institutions, gender identity and gender roles and differences in policing; sexual harassment and discrimination; gender, career progression, promotion, and retention; pregnancy and parenting; organizational change; and psychological health. Few studies have pointedly explored how female police officers experience psychological stressors. None have examined the broader connection of female police officers' experience of psychological stress to coping strategies, help-seeking behaviour, and overall mental health.

## Purpose

The purpose of this study was to identify and describe how female police officers experience psychological stress, what elements or factors impacted their experiences of psychological stress, and why psychological stress was experienced within their employment as officers. It also explored the impacts of psychological stress on overall mental health. The data were collected from interviews with 14 cisgender female police officers employed within 10 Canadian policing organizations across 11 diverse geographical locations. Additional data sources (e.g. grey literature, newspaper articles) were analyzed as well to verify the findings.

## Summary of Findings

It was evident across all data sources that psychological stress as experienced by female police officers within Canadian policing agencies is a rule rather than an exception and was related more so to internal workplace factors rather than the role of police officer itself. The majority of the participants and additional data sources detailed women experiencing mental health issues in the context of internal workplace stressors, suggesting there is a relationship between these two factors. All data sources painted a picture of policing environments (federal, provincial, and municipal levels) as toxic and a significant source of stress for police women.

All participants who reported experiences of gender and/or disability-based discrimination, harassment, sexual harassment, and violence (physical and sexual) in the workplace experienced additional psychological stress associated with improper

handling of complaints and retaliation. Retaliatory behaviours described by the participants included being the subject of gossip and rumours, “*character assassination*,” discrediting, “*workplace mobbing*,” continually being moved to different positions within the service, demotion, being charged under the provincial Police Act, and financial repercussions such as contesting mental health leaves (resulting in suspension of pay). Those participants who sought justice through the legal system experienced increased financial strain due to their police unions’ refusal to cover the cost of legal bills despite doing so for the perpetrators.

Psychological stressors related to interactions between various systems were also found to be impactful. These included interactions between court processes, the media, and organizational processes (e.g. short-term and long-term disability, workers’ compensation board). Other systems identified as significant psychological stress sources included: individual police organizations, police unions, outside policing agencies, provincial legislation, the political system, and the justice system. Societal and cultural values were also a source of psychological stress for the women, whether they realized this or not. Additional stressors included those related to impacts on family members and personal relationships.

### **Psychological Stress Impacts**

The health impacts described by participants included serious psychological injuries resulting in medical diagnoses (most common were depression, PTSD, and anxiety disorders) and altered worldview/cognitive schemas (including trust, safety, power and control, esteem, and intimacy). Disordered eating, substance use/misuse, and physical stress symptoms were common (e.g., panic attacks, vomiting, physical ailments, illnesses, and diseases). Stress impacts were categorized within four fields (physical, cognitive, emotional, and behavioural: see attached table). The use of a leave of absence was a common strategy to escape the stress. The data revealed that organizational/peer behaviours and the organization’s failure to provide a safe workplace had negative and often devastating impacts on the women and their families.

The underlying mechanisms that generated much of the women’s stress experiences were linked to the cultural beliefs and attitudes within policing organizations and police culture as rooted in patriarchal ideals. Patriarchy attempts to devalue, manipulate, oppress, and control women. It was clear in the current study that patriarchal ideology permeated individual, cultural, and organizational levels, and that the interactions between these levels reinforced and sustained beliefs, attitudes, and behaviours within policing.

## Recommendations

The development and implementation of policies and programs relating to mental health directly reflect an organization's stance on mental health. The current study revealed that even when policing organizations presented as supporters of mental health to the public, this was incongruent with what the police women experienced internally. While there have been some advancements in promoting mental health and encouraging help-seeking within policing organizations, mental health stigma remains a barrier to help-seeking and recovery. Given that the study identified an overall lack of support and gender-based discrimination and harassment as factors that negatively impacted mental health, female mentorship and shared experience can help to mitigate the effects of these barriers in providing space for women to access support and feel heard. Mentors should be those who have agreed to be mentors and be willing to engage with mentees actively.

The integration of both anti-oppressive and gendered frameworks when designing, implementing, and evaluating policies and programming is essential to ensure that the needs of police women are accurately represented and included. Such inclusion may help mitigate oppressive aspects and practices and prevent harm from occurring where possible. Policy areas may consist of workplace mental health policy, respectful workplace policy, disciplinary procedures that detail specific and meaningful consequences based on the severity of the behaviour, return to work policy, sick leave and family leave policies, and other family-related policies around child-care and job-sharing opportunities.

Relating to respectful workplace policies, these must provide clear definitions of the various types of problematic behaviour. Furthermore, the policy should set out clear consequences for those found to be engaging in such behaviours. Given the bias, sexual harassment and sexual violence against women, and gender and disability-based discrimination that is rampant in policing institutions, outside independent bodies should be created to adjudicate such investigations. There should be confidential reporting processes that are overseen by independent bodies that are external to policing organizations. This should occur not only for internal workplace discrimination and sexual harassment and violence complaints, but also external complaints brought forth by the community. These bodies should have the ability not only to investigate but implement penalties as well.

Policing organizations should not use mediation and unofficial methods in handling sexual harassment or sexual violence complaints. To force a woman who has been sexually harassed or victimized by her peer(s) to attend mediation with the perpetrator(s) may serve to victimize that woman further and minimize her experience. It may result in reprisal not only by the perpetrator(s) but by other colleagues. In terms of discipline relating to findings of guilt in sexual harassment and sexual violence, harassment, bullying, or discriminatory behaviours, those individuals found culpable of such behaviours more than once should be dismissed. Members

under investigation for such behaviours should not be allowed to retire until the conclusion of the investigation.

Recruitment policies and processes require updating to reflect the inclusion of more diversity. Applicants must be carefully screened for bias or discriminatory beliefs and deemed ineligible if found to possess the same. Additionally, minimal educational requirements should be implemented to include the completion of a diploma or degree in a relevant field or a minimum number of years of previous policing experience. Unique recruiting strategies such as direct entry could be considered as well.

Pregnancy, maternity and paternity leave policies must ensure that pregnant officers are not relegated to completing menial tasks for the duration of their pregnancy duration. Policing organizations should adequately fill the spots of members taking parental leave to ensure the safety of members and the community and decrease resentment resulting from employee shortages. This strategy could increase overall workplace morale. The use of floaters (non-gender specific) who can be deployed to meet the needs of the service and staffing shortages should be considered. Robust job-sharing and part-time opportunities for all genders regardless of family status should be offered. As one participant pointed out, police officers do not forget how to do police work when they are on leave. This idea extends to part-time work as well. Shift considerations that provide flexibility, as offered in the nursing profession, need to be explored and implemented. Implementation and outcome evaluations must be completed to ensure the policies and programming are being implemented as intended and produce the desired outcomes.

## Conclusion

This study represents a starting point for further in-depth exploration of the impacts of psychological stress on policewomen's mental health. Additionally, female officers' loved ones could be included in future research to develop a more comprehensive understanding of how the women's adverse experiences impact loved ones. Furthermore, studies could be expanded to include all groups of police officers that identify as belonging to a marginalized group (Black, Indigenous, people of colour, gender & sexual diversity). The inclusion of existing police members (both active duty and on leave) and retired members may be helpful in designing policies, programs, and strategies within policing that encourage true inclusion and balanced representation, and may increase workplace morale and retention levels.

For a copy of the thesis, please contact Susan Bourassa Rabichuk at [rabichus@myumanitoba.ca](mailto:rabichus@myumanitoba.ca).



*Participant Identified Stress Impacts*

<b>Physical</b>	<b>Cognitive</b>	<b>Emotional</b>	<b>Behavioural</b>
<ul style="list-style-type: none"> <li>• fatigue</li> <li>• exhaustion</li> <li>• decreased/low energy</li> <li>• nausea</li> <li>• stomach aches</li> <li>• vomiting</li> <li>• diarrhea</li> <li>• difficulty breathing</li> <li>• headaches/migraines</li> <li>• visual difficulties</li> <li>• choking</li> <li>• chest tightness</li> <li>• hair loss</li> <li>• body trembling</li> <li>• cold fingers and toes</li> <li>• profuse sweating</li> <li>• sleep disturbance (too much/too little)</li> <li>• insomnia</li> <li>• weight increase/decrease</li> <li>• jumpy/on edge</li> <li>• loss of muscle mass</li> <li>• miscarriage</li> <li>• autoimmune disorder</li> <li>• compromised immune system resulting in disease</li> <li>• skin conditions</li> <li>• physiological reactions/changes</li> <li>• physical pain</li> <li>• body inflammation</li> <li>• auditory exclusion</li> <li>• tunnel vision</li> </ul>	<ul style="list-style-type: none"> <li>• suicidal ideation</li> <li>• intrusive thoughts</li> <li>• rumination</li> <li>• worry/racing thoughts</li> <li>• over-analyzing</li> <li>• fixation/obsession</li> <li>• brain fog/brain scramble</li> <li>• confusion</li> <li>• self-blaming/internalization</li> <li>• negative self-talk</li> <li>• poor decision-making</li> <li>• poor concentration</li> <li>• memory issues</li> <li>• hyper-vigilance</li> <li>• apprehension of surroundings</li> <li>• disturbed thinking</li> <li>• nightmares</li> <li>• disassociation/loss of time</li> <li>• lack of abstract thinking</li> <li>• lack of clarity</li> <li>• inability to process information</li> <li>• paranoia</li> <li>• loss of identity</li> <li>• loss of trust</li> <li>• lowered self-esteem/self-worth</li> <li>• poor self-image</li> <li>• lowered confidence</li> <li>• increased self-doubt</li> <li>• decreased feelings of safety</li> <li>• altered worldview</li> <li>• negative thinking</li> <li>• catastrophizing</li> <li>• minimizing</li> <li>• decreased motivation</li> </ul>	<ul style="list-style-type: none"> <li>• depression</li> <li>• anxiety</li> <li>• saturation</li> <li>• PTSD</li> <li>• guilt</li> <li>• grief</li> <li>• sadness</li> <li>• denial</li> <li>• unease</li> <li>• nervousness</li> <li>• pessimism</li> <li>• severe panic</li> <li>• fear</li> <li>• uncertainty</li> <li>• emotional shock</li> <li>• feeling overwhelmed</li> <li>• embarrassment</li> <li>• intense anger</li> <li>• irritability</li> <li>• agitation</li> <li>• moodiness</li> <li>• withdrawal</li> <li>• impatience</li> <li>• helplessness</li> <li>• hopelessness</li> <li>• loss of control</li> <li>• powerlessness</li> <li>• loss of intimacy</li> <li>• lowered resiliency</li> <li>• loss of pleasure or joy</li> <li>• increased sensitivity</li> <li>• moral injury</li> <li>• inappropriate emotional responses</li> </ul>	<ul style="list-style-type: none"> <li>• isolating</li> <li>• loss of appetite</li> <li>• increased appetite</li> <li>• bingeing and purging/disordered eating</li> <li>• obsessive compulsive behaviours</li> <li>• change in sexual functioning</li> <li>• avoidance (both in daily tasks, people, and geographic locations)</li> <li>• numbing activities</li> <li>• change in activity/behaviours</li> <li>• procrastination</li> <li>• inability to get out of bed</li> <li>• snippiness</li> <li>• crying</li> <li>• disconnection</li> <li>• inability to complete daily tasks such as self-care and life tasks</li> <li>• work absences</li> <li>• increased alcohol use</li> <li>• increased cannabis use</li> <li>• increased tobacco use (cigarettes)</li> </ul>

Note. Stress impacts as identified by the participants.



Main Themes

Common Theme	Meaning	Barriers to Fulfillment
<p><b>Moral Toll</b> - Moral toll's relationship to psychological stress and mental health – experiences of both being constrained by the internal police culture, and external mechanisms (e.g. external procedural, legal mechanisms), which prevent one from acting in a what they consider to be a moral manner. Additionally, the burden of having to live with the actions of others in the context of their police duties (e.g. witnessing child abuse), organizational context (e.g. witnessing discrimination or unethical behaviour), and in the context of institutional systems (e.g. legal, justice, worker's compensation and benefits).</p> <p>Personal experiences of institutional betrayal as well as engaging in behaviors contrary to one's deeply entrenched beliefs and values that can result in psychological, existential, behavioural, and interpersonal issues.<sup>1</sup></p>	<p>Meaning: includes moral injury and moral distress.  <i>"Moral injury and distress are the result of the disconnect between what the [public safety personnel] is asked to do or witness and what is a core personal value—the essence of the individual."</i><sup>2</sup></p>	<p>Barriers to absence of moral toll (moral injury and distress) include organizational culture, lack of education and support, lack of accountability, procedural injustice, oppression, fiscal constraints, social injustice, various system constraints.</p>
<p><b>Procedural (In)Justice</b> - relationship to psychological stress and mental health – unfair processes and policies (procedural injustice) can lead to increased psychological stress and languishing mental health and moral toll.</p>	<p>Procedural justice is the concept of fairness and equity in the processes that resolve disputes and allocate resources. The four pillars of procedural justice are neutrality, respect, trustworthiness, and voice.</p>	<p>Lack of neutrality in decision-making, lack of respect and dignity, lack of voice, lack of trustworthiness in decision-making, lack of effective accountability for decision-makers, masculine culture.</p>
<p><b>Mental Health Impacts</b> – relationship to psychological stress and mental health – exposure to traumatic and unfair and problematic processes, particularly in instances of discrimination and sexual harassment (and violence) can lead to increased psychological stress and incomplete or languishing mental health.</p> <p>Measures of psychological and social well-being (subjective) have been found</p>	<p>Meaning of mental health: mental health can be operationalized as <i>"a syndrome of symptoms of positive feelings and positive functioning in life. It summarizes the scales and dimensions of subjective well-being, which are symptoms of mental health."</i><sup>4</sup></p>	<p>Barriers to flourishing mental health (resulting in languishing or incomplete mental health).</p> <p>Dimensions of emotional and psychological well-being - a lack of</p>

<sup>1</sup> Jinkerson, 2016; Lentz et al., 2021.

<sup>2</sup> Lentz et al., 2021, p. 12.

<sup>4</sup> Keyes, 2002, p. 208.



<p>to correlate negatively with mental illness symptoms.<sup>3</sup></p>	<p>Dimensions of emotional and psychological well-being include <i>"self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy."</i><sup>5</sup></p> <p>Dimensions of social well-being include <i>"social coherence, social actualization, social integration, social acceptance, and social contribution."</i><sup>6</sup></p>	<p><i>"self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy."</i><sup>7</sup></p> <p>Dimensions of social well-being – lack of <i>"social coherence, social actualization, social integration, social acceptance, and social contribution."</i><sup>8</sup></p>
<p><b>Mental Health Support/Promotion</b> - relationship to psychological stress and mental health – essential in the mitigation, prevention, and treatment of psychological stress and flourishing mental health (including help-seeking, recovery, narratives).</p> <p><b>Help-seeking</b> - relationship to psychological stress and mental health – the act of help-seeking can help to mitigate psychological stress, prevent and treat mental health issues, and be used as a tool of recovery.</p> <p><b>Recovery</b> - relationship to psychological stress and mental health – mental health promotion and support can serve as a protective factor and aid in the mental health recovery process.</p> <p><b>Narratives</b> – relationship to psychological stress and mental health – the way that we construct psychological stress and mental health through language, and the stories we tell, can serve as a positive or negative tool in the (de)stigmatization and promotion/demotion of mental health and serve as a factor in</p>	<p>As an extension of the World Health Organization's (1986) definition of health promotion, mental health promotion is defined as <i>"the process of enabling people to increase control over, and to improve their [mental] health."</i><sup>9</sup></p> <p>A coping behaviour during periods of increased psychological stress, recovery, or as a preventative mechanism for languishing mental health.</p> <p>The process of overcoming a real or perceived problem.</p> <p>Narratives and discourses shape ones' worldview (i.e., view of mental health, acceptable experiences of psychological stress and mental health outcomes, gendered narratives) and influence attitudes, beliefs, and behaviours. This can</p>	<p>Stigma/lack of support, education, and buy-in, problematic bureaucratic processes, capitalist principles, continued discrimination, stereotyping and harassment, stigmatizing language, gendered narratives, and gendered expectations.</p>

<sup>3</sup> Keyes, 2002.

<sup>5</sup> Keyes, 2002, p. 208.

<sup>6</sup> Keyes, 2002, p. 209.

<sup>7</sup> Keyes, 2002, p. 208.

<sup>8</sup> Keyes, 2002, p. 209.

<sup>9</sup> World Health Organization, 2002, p. 8.

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<p>increasing or decreasing psychological stress levels.</p>	<p>influence the uptake of mental health promotional strategies, help-seeking behaviours, and recovery.</p>	
<p><b>Mentorship, Interpersonal Relationships, and Shared Experience</b> – relationship to psychological stress and mental health – mentorship, interpersonal relationships, and shared experience have been found to be a mitigating factor in the experience of psychological stress and poor mental health.<sup>10</sup></p>	<p>Mentorship – the provision of guidance, emotional support, motivation, and role modelling.</p> <p>Interpersonal Relationships – an association between two or more people (i.e., family, romantic, friendship, professional).</p> <p>Shared Experience – any experience that causes individuals to identify with one another. The shared experience of groups is the foundation for various levels of culture.</p>	<p>Silencing/Isolating tools (non-disclosure agreements, retaliatory use of police act, isolation via continuous movement between working locations, low numbers of female officers).</p>

<sup>10</sup> Dombo & Blome, 2016; Kanno & Giddings, 2017; Lee, 2017; Pierce, 2018; Sansbury et al., 2015; Strand, 2018.

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