

Serving the police community since 1938

# GAZETTE

Vol. 72, No. 1, 2010  
[www.rcmp-grc.gc.ca](http://www.rcmp-grc.gc.ca)



## **FIT** FOR DUTY

The new approach to police health and wellness

**Food for thought**  
Tips from an LAPD  
nutritionist

**Under pressure**  
Evaluating stress  
and police work

**Forensic entomology**  
Underwater research could  
help police





# Workplace wellness

Healthy workplaces. We're hearing a lot about them these days, but what does it actually mean? For some, it refers to a workplace that fosters physical health by providing good medical benefits, a safe job site and an accessible gym. Others would say an empathetic boss who treats them fairly or an organization that supports them through a personal crisis is key to a healthy work environment. And then there is work-life balance, that must-have quality that allows employees to effectively manage their job and non-work responsibilities.

All are valid and, because each workplace is unique, the factors put in place to ensure employees are healthy and productive will inevitably vary.

In this issue of the *Gazette*, we explore what some police agencies are doing to become healthier places to work, and we begin by taking a look at how the RCMP is striving to improve the situation for its own employees.

In our cover article, Caroline Ross talks to those who are leading the force's new Healthy Workplace Strategy for the RCMP — one that starts by developing leaders who are emotionally as well as functionally competent to lead. A boss who is a crack investigator but lacks compassion and good listening skills won't contribute to a healthy workplace. Makes sense, but it hasn't always been a top priority.

The Toronto Police Service (TPS) has launched its own comprehensive wellness strategy. The service conducted an employee survey, a service-wide health appraisal and a voluntary cardio-metabolic study to assess the health and well-being of its employees. TPS has since responded with innovative nutrition, fitness and fatigue management programs for its members.

Other police forces are following suit. The LAPD is tackling police officer obesity by hiring a force dietitian. Rana Parker

shares her approach to fostering a healthier workforce at the LAPD and offers nutrition tips for police officers on the run.

Supporting the psychological health of employees is an equally important but often ignored side of workplace health.

Bill Wilkerson, co-founder of the Global Business and Economic Roundtable on Addiction and Mental Health, writes about the importance of implementing workplace practices and policies that support employees who have depression and other mental health disorders. Find out why he says long-term disability may not be the answer.

In our author Q&A, Marianne Pope talks about her journey through grief following the on-duty death of her late husband, Calgary Police Cst John Petropoulos. She describes the coping tools that helped her, and offers some tips to police on how to reach out to a widowed spouse.

When a life-threatening disease like cancer touches an employee, it can be a frightening and isolating experience. The Gloucestershire Constabulary is taking its support for employees a step further than most by offering a cancer counselling service to employees and their family members affected by this disease.

We also look at the challenge of dealing with stress. Caroline Ross writes about post-traumatic stress disorder and how the RCMP approaches this disabling but normal reaction to abnormal events.

Finally, Dr. John Violanti at the State University at Buffalo, NY, describes his research into police stress, the health consequences and what can be done to lessen the impact.

In addition to an in-depth look at workplace wellness, you can learn from an expert about criminal investigations gone wrong and read how Calgary Police Services is combating the problem of drug-endangered children, and much more.

We hope this issue on health and wellness provides our readers some food for thought.

Kim Gault

## More to explore on health and wellness from the Canadian Police College Library

[www.cpc-ccp.gc.ca/library-biblio/library-biblio-eng.html](http://www.cpc-ccp.gc.ca/library-biblio/library-biblio-eng.html)

### Books

Doss, Wes. *Condition to Win: Dynamic Techniques for Performance Oriented Mental Conditioning*. Flushing, N.Y., U.S.A.: Looseleaf Law Publications, 2007. GV 481 D74.

Boni, Nadia. *Exercise and Physical Fitness: The Impact on Work Outcomes, Cognition, and Psychological Well-Being for Police*. Marden, Australia: Australasian Centre for Policing Research, 2004. HV 7936 .H4 B642.

Wagner-Wisotzki, Nancy. *Fitness and Lifestyle Management for Law Enforcement*. Toronto, Ont., Canada: Edmond Montgomery Publications, 2008. HV 7936 .H4 W12.

Rahman, Cyrus A. *La forme au masculine*. Alleur, Belgium: Marabout, 2004. GV 481 R12.

McDonald, Judy M. *Gold Medal Policing: Mental Readiness and Performance Excellence*. Ottawa, Ont., Canada: University of Ottawa, 2006. HV 7936 .P75 M14.

Collingwood, Thomas R. *Underlying Physical Fitness Factors for Performing Police Officer Physical Tasks*. St. Paul, Minn., U.S.A.: Login Inc., 2004. HV 7936 .H4 C69u.

### Articles

Stephenson, Mark D. "Are you Operationally Fit?" *The Tactical Edge*, Vol. 26, No. 3 (Spring 2008), p. 82, 84.

Vonk, Kathleen. "Law Enforcement and Nutrition." *Law and Order*, Vol. 57, No. 1 (Jan. 2009), p. 10, 11.

Westphal, Gary. "Law Enforcement Healthy Marriage and Family Project." *Police Chief*, Vol. 76, No. 1 (Jan. 2009), p. 48-50.

Lindsey, Dennis. "Police Fatigue: An Accident Waiting to Happen." *FBI Law Enforcement Bulletin*, Vol. 76, No. 8 (Aug. 2007), p. 1-8.

Pezé, Marie. "La souffrance au travail: état des lieux." *Revue de la Gendarmerie Nationale*, No. 228 (Sept. 2008), p. 36-43.



Western Australia Police

The Western Australia Police's Fit for LIFE program addresses the importance of physical fitness, as well as overall healthy lifestyles.

## Cover

### Fit for Duty

- 7 Improving workplace health, one leader at a time
- 10 Squelching the stigma of PTSD
- 14 Principles of mental health
- 16 Working towards wellness in Toronto
- 18 Workplace health and well-being
- 20 Examining stress and health in policing
- 22 Fit for LIFE in Western Australia
- 24 Coping with the loss of a spouse
- 25 Cancer counselling helpline for officers in the U.K.
- 26 Arming officers with nutritional choices in L.A.

## Departments

- 2 Editorial message
- 4 News notes
- 6 Q&A with Cpl Steve Conohan, a court-certified expert on designer drugs
- 12 Panel discussion — What is the single greatest barrier to health for today's police officer?
- 28 Just the facts
- 29 Featured submission — Identifying signs of drug-endangered children
- 30 Featured submission — Avoiding preventable errors in criminal investigations
- 32 On the leading edge
- 34 Featured submission — Exploring the underwater death scene
- 36 From our partners — If you seize it, they will come
- 38 Emerging trends — Teaching criminal intelligence analysis in Guatemala



### ON THE COVER

In the field of law enforcement, fitness has a direct impact on job performance, as does psychological health and wellness. Contributing to operational readiness and the health and well-being of all employees, the RCMP believes in being "fit for duty, fit for life."

*Photo credit: RCMP*

### NUMBERING

Please note there was only one issue published in 2009: Vol. 71, No. 1.

**PUBLISHER** – Nancy Sample **EDITOR** – Kim Gault **WRITER** – Caroline Ross **GRAPHIC DESIGN** – Jennifer Wale  
**ADMINISTRATIVE SUPPORT AND CIRCULATION** – Alexandre Guilbeault **TRANSLATION** – RCMP Translation Services **PRINTING** – Performance Printing

### GAZETTE EDITORIAL BOARD

S/Sgt Lori Lynn Colbourne – Insp Craig Duffin – S/Sgt Chris Fraser – Wendy Nicol  
– Dr. Roberta Sinclair – Dr. Brian Yamashita

The *Gazette* (ISSN 1196-6513) is published in English and French by the Public Affairs and Communication Services of the Royal Canadian Mounted Police in Ottawa. Cover design and contents are copyrighted and no part of this publication may be reproduced without written consent. Canada Post Publications Mail Agreement 40064068. The *Gazette* is published four (4) times a year and is issued free of charge on a limited basis to accredited police forces and agencies within the criminal justice system. Personal subscriptions are not available. The *Gazette* welcomes contributions, letters, articles and comments in either official language. We reserve the right to edit for length, content and clarity. **HOW TO REACH US** : Editor — RCMP Gazette, L.H. Nicholson Building, Rm A200, 1200 Vanier Parkway, Ottawa, Ontario, CANADA K1A 0R2, Phone: (613) 998-6307, E-mail: [gazette@rcmp-grc.gc.ca](mailto:gazette@rcmp-grc.gc.ca), Fax: (613) 993-3098, Internet: [www.rcmp-grc.gc.ca/gazette/index-eng.htm](http://www.rcmp-grc.gc.ca/gazette/index-eng.htm), © Ministry of Public Works and Government Services (2000).



## ART CRIME ON THE AGENDA

The RCMP has joined the Quebec provincial police to form Canada's first national art crime enforcement unit, dedicated to uncovering stolen, counterfeit and smuggled works of art across the country.

The Montreal-based unit — two officers from the Montreal RCMP and two from the *Sûreté du Québec* (SQ) — commenced national operations on September 15, 2008. Four months later, the team had concluded two cases, arrested two individuals and seized almost 80 counterfeit artworks valued at over \$1.5 million.

“We may not see (art crime) much in the media, but according to the FBI, art and cultural property crime is a looming criminal enterprise with estimated losses running as high as \$6 billion annually,” says Insp Stéphane Bonin of the RCMP Commercial Crime section in Montreal. “Organized crime uses fine art to launder the proceeds of crime. There’s also the

aspect of copying fine art to make money.”

Because art crime is very specialized, police forces require dedicated, trained officers to make an impact, says Noah Charney, director of the Association for Research into Crimes against Art.

The RCMP–SQ team members combine strong backgrounds in art history, law, fraud and copyright issues.

The team also draws expertise from a four-year partnership between the SQ and Montreal’s city police, the *Service de police de la Ville de Montréal* (SPVM). Between 2004 and 2008, the two forces investigated 450 art crime files, making 20 arrests, seizing over 150 stolen or forged artworks valued at \$2 million, and synchronizing with Interpol on international files.

When the SPVM left the partnership in early 2008, Bonin quickly brought the RCMP on board.

“It makes sense that the RCMP has a role in co-ordinating art crime in Canada,” says Bonin, adding that the force can also bring its network of foreign liaison officers into play when investigations span borders.



Insp Stéphane Bonin

RCMP Insp Stéphane Bonin (left) and SQ Investigative Sgt Alain Dumouchel display a forged painting seized by the integrated art crime unit. The authentic painting is valued at \$60,000.

The integrated unit also employs the SQ’s Art Alert electronic messaging system, which connects over 25,000 art stakeholders and police forces in 75 countries.

Following a three-year evaluation period, the RCMP may consider creating similar integrated units in other major Canadian cities.

— Caroline Ross

## PROTECTING CHILDREN OVERSEAS

Police, government, private sector and non-government organizations in Thailand and Brazil are building strength in their fight against child sex offenders, thanks to a three-year Canadian project led by the International Institute for Child Rights and Development (IICRD), in partnership with Microsoft, UNICEF, the Canadian International Development Agency, and the RCMP National Child Exploitation Co-ordination Centre (NCECC).

The Child Protection Partnership (CPP) project aims to empower local partners — from governments to child rights agencies to communities and children themselves — by engaging them in sustainable prevention strategies, so that fewer children fall victim to IT-enabled child sexual exploitation.

“(The CPP) builds on the strengths that may already exist but are not being

co-ordinated for local, national and international effectiveness in combating child sexual exploitation,” says Michéal Montgomery, acting CPP project director with the IICRD.

Since March 2008, project leaders have been preparing key partners in Thailand and Brazil to take the lead on identifying and addressing the unique risks and realities for children in their own localities.

“In northeast Brazil, for example, a lot of Europeans come in for sex tourism, so the (project direction) will look a bit



different there than it might in São Paulo,” says Montgomery.

RCMP involvement in the project stems from the NCECC’s experience and expertise in the investigation of IT-enabled child sexual exploitation. NCECC Supt John Bilinski says the CPP is important because it combines law enforcement and victims-based approaches to attack IT-enabled child sexual exploitation from various perspectives.

Gary Halverson, the RCMP liaison officer in Bangkok, Thailand, agrees. Since taking his post in July 2008, Halverson has been inundated with child exploitation cases involving travelling sex offenders. He’s also been working to link CPP partners with local stakeholders such as the Royal Thai Police and Thailand’s Attorney General.

“It’s important that we move beyond a simple tactical response and take on a more strategic, long-term approach (to the problem),” he says.

— Caroline Ross



## CANADIAN POLICE INCREASE AFGHAN PRESENCE

Canada has sent an additional 23 police officers to Afghanistan, upping the number of Canadian officers serving in the country to 50 as of November 2009.

The RCMP has also deployed its first senior officer to Afghanistan: A/Commr Graham Muir took office as the first Canadian Police Commander–Afghanistan in June 2009. He serves in Kabul under the United Nations Assistance Mission in Afghanistan (UNAMA).

“What we’re trying to do is make sure that we’re supporting our deployed Canadian police officers to the fullest extent possible, and that we’re getting the most from our investments of people there,” says RCMP Commr William Elliott, who visited Afghanistan in March 2009. “We want to have the best decisions taken, and it’s certainly much better for more decisions to be made on the ground in Afghanistan by people who see and understand the work environment there.”

The Canadian police contingent — a mix of officers from the RCMP and provincial/municipal police forces, collectively referred to as civilian police — is responsible for training and mentoring the Afghan National Police (ANP) in co-operation with international partners.

The majority of deployed officers serve with the Canadian Provincial Reconstruction Team in Kandahar, while others work directly with partner missions such as the European Union Police Mission in Afghanistan (Kandahar and Kabul) and the American Combined Security Transition Command–Afghanistan (Kabul). Another officer advises on police reform from the Canadian Embassy in Kabul.

The Canadian contingent also runs a literacy program for ANP officers (only five to 20 per cent could read as of May 2008), and provided input on security planning for the first round of Afghan elections in August 2009.

Elliott says Canadian police partners working in Afghanistan are enthusiastic about police reform and about the enhanced Canadian police presence. Some partners have even started identifying potential



RCMP Commr William Elliott (right) meets Canadian civilian police serving in Kandahar, Afghanistan, in March 2009.

reform initiatives that the Canadians might undertake.

“(Our partners) really see the importance of policing to the overall success of the mission,” says Elliott. “The people who are going to provide security on an ongoing basis to the communities in Afghanistan are the Afghan National Police.”

— Caroline Ross

## TRANSFERRING KNOWLEDGE AMONG THE RANKS

In any line of work, knowledge transfer is important, and on the frontlines, it’s vital. The RCMP in the province of Saskatchewan recognized the changing demographics within their division and initiated a Temporary Deployment project to bring members together.

The first of its kind in Canada, the project deploys officers who normally work behind the scenes — at headquarters,

RCMP S/Sgt Doug Hardy on temporary deployment in Wollaston Lake, Saskatchewan.



S/Sgt Doug Hardy and Wollaston Lake RCMP

for example, or in special units like major crimes or surveillance — to a one-week posting in one of Saskatchewan’s 85 detachments. Phase one ran from Oct. 2008 to March 2009 and saw 180 officers, regardless of rank, deployed for one week in uniform.

In Saskatchewan, over 50 per cent of frontline members have five years of service or fewer and divisional management felt that junior members might benefit from one-on-one mentorship with senior members.

“The newer members are ambitious and want to learn, but they’re busy, like everyone else,” explains RCMP S/Sgt Ian Currie, who managed the project until July 10, 2009. “When they have somebody beside them in a vehicle for eight hours, they can learn a tremendous amount of information.”

Teaming younger officers with more senior subject-matter experts had a two-pronged effect, as the senior officers — some of whom hadn’t been in uniform for up to 16 years — rekindled their frontline

policing skills while developing networks that will aid in future investigations. Additionally, the project increased operational readiness by ensuring that all officers are prepared to respond to uniform situations.

Currie explains that as the project progressed and detachment commanders became aware of the initiative, they sought personnel from selected units to assist in specific investigational areas to bridge the knowledge gap.

S/Sgt Doug Hardy, Criminal Operations in Regina, feels that the deployments are a worthwhile experience for everyone and serve as a good reminder for junior members that while the provincial headquarters may “seem like the monolith in the distance, everyone there worked the same job and walked the same streets.”

Results from phase one of the project will help determine the program’s future and whether other RCMP divisions will launch similar initiatives down the road.

— Kim Gault



# The dope on designer drugs

## New trends and safety considerations

*What are the latest trends in designer drugs in Canada? What should general duty officers know about the production and distribution of these synthetic, psychoactive substances? Gazette writer Caroline Ross speaks with RCMP Cpl Steve Conohan, Atlantic Canada's lead instructor on clandestine labs and a court-certified expert on several designer drugs.*

### What new designer drug trends have you observed?

Ecstasy is still very popular, but we're starting to see the appearance of piperazines, a class of drug that mimics the effects of ecstasy. Two of the more popular piperazines are called BZP and TMPP. Piperazines are not controlled under the CDSA (Controlled Drugs and Substances Act). They're being sold legally, they look exactly like ecstasy, and you need a chemical analysis from a laboratory to differentiate the two.

### What about trends in dealing designer drugs?

It used to be that people who dealt marijuana dealt only marijuana, and people who dealt cocaine sold only cocaine. Now we're starting to see a lot of poly-drug dealers, if you will (single traffickers who sell multiple designer drugs). I recently gave an expert opinion (on a case) where the trafficker was selling seven different types of drugs. This trend speaks to the market place: it seems to be "one-stop shopping" for addicts. If addicts want to use ecstasy in conjunction with GHB or methamphetamine, they can buy it (all) from the same person.

### What is the current situation with clandestine laboratories?

Talking with my colleagues across the country, the majority of what we see for methamphetamine are addiction-based (labs), where a small amount of methamphetamine is made and used by the person who cooked it and perhaps a few addict friends. However, when you speak about ecstasy, there are no addiction-based labs (in Canada) — they're all commercial-based labs making multi-kilos and (distributing) to the general population. These labs



Cpl Steve Conohan

RCMP Cpl Steve Conohan is a designer drug expert with a lot of practical experience. Here, he helps disassemble a methamphetamine "super lab" in Lion's Head, Ontario, in 2006.

are getting larger and more sophisticated, and they're (the reason) why Canada has been declared a source country for ecstasy by the United Nations.

### What are some outward signs of a clan lab?

There are a lot of chemicals involved with clandestine drug labs, so we look for large amounts of discarded canisters. Some (clan lab operators) won't put trash out at all, or will burn refuse, in an attempt to avoid detection. Another clue is people who always go outside their houses to smoke because of the explosive and flammable nature of a lab inside.

### What tips do you have for officers approaching a clan lab?

Safety is paramount. As much as we want to wrestle control of these laboratories away from organized crime groups, we want to return home at the end of the day. There is a large emphasis on personal protective equipment — making sure that equipment fits well, that it's maintained,

that our people that go into these laboratories are trained properly and recertified annually. You have to be clandestine-lab trained in order to enter or disassemble a clan lab, that's the base fact.

### What about general duty officers who encounter clan labs while investigating other complaints?

If you (as a general duty officer) discover a clan lab by happenstance, back away, get out, and call your clan-lab trained personnel to deal with it. These labs are explosion and fire hazards. Some of the chemicals are very corrosive, and they are often stored improperly. Gases emitted by synthesis processes could be deadly if inhaled. Take phosphine gas: it is usually found at fatal concentrations in clan labs. The danger for general members is that their first inclination (when a person stops breathing) is to provide first aid. But phosphine gas is heavy and it rests in the lungs. If you start doing compressions, you're going to expel the phosphine gas from the lungs and then you may become a casualty yourself. ■

# Improving workplace health one leader at a time

By Caroline Ross

How important are emotionally competent leaders to the health of a police organization? Critically important, according to research by the RCMP.

Surveys conducted by the RCMP Change Management Team (CMT) in 2008 suggest that employees who think their supervisors treat them fairly have more than twice the average level of workforce engagement — meaning that they have stronger emotional and intellectual connections to their jobs and are willing to go that extra mile.

The same study shows that job satisfaction levels are three times higher among employees who have opportunities to provide supervisors with feedback, and that morale is four times higher among employees whose supervisors recognize good work.

On the other hand, a January 2009

CMT report names critical incidents involving supervisors as the largest cause of employees becoming disengaged from their jobs. A critical incident could be something as “minor” as a supervisor failing to read an officer’s paperwork.

And a case study commissioned in 2001 found that employees who worked for “non-supportive” managers were in poorer physical and mental health, and were more likely to leave the force early.

“Bosses really set the cadence for the work environment,” says Rich Boughen, Director General of the RCMP Occupational Health and Safety branch and head of the force’s new Healthy Workplace Strategy. “If you’ve got bosses that are seen as being fair, excellent communicators, good listeners, (able to) resolve issues quickly, engaging (and) compassionate, then you’re going to have healthier work environments.”

## Compassion versus command

The RCMP uses the term “emotional competence” to describe individuals with high levels of empathy, openness, communications and social skills such as collaboration and team-building.

Although emotionally competent leadership has been part of private-sector business discourse for decades, it can still be a hard sell among police agencies that traditionally favour command-and-control structures, says Bill Wilkerson, co-founder of the Global Business and Economic Roundtable on Addiction and Mental Health, and a member of Boughen’s strategy unit.

But compassion and tenacity can — and should — coexist in a police leader, says Wilkerson. “We’re not asking people to give up anything,” he says. “You can have a place for tasks and roles and orders given and taken, but the manner in

Emotional competence is an important skill for all ranks and categories of police supervisors — and is vital to the overall health of any police organization.

Gilles Laframboise, RCMP

which all of that is done has to recognize the human factor.”

### Emotion versus function

That human factor is exactly what employees want, according to several CMT surveys that identify fairness, listening skills, ethical treatment and support for work-life balance as among the top traits that employees value in their supervisors.

But there is a gap between what employees want and what they’re actually getting. Respondents in the 2007 RCMP Employee Opinion Survey rated their leaders as largely deficient in skills like dealing with poor performance situations, making work life easier and treating employees fairly. Only a quarter of employees surveyed agreed that the force was successfully preparing supervisors, managers and senior executives for their leadership roles.

Interestingly, functional competencies didn’t figure highly in the survey results — but that doesn’t mean a supervisor’s ability to oversee investigations, address crime patterns, partner with clients, or handle other police-specific tasks can be overlooked, says Dr. Frum Himelfarb, head of the RCMP Human Resources Leadership Initiative. Instead, successful police managers require a balance of both leadership facets: emotional and functional.

Boughen notes that the RCMP already does a good job of developing and promoting technically competent leaders. The challenge now is for the force to integrate emotional competencies into the mix. Fortunately, that work is well underway.

### A continuum of learning

In 2008, RCMP Learning and Development officially launched the Supervisor Development Program (SDP), a 12-month program that helps first-time supervisors build skills in communication, coaching, ethics, conflict management and more. Participants attend a two-week classroom session, then return to their home units to hone their skills — this year working with support and guidance from performance



## RCMP Leadership profile

**Name:** S/Sgt Doug Pack

**Role:** Detachment commander, Columbia Valley RCMP detachment (British Columbia), 2006 to 2009

**Accomplishment:** In 2008, 80 per cent of Pack’s employees rated his performance as a trusted and respected leader as “very good” — the top end of the survey scale. The ranking was significantly higher than results from similar surveys of over 800 RCMP employees.

### Tricks of the trade:

“First, I don’t ask anybody to do anything that I’m not prepared or willing to do myself,” says Pack, who every once in a while takes a night shift or cleans out the back of a police car.

“Second, if there’s a creature comfort or a new toy, I (as a leader) should not have access to that until such time as the lowest ranking member in my supervision has that same creature comfort or toy,” says Pack, who won’t even take lunch during a training session until his unit has gone before him.

“And also,” Pack says, “have fun. Keep things light. Have a sense of humour about things.” He once took an exasperated officer out behind the detachment to hit golf balls until the tension passed, and he organized an awards banquet to recognize employee contributions to the detachment.

Pack also provides each employee with a detailed letter of his expectations as detachment commander, along with a one-page “commander’s intent” that outlines basic employee conduct in any situation. As long as his officers work within these guidelines, Pack says, he’s behind them 100 per cent, and they know it.





Sgt Dennis Daley

## RCMP Leadership profile

**Name:** D/Commr Steve Graham, Atlantic Region

**Role:** Commanding officer, RCMP J Division (New Brunswick), 2004 to 2008

**Accomplishment:** J Division received the highest national average rating across eight core leadership factors — including the ability for leaders to make work life easier and to encourage employees to share knowledge — in the 2007 RCMP Employee Opinion Survey.

### Tricks of the trade:

Based on the results of previous employee surveys conducted in 2003 and 2005, Graham and his management team identified the lowest-scoring areas, then reached out to employees through focus groups and town-hall meetings to determine the exact reasons behind each low rating.

“We came out of that with some ideas,” says Graham, who names slow computer connections, supervisors with too many people reporting to them, and poor top-down communications as among the issues raised.

Graham then made it a management priority to address those issues quickly and concretely. During his tenure, J Division implemented a new electronic file management system, reduced front-line data input volumes by 30 per cent, installed 170 new vehicle workstations, created new team leader positions backed by supervisory training, hired Canada’s first community program officers, bolstered communications capacity, and began promoting divisional good news stories.

The result? A marked increase in employee morale, and a new sense that the Division’s leaders actually care about employee experiences.

“The thing with Steve,” says J Division A/Commr Wayne Lang, “is that (the ideas) weren’t necessarily his ideas, but he would support them. He set the tone for people to be creative and innovative and to contribute.”

improvement co-ordinators who monitor the field work from performance centres in each region.

Moving up the leadership ladder, new middle managers and unit commanders can attend the Manager Development Program (MDP). Similar in format to the SDP, the MDP began accepting candidates in 2009–2010, its first year of full-scale operation.

Both development programs feed into the Officer Orientation and Development Course (OODC), a two-week preparatory session for newly appointed inspectors and civilian executives. Members of RCMP Executive/Officer Development and Resourcing (EODR) and National Learning and Development are currently planning to transform the course into a 12- to 24-month program, complete with in-class, in-field and mentoring components that incrementally build leadership competencies and promote continuous learning.

“It’s a building-block model,” says Suzanne Babisky, Director of Executive Development for EODR. “If the foundation is set, then (new leaders) are more confident, the stress levels are different, and their effectiveness is different. It just has an impact all the way down.”

All the way down to the general public, in fact.

“The ultimate goal of leadership in the RCMP is to inspire and enable excellence in service to Canadians,” says Himelfarb, who is working to align human resource processes with leadership requirements across the force. “The focus should always be on the public good.”

That focus, however, is easily clouded by internal drivers. Managers and employees can become so embroiled in internal issues that they lose sight of their ultimate responsibilities to the communities they serve, says Himelfarb.

But emotionally competent leadership can help readjust the focus. Good people managers can help “free” the workplace from situations of internal stress and strife, says Himelfarb, and that in turn allows employees to get on with their jobs — and to reconnect with the reasons they became police officers in the first place. ■

# Squelching the stigma

## RCMP unlocks the door on operational stress injuries

By Caroline Ross

Ron Campbell is an ex-homicide investigator and current crisis negotiator with experience in covert surveillance. He's been shot at, slashed with a knife and involved in two fatal vehicle pursuits. But in December 2004, the 51-year-old RCMP sergeant faced his toughest challenge yet: he was diagnosed with post-traumatic stress disorder (PTSD).

"It was devastating," says Campbell of his diagnosis, which came 11 months after he saw a colleague lying dead in the roadway after an armed standoff. "All of a sudden I'm left with the notion that I can't cut it anymore, that I can't do my job effectively, that all the credibility I've built up over the years is gone."

Overcome by embarrassment, guilt and fear, Campbell considered quitting the force. But he stuck it out and accepted treatment. Five years later, he is an inspiration to other officers facing the stigma of mental illness.

### Defining the undefinable

The policing community increasingly uses the term "operational stress injury" (OSI) — coined by the military — to describe any persistent psychological difficulty that an officer experiences as a result of activities performed in the line of duty. OSIs encompass conditions like depression, anxiety and PTSD, and contrary to what many believe, they're not always triggered by a single event.

"(A) big concern for police officers is compassion fatigue, which can result from ongoing, prolonged exposure to unfixable suffering," says RCMP S/Sgt Jeff Morley, a trained trauma psychologist. Morley explains that a police dispatcher could exhibit symptoms of PTSD after years of answering high-stress calls from domestic assault victims.

But determining just how many officers suffer from OSIs is difficult, says

Morley. Why? Because police organizations are still bound by a culture that can misconstrue OSIs as a sign of weakness, rather than recognizing them for what they are: a normal reaction to stressful or horrific events.

### Beating the bias

Ron Campbell certainly faced that misconception. He was so afraid of being called a weakling — and of losing his dream job with Edmonton's major crimes unit — that he spent 11 months trying to hide his symptoms.

But it didn't work. His wife noticed his mood changes, he experienced emotional flashbacks to traumatic events he had witnessed decades earlier, and — worst of all, in his opinion — a colleague eventually called him on it.

"I knew at that moment that I was busted," says Campbell, who soon after phoned a psychologist with the force. He hung up twice before letting the third call ring through.

Contrary to his fears, Campbell discovered that reaching out actually improved his situation. He learned to deal with his symptoms, continued working with the major crimes unit, and even served as a unit supervisor. He wasn't ostracized by his colleagues, who still speak highly of him to this day. And he gained a sense of empathy.

"It really illustrated to me that a lot of my fear was from within, not without,"



Craig MacKenzie

RCMP Sgt Ron Campbell speaks to a police audience about his experience with post-traumatic stress disorder. "There's an appetite to talk about this," he says. "I'll keep doing it as long as people want to keep listening."

says Campbell, who now serves as a return-to-work co-ordinator in Alberta. "Yes, there's a stigma, but we (as police officers) self-victimize and run with it. I did that."

### Breaking the silence

Campbell now shares his story with police audiences across North America. Each presentation, he says, garners the same response: "thank you" — thank you for having the guts to talk about this, thank you for showing me that I'm not the only one struggling, thank you for giving me the courage to reach out.

"There's an appetite to talk about this," says Campbell. "We need to show

## True destigmatization requires the RCMP to embrace mental wellness issues at a foundational level.

members that if they (are diagnosed with an OSI and) get plugged in to the right health care, they can still be functional, valuable members of the organization.”

Cpl Laurie White agrees. White lost her lower right leg to an on-duty shooting in November 1998. She battled severe depression and suicidal tendencies before completing rehabilitation and returning to active duty in October 1999. Eleven years later, she is an upbeat, engaged member who has learned to cope with her ongoing symptoms of post-traumatic stress.

White has shared her story with over 70 audiences, but one speech particularly stands out. “(The room) was full of ERT (emergency response team) guys — tough, tough guys — and they asked me some of the hardest, deepest questions of any audience. It really drove home the fact that people need to talk about this and draw a connection to somebody who has lived it.”

### Speaking out

While officers like White and Campbell open the door to internal dialogue on OSIs, Bill Wilkerson is dispelling myths that exist among the public at large.

Wilkerson is the founder of the Global Business and Economic Roundtable on Mental Health, and a 10-year veteran of public discourse on employee mental health issues. He is now helping the RCMP to communicate accurate, police-specific information to the national dialogue on mental health, using the national media as a vehicle.

Wilkerson particularly hopes to debunk the widely held misconception that police and military personnel suffer higher rates of PTSD, depression and related conditions than do persons working in other fields. (In fact, says Wilkerson, prevalence rates are similar across all employment sectors, and these sectors need to work together for common solutions.)

“If we start at that point,” says

Wilkerson, “I think we can and will (start talking) about how (we) can create work environments that are supportive for those who experience trauma, that allow them to get back to work sooner, and that will in fact prevent disability in the long term.”

### Providing support

The RCMP has already introduced a number of initiatives that recognize OSIs as a possible, acceptable and manageable reaction to police work.

The RCMP Occupational Health and Safety Branch (OHSB) is developing a process for supervisors to report psychological injuries that employees suffer following hazardous incidents on the job. Previous reporting procedures covered physical injuries only.

OHSB also operates a program of ongoing psychological assessments for employees who regularly encounter trauma in their day-to-day jobs. The assessments — up to two each year — are currently available to officers working undercover, overseas and in isolated posts. OHSB is now expanding the program to include child exploitation units, forensic reconstruction teams and other “high risk” groups.

To help build resilience within such groups, the RCMP Change Management Team is evaluating a trauma “decompression” project based on military best practices.

Employees attend a residential location off-site, where they spend three days learning how to recognize and cope with trauma and compassion fatigue, working under the guidance of trauma psychologists.

And to support members who already struggle with OSIs, the RCMP is exploring partnerships that could soon give officers and their families access to OSI support programs and outpatient clinics operated by Veterans Affairs Canada and the Department of National Defence.

### Changing the culture

True destigmatization requires the RCMP to embrace mental wellness issues at a foundational level. Here, Campbell and White are encouraged by what they see.

Both officers have spoken at management and leadership conferences across the force, and both have met senior staff who are eager to recognize and address OSIs without fear or contempt. Campbell has even held audience with RCMP Commr William Elliott and the RCMP Senior Management Team.

“Only a few years ago, those opportunities never would have availed themselves,” says Campbell. There’s still a long way to go, but at least the ball is rolling.

White agrees. “Just a basic recognition of the fact that exposure to trauma is a unique characteristic of policing and that (the organization) is taking steps to make (officers) better equipped to handle it — that’s huge.” ■

## PTSD at a glance

PTSD is a medical condition that must be diagnosed by a medical professional. It can be effectively treated. Symptoms include:

- re-experiencing an event, sometimes through vivid dreams or flashbacks
- avoiding situations or activities that trigger memories of an event
- difficulty enjoying or being interested in activities that previously held appeal
- difficulty with intimate feelings
- new symptoms of hyper-arousal (e.g. irritability or a tendency to startle or anger easily)

*Courtesy of the Department of National Defence*

# What is the single greatest barrier to health for today's police officer?

## The panellists

Clayton Cross, BA (Kin), CSCS, CAT(C), Fitness Coordinator, Vancouver Police Department  
 Kevin J. Jablonski, PhD, MPH, Chief Police Psychologist, Los Angeles Police Department  
 Sgt Steve Boos, O Division (London, Ontario) Strategic Transformation Co-ordinator, RCMP

### Clayton Cross

As a fitness coordinator, I've observed that the most significant barrier or health risk to officers is soft tissue, or more specifically, musculoskeletal injuries.

Unlike past policing generations, the vast majority of officers at the Vancouver Police Department (VPD) seem to have a good hold on the importance of proper nutrition and healthy, active lifestyles. Neglect in these areas along with the stress of the job used to predispose officers to heart disease-related conditions. With increasing public awareness, these threats seem to have decreased, but the relevance of musculoskeletal (MSK) injuries remains.

Since 2002, sworn members of the VPD have suffered approximately 562 MSK injuries resulting in time off (data from VPD Safety and Health database). In conjunction with this, some of the most prevalent but discreet injuries are to the lumbo-pelvic (low back) area. Due to the nature of the job and equipment requirements, officers are subject to chronic, low level stresses to soft tissue structures of the lumbo-pelvic area. For instance, the standard issue 22- to 25-lb. duty belt that uniformed personnel are required to wear places uneven loads on the hips and low back, causing compensation in movement patterns and muscles surrounding the area. Additionally, the positioning of the holster, firearm and other equipment on the hips can cause low level friction that can irritate the surrounding muscles and lead to chronic tightness and soreness.

As uniformed and non-uniformed personnel spend the majority of their shifts sitting, the risk of low back injury is further compounded. The combination of patrol car seat shapes and improper sitting

postures (that place vertebrae and tissues in vulnerable positions) can result in major spinal injuries. The muscles of the low body tend to become de-conditioned and can go into adaptive shortening positions that reduce the range of motion and can cause joint dysfunction, pain and discomfort.

Despite these facts, injury occurrences can be reduced by simple interventions and/or modifications to equipment. Modifications could include swivel or drop-down holsters allowing for safer positioning on the hips or the redistribution of equipment weight on the duty belt. Flexible, narrower and lighter duty belts have also been shown to reduce discomfort and low back injuries.

Officers and staff should be educated in lower body and lumbo-pelvic flexibility, core conditioning and ergonomics to reduce the incidence of posture-related low back injuries. Simple intermittent standing and walking can also help reduce stresses to the lumbo-pelvic area and rest tissues that are under strain from duty belts and prolonged sitting — whether out on patrol or sitting at a work station.

Significant health benefits can be achieved through increased awareness and a willingness to act and be proactive in one's work environment.

### Kevin J. Jablonski

How does one narrow a wide host of factors down to the one, *the* single most influential barrier to achieving and maintaining good health among police officers? Is it the demands of radio calls and shift work, an occupationally induced sense of omnipotence, or have officers become so acclimated to a lifestyle peppered with adrenaline rushes that they hardly notice matters

related to their own health and wellbeing? While a combination of these and other realities of policing no doubt contribute to a lack of attention to their health, I suspect a more primary cause. The warning signs or signals that are constantly present in policing are rarely evident when it comes to an officer's physical and psychological health.

The lack of consistent "cues to action" — events or situations that are readily identified with and signal a need to enact behavioural changes to promote health and prevent disease, are generally minimized by police officers. They are minimized by men in general and law enforcement is still a male dominated profession. It is not that cues to action do not exist, but rather, I suspect, they're overwhelmed by the more immediate nature of an officer's job. If you are generally in good health but have to contend with daily challenges associated with exposure to violence, potentially threatening criminals, and tangible physical threats ranging from dirty needles to knives and guns, worrying about how that double burger is going to affect you a couple of decades from now is not going to be on the top of your list of concerns.

Some healthy denial of risk is necessary, but not at the cost of tactics or training. But when this denial generalizes to their physical and emotional health, officers are at an increased risk for negative consequences. Yes, cops visit the dentist... but often only after enduring the gnawing pain of an abscess. Officers will visit the optometrist, but only after squinting, moving closer to an object and a friend's eyeglasses don't work. Likewise, when a coworker of similar age or tenure on the force dies from a heart condition, officers



are more likely to go get that checkup they've been putting off. So while there may not be one and only one barrier to health, the lack of meaningful cues to action is a significant barrier to positive health behaviours among officers.

What's the solution? Use social marketing principles to inextricably tie positive health behaviours to occupational readiness. In other words, eating healthy isn't just about preventing a heart attack 40 years from now as it is about being able to out-run, out-fight and out-live the bad guys on the street. Good health behaviours are good tactics.

### Sgt Steve Boos

From my perspective, the greatest challenge today is finding a way to safely navigate in a stream of incessant, and occasionally overwhelming, demands.

Faced with such constant flow, we often respond by pulling harder on the oars than is healthy. Work begins to occupy a greater part of our thoughts and it's harder to disengage and truly rest, thus draining our energy and enthusiasm. It gets between us and those we care about. In some cases

we get to the point that even extended time off doesn't refresh us and we wonder if things will ever improve.

In a recent RCMP survey, 47 per cent of participants indicated they could not complete their assigned workloads during regular working hours. This phenomenon isn't unique to policing, it's all around us — though the navigational challenge within the RCMP is unique. Past successes have built expectations that “the Mounties always get their man.” This can swell levels of demand much higher than our resources.

Most RCMP employees are strongly committed to making the force successful (92 per cent) and are proud to be part of it (87 per cent). This dedication often translates into devotion to duty well above and beyond the call. And yet there is also another subtle, but very powerful, undercurrent at play in our paramilitary structure. When we fail to provide our employees with the recognition and reward they truly deserve, a stronger quest for promotion can rise. Thus, an internal expectation kicks in: “if I work even harder and stand out more, I'll be recognized through rank.”

Faced with today's demands, what are some safe and healthy ways in which we can navigate? I see many solid advances on the RCMP's horizon: a consistent resourcing methodology, a new leadership model, health and wellness initiatives, reduction of bureaucracy, to name a few. As the various advances take shape, we can all practise a few successful strokes from the past:

Realistic prioritization — I once had a staff sergeant who reviewed my workload and routinely trimmed it back. While liberating and healthy, it was emotionally unnerving to toss some tasks overboard and it showed that he truly listened and cared.

Honesty and self-reflection — to effectively prioritize we must be honest about our capabilities, both organizationally and individually. Our integrity helped us settle the West without major conflict, and it will help us chart a healthy course in these turbulent times.

Reward, recognition and celebration — acknowledging and celebrating the past and who we are brings clarity to the course we're on and shows how far we've come. It also allows us to put our oars down with a sense of satisfaction for a job well done! ■

# Principles of mental health

## Charting a new course for the RCMP

By Bill Wilkerson

RCMP Mental Health Adviser  
Co-Founder, Global Business and  
Economic Roundtable on Addiction  
and Mental Health

Fighting terrorism and organized crime, serving Canada's aboriginal communities, and protecting Canadians in remote and populated regions of the country are just three reasons why the health and well-being of RCMP personnel and other police agencies are important to the national interest of this country.

But compared to the Canadian population, police officers report higher levels of job stress, burnout, role overload and depression. One might conclude that this is natural given the dangers of the job. But those risks aren't driving this pattern: the work climate is.

Police officers report that they are stressed less by the daily risks and dangers of the jobs they're trained for and more by the bureaucratic, political and arbitrary managerial behaviours and fractured top-down relationships they experience at work. This kind of stress — the kind that produces rumination at home after hours and the kind that breeds frustration and uncertainty day after day — is the kind that puts officers' health at risk.

Through the excessive production of hormones and a bio-chemical brain reaction to the experiences we have in the workplace, bad stress can precipitate that "stressed out" feeling (where everything matters) and burnout (where nothing matters).

In turn, this combination can lead to the development of the symptoms of depression and anxiety, as well as other chronic health problems where depression is a complicating factor, such as hypertension. Depression and anxiety are the most common mental disorders and are

concentrated among men and women in their prime working years. Economists estimate that these two conditions cost the country more than \$51 billion a year, mainly in lost productivity.

### Mental health in the workplace

According to Veterans Affairs Canada, 30 per cent of RCMP disability pensioners suffered mental health conditions, such as depression and anxiety disorders. Depression is the leading cause of workplace disability and more prevalent in police and military organizations than post-traumatic stress disorder (PTSD), although the two conditions often occur together.

In the wider population, according to Canadian insurance data, depression appears as a secondary diagnosis in 75 per cent of long-term disability cases regardless of the original cause. Isolation, including isolation from work, is a predictor of depression.

At the heart of the rising public awareness of mental illness and the working population is new knowledge about the nature of depression, anxiety disorders and operational stress injuries (e.g. PTSD): they are more than psychological illnesses.

Depression is as physical as it is mental. It has physical properties that affect a range of brain functions — perspective, concentration, sleep and communication. It weakens the immune system thus lowering resistance to disease and infection, and amplifies pain. Depression can also be fatal. It is present in most suicides and dramatically heightens the risk of a heart attack.

Depression and anxiety disorders are chronic illnesses, which mean that while treatable, they aren't curable. Although symptoms can disappear, sometimes permanently, a recurrence is likely in most cases.

### The legal duty to care

In 1996, the Supreme Court ruled it illegal to discriminate against those who suffer from mental illness. Case law has established a clear "duty to care" on the part of Canadian employers.

In a report to the Mental Health Commission of Canada, lawyer and scientist Dr. Martin Shain says the law is rapidly evolving in favour of employees who face risks of "mental injury" at work. The Mental Health Commission is currently assessing what to recommend to governments.

A healthy workplace strategy is now being developed as part of the RCMP's Change Management Process. A/Commr Keith Clark, the officer in charge of change management, envisions a strategic framework that "provides leadership in employee/family health and wellness through access to effective and efficient programs and services, education, training and communication."

### Stress in police work

The RCMP is unique. Even general principles, data and approaches to mental health

## Dispelling a few myths about mental health

**Myth:** People with mental illness are generally violent and unpredictable.

**Fact:** Between 95 and 97 per cent of violent incidents in the U.S. do not involve people with mental illness. Even when a person with mental illness is violent, the illness itself is rarely a stand-alone cause.

**Myth:** Mental illness is a weakness of character.

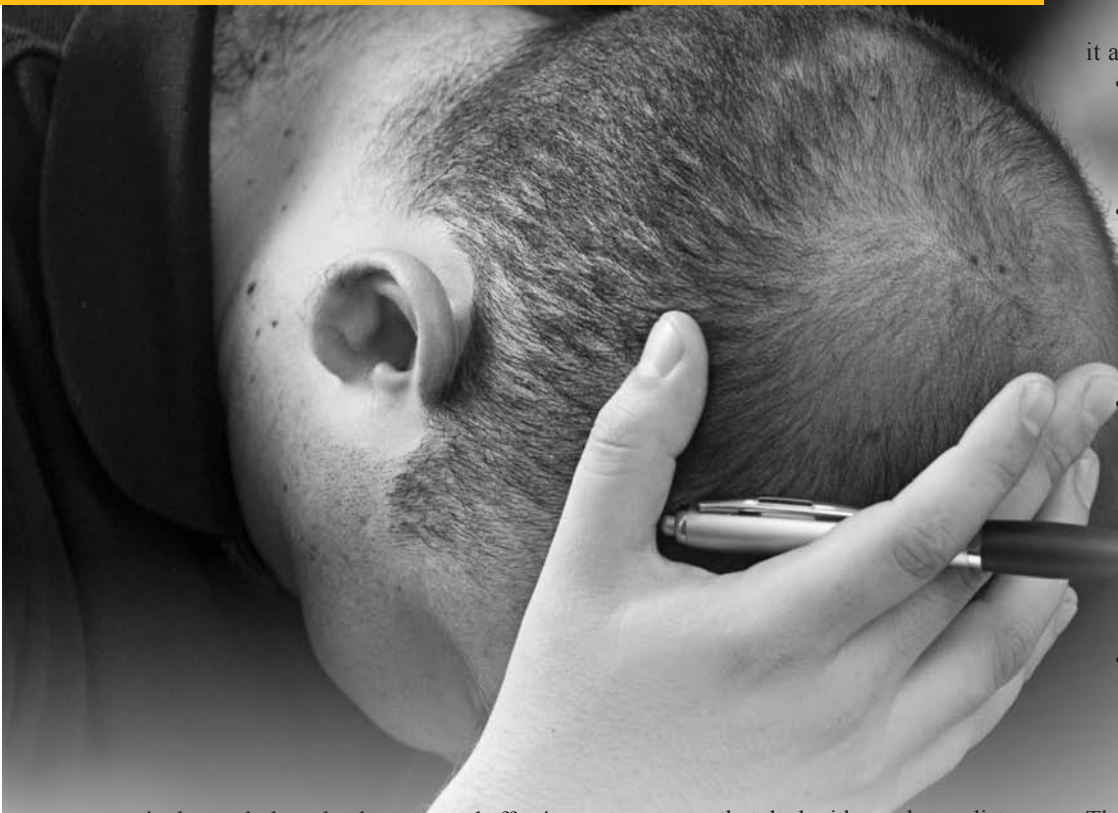
**Fact:** Every human being is born with the genetic vulnerability to mental illness, which indiscriminately strikes all segments of society.

**Myth:** Mental illness is an old person's illness.

**Fact:** Depression is concentrated among men and women in their prime working years, and in their children. Young people between 15 and 24 years of age are most likely to experience a mental disorder.

**Myth:** Mental illness is emotional, not physical.

**Fact:** Like a diabetic stroke, concussion or breast cancer, depression and PTSD have physical properties and psychological effects.



in the workplace that have proved effective elsewhere may still not work in a police organization. In fact, the experience of the police community as a whole is not easily compared to that of other employers, including the military.

The mental health risk factors for law enforcement personnel are increased due to the effects of hyper and continued vigilance also known as “compassion fatigue,” the impact resulting from the sudden death of a partner or peer; and repeated exposure to some of life’s worst moments.

Some studies profess that law enforcement personnel suffer from a corrosion of the human spirit by bureaucratic rules and hostile management practices, upper managers failing to support rank-and-file members and officers at times of personal or professional crisis.

The changing nature of police work has made managing police agencies more complicated and that is certainly true of the RCMP. The fact remains that police personnel are people — they have families — and they are vulnerable to the same health risks that others are, but these are compounded by the indigenous nature of the influences noted above.

There is a great need for internal

processes that deal with employee distress in a coherent, supportive and user-friendly manner and this includes families dealing with the aftershock of losing a spouse or parent.

Professionalism, logic and thoroughness in the design and delivery of health services, disability case management and the rooting out of procedures and management practices that are compounding the incidence of disability and absenteeism are essential ingredients for any credible healthy workplace strategy.

The RCMP is not alone in facing this challenge. Every major employer in the country is in the same boat. But this organization has one of the highest profiles in the affairs of this country; it’s navigating the demands of a major change mandate.

### **Mental health and productivity**

The Global Business and Economic Roundtable on Addiction and Mental Health has produced a comprehensive plan to help employers, employees and unions deal with mental health issues in the workplace.

The plan contains comprehensive guidelines to promote mental health as a workplace asset and to reduce the rates of disability due to mental disorders;

it advises the following to leaders:

- Champion mental health personally and create opportunities for open discussion and dialogue on the topic.
- Audit the organization’s disability experience, tackle trouble spots in work environments, and fight negative management practices reflected in higher rates of employee absence.
- Develop specific policy objectives and concrete targets to reduce mental disabilities to 10 per cent from 30 to 40 per cent of the total disability experience, and decrease long-term disability claims (due to mental health conditions) to virtually zero over five years.
- Equip managers with the tools and training needed to assume accountability for mental health standards in the workplace.

The plan also alerts managers to one particularly jarring fact: the longer an employee is off work, the less likely that employee will ever return. A one-year absence from work reduces the chances of getting an employee back on the job to the low single digits.

Disability leave policies should allow for the time it takes for treatments to work, for recovery to occur and for a gradual return to work based on sound medical and management grounds.

An employee’s reduced symptoms and recovery of functional capabilities should be matched with accommodations at work to help the employee ease back into the job. ■

*Bill Wilkerson is a member of the RCMP Change Management Team, which is developing a healthy workplace strategy for the organization. He is special adviser (neuroeconomics) to the scientific director of the Institute of Mental Health at Douglas Hospital in Montreal, and chairman of both the U.S.–Canada Forum on Mental Health and Productivity, and Great-West Life Centre for Mental Health in the Workforce.*

# Working towards wellness

## Toronto Police Service embraces health initiatives

By Dan Ransom  
Toronto Police Service

High stress, long hours and unpredictable days are the norm for many employees of the Toronto Police Service (TPS). For these 8,000 men and women, both uniformed and civilian, staying healthy in the face of these conditions is a difficult task.

In the early 1990s, the Toronto Police Service began its wellness journey by creating a health promotion committee comprising both uniformed and civilian management members. Its earlier wellness initiatives included a smoking cessation program and a program offered through the Employee and Family Assistance Program (EFAP) to help employees deal with substance abuse.

Also in the earlier days of the health promotion committee, in response to morale problems within its Parking Enforcement Unit, they created a pilot program to review the unit. The program started with a health risk appraisal survey of the parking enforcement officers. Three areas were identified for attention: nutrition awareness to address obesity, stress

reduction for the parking enforcement officers, and financial counselling. The TPS implemented wellness programming in all three areas, and the initiatives were well received by the members.

“Initially ... the Toronto Police Service was depending on reactive initiatives,” says Christine Bortkiewicz, manager of Occupational Health and Safety at TPS. “It became clear after the parking enforcement assessment that TPS needed to move toward more proactive wellness initiatives for the health of its employees.”

### Roadmap to wellness

In January 2002, the Toronto Police Service hired Kim McClelland as its wellness co-ordinator. A trained nurse and wellness professional, McClelland wasted little time laying the foundation for a healthy and productive workplace.

Her first step was to introduce the National Quality Institute’s “Roadmap to a Healthy Workplace,” an integrated and strategic approach for achieving a healthy workplace. The institute’s Healthy Workplace Progressive Excellence Program was identified as the best fit for TPS.

McClelland then established a Global Wellness Committee — a steering committee consisting of a broad cross-section of uniformed, civilian, management and non-management members to oversee the wellness program and drive forward the programs and priorities.

Within the first year, the TPS implemented several of the Global Wellness Committee’s wellness initiatives that focused on reducing cardiovascular disease, hypertension, diabetes, stress, obesity, and improving nutrition among employees.

One of the early initiatives was the nutrition program. TPS hired wellness professional Lisa Tsakos, owner of Nu-Vitality and a holistic nutritional practitioner, who conducted private consultations, presented information on basic nutrition, and then later ran a weight

loss challenge. Employee participation was very high, and many pounds and inches were lost.

“Wellness is synonymous with balance,” says Tsakos. “A natural diet is not a ... trend; it’s simply a return to how the body was intended to be fed.” Sharing this philosophy with employees, Tsakos successfully imparted her knowledge about holistic health, detoxification, supplements, bowel health and healthy eating.

The nutrition program proved to be a good start, but a more comprehensive approach — based on employee statistics, survey results and feedback — was needed to maximize improvements to employees’ health and wellness.

### Assessing the workforce

In 2003, the Toronto Police Service conducted a health evidence needs assessment of its entire workforce by examining medical benefits trends in health, drug data and absenteeism. The assessment revealed that a large number of employees were suffering from chronic diseases such as cardiovascular problems, hypertension, diabetes and stress, and that the daily pressure of the job was taking a toll on members’ health.

Starting in 2004, McClelland conducted blood pressure, blood glucose, cholesterol and diabetes clinics in which employee participation was optional and the results remained confidential. The clinics increased employees’ awareness of their health risks and encouraged them to access early intervention strategies.

The resulting interest in the blood clinics and nutrition program indicated it was time to offer other types of wellness programs to the members. Support from the top was critical, and Deputy Keith Forde, in charge of Human Resources Command, secured the support of the chief, the executive command and the Police Services Board to move forward.

In 2006, the TPS engaged Connex Health — an organization that specializes in creating healthy workplaces — to conduct a voluntary, service-wide health risk appraisal (HRA) in the form of a confidential online survey. To address organizational health, Connex used the HRA results to track cultural change



A member of the TPS enjoys a healthy snack on the job.



within the police service. The HRA results were scored using the Business Health Culture Index, which measures how healthy the culture is. Some units within the service fell below the healthy score and organizational health sessions were conducted in these units first.

The HRA identified several wellness priorities and led the way for a large pilot project called the Sanofi-Aventis Cardiometabolic Study. The results confirmed what the needs assessment revealed: members were suffering from chronic diseases brought about by job stress, shift work and poor eating habits.

### Tracking progress in wellness

In partnership with the pharmaceutical company Sanofi-Aventis, the cardiometabolic pilot study conducted confidential blood screening and body measurements on 500 TPS participants, and provided fitness, nutrition and lifestyle counselling. The aggregate data from the clinics and those to be held in the future will be entered into a database for future reference and to track progress.

Twenty-eight per cent of the above-mentioned TPS employees participated in the Sanofi-Aventis clinics, nearly half of them uniformed employees. The results of the clinics highlighted several other areas of concern, including shift work, sleep disorders, work-life balance and a general lack of fitness.

To address these challenges, organizational health sessions were held in units with

the lowest health scores. TPS, with the help of several Nu-Vitality nutritionists and a fitness coach, developed a three-tier nutritional strategy that included an eight-week healthy eating program delivered through live presentations, individual consultations, and about 50 nutrition and fitness presentations for shift workers (this number grows annually). All were partially subsidized by the TPS.

“Today (TPS employees) are asking the harder questions about health and diet — (questions about) detoxification, fermented foods and supplementation — an excellent indication that they’ve moved beyond the fundamentals,” says Tsakos.

To date, hundreds of employees have had individual consultations and more than 2,000 have participated in the healthy eating program. Their progress is tracked using body fat percentage, waist/hip ratio and improvement in energy levels, mental clarity, stress reduction and sleep.

To address the fitness and fatigue management aspects of its wellness program, the TPS used the services of Cst Kevin Darby, a certified strength coach, to pilot a fitness program, a back health program and a fatigue management program. For these initiatives, Darby worked with industry leaders Dr. Charles Samuels and Dr. Stewart McGill, who studied fatigue management and back health respectively.

“From these studies, we were able to start developing a program to improve the movement and sleep of our employees,” says Darby.

The fitness pilot program was launched in June 2008 and its development is ongoing. Once completed in 2009, the program will allow employees to access fitness advice and programs online at three levels of intensity (beginner, intermediate and expert).

To help combat sleep

disorders, in January 2009 the TPS began offering a fatigue management program for uniformed employees; the civilian program began in April 2009.

A three-year operational plan has now been set in motion to achieve maximum results from programming, as well as to reach the top level (Level 4) of the National Quality Institute’s Healthy Workplace Progressive Excellence Program.

“We are committed to training employees in wellness and organizational health and continue programs in health screening, nutrition, fitness and work-life balance,” says McClelland.

### Ongoing wellness journey

The work-life balance program is currently under development and is looking at such components as management style and flexibility, stress management, change management, parenting and negotiating differences.

At the Toronto Police Service, it is not uncommon to see a nutrition presentation, a “Biggest Loser” weight-loss challenge or a health screening being held at any of the divisions. The service anticipates that the long-term benefits of these programs will include lowered absenteeism, improved health statistics and reduced health care costs.

Health and wellness is also being incorporated into the training of new employees, including a Family Day where new recruits and their family members receive an all-day training session on wellness, EFAP, chaplaincy and other benefit programs.

As the largest municipal police force in Canada, the Toronto Police Service’s wellness journey is one of particular importance. Its goal is to pursue excellence in all areas and, with a vast array of programs and tests that will be tracked, measured and reported.

The service’s ultimate goal is to encourage the health and wellness of all its employees while demonstrating leadership in wellness to the policing community.

“You do not necessarily need a large budget to create a wellness program that works, but you must take a strategic approach,” says McClelland. ■



Keeping the Toronto Police Service healthy, from left to right: Kim McClelland, wellness co-ordinator; Cst Kevin Darby, fitness resource; Christine Bortkiewicz, Manager of Occupational Health and Safety; Lisa Trepanier, nutritionist.

Toronto Police Service

# Workplace health and well-being

Dr. Arla Day  
CN Centre for Occupational  
Health & Safety  
Saint Mary's University  
Halifax, Nova Scotia

Does work matter to our health? You bet it does. It can create stress that spills over to other areas of our lives, affecting our relationships with our spouses, children and friends. It can create physical health problems, such as high blood pressure and cardiovascular disease.

According to 2007 poll results from the American Psychological Association, 74 per cent of employees indicate work is a significant source of stress, and 20 per cent of employees report calling in sick as a result of work stress. In two recent Canadian studies, approximately 50 per cent of Nova Scotians reported some work-family conflict, and 25 per cent of Canadians experienced high levels of work-family conflict.

The good news is that even though work has a major impact on our lives, this effect is not always bad. That is, work can do more than just pay the bills: it also can provide meaning to our lives. It can energize us, engage us, and increase life satisfaction. It can provide us with a supportive network of colleagues and friends, and it can even buffer the negative effects of stress from other areas of our lives.

The extent to which our work either stresses us out or helps us depends upon the health of our workplace.

## What is a healthy workplace?

A healthy workplace is committed to its employees' physical and psychological health and well-being. It fosters a positive

work environment, while still maintaining high levels of efficiency and productivity. Healthy workplaces help employees balance their work and non-work responsibilities. They encourage employee growth and development, involve employees in decision-making processes, and recognize and support employee accomplishments and initiatives. They also promote the physical and psychological health, safety and wellness of all employees.

The costs of unhealthy workplace practices and culture are well documented. Unfair treatment may increase blood pressure and the risk of heart disease, and decrease mental health. Employees who are treated unfairly or experience conflict at work tend to take more sick days.

Some may argue that because of the different demands and inherent dangers associated with policing, it is difficult to create healthy workplace for police officers. This isn't necessarily the case. Interestingly, one study revealed that the top two factors affecting the general health of U.K. police officers were not the unique demands of police work, but the "ordinary" demands of work impinging on home, and having insufficient support from senior officers.

In a study conducted with Canadian military personnel, both the day-to-day demands of the job and traumatic work events (such as witnessing a death) negatively affected personnel health. In another study involving Dutch officers, conflict between work and non-work demands led to depression and fatigue. Therefore, no matter what the occupation, having stressful and unhealthy workplaces creates unhealthy workers.

It is estimated that job stress costs U.S. organizations \$300 billion annually. The estimates are lower in Canada, but are still substantial at \$12 billion annually. These estimates arise both from direct costs, such as increased sick time, insurance costs, prescription drugs, long-term disability, increased premiums and worker compensation costs, as well as indirect costs, such as replacement labour and overtime for absentee employees, high



Timothy Richard

Dr. Arla Day

turnover costs (including retraining costs), and an impaired ability to recruit new talent.

## Benefits of healthy workplaces

The individual employee benefits of a healthy workplace include reduced stress, improved morale and a more positive workplace atmosphere, improved physical and mental health, fewer injuries and illnesses, and better work-life balance.

Organizational benefits include improved productivity, recruiting advantages and improved employee retention, as well as a competitive advantage through improved customer service and enhanced company image.

When compared to the national average in the U.S., organizations that had won psychologically healthy workplace awards in 2009 experienced 28 per cent less turnover, 14 per cent less employee stress, and 24 per cent more employee satisfaction.

## Best practices in policing

Police organizations can do a number of things to improve the health and well-being of their members. Here are three examples:

**Toronto Police Service.** In 2008, the Toronto Police Service (TPS) won the

American Psychological Association's (APA) Psychologically Healthy Workplace Award in Ontario and went on to win a Best Practices honour across all participating provinces and states in 2009. The service developed an extensive health and wellness program to address the physical and psychological health of its members.

TPS provides supports to its members and their families to help balance work and non-work responsibilities. It offers maternity and parental leave programs, paid and unpaid family leaves, guaranteed access to a multi-site child-care program (with no late pick-up fees) and an emergency child-care program. It also provides information and web links on health and elder-care issues, and job-sharing opportunities.

TPS provides valuable support services for both employees and their families including critical incident debriefing, psychological crisis debriefing, stress management training, a peer support network and multi-faith chaplaincy services. Finally, the service also provides consultation and guidance to supervisors and unit commanders to help them understand these issues.

**Honolulu Police Department.** Honolulu Police Department (HDP) won the APA state-level Healthy Workplace Award in 2002. It has several psychologists, chaplains and peer supporters to address employees' emotional and psychological

well-being. The department implemented an "early-warning system" program designed to be a low-level identification, intervention, assessment, training and referral service. Its peer support program provides confidential peer counselling for police employees and their families.

HPD also provides support for employees to balance their work and family responsibilities. The department offers scheduling options for field patrol units and opportunities for alternative assignments to accommodate family needs. This flexibility is remarkable given the demands of policing and the requirement for 24/7 coverage.

**New Mexico State Police.** New Mexico State Police won the APA state-level Healthy Workplace Award in 2005 for their best practices in health and safety. They implemented critical incident stress management and counselling and developed a Peer/Police Officer Support Team (POST) to provide free and confidential counselling for officers and their families. These services are viewed as credible because POST members are officers who are nominated by peers and screened by existing members.

### On-going process

There is no quick fix to workplace health and wellness. These policing organizations strive to continually support healthy employees and workplace initiatives, illustrating how good workplace health is



James H. Bray, APA President (right), presents the Psychologically Healthy Workplace Award in Ontario in 2008 to TPS Inspector Peter Lennox (left) for the force's dedication to its members and the people of Toronto.

Amy Jones, APA, all rights reserved

an on-going process that is embodied in the organizational mission statement and day-to-day activities. More and more organizational leaders now realize that the secret to success involves integrating these healthy initiatives into their goals to create healthy employees and a healthy workplace. ■

*Dr. Arla Day is a Canada Research Chair, CN Centre for Occupational Health & Safety, at Saint Mary's University in Halifax, Nova Scotia, and Chair of the APA Psychologically Healthy Workplace Program in Nova Scotia.*

## What should you do to create a healthy work environment?

- Get buy-in from all levels of the organization, especially at the top. It can only work if everyone, including employee groups, supports the goals and the process.
- Use the components of a healthy work place as a guide to what you are currently

doing. Many organizations underestimate what they are doing to develop healthy work places simply because they haven't sat down and assessed the formal and informal programs in their organization. This assessment also allows you to share best practices across work groups in the organization.

- Identify and measure your goals. You won't know how far you have come, if you don't know where you started.
- Review the health and wellness best practices of other organizations and listen

to your own experts and employees. Best practices are helpful, but there is no one-size-fits-all approach. Success involves identifying challenges unique to your organization and meeting these challenges by tailoring programs to fit your needs.

- Implement your initiatives. Again, it is important to ensure implementation is done at all levels to get buy-in and success.
- Monitor and evaluate your progress.

# Dying for work

## Stress and health in policing

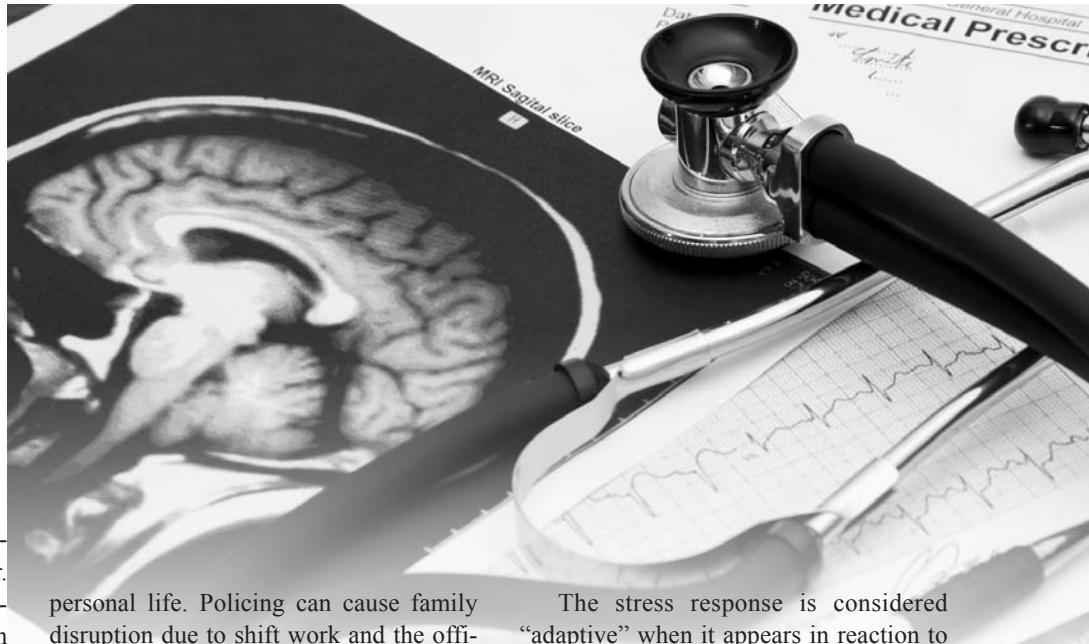
By John M. Violanti, PhD  
State University of NY at Buffalo  
School of Public Health  
& Health Professions  
Social & Preventive Medicine

Police work is generally routine, intermixed with episodes of intensive danger. Police officers are often placed in situations of severe emotional stress, which include viewing dead bodies, seeing sexually exploited children or being involved in a shooting. They are required to work different shifts, which may affect their sleep and dietary habits. Exposure to carbon monoxide from vehicles, electromagnetic sources, chemicals, lead from firearm use, drug contamination and HIV are not uncommon in policing.

Previous work has identified two distinct sources of stress in police work: the inherent job dangers and the police organization. A recent study assessed information at police roll calls in various cities throughout the United States. The study asked officers to rank factors at work that were stressful. Police officers ranked organizational stressors at the top of the list, including lack of support, lack of communication, punishment-based management, insensitivity, favouritism and shift-work scheduling.

Although police officers generally place organizational stressors at the top of their list, they also worry about the dangers of their work. Being involved in a shooting has been ranked by officers as the highest inherent police stressor. The danger of assault, dealing with abused children, witnessing human misery and experiencing traumatic incidents were also ranked as highly stressful.

The occupation of policing may often “spillover” into the officer’s family and



personal life. Policing can cause family disruption due to shift work and the officer’s inability to separate from the job. These stressors can reduce effective communication, increase dissatisfaction with work, and lead to poor family relationships, family isolation and marital difficulties.

### How does stress cause disease?

The term “stress” is often misunderstood and overused. However, among its numerous definitions, many describe stress as a process where life’s demands place an undue strain on a person, which results in psychological and biological changes that increase the risk for disease. Others see stress as a state of imbalance, where negative occurrences far outweigh the individual’s ability to cope with them.

Stress can best be understood as a police officer’s biological and psychological adaptation to work events. The degree to which these exposures impact a stress response in the officer depends upon his or her personal abilities to respond effectively to the event.

In terms of biological impact, stress alters the proper functioning of the body’s hormone control centres and produces a chemical imbalance that operates throughout the nervous and endocrine systems. No bodily organ can avoid being affected in some way by the experience of stress. Diseases occur when the body can no longer adapt to external stressors.

The stress response is considered “adaptive” when it appears in reaction to an acute situation and its duration is limited. It is considered “maladaptive” when the body’s reaction is not brought under control by the usual regulatory mechanisms. If a person cannot remove himself or herself from the stressful encounter, as is often the case with police work, the stress response may become chronic and unregulated.

There are several stressful work factors that may increase the risk of disease in police officers:

- A police officer may experience too much stress from numerous unexpected events that cause repeated elevations of stress over long periods of time. Police officers work in fear of personal danger, and learn from their training to be suspicious of everyone and everything.
- A police officer may fail to adapt to the same stressor, so the body fails to dampen or eliminate the stress response to a repeated event. The police officer’s general lack of control over events at work make this a continuous and ubiquitous stressor that pervades the work life.
- A third type of stress involves failure of the bodily systems to “shut off” after responding to the stressor. Since stressors are

continuously present in policing, the body may never have, in a temporal sense, the opportunity to shut down.

- Because of the chronic stress in policing, the officer's stress systems may become "worn out" and not respond at all. This can lead other bodily systems to become overactive and compromise the immune system.

### The mortality experience

Police mortality studies have demonstrated that police officers are afflicted with stress-related disease at a higher rate than the general population.

- Rates for policemen, sheriffs and marshals are significantly elevated for arteriosclerotic heart disease, cancer, suicide, and homicide.
- Increased rates were found for cancers of the colon and liver, diabetes mellitus, arteriosclerotic heart disease, pulmonary embolism and homicide among Washington state police officers.
- Police officers at the City of Buffalo, NY, had increased rates for heart disease, digestive cancers, cancers of the lymphatic and hematopoietic tissues, brain cancer and esophageal cancer. Police had a three-fold rate of suicide compared to City of Buffalo municipal workers.
- Urban police officers in Rome, Italy, had increased rates for colon cancer, bladder cancer, non-Hodgkin's lymphoma and melanoma.

In many of the police mortality studies noted above, police officers either suffered from disease or died at a much earlier age than reference groups like municipal workers or the general U.S. population. Results from the State University of NY (SUNY) at Buffalo police mortality study found the average age of death for police officers was 66 years compared to 75 years in the general population. This is unusual for a presumably healthy working population.

### What can be done?

While there are many factors involved in police stress that have not been addressed here, there are two worthy of further discussion because they may lessen the impact of police stress on the wear and tear of bodily systems: the use of psychological interventions and the individual trait of resiliency.

#### *Confidential intervention*

Police officers are exposed to stress in their work on a continual basis. Expectations of traumatic work events are ever-present, and police training emphasizes how to deal with the worst cases.

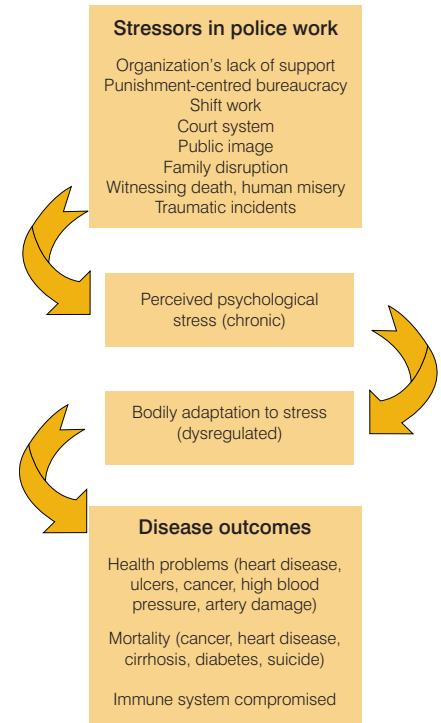
Although intervention protocols have improved and mental health professionals are routinely made available to help police officers deal with adversity in their work and personal lives, persuading officers to seek psychological help remains a challenge. Police officers generally think of themselves as problem solvers, not people who have problems. In addition, there is a pervading mistrust of the mental health profession among police officers. Police organizations should seriously consider providing resources that can assure confidentiality.

In terms of the human dimension, taking care of small problems before they become large is a wise strategy for any organization. In terms of budgetary considerations, it costs approximately \$160,000 to train a new police officer in the U.S., and the organization loses the experience of the fallen officer. Prevention and early treatment are more cost effective than ignoring stress problems.

#### *Resiliency*

Developing protective factors against stress in police work is a worthwhile endeavour. Resilience is one such factor. Resiliency is the ability to "bounce back" from adversity, stress and trauma. Officers high in resiliency — marked by a strong sense of work commitment, feelings of control over situations and perceiving work as a challenge instead of a threat — tend to remain healthy under stress compared to those low in resiliency.

## The Police Stress and Disease Process



Such officers tend to interpret stressful and painful experiences as a normal part of life. Research studies with a variety of occupational groups have found that resiliency appears to function as a significant buffer of stress.

Resiliency can be developed in occupations such as police work. Resiliency merits further exploration as a tool to mitigate police stress at group and organizational levels.

Future research in police stress and disease will help to better explain its adverse impact on police officers. It is hoped that such research will provide important information in clarifying this important problem. ■

*John M. Violanti, PhD, is a research professor in the Department of Social and Preventive Medicine at SUNY Buffalo, NY. He is a 23-year veteran of the NY State Police. Violanti has lectured nationally and internationally at academic institutions and police agencies on matters of stress and trauma at work.*

# Fit for LIFE at the Western Australia Police

By Mark Neates  
 Manager Corporate Health  
 Health and Welfare Services  
 Western Australia Police

Fit for LIFE, Western Australia (WA) Police's corporate health strategy, was launched in May 2006 with the goal of enhancing the health, fitness and well-being of all WA Police employees.

The health strategy contributes to the overall WA Police strategic plan and Frontline First philosophy by creating and maintaining a healthy workforce that is physically, mentally and emotionally prepared for the demands of work and personal life.

The Fit for LIFE program was based on a comprehensive needs assessment and audit that identified employees' health and well-being needs and preferences, as well as the organizational barriers to implementing workplace health promotion interventions. The assessment revealed three types of organizational barriers: structural, managerial and cultural.

Structural barriers include offices and buildings in poor condition, below-stand-

ard gymnasiums and poor-quality gym equipment.

Managerial barriers include problems related to shift work, poor work-life balance, high work load, staff shortages and irregular breaks. The unpredictable nature of policing, the "24-hour" role of rural police officers, the priority placed on policing above all else, and the extension of work image into community life are also cited as managerial barriers to health.

Finally, cultural barriers affect how employees make decisions about their health. Prevailing cultural attitudes that reward "hard work," mock healthy behaviours, and view employees who access health services as "weak" all negatively affect employee well-being.

In the 2005 and 2007 Well-being of the Policing Profession survey published by Edith Cowan University, some 45 per cent of police officers reported that their work was having a negative effect on their physical and emotional well-being. In addition, half of the respondents indicated that they had not achieved an appropriate balance between their work responsibilities and personal life.

The Fit for LIFE strategy is based on a comprehensive, integrated workplace health promotion model that addresses employee health, fitness and well-being in tandem with improving the organizational work environment.

When launching the Fit for LIFE program, WA's Commissioner of Police, Dr. Karl O'Callaghan, encouraged all WA Police employees to participate in the police corporate health program that will benefit both the agency and the individual.

"If police officers and police staff are fit and healthy there are benefits not just for us, but obviously for them, their families and the community," says Dr. O'Callaghan.

## Physical activity and policing

Mark Neates, Executive Manager Fit for LIFE, has heard it said that "there is no magic bullet in health, but physical fitness comes close." For a police officer, this statement has even more significance. Police must be able to assert a physical presence, and the arrest function in policing makes fitness essential.

Neates believes improved fitness will not only make officers more effective, but will also improve their mental health and reduce their risk of acquiring lifestyle diseases such as diabetes, cancer or cardiovascular disease, prevent injury and speed the return to work from injury or illness. The Fit for LIFE Gymnasium Strategy aims to ensure that police officers have the facilities to partake in physical activity.

Following the initial needs assessment, WA Police conducted a review of its gymnasiums in 2006–07. The key findings were as follows:

- gymnasium equipment wasn't being maintained to a commercial standard,
- some gymnasiums were not included in cleaning contracts and therefore weren't being cleaned,
- there was no statewide strategic direction for the supply, maintenance or upgrade of gym equipment,
- there was no specific budget allocated for gym equipment,
- there was minimal support and instruction for use of the equipment, and

The Fit for LIFE program sponsored the WA Police women's team in the 2008 Balzano Barrow Race.





- there were 53 rural stations without access to any fitness facilities.

The review was used to develop a strategy for the design, placement, establishment, maintenance and refurbishment of WA Police gymnasiums. Over the first four years, the plan commits \$300,000 per year for gyms and equipment. After three years, the WA Police has significantly improved the quality and access to exercise equipment throughout the agency.

Fit for LIFE has a strong partnership with the WA Police Sports Federation (WAPSF), an organization that was established in 1986 and consists of 1,600 WA Police members. WAPSF supports and financially assists members who wish to compete in sporting events like fun runs, open-water swims, cycling and triathlons. The federation is also affiliated with 10 sporting teams that members can join. WAPSF creates camaraderie among employees and contributes to the fitness and well-being of members.

### Personal development

The Fit for LIFE program offers all employees healthy cooking workshops, stress management seminars and general health seminars. Since 2006, every WA Police employee is also offered a comprehensive

one-on-one health assessment with a full blood screening every two years. This voluntary program helps prevent chronic lifestyle diseases, and participation rates have been as high as 60 per cent.

Fit for LIFE has developed a comprehensive online intranet site that provides a range of information about physical activity, health and lifestyle. The WA Police internal publication *From the Line* also provides regular health and fitness coverage.

Aside from its health programs, Fit for LIFE promotes catering guidelines, a vending machine policy and nutrition guidelines to help shift workers make healthier dietary choices.

### Support and advocacy

The WA Police Commissioner is a strong advocate and healthy role model for the Fit for LIFE program. The program has the support of a high-level steering committee, which provides leadership, direction, governance and advocacy. A 105-member employee reference group also helps implement Fit for LIFE strategies by contributing to program design, implementation, evaluation, advocacy and communication.

Fit for LIFE is based on the philosophy of mutual obligation. WA Police will continue to implement organizational

changes and health promotion programs that support employee health, fitness and well-being, while in return employees must be committed to improving their health, fitness and well-being where necessary, and to addressing any issues that might place them at risk.

### Outcomes/evaluation

Assessing whether the Fit for LIFE program is improving the health and well-being of WA Police employees is challenging as health-related measures such as employee sick leave, injury rates and obesity rates cannot be attributed to the Fit for LIFE program alone.

However, based on assessments of Fit for LIFE processes and impact objectives — participation rates, program awareness, number of workshops held, policies developed and gyms upgraded — the Fit for LIFE program has been successful in meeting its objectives.

Encouragingly, recent results from internal health appraisal data show low levels of stress, anxiety and depression being recorded with smoking levels well below national averages. Obesity, alcohol consumption, lack of physical activity and blood lipids remain a challenge.

### Future challenges

Employee health is becoming a priority for more and more Australian organizations. A challenge for the program is to continue to be innovative and adaptive to new lifestyle-related health issues such as mental health.

Targeting the ingrained culture of the police service is yet another challenge. In particular, it will be difficult to change behaviours such as alcohol use, fast food consumption and the perception that employees who access health services are weak.

Getting people to change their lifestyle is not easy; it is a long process. With the Fit for LIFE program, WA Police is only just beginning to support and effect real and positive changes to the health of its staff. In the future, with the continuing commitment from the organization, WA Police hopes to keep its police force healthy and productive, and its communities safer. ■

# A widow speaks

## Coping with the loss of a spouse

John Petropoulos Memorial Fund



Maryanne Pope (left), lost her police husband John Petropoulos (right) to an on-duty death. She counts police chaplains, liaison officers and an “informal” police support network as key players in her emotional recovery.

*On September 29, 2000, Maryanne Pope’s husband, Calgary Police Cst John Petropoulos, was killed on duty. Eight years later, Pope published a book describing her journey through grief (A Widow’s Awakening, Pink Gazelle Productions Inc., 2008). She speaks with Gazette writer Caroline Ross about what she learned along the way.*

### What were the circumstances surrounding your husband’s death?

John was responding to a break and enter complaint at a warehouse, and he went up a wooden ladder to a landing. He took a step from that safe surface right through a false ceiling (joined to the landing), because there was no safety railing in place. He fell into the room below, and his head hit (the floor) with a force and angle that killed him.

### How did your grief progress?

Interestingly, on the first day, I accepted John’s death very quickly, but as the weeks and months went on, I slipped out of that acceptance and into denial. I experienced stages of self-pity, anger and confusion that I popped in and out of. I also had an underlying sense of sorrow and fear (about the

future) that didn’t go away for many years. It took a good five years before I genuinely felt at peace with John’s death and my life.

### What coping mechanisms helped most?

Number one was support from family, friends and the police service. That was huge. Another coping mechanism that I continue to utilize is work. I learned how to put the hurt that I was experiencing into positive change in the community, through my writing and through the memorial fund. (Pope and three of John’s police recruit classmates established the John Petropoulos Memorial Fund, [www.jpmpf.ca](http://www.jpmpf.ca), to promote workplace safety for emergency services personnel.) I also figured out the importance of being on my own, to grieve (in my own way). That’s when I started healing.

### What police-based resources were most valuable?

The police chaplains were phenomenal. Even though I didn’t necessarily find their Christian beliefs of comfort, they themselves gave me love and support for years to come. The family liaison officer — in my case, John’s sergeant — was also wonderful. (The Calgary Police Service) did a great job of choosing someone who was familiar with John, knew me, knew our family and — most importantly — had some life experience, could be compassionate and empathetic, and could still get tasks done. Finally, there’s the “informal” police support network. I’m very close with the guys in the memorial fund, and with some of John’s colleagues. Even if it’s just coffee once a year, (that support) means the world to me because it’s such a strong bond to John and what he stood for.

### How can officers best interact with a widowed spouse?

The number one thing is to listen. This can be hard for police officers, because they want to fix (your problems) and make you feel better. But some things aren’t fixable. Just listen and be human. If you’re assigned to care for (a widowed spouse), really make that person your top priority. Get back to them right away (if they call). That person will be hypersensitive and extremely vulnerable (for a time), and you don’t want to add any more unnecessary stress to their situation.

### Is there anything you feel you could have done beforehand to help you cope?

If I had known how excruciatingly painful it would be losing John, I would have lived differently before he died. I would have been more in the moment with John, worried less about money and the future, and been more appreciative of the person John was and the lessons he was teaching. If you live like that, I think it may lessen the regret, bitterness, guilt and other negative aspects of grief. I don’t think grief necessarily has to be horrific. ■



# Cancer counselling

## Gloucestershire Constabulary provides helpline to officers

By Pauline Gill  
Occupational Health and Safety Unit  
Gloucestershire Constabulary

Many organizations recognize that the pace of life today can be hectic, and juggling work with personal lives and responsibilities can be difficult. From time to time, we can all benefit from some extra support.

Like many police services, Gloucestershire Constabulary provides its staff and their dependants with access to an Employee Assistance Program (EAP). The program can assist employees with day-to-day problems and help them find a healthy balance between their work and home life. The Gloucestershire Constabulary's EAP provider is CiC (an EAP company based in Britain).

The EAP program offers all employees access to an independent, free and completely confidential telephone advice service, which is available 24 hours a day, seven days a week. If the employee and the telephone adviser agree that counselling may be helpful, the employee can be referred to a counsellor for face-to-face sessions.

As well as providing support for a range of emotional issues, the program offers debt advice and legal advice when needed. While the program works to support employees and their dependants at all times, this is particularly true when cancer touches their family.

### Cancer counselling

This year, the Constabulary has introduced specialized counselling services for employees diagnosed with cancer and for their relatives and colleagues affected by it. It is one of a growing number of organizations seeking advice for employees who are touched by cancer.

CiC works in partnership with the U.K.'s leading cancer care charity, the Cancer Counselling Trust (CCT). CCT is a

charity based in London that provides professional, specialized information, advice and support in all matters relating to cancer, either prior to or at the time of diagnosis, and throughout treatment.

One in three people will be diagnosed with cancer during their lifetime. Shock, grief and fear are just some of the feelings that they and their families must deal with. These emotions are sometimes too painful to carry alone and specialized cancer counselling is one of the most effective sources of support.

Through the CCT, Gloucestershire Constabulary provides cancer counselling to its employees and their families to help them cope with the difficult issues and emotions that follow a diagnosis. Fear around the illness can be compounded when medical terminology is used and not understood. Confidential access to this service will help to dispel the myths and give practical information and support to employees.

This provision is available to all Gloucestershire police employees and their families. Managers and colleagues who work with someone diagnosed with cancer can also contact the charity. For the employee, getting help is simple: they just call the helpline. The CiC counsellor will put the employee, their partner and dependants in direct touch with CCT to arrange for the detailed support they may need, in addition to assessing what other help can be provided.

While counselling sessions are typically held by telephone, they can also be held face-to-face with a counsellor in the London area, if preferred.

Talking to a counsellor who is experienced in cancer-related issues can ease the sense of isolation and help the person find ways to face the challenges ahead. It is also an opportunity to take some time and space in a confidential setting to talk about what



is causing distress.

“The Cancer Counselling Trust provides an invaluable service,” said one user of the CCT. “It is staffed by professionals who are familiar with the special stress that a cancer diagnosis can bring, not only to the patient but also to all those who care about them.”

Cancer Counselling Trust offers the following to Gloucestershire police officers, civilian employees and their families:

- nine sessions of telephone counselling
- face-to-face counselling available in London
- crisis-call support for those with a new diagnosis
- directing employees to other resources such as Cancer Backup
- formal and informal referral dovetailed with HR procedures
- management support for managers and teams
- experienced specialist counsellors
- bereavement counselling

The Cancer Counselling Trust holds all contact in strictest confidence. The counsellors do not tell individuals what is right for them but can help them explore new ways of looking at things and approaching problems.

This service is provided as part of Gloucestershire Constabulary's continued support for their police officers, employees and their families. ■

# Curbing officer obesity

## Arming officers with nutritional choices

By Rana Parker  
Registered Dietitian  
Los Angeles Police Department

So have the cops been eating too many doughnuts? That is the recurring question when a member of the public finds out that the Los Angeles Police Department (LAPD) has hired a dietitian. That may have been true in years past when doughnut shops were the only eating establishment open during early morning shifts, but the old stereotype is a thing of the past now. Access to 24-hour convenience stores and fast food restaurants makes the problem much bigger now than a few doughnut holes.

While it might be expected that years on the job add up to inches on the waistline, the problem did not garner much attention at the LAPD until it became clear that even young recruits — who should be at the peak of their health and fitness levels — were struggling with extra weight.

This gave the LAPD's Chief Psychologist, Dr. Kevin Jablonski, the justification to hire a dietitian. Concerned about the health of recruits and the long-term consequences of a poor diet and excess weight, Jablonski pushed to secure a full-time dietitian to help not only recruits, but all sworn officers and civilian employees.

Witnessing first-hand the expanding waistlines of recruits at graduation ceremonies, Chief William Bratton and other senior command staff supported hiring a dietitian. In July 2007 I became the department's first full-time dietitian, and many of the physical training instructors saw the value in having a dietitian on staff.

However, not all rank and file agreed. Comments from some officers were less optimistic. Arguments against hiring a dietitian included suggestions that law enforcement personnel already knew what to eat and weren't amenable to change when it came to certain health behaviours. Some were also of the opinion that with

the high number of calls in the field, it just wasn't possible to eat healthy while on duty. Academy instructor Officer James Hwang made his first impression clear, "I originally did not think nutrition was relevant to police work." He later changed his mind while researching the causes of death among police officers. "I was surprised that many [police officers] died of heart attacks," he stated, noting that this condition was often associated with poor dietary habits and a sedentary lifestyle.

### Staying healthy on patrol

Law enforcement personnel face unique challenges due to the unpredictable nature of the job; demanding schedules and shift work don't equate to healthy food choices on the run. And the desire to "protect and serve" the public can translate to a cultural norm that leaves caring for one's own health low on the priority list. My challenge as the LAPD's dietitian is to address these issues and show employees how to



LAPD's full-time dietitian, Rana Parker, works to curb obesity throughout the ranks.

eat healthy on the job and motivate them to invest the effort and change their behaviours.

Even with these unique challenges, law enforcement personnel are not that

## Eight tips for better health through better nutrition

1. Eat something healthy within two hours of waking.
2. Enjoy four small, balanced meals throughout the day.
3. Stay hydrated.
4. Limit your caffeine intake to approximately two to three cups a day.
5. Eat a fruit or vegetable with every meal.
6. Limit your portion size.
7. Keep healthy snacks readily available.
8. Eat more slowly and stop when you are three quarters of the way full.

While many police departments may not have the resources or the need for a full-time dietitian, departments might benefit from part-time or occasional consulting services.

### How to find a dietitian:

Dietitians of Canada: [www.dietitians.ca](http://www.dietitians.ca)

The American Dietetic Association: [www.eatright.org](http://www.eatright.org)

International Confederation of Dietetic Associations: [www.internationaldietetics.org](http://www.internationaldietetics.org)

different from the general public. A recent survey by the American Dietetic Association shows that while 81 per cent of Americans know that eating a healthy diet and exercising regularly is important, only 43 per cent are actually doing it.

Motivating the other 57 per cent who aren't living healthy lifestyles is critical. With a department that employs more than 13,000 people with diverse backgrounds, a variety of strategies had to be implemented. These strategies include individualized one-on-one nutrition counselling, nutrition classes at the academy and specialized departmental schools (e.g. detective school), special presentations at divisional training days, and the development of in-house programs that promote healthier lifestyles.

For employees who are ready to make changes, individualized nutrition counselling is available as a resource for a variety of reasons, from losing weight, reducing cholesterol, controlling glucose levels and managing gastrointestinal disorders, to enhancing strength and improving athletic performance.

### Motivation for change

For new recruits and officers in the field, the motivation to eat healthy may be a matter of officer safety — eating well and staying fit enhances their ability to handle the physical challenges of the job. Through group training sessions and short training components during roll call, officers are shown ways to accomplish this goal, such as how to make healthier choices when eating at fast food establishments and what foods to pack for patrol.

To address the weight and fitness abilities of recruits, the LAPD implemented a four-week training program for those who fall below an initial standard fitness level. The program includes eight hours of interactive nutrition education along with individualized nutrition counselling. This program has proven effective in improving officers' food choices in the field, facilitating healthy weight loss and enhancing officers' overall fitness. "I am still follow-

ing Ms. Parker's eating and exercise guidelines and I'm in better shape than I've ever been in my life," states Officer Joel Twycross, a graduate of the program. "I've been able to drop weight and gain muscle. This has drastically helped me as an officer."

For officers and civilians primarily assigned to administrative duties, physical performance may not be part of their daily job requirement and may therefore be less of a motivating factor. But many would like to feel more energetic and healthier, be able to fight off a cold or flu, get better sleep and improve their mental performance. Using a variety of visual aids and hands-on activities in group sessions helps show employees how improving eating habits can actually affect these results.

Since nutrition services were first implemented in July 2007, I've worked with a wide-range of employees of varying ranks, both sworn and civilian, who are in fact eating healthy on the job and reaping the rewards.

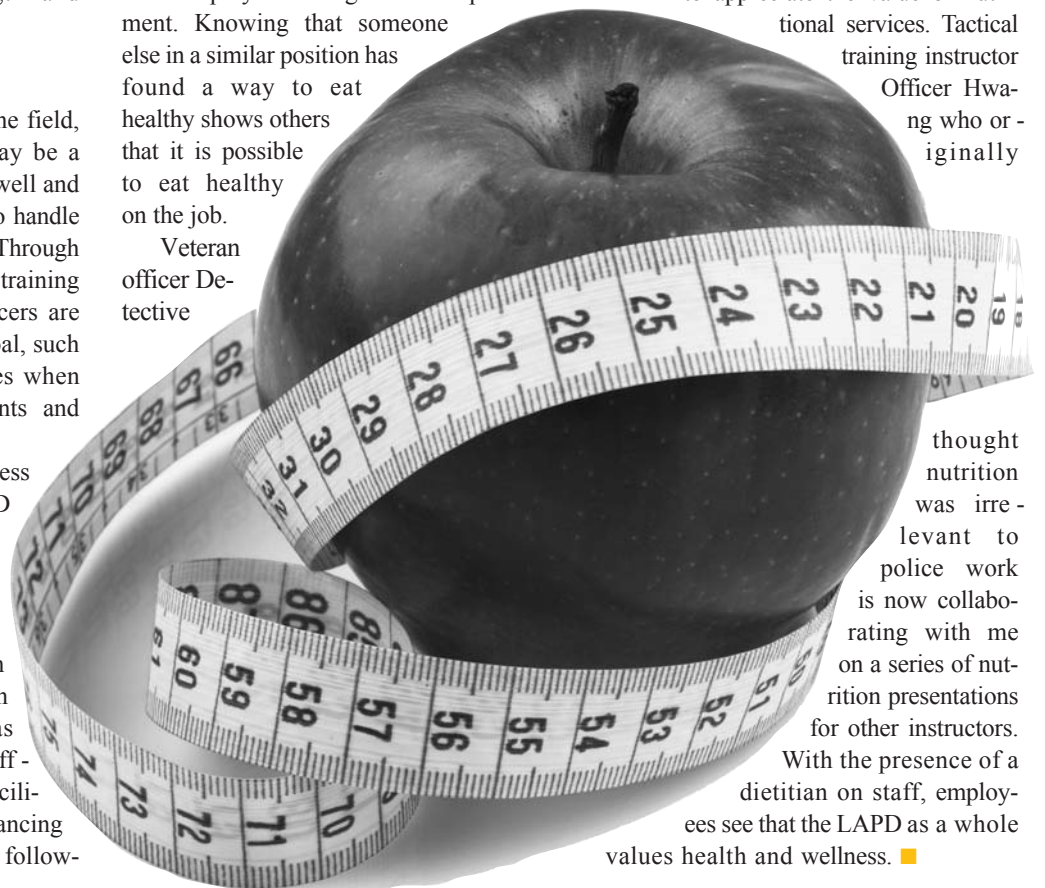
These stories are often shared with other employees throughout the department. Knowing that someone else in a similar position has found a way to eat healthy shows others that it is possible to eat healthy on the job.

Veteran officer Detective

Dickson is one success story who says that the personal nutrition counselling he received enabled him to "painlessly" change his diet. Dickson comments, "I've lost several pounds and have gained knowledge to maintain a healthy lifestyle, which has helped me lower my blood pressure."

While this program is in many ways still in its infancy, the successes are already apparent. Ongoing assessment — including periodic physical assessments and evaluating academy performance — and new interventions are continually being formulated. Currently in development are plans to facilitate a walking program/step challenge, as well as the provision of more healthy options at food sales and fundraisers. Also in the works is intranet access to nutritional support, which will include regular wellness and nutrition tips, recipes, success stories, advice for making healthy choices at restaurants, and links to external resources.

The challenges of eating healthy on the job will remain, but more and more officers and civilian employees have come to appreciate the value of nutritional services. Tactical training instructor Officer Hwang who originally



thought nutrition was irrelevant to police work is now collaborating with me on a series of nutrition presentations for other instructors.

With the presence of a dietitian on staff, employees see that the LAPD as a whole values health and wellness. ■

# Just the facts

We've all heard the warnings: police work can take a toll on officers' health and well-being. The following statistics show that these warnings are quite valid, but that the situation isn't always as dire as it may seem.

The life expectancy of a male police officer in the United States is 66 years — nine years less than that of the average citizen — according to research cited by the FBI.

The U.S. National Institute of Justice names “physical stress and overexertion” as the second largest cause of injury among on-duty officers — larger even than traffic accidents, and second only to assault or violence.

An Italian study of 1,115 state police officers found that officers who worked shifts had more difficulty falling asleep compared to officers who did not work shifts, but that the two groups had no significant differences in daytime sleepiness.

Hepatitis B infections among police officers are more likely to result from non-occupational risk factors such as age and race than from occupational exposure through needle sticks, bites, cuts from contaminated objects, or contact with blood, according to findings published by the Journal of Occupational and Environmental Medicine.

A University at Buffalo study of over 400 police officers found that 72 per cent of females and 43 per cent of males had cholesterol levels that exceeded general health recommendations.

Research posted by the The Badge of Life indicates that police officers have higher rates of heart disease, cancer, diabetes and other stress-related disorders than do members of the general population.

Officers who spend their shifts riding in vehicles do not have a higher risk of back problems than do members of the general public, according to a Canadian study of 1,002 RCMP officers.

As many as 15 per cent of police officers may suffer from post-traumatic stress disorder, compared to about one per cent of the general population, according to research posted by the Suicide and Mental Health Association International.

From 2004 to 2008, an annual average of eight officers retired from the U.K. Dorset Police for reasons of ill health. This number accounts for less than one per cent of Dorset's total force contingent of 1,499 officers in 2008–2009.

Radford University reports that the suicide rate among law enforcement officers is 18.1 per 100,000, compared to 11.4 per 100,000 for the general population.

When the above suicide rate is adjusted to account for sex, race and age, police officers are 26 per cent less likely to commit suicide than are their non-police counterparts of the same sex, race and age.

**SOURCES:** FBI Law Enforcement Bulletin, May 2005, “Physical fitness: tips for the law enforcement executive,”: [www.fbi.gov/publications/leb/leb.htm](http://www.fbi.gov/publications/leb/leb.htm) ; National Institute of Justice, “Police officer on-the-job injuries and deaths”: [www.ojp.usdoj.gov/nij/journals/262/police-officer-injuries.htm](http://www.ojp.usdoj.gov/nij/journals/262/police-officer-injuries.htm) ; “Sleep disorders and daytime sleepiness in state police shiftworkers”: [www.ncbi.nlm.nih.gov/pubmed/12194162](http://www.ncbi.nlm.nih.gov/pubmed/12194162) ; Journal of Occupational and Environmental Medicine, June 2002, “Occupational exposures and risk of hepatitis B virus infection among public safety workers”: [www.joem.org/pt/re/joem/abstract.00043764-200206000-00024.htm](http://www.joem.org/pt/re/joem/abstract.00043764-200206000-00024.htm) ; University at Buffalo, “Researchers investigate impact of stress on police officers' physical and mental health”: [www.buffalo.edu/news/9660](http://www.buffalo.edu/news/9660) ; The Badge of Life, “Stress: a police health problem”: [www.badgeoflife.com/data.php](http://www.badgeoflife.com/data.php) ; SafetyNet, “Occupational health and safety among police officers”: [www.safetynet.mun.ca/login1.htm](http://www.safetynet.mun.ca/login1.htm) ; Suicide and Mental Health Association International, “Common Symptoms of PTSD”: [suicideandmentalhealthassociationinternational.org/commptsdsym.html](http://suicideandmentalhealthassociationinternational.org/commptsdsym.html) ; Dorset Police, “Police officer and police staff statistics”: [www.dorset.police.uk/default.aspx?page=2869](http://www.dorset.police.uk/default.aspx?page=2869) ; Radford University, “Police officer suicide: frequency and officer profiles”: [www.radford.edu](http://www.radford.edu)



# The Drug Endangered Children Risk Assessment

By Det Christina Witt, MSc  
Calgary Police Service

One of the most tragic and distressing realities facing Canadian law enforcement and child protection professionals is the problem of children being exposed on a daily basis to the dangers of drug activity.

According to the RCMP in Alberta, children who live in households where illicit drug activity occurs are often exposed to harmful living conditions such as substandard or compromised residences with missing windows, insecure doors, damaged walls or leaking roofs. These homes may lack heating, electricity, running water or refrigeration, and can be extremely unsanitary.

Children living in such deplorable conditions are often left in the care of strangers, drug addicts, criminals or with no supervision at all. Too often, there are dangerous weapons such as loaded guns, knives and drug paraphernalia left within reach of these children. Children exposed to the hazards associated with illegal drug activity are referred to as drug-endangered children.

Despite existing provisions within the *Criminal Code of Canada* and related provincial statutes, there are many challenges associated with detecting and substantiating child maltreatment, often resulting in criminal charges not being pursued. One significant challenge for investigators is the fact that maltreatment can include the endangerment of children whose parents' drug activities threatens their safety and well-being, but has not yet caused visible harm.

Law enforcement officers regularly witness first-hand the harmful effects associated with children exposed to illegal drug activity. The level of experience and training a responding officer or child protection professional has can greatly

impact the quantity and quality of the information obtained at the scene where a child has been exposed to drug activity by their guardian. Providing a clear and thorough description of the household condition is vital in deciding what penalty, if any, will be pursued against the guardians, and also in the safe placement of the child.

## DECRA research study

The Drug Endangered Children Risk Assessment (DECRA) was developed between 2005 and 2008. An extensive literature review and interviews with medical doctors, psychologists, alcohol and drug addiction counselling services, child protection analysts and researchers, members of a drug-endangered children agency, and social services, revealed that no scale existed to measure the level of threat to a child exposed to guardian drug activity.

Aimed to build upon the limited research available, the DECRA also explores risk factors present in drug households.

The DECRA provides a set of standardized, systematic guidelines for law enforcement and child protection personnel to document the threats a child may be exposed to by their guardian and also to estimate the child's level of vulnerability. This information can then be shared with other justice agencies to determine what management strategies should be applied to each case file.

The assessment can be considered an evidence-based, empirically supported practice for child welfare investigators. However, users must continue to use professional discretion and consider the circumstances of each incident.

The DECRA consists of five sections with a number of specific risk factors identified under each section, they are outlined below.



A child's play area sits adjacent to the room that houses a marijuana grow-op.

Calgary Police Service

## Drug Endangered Children Risk Assessment

### Section I: Proof of Occupancy

1. Evidence of child living in residence
2. Child visiting residence

### Section II: Type of Drug-related Offence

3. Cultivation
4. Manufacturing
5. Trafficking

### Section III: Guardian Using Illicit Drugs

6. Presence of drug paraphernalia
7. Exposure to second-hand smoke

### Section IV: General Neglect/Maltreatment

8. Basic needs met
9. Evidence of physical, sexual and/or emotional abuse

### Section V: Other Risk Factors

10. Other risk factors deemed to put a child at risk

For more information, contact  
[pol3394@calgarypolice.ca](mailto:pol3394@calgarypolice.ca). ■

*Det Christina Witt has worked at the Calgary Police Service for nine years and is currently with the child abuse unit.*



# Criminal investigative failures

## Avoiding preventable errors

By D. Kim Rossmo, PhD  
Department of Criminal Justice  
Texas State University

Criminal investigative failures result in unsolved crimes and wrongful convictions. On average, 16 murders happen each day in the U.S. that will never be solved. But prosecuting an innocent person is the ultimate failure of justice, and DNA testing has exonerated many innocent people in prison.

While there are many reasons why investigations fail (like airplane crashes, there are usually multiple causes), we are interested here in subtle hazards that even the most dedicated investigator can fall prey to: cognitive biases, probability errors and organizational traps.

### Cognitive biases

We are not dispassionate viewers of the world. Our senses are imperfect and our experiences individually interpreted. Witnesses and detectives are heavily influenced by what they expect to see, what they want to see, and what they actually see. The more ambiguous the latter, the more influential the first two. Similarly, what we remember depends upon what we believe. The human mind is not an objective recorder of information.

Most cognitive functioning — including perception, information processing, memory and some decision-making — occurs outside our conscious awareness. However, we make decisions both intuitively and rationally.

Intuition or “gut instinct” operates at a subconscious level, though it requires normal sensory input. Intuition is automatic and effortless, fast and powerful. Because of its implicit nature, intuition is

difficult to control or modify. It can be influenced by emotion and is often prone to error.

Reasoning, by contrast, is slow and effortful, vulnerable to interference and easily disrupted. However, reasoning is flexible and controllable, and can over-rule intuition.

Different situations require different types of judgment. When information is unreliable and incomplete, or when we need to make decisions quickly under

chaotic and uncertain conditions (street policing, military battlefields), intuition is preferable. But when we have reliable data and time for analysis, reasoning works better. Complex and rule-bound tasks, such as criminal investigations and prosecutions, require careful analysis and logic.

Clear thinking does not come easily. We sometimes exhibit limited rationality in the face of life’s complexities because our brains are not wired to effectively deal with uncertainty. We therefore use heuristics — rules of thumb that substitute simple questions for more complex ones — to make some judgments. Heuristics typically operate at an intuitive level. While these mental shortcuts work well most of the time, under some circumstances they lead to cogni-

“ Intuition is automatic and effortless, fast and powerful. Because of its implicit nature, intuition is difficult to control or modify.

Dr. Kim Rossmo ”

### Strategies for avoiding investigative failures

- Ensure that investigators and their managers are aware of these potential investigative traps.
- Encourage an atmosphere of open inquiry, and ensure investigative managers remain impartial and neutral.
- If possible, defer reaching conclusions until sufficient data has been collected.
- Avoid tunnel vision. Consider different perspectives and encourage cross-fertilization of ideas.
- Organize brain-storming sessions and seek creativity rather than consensus.
- Encourage investigators to express alternative, even unpopular, points of view. Assign the role of devil’s advocate to a strong team member.
- Recognize and delineate assumptions, inference chains and points of uncertainty. Always ask “How do we know what we think we know?”
- Conduct routine systematic debriefings after major crime investigations. Organize a full-scale “autopsy” after an investigative failure.



tive biases. These errors are caused by simplified information processing. Like optical illusions, they result in distorted judgments.

The most dangerous cognitive bias is tunnel vision — a narrow focus on a limited range of alternatives. In an investigation, tunnel vision can lead to certain suspects becoming unduly targeted while others are ignored. It is a leading cause of wrongful convictions.

Confirmation bias is another form of selective thinking in which an individual is more likely to search for evidence that confirms their theory while ignoring contradicting evidence.

Impressions can remain in our minds even after they are discounted. David Milgaard spent 23 years in prison for the murder of Gail Miller. He was exonerated after DNA from semen stains on the victim's clothing matched Larry Fisher, a serial rapist. However, there are still people who cannot accept Milgaard's innocence, and "explain" the DNA evidence by suggesting Milgaard first murdered Miller, and then Fisher came along and had sex with her dead body. Such convoluted theories violate Occam's razor, a principle that states that the explanation of any phenomenon should make as few assumptions as possible. When more than one explanation is possible, choose the simplest.

### Probability errors

Investigators claim they do not believe in coincidences. However, coincidences are inevitable in any information-intensive case.

Efforts to solve a crime by working backwards (from the suspect to the crime, rather than from the crime to the suspect) are susceptible to errors of coincidence. If you look hard enough, you can usually find some sort of connection.

Two errors have been identified related to the understanding of probability within the court context: the prosecutor's fallacy and the defence attorney's fallacy. The former occurs when the probability

of the evidence given guilt is equated to the probably of guilt given the evidence, and the latter occurs when evidence is considered in isolation, rather than in totality.

The case of the Birmingham Six in England is an infamous example of the prosecutor's fallacy. Following two bomb explosions in Birmingham, police detained six men who were travelling to Belfast. Their hands were swabbed and the swabs subsequently analyzed for traces of nitroglycerine. Based on the results of the forensic tests, a scientist testified he was "99 per cent certain" the defendants had handled explosives. However, it turns out that many other substances produce positive test results, including paint, playing cards, cigarettes and soap. Their convictions were overturned on appeal.

### Organizational traps

The powerful police subculture can result in groupthink — the reluctance to think critically and challenge the dominant theory. It occurs in highly cohesive groups that are under pressure to make important decisions. Groupthink results in selective information gathering and failure to seek expert opinions and can be a disaster in a major crime investigation.

Ego, both personal and organizational, can prevent investigators from changing course or seeking alternative avenues of explanation. Detectives must have the flexibility to admit their original theory was incorrect. Stubbornness, which often coincides with ego, is equally problematic.

Fatigue, overwork and stress — all of which are endemic in high profile crime investigations — can create problems for detectives.

Information solves investigations. Detectives need to know how to recognize their assumptions. If a particular assumption turns out to be invalid, then everything that follows from it must be rethought. Documenting assumptions facilitates this process and protects investigations from

information distortion.

### Conclusion

Factors identified with cognitive and organizational failures — low information levels resulting from minimal or conflicting evidence, limited resources and pressure to obtain quick results — are all too common in major crime investigations. The benefits of advanced forensics, sophisticated computers and skilled police personnel are undermined by the wrong mindset and a flawed organizational approach. Detectives should keep the following in mind:

- One mistake, one coincidence and a little bad luck can produce an investigative failure.
- Once one mistake has been made, the likelihood of making further mistakes increases.
- Often, the biggest problem is refusing to acknowledge the original mistake.

The criminal investigation process plays an important role in countries governed by the rule of law. Its function is to seek the truth "without fear or favour." That task, integral to both public safety and justice concerns, must be conducted in an unbiased and professional manner. When it is not, the result can lead to unsolved crimes and wrongful convictions. Understanding what can go wrong is the first step toward preventing a criminal investigative failure. ■

*Dr. Kim Rossmo is the University Endowed Chair in Criminology at the Department of Criminal Justice, Texas State University. Formerly a detective inspector with the Vancouver Police Department, Rossmo is a member of the IACP Police Investigative Operations Advisory Committee. His book, Criminal Investigative Failures, was recently published by Taylor & Francis (2009).*

*This article is revised from an earlier publication in the FBI Law Enforcement Bulletin.*



# Latest research in law enforcement

The following are excerpts from recent research related to justice and law enforcement. To access the full reports, please visit the website links at the bottom of each summary.

## **Making cities safer: Canadian strategies and practices**

**By Derek Janhevich et al. for the Institute for the Prevention of Crime, University of Ottawa (Canada)**

Municipalities have a key role to play in reducing crime and enhancing community safety. This report examines themes and challenges facing 14 municipalities in Canada in their efforts to implement and sustain evidence-based community safety and crime prevention initiatives. It also identifies guiding principles for all orders of government that will assist municipalities in these efforts.

While municipalities face some common crime problems, there are some important differences. Although violence, property crime and drug abuse are common to all municipalities, the degree, distribution and nature of the problems vary. Substance use and abuse may be a major challenge within some municipalities, whereas others face greater problems of youth gangs and car theft.

All municipalities have a police service reacting to these problems; however, the level to which the police are involved in prevention in partnership with citizens and agencies varies. Some municipalities have a long history of supporting citizen initiatives to reduce crime, while in others police have taken the lead. While some municipalities have a responsibility centre promoting inter-agency collaboration, others have multi-agency collabora-

tion on a more ad hoc basis.

In consultation with (its) Municipal Network (on Crime Prevention), the Institute for the Prevention of Crime (IPC) has identified four key components to successfully reducing crime and enhancing community safety:

1. Strong commitment and leadership (e.g. mayor, chief of police) and alignment of community safety with other local priorities (children's services, youth programs, housing, recreation, etc.).
2. Co-ordination among all orders of government and appropriate funding for municipal and other actions to develop, improve and sustain initiatives, strategies and programs to target root causes of crime.
3. Partnerships and public engagement, which fosters priority-setting at the local level.
4. Effective use of data, knowledge and evaluation to guide decisions on what works and how to apply resources to tackle local problems.

---

## **Substance use and abuse may be a major challenge within some municipalities, whereas others face greater problems of youth gangs and car theft.**

---

A major challenge to implementing and sustaining co-ordinated initiatives that was identified in this review is the lack of

co-ordination among levels of government in setting priorities and funding programs that target root causes of crime.

IPC has also looked at the experiences and knowledge of municipal action in other countries, including England and Wales, where municipal engagement in crime reduction and community safety is now required by law. This was published as *Making Cities Safer: International Strategies and Practices* (Johnson & Fraser, 2007).

-----  
To access the full report, please visit:  
[www.sciencesociales.uottawa.ca/ipc/eng/](http://www.sciencesociales.uottawa.ca/ipc/eng/)

## **Coming forward: the under-reporting of heterosexual violence and same-sex partner abuse in Victoria**

**By William Leonard et al. for the Australian Research Centre in Sex, Health and Society La Trobe University**

*Coming Forward* reports on the responses of 390 gay, lesbian, bisexual, transsexual and transgender (GLBT) Victorians (residents of the state of Victoria, Australia) to an online survey asking them about their experiences of heterosexual violence and same-sex partner abuse. (Heterosexual violence is violence or harassment directed against GLBT persons.)

The survey also asked respondents questions about service access and quality when reporting abuse; knowledge and use of Victoria Police Gay and Lesbian Liaison Officers (GLOs) (specially trained officers who have served the





GLBT community since 1993); and barriers and incentives to reporting and seeking assistance following an incident.

The survey findings demonstrate that nearly 85 per cent of GLBT respondents have been subject to heterosexist violence or harassment in their lifetimes. Just under one third of GLBT respondents have been in a same-sex relationship where they were subject to abuse by their partner.

Heterosexist violence can occur anywhere and at anytime. Respondents reported significant levels of violence across metropolitan, rural and regional Victoria. Much of the violence is random and committed by strangers. However, GLBT people are also subject to relatively high levels of heterosexist violence at home and at work.

One of the major barriers to GLBT respondents reporting or seeking assistance for acts of heterosexist violence or same-sex partner abuse is the belief that they will not be taken seriously. A majority of GLBT respondents strongly believe that mainstream police cannot and will not take heterosexist violence and harassment seriously. However, respondents reported high levels of satisfaction with the services and support provided by the GLLOs.

Just under a quarter of respondents suggested improving services as a way of increasing the likelihood of their reporting or seeking assistance following an incident of heterosexist violence and same-sex partner abuse. Recommendations ranged from GLBT sensitivity and awareness training for mainstream service providers to increased provision of GLBT-specific services.

A significant number of respondents who called for the development of GLBT-sensitive mainstream services targeted the police. Nearly half of those

who recommended improving services suggested increasing the number of and access to the GLLOs, including increased access to GLLOs outside police stations.

A smaller but significant percentage (of respondents) suggested improved reporting, including third-party reporting and web-based options, which would enable individuals to report and provide incident information without necessarily wishing to take further action.

-----  
To access the full report, please visit:  
[www.latrobe.edu.au/arcshs/](http://www.latrobe.edu.au/arcshs/)

### **International report on crime prevention and community safety: trends and perspectives**

**By the International Centre for the Prevention of Crime**

This international report presents, for the first time, an overview of the main problems linked to crime, safety and victimization in the world, and the types of prevention responses they elicit. It is intended to be published every two years, to provide a basis for tracking evolving issues and emerging trends in prevention and community safety.

This first 2008 report was developed by the International Centre for the Prevention of Crime between May 2007 and June 2008. It is based on an analysis of international reports and information produced by intergovernmental organizations and specialized networks, and publicly available data from different levels of government and non-governmental organizations dealing with crime prevention and community safety. It also draws on relevant scientific literature.

The report has two main sections:

a thematic analysis of the main crime and community safety problems, chosen on the basis of their relevance and importance in current debates on crime prevention and community safety; and a comparative analysis of evolving trends in policies and in the implementation of prevention practices.

Many of the topics presented are illustrated by practice examples in the accompanying International Compendium.

Review of information suggests a global trend toward the stabilization of crime. Despite marked regional disparities, this trend is evident worldwide with regard to property and drug offences. There are, however, some striking disparities with regard to violent offences (homicide, robbery).

Crime and community safety present a number of common characteristics across countries, in spite of very contrasting levels of seriousness and prevalence. For example, at the international level, between one and two thirds of women report having been victims of violence. Crime is a concern in schools, in sports stadiums and more generally in public spaces. These problems have been identified by specialized international organizations and many countries as requiring preventive response.

This review clearly demonstrates the progress that has been made in the dissemination of international norms and standards in crime prevention strategies, and (in) the development of national prevention strategies that they have inspired. It is at the local level that the most promising dynamics and capacity for innovation are found.

-----  
To access the full report, please visit:  
[www.crime-prevention-intl.org/publications.php?type=REPORT](http://www.crime-prevention-intl.org/publications.php?type=REPORT)



# Forensic entomology and the underwater death scene

**Dr. Gail S. Anderson**  
Centre for Forensic Research  
Simon Fraser University, B.C.

Forensic entomology — the study of insects on a body to estimate elapsed time since death — is now a well-recognized part of a homicide investigation.

Research over the last 20 years has greatly increased our understanding of the insect/carrion relationship on land, allowing us to estimate the minimum elapsed time since death in many different habitats, scenarios and geographical areas. This information can be pivotal to the resolution of a file.

Unfortunately, the same cannot be said when remains are recovered from the ocean. When a body is found in the ocean, it is extremely difficult to determine many factors about the death, not least of which is the length of time of submergence.

## Underwater research

During 2000 – 2002, my first experiments observing what happens to a body in the ocean were conducted in Howe Sound,

B.C., using pig carcasses at depths of 7.6 metres and 15.2 metres<sup>(1)</sup>. These were conducted with in-kind support from the RCMP, Canadian Coast Guard, Canadian Amphibious Search Team, Vancouver Aquarium Marine Research Centre and with funds from the Canadian Police Research Centre.

At these depths, decomposition was slower than that on land but did progress through similar decompositional stages. A large variety of marine invertebrates fed on the remains but a sequential pattern such as that seen on land was not observed. Depth, season and sediment type all impacted decomposition. Decomposition and species colonization were much more variable than that seen on land, making them much less predictable. Although valuable, this research was restricted by the constant need for boats, hovercrafts and divers, which were limited due to time constraints, weather and safety issues.

These issues were alleviated when I was asked in 2006 to come on board the Victoria Experimental Network Under the

Sea (VENUS) project. VENUS is an underwater cabled laboratory with fibre optics leading to an array of instruments on the ocean bed. As well as many chemical sensors and other instruments, VENUS includes a camera mounted on a tripod on the ocean floor. This camera, and all the instruments, is remote controlled from anywhere in the world via the Internet. This equipment provides amazing footage of real-time decomposition of a carcass at any time of the day or night.

Three carcasses have been deployed under the VENUS camera in the Saanich Inlet near Victoria, B.C.: one in August 2006, one in early September 2007, and one in late September 2008. Each carcass is carried to the camera using the submersible Remote Operated Platform for Oceanic Science and is placed at a predetermined site under the camera.

The first two deployments were at 94 metres and the most recent at 99 metres. At these depths, the ocean is completely dark, so lights had to be turned on for each observation. Illumination was kept to a minimum to avoid changing the habitat too much. Each carcass was observed between one and four times per day.

It was immediately apparent that at these depths, arthropod feeding completely drove the breakdown of the body. This was very different from the slow decomposition seen in the shallower waters of previous experiments. Very few insects are found in the ocean, but the arthropods are well represented. These include animals such as shrimp, crabs and lobsters.

In the first two VENUS experiments, squat lobsters (small galatheid crabs) were attracted to the remains within minutes of deployment. They arrived in droves and camera scans of the surrounding area captured battalions of them “marching” across the sediment to the carcass. Soon after, large three-spot shrimp and Dungeness crabs came to feed on the body.

Squat lobster crabs arrived in droves one day after the first pig carcass was submerged.





Only bones remain 33 days after this pig carcass was submerged in the ocean.

In the first study, a shark took a large bite out of the rump of the carcass on Day 2, and this area immediately became the major site of arthropod feeding<sup>(2)</sup>. In the second study, half the carcass was removed on Day 17, probably again by a shark. In both studies, very large numbers of these three arthropod species fed continuously on the carcass, hollowing it out very quickly.

In the first case, the shark bite provided entry through the skin, but in the second study, Dungeness crabs simply ripped open the abdominal area using their pincers. They continued to pull tissue and organs out of the abdomen, which allowed the smaller squat lobsters to feed. It was not until Day 14 that large numbers of small amphipods or 'sea lice' were seen all over the second carcass.

No classic signs of decomposition were observed in either of the first two carcasses because they were eaten by arthropods very rapidly. In the first study, the carcass was half eaten by Day 22 and the remains were pulled out of camera range by animal activity. In the second study, more judicious application of weights kept the carcass in camera range for the duration of breakdown. Most tissue was removed by Day 25, with some skin remaining until Day 30. Most of the cartilage was removed by Day 42.

Video and still images recorded not only the feeding activity of the animals and the disarticulation sequence of the bones but also a variety of markings left by the animals on the skin and tissues. Many of these animal-inflicted marks could at first sight be mistaken for wounds or signs of torture or abuse. However, such images can now be used for comparison purposes and to show the common marks created by animals feeding on a body.

The waters in Saanich Inlet are an unusual environment in that there are periods of very low oxygen. In the first two studies, dissolved oxygen was at low but acceptable levels at the start of the experiment, but it dropped rapidly after a few days to levels that are uncomfortable for most animals. However, the carcass was clearly attractive enough for the animals to persevere and continue to feed at low oxygen levels.

The third and most recent deployment was much different in that the pig carcass was deployed two weeks later in the year, during a time of very low oxygen. This greatly affected the animals that came to feed on the body. Only squat lobsters could withstand the low oxygen and even they arrived in very low numbers. Interestingly, although they attempted to break the skin, without the larger

Dungeness crabs to rip open the skin, they were unable to pierce the body and only made small lesions in the skin. Eventually they, too, were repelled by the low oxygen.

The third carcass remained very much intact over the subsequent weeks and months, being gradually covered with a thick layer of silt and eventually a bacterial mat. In mid-December, 80 days after submergence, oxygen levels dramatically increased, resulting in a surfeit of fish and later, arthropods. Large numbers of three-spot shrimp and a few Dungeness crabs were attracted and skeletonized the carcass slowly over the next 50 days.

These studies are giving us an insight into the decomposition of a body in the ocean in a variety of situations and habitats. They have shown that although it is unlikely we will ever be able to estimate elapsed time since death as precisely as we can using insects on land, the decompositional pattern and the fauna that are attracted to the remains help us understand where the remains have been and the conditions under which the remains have decomposed.

This is an ongoing study, with the intention of deploying further carcasses at different depths and habitats, and in different seasons. ■

To view more images or to see some of the videos, please go to [www.venus.uvic.ca](http://www.venus.uvic.ca).

*Dr. Gail S. Anderson, D-ABFE, is a professor and associate director of the School of Criminology and co-director of the Centre for Forensic Research, Simon Fraser University.*

#### References

1. Anderson GS, Hobischak NR. (2004). *Decomposition of carrion in the marine environment in British Columbia, Canada*. Int. J. Legal Med. 118(4):206-209.
2. Anderson GS. (2008). *Investigation into the effects of oceanic submergence on carrion decomposition and faunal colonization using a baited camera. Part I*. Ottawa, Ontario: Canadian Police Research Centre. No. TR-10-2008.



# If you seize it, they will come

By Manon Sabourin  
Seized Property Management  
Directorate  
Public Works and Government  
Services Canada

Created in 1993, the Seized Property Management Directorate (SPMD) of Public Works and Government Services Canada (PWGSC) is mandated to manage assets seized or restrained under any of the laws of Canada, provided that the prosecution is conducted federally.

The majority of SPMD files fall under Canada's Proceeds of Crime legislation, the *Controlled Drugs and Substances Act*

and the *Criminal Code of Canada*. SPMD works closely with police officers and Crown prosecutors on cases involving the restraint, seizure and forfeiture of offence-related property or proceeds of crime.

Seizures done by the Canada Border Services Agency under the purview of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* are also reported to SPMD for management. Since 2001, SPMD has also managed a pilot project on behalf of the Canada Revenue Agency for the management and disposal of vehicles seized under the *Excise Act*.

Besides providing services to police forces at the federal, provincial and municipal levels for federally prosecuted cases, the Directorate has, in some instances, provided assistance to foreign governments for the management of assets restrained by those governments but located on Canadian soil. SPMD also provides assistance with the management of properties located in foreign countries.

SPMD's services include providing



A seized helicopter.

pre-seizure advice, managing seized assets and disposing of assets once the final outcome of the case has been determined by the courts. As an agent of the courts, SPMD is responsible for managing assets subject to a restraint order, management order or a forfeiture order.

The level of complexity and specific requirements of each case vary with the number and type of assets reported for management. These assets range from a single asset to multiple assets including but not limited to cash, financial instruments, vehicles, vessels, moveable assets and real property, including residential and commercial.

At the pre-seizure stage, the Directorate offers consultative services and advice on financial and logistical considerations for the assets targeted for seizure. Early involvement in the case allows SPMD to provide police with sound advice and to plan and co-ordinate all the services required at the time of the takedown, such as towing, inspection and storage. Directorate employees hold planning meetings with police and attend on the day of the takedown as required.

While caring for assets under its management, SPMD arranges for all necessary inspections, appraisals, appropriate safekeeping and storage. Directorate employees collect all revenues and pay necessary expenses, as directed by the courts, as well as settle third-party claims and maintain records.

Once the final outcome of a case has been determined by the courts, SPMD

These crates contain moveable assets and hydroponics equipment managed by SPMD.





disposes of all assets in accordance with the decision rendered. Non-forfeited assets are returned to their rightful owners, and forfeited assets are disposed of in accordance with the Seized Property Disposition Regulations.

When all assets have been disposed of, the net proceeds of the case are shared with provincial and foreign governments in accordance with the Forfeited Property Sharing Regulations.

### Services from coast to coast

SPMD fosters teamwork and good communications both internally and with its partners to ensure the delivery of efficient and cost-effective asset management services across Canada. Two operational divisions, divided geographically, ensure continuity.

SPMD's Eastern Canada Division serves Ontario, Quebec, and the Maritime provinces. This division includes regional representatives assigned to and located within the Newmarket, Montreal, and Halifax RCMP Integrated Proceeds of Crime (IPOC) units. One resource is also dedicated to the RCMP's Ottawa IPOC unit.

The Western and Northern Canada Division serves Manitoba, Saskatchewan, Alberta, British Columbia, the Yukon, the Northwest Territories and Nunavut. It includes regional representatives assigned to and located within the Vancouver, Edmonton and Winnipeg IPOC units.

The Directorate also manages seven warehouses located in key locations across Canada. These facilities are mainly used for the storage of moveable assets, vehicles and hydroponic equipment.

### International assistance

SPMD can provide assistance to foreign governments who have seized or restrained assets that are located in Canada. However, SPMD can only manage such assets if the court order issued and provided by a foreign country has been authorized by the Minister of the Department of Justice and provided to the Attorney General of Canada for enforcement. Subsequently, a Canadian court must issue a management order for SPMD's mandate to

## The big, the small and the downright unusual

SPMD has provided key support, advice and expert management services for unique assets seized or restrained — assets such as a retirement home, farmland including cattle, a herd of elk, race horses, lottery tickets, bunkers, bikers' clubhouses, helicopters, barges, a shopping centre and apartment buildings.



take effect for the management of seized or restrained assets.

In a few cases, SPMD has managed and disposed of assets seized or restrained abroad following an investigation by RCMP IPOC units.

### Business volumes

Since SPMD's inception, over 86,000 cases have been reported by Canadian law enforcement agencies at the municipal, provincial and federal levels to the Directorate for management.

Today, SPMD manages over 23,000 active cases with an inventory of 28,000 assets valued at approximately \$300 million.

SPMD has a shared responsibility with the Department of Justice for the sharing of net proceeds generated. Net proceeds are shared on an individual case basis with the jurisdictions whose police officers have participated in the investigation of an offence that led to the forfeiture of property or to the imposition of a fine. SPMD determines the net amount available for sharing and the Department of Justice determines the share of each jurisdiction. Between \$14 million and \$18

million is shared annually with the various jurisdictions and, in some cases, with foreign governments. Since 1993, \$129.5 million in net proceeds has been shared with the federal government.

### Partnerships

SPMD has managed assets on major proceeds of crime cases investigated by the RCMP across Canada, including Project Haze (Halifax), Project Jag (Moncton), Project Colisée (Montreal), Project Avalanche (Sherbrooke, Montreal, Quebec), Project Olivia (Kingston), Project Omerta (Toronto), Project Determine (Winnipeg), Project Baseball (Calgary), Project Koastline (Edmonton), Project Exceed (British Columbia) and Project Gunship (Yellowknife), to name a few.

SPMD has also provided assistance with the management of assets in Switzerland, Antigua, Jamaica and Costa Rica.

On several occasions, when requested by the RCMP, SPMD provides materials and equipment to be used for training purposes. SPMD also delivers presentations and distributes information kits that explain the Directorate's roles, responsibilities and services to law enforcement agencies. ■



# RCMP teaches criminal intelligence analysis in Guatemala

By Cal Deedman  
B.C. Ministry of the  
Attorney General

Three experienced RCMP analysts from the Lower Mainland of British Columbia (B.C.) — Kelly Rainbow, Carol Diack and Ken Schulz — travelled to Guatemala City recently to teach a two-week long Criminal Intelligence Analysis Course to a group of 21 prosecutors, investigators and analysts from Guatemala, El Salvador and Honduras.

Security is a serious problem in Guatemala, which has one of the highest violent crime rates in Latin America. The national homicide rate is estimated at 47 per 100,000 of population compared to Canada's two per 100,000. Furthermore, the clearance rate by charge in Guatemala is only two per cent whereas in Canada it is roughly 80 per cent.

Two notoriously violent street gangs, Mara Salvatrucha 13 and Mara 18, have a strong presence in the country. The level of violence is further exacerbated by the key role Guatemala plays in the international drug trade as the primary trans-shipment country for cocaine moving from Colombia to Mexico and on to the U.S.

During the past year, the drug wars raging in Mexico have spilled over into Guatemala. The Zetas, the military arm of the Gulf Cartel (a Mexican drug-trafficking organization), have moved into the country and succeeded in wresting control of large tracts of land from the local Guatemalan drug traffickers. It is along these corridors that the drugs move through Guatemala to Mexico.

There have been two so-called “narco

massacres” in Guatemala: one in Zacapa in March 2008 and one in Huehuetenango in December 2008, in which the Zetas took on the local drug traffickers and inflicted serious casualties on them. The Zetas have even driven off Guatemalan army patrols that have attempted to interdict drug shipments.

## Drug connections

While all this might seem remote from what happens in Canada, it is not. The recent wave of gang-related killings on the streets of B.C.'s Lower Mainland has been linked to the drug trade. Furthermore, Wally Oppal, the Attorney General of B.C., and Supt Pat Fogarty, the officer-in-charge of B.C.'s Combined Forces Special Enforcement Unit, have both publicly acknowledged that the roots of this mayhem can be traced back to what is going on in Mexico and Guatemala.

Canadian law enforcement has long understood the importance of intelligence-led investigations as a means of deploying limited investigative resources with maximum effectiveness against organized criminal groups. The need to do the same thing in Guatemala, El Salvador and Honduras is even more pressing.

Unlike Canada, none of these countries have efficient police forces or strong justice systems, yet they face overwhelming threats from violent crime. The Criminal Intelligence Analysis Course was an attempt to give them the tools they need to put the modest investigative resources at their disposal to best use.

The course covered various components of the intelligence process. It also demonstrated the use of standard analyti-

cal techniques such as association matrices, link charts, telephone toll analysis, timelines, event flow charts, and commodity and money flow charts. Much of the work was of a hands-on, practical nature.

The participants were divided into groups of three and provided with laptops equipped with Analyst's Notebook, an analytical software tool used by intelligence analysts. The use of the software for the course was donated by its developer and distributor, i2 Limited.

The participants were also taught the fundamentals of tactical and strategic analysis using three scenarios based on the activities of imaginary criminal groups. As a final exercise, the participants prepared strategic threat assessments on each of the three fictitious groups using Sleipnir, a threat-measurement technique developed by the RCMP.

Funding for the course was provided by the federal government's Department of Foreign Affairs and International Trade through its Counter-Terrorism Capacity Building Fund. The finances and logistics were handled by Rick Craig, the executive director of the Law Courts Education Society of British Columbia, a non-governmental organization whose primary mandate is to promote public legal education within B.C., but which also manages international justice-related projects. ■

*Cal Deedman, a Spanish-speaking Crown Counsel with the B.C. Ministry of the Attorney General, worked closely with the analysts to design the course content and co-ordinate its delivery in Guatemala.*