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VOL.77, NO. 3, 2015

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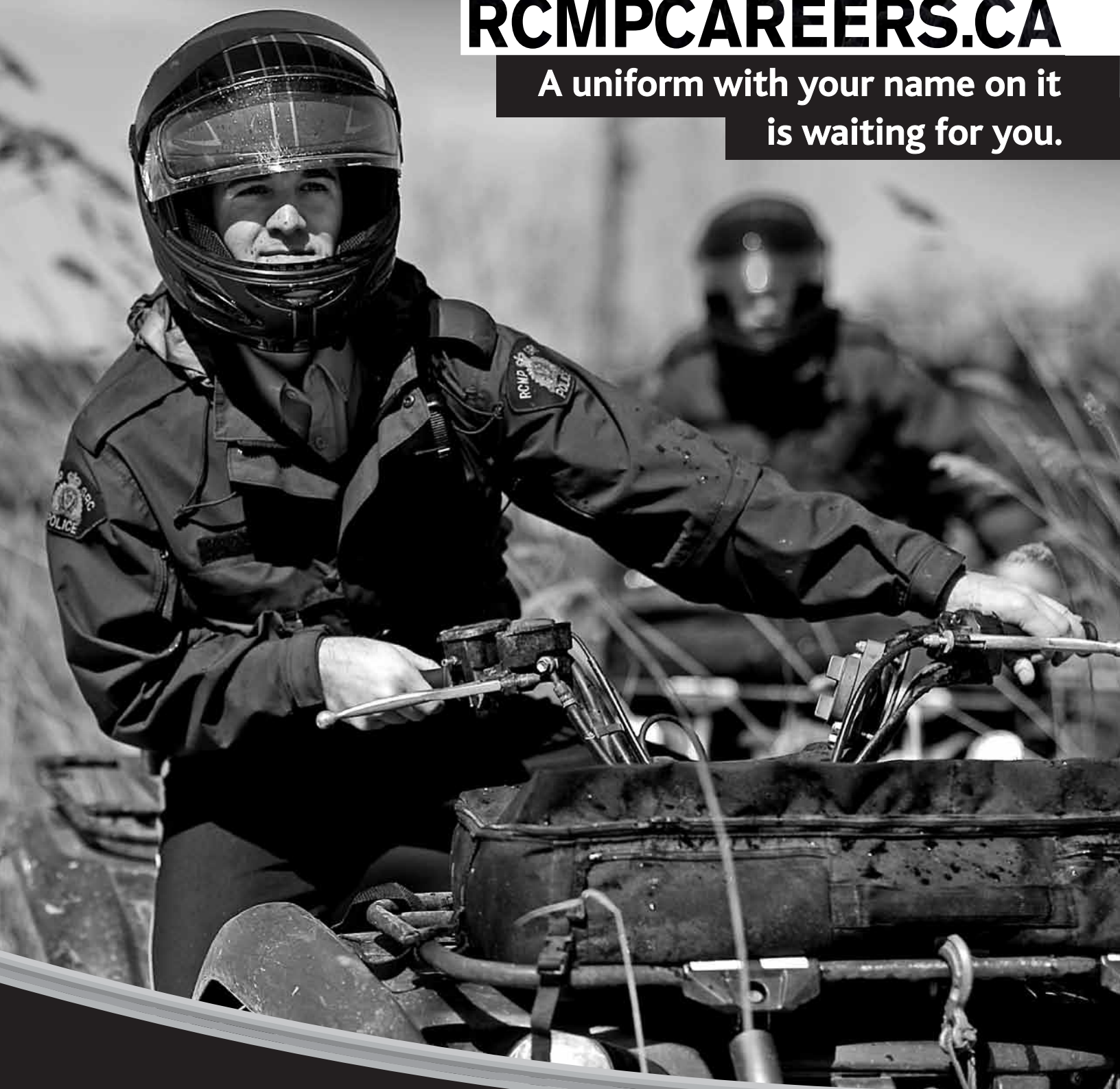
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RCMP



TAKING CARE OF OUR OWN

Stories about police officer health and safety have always been popular in the *Gazette*. In fact, over the last few years they've consistently ranked among our most read online and most liked and shared on social media.

This suggests that these are concerns shared by many of our readers in the law enforcement community. And it makes sense, since studies have shown that the stress of the job and the sedentary nature of police work have been linked to increased health risks.

That's why we introduced a short series last year outlining what some police officers are doing to reduce these risks and stay healthy. That series coincided with the launch of the RCMP's five-year mental health strategy in May last year. And it's why we've dedicated our cover section to stress, coping and recovery.

The cornerstone of the RCMP strategy is force-wide, mandatory mental health training, using the Road to Mental Readiness program. As Roxanne Beaubien reports in our cover story, the program is not just about addressing work-related stress. It's about raising awareness about mental health, reducing the stigma of mental illness and learning how to build long-term resilience in a positive way.

But why not sooner? In his article on the specific challenges facing RCMP members, Dr. Nicholas Carleton argues that may not have been possible without the recent cultural shift towards recognizing the importance and value of mental health.

Carleton also chronicles the history of how post-traumatic stress disorder (PTSD) was perceived by the Canadian military before it became an accepted medical diagnosis. Another hot topic for police and first responders, PTSD plays an important role in our cover section.

Amelia Thatcher explores how PTSD service dogs are being used by military

members, first responders and RCMP officers to cope with the effects of trauma. And she examines how the RCMP, the City of Moncton and members of the community are helping each other heal after the fatal shooting of three RCMP members last year in June. She also interviews Texas police officer Ann Carrizales, who shares her story of PTSD recovery after being shot in the face and chest.

We also highlight what the RCMP is doing to support the mental health of police on international missions, how stress affects 911 operators and how police cope while working in isolated northern areas.

Outside of our cover section, don't miss our interview with cyber psychologist Mary Aiken, the inspiration behind the CBS television show *CSI: Cyber*, who has some valuable insights for law enforcement into child sexual exploitation and sexting.

And read how police in Hamilton, Ont., are pairing police officers with mental health professionals to better respond to and meet the needs of people in crisis.

That's just another example of how mental health is becoming a higher priority for police officers — whether it's to help each other or those they serve and protect. ■

— Richard Vieira

READERSHIP SURVEY

It's been more than 10 years since our last readership survey. A lot has changed since then, especially how readers consume media content. So we're looking to get your feedback on not only the quality of existing content in the *Gazette*, but also the formats in which you receive or access the magazine. To learn more about how you can have your say, flip to page 31.

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CANADIAN POLICE HELP INVESTIGATE CAMBODIA WAR CRIMES

By Amelia Thatcher

Halfway around the world, three Canadian police officers are investigating decades-old war crimes from the Khmer Rouge regime in Cambodia.

"The work we're doing here helps give survivors of the Khmer Rouge regime, and the millions who didn't survive, a voice in the justice process," says RCMP Cpl. Bailey Gilarowski, one of the police officers posted to the Southeast Asian country.

Khmer Rouge ruled from 1975 to 1979, and was found guilty of crimes against humanity, including the deaths of two million Cambodians, by the Extraordinary Chambers in the Courts of Cambodia (ECCC), which was established to prosecute senior leaders of the regime.

While it's been more than 30 years since the communist government ruled the region, and nearly 10 years since the courts were established, many of those responsible have not yet been brought to justice.

That's why Gilarowski, along with Ottawa Police Staff Sgt. Isobel Granger and Vancouver Police Det.-Const. Ana Jean Benefield were deployed on a year-long mission through Canada's International Police Peace Operations Program.

The three women are part of a group of international investigators, analysts and le-



Cpl. Bailey Gilarowski poses with Cambodian military cadet officers just outside of Phnom Penh.

gal experts working with the ECCC, a joint Cambodian-United Nations organization.

Since January, they have been based in Cambodia's capital Phnom Penh, visiting villages to record testimonies from victims. Each month, the police officers spend 10 to 14 days in the field interviewing survivors.

"I've heard some very sad and violent stories and yet these people don't give up. They continue to live and work and laugh," says Benefield.

Their interviews will become part of the

permanent court record for the investigation and also a part of Cambodia's historical records.

"What the Cambodian people have survived in the past and how hard they're working towards a positive and hopeful future proves their resiliency," says Gilarowski.

In March, Granger helped the ECCC charge one of two suspects for homicide and crimes against humanity. Both cases are still under investigation, and the teams are continuing to build evidence. ■

PARTNERSHIP HELPS HOMELESS VETERANS FIND SHELTER

By Deidre Seiden

RCMP veterans facing homelessness can now get the help they need thanks to a recent partnership.

Last year, Veterans Affairs Canada (VAC) joined forces with Veterans Emergency Transition Services (VETS) Canada, a not-for-profit organization created to support veterans at risk of becoming homeless or who are homeless.

VETS Canada is made up of volunteers across Canada who provide assistance to at-risk and homeless veterans either in person, online or by telephone to help them transition to a safe and self-sufficient lifestyle.

So when the RCMP identified the need

to develop its own strategy to address homelessness among former RCMP members, it also partnered with VETS Canada and VAC to not only help identify military veterans, but also former RCMP members in need of the same assistance.

It was a natural fit for the RCMP, says Sgt. Kim Hendricken, the RCMP liaison to VAC.

"The RCMP has front-line uniformed members who do come in contact with Canada's homeless population," says Hendricken. "They're in a position to provide these veterans and former RCMP members with a referral to VETS Canada to assist them to transition off the streets."

Once referred to VETS Canada, a volunteer remains with the veteran every

step of the way, getting them to safety and connecting them with the health care and services they need.

Hendricken hopes to increase awareness about the partnership with VETS Canada among police officers across the country so they pay closer attention to the homeless population and take time to determine if the homeless individual has served in Canada's military or RCMP.

"The RCMP is not immune to having these problems," says Hendricken. "These men and women, both in the military and RCMP, have proudly served Canadians, so I think it's extremely important that we take care of them and offer them the support they require when they're in need." ■



NEW GROUP ASKS MOTORISTS TO FOCUS AND DRIVE

By Deidre Seiden

When RCMP Insp. Chris MacNaughton arrived in Kings County, N.S., two years ago, she was surprised by the number of people she saw driving while distracted.

"It was very noticeable to me that a very high number of cars that went by were driven by people on their cell phones talking," says MacNaughton, the officer in charge of the Kings District detachment.

After a number of fatal motor vehicle collisions involving young people were linked to distracted driving and cell phone use, road safety was identified as a priority in the province. But MacNaughton knew enforcement alone wasn't enough — they needed to educate people on the dangers of distracted driving.

She teamed up with Sgt. Andrew Buckle, head of Annapolis Valley Traffic Services in neighbouring Wolfville Detachment, to form the Kings County Distracted Driving Committee.

"It's a community-driven committee that consists of local and national partners and high school students to tackle the issue of distracted driving locally," says Buckle. "Our goal is to try to reduce the amount of serious injury and fatal crashes caused by it."

To do this, the committee developed an



Police hand out posters asking drivers to stop distracted driving at the launch of the Focus and Drive campaign in Kings County, N.S.

action plan and the slogan Focus and Drive.

Local high schools students designed a logo and poster for the initiative as part of a contest. And the winning design was used to make vehicle stickers, key chains and posters that are distributed to drivers, the first of which were given out at a checkpoint as part of the launch earlier this year.

They also have public service announcements running on local radio and they plan to put up road signs across the county.

Since distracted driving is a problem for

all age groups, MacNaughton says they've created an interactive educational workshop that's based on the thinking patterns and psychology of each target audience, from high school students to seniors groups. And Kings District RCMP designed and built a distracted driving simulator, which they bring to all presentations.

"And we're just getting started," says MacNaughton. "We want each resident of Kings County to say, 'I'm not going to be a distracted driver.'" ■

SECURING SOUTHEAST ASIAN BORDERS

By Amelia Thatcher

Some three billion people travel internationally each year and only a third of those are screened through INTERPOL's databases, due to lack of technology in many countries.

But now law enforcement agencies in nine Southeast Asian countries can better secure their borders thanks to a Canadian-backed INTERPOL operation that gives them the skills and tools needed to target terrorists, bolster border security and pursue international fugitives.

Last March's Operation Sunbird was the culmination of more than a year's worth of training given by INTERPOL to police from Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam.

Over the span of a week, security officials published notices for fugitives and screened more than 500,000 passports against INTERPOL databases at air, land and sea border points in those nine countries. This led to the arrest of two international criminals. Sixteen other travellers were flagged for criminal activity.

Cst. Ross Cameron, an investigator with INTERPOL Ottawa and an officer with the Ontario Provincial Police, was one of four Canadians recruited to help with the operation.

Cameron was on the ground for several weeks in Brunei and Singapore, working as a subject matter expert helping train more than 100 local police officers in investigative skills and tools for combating terrorism.

"The idea is that the training we provide cascades out," says Cameron. "Once the op-

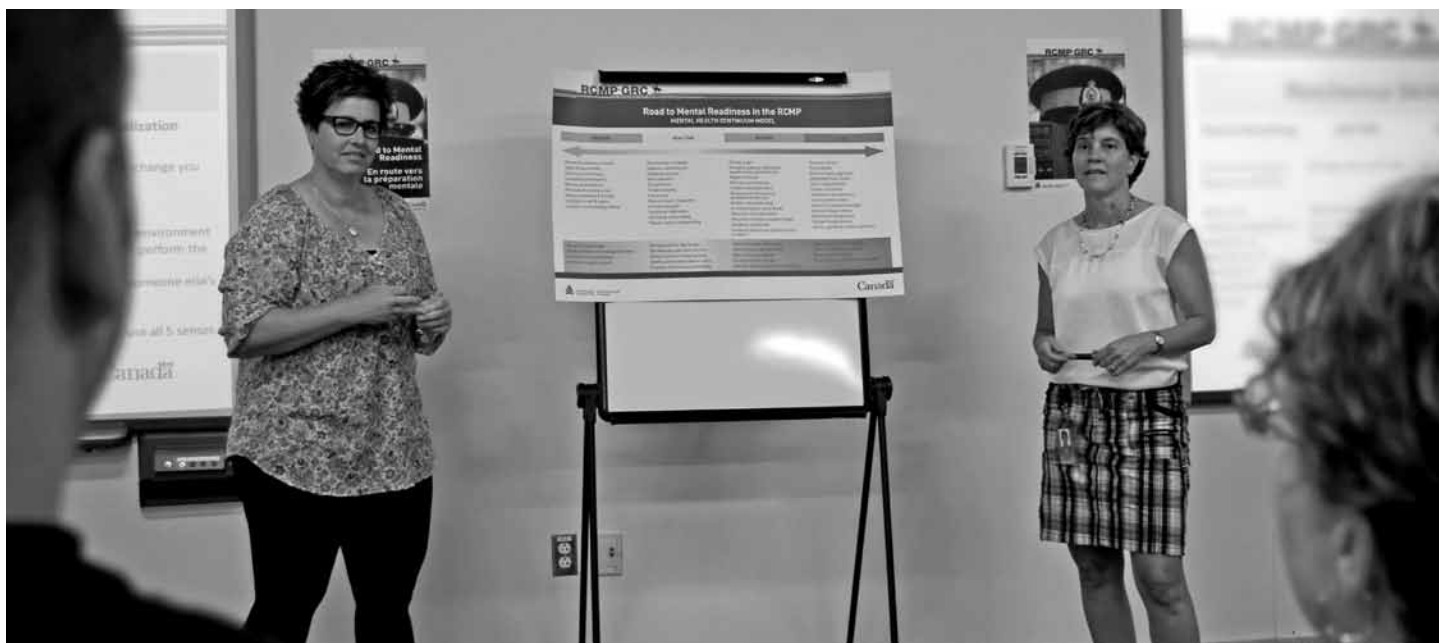
eration stops, it's not that the activity stops, it's just that they're out of the nest working on their own."

In operations like this, INTERPOL provides technology to developing countries, including passport readers and connections to INTERPOL databases.

"From an altruistic perspective, we're able to lend support and expertise to these countries to help enhance their policing capacity," says Cameron. "And from a Canadian perspective, we build networks and relationships that increase our visibility in other countries."

Mark Mulligan, an investigative analyst and project manager with INTERPOL Ottawa, provided satellite support to Cameron from Ottawa. He says the skills taught by experts such as Cameron can be applied to many facets of law enforcement around the world. ■

Brian Taylor Photography



Sgt. Liane Vail (left) who developed and led the Road to Mental Readiness pilot project in New Brunswick, outlines the program's mental health colour-coded continuum.

ON THE ROAD TO WELLNESS

RCMP PROGRAM PROMOTES MENTAL HEALTH

By Roxanne Beaubien

They gather to talk about a topic most would rather avoid.

For some, this may be the first time they've talked about it — the impact on themselves, their family, their friends and co-workers, anyone who loves them. The pain, the guilt — maybe even the anger that it's gone so far. For others, it will be the first time they begin to get a sense of the damage it can do to those who are affected.

They and their colleagues are gathered for a four-hour workshop that could change their lives, or change how they view some of those around them. There will be "aha" moments, there may be tears. There will be honesty — and compassion. And maybe, hopefully, understanding.

It's in a nondescript classroom, or a briefing room, or a lunch room, in a Royal Canadian Mounted Police building anywhere in New Brunswick. About two dozen people gather to talk about a subject few are comfortable discussing — mental illness.

It is one of dozens of sessions that have been held by New Brunswick RCMP as part of a two-year pilot of Road to Mental Readiness (R2MR), a program that recently received full endorsement by the RCMP at the national

level. It will be rolled out across the country this year as mandatory training for all employees.

"Work-related stress and mental illness are real issues for both sworn and civilian employees and one that we take very seriously," says A/Commr. Gilles Moreau, the force's national mental health champion. "It's important for employees to know that there is no stigma associated with coming forward and acknowledging that something they've experienced on the job, or at home, is affecting their mental health."

Last year, the RCMP announced its five-year mental health strategy, which outlines initiatives to educate, reduce stigma and streamline policies to better identify mental health issues and provide support to those who find themselves struggling due to stress or mental illness.

BUILDING RESILIENCE

The R2MR is intended to raise awareness about mental health and how to maintain mental resilience in a healthy and positive way.

New Brunswick RCMP partnered with the Department of National Defence in 2012 to adapt its R2MR program into a

workshop for RCMP employees.

"It focuses on promoting long-term positive mental health outcomes for all employees, with the goal of better preparing us to navigate some of the challenges of a career in law enforcement," says Sgt. Liane Vail, who developed and led the pilot.

At the core of the R2MR is the mental health colour-coded continuum — a scale that outlines the behaviours seen in people at four states of mental wellness:

- Healthy (green) — examples include normal mood fluctuations, good attitude, good performance, physical and social activity;
- Reacting (yellow) — examples include irritability, teariness, sleeplessness, decreased activity, regular but controlled substance use;
- Injured (orange) — examples include anger, hopelessness, negativity, withdrawal, hard-to-control substance use;
- Ill (red) — examples include depression, suicidal thoughts, inability to perform duties or concentrate, isolation at home, substance addiction.



SEEING THE SIGNS

The premise is that if employees see themselves or a colleague moving away from green into one of the other stages, there are actions that can be taken to return to healthy.

There are two instructors for each workshop — one is a peer facilitator and the other is a mental health professional, such as a psychologist, psychological nurse or social worker.

Sgt. Scott Sawyer is a peer facilitator at New Brunswick RCMP headquarters in Fredericton, N.B. As someone who has chronic post-traumatic stress disorder (PTSD), he says there is great value in the program.

"I was in the orange and red for several years," he says, using the R2MR colour codes for injured and ill. "If I'd had that type of training before, I may have been able to recognize the signs earlier and prevent a total burn-out, so I think it's pretty important training for everyone."

His "aha" moment was learning about how the brain works in response to stress — either extreme or long-term. Specifically, it was the role of the amygdala, located in the brain's temporal lobes, and its role in the fear, flight or freeze response to traumatic events or highly stressful situations that proved revolutionary for Sawyer.

"When you understand, you can do something about it," he says. "You don't have to just react based on what the amygdala dictates. You learn how stress works, what you can do about it and how to process your thoughts."

And as a manager, he is doing things differently as a result of the new perspective

R2MR gave him.

"I take a totally different approach to mental health issues now and I can catch the signs quicker to get people back on the road to recovery faster," he says.

PROTECTIVE COPING

The workshop has four modules: mental health in the RCMP, the stress reaction, resilience skills and resources at work. It teaches participants that:

- stress is a natural body response and can be positive;
- the body's response to high stress is instinctual to protect it from danger, and occurs without rational thought;
- too much stress for too long can be harmful; and
- the key is to understand and manage stress, not try to prevent it.

Critical in the training is teaching protective coping skills, says Dr. Julie Devlin, a psychologist with the Operational Stress Injury (OSI) Clinic in Fredericton and a R2MR facilitator.

A study she conducted with Dalhousie University and the University of New Brunswick on the prevalence of OSIs and protective factors supports the approach to building resiliency taught in the R2MR.

"I think it really has potential to make a big difference for a lot of RCMP employees," she says. "It teaches how to take control of how you respond to things happening around you."

MAKING A DIFFERENCE

And Devlin says she finds the experience very gratifying.

"It shows that you can experience trauma and come through it," she says. "It's a really rewarding experience both professionally and personally because I see people struggling, and then get to watch them learn about the tools to help cope and the help that is offered by the RCMP."

Claire Gibson, a civilian analyst who has been with the RCMP for 13 years, is a peer facilitator. For her, one of the key elements of the program is that not one type of stress is more valid than another.

"Operational stressors, work stressors, or personal life stressors — they are all treated the same," says Gibson.

And she says she sees a change in her colleagues since the program has been introduced in New Brunswick.

"It has normalized the idea of mental health challenges and it attacks the stigma," she says. "It's a good sign that people are starting to have a dialogue about it."

For her, it's the moments when she sees that people are getting it that stand out most.

"They see where they are on the R2MR continuum and know where to seek help if they need it," she says.

PAIRING PEERS WITH PROFESSIONALS

The R2MR will be launched across the country with a series of training sessions for both peer facilitators and mental health specialists. Having both the facilitator and the practitioner is critical, Vail says.

"The peer brings the credibility but the evidence is from the mental health specialists," she says. "The peer can say that this is what happens and the specialist can say that this is why."

Devlin has an outside vantage point of the program and the work the RCMP is doing in the area of mental health. She describes it as a "groundswell" since the launch of the mental health strategy.

"There's been a huge change and shift in addressing mental health issues in the last year and a half," she says, noting that they are seeing more RCMP members at her clinic now, including some on active duty — something many needing help are reluctant to do.

"It's not necessarily that more people are ill," she says. "But a contributing factor could be that more feel like the stigma is lifting and it is okay to need help." ■

RCMP MENTAL HEALTH STRATEGY

In addition to the Road to Mental Readiness program, the strategy includes:

SELF-AWARENESS TOOL

A colour-coded chart listing possible signs and behaviours for various states on the spectrum of mental wellness.

MY MENTAL HEALTH CARE PACKAGE

Information for employees to recognize signs of mental illness and to know when to seek help. It also highlights programs, services and contacts available to deal with mental illness.

NOT MYSELF TODAY PROGRAM

Contains tools and resources that help inform and spark conversation among employees, and support positive change within the workplace.

PEER-TO-PEER CO-ORDINATORS

Provide a useful link between employees and the range of services available to the RCMP.

TOOL KIT FOR MANAGERS

Designed to help employees perform well at work and to take care of themselves.



Police are required to be strong as a means of survival on the street — but real strength lies in being informed, trained and smart about mental health, writes RCMP Supt. Guy Rook.

HOW CAN POLICE AGENCIES HELP THEIR MEMBERS DEAL WITH WORK-RELATED STRESS?

THE PANELLISTS

- Supt. Guy Rook, North East District Commander and Ontario mental health champion, RCMP
- Dr. Patrick Baillie, Psychological Services Division, Calgary Police Service
- Dr. David Dingley, registered psychologist, Maple Ridge, B.C.
- Assistant Chief of Police Sarah Creighton, Training, Employee Development and Wellness, San Diego Police Department

SUPT. GUY ROOK

“Let’s talk about mental health” became the unofficial motto and the first step in the Ontario RCMP’s mental health strategy. Simply talking about mental health at work seemed to be a straightforward and obvious pursuit — so obvious that one has to wonder why it seemed a novel idea.

In Ontario, the RCMP is facing an unusually high number of national security investigations as well as fiscal pressures. These conditions resulted in uncertainty, unpredictability and required secondments of many personnel away from their usual work sites and homes.

This situation led us to believe that we

needed to start talking about mental health quickly as a preventative measure for managing the higher level of stress and anxiety many of us were facing.

We set about to deliver face-to-face positive mental health guidance sessions aimed at informing others about the services, information and tools available related to mental health. We introduced stress management techniques to aid in building resilience and we talked about stigma and shared personal stories to normalize the many challenges we all face personally and professionally.

We delivered 40 sessions to more than 1,480 participants over six months. The feedback we received was generally positive

and consistent. But most importantly, it was very enlightening and instructive. We learned that:

1. Toxic work environments and “bully” supervisors can present greater challenges and negative impacts to maintaining positive mental health than what our work often entails.
2. People need and want to be much more open and comfortable talking about mental health, but that stigma and lack of knowledge or experience are preventing this.
3. There is great reluctance to seek help from others or the organization.



There are many reasons and combinations of reasons for this, but many relate to perceived potential adverse consequences.

4. We have many effective services and supports to maintain or gain positive mental health that should be better known about and put to greater use.

Supervisors have to stand up for mental health. The most important activity that any supervisor can do to support employees is to be knowledgeable about mental health, be kind and compassionate, and stand up every time, to anyone, who displays false beliefs or negative stereotypes about mental health.

The public counts on the police officer to make things safe, to be strong in the face of those who use violence and intimidation and to take charge during circumstances which to others seem like sheer terror and chaos.

We are required to be strong and we learn this as a means of survival on the street, which continues into the office. Members of police services — including our supporting personnel — have to measure up to the highest standards and expectations, while managing competing demands in the workplace.

Real strength, however, is not found in denial or a mask of invincibility. Real strength lies in being informed, trained and smart about mental health and it comes from and is shared through kindness, care and respect for one another. For anyone who wishes to be at their very best in operational supervision, be kind and knowledgeable. Talk about mental health and stand up to stigma.

DR. PATRICK BAILLIE

Today, there is much more recognition and acceptance of the stress associated with policing. Police services across Canada have identified a need to monitor and support the mental health of their members.

What truly gives a psychological services program the chance to be effective is a change in attitudes and an organizational culture based on positive relationships. When management actively supports individuals accessing psychological services, when adequate funding is set aside for the programs, and when key leaders within the organization talk openly about how their careers, their marriages, their families, and,

sometimes, their lives were saved by their willingness to seek help, that is when a psychological services program will flourish.

The Psychological Services Division (PSD) with the Calgary Police Service (CPS) is fortunate to be supported by many key stakeholders, including the Calgary Police Association, the Human Resources Operational Section (and Occupational Health), senior members of CPS and its core executive group — along with a diverse cross-section of clients willing to share their stories and encourage others to access services.

We are fiercely protective of the confidentiality necessary for individuals to feel safe telling their stories and we are not aligned with anyone in a way that might compromise that key ethical principle.

CPS members and their families have access to a range of services and service providers that are familiar with policing and the police environment, which we believe contributes to the credibility of services.

PSD tries to be able to address the variety of needs of those seeking services, which range from:

- individual counselling to couples and family counselling
- prompt psychiatric consultation to an in-house naturopathic physician
- psychological screening to annual mental health checks for members working in vulnerable areas, such as Internet child abuse and long-term undercover operations
- treatment providers in the downtown core to those in the suburbs

PSD reports directly to the chief of police and has had, since its inception more than 25 years ago, strong support from successive chiefs, including most recently Rick Hanson and Paul Cook. While there is no small cost associated with the services, demonstrable savings for CPS come from reduced absenteeism and other health care expenses.

Perhaps more than any other factor, what has given PSD the opportunity to succeed is an environment in which talking about mental health problems no longer carries the stigma it once did. Programs directly challenging stigmas — such as Bell Let's Talk or initiatives from the Mental Health Commission of Canada — have helped to change public attitudes about mental health.

The identification and willingness to address occupational stress injuries — such as post-traumatic stress disorders — among police services has contributed to a move away from an attitude that such challenges are simply part of the job. Innovative programs such as the Road to Mental Readiness (R2MR), which has been adopted by CPS, have provided tools for individuals to begin conversations about mental health in the workplace.

Twenty years ago, the majority of PSD services were provided to the spouses and children of employees, with members reluctant to attend either out of fear of jeopardizing their advancement or simply out of denial of evident problems.

Now, almost one-quarter of sworn members come through the doors of PSD each year, suggesting that the stigma of accessing help has been greatly reduced and those members are connected with the services they need to stay healthy.

DR. DAVID DINGLEY

As a counselling psychologist in private practice, I probably work with 20 law enforcement members a week. A number of my clients have spoken directly about what their employers could have done differently to help them manage work-related stress.

"If you expect someone to fight and die for you, then you'd better take an interest in them personally." A senior officer said this to me after attending a public inquest where the actions and decisions of some employees were under question.

These employees were noticeably upset and overwhelmed when relaying their experience. My client sought out each of them and simply relayed his concern and support.

In each case, he was told that no one from the employer's side had done the same in the two years since the incident occurred, and that no one was at the inquest, simply to offer any assistance emotionally should they need it.

Over and over again, I hear sentiments that police agencies need to do some very basic, simple actions that reflect compassion and genuine concern for their employees' psychological health.

I work with individuals who have exhausted themselves, impacted their physical health, their relationships with their families and their mental health.

Recently, a conscientious member has



developed severe, chronic post-traumatic stress with the typical psychological symptoms but also severe physical symptoms.

For a number of years prior to meeting him, this member worked in a highly specialized unit where the workload was overwhelming and matched by the sense of responsibility and dedication held by members.

This unit had no debriefings over this period, no opportunity to directly assess the impact of the stress and institute some coping or management strategies even though the impact of the work was quite apparent.

I recently met with another dedicated member, after he realized he was not handling things in his personal life well. He stated that he had never ever thought he would end up in an office like mine, as he had always viewed anyone who did so as being weak.

He realized he was withdrawing from his spouse and family and not enjoying life. He stated he did not want to end up taking his life and that thought prompted him to make the call. He explained that he had tried to manage these stressors by not thinking about them. When I inquired about other strategies he used he indicated that he didn't know of any other ways of coping.

I don't think I have ever had any police officers describe to me any training they had had on how to manage the impact of what they are exposed to. I appreciate that police agencies are not in the business of mental health, but, I truly believe that some serious consequences could be prevented by instruction in simple, effective stress management strategies.

I think that police agencies could have a significant impact on how their employees manage work-related stress through teaching stress management skills in basic training, by recognizing when employees are pushing beyond their limits, by extending simple acts of compassion towards their employees, and through challenging the culture and climate within the organization that discourages seeking help.

ASSISTANT CHIEF OF POLICE SARAH CREIGHTON

Stress, whether induced by a singular traumatic episode, the cumulative building of many events, or even if it's administratively created, places significant demands on our personnel.



The identification and willingness to address occupational stress injuries — such as post-traumatic stress from securing the scene of a deadly vehicle collision — among police services has contributed to a move away from an attitude that such challenges are simply part of the job.

More than ever, we bring work stress home and home stress to work, as the demands for our time increase and technology keeps us plugged in to both worlds simultaneously.

Progressive police leaders recognize that stress and its impact are inherent in our work, especially at a time when our resources are stretched so thin. Effective leadership in today's law enforcement agency requires the proactive identification and frequent advertising of resources intended for stress management, whether or not the stress is work-related.

A holistic approach to stress management can create a generation of police officers that feel cared for by their organization and know no differently than to tend to their stress accordingly.

Although the stigma of asking for help still exists for some in our occupation, by introducing the idea that stress can and should be proactively managed, and through the provision of confidentially available resources, a different culture can be created in law enforcement.

From the beginning of their careers, recruits need to be educated about the impact of stress and about the confidential resources available while they are training in the academy and through the duration of their career.

Their families should also be informed, offered resources and provided direct access without the necessity of going through their loved ones in law enforcement. How families adapt to the new lifestyle of their loved ones has a direct correlation to the officer's success.

Posters, flyers, websites and any media providing information about and access to resources should be prominent in every work station. Police agencies should also offer frequent reminders about resources through wellness classes, rollcalls and any other forum that provides such an opportunity.

Critical incident stress debriefings need to occur automatically when a significant incident occurs — not just by request from the officer. The briefings provide tacit acknowledgement by the organization of the impact of stress and validate a commitment to supporting those involved.

Variety is important when offering resources. Not every officer will want or need to speak to a psychologist or chaplain. A peer support officer might best serve their needs.

Whether through informal peer support or professional services of a psychologist, medical doctor, chaplain, substance abuse counselor or financial advisor, all resources should be made available to officers and their families at no cost and with the highest level of confidentiality the law provides. ■



MONCTON RECOVERS

A MULTI-FACETED APPROACH TO HEALING

By Amelia Thatcher

A tragic event can take a split second to unfold, but months to recover from.

Moncton, N.B., knows this all too well, as it marked in June the one-year anniversary of the shooting that killed three RCMP officers and injured two others.

The crisis touched everyone — the RCMP officers who hunted for the shooter, the first responders who dealt with the wounded and fallen, and the community members who remained in lockdown for more than 30 hours.

While the shooter has been sentenced to life in prison, the fallout of the tragedy is still being felt today.

“We certainly know there are still people out there that have a need for support,” says Laurann Hanson, manager of human resources for the City of Moncton.

Over the days, weeks and months following the shooting, many different resources were made available to everyone in Moncton, catering to a variety of needs for officers and citizens alike.

A CHANCE MEETING

Surprisingly, plans for recovery began before the shooting in Moncton had even happened.

Just one week before the tragic events unfolded, Andrew Easton, an official from the New Brunswick Department of Public Safety, attended a conference in Boston. The meeting provided information on how the city responded to and recovered from the 2013 Boston Marathon bombing.

The conference was led and organized by one of the United States’ top emergency managers, Richard Serino, former chief of Boston Emergency Medical Services and former deputy administrator of the U.S.’s Federal Emergency Management Agency (FEMA). Serino has dealt with some of the U.S.’s biggest emergencies, including the Boston bombing and Hurricane Sandy in 2012.

At the conference, Easton, along with a number of Canadian officials, attended Serino’s presentation on handling disasters. What they didn’t realize was the lessons

learned at the conference would become directly applicable to Moncton days later.

OPEN DIALOGUE

Since the city had never experienced a tragedy like this, officials were left scrambling and looking for advice.

“We certainly needed someone to talk to and gather whatever assistance and guidance we could,” says Hanson.

Easton reached out to Serino and asked if he would be willing to offer advice to Moncton. Serino immediately saw similarities to the Boston marathon bombing where a comparable lockdown and manhunt took place. In both Boston and Moncton, police officers, first responders and the community members were all affected.

“It was an opportunity to take some of the lessons I’ve learned from experience and share them,” says Serino.

Serino highlighted the importance of providing help to the community in a crisis, even after the incident has passed.

“Having resources and support to help the survivors and the city recover and focus on the positive things is important,” says Serino.

A CITY RESPONDING

In the hours following the shooting, the province of New Brunswick contacted officials in Moncton and offered to connect them with Serino.

The goal was to ensure the city was reaching out to those that needed it, making sure citizens knew how to get help in the coming weeks and months.

The need for providing community resources really hit home for Hanson when she began hearing stories from co-workers who lived in the area affected by the shooting. She realized not everyone has access to mental health assistance programs.

“I realized that this was going to have detrimental effects on people in the community if they didn’t get help,” says Hanson.

She immediately found out what resources were available locally, and contacted mental health providers within the community. Two health networks, Horizon and Vitalité, partnered with the city to provide

Police and emergency service workers join Moncton residents for a barbecue at St. Andrews Presbyterian Church, near where the shootings happened, after a parade to show resiliency on the one-year anniversary of the tragedy.



City of Moncton



their expertise and services.

"As providers we assume that everybody knows what is offered and how to access things, but that's not always the case," says Kathleen Buchanan, coordinator at Horizon Health Network.

In collaboration with the city, Horizon created an information brochure on mental health and coping, advertising the available resources in the community. The brochure was distributed to residences and businesses in and around the lockdown zone several months after the shooting.

"Nobody was untouched by this. People react in different ways, so having an official place where people can get help is important," says Dawn Arnold, councillor at large for the City of Moncton.

COMMUNITY HEALING

Serino also stressed the importance of holding memorials and vigils to help the community move forward while remembering the victims.

Within the Moncton community itself, memorial events were held at the direction and discretion of residents. Arnold was part of a committee of residents that decided to plan their own events tailored for the specific needs of the community.

"Everybody wanted to do something," says Arnold. "When tragic events happen, people want to do something positive to counteract it."

Residents did not want a permanent memorial in their neighbourhood to remind them of the shooting. Instead, they planned a "street beautification" on Hildegard Drive, where the lockdown happened.

This past May, residents planted 125 trees on both sides of the street, with clusters of three red maples to represent the three fallen Mounties. Many RCMP officers came out to help plant the trees as residents, not in uniform.

"We are a strong community that is known for looking out for one another," says Arnold. "I think what we've done has helped and it really felt like the right thing to do."

POLICE SUPPORT

Within the larger community, the RCMP Codiac Regional Detachment provided some of its own tailored support for officers following the shooting.

"Our goal was to ensure that each and every person had a place to go and ensure



Residents planted 125 trees as part of the Hildegard beautification project on the street where the lockdown and shooting took place.

their emotional health was triaged," says Sgt. Liane Vail of New Brunswick RCMP Health Services.

Within 24 hours of the shooting, they set up a week-long temporary drop-in centre with health teams and counsellors available for one-on-one meetings with members. The centre also ran sessions, providing information on mental health and returning to work after trauma.

The detachment decided to put all members on leave for two weeks. Before returning to work, members had to be screened for fitness for duty by a team of psychologists, doctors and nurses. New Brunswick RCMP Health Services also hired a nurse to provide support for members for one year after the shooting.

For those wanting more discreet help, the RCMP implemented an online psychological monitoring system in collaboration with the Operational Stress Injury Clinic run by Horizon Health. The tool let members self-assess their mental state. If the system flagged a participant, someone from health services would follow-up with the RCMP member within 24 hours.

The monitoring system was available to members for one year following the shooting, and is now under review. If the system is deemed successful, it could become an ongoing tool used by New Brunswick RCMP to

assess the mental readiness of members.

Vail says the tool received more than 900 hits in the time that it was up and running.

From nurses to presentations to online tools, a range of resources and support avenues were offered to Moncton RCMP officers.

"It's a complex system. What works for one person might not work for another," says Vail. "Just the fact that we had various resources available was a reassurance to members that they were being looked after."

MOVING FORWARD

Ample resources were provided for both the community and RCMP members. And more than a year later, Moncton still has help available for those that need it.

"We can all be leaders in ensuring each other's well-being," says Vail. "The more that we come together and share our resources, the more we're going to have a healthy community."

Like Serino said, sharing not only resources, but the insight on how to handle traumatic events is important to help communities heal. It adds to the body of knowledge, better equipping cities to cope with tragedies and disasters.

"Having the support of someone who's been there before can really make a difference in people's recovery," says Serino. "That's the reason I reached out — we are all one community regardless of where we're from." ■



Courtesy Cst. Annabelle Dionne, RCMP



Cst. Annabelle Dionne adopted her dog Oreo from a shelter to help her cope with PTSD.

COURAGEOUS COMPANIONS

SERVICE DOGS HELP POLICE COPE WITH PTSD

By Amelia Thatcher

Ret. Cst. Michele Peters' dog goes with her everywhere. The chihuahua-cross named Nova sports an orange working-dog vest, letting people know she's a little different.

While it may not be obvious at first glance, Peters suffers from post-traumatic stress disorder (PTSD) and Nova helps her cope. Peters worked as a general duty police officer with the RCMP in Manitoba for 15 years before the symptoms developed.

"I just dealt with it. And the years of dealing with it slowly took its toll on me," she says.

Peters is among 15 RCMP officers and one Ontario Provincial Police officer to receive a trained PTSD service dog from Courageous Companions. Four years ago, the Manitoba-based service dog providers expanded their client base to include not only military members, but also police and first responders. And lately, the highest demand for the dogs has been from the RCMP.

"As a first responder and police officer, you see so much violence and death," says George Leonard, founder of Courageous Companions and First Nations band con-

stable in Manitoba. "People don't realize how the accumulation of small traumatic incidents adds up."

Since its inception in 2005, Courageous Companions has donated 147 dogs to veterans and first responders across the country. And Leonard has another 75 to 100 dogs in training.

GROOMING A SERVICE DOG

Cpl. Chris Lohnes has been a dog handler with the RCMP for 18 years, serving in British Columbia, Newfoundland, Saskatchewan and now in Innisfail, Alta., at the Police Dog Training Centre.

He volunteers what little spare time he has going to local shelters in his hometown of Yorkton, Sask., to find dogs for Courageous Companions. Two years ago, he started a pilot project involving the Society for the Prevention of Cruelty to Animals, local high school students and a few veterinarians to help source dogs for the organization.

"I do a lot of the initial work, finding and pre-training dogs before they enter the formal training program with Leonard," says Lohnes.

He goes to local shelters and selects dogs that he thinks may be a good fit for the program — those with temperate personalities and social behaviour. From there, he recruits high school students to take the dogs out and see how they react in public settings. Those that pass the test get checked out by local vets and then shipped out to Leonard for official training.

Lohnes puts a total of 30 to 50 hours into each dog before starting formal service dog training.

Dog handling is a passion for Lohnes, especially when he is able to help out.

"I would do anything to find a dog for someone," he says. "It can make such a huge difference. It can be a lifesaver for certain people."

A HELPING PAW

But not all of the trained dogs come from local shelters. Sometimes, officers come to Leonard with their own dogs, looking to have them trained for PTSD service.

This was the route that Peters took. She adopted Nova following a breakdown in 2002. After being diagnosed with PTSD,



Peters fell into a downward spiral, avoiding people and confining herself to her home.

"When I came to realize that these four walls were going to be my life if I didn't do something about it, I reached out to Courageous Companions," says Peters.

After Nova passed the initial tests, she was enrolled into formal training to help Peters cope with her PTSD. Nova is on track to graduate from her training next year.

"Now I can go out and do things like groceries. I went from being a semi-recluse to going out almost every day," says Peters.

Like Peters, RCMP Cst. Annabelle Dionne went through a similar process with her dog Oreo. Following the murder of a colleague, she adopted Oreo from a local shelter to help her cope. Once she heard about Courageous Companions, Dionne enrolled her American Eskimo-cross into the training program.

Since then, Oreo has become a certified service dog for Dionne, helping her deal with the effects of PTSD at home, in public and at work. She is the first RCMP member at national headquarters in Ottawa to bring her service dog to work.

Dionne admits that PTSD is still a taboo subject among many police organizations, but she believes that as more people share their stories, the stigma will diminish.

"It puts a face on an invisible injury because people can't see depression, anxiety or PTSD," says Dionne. "People come to me and share their own journey and issues — it opens up the discussion so others don't feel so alone."

Dionne says she thinks it's especially important for organizations such as Coura-

geous Companions to open up services to police and first responders, rather than focusing solely on veterans.

But she also says it's up to officers themselves to seek the service.

"We have a responsibility and accountability as police officers to get help when we need it," says Dionne.

RAISING A NATIONAL STANDARD

In Canada, Courageous Companions is leading the way for service dog organizations.

"We made the PTSD program, we developed it, we advocated it," says Leonard, who has been lobbying the government to set up a national standard for training service dogs. He maintains a standard is necessary to ensure quality control of service dogs.

According to Lohnes, there's a lack of credible organizations giving service dogs with legitimate certifications.

"Having dogs without proper training, it's night and day," says Lohnes. "Courageous Companions sets a hard standard, but it has to be hard. Obedience training and service dog training are very different."

A properly trained service dog can cost upwards of \$10,000. That includes the cost of veterinary bills, a kennel, an official dog vest and 10 months of training. Courageous Companions absorbs all of these costs, supplying dogs to veterans and first responders for free. The organization is supported by a number of sources, including private donors, veterans' clubs, the Royal Canadian Legion and Wounded Warriors Canada, a non-profit organization that helps injured Canadian Armed Forces members, veterans and their families.

Leonard says he believes programs like his will be endorsed by the military and RCMP one day.

PAIRING PARTNERS

Even though he doesn't suffer from PTSD himself, Lohnes says he has witnessed how debilitating the disorder can be.

"When someone stops functioning and you watch that, and then you see them transform after they get a dog — their quality of life goes way up," he says.

Since the effects of PTSD vary from person to person, dogs are trained with their new owners to make sure they are compatible. Pairing people personalities with similar dog personalities is crucial, say Lohnes and Leonard.

"The thing with PTSD is every case is not the same. Everyone's a little different. Your Afghanistan veteran is different from your Bosnian veteran. Your policeman is different than your fireman. Your female is different from your male," says Leonard. "We train a lot of one-of-a-kind dogs."

Dogs can be trained to carry out three or four tasks to offset and mitigate a person's disability. Depending on what a person needs, dogs can be taught to interrupt, distract and calm their owners during periods of anxiety, tension or heightened awareness. They are also able to wake them out of nightmares, among other symptom-specific responses.

"We know some people that have been on 30 to 33 meds that are down to two or three," says Leonard. "We know some people never left their house for six months, and they're now volunteering."

Peters' dog Nova is trained to help her cope with anxiety and depression. Oftentimes, the dog senses a shift in her mood before she even knows what's going on.

"She wraps herself between my legs, she tries to gain my attention, and I get mad at her but then realize, 'oh, you're just doing your job,'" she says.

Peters retired after serving 28 years with the RCMP. And she says Nova continues to have an impact.

"The change she's had in my life, I don't have words to describe it. It's nothing short of a miracle. I am on the road to recovery and I can credit that to my dog," says Peters. "Everyone that deals with traumatic events — military, police, paramedics, firefighters — should have the opportunity to have this service." ■

Cpl. Chris Lohnes (left) has been a dog handler with the RCMP for more than 18 years. He now uses his skills and knowledge to help recruit dogs for Courageous Companions.





FAR FROM HOME

SUPPORTING PSYCHOLOGICAL HEALTH OF POLICE ON MISSION

By Dr. Sylvie Bourgeois, Dr. Paul Munson and Céline Paris, International Health Protection and Wellness, RCMP International Liaison and Deployment Centre

The job of police officers in Canada is stressful and risky enough. But when they are deployed overseas for a year to failed and fragile states to assist with policing development, far from the comforts of home and family, police officers must learn to cope both with different risks to personal health and safety, as well as with elements of hardship associated with working and living conditions.

Sources of stress may arise from a single critical event or can accumulate over time in mission. The impact on personal health, family dynamics and work reintegration after returning home from a one-year mission can range from minimal impact to significant changes.

PSYCHOLOGICAL SERVICES GUIDED BY STUDY

The International Health Protection and Wellness team of the RCMP's International Liaison and Deployment Centre (ILDC) has the responsibility to mitigate physical and psychological health risks across the deployment cycle.

The ILDC psychologists conducted a study in 2014 to better understand the factors that influence resiliency in mission and the predictors of successful psychological outcomes post-mission.

The ultimate goal of this study is to use the findings to improve the effectiveness of the processes in the selection and preparation phase of pre-mission, the quality and type of support offered to police officers and their families during mission, and the support in the reintegration phase.

This study involved more than 500 police officers from the RCMP and partner municipal and provincial police services who served in international peace operation missions between 2007 and 2014.

The study examined the relationship among:

- sources of stress pre-mission;
- stress and ability to cope during mis-

sion; and

- a variety of factors linked to health and wellbeing after mission, including personal and family relationships.

The results confirmed the importance of comprehensively assessing psychological health as part of the selection process for high-risk duties such as peace operation missions.

More precisely, according to the survey results, candidates who are experiencing significant stress at work or at home before a mission are more likely to have trouble dealing with the additional stressors they face in mission.

While it is only one factor that may affect a candidate's suitability for mission, pre-departure work and family stress is carefully considered during the pre-mission psychological assessments because of its known relationship with the ability to cope in mission.

The study also found that personal

resilience — an individual's natural ability to bounce back from adversity and take challenges in stride — is a stronger predictor of good post-mission adjustment than exposure to the mission risks/hardships themselves.

In other words, if we want to decrease the likelihood of post-mission health and adjustment issues, we need to not only select police officers who are suitable for mission. We also must prepare them to be resilient.

PRE-MISSION PSYCHOLOGICAL TRAINING

Pre-deployment psychological training at RCMP headquarters in Ottawa educates about stress and emotional reactivity, teaches applied stress management strategies, and addresses the stigma from seeking help for psychological distress.

This training teaches police officers to view psychological health as a continuum that goes from healthy to reactive to symptomatic to ill — versus a black-and-white labeling of emotional health as fine or

A study found that allowing police officers posted to Afghanistan to spend a short period of time at another location before returning home helped alleviate some mission-related stress.



Combat Camera



problematic.

Each psychological state is associated with various coping strategies depending on the severity or impact of the reactions. The core message is that anyone has the ability to be resilient and bounce back from personal and operational challenges.

The study results showed that many who go in mission experience periods when they feel highly stressed or down, despite being able to maintain effectiveness in their role in mission.

The study also found that police turn first to peers in mission when feeling pressured and demoralized. This confirmation is encouraging, as ILDC's approach to in-mission support has a strong peer-to-peer focus. Over the past two years, ILDC psychologists have been developing a two-tiered program to enhance this natural support network.

During the pre-mission psychological session, every member of the departing contingent is trained in basic peer support, based on principles of 'I've got your back.' Volunteers are then sought for each contingent to serve as designated mission peer supports.

These volunteers are given individual training in more advanced strategies and are offered support and guidance by an ILDC psychologist via Skype, email or phone as needed.

Because they are embedded with their cohort, it is hopefully easier for people to reach out to them.

TARGETED POST-MISSION SUPPORT

ILDC promotes good mental health following mission by easing the transition back to home from missions, conducting psychological assessments post-mission and providing education on reintegration.

To illustrate, the ILDC introduced a third-location decompression (TLD) program in 2009 during the 2005-2014 mission to Afghanistan, where Canadian police contributed to training and advising nearly 23,000 members of the Afghan National Police.

The TLD allowed those posted to Afghanistan to spend a short period of time in another location — in this case, Bad Homburg, Germany — before returning home. Because the mission was characterized by a high operational tempo, this TLD was structured as a step-down process to allow some stress reduction and aid the mission

STUDY RESULTS

Of the more than 500 police officers surveyed from the RCMP and partner municipal and provincial police services who served in international peace operation missions between 2007 and 2014:

- 91 per cent of mission participants were exposed to human misery and degradation on a large scale.
- 42 per cent were exposed to human hardship due to natural disaster.
- 85 per cent were exposed to the threat of attack at least once.
- 15 per cent experienced the serious injury or loss of a friend, colleague or co-worker in mission.
- 34 per cent indicated that living conditions were a cause of moderate or great hardship.

- 37 per cent indicated that working conditions were a cause of moderate or great hardship.
- 49 per cent had to deal with a stressful situation from home while in mission.
- 68 per cent said that family issues had settled by four weeks post-mission — that ratio increases to 92 per cent after 12 weeks.
- 50 per cent reported having readjusted to work life by five weeks post-mission — that ratio increases to 78 per cent at 12 weeks.

Despite the stress they experienced in mission, most respondents indicated they were able to cope and maintain a sense of control while abroad. This may speak to the selection and preparation of resilient candidates.

mindset to subside.

The results of the 2014 study suggest that the TLD program was useful in increasing self-awareness and promoting early help-seeking. Specifically, the Afghanistan returnees reported experiencing slightly more psychological reactivity — such as fatigue, irritability and hypervigilance — than others in the weeks following their return home. Yet interestingly, their long-term off-duty sick rates were lower than participants of other missions.

This would suggest that the Afghanistan contingents were indeed more reactive early on, but they also reported greater early psychological assistance and ultimately, very little long-term sick leave.

The study also confirmed that family and work readjustment post-mission takes time. One to three months is a typical time frame for successful reintegration. Therefore, education to police officers and their families on common readjustment issues is a key.

In fact, the ILDC has recently developed a reintegration guide to familiarize police, their partners and other family members with the challenges that may arise in the reintegration and post-mission phase, including helpful strategies to address the issues.

In short, the ILDC's International Health Protection and Wellness team strives to support the psychological health of police

officers and the wellness of their families across the deployment cycle. Its approach is evidence-based, with the goal of enhancing their service delivery in a targeted way by doing the right thing at the right time for the right clients. ■

The RCMP manages the deployment of Canadian police to international peace operations missions, which includes members of the force as well as 26 municipal and provincial police services. Since 1989, approximately 3,800 police officers have served in 66 missions in 33 countries around the world. Currently, around 100 police officers are serving on missions in Cambodia, Haiti, Ukraine and the West Bank.

Dr. Sylvie Bourgeois is a registered psychologist and the head of the RCMP's International Health Protection and Wellness (IHPW) unit. She leads numerous occupational health initiatives for police officers in high-risk duties.

Dr. Paul Munson is a registered psychologist and has worked with Canadian Forces Health Services as national practice leader for psychology. He provides consultation services to the IHPW.

Céline Paris is a registered psychologist who has worked with Canadian Forces Health Services. She is in private practice and provides consultation services to the IHPW.



More than 300 RCMP officers in Saskatchewan completed a survey last year that will offer Dr. Nicholas Carleton and his team of researchers a preliminary snapshot of current mental health and resilience in the force.

BEACON OF HOPE

RESEARCH AIMS TO ENHANCE RCMP MENTAL HEALTH CARE

By Dr. Nicholas Carleton, department of psychology, University of Regina

The RCMP is the world's most recognized police force — the image of a stoic officer in red serge bracing against a Canadian winter, an unbending beacon of hope against darkness, is globally iconic. Canadian pride in Mounties is well-deserved and prolific, but what of the people behind the icon?

Something that becomes obvious very early in clinical work with RCMP officers is the tremendous humanity behind the serge. That humanity is too easily overlooked when we focus on one of our most cherished icons. When we try to reconcile that humanity with the icon, we encounter many challenges, perhaps none more intense than the pervasive stigma associated with mental health.

Canadians need the RCMP to stand fast in the face of tremendous stress, while simultaneously showcasing very human qualities such as professionalism, compas-

sion and respect

However, being this Canadian icon is a tall order. The fact that so many officers meet that expectation so often makes it easy to believe, in error, that the human in the serge is unaffected as they stand against decades of traumatic stress.

Nearly a century ago, researchers working with the military began trying to understand the impact of stress on a soldier's mental health. At the start of the First World War, the general consensus was that physical health issues were real and mental health issues were not, unless there was a readily apparent physical ailment, such as damage to the brain. As such, the vast bulk of mental health symptoms were instead considered the result of character flaws.

The First World War brought with it an unprecedented number of casualties and historic numbers of people reporting significant

mental health symptoms following traumatic stressors. The highly publicized and initial response from military commanders at the time was to blame the soldiers for the symptoms — with one commander going as far as to refer to them as a “manifestation of childishness and femininity” or “cowardice.”

The culture at the time was quick to accept these explanations, supported by civilians with insufficient perspective on the realities of war. Efforts were made, to no avail, to create tools for discriminating between malingering and real mental health problems. Many treatments were attempted, also meeting with limited success.

By the Second World War, any gains made regarding post-traumatic stress and mental health had largely been forgotten or dismissed. However, researchers were faster to engage with symptoms, seeking patterns and solutions.



Despite ongoing focus on identifying malingering and cowardice, one reliable pattern emerged: 100 per cent of soldiers would become symptomatic after 240 days of combat exposure. It still took more than three decades before post-traumatic stress disorder (PTSD) became an accepted diagnosis and two more decades before other symptoms — such as depression or substance abuse, among others — would be associated with traumatic exposure. Ongoing disputes remain regarding which experiences would be sufficient to accept that a person could have the diagnosis.

In December 2012, some 70 years after researchers discovered that 240 days of traumatic exposure was too long, Alberta became the first province to grant first responders, who often endure 25 years of stress or more, the right to claim PTSD as a presumptive injury in the context of their employment. Manitoba has recently begun the same process.

Recognizing the impact of stressors on mental health for RCMP members has been a long time coming. Unfortunately, the recent recognition had been hindered by stigma, limited access to effective and credentialed care and inadequate research attention to improving mental health.

Despite this, researchers have remained dedicated to better understanding the complex interactions between stress, risk variables, resiliency variables, coping and mental health. While the majority of the available research has focused on military and civilian populations, I would argue that using data from military and civilian populations is insufficient to understand stress and mental health in the RCMP.

The RCMP faces a set of unique challenges, growing in complexity, with politicians and the public demanding ever more from the world's best and most recognized police force.

For example, unlike many military personnel, RCMP officers are posted here at home, where they also live and play, which blurs the line between safe and threatening zones. The people that threaten RCMP members and the public are also the civilians they are sworn to protect. Someone who is safe one day may not be safe the next. Nevertheless, an officer must both protect and serve, because all too often they themselves are the line between danger and safety.

RCMP members are also deployed

significantly longer — for often more than 25 years — than many military personnel. Military personnel and municipal police typically benefit from substantial support as part of large teams, whereas RCMP officers often work in much smaller groups, especially in remote areas.

In addition, the RCMP is increasingly being deployed outside of Canada — like the military — to fulfil international policing roles. As such, the RCMP deserves dedicated research to support the mental health of its members.

My team of researchers and I at the University of Regina have begun such research, including studying post-traumatic stress and post-traumatic growth in RCMP officers. Factors such as optimism and a broad support network are suspected to protect an officer against the negative consequences of trauma, whereas factors such as childhood adversity or work disengagement may put an officer more at risk.

More than 300 RCMP officers in Saskatchewan completed a survey in fall 2014 and the resulting data will offer a preliminary snapshot of current mental health and resilience in the force. But a snapshot is only a start. Research that begins before a cadet starts training and then follows that cadet through his or her career is urgently needed for researchers to truly understand critical elements for mental health.

In several recent public lectures, most notably in a testimony to the House of Commons Standing Committee on Health, I have underscored the significant commitment of first responder leadership — particularly RCMP leadership — to reducing stigma and improving mental health through evidence-based research, interventions and prevention.

Available research evidence, support from senior leadership and calls for change from members have all come together, allowing us to take action in support of RCMP mental health.

But why are we acting now and not before? Acting before may have been impossible. There has been a broad cultural shift towards recognizing the importance and value of mental health. There has been a recent convergence of cross-sectional snapshot research into risk and resiliency variables for the development of stress-related injuries, along with preliminary long-term evidence.

We can now communicate instantly across vast distances with advanced technol-

ogies. There is the pending release of new technology for continuous physiological measurement. We now have the critical scientific resources available to the RCMP, which are geographically associated with Depot through the University of Regina. Lastly, the first responder community and their families, politicians and the public are all looking for national leadership in this area. Accordingly, the RCMP will take this new opportunity to lead and innovate in mental health.

As such, I am leading a multi-university, multi-expert group of internationally recognized leaders who are collaborating with RCMP senior leadership to conduct a transformative research project into mental health care for its members. Current mental health care systems are reactive, with help coming after the injury has been sustained — often too long after. That health-care model is economically unsustainable and morally insufficient.

The planned project will use available research evidence to make imminent improvements, collect never-before available data, and design a better system for supporting mental health care. It will be proactive instead of reactive, reduce risk, increase resiliency and reduce stigma.

The project will also use recent advances to enhance care by integrating evidence-based practice first into the RCMP Cadet Training Program and then throughout the membership. The project should improve the quality of life for members and their families, and ultimately save millions in annual economic costs.

The planned national project will be highly visible. It will inform policies and programming by turning the aspirational standards from the Mental Health Commission of Canada into actionable and measurable improvements — first for the RCMP, then for all first responders, and ultimately for all Canadians. As they have done so often before, the RCMP will again stand as a beacon of hope, this time for mental health, supported by many of our best and brightest researchers. ■

Dr. Nicholas Carleton is a professor in the psychology department at the University of Regina and has been working with trauma and stress responses for the past 15 years. He began clinical work with military and paramilitary officers, including RCMP officers, in 2010.



Recent research has shown that trauma-related symptoms in response to critical events are higher among police communicators than in officers and other civilians.

CALLING FOR HELP

HOW STRESS AND EMOTIONS AFFECT POLICE COMMUNICATORS

By Arija Birze and Dr. Cheryl Regehr, University of Toronto, and Dr. Vicki LeBlanc, University of Ottawa

There is an important body of research focused on stress and trauma in police officers and other emergency service first responders.

However, despite the fact that a police communicator — more commonly known by the North American public as a police dispatcher or 911 operator — is likely involved in the vast majority of events that contribute to stress and trauma in the emergency services, the trauma they experience has been largely overlooked in the stress and emotion research with first responders.

As part of their regular working shift, communicators experience many occupational stressors that are similar to those of other emergency responders. In addition, they are subject to other stressors related to their specific work environment.

For instance, a cramped workspace, restricted ability to move from their workstations, regulated washroom and other breaks and, at busier times, a rapid succession of calls with little opportunity for disengaging, suggest constrained physical conditions. Technological aspects of their work may also lead to feelings of isolation.

The lack of physical presence at scenes without systematic feedback on the outcome of calls may prevent closure and create a sense of powerlessness for communicators. Concentrated organizational oversight in the form of guidelines for appropriate behaviour, the potential for legal and public scrutiny, and the routine recording and logging of performance may add layers to the occupational stressors that communicators

experience.

Perhaps not surprisingly, emotions in the workplace are commonly set aside in favour of rational ways of being. Anecdotally, communicators consistently characterize their work as a process of removing emotion from the situation.

They work to gain control of the call, calm the callers and retrieve the pertinent information in spite of any emotional subject matter. This is common to many emergency service contexts which call for emotional neutrality or detached concern.

However, police communications is an inherently emotional profession. The research of Tracey and Tracey (1998) identified that communicators are routinely required to simultaneously manage their own emo-



tions while evaluating and managing the emotions of callers and their co-workers. Much of the work communicators do and many of the decisions they make are infused with and shaped by emotion and emotional interactions with others.

This type of emotional work, referred to by Hochschild (2003) as “the managed heart,” often remains invisible in the eyes of organizations, management and the public. It is regularly ignored, taken for granted and rarely regarded as a significant source of on-the-job distress by employers.

IMPACT OF COMMUNICATIONS WORK

Several studies have demonstrated that people in professions that require higher levels of emotion work report higher levels of stress, depression, anxiety, emotional exhaustion, burnout and ill health.

The intense emotional efforts and persistent social interactions of communications work may leave communicators at increased risk for negative physical and mental health outcomes.

Recent research such as that by Pierce and Lilly (2012) has shown that trauma-related symptoms in response to critical events are higher among communicators than in officers and other civilians.

Our research group conducted a simulation study that aimed to look at the relationships between various manifestations of distress — such as psychological distress, physiological stress as measured by cortisol, the stress hormone — and subjective experiences of stress and other factors that influence the ability to manage during critical events — such as coping strategies, social supports, and locus of control, otherwise known as a sense of personal control (Regehr, et al, 2013).

We recruited 113 Canadian police communicators, from both urban and rural communications centres, who were employed by both municipal and provincial police services on both a full-time and part-time contract basis. Of those, 87 per cent were women, 59 per cent were married and 81 per cent had some college or university education.

We found that 31 per cent of participants had symptoms of traumatic stress that met a conservative diagnostic cut-off for post-traumatic stress disorder (PTSD). This rate is considerably greater than that of female and

male officers and the general population.

The longer employees had been on the job, the more symptoms of trauma they reported. Fifteen per cent of the sample reported mild to moderate depression but levels of anxiety were low compared to the general public.

Cortisol — or stress hormone — levels were similar to levels found in other high-stress jobs such as emergency department nurses and experienced paramedics but were unrelated to other measures of distress.

The lasting effects of acutely stressful incidents make the relationship between cortisol and momentary subjective experiences of stress difficult to map out in what can be a repeatedly stressful environment.

An internal locus of control — or a sense of personal control — over what goes on in the world around us has been shown to be protective when dealing with stressful situations. Those who are able to maintain a sense of control in traumatic circumstances are more effective at coping with those experiences. Communicators who reported a higher sense of personal control also reported lower levels of anxiety and depression.

Participants also reported high levels of social support compared to other occupational groups and the general public.

While social support is generally found to reduce stress and trauma symptoms (Regehr, 2009), some recent research by Farnsworth and Sewel (2011) suggests that fear of emotion — the idea that intense emotional experiences will end in a loss of self-control — is a stronger predictor of

PTSD than lack of social support.

CONCLUSION

The influence of emotions on work is complex. On one hand, emotion may be related to the most rewarding or positive aspects of emergency service work. That is, the work can be experienced as exciting, interesting and fulfilling.

On the other hand, emotion can be disruptive both for the individual and in interactions with the public and colleagues (LeBlanc, et al. 2011; Regehr et al., 2008). As the first point of contact, communicators' exposure to traumatic circumstances is direct and has real immediate, long-term and far-reaching consequences. At a personal level, emotional work takes a toll physiologically, psychologically and relationally.

Healthy organizations can create a climate that both recognizes emotion-related efforts as a valued skill of emergency service work and assists workers in using emotions effectively for the benefit of the public, others in the organization, and themselves. ■

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Dr. Vicki LeBlanc is chair of and associate professor at the University of Ottawa's Department of Innovation in Medical Education.

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TALKING THROUGH THE PAIN

TEXAS POLICE OFFICER SHARES STORY OF PTSD AND RECOVERY

After being shot in the face and chest, Stafford Police Department officer Ann Carrizales pursued three suspects as they fled armed into Houston, Texas. Risking her own personal safety, she was able to bring the suspects to justice and live to tell about it. Amelia Thatcher spoke to Carrizales, who is also a former U.S. marine and national boxing champion, about her journey of recovery.

WHAT HAPPENED ON OCT. 26, 2013?

Every day in law enforcement is a stressful day. On that particular shift, I initiated a traffic stop on a car that had three Hispanic males in it. Those men had ties to MS-13, which is a very violent gang affiliated with the Mexican mafia. When I pulled them over I could really feel like something was not right. It was extra quiet. It was extra hard to breathe. All the signs were there. And their response to me was a violent one. I ended up taking a shot to my face and chest from one

of the passengers in the car.

WHAT WERE YOU THINKING IN THE MOMENT?

In the moment, the mind skips a little bit, it's like an electric short. When I took the shot to the face there was a loud ringing in my ear. I felt the pain and the force of the shot. It felt like a really hard punch. I come from a boxing background, so I am familiar with getting hit in the face — just not with bullets. My head flies back and I'm thinking, 'it's happening . . . it's happened.' I've always prepared myself for this. It's right up there as one of the crazy nightmare dreams every cop has.

WHY DID YOU PURSUE THE SUSPECTS?

I was very angry. I was angry that they would come into Stafford, Texas and initiate this gun battle with me in the middle of this small trailer home park. I thought, 'there's no way

you're gonna come in here and shoot me and create havoc and just drive away and potentially kill somebody else.' It wasn't going to happen. I did a self assessment and I felt that physically I could pursue them. I'm sworn to protect and that's what I needed to do.

HOW DID THIS AFFECT YOU PHYSICALLY, MENTALLY AND EMOTIONALLY?

The easiest part of this whole ordeal has been taking that shot to the face and chest. Physically, I have gone through several surgeries: a mastectomy, reconstruction and I lost half of my left earlobe. There was a whole lot of pain with the surgeries and that caused me a lot of anxiety. And several months after the incident I had the first of many serious panic attacks. I actually thought I was having a heart attack on duty. I thought I knew a thing or two about post-traumatic stress disorder (PTSD), but I really didn't know enough. It wasn't until I started to do the research and get the help I needed that I got better physically and emotionally.

HOW DID YOU COPE?

My dog never left my side, he just absorbed every tear and cry and scream. It's the same with my children and my husband. It shook our family to the core. The turning point was realizing I'm not going to quit. I'm going to stand up and take this bull by the horns and we're going to tousele until I am better and I win. And I'm going to get knocked around and cry and bleed, but I won't be defeated.

HOW DID YOUR POLICE AGENCY AND PEERS REACT?

Sometimes administration forgets that the injuries and the wounds go far deeper than the physical. When it hits so close to home — when it's one of your own — you don't know what to say, you don't know what to do. The reality is, officers going through something like I was going through are not going to call you when they need help. We're not wired to reach out and ask for help, we're wired to be the helper and protector. Silence is so loud in a time like that. Never stop trying to reach out. They may turn you down 10 times before the one time you call and they

Ann Carrizales began her career in the United States Marine Corps, where she became the top female boxer for her weight class in the U.S. in 1999. She entered law enforcement with the Stafford Police Department in Texas in 2010.



Stafford Police Department Youtube

say, "I haven't been so good today."

HOW DID YOU RECOVER?

I felt like I was in a place to fight so that's what I started doing. I started seeing a psychiatrist and I started sorting through the things I was afraid to sort through. I tackled it like a linebacker. I did the research and learned that what was happening to me was a completely normal reaction to an abnormal event. Once I understood how PTSD works and how we store trauma, it wasn't so scary anymore. When I was going through all this, I would talk to anyone that would listen to me because I felt like not enough people knew about PTSD. It's a taboo subject and we're always told not to talk about it. Well, I wasn't going to do that. I talked about it, and then I was being asked to speak and share my story. Unbeknownst to me, what I was doing was healing myself. I wanted to share my story with officers around the world. That's how I healed: talking about the hard things.

DID YOUR BOXING SKILLS HELP YOU COPE?

In stressful situations, you revert back to what you know. I drew so much from my boxing background that it blew me away. When I got shot in the face it felt like a punch. Physically, one's first reaction might be to cover their face or close their eyes or run. Mine was to keep my eyes on the enemy much like boxing. Psychologically, the competitive spirit and the warrior ethos of 'I hurt but I will fight through that pain' definitely had a hand in my recovery. But you don't have to have been a champion boxer or competitive athlete or a U.S. marine to react in the way that I did.

WOULD YOU HAVE DONE ANYTHING DIFFERENTLY?

There was nothing I would have done differently in terms of how I conducted the stop and how I reacted to the threat. Sometimes you can do everything right and things will still go south. I don't second guess, even in moments when I am weak and down. I had to realize that I'm not superwoman. I'm a real live person who does some pretty amazing things in my line of work. I think I did the best that I could. I think I had to let myself mourn because I was losing a piece of who I was before. If I had not allowed myself to go through things the way that I did, I



Members of the Stafford Police Department rush to Carrizales' aid in this screenshot taken from dashcam video of the pursuit after the shooting.



Colleagues offered support to Carrizales during her extensive recovery.

probably would not be where I am now. And I'm happy with where I am now.

HOW ARE YOU COPING NOW?

I did not come out of this ordeal unscathed. I did not come out of it without my fair share of scars and bruises. I still have bad days. I still have those times where I don't want to be around people. I don't want to give the impression of, 'wow, she just came out of this and she's great, she's good!' I am good but it's left its mark on me. I'm trying to use the tools I've learned to process it and get better. I've come to the point where I've accepted that I will never be the Ann Marie Carrizales I was before I was shot. And that used to break

my heart at first. But it doesn't anymore. I am proud of who I am now.

WHAT WOULD YOU TELL OTHER OFFICERS WOUNDED IN THE LINE OF DUTY?

You can get shot in the face. You can get shot in the chest. And you can still win. You can survive it not only in the moment, but in the aftermath. Because it's going to shatter your life. It's okay to feel vulnerable, scared and broken. You're going to want to quit. But you can put the pieces back together and it will hold stronger than it did in the first place. You can survive this if you take the time and put in the work. ■

YouTube

Courtesy Ann Carrizales

COVER

STRESS, COPING AND RECOVERY



COMING IN FROM THE COLD

COPING AND MUTUAL SUPPORT IN NORTHERN CANADA

By Cst. Elenore Sturko, Nunavut RCMP

As an RCMP officer, service at an isolated post in Canada's North is a unique opportunity. Members are often able to participate in community activities and cultural events that are not available anywhere else.

It is areas of Canada where hunting, fishing and snowmobiling are a way of life. Many of the members who choose these postings gladly give up amenities, such as a shopping mall or movie theatre, for the chance to live an outdoor lifestyle.

However, when it comes to mental health and occupational stress, a lack of amenities can also pose a challenge.

Cpl. Jessie Gilbert has been working in the Northwest Territories for 10 years. During that time, he has served in five different communities north of the 60th parallel.

"If you are going through a stressful time — whether it's personal issues, trouble with something in the workplace or exposure to a critical incident — you need to be much

more proactive and self-aware in northern spots," says Gilbert. "You don't have access to amenities in the south, like restaurants, sports clubs, gyms and theatres to distract you. If you're struggling, it's front and centre in your life."

While many northern posts may not have in-person counselling services readily available, RCMP members do have access to a 24-hour helpline through Health Canada's Employee Assistance Services (EAS).

Members in need have the ability to reach a qualified crisis counselor for immediate assistance, and can be referred to other counselling resources for continued assistance. In locations where an in-person appointment is not possible, counselling sessions may be delivered via telephone or video.

Counselling received through the EAS is intended to be short-term, providing up to eight hours of counselling on each issue brought forward by the member. Longer

term treatment is delivered through RCMP Health Services. Provisions can also be made for travel outside of the community if required.

Developing coping strategies is one way that individuals can alleviate stress before they find themselves in a mental health crisis. For Gilbert, building a support network within the communities he serves in is a big part of his personal coping strategy.

"The most important thing for me has been that we got to know other RCMP members right away," he says. "We started to build a network of people in the community — people that we could reach out to, people who were our new friends. If you don't build those relationships in the community it's easy to feel isolated."

Gilbert says his coping strategy was put to the test when he was involved in an armed standoff while posted in Tulita, a Dene community along the Mackenzie River with a population of approximately 650 people.

"If something goes down, it's a few hours before back-up is going to arrive. Those types of calls for service can be very stressful," he says.

After the standoff was over, several community members held a moose fry at the local church to show their appreciation.

"It was those connections in the community that made it easier for me to deal with those stressful times," he says.

But there is also a unique benefit to mental health in northern postings, such as the benefit of government housing near other families and the detachment, says Gilbert. There's also no commute to work.

"It increases the time you get to spend at home with family," he says. "Plus, it's not uncommon to go off shift and then socialize with the members you just worked with. There is a strong sense of esprit de corps."

When Gilbert reflects on his service in the North, he sums up his experience with appreciation and a look forward.

"Over the past 10 years of my service, we have definitely come a long way in terms of talking about mental health," he says. "But I think we still have a ways to go in terms of actionable programs." ■

Cpl. Jessie Gilbert says building a support network of other RCMP members and their families was crucial to coping with the demands of policing in the North.



Cst. Elenore Sturko

PROPERTY CRIME



From burglary to vandalism, property crime is the most commonly recorded offence in most cities. It can be a targeted attack or a random act of crime involving damaged or stolen property. Be it a stolen garden gnome or a smashed car window, property crime can disrupt the integrity of a neighbourhood and make residents question their safety.

Property crime can include theft, breaking and entering, burglary, auto theft, arson and vandalism.

There are different kinds of property crime, including those that are fraudulent (using deception), stealthy (when the victim is not present), destructive (damaging or destroying property) and entrepreneurial (illegal trafficking of property).

According to Statistics Canada, there were more than one million property crime violations in Canada in 2013 — that's over half of all reported criminal offences.

Break-and-enters and motor vehicle theft are two of the most common police-reported offences in Canada. Every

year, there's about one break-in every three minutes and one motor vehicle theft every seven minutes, according to Statistics Canada.

Between 2011 and 2012, property crime rates decreased in most Canadian provinces with the exception of New Brunswick, Prince Edward Island and British Columbia. Ontario had the lowest rate at 2,622 property crimes per 100,000 people.

Property crimes accounted for four out of 10 youth offences and male youth are more likely than their female counterparts to commit property offences, according to a 2006 report from the Canadian Centre for Justice Statistics.

The majority of Canadian accused youth in 2012 were involved in non-violent property crime incidents. The most common type of youth crime was theft of \$5,000 or under.

Between 1991 and 2000, rates of property crime fell by 34 per cent in Canada. This trend was mirrored in the United States, where the Uniform Crime Report

showed a dramatic fall in property crime over the last 40 years.

The decline in property crime can be attributed to many factors, including greater numbers of police, increased surveillance and security, and an aging population — since youth, males in particular, are most likely to commit property crimes.

In New York City, the annual number of car thefts has fallen by 93 per cent over the past 20 years, primarily due to central locking, alarms and circuitry immune to hot-wiring in modern cars, reported *The Economist* in a 2013 article.

Despite these falling crime rates, certain types of property crime, such as pick-pocketing and shoplifting, have risen with unemployment, which may be due to the spread and lure of mobile phones.

American property crimes in 2010 resulted in losses estimated at \$15.7 billion, according to the FBI. In Canada, the estimated cost for pain and suffering caused by property crimes is \$3.63 billion.

According to the U.S. National Institute of Justice, DNA is twice as effective as fingerprints at identifying property-theft suspects.

New Zealand, Australia and Italy are the top three countries with the highest property crime rates. Canada ranks sixth according to the United Nations Interregional Crime and Justice Research Institute.

British psychologist Gordon Trasler argues closed-circuit-television cameras are effective for curbing offences such as property crime or robbery, but not as effective for offences such as violent crime — when behaviour is impulsive and there's no time for rational decision-making.

— Compiled by Amelia Thatcher



Mary Aiken is the inspiration for the CBS primetime show *CSI: Cyber*, in which the lead character is a cyber psychologist working for a fictional FBI unit.

THE MISSING LINK

SHEDDING LIGHT ON HUMAN BEHAVIOUR ONLINE

Professor Mary Aiken is a cyber psychologist whose research focuses on cyber behavioural analysis. A recognized expert in the field, Aiken studies organized cybercrime, virtual behavioral profiling, human trafficking and technology, cyberstalking and cyberbullying, to name a few. She spoke to Katherine Aldred about her international research project on sexting and her involvement with the CBS show CSI: Cyber, which is inspired by her work.

WHAT IS CYBER PSYCHOLOGY?

Cyber psychology is part of applied psychology and is now considered an emerged discipline within the behavioural sciences. It focuses on the study of the impact of emerging technology on human behaviour. I say that cyber psychology delivers insight at the intersection between humans and technology.

CAN YOU PROVIDE SOME EXAMPLES?

Cyber psychology considers how behaviour

mutates in cyberspace. We consider factors like anonymity and online disinhibition. Online disinhibition dictates that you may do things in a virtual context that you wouldn't do in the real world. Disinhibition may be fine for normal human behaviour, but when we think about that in terms of criminal behaviour, it can mean this population may also do things in a virtual context that they wouldn't do in the real world.

My experience across a number of research areas highlights that whenever technology interfaces with a base human disposition the resulting behaviour tends to be amplified and accelerated online. For example, stalking. In a real-world context, a stalker would typically have one victim and the modus operandi would be to stalk that victim, which can be very intensive. It's a lot of work — observation, surveillance, following — and it places the stalker at risk of being caught. The motive to engage in the stalking

behaviour is the 'glimpse of intimacy' into the victim's life.

Cyber stalking is different in that cyber stalkers can stalk multiple victims simultaneously. Why? Because technology affords them the ability to do so. In addition, it's not just a glimpse of intimacy into the victim's life, but it's the victim's entire life that can be accessed: their online calendar or diary, emails, photographs and personal correspondence — everything. In real-world stalking, perpetrators are predominantly male — female stalking is reasonably rare — but in cyber stalking we are beginning to see more evidence of female stalkers.

HOW DOES YOUR RESEARCH APPLY TO POLICE WORK?

I'm conducting an international study at the moment for INTERPOL that's examining the phenomenon of sexting. While some view sexting as a social issue, the problem is



that when a minor takes an indecent image of themselves, it is in most jurisdictions de facto the generation and distribution of child pornography, albeit of yourself. This leads to a very interesting debate in terms of dealing with sexting — that is, should it be considered a social or a criminal problem?

Child exploitation material and sexted images can look very similar. This is a major problem from a policing perspective. Did we ever think or could we have predicted that in terms of human behaviour children and adolescents would begin to spontaneously generate this material of themselves? This evolution of behaviour points to the importance of cyber psychology as a discipline which can provide insight as to why minors take and disseminate these images, and more importantly what forms of intervention may be most effective.

The INTERPOL study was designed to generate insight via analysis of actual sexted images held by law enforcement. From a cyber psychology perspective, the image is evidence of the behaviour captured at a point in time when the minor is psychologically immersed in cyberspace — the point at which they are holding their mobile phone, looking into the camera and thinking, 'I'm capturing this image to send to my boyfriend,' likely focusing on all the good things that are going to happen and not factoring in negative outcomes. The premise of the study was to forensically examine the images and identify behavioral drivers that may be embedded in the images. Results will be made available later this year and there are some very interesting preliminary findings such as image-based evidence of sexting as a group, which hasn't been heavily reported or studied to date.

YOU WOULDN'T THINK OF GROUP BEHAVIOUR WHEN YOU SEE A SINGLE PHOTO THAT'S SENT FROM ONE PERSON TO ANOTHER.

No. You wouldn't think of adolescents collectively engaging in this form of group behaviour. In terms of image analytics, I have developed a template consisting of 35 different variables, ranging from background analytics to detailed analysis of the subject in the image. One of the interesting findings was likely evidence of 'sleepover' visible in the background, sexted images displaying a combination of sleeping bags, mattresses on the floor and three or four 13-year-olds, all

facilitated by a webcam.

The results of the study will inform an educational approach to this area. Another construct within cyber psychology is called the 'privacy paradox'. Kids know that they shouldn't do something online, but they feel compelled to do it anyway. When you talk to them one-on-one or in a focus group, you can ask, "why did you take that image and put it up as your profile picture on a social networking site when clearly it's not a suitable image?" and they will answer, "but I only shared it with my friends." To an adult generation, privacy means telling your best friend or your partner. To this age group, privacy is only sharing with about 450 of your best friends on a social network.

WHY IS THERE SO MUCH INTEREST IN THIS FIELD?

Perhaps because cyber-psychological insight is the missing link in an age of technology. I think that technology has for too long lived on a diet of data, devices and tech experts. My job as a cyber psychologist is to factor in what the cyber security guys like to call the weakest link in any secure system: the human.

This really is a paradigm shift in terms of how we approach cyberspace. Technology is not a passive transactional medium. It's not the same as the telegraph or the telephone. Cyber psychologists focus on constructs such as presence and immersion in cyber environments — that feeling of being there. It's important not just to think of technology as the Internet, but to conceptualize cyberspace as a place, somewhere where you can go — forums, chat rooms, the World Wide Web — these are cyber environments.

In a real-world context, you have police on the street, you have parents, older brothers and sisters, teachers, neighbours and shopkeepers who will say, "Don't do that. That's not the right thing to do." Online, you don't have those real world authority figures. It's no wonder that we get what I call cyber-feral behaviour or cyber-juvenile delinquency. There is a perception that no one is in charge online, and that's because the reality is that no one is in charge.

HOW DANGEROUS HAS THIS BECOME?

There was a case recently of a young girl who was recruited via a social media platform and effectively groomed into a life of prostitution. She was friended by an offender, who

cultivated a relationship with her online and groomed her for sextortion purposes. Back in the day, a young runaway might have ended up in a central train station and those who wanted to exploit or take advantage would look for a young runaway who was on their own and looking vulnerable. But now, the same criminal population who wants to exploit young girls or boys can operate online. So now it's not the runaway at central station who is a high-risk victim, it's the young girl who goes online to say 'I hate my life, I hate my parents, or I've just broken up with my boyfriend', and perhaps posts unsuitable images. The point is that victim vulnerability can be expressed in posts or images, and, unfortunately, those with criminal intent can profile, too.

YOUR WORK HAS INSPIRED A CSI SPIN-OFF SHOW. WHAT'S YOUR INVOLVEMENT?

I'm a producer on the show, so I'm very involved in the process. Everything from coming up with ideas and brainstorming to the cyber psychological aspects of the scripts and making sure that everything is as authentic as possible. Following every episode, CBS broadcasts a two- or three-minute piece called *The Takeaway with Mary Aiken* where I explain underlying themes, such as cyber security or safety educational messages in an episode — things that are going to help mums or young kids be more aware in cyberspace. I think CBS has done really a great job with the show. They're very respectful of the process and very conscientious about how everything is portrayed.

WHAT'S IMPORTANT FOR POLICE TO KNOW ABOUT YOUR WORK?

I would recommend that police are offered some training in this area. Whenever I work with a group of law enforcement officers, they seem to be very pleased with the cyber psychology insight piece — perhaps because they feel that it helps them to get a greater understanding of cyber behaviour — to understand the victim, understand the offender, and understand cyberspace. Hopefully additional insight may help to catch the bad guys and reach out to victims.

In terms of negative cyber behavior, it is important to remember that technology in itself is not good or bad, it simply mediates human behavior — and it's either used well or used poorly. ■



LATEST RESEARCH IN LAW ENFORCEMENT

The following are excerpts from recent research related to justice and law enforcement and reflect the views and opinions of the authors and not necessarily those of the organizations for which they work.

Compiled by Amelia Thatcher

THE X-ROADS CRIME PREVENTION PROGRAM (X-ROADS)

Introduction

The X-Roads Crime Prevention Project (X-Roads) provided prevention and intervention activities for Aboriginal children and youth aged six to 18 years and at risk of becoming involved in gang activity in The Pas, Manitoba.

X-Roads was funded by Public Safety Canada between September 2009 and August 2012, and was implemented by The Pas Family Resource Centre with support from community partners.

Goal and objectives

The objectives of the project were to:

- prevent at-risk children and youth from becoming involved with gangs;
- reduce risk-taking behaviours amongst participating children and youth; and
- create a sustainable network to share resources and knowledge and address gang prevention and intervention.

Participants

This project reached more than 500 children and youth but focused its core activities on 56 of those at the highest risk. The participants were identified through referrals, outreach activities, public relations activities, incentives to involve the youth, and contact with parents.

It was anticipated that youth aged 13 to 18 would be the highest risk, but, in fact, the highest number of participants identified by referrals were between six and 11 years of age.

Key elements of the program

A detailed assessment of each person in the project was undertaken and individual case management plans were developed. These plans integrated activities and interventions

to reduce risk and build on protective factors specific to each participant's situation.

Case management drew on resources from law enforcement/juvenile justice, schools, families and the X-Roads project staff. A case management team worked to ensure coordination, integration and access to services.

Monthly plan reviews and re-assessments were conducted and quarterly case management meetings were held with providers connected to the participant.

The activities for participants focused on five main elements: sports and fitness, the arts, character and leadership development, health and life skills, and education.

Intervention activities for youth-in-need included, but were not limited to, substance abuse treatment, life-skills training and educational support.

All activities were informed by aboriginal culture.

Findings

The majority of the participants matched those the community was most concerned about and the project sought to reach. The high levels of risk and needs of the children and youth required more intensive interventions than anticipated. As a result, the number of participants was lower than planned.

The project fostered several protective factors, including:

- increased involvement in pro-social activities and healthy lifestyles;
- increased opportunities for positive engagement with peers and the community;
- increased perception of social support from adults and peers;
- increased healthy lifestyle choices; and
- increased social competencies and problem-solving skills.

Reports of increased respect and co-operation, improved focus in class, higher academic productivity, and reductions in risk-taking behaviour were common.

OCCUPATIONAL STRESS, ANXIETY AND COPING STRATEGIES IN POLICE OFFICERS

D. Acquadro Maran, A. Varetto, M. Zedda, and V. Ieraci

Background

Studies on occupational stress have shown that police officers are exposed to stressful events more often than other workers and this can result in impaired psychosocial well-being and physical health.

The aim of this research was to investigate the stressors perceived by a sample of police officers working in a large city in northern Italy and to consider the effects of gender, organizational role and sector of operation on the perception of stress. The study also sought to measure the level of stress they experienced, the consequences of anxiety and the coping strategies they adopted.

Methods

We used the Police Stress Questionnaire and the Distress Thermometer to measure occupational stress, the State-Trait Anxiety Inventory to measure anxiety and the Brief COPE questionnaire to measure coping strategies. The questionnaires were self-administered.

Results

The questionnaire was completed by 617 police officers — a response rate of 34 per cent. The comparison of subgroups (grouped by gender and role in each sector) enabled us to observe any differences in levels and type of stress. Differences between genders, sectors and roles emerged, but overall the study population generally demonstrated good use of positive coping strategies. Women in all operational service roles were more vulnerable to both organizational and operational stressors than men, while men were more vulnerable to organizational stressors.

Conclusions

Our results suggest that for Italian police officers, training courses and support in dealing with occupational stress should take into account gender, role and type of work. Tailored training courses and support programs could be useful and effective

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tools for preventing stress before it becomes chronic. These courses may increase officers' abilities to cope with psychologically arduous situations and the severe psychological distress that can often undermine social functioning.

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RACE AND POLICING: AN AGENDA FOR ACTION

David H. Bayley, Michael A. Davis and
Ronald L. Davis

The agenda is organized into two parts. Strategic voice argues that problems of race in policing cannot be resolved by the police alone. Tactical agency outlines what the police can do on their own initiative to deal with the operational dilemmas of race — in the communities they serve and in their own organizations.

Strategic voice

We believe there are two messages that police

leaders must find the voice to deliver:

- Police need to be supported by policies that address the conditions that cause criminality and disorder in particular places, especially in communities of color.
- Police strategies must expand freedom and justice, not just provide safety.

Tactical agency

Police may do important things to address the dilemmas of race in policing without waiting for outside support in the form of either additional resources or progressive social policies. However, given the number and variety of American police agencies, the implementation of such actions has been uneven. Our suggestions are divided into two parts — engaging the community and managing police agencies.

Engage the community by:

- reorienting the culture of policing from going to war against lawbreakers to engaging with communities to

help those at risk and in need.

- embracing community policing as the primary strategy for policing.
- developing the habit of explaining what they are doing whenever they act.
- regularly assessing how people contacted by the police feel about the treatment they received.
- creating a simple, user-friendly system for receiving complaints from the public about police behavior.
- routinely collecting and publishing information about allegations of police misbehavior, the results of investigations into them, and their disciplinary outcomes.

Manage the organization by:

- ensuring officers in supervisory positions demonstrate, by word and action, that protection of human rights should permeate all aspects of policing.
- making sure managers search out and confront racial and ethnic tensions among officers, especially perceptions by minorities that they have not received equitable treatment in assignments of promotions.
- taking time to explain the importance of neighbourhood histories so officers understand the people they will be dealing with.
- developing procedures for evaluating whether officers engage effectively with communities, and reward them in recognizable ways.

Conclusion

The purpose of this article has been to move the discussion about the dilemmas of race in policing from talk to action. Although we think these actions will help ease tensions at the intersection of policing and race, race will remain difficult to talk about.

Developing an empathic voice in contemporary policing is a tall order. But words can shape events, creating new and more positive directions as scenarios unfold. In particular, they can diminish the perception that race is the sole or primary issue affecting police-minority relations. ■

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A police officer in Northern Italy administers a breathalyzer test to a motorist. Research has found that male officers in the region are more vulnerable to organizational stressors than their female counterparts.





GETTING THE HELP THEY NEED

MOBILE TEAM PROVIDES RAPID RESPONSE TO PEOPLE IN CRISIS

By Chief Glenn De Caire, Hamilton Police Service

A 45-year-old man sends pictures via Facebook of him cutting himself. The Mobile Crisis Rapid Response Team (MCRRT) of the Hamilton Police Service (HPS) responds to assess the male, who has a substance abuse problem. Based on the mental status exam, he is not apprehended. Uniformed patrol would have taken him to hospital.

The subject of a missing person search during a cold-weather warning, a 13-year-old has hidden in a backyard doghouse wearing only a light jacket. MCRRT attends to the scene and is able to talk him out and back indoors.

A personal support worker calls 911 to report that a female client wants to jump off her balcony. MCRRT responds, assesses and the client is determined not a candidate for apprehension. Uniformed patrol would have taken her to hospital.

These three incidents are only too common to police, right across the country. In Hamilton, Ont., mental health apprehensions were taking place at a rate of about 2,000 per year. Translate that into resources used. But, maybe more importantly, translate that into meeting the needs of the person

in crisis. Not unlike most police services, a disproportionate amount of resources were being used, while the needs of persons in crisis were not being met.

Faced with this on a daily basis, the HPS developed its MCRRT — the first of its kind in Canada — to provide direct, rapid support of persons in crisis, by pairing a uniformed officer with a mental health professional to respond to these individuals.

The goal was to reduce the number of those suffering from a mental health crisis from being taken to St. Joseph's Healthcare Hamilton's emergency psychiatric services by police officers and to divert those in crisis by connecting them with mental health service providers or partners.

HOW IT WORKS

The MCRRT proof-of-concept strategy consists of a dedicated mental health professional (MHP) assigned to divisional patrol working Monday to Friday from 10:00 a.m. to 10:00 p.m. The downtown patrol area was selected as it had the most number of mental health apprehensions.

The MHP is partnered directly with a uniformed police officer and is responsible for and dispatched to all in-progress 911 calls that involve a reported person in crisis.

The MCRRT strategy has already seen positive results with a reduction in the amount of time uniformed patrol officers are standing by in emergency rooms awaiting assessments from doctors. Individuals in crisis are receiving an immediate frontline response and receiving the care they need on scene in partnership with the MHP.

The initial target was to assess 250 clients in one year. Soon this was revised to 500, as the team was set to quickly surpass the original target number.

RESULTS

The MCRRT was mobile for 291 shifts and responded to 842 individuals in crisis between Nov. 25, 2013 and Jan. 31, 2015. Of the 842 individuals seen, 226 were apprehended by the MCRRT under section 17 of the Ontario *Mental Health Act* for assessment at hospital. Of those, 42 were youth not included in these statistics.

Of the remaining 574 individuals, 500 were immediately connected to other available services and 60 were apprehended on the basis of the *Mental Health Act* and required no further assistance.

Of the apprehensions that do take place, more of the people who are apprehended go right into medical or psychiatric care instead of coming into police custody.

With MCRRT, apprehensions have fallen, diverting more than 400 from hospital and people in crisis are getting the level of care and assistance that is necessary and required.

The outcomes are very impressive and the HPS has been able to solidify this project even further. Since April, the program has expanded its daily hours of operation from 10:00 a.m. to 1:00 a.m., seven days a week — across the entire city.

In law enforcement, we know that mental illness is not criminal behaviour. But with the addition of the MCRRT, people in crisis are getting the right care at the right time. ■

The MCRRT partners a dedicated mental health professional with a uniformed police officer, who are dispatched to calls that involve a person in crisis.



Courtesy Chief Glenn De Caire, Hamilton Police Service



GAZETTE READERSHIP SURVEY

Gazette magazine would like to hear from you. In an effort to make the magazine as relevant, informative and accessible as possible, we're asking our readers to participate in a survey. Tell us what you like about Gazette magazine, what you'd like to see more of and how we can make the magazine even better. The results of this voluntary survey will help us determine the content we cover and how we present it.

You can fill out the paper survey, then scan and email it to gazette@rcmp-grc.gc.ca or fax it to 613-825-8250. You can also go to rcmp.ca/-UH4 and fill it out online. It should only take a few minutes. We appreciate your responses and feedback. Deadline is January 15, 2016.

For more information, please contact Karyn Curtis, Director of Creative Services and Publications at the RCMP's National Communications Services by sending an email to gazette@rcmp-grc.gc.ca.

1. HOW DID YOU FIRST LEARN ABOUT OR DISCOVER GAZETTE MAGAZINE?

- ☐ Spotted it lying around the office, police detachment or training academy
- ☐ From a colleague
- ☐ While attending a conference
- ☐ While visiting the RCMP
- ☐ While visiting the RCMP's website
- ☐ While following the RCMP on social media
- ☐ Other, please specify . . .

2. IN WHICH FORMAT DO YOU PREFER TO READ GAZETTE MAGAZINE?

- ☐ Print magazine
- ☐ Online

3. WHY DO YOU PREFER THIS FORMAT?

4. HOW DO YOU USUALLY READ GAZETTE MAGAZINE?

- ☐ In print
- ☐ On work computer
- ☐ On home computer
- ☐ On personal mobile device
- ☐ On work mobile device

5. WHERE DO YOU USUALLY READ GAZETTE MAGAZINE?

- ☐ At detachment or office
- ☐ In police vehicle
- ☐ On public transit
- ☐ At home
- ☐ Other, please specify . . .

6. HOW OFTEN DO YOU READ THE PRINT VERSION OF GAZETTE MAGAZINE?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Frequently
- ☐ Every issue without fail

7. HOW OFTEN DO YOU READ THE ONLINE VERSION?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Frequently
- ☐ Every issue without fail

8. DO YOU HAVE DIFFICULTY READING OR ACCESSING THE GAZETTE ONLINE?

- ☐ Yes
 - ☐ No
- If yes, why?

9. WHICH SECTIONS INTEREST YOU MOST?

Select all that apply:

- ☐ News Notes (short news items)
- ☐ Editorial Message
- ☐ Cover Section
- ☐ Q&As
- ☐ Best Practice
- ☐ New Technology
- ☐ Emerging Trends
- ☐ Just the Facts
- ☐ Featured Submissions (longer articles written by experts)
- ☐ On the Leading Edge (police research)
- ☐ I read it cover to cover
- ☐ Online exclusives
- ☐ Other, please specify...

10. WHICH TOPICS INTEREST YOU MOST?

Select all that apply:

- ☐ Organized crime
- ☐ Terrorism
- ☐ Forensics
- ☐ Police partnerships
- ☐ Community policing
- ☐ Youth initiatives
- ☐ Police tactics and training
- ☐ Health and wellness
- ☐ Other, please specify . . .



11. WHICH TOPICS WOULD YOU LIKE TO SEE MORE OF?

12. WHAT DOES GAZETTE MAGAZINE DO WELL?

13. FROM YOUR PERSPECTIVE, HOW COULD IT BE IMPROVED?

14. WHICH RCMP OR RCMP-AFFILIATED PUBLICATION DO YOU READ MOST OFTEN?

- ☐ *Gazette* magazine
- ☐ *Pony Express*
- ☐ *The Quarterly*
- ☐ Other, please specify . . .

15. WHO DO YOU WORK FOR?

- ☐ RCMP
- ☐ Another Canadian police agency
- ☐ Police agency outside of Canada
- ☐ Government department
- ☐ College or university
- ☐ Business association
- ☐ Other, please specify . . .

16. WHAT IS YOUR CATEGORY OF EMPLOYEE?

- ☐ Regular Member (RM)
- ☐ Civilian Member (CM)
- ☐ Public Service Employee (PSE)
- ☐ Auxiliary Constable
- ☐ Special Constable
- ☐ Contract/Temporary/Term
- ☐ Other, please specify . . .

17. WHAT IS YOUR RANK?

- ☐ Constable
- ☐ Corporal
- ☐ Sgt / Staff Sgt / Sgt Major
- ☐ Inspector
- ☐ Superintendent or above
- ☐ Other, please specify . . .

18. WHAT IS YOUR AGE GROUP?

- ☐ 24 years and under
- ☐ 25 to 29 years
- ☐ 30 to 34 years
- ☐ 35 to 39 years
- ☐ 40 to 44 years
- ☐ 45 to 49 years
- ☐ 50 to 54 years
- ☐ 55 to 59 years
- ☐ 60 years and over

19. WHAT IS YOUR PREFERRED LANGUAGE?

- ☐ English
- ☐ French
- ☐ Other, please specify . . .

20. IN WHICH COUNTRY DO YOU LIVE?

- ☐ Canada
- ☐ United States
- ☐ Other, please specify . . .
