Female police officers: An exploration of the availability and utilization of mental health services

PJ 97 3 (458)

1 September 2024

The Police Journal > 2024, Volume 97 > Issue 3, September > Articles

Police Journal

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Abstract: Police officers face many challenges in their profession. These challenges can impact an officer physically, mentally, and emotionally. Although male and female police officers face many of the same struggles within the profession, there are notable differences. Some challenges female police officers face more frequently are sexual discrimination, sexual harassment, and isolation which can cause stressors such as anxiety, depression, and other mental health issues. As such, mental health services that are offered should take into consideration specific gender needs. This study examined the availability of mental health services for female police officers and their experiences when contemplating participation in such services. In this qualitative study, 10 female police officers were interviewed about their work experiences, mental health service needs, and the mental health services available to them. The data were thematically analyzed across participant responses. The interviews yielded various mental health service availability on a national level with no specific focus on gender needs.

Keywords: Police, law enforcement, mental health, female officers

Introduction

Stress, trauma, and the resulting symptomology among police officers are widely accepted topics of research. Over the past few decades, research has grown from simply recognizing that police officers experience stress to identifying the various sources of stress (i.e., organizational stress, administrative stress, and the inherent dangers of the profession), as well as the impact of stress (i.e., alcohol/drug abuse, depression, cumulative career traumatic stress, post-traumatic stress disorder, etc.), as well as the gendered differences of police stress including workplace sexism, discrimination, and the assignment into softer units such as community policing as compared to the more masculine tactical teams (Doyle et al., 2021; Murray, 2020; Rabe-Hemp, 2018; He et al., 2002; Lilly et al., 2009; Waters, 2007). In review of the vast amounts of literature focused on the gendered differences, barriers, and challenges that female police officers face, it appears that regardless of the department, similar stressors appear applicable to police officers throughout the United States in large or small and urban or rural departments.

Even though male and female police officers face similar challenges, female officers face additional stressors. Historically, research has shown that female officers experience gender-specific stressors that male officers are not as often subjected to such as sexual harassment, not fitting into the traditional masculine culture, and gendered discrimination by their male counterparts (De Hass et al., 2009; Veldman et al., 2017). Silvestri (2017) opines that the “cult of masculinity,” the hegemonic forms of masculinity, historically have been and still are engrained in police culture yet is often oversimplified in police research. The structure and organization of many police departments, including the comparisons between male and female officers, sexualizes the work environment enabling discrimination towards female officers and impedes a female officer's opportunity for promotion and advancement in the organization (Wilson, 2018). More recent research asserts that most police department policies are outdated. Historically, policies in the United States prioritized a concentration of physical strength and capability, confining female officers to service and social worker roles (Franklin, 2005; Prenzler and Sinclair, 2013). Limitations such as these create a challenging and stressful workplace for female officers, which can cause disturbances such as anxiety, depression, and other mental illnesses (Dowler and Arai, 2008). As previously noted, male officers share some of these same struggles; however, there are notable differences between the gendered experiences.

Many police departments approach mental health services with a lackluster attitude. They do not find the preparation of mental health services or officer mentoring programs of high importance (Franklin, 2005; Prenzler and Sinclair, 2013). Instead, departments address mental health with annual suicide prevention updates at in-service training, providing a department gym or public gym membership, and flyers pertaining to Employee Assistant Programs (EAP's). The lack of organizational support and clearly defined strategies impede an officer's willingness to participate in prevention strategies (Tucker, 2015). Yet, despite these services, police officers continue to experience high levels of stress. The stereotypical view of a strong police officer, coupled with the stigma of mental health services, is still prevalent; causing many officers to suffer in silence.

The present study implemented a case study qualitative approach, attempting to explore the experiences of female police officers, the availability of mental health services, the utilization of services, and the possible need for gender-specific mental health services. Although law enforcement mental health has become a focus of recent research, there is little research that focuses on the personal experiences of female police officers. Likewise, little is known about how an officer seeks and participates in said services.

Methodology

Participants

Ten participants were recruited through the social media platform Facebook. The researcher targeted a verified closed group with law enforcement members. Members of the closed group must be current or retired law enforcement officers, and the group's administrator's vetted credentials. An initial invitational post was provided to all group members asking for their participation, advising that the study was about mental health services, and that the study would be done via an interview via zoom. Included in the study were the first 10 female officers who responded and fit within the inclusion criteria. Inclusion criteria for the study were that the participant was a currently sworn female police officer. Respondents were excluded from the study if they did not fit the criteria.

The participants consisted of 10 sworn female police officers. The participants identified themselves in terms of ethnicity as Caucasian (*n* = 7), Hispanic (*n*-1), and Multiracial (*n* = 2). The length of service for each participant ranged from 10 months to 22 years, with a mean of 14 years of service. The mean age of participants was 39 (range 24–56). Department size varied significantly from 17 officers to 35,000 officers. The participants represented various police departments in the states of Wisconsin, Illinois, Florida, Texas, New York, Massachusetts, and Hawaii. Participant rank was self- identified as Patrol (*n* = 5), Detective (*n* = 3), and Sergeant (*n* = 2). Table 1 summarizes the participant demographic information.

Semi-structured interviews

Semi-structured interviews were conducted in order to gain an in-depth understanding of the participants' experiences. Participants were initially asked open-ended questions to formulate a broad foundation with follow-up questions asked for clarification and detail. The interviews began with demographic questions and transitioned to questions pertaining to initial professional desire, job satisfaction/dissatisfaction, perceived obstacles, gendered differences, mental health services, and the use of mental health services. All interviews were audio/video recorded, transcribed verbatim, and analyzed.

Procedure

Once participants responded to the general invitation, they were presented with a formal invitation. The formal invitation included a description of the study, a consent form,

Table 1. Participant demographics.

Participant #	Age	Ethnicity	Year of service	Rank	Department size (approx.)
Participant 1	44	Caucasian	19	Patrol	17
Participant 2	42	Caucasian	17	Sergeant	22
Participant 3	42	Caucasian	17	Detective	38
Participant 4	38	Hispanic	19	Detective	3000
Participant 5	27	Caucasian	6	Detective	55
Participant 6	56	Caucasian	20	Sergeant	35,000
Participant 7	41	Caucasian	14	Patrol	170
Participant 8	48	Multiracial	22	Patrol	180
Participant 9	29	Multiracial	5	Patrol	1900
Participant 10	24	Caucasian	<I	Patrol	820

information pertaining to the risks and benefits of participating, and researcher contact information. Participants were also provided with information regarding withdrawal from the study. Once informed consent was granted, the participants were scheduled for a Zoom interview. All participants were provided instructions on how to disable their video feed if they chose to do so. Due to recruitment methods, participant names were initially known. As the researcher was responsible for participant privacy and confidentiality, the participants were immediately assigned a participant number for the duration of the study. All audio/video records were immediately destroyed after transcription. At the conclusion of each interview, the participants were thanked for their time and asked to voluntarily provide their contact information for participation compensation. All participants voluntarily provided their information and were mailed a $10 gift card, information on how to withdraw from the study, and the researcher's contact information. The author has considered that a monetary recompense may have impacted an individual's

willingness to participate; however, the offer of a gift card was not introduced until the formal invitation. Participants had already responded with interest in the general invitation, thus, it is unlikely that it had a significant impact. After the mailing, all participants' personal information was destroyed.

Qualitative analysis of data

A thematic analysis was conducted in order to systematically identify consistent themes for analysis. The purpose of a thematic analysis allows for the identification, organization, and analysis of themes from a particular data source (Braun and Clarke, 2006; Nowell et al., 2017). Upon transcription, the interviews were read multiple times in order for the interviewer to be fully immersed and knowledgeable of participant responses. The data then underwent a thorough thematic analysis using NVivo qualitative analysis software to identify themes. Upon the initial individual identification of themes, a second round of analysis was conducted to synthesize the themes into sub-themes. This process was

repeated until the researcher was satisfied that the themes identified accurately depicted the participants' experiences.

Results

Four main themes emerged and were identified as: Dissatisfaction, Mental Health Availability, Use of Services, and Essentials of Mental Health (Table 2).

Theme 1: Dissatisfaction

The most prominent theme that emerged was job dissatisfaction. Although participants were asked both about their profession's satisfying and dissatisfying aspects, the dissatisfaction questions garnered significantly more thorough and detailed responses. These responses align with current research on police burnout, compassion satisfaction, compassion fatigue, and moral injury (Papazoglou and Chopko, 2017; Stancel et al., 2019).

Subtheme 1.1: Inequality. Nine of the 10 participants (n = 9) expressed that they were treated differently than their male counterparts. The responses included examples such as how time off for childbearing and child care was perceived by administration and fellow male officers and how they were perceived by both the public and within the department as not belonging in law enforcement due to their gender.

> I was the first female ever to be pregnant at my police department, and it's like they didn't know how to handle it, and then they didn't want to give me light duty. And you know they didn't think that I should be treated… like literally, they said why do you think you should be treated like a china doll? (Participant 2).

> The fact that you're a female officer, there is obviously - are going to be a lot of obstacles, whether it's you know from the public who doesn't believe that women should be in law enforcement or whether it's dealing with the old school mentality that women, you know, belong at home, you know, not in the workforce. (Participant 8).

Another thematic inequality throughout the dataset was the perception that the female officer had to prove herself. This theme aligns with research that females have reported a feeling of having to prove their worth in the male-dominated fields (Berdahl et al., 2018). Three (n = 3) participants used examples of continuously having to prove themselves to their male counterparts.

> I feel like I have to go above and beyond what the men do in order to be not made fun of, not called like a Barbie. (Participant 1).

Some responses indicated that the participants faced these issues early in their careers but faced them less frequently in more recent years.

Table 2. Key themes and subthemes.

Theme	Subtheme	Frequency, n
Dissatisfaction	Inequity	9
	Internal	4
	Organizational	4
Mental health availability	Employee assistance programs	7
	Peer support group	4
Use of mental health services	—	6
Essentials of mental health	Eliminating stigma	7
	Confidentiality	5
	Knowledge and convenience	4

Subtheme 1.2: Internal dissatisfaction. Relationships within a department and the way in which relationships are operationalized have always been a source of contention in law enforcement (Brunetto and Farr-Wharton, 2003). The role of administration (i.e., any ranking police supervisor) directly impacts the officers and their interactions with the public. How these supervisors interact with their subordinates varies in terms of methods and effectiveness (Van Maanen, 1984). Police officers tend to have positive reactions from supervisors that set clear expectations, effective communication skills, and promote a self- reliant atmosphere (Cronin et al., 2017). This approach was not the experience of four (*n* = 4) participants who indicated that office politics, ineffective supervision, and micromanagement created dissatisfaction within their department.

> The office politics are very frustrating. (Participant 3)

> There's just been situations where I felt like we weren't debriefed properly, like for instance, I did CPR on an eight-year-old child [that passed away]. I mean, we should have been debriefed, we should have talked about it, we didn't see or talk to anybody. (Participant 5).

> Mainly for me was dealing with the inside supervision. That was the worst. I expected the stuff you know on the streets to happen. But at points dealing with the supervision was worse than dealing with the public. (Participant 8).

Subtheme 1.3: Organizational dissatisfaction. The policing profession has been coined a para militaristic culture in which trained and skilled officers follow a regimented and professional chain of command structure (Cyr et al., 2020; Chappell and Lanza-Kaduce, 2009). The reality, however, is that stressors and officer dissatisfaction are attributed to police culture. Long and unpredictable hours, inadequate support, and lack of autonomy are commonly attributed to organizational stress (Purba and Demou, 2019). Four (*N* =4) of the participants indicated that their dissatisfaction resulted from improper/lack of training, being short-staffed, being overworked in terms of mandatory overtime, and budget issues.

> They're constantly putting all these rules and restrictions on trying to take extra time off….Especially when you've already earned the time, that you have worked overtime, you know now you're just trying to get a day off because you're starting to get burnt out, and then you know they put all these restrictions on it. (Participant 1).

Theme 2: Mental health availability

The need for mental health services has a long-standing history in the United States. Employee Assistance Programs began in the 1940s and have expanded their mission and services as the research on psychological interventions and assistance has grown (U.S. Office of Personnel Management, 2021). Law enforcement mental health is no exception, yet, the stigma of mental health intervention has traditionally plagued the profession (Soomro and Yanos, 2019; Stuart, 2017). Nine (n = 9) participants stated that they were aware of mental health services provided by either their department, peer groups, or their personal health provider. Some of the participants reported multiple services. One participant (n = 1) indicated that the department provided no mental health services. Follow-up questions determined that the participant did not know about services provided versus no availability of services.

Subtheme 2.1: Employee assistance programs (EAP). Employee assistance programs are work-based programs designed to offer mental health referrals, intervention, and counseling services (Employee Assistance Trade Association, 2021). Many police departments provide EAP's, yet knowledge regarding these services among employees is questionable. In one study, only an estimated 56% of employees knew enough about their EAP to access and utilize them (Donnelly et al., 2015).

As EAP's vary per department, it is understandable that there is confusion. Eight (n = 8) participants stated that they had EAP's via their agency. Five (n = 5) participants indicated that their EAP provided them with the opportunity to seek outside mental health services. Two (n = 2) participants stated that their EAP provided them with an in-house police psychologist.

> There's a couple there's the employee assistance program which a lot of people actually recommend we don't go through, because if you go to them for help it's the fear is that they will take your firearm, take your gun, and pull you out, you know, and put you out. But there's also something called the schism that the region has. (Participant 7)

Subtheme 2.2: Peer support. Peer support groups were another service identified by the participants. Peer support groups have become an accepted form of mental health support in law enforcement as their goal is to provide emotional support via peer bonding and camaraderie (IACP, 2016). Police officers are able to speak with their peers regarding confidentiality to share work and personal stressors, traumas, and coping mechanisms. The concept is that a peer can more accurately relate to the unique aspects of law enforcement. Four (n = 4) of the participants indicated that their department had a peer support group. One participant indicated she was a team member of a peer support group.

> I've had a personal experience with it, I was fortunate enough for my supervisor to, to recognize that it was an incident that maybe peer support should come out and talk to me about, and they did. (Participant 9)

Theme 3: Use of mental health services

Police officers' participation in mental health services is historically ranked much lower than the general public (Blackmore, 1978; Violanti et al., 2019). The variety of reasons why a police officer either seeks mental health assistance or is reluctant to seek assistance generally falls into two categories: personal or systemic. Personal reasons such as self- awareness, individual experiences, and family influence have all been found to both help and hinder the use of mental health services (Burns and Buchanan, 2020). Likewise, systemic factors such as the culture of the police department, knowledge of services, and stigma/fear of repercussions have also been found to be either beneficial or a barrier to seeking services (Burns and Buchanan, 2020; Karaffa and Koch, 2016; Stuart, 2017).

Six participants (n = 6) utilized at least one of the mental health services provided to them. Common reasons for using the services were marriage counseling, anxiety, and involvement in a traumatic work event. The most common types of services identified were EAP's and peer support.

> When I was younger in my career, I had some issues with anxiety and stress in my personal life and it wasn't really in my, in my professional life it was more of my personal life, but it was causing me to have problems in my professional life. And I thought that the anxiety was getting too much and I didn't want it to really affect me at work anymore than it was so I decided to, you know, seek some assistance, and get some counseling. And that's what I did. (Participant 2)

> In an effort to diminish my stress and just to vent basically. I've gone throughout the years, a few times like I don't go on a

> regular basis, or I haven't gone on a regular basis throughout all the time it's just been off and on that I have gone a few times here and there, just to like I said, just to vent and just little things like that. (Participant 4)

Four participants (*n* = 4) indicated that they did not use any mental health services. Stigma and fear of repercussions were common concepts for not utilizing the services.

> We don't typically ask for help. So that's one of the things that it's kind of in our nature, not to ask for help. As far as mental health. And until we're told we have to get it, we typically don't ask for it. (Participant 3).

> No, I never use the department services. I was too afraid to. (Participant 8).

> I don't want my colleagues of the agency to see a police officer walking into a psychological center. I feel like one of my co-workers has told me that they have gone to our counselor and ... looked at like, oh my gosh, why is one of our own going in there, you know, so I just kind of wanted to avoid being judged. (Participant 10).

Two participants indicated that they feared using an EAP as they didn't believe it was confidential. Interestingly, one of the participants did use the EAP but currently fears that the information shared may 1 day become known by the department. The other participant did not use the service. Similarly, one participant indicated that peer support groups were not confidential as they are composed of fellow offers with no legal ramifications of maintaining confidentiality.

Theme 4: Essentials of mental health

Although the majority of police officers do not seek mental health services, many are interested in the services and the potential for seeking help (Jetelina et al., 2020). The final theme identified the factors that participants attributed to being the most critical aspects of mental health services for female police officers.

Subtheme 4.1: Eliminating stigma. The stigma of seeking mental health services in law enforcement has been significantly documented (Burns and Buchanan, 2020; Karaffa and Koch, 2016; Stuart, 2017). Participants stated that eliminating and minimizing stigma is necessary to accept and participate in such services. Additionally, participants stressed the need for support from peers and administration, as well as reducing the stereotypical weak female officer persona.

> I think the whole culture is the barrier. The Type A tough guy tough girl culture is the biggest barrier that you run into, and then I think as a female, you really don't want to be seen as weak. (Participant 7).

> You know how we [female officers] do feel like we have to sometimes conquer these obstacles and prove ourselves to show them that we have; we can do it too. We got their backs. I think that that's all things that could be geared towards this mental health problem. (Participant 5).

Subtheme 4.2: Confidentiality. Confidentiality and the perception of privacy were addressed by several participants in two areas: EAP's and peer support. EAP's identified by the participants consisted of an in-house psychologist, referral to a psychologist with experience in treating police officers, a general psychological practitioner, and a referral from a personal physician. The only confidentiality concern addressed by participants was the in-house psychologist. One participant indicated that other officers could witness who was entering the psychologist's office for services, and thus, there was no perception of confidentiality. Another participant stated that since the in-house psychologist was technically an employee of the city, there were no confidentiality requirements.

> They're still not 100% trustworthy, because they are part of the [department name removed]. If a cop goes to the departmental services and says he's thinking about suiciding, they'll help him a hundred percent, will take his weapons, they will help him, but that is a red flag on him for 2 years. (Participant 6).

Federal guidelines suggest that peer support group members are individuals who have undergone training, are skilled in listening, and can identify and make referrals for professional mental health services when necessary (Federal Law Enforcement Training Centers, 2021). These groups provide officers with a safe space to discuss shared experiences and minimize help-seeking stigma (Millard, 20200). One participant spoke explicitly about the perception of a heightened sense of confidentiality with peer support as opposed to a medical professional.

> I personally would feel more comfortable speaking with the voluntary unit, the ones that are peer support, which would actually be people who are peers, who actually are at the same level as me, or have had the same experiences as me. I

> personally don't know if I would trust a police psychologist. I feel like it might be used against me as far as whether or not I'm fit for my job kind of thing. (Participant 9).

Subtheme 4.3: Knowledge and convenience. Participant knowledge about available services and what they entail was mixed. While some participants had a thorough understanding of the services provided, others had very little understanding. The term “Employee Assistance Program” was mentioned throughout the interviews, yet many participants could not articulate what an EAP was or how to use the service. Another common discussion thread focused on convenience; the convenience of services provided and accessibility. Participants indicated that there was no time left to seek mental health services due to work and family commitments. Further, department-provided mental health services were only available during their scheduled shift hours, so they could not use them.

> There was the department unit, which was called an employee assistance program unit early intervention, it is the counseling unit. All of those are department units, and they're not helpful. And anytime you speak to them, you're speaking to another employee. So they say it's confidential, but it can't be 100%. (Participant 6)

> We have a counselor, we can go to at any time. However, it does depend on their schedule. So you know, since I am a second shifter, I'm 2p.m. to 10p.m. So a lot of times, you know, if I want to go and see someone, it has to be during my shift. And If I do want to come in on my own time, it's like frowned upon. (Participant 10)

Discussion

The aim of this study was to explore the contrast in experiences of the availability of mental health services for female police officers and learn more about their experiences. All participants were asked to describe the satisfying and dissatisfying aspects of their profession. Participant's briefly addressed satisfaction in terms such as helping people, protecting people, and feeling as though they made a difference in the community, all in general terms. Dissatisfaction, however, garnered more thorough responses focusing on gender inequality, internal barriers, and organizational issues. Participants provided several examples of specific incidents in support of the assertions. One of the

most significant findings was that although nine of the 10 participants indicated job dissatisfaction directly correlated to gender inequality (Theme 1), this was not a reason why the participant chose to seek mental health services (Theme 3).

Not surprisingly, nine participants were aware of mental health service availability through their respective police departments (Theme 2). Participants highlighted employee assistance programs as one of the primary services available. However, it became apparent that although the participants were aware of the department-sponsored EAP's, there was confusion about what the service entailed or how to access the service. A lack of knowledge surrounding mental health service access highlights the importance of department engagement and employee education regarding such services. While the term EAP has become more common across corporations, EAP education specifically geared toward law enforcement is relatively recent (IACP, 2016). Participants also discussed the identification of peer support groups. Throughout the study, it became clear that the perception of availability varied. Some participants were thoroughly aware of the services provided, some were aware that the services existed but not how to utilize them, and some were unaware of services.

Theme 3, the use of mental health services, provided insight regarding the choice to use a service and the barriers impeding service use. In several instances, the option to explore mental health services arose primarily from self-diagnosis of anxiety and depression, as well as marital problems. The culture of law enforcement fosters high levels of stress, anxiety, and burnout, all contributors to domestic issues (Hall et al., 2010). The participants who used a mental health service (EAP and peer support) reported positive reactions to the experience. Those that did not utilize mental health services cited fear as the primary factor, specifically fear of losing their job. Participants also stressed concerns about the lack of confidentiality, inconvenience, and scheduling conflicts.

All participants found mental health services to be essential. The negative stigma associated with law enforcement and mental health is well studied (Burns and Buchanan, 2020; Karaffa and Koch, 2016; Stuart, 2017). Likewise, the participants explained how eliminating the stigma of seeking mental health is essential. In the same vein,

encouragement to seek mental health services should be established in the police subculture. One of the most interesting findings from this study was that although participants stressed the need to reduce stigma, many participants expressed cynical attitudes regarding participation in mental health services. The perception of confidentiality, or the lack thereof, was of primary concern. No distinction was made by the participants between a psychologist employed by the department (in which confidentiality may not apply) and an external psychologist not employed by the department (in which confidentiality applies). The fear that the department would “find out” about an officer receiving mental health help and then using that negatively against the officer was of primary concern.

It should be noted there were limitations in this study. Due to the nature of recruitment, only those potential participants who were willing to discuss law enforcement mental health responded. This limited the ability to engage in an in-depth discussion with those that may have an alternate view on mental health services for law enforcement. It is believed that although the sample size was limited, the demographics of participants enhanced the study (i.e., age, length of service, rank, and department size). However, the

results may not be generalizable to all agencies and states. Further research should be conducted to gain a more comprehensive understanding of mental health service availability and utilization.

Conclusion

This study sought to explore female police officers' experiences and the availability and utilization of mental health services. Upon completing the study, it was apparent that there is general knowledge among female police officers regarding mental health services; however, the depth and understanding of such services were varied. Although a consensus was reached regarding the importance of mental health services and creating a more accepting culture for services within the profession, resistance to mental health services was prevalent. Further, while a significant number of participants (n = 9) experienced gender inequality; fear of stigma, judgment, and job loss were the predominant factor for not utilizing services, not the lack of specialized gendered services. To broaden the scope of understanding, a focus on mental health education and mental health availability should be a priority for law enforcement administration. Future research should focus on police officer knowledge and education pertaining to mental health service use and confidentiality concerns.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/ or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Ethical approval

The author asserts that all procedures contributing to the work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

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Data availability statement

The data sets generated during the current study are available from the author on reasonable request.

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