"I'VE SEEN MORE DEAD PEOPLE THAN I THOUGHT I WOULD"

Vicarious Trauma Exposure Among Police Support Personnel

LAURA HUEY (iD)
University of Western Ontario

MARK NORMAN
McMaster University

ROSEMARY RICCIARDELLI (iD)
Memorial University of Newfoundland and Labrador

DALE C. SPENCER
Carleton University

Civilian administrative assistants who work for the Royal Canadian Mounted Police, known as Detachment Services Assistants (DSAs), are frequently exposed to materials and/or experiences that are potentially psychologically traumatic. Drawing from 49 semi-structured interviews with DSAs, we analyze how these civilian personnel experience exposure to potentially psychologically traumatic events, most notably, vicarious trauma. Specifically, we overview the types of exposure to potentially psychologically traumatic events and materials experienced by DSAs, including the impact of incidents involving children, and the occupational duties through which these exposures occur; we unpack the nuances and variability in DSAs' occupational work, which informs such exposures; and we draw from DSAs' experiences to offer recommendations for ameliorating the mental health toll of civilian police work. The study adds to the limited academic literature on the occupational and mental health experiences of civilian personnel, who serve a vital, but underrecognized, role in supporting police operations.

Keywords: civilian police personnel; police; vicarious trauma

Long recognized by stakeholders, government, employers, academics, and employees alike, public safety personnel are exposed to potentially psychologically traumatic events (PPTEs) and these exposures affect their mental health and well-being (Oliphant,

2016). Within police services, attention has often been directed toward uniformed officers, with limited consideration for the experiences of nonuniformed or civilian personnel who are likely to experience PPTEs, particularly through vicarious exposures. In the current article, we address this gap by examining the occupational experiences of a subset of civilian personnel working with the Royal Canadian Mounted Police (RCMP): Detachment Services Assistants (DSAs), who perform a variety of administrative and public-facing tasks in support of the RCMP's operational goals. To do so, we draw on semi-structured interviews with 49 DSAs across Canada to understand how they experience PPTE, specifically vicarious trauma, and to unpack the nuances and variability in their occupational work, which informs such exposures. Following a contextualization of the DSA role and a review of relevant literatures, our "Results" section explicates the types of exposure to PPTE experienced by DSAs, including the impact of incidents involving children and youth, and the occupational duties through which these exposures occur. We conclude with recommendations for improving the organizational response to DSAs' exposure to PPTE and materials—a necessary and timely step, given the increasingly vital role that civilian personnel serve in supporting police operations. Our study thus makes novel contributions to the literatures on the exposure to and impact of vicarious trauma in police work, particularly for civilian personnel whose occupational realities often receive less scholarly attention than sworn officers.

CONTEXT

The RCMP is Canada's federal law enforcement agency and also provides contract policing in all but two provinces and territories, including in many rural/remote regions of the country (RCMP, 2018). The RCMP have two categories of civilian employee: civilian members and public servants (RCMP, 2021b), the latter of which includes DSAs. As of April, 2021, there were 3,087 civilian members and 8,307 public servants working for the RCMP, representing a combined 37.3% of employees in the organization (RCMP, 2021a). Whereas civilian members are hired through the *RCMP Act* for specialized roles, such as information technology or forensics, public servants are hired through the *RCMP Civilian Public Service Employment Act* in primarily administrative roles (RCMP, 2021b). As public servants, DSAs work in one of the over 700 RCMP detachments or offices across Canada, providing administrative and, in some instances, operational support to RCMP members. DSAs are represented by the Union of Safety and Justice Employees (USJE), giving them supports and protections that may not be available to civilian personnel in other police services.

As described by participants, DSA duties can vary depending on the specific needs of their detachment. In some small or remote detachments, there may be only one or two DSAs fulfilling administrative duties, forcing them to be a "jack of all trades" and perform a wide variety of job tasks. In contrast, larger detachments or specialized RCMP units (e.g., Major Crimes) may have a team of administrative personnel in which DSAs work more consistent and specialized roles. Common duties described by DSAs included working at the front desk and answering the detachment telephone line, thus being the first point of contact with members of the public; reviewing case files and entering data into the Canadian Police Information Centre database; performing criminal record checks for members of the public; and relaying information to members who are on a call for service. Although DSAs do not

act as emergency dispatchers, they may sometimes receive emergency calls on the detachment phone line or serve a dispatching function when providing information to RCMP members on a call. Various participants also described a wide range of other job tasks, such as handling evidence or managing the vehicle fleet, that were dependent on the needs of their detachment. Despite their support role in police services, civilian administrative personnel have received little scholarly attention, and the unique occupational role of the DSA has not, to our knowledge, been deeply examined.

CIVILIAN EMPLOYEES IN POLICE SERVICES

Since at least the 1950s, many police services have increasingly hired civilians to perform a variety of roles, including clerical work, communication, dispatching, and skilled technical tasks such as photography or computing (Ellison, 2004; Forst, 2000)—a process known as "civilianization" (Crank, 1989; Dick & Metcalfe, 2001; Forst, 2000). The civilianization of police services emerged from a desire to unburden officers from time-consuming administrative tasks, reduce staffing costs by employing civilians in lower-paying positions, and professionalize increasingly specialized administrative and budgetary roles (Dick & Metcalfe, 2001; Forst, 2000; Harring, 1981; McCarty & Skogan, 2013; Taylor & Williams, 1992). Across all police services in Canada, civilianization has seen the percentage of staff who are not sworn officers (primarily civilian personnel, but also including special constables and recruits due to data collection procedures) rise from 17.6% in 1962, when these employment data were first collected, to 31.6% in 2019 (Conor et al., 2020). As of 2019, there were nearly 27,000 civilian personnel working in Canadian police services, accounting for 85% of all employees who were not sworn officers and 26.8% of total personnel (Conor et al., 2020).

There is limited research on the occupational realities and mental health impacts of civilian work in police services. Among the major findings is that many civilian staff, across various police services, are "often described as occupying a lower stratum in the police hierarchy" (McCarty & Skogan, 2013, p. 70) and may feel as though they are underappreciated or unsupported in comparison with uniformed personnel—perceptions that may cause them to feel "second class citizens" (Burke, 1995, p. 3). As a result, civilian personnel may feel that they are looked down upon by sworn members, that their concerns are taken less seriously by management, that they are excluded from full membership in the organization, and that they receive inadequate training for the stresses of the job (Boogaard & Roggeband, 2010; Burke, 1995; Guyot, 1979; Mayhew, 2001; McCarty & Skogan, 2013). The perceived marginalization of civilian staff may be exacerbated by the fact that, whereas police workplaces are widely understood to be male-dominated (Boogaard & Roggeband, 2010; Loftus, 2008; Moore, 1999; Prokos & Padavic, 2002; Westmarland, 2008), a high proportion of civilian employees in various police services self-identify as female (Kerswell et al., 2020; Loftus, 2008; McCarty & Skogan, 2013)—including in Canada, where recent statistics found that 71% of civilian personnel, including 91% of civilian clerical staff, were female (Conor et al., 2020).

While research abounds on the occupational risks and mental health needs of sworn officers, the literature in these areas for civilian personnel is much more limited. This gap is notable, given that many civilian police roles involve a diverse range of tasks that may contribute to negative mental health outcomes, such as interacting with distressed members

of the public; maintaining a professional front in stressful situations; engaging with potentially psychological traumatic, difficult, or graphic materials; and, in emergency situations, performing complex duties that could directly affect the safety of uniformed police personnel and members of the public (Burke, 1995; Dick & Metcalfe, 2001; Kerswell et al., 2020; Lentz et al., 2020; Mayhew, 2001; McCarty & Skogan, 2013; Ricciardelli et al., 2020b). Furthermore, an emerging body of literature speaks to the prevalence of mental disorders among civilian personnel working in Canadian police services, including a potential risk of posttraumatic stress disorder (PTSD) and its comorbidities (e.g., major depressive disorder, general anxiety disorder) (Carleton et al., 2018; Lentz et al., 2020). As a result of their occupational duties, civilian police personnel may face exposure to potentially PPTEs, particularly through vicarious exposure "acquired by witnessing, reading about, or listening to graphic and/or traumatic accounts or records" (Ricciardelli et al., 2019, p. 316; see also (Lentz et al., 2020; Martin et al., 2021). To contextualize the experiences of DSAs in our sample, in the next section we more deeply discuss vicarious trauma and its impact on public safety personnel.

VICARIOUS TRAUMA

The concept of "vicarious traumatization" was developed by researchers who observed that professionals who worked with victims of trauma experienced damaging and long-lasting psychological effects as a result of their engagement with these experiences (McCann & Pearlman, 1990). Since this seminal work, an emergent body of literature has focused on the causes and effects of vicarious (or "secondary") trauma, which can be defined as "the emotional and cognitive experiences of hearing stories that recount one or more traumatic events . . . and the negative changes in [professionals'] cognitions that result from listening to clients' victimization experiences over time" (Severson & Pettus-Davis, 2013, pp. 6–7). Researchers have examined vicarious trauma in public safety work (Ricciardelli et al., 2018, 2020b), and in specific professions such probation and parole work (Lee, 2017; Morran, 2008; Norman & Ricciardelli, 2021; Rhineberger-Dunn et al., 2016; Severson & Pettus-Davis, 2013), public safety communicators (Smith et al., 2019), and victims' advocacy (Globokar et al., 2019).

Researchers examining vicarious trauma in police work have largely focussed on the experiences of uniformed personnel working with victims of sex crimes, particularly those involving children (Burruss et al., 2018; Hurrell et al., 2018; MacEachern et al., 2019; Seigfried-Spellar, 2018; Turgoose et al., 2017), or on the family members or partners of police officers (Landers et al., 2020; Meffert et al., 2014). Studies on vicarious trauma among civilian personnel in police services are comparatively rare. Masson (2019) examined social workers who work in the South African Police Service and provide support to officers, with a focus on their coping strategies and resilience. Masson (2019) argued that organizations should nurture their workers' resilience and provide developmental opportunities to proactively assist their mental health. Kerswell et al.'s (2020) study of civilian police personnel in a natural disaster response demonstrated that, in particular, "those engaged in administrative and health and safety tasks were exposed vicariously to traumatic events" (p. 71). A Canadian study of an RCMP internet child exploitation unit, which had both sworn and civilian employees in its sample, found that both groups experienced detrimental physical and psychological effects from their work and felt organizationally

unsupported and unrecognized for these impacts (Burns et al., 2008). Our study contributes to this small body of literature on vicarious trauma in civilian policing work.

METHOD

In the current study, we used semi-structured interviews to understand the occupational experiences, challenges, and long-term effects of DSA work. The study was approved by Memorial University of Newfoundland's research ethics board (#20201029) and the RCMP's HR Research Review Board. Recruitment was conducted with the assistance of the union representing DSAs, the Union for Safety and Justice Employees (USJE). To recruit potential participants, USJE sent an email outlining study information, including processes of confidentiality and anonymity, in English and French (Canada's official languages) to the DSAs via a membership listserv. Furthermore, several participants explained that they had, of their own initiative, assisted with recruitment through word-of-mouth or social media recommendations to their colleagues. Thus, our recruitment efforts were aided by this informal snowball sampling. We interviewed all people who expressed interest in participating, yielding a total sample of 49 participants for this study.

PARTICIPANTS

All participants ($N = 49$; 100%) self-identified as female and were between 25 and 74 years old. The majority of participants identified their race as White ($n = 44$; 89.8%), while three (6.1%) identified as Indigenous, one (2.0%) as Latin American, and one (2.0%) declined to provide their racial identification. We are not aware of any publicly available demographic data for all DSAs working with the RCMP, and thus we cannot determine how representative our sample is of the entire occupational group. However, recent statistics on all police employees in Canada (including the RCMP) provide some context, as they show that women make up 71% of civilian employees, but approximately 91% of clerical staff and 86% of reception staff (Conor et al., 2020). These statistics did not provide racial and age data for civilian staff.

All participants were federal public servants working with the RCMP. The majority of participants ($n = 40$, 81.6%) were employed as DSAs at the time of the interview, while the remainder worked as Detachment Service Supervisors ($n = 3$; 6.1%) or in civilian administrative roles with specialized RCMP units (e.g., Major Crime Units, Emergency Response Teams) or as court liaisons ($n = 6$; 12.2%). Nearly half of all participants had prior RCMP experience as a DSA at another detachment ($n = 21$; 42.9%) and a similar number had worked for the RCMP in other roles or units prior to their current position ($n = 22$; 44.9%). The majority ($n = 44$; 89.8%) of participants were employed in full-time positions. Participants had between 2 and 31 years of experience working with the RCMP and the median years of experience was 13. Participants were employed in eight of the 10 Canadian provinces. Sixteen participants (32.7%) listed prior professional or volunteer experience in one or more non-RCMP public safety settings, including correctional services ($n = 4$; 8.2%), non-RCMP police departments ($n = 4$; 7.4%), fire ($n = 3$; 5.6%), and military ($n = 1$; 2.0%).

MATERIALS

In using a semi-structured approach to interviews, we loosely followed an interview guide that asked open-ended questions about participants' occupational experiences and mental

health and well-being (e.g., "What is most challenging about your job?" or "Are there any work-related experiences that you think really have affected or shaped you as a person?") and probed participants' responses with follow-up questions (e.g., asking for more detail about the impact of transcribing files or difficult phone calls). The interview guide focused on six key areas: participant demographics, job role and function, operational environment and workplace issues (including job mobility, promotions and training), occupational stressors (such as direct and vicarious exposure to stressful, traumatic and/or stressful events), organizational stressors (including workplace safety culture, organizational culture and workplace harassment), and mental health resources and accessibility. In relation to traumatic events, often the interviewer would begin by asking about different forms of workplace stressors, before asking whether the participant had ever experienced a traumatic event at work. In many instances, participants self-disclosed without prompting. Likely such self-disclosures were a result of participant's knowledge of the focus of our study, as well as by the fact we provided opportunities for participants to guide the conversation and share experiences or identify issues that they feel are most relevant. We chose this approach because it allowed for a more conversational exchange while enabling the researchers to follow-up for clarification or elaboration—key features of semi-structured interviewing (Brinkmann, 2020). As such, we encouraged DSAs to speak about the impact of their occupational realities on their mental health and well-being while giving them ample opportunity to discuss the issues and topics that they deemed most significant.

PROCEDURE

Most interviews lasted between 45 and 75 min and, despite recruitment materials being sent in French, all interviews were in English at the preference of participants. Interviews were conducted between November, 2020 and February, 2021, during the COVID-19 pandemic (in which DSAs remained essential service providers and continued to work despite shutdowns). Due to geographic limitations and public health restrictions arising from the COVID-19 pandemic, we conducted all interviews over the telephone. Researchers have found that telephone interviews may allow participants to feel more comfortable having discussions of sensitive nature (Mealer & Jones, 2014; Novick, 2008), which may have been an advantage of our method given that many participants shared unpleasant experiences, including exposure to PPTE. Following the interviews, we assigned pseudonyms to all participants to maintain their confidentiality.

Research assistants transcribed all interviews verbatim for the purposes of data coding and analysis. Using an open-ended approach, three researchers developed an initial set of codes by independently and sequentially coding five transcripts and identifying emergent themes. Members of the research then individually coded the remaining transcripts, identifying new codes, or refining existing ones, as they emerged from the interview data. We analyzed the coded interviews using a semi-grounded constructed approach (Charmaz, 2014; Glaser & Strauss, 1967; Ricciardelli et al., 2010). This approach, while allowing for theoretical interpretation to emerge from the analysis of data, nonetheless recognizes that knowledge production does not occur in a vacuum and that interpretation is informed by past research experience. We used QSR NVivo, a qualitative data analysis software, to assist with data analysis, specifically autocoding and coding data into primary (e.g., parent nodes), secondary (e.g., child nodes), and tertiary (e.g., grandchild nodes) themes.

RESULTS

TYPES OF TRAUMATIC EXPOSURES

We see it all the time. Car accidents, murders, like whatever.—Libby

In total, 48 of 49 participants stated their workplace duties and tasks exposed them to materials and/or experiences that involved potentially psychologically traumatic experiences. We analyzed the types of traumatic experiences cited by respondents, clustering them under two general categories: those involving adults and those involving children and youth. The decision to separate these experiences based on age was the result of frequent comments by participants to the effect that incidents involving infants, children, and/or adolescents were particularly difficult for them to process. The importance of theses age-based distinction emerged in interview data from participants themselves—we did not ask participants to separately describe the impact of PPTE involving adults and children or youth.

Adults

In relation to adult victims, experiences the most frequently cited included accidental deaths ($n = 16$), homicides ($n = 15$), death by suicide ($n = 13$), and physical violence ($n = 11$). Other types of adult-related potentially psychological trauma to which they were exposed included sexual violence ($n = 9$), death unknown (i.e., when someone died tragically but the cause of death was not stated by the participant; $n = 9$), attempted homicide ($n = 3$), and accidental injury ($n = 3$). In nine of the examples provided, participants referenced situations where they knew of someone in extreme danger, most often a police colleague attending a call.

Sixteen participants cited accidental deaths as events they were routinely exposed as a result of the nature of their work. Most of these deaths involved car accidents. Lisa cited as an example a head-on collision where the person was then struck by a semi-truck after flying out of the vehicle. It was her responsibility to go through the accident scene photos and ensure everything was labeled, a task she described as "grotesque." Dawn described the hardest part of her job as providing in-person assistance to grieving family members struggling with the death of a loved one in an automobile or other accident. Lucia agreed, explaining,

> Cause after accidents or if somebody passes away, some of the times, the effects of the deceased are at the detachment. When they come to the front counter, it's not the officer that's going to be meeting with this grieving family, it's us who are handing out either the wallet or the ring. Items that were left behind in the vehicle or at the house.

Another type of traumatic event frequently cited by respondents was homicides ($n = 15$). In almost all cases, exposure was through work undertaken for investigators and/or court-related duties, including transcribing witness statements, organizing photographs, and/or reading file entries. For example, Shoshana had previously worked in a Major Crimes bureau where "they would have pictures of the bodies up." On one serial case, she was tasked with scanning all related pictures, including photos from crime scenes and autopsies. Another woman described her work as "Major Crimes, so it's . . . a lot of murders and

gangs." Some of the women interviewed also observed they had or were experiencing effects from seeing such images. Khadija advised that sometimes "you dream about, you know, seeing pictures of somebody that's been murdered." For Janice, "I can tell you stories about every single file I worked on and all the horrible stuff. I can still in my mind picture everything." One of the worst experiences, she stated, entailed transcribing a suspect statement on a homicide case:

> Every time I think about that file, I just want to gag 'cause I picture it all in my head. Of what he was talking about, how horrible he was. How he murdered the person and was so proud to tell everybody about it.

Exposure to death by suicide was another significant event staff members felt affected by ($n = 13$). In some instances, death by suicides was particularly painful or otherwise negatively impactful because of an individual's experience of suicide within their family or friend circles. One woman described suicides as events that "really sting" because she was still grieving the loss of her father to suicide. Others felt traumatized over images of particular death scenes. Descriptions used included "brutal" and "graphic," and some felt that police personnel should have to provide warning label on files with graphic images and testimony. For some, potential or actual death by suicides was stressful events because of their involvement with distraught family members or, in some situation, in dealing with suicidal individuals who had called in on the main office line seeking assistance. As Florenica explained, "you just never know when you pick up the phone right who's on the other end. [It could be] that person that's totally distraught and says that they're, they're going to commit suicide." Jamie, among others, had had similar experiences, "you're on the phone with the person that sounds suicidal," she said, "you do your best to deal with it and hopefully you have somebody close by that can start dispatching [police] it out while you keep this person on the phone." For others, it is the process of responding to someone who has just discovered a loved one. One of Hina's worst experiences was "the day I answered the phone and it was a dad sobbing because he just found his son, who had committed suicide."

The 11 participants who referenced traumatic exposure to forms of physical violence often did so in the context of relating episodes involving domestic violence. In several instances, these cases were or became personal to the interviewee because of her own past experiences. For example, one woman related an incident in which a man "almost beat his wife to death with his cane." The victim survived because police officers present were able to save her life. For the staff member, this incident was acutely distressing because the woman was a former co-worker at a previous job. Another participant handles court liaison work, including assembling and vetting the hard copy investigative files. She noted working with domestic violence files "sort of chips away at my calm" because she had been a victim of domestic violence. Another woman observed that in the context of handling front counter duties, staff members frequently see victims of violence, some of whom are clearly in need of immediate medical attention. For her, one of the most potentially psychologically traumatic incidents involving domestic violence took place over the phone. As she noted, individuals in crisis sometimes panic and call the main line of the local police station rather than dialing emergency services. When Shelley picked up one call, she found herself talking to "someone who was holed up in her bathroom." As she went on to explain, "her

partner was in the rest of the household. She was—she had just been beat. She had secured herself there. She didn't know if he had firearms or whatever else." At the time, her station lacked the ability to transfer the call immediately to 9-1-1 and have them dispatch police officers, so she had to remain on the phone with the victim while mobilizing officers via the office radio. This experience, and others like it, was seen as part of the "crazy stuff" with which she sometimes had to deal.

Nine of the women interviewed for our study spoke about potentially psychologically traumatic exposures to forms of sexual violence involving adult victims. In each case cited, the victim was another woman. One of the worst exposures, according to a participant, centered on an allegation of sexual assault involving a woman with an intellectual disability. That case "triggered" the participant because she had "used to coach Special Olympics" and so "you have empathy." Another interviewee opened a file to be disclosed to defendant's counsel and discovered pictures of "a sexual assault and it was nasty." She subsequently complained to her supervisor of the need to be warning labels on files with graphic images.

Critical incidents involving officers and/or citizens who are potentially in danger are another source of potentially psychologically traumatic stress ($n = 9$). Vehicle pursuits and car collisions are two such examples. Hina noted that calls over the radio involving possible fatalities can be triggering for staff, who worry about the members on the road and "where your guys are." Other critical incidents involve physical threats, such as attacks on police officers or dangers to citizens. Petra provided the example of a police officer who was "involved in a bit of a scary situation" in which he was violent attacked "out of left field" by someone well known to the police. For Karen, dealing with individuals who are in physical danger and panicking over the phone while staff sought police personnel was an example of a stressful event not uncommon to support staff.

In seven instances, participants cited exposure to "dead bodies" as a source of potentially psychologically traumatic exposure, with no known cause of death specified. This was primarily done in the context of discussing graphic photographs in death investigation cases. Florence was once asked to go through old files and remove duplicate pictures before the files were archived. As she explained, "I open this big thing that says photos and next thing you know I'm looking at this half dissected dead body on the slab at the morgue . . . nobody tells you about this stuff." Similarly, Debbie, who has been in her current role for the past 15 years, said, "all of a sudden you're going through the file and you know a dead body pops up."

Less frequently ($n = 3$) study participants referenced exposures to traumatic events in which there had been an attempt made on someone's life. In one such case, Taz reported listening to a radio call in which a suspect was "shooting" at police cars. The event started when police officers were trying to stop a suspect's vehicle and used a patrol vehicle to set up a block, forcing the armed suspect out of the car. What they heard was "he's got a gun" followed by

> . . . silence and then the next thing that came on the radio was 'we need an ambulance there's a member bleeding from the head and . . . the other [staff member], her husband is a member, so she started crying . . . and I don't know if he's on scene but better keep it together. It did turn out that the member had been shot but . . . he was okay. But there's just those times where you don't know.

Another category of PPTE also less frequently cited was accidental injuries (*n* = 2). In one instance, the participant knew the victim, who was a police colleague. In one event called, it was discovered that the interviewee's supervisor, a police Sergeant, had to be air-lifted from the scene of a serious car crash. The other event was also a car accident. In this case, the staff member—who had extensive emergency training—joined an off-duty police member in going to the scene of accident when all other patrol officers were tied up on another serious call. As she explained, the off-duty officer "smashed the window out of the truck, and him and another bystander got the guy out of the truck, and I did CPR on him until the ambulance arrived." This experience included both direct and vicarious trauma exposure and an extension of occupational responsibilities.

Children and Youth

Regarding experiences related to children and youth, the types of events cited differed slightly from adults. The most frequently discussed example of disturbing materials and/or events was those involving the sexual abuse of children (*n* = 18). Deaths of children and youth were also mentioned; these included deaths of unknown causes (*n* = 5) and acciden-tal deaths (*n* = 5). Less frequently, interviewees mentioned death by suicide (*n* = 4), acci-dental injury (*n* = 3), physical violence (*n* = 1) and homicide (*n* = 1). In two instances stated, the child or youth was known to the participant.

Exposure to materials involving child sexual violence was the most frequently cited cause of vicarious trauma referenced by participants (*n* = 18), across both child and adult exposure categories. Words used to describe these experiences include "horrible," "hard time," "drain-ing," and "awful." As will be recalled, all of our sample were women and, in many instances, a staff member was herself a mother. Not surprisingly, several could not help but personalize the event by reflecting on their own children. To illustrate, Petra described the act of transcrib-ing statements for these types of cases: "you're sitting in a room for eight hours a day listening to a young, young child describe how they were sexually assaulted." She wondered, "how anybody would think that when you go home to your own kids at night that that doesn't sit with you." Sara, a mother of teenage daughters, struggles with having teenage girls reporting sexual assaults, and not taking "some of that home." Chloe related the experience of coming back to work from maternity leave and having to take a complaint involving the sexual assault of a child by a babysitter. Petra, Chloe, and others admitted that sometimes they "had a hard time letting go" of certain cases concerning children and youth.

Less frequently, accidental deaths of children (*n* = 5) and deaths unknown (*n* = 5) were stated as forms of vicarious trauma to which staff members were exposed. Nani, who works in a police office in a rural area, recalled one particularly bad police call involving a farming accident in which a 16-year-old and a 10-year-old boy were killed. As is often the case, Nani knew both the family and the officers who were on scene dealing with the accident. Florence had a similar experience in her own small town, when she came across the photos of the deceased son of a lady who works in a local retail store. Dawn recalled a police call involv-ing a child killed in a vehicular accident that had a direct impact on her own parenting. As she explained,

> every time that I strapped my child into that car, I would look and have to double and triple check how the car ride was going, where he was, all this stuff, because I would think all the time about how that little child died in the accident.

Shawna, who had experienced exposures to many, many fatalities over the course of her 26 year career, said the hardest cases for her were those involving "the death of a child."

We received one report of vicarious experiences of homicide, suicide, and physical violence involving children and youth. Debbie learned of a physical assault on a baby, when its grandfather came to the police station carrying an infant "covered in bites and bleeding." Taz cited a case involving the homicide of a baby which she suspected led to PTSD in her office manager, who had spent some 25 years working on "a lot of serious files." According to Taz, this file became "the turning point" after which the woman began to exhibit erratic behaviors. Taz completely understands because, as she says, files of this nature "take a lot out of you" and some "just sort of sticks for you." A tragic case which "stuck" with Nani involved a 14-year-old boy who had completed suicide after hearing his adopted father was terminally ill. After this incident, she took some time off for "mental health."

MEANS OF EXPOSURE

My first day of work I had to ship a head . . . it was in a cooler and I just shipped it FedEx—Janice.

Participants also provided helpful information as to the means by which their routine work activities exposed them to traumatic events. One of the most common tasks assigned to support staff is the transcription of victim, witness, and/or offender statements. Nineteen of the participants cited this activity as a source of PPTE exposure. In frequency, transcription was followed by exposure to images ($n = 17$), including both pictures and video of disturbing content that formed part of a file being prepared for the courts or insurance companies. Support staff in district offices are also required to attend to the front counter, which entails interacting with victims and witnesses. In some instances, police officers may ask support staff for additional assistance involving the handling of victims. For example, some staff members mentioned providing care for the children of adult victims. Fifteen of the interviewees related stories involving interactions with traumatized individuals through such duties. Another duty cited as a potential source of PPTE exposure was answering the office phone line. In 12 of the interviews, participants observed that individuals in crisis will sometimes call the office's nonemergency line to report suicidal thoughts and feelings, or panic-stricken citizens will call the number by accident to advise of a violent crime in progress. Workplace conversations—particularly those with or involving police members who attended horrific accidents or other death scenes—were another source ($n = 10$). Less frequently cited were police radio calls ($n = 7$), direct experiences in which the staff member was present or directly involved in an event ($n = 6$) and reading files ($n = 6$).

Transcribing of victim, witness, and offender statements was the most frequently cited form of exposure ($n = 19$) among interviewees. Mariam, who has been working in policing support for the past 13 years, used the following example to illustrate the type of content to which staff could be exposed through transcribing: "You know, to listen to a witness talk about someone getting . . . their throat cut." Before adding, "those sorts of things, they obviously don't go away." Janne noted that staff members might not attend accidents or suicide calls but were tasked with transcribing statements she described as "heart wrenching." An example of the types of heart wrenching stories transcribe was provided by Jamie: "a 13 year old girl that was sexually assaulted . . . and you have to word for transcribe and it's very difficult to listen to." Nani advised she still has "flashbacks" regarding a statement she

transcribed involving a sexual assault on a 5-year-old girl. "Some of the acts that I had to transcribe," she said, "you know, assaults, fatalities, it just wears on you."

The second most frequently cited mode of exposure was handling images ($n = 17$). Some of our interviewees were assigned court liaison duties, which entails ensuring file accuracy; others provide office assistance to investigators working on serious criminal cases or support to office commanders during critical incidents. Still another group of staff members provide file assistance with cases involving the release of information to insurance companies and other third parties. As a result, approximately 34% of our sample cited routine exposure to graphic pictures, including autopsy and crime scene photos. Lisa said in her office, staff call them "dead people pictures" and "half the girls' won't look at them." Priya is one of the court liaison workers who is tasked with printing out autopsy and crime scene photos. She described the act of printing some 70 photographs of a very horrific traffic fatality. Jacinta explained this aspect of her work as follows: "I have seen photos of you know, motor collisions where people have been killed. I've seen some of the child porn stuff that gets uploaded for disclosures. I see people that hang themselves." She feels she has "a very different view now of death." As a result, she has become psychically numb to a lot of what she sees and experiences: "I don't seem to have a lot of feelings about it anymore."

Fifteen interviewees cited experiences of PPTE exposure through direct contact with victims, witnesses, and criminalized persons. These experiences often come as the result of duties that include providing assistance to citizens at the front counter of the police station. As we noted previously, staff members on counter duties deal with not only victims but also grieving families who come in to claim their loved one's personal effects. They also deal with individuals who have been hurt and/or are in some type of danger. Shelley has had a people come in to her station who are being chased or who have been beaten. So has Ramona: "we had a guy where his head was split open and then he's standing in the lobby." In one horrific example provided by Diane, she explained that within the first couple of months of her employment, a suspect came into her station to provide a statement: "I'll never really ever forget that, you know? It's like at four o'clock that day, I'm talking to this person at the counter . . . and then two hours later he shot himself." Leona summed the effects of these types of exposures: "we're not just sitting behind some computer or some typewriter typing away pretty little notes. We're dealing with victims . . . we take that home with us."

Many of us have grown up with emergency phone lines, such as 9-1-1, as well as with police messaging to call these numbers in emergencies. However, the reality is that sometimes, in a panic, individuals in crisis will dial the nonemergency line for their local police. These phone lines are answered by station staff members, all of whom—in our sample— stated they had no training for dealing with crises and 12 of whom cited this as means by which they were exposed to traumatic events. For Lucia, "one of the worst ones" she had had to deal with was a call by someone concerned for a friend who had not shown up at a meeting. What Lucia knew, but could not share with the concerned friend, was the individual had died in a motor vehicle accident on the way. Petra was placed in a similar position when the father of a young child called the station to respond to requests that he come in and speak to an investigator. "I had him on the phone saying, 'if you're a mother, please just tell me. I'm begging you as a human being. Is my child ok?" Petra stated, "tears are rolling down my face" as she struggled "not to have my voice crack while I'm getting the

information from him I need." What she could not tell him was his child was the victim of a murder-suicide.

Workplace discussions between police members, police, and staff or among staff members themselves were another cited source of exposures ($n = 10$). Dawn advised that sometimes officers will return from the scene of a fatal accident and "tell me, 'oh, I was just at the scene of an accident and that person was almost decapitated.'" Such situations entail emotional labor (Hochschild, 2012) that includes managing reactions and what one says. As Dawn explains, "I have to judge what I say, how I say it, because they're dealing with that as well." One of the officers at Shelley's station was distraught over the suicide of a young boy. "He comes back," she says, "and I'm alone in the office and he just wants to talk to somebody. Okay." During the discussion, he begins showing Shelley

the noose . . . he's showing me the knots . . . and then he's so distraught, he leaves it in an exhibit bag. But he leaves it on a desk nearby and I'm like "okay, what am I supposed to do with this now? Like what if somebody else comes in?"

Less frequently, staff members cited exposures through police radio ($n = 7$) and reading files. As noted earlier, police radio calls were typically a source of anxiety and distress in cases involving police members or others in actual or potentially dangerous situations. Priya, who now has a service dog as a result of several psychologically traumatic events, is afraid of being alone at her small, rural police station. "Being alone, it's petrifying," she explains, "there was a Christmas Eve two years ago that I sat in the office and I listened to a murder happen on the radio." Reviewing files can be no less traumatic, Jamie says, as it is an activity that exposes staff members to a lot of "very graphic and disturbing" content. Sherry agrees and cites a file she read many times involving a particularly horrific murder: "I didn't know that humans did this to other humans until I started doing this job."

In a handful of instances ($n = 6$), participants related more direct experiences of trauma at their workplace, usually as a result of working with individuals who had been seriously injured or killed on the job, or, in one case, as a result of a suicide at their place of employment. On Eileen's first day of work, she went to use the restroom and was warned by a commissionaire not to go down the hallway because "someone just killed themselves in the bathroom." Within the first 6 months of Jamie's employment, "my boss was shot and killed." Shawna was a staff member at a police station at which a police Constable was shot and killed during a situation involving an active shooter.

DISCUSSION

How do I put this? We're not the ones there at the scenes of the crimes. So, we don't walk in, but we see the photos. We see the statements and I don't know if you can hear it [chokes up] . . . when it's something like a really bad car accident. Um, if it's, you know, a murder or an assault or sex assault or child porn, we are seeing all of those things . . . we're there. Like we've seen the pictures. We've read the statements. We see the impact statements. We know what that all was.

While research abounds on the impact of uniformed police personnel's exposure to PPTE, the civilian policing literature rarely focuses on this occupational reality. In the current article, we draw on data from interviews completed with DSAs to reveal how their

workplace responsibilities and occupational duties provided vicarious exposure to PPTE. We elected to analyze exposures concerned with adults separately from those concerning children and youth because, although incidents with adults were difficult and emotionally taxing, DSAs described exposure to event involving children and youth as most distressing—a finding that aligns with the experiences of civilian personnel working in internet child exploitation units (Burns et al., 2008) and uniformed officers investigating a variety of crimes against children (Burruss et al., 2018; Hurrell et al., 2018; MacEachern et al., 2019; Seigfried-Spellar, 2018; Spencer et al., 2019, 2021; Turgoose et al., 2017). That said, regardless of whether the victim was a child or adult, DSA described exposure to vicarious trauma in the form of exposure to images, transcription, persons calling or entering the detachment, among other sources.

Given their occupational duties (e.g., being the first point of contact with the public) and workplaces (usually small detachments where uniformed and civilian staff work in close proximity), DSAs are exposed to a variety of types of PPTE. Death, whether from suicide, homicide, or accidental, was a difficult reality for DSAs who dealt with the aftermath—from grieving families, to transcription, to labeling images from the scene. Domestic or intimate partner violence was also a difficult reality for many DSAs, often exacerbated by their own personal experiences or knowledge of such cases. However, what is exceptionally noteworthy is the rural element, where DSAs are of the often small communities their detachment covers, as such they are too often connected to the victims of crime or accidents. There is a personal dimension to their work because of a lack of distance from events and at times much familiarity with persons involved. Said differently, DSAs often personally know the persons who have experienced hardship and thus they bring home their work experiences. Thus, DSAs spoke of situations in which they personalized their occupational responsibilities in ways that led to feeling vulnerable, sometimes making work/life separation more difficult. DSAs understand that not all members will be safe, nor return from a call for service, and vicariously experience the stresses of high-risk calls. Indeed, some DSAs feel they are a "lifeline" for deployed members—several of those we interviewed were also public safety communicators—and thus function as members' source of contact with the detachment during stressful events.

Despite the vicarious trauma experienced by DSAs, they—like some other categories of civilian personnel—are viewed primarily as administrative support workers and their mental health concerns may thus be downplayed in contrast to that of frontline uniformed personnel. Indeed, a critical point made by the majority of interviewees was their relative lack of preparedness for taking on occupational tasks that involved exposure to PPTE. Most observed that they had had no training in, for example, dealing with suicidal individuals or in how to cope with exposures to autopsy photographs or sexual assault victims statements. Several noted that, although on entering the role they expected to deal with "crime" and "bad things," they were unprepared and thus shocked the first time they flipped open a file to find photographs of deceased individuals. Without training and preparation, their ability to process in healthy ways the challenging realities of their occupational work is compromised. DSAs are then left to their own coping strategies with no formal training and, from their perspective, minimal formal or informal supports.

Aside from the obvious need for on the job training to prepare staff for working with potentially psychologically traumatizing content and events, the single most emphasized take-away message articulated by staff members was the need for the organization to

recognize, value, and respond to the fact that staff members also experience vicarious trauma. Repeatedly, interviewees stressed the fact that, whereas the organization had significantly improved in their willingness to address well-being and mental health for police members, they often felt the toll they experienced was not equally recognized. To illustrate, several pointed to their exclusion from critical incident debriefings (e.g., Critical Incident Stress Management [CISM] sessions) in situations in which they themselves had been involved. The best example of this is the exclusion of staff members from debriefings in which members—who are also friends and colleagues of the support staff—had been involved in serious or fatal incidents. The fact that DSAs are not always included in debriefings may be a product of the tendency for civilian personnel to be excluded or marginalized within hierarchical police organizations (Boogaard & Roggeband, 2010; Burke, 1995; Guyot, 1979; Mayhew, 2001; McCarty & Skogan, 2013). Furthermore, broader research on public safety personnel demonstrates that these occupational cultures can create hierarchies of trauma in which vicarious exposures are considered less legitimate than the direct exposures to PPTE experienced by frontline personnel (Ricciardelli et al., 2020a).

RECOMMENDATIONS

Our findings suggest there is a need for further policy action and research to be undertaken to address the mental health toll of civilian roles in police services—particularly as civilians continue to take on greater responsibility and importance within police services (Conor et al., 2020; Dick & Metcalfe, 2001; Forst, 2000). In terms of practical recommendations, mandatory training for DSAs to prepare them for exposure to PPTE and equip them to cope with the likelihood of vicarious trauma exposure in the course of their duties would be useful. Furthermore, participants reported a desire for opportunities to participate in CISMs and other forms of debriefing. That said, we recognize critiques of the effectiveness of CISM and Critical Incident Stress Debriefing for public safety personnel (e.g., McNally et al., 2003) and urge the RCMP to follow evidence-based approaches to debriefing adverse events and ensure that DSAs are included in these, whatever form they take.

One of our more important findings is the apparent need for DSAs to be recognized as workers whose mental health and well-being are also affected by their occupational responsibilities. What respondents revealed to us is the importance of easily accessible mental health supports beyond the standard Employee Assistance Program. Furthermore, there is likely a need to examine current caps on both treatment and well-being benefits for this occupational group to ensure equity in access. Routine psychological assessments on an annual or biannual basis could also help to support DSA well-being by identifying potential issues, including burnout, anxiety and depression—before they become seriously debilitating for staff members.

Our research also reveals the need for further research in this area. Although our work has identified several causes and consequences of vicarious trauma in the workplace, what is required is a more thorough understanding of exactly what stressors, forms of trauma, and/or mental disorders are most prevalent among police staff members in Canada and elsewhere. Such research is imperative to finding the most appropriate solutions to the issues DSAs and other staff face. We would also argue that, in addition, such work should pay greater attention to the intersection of social identity and professional role within police services is warranted in future studies. To put it more directly, given the often marginal status of civilian staff members within police services and in policing research, we urge

greater scholarly attention to the occupational realities and mental health experiences of personnel working in Canada and across the globe. An increase in such research would help shine a light on an occupational category that, though vital to supporting police operations, is often overlooked.

LIMITATIONS

Like all research, our study is limited. First, we did not conduct interviews in person; although that did not deter from the quality of our data, we did not have the opportunity for ethnographic insight in detachments while conducting interviews, which impacts our ability to contextualize the data. However, given multiple authors have months of experience doing research in RCMP detachments, we feel this limitation did not significantly impact the quality of our data. In addition, our sample is only of 49 transcripts; thus, we caution with any generalizability beyond the RCMP, as is always the case with qualitative research. Finally, we note the DSA role and functions within and across detachments are variable; thus, there remains a need for more nuanced research in the area, work that accounts for these variations.

CONCLUSION

In the current article, we present qualitative findings from 49 DSAs, who are civilian employee working in support of RCMP operations. Despite serving in largely administrative capacities, our findings demonstrate that DSAs are routinely exposed to PPTE, primarily through vicarious exposure in the form of transcribing interviews, handling case files (including images of crime scenes or victims), and interactions with the public. DSAs described as particularly challenging those instances in which they were exposed to details of crimes or accidents that resulted in significant harm to children and youth. Our study adds to the limited literature on civilian personnel working in police services, by exploring civilians' exposure to PPTE and the resultant mental health impacts. As such, the current article provides a foundation for future research and policy development to better understand and, ultimately, mitigate the mental health challenges of civilian police work.

ORCID iDs

Laura Huey   https://orcid.org/0000-0003-2508-9542

Rosemary Ricciardelli   https://orcid.org/0000-0002-0905-8968

REFERENCES

Boogaard, B., & Roggeband, C. (2010). Paradoxes of intersectionality: Theorizing inequality in the Dutch police force through structure and agency. *Organization*, *17*(1), 53–75.

Brinkmann, S. (2020). Unstructured and semi-structured interviewing. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (pp. 424–456). University of Oxford Press.

Burke, T. W. (1995). Dispatcher stress. *FBI Law Enforcement Bulletin*, *64*(10), 1–6.

Burns, C. M., Morley, J., Bradshaw, R., & Domene, J. (2008). The emotional impact on and coping strategies employed by police teams investigating internet child exploitation. *Traumatology*, *14*(2), 20–31.

Burruss, G. W., Holt, T. J., & Wall-Parker, A. (2018). The hazards of investigating internet crimes against children: Digital evidence handlers' experiences with vicarious trauma and coping behaviors. *American Journal of Criminal Justice*, *43*(3), 433–447.

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., Jitender Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai,

S., Cramm, H. A., Dobson, K. S., & Asmundson, G. J. G. (2018). Mental disorder symptoms among public safety personnel in Canada. *The Canadian Journal of Psychiatry*, *63*(1), 54–64.

Charmaz, K. (2014). *Constructing grounded theory*. SAGE.

Conor, P., Carrière, S., Amey, S., Marcellus, S., & Sauvé, J. (2020). *Police resources in Canada, 2019*. Statistics Canada. https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2020001/article/00015-eng.pdf?st=RlaEck44

Crank, J. P. (1989). Civilianization in small and medium police departments in Illinois, 1973–1986. *Journal of Criminal Justice*, *17*(3), 167–177.

Dick, G., & Metcalfe, B. (2001). Managerial factors and organisational commitment —A comparative study of police officers and civilian staff. *International Journal of Public Sector Management*, *14*(2), 111–128.

Ellison, K. W. (2004). *Stress and the police officer* (2ne ed.). Charles C. Thomas.

Forst, B. (2000). The privatization and civilianization of policing. *Criminal Justice*, *2*(24), 19–78.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.

Globokar, J. L., Erez, E., & Gregory, C. R. (2019). Beyond advocacy: Mapping the contours of victim work. *Journal of Interpersonal Violence*, *34*(6), 1198–1223.

Guyot, D. (1979). Bending granite: Attempts to change the rank structure of American police departments. *Journal of Police Science and Administration*, *7*(3), 253–284.

Harring, S. (1981). Taylorization of police work: Prospects for the 1980s. *Insurgent Sociologist*, *11*(1), 25–32.

Hochschild, R. A. (2012). *The managed heart: Commercialization of human feeling* (3rd ed.). University of Berkeley Press.

Hurrell, A. K., Draycott, S., & Andrews, L. (2018). Secondary traumatic stress in police officers investigating childhood sexual abuse. *Policing: An International Journal*, *41*(5), 636–650.

Kerswell, N. L., Strodl, E., Johnson, L., & Konstantinou, E. (2020). Mental health outcomes following a large-scale potentially traumatic event involving police officers and civilian staff of the Queensland police service. *Journal of Police and Criminal Psychology*, *35*(1), 64–74.

Landers, A. L., Dimitropoulos, G., Mendenhall, T. J., Kennedy, A., & Zemanek, L. (2020). Backing the blue: Trauma in law enforcement spouses and couples. *Family Relations*, *69*(2), 308–319.

Lee, R. (2017). The impact of engaging with clients' trauma stories: Personal and organizational strategies to manage probation practitioners' risk of developing vicarious traumatization. *Probation Journal*, *64*(4), 372–387.

Lentz, L., Silverstone, P. H., & Krameddine, Y. I. (2020). High rates of mental health disorders in civilian employees working in police organizations. *Frontiers in Psychology*, *11*, Article 1031.

Loftus, B. (2008). Dominant culture interrupted: Recognition, resentment and the politics of change in an English police force. *The British Journal of Criminology*, *48*(6), 756–777.

MacEachern, A. D., Dennis, A. A., Jackson, S., & Jindal-Snape, D. (2019). Secondary traumatic stress: Prevalence and symptomology amongst detective officers investigating child protection cases. *Journal of Police and Criminal Psychology*, *34*(2), 165–174.

Martin, K., Siddiqui, A., Ricciardelli, R., Lentz, L., & Carleton, R. N. (2021). Differences in mental health, help-seeking and barriers to care between civilians and sworn members working in law enforcement: A research note. *Journal of Police and Criminal Psychology*, *36*, 627–633.

Masson, F. (2019). Enhancing resilience as a self-care strategy in professionals who are vicariously exposed to trauma: A case study of social workers employed by the South African Police Service. *Journal of Human Behavior in the Social Environment*, *29*(1), 57–75.

Mayhew, C. (2001). *Occupational health and safety risks faced by police officers*. Australian Institute of Criminology.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*(1), 131–149.

McCarty, W. P., & Skogan, W. G. (2013). Job-related burnout among civilian and sworn police personnel. *Police Quarterly*, *16*(1), 66–84.

McNally, R. J., Bryant, R. A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological Science in the Public Interest*, *4*(2), 45–79.

Mealer, M., & Jones, J. (2014). Methodological and ethical issues related to qualitative telephone interviews on sensitive topics. *Nurse Researcher*, *21*(4), 32–37.

Meffert, S. M., Henn-Haase, C., Metzler, T. J., Qian, M., Best, S., Hirschfeld, A., . . . Marmar, C. R. (2014). Prospective study of police officer spouse/partners: A new pathway to secondary trauma and relationship violence? *PLOS ONE*, *9*(7), Article e100663.

Moore, D. (1999). Gender traits and identities in a "masculine" organization: The Israeli police force. *The Journal of Social Psychology*, *139*(1), 49–68.

Morran, D. (2008). Firing up and burning out: The personal and professional impact of working in domestic violence offender programmes. *Probation Journal*, *55*(2), 139–152.

Norman, M., & Ricciardelli, R. (2021). Operational and organisational stressors in community correctional work: Insights from probation and parole officers in Ontario, Canada. *Probation Journal*, *69*(1), 86–106.

Novick, G. (2008). Is there a bias against telephone interviews in qualitative research? *Research in Nursing & Health*, *31*(4), 391–398.

Oliphant, R. (2016). *Report of the standing committee on public safety and national security: Healthy minds, safe communities: Supporting our public safety officers through a national strategy for operational stress injuries*. Parliament of Canada, House of Commons, Standing Committee on Public Safety and National Security.

Prokos, A., & Padavic, I. (2002). 'There oughtta be a law against bitches': Masculinity lessons in police academy training. *Gender, Work & Organization*, 9(4), 439–459.

Rhineberger-Dunn, G., Mack, K. Y., & Baker, K. M. (2016). Secondary trauma among community corrections staff: An exploratory study. *Journal of Offender Rehabilitation*, 55(5), 293–307.

Ricciardelli, R., Carleton, R. N., Groll, D., & Cramm, H. (2018). Qualitatively unpacking Canadian public safety personnel experiences of trauma and their well-being. *Canadian Journal of Criminology and Criminal Justice*, 60(4), 566–577.

Ricciardelli, R., Carleton, R. N., Mooney, T., & Cramm, H. (2020a). "Playing the system": Structural factors potentiating mental health stigma, challenging awareness, and creating barriers to care for Canadian public safety personnel. *Health*, 24(3), 259–278.

Ricciardelli, R., Clow, K. A., & White, P. (2010). Investigating hegemonic masculinity: Portrayals of masculinity in men's lifestyle magazines. *Sex Roles*, 63(1–2), 64–78.

Ricciardelli, R., Czarnuch, S., Afifi, T. O., Taillieu, T., & Carleton, R. N. (2020b). Public Safety Personnel's interpretations of potentially traumatic events. *Occupational Medicine*, 70(3), 155–161.

Ricciardelli, R., Groll, D., Czarnuch, S., Carleton, R. N., & Cramm, H. (2019). Behind the frontlines: Exploring the mental health and helpseeking behaviours of Public Safety Personnel who work to support traditional frontline operations. *The Annual Review of Interdisciplinary Justice Research*, 8, 315–348.

Royal Canadian Mounted Police. (2018). *Community policing*. https://www.rcmp-grc.gc.ca/ccaps-spcca/index-eng.htm

Royal Canadian Mounted Police. (2021a). *About the RCMP*. https://www.rcmp-grc.gc.ca/en/about-rcmp

Royal Canadian Mounted Police. (2021b). *Civilian employee careers*. https://www.rcmp-grc.gc.ca/en/civilian-employee-careers

Seigfried-Spellar, K. C. (2018). Assessing the psychological well-being and coping mechanisms of law enforcement investigators vs. digital forensic examiners of child pornography investigations. *Journal of Police and Criminal Psychology*, 33(3), 215–226.

Severson, M., & Pettus-Davis, C. (2013). Parole officers' experiences of the symptoms of secondary trauma in the supervision of sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, 57(1), 5–24.

Smith, E. C., Holmes, L., & Burkle, F. M. (2019). Exploring the physical and mental health challenges associated with emergency service call-taking and dispatching: A review of the literature. *Prehospital and Disaster Medicine*, 34(6), 619–624.

Spencer, D., Ballucci, D., & Ricciardelli, R. (2021). Emotional labour, police, and the investigation of sex crimes perpetrated against children: Posttraumatic stress and the toll of dirty work. In R. Ricciardelli, R. N. Carleton, S. Bornstein, & A. Hall (Eds.), *Handbook of posttraumatic stress: Psychosocial, cultural, and biological perspectives* (pp. 247–263). Taylor & Francis.

Spencer, D., Ricciardelli, R., Walby, K., & Ballucci, D. (2019). Cynicism, dirty work, and policing sex crimes. *Policing: An International Journal*, 43(1), 151–165.

Taylor, J. A., & Williams, H. (1992). Police management, office automation and organizational change. *New Technology, Work and Employment*, 7(1), 44–53.

Turgoose, D., Glover, N., Barker, C., & Maddox, L. (2017). Empathy, compassion fatigue, and burnout in police officers working with rape victims. *Traumatology*, 23(2), 205–213.

Westmarland, L. (2008). Police cultures. In T. Newburn (Ed.), *Handbook of policing* (2nd ed., pp. 253–280). Routledge.

Laura Huey is Professor of Sociology at the University of Western Ontario, Editor of Police Practice & Research, a member of the College of New Scholars, Artists and Scientists of the Royal Society of Canada (RSC), a member of the RSC's Covid-19 Taskforce and Chair of its Working Group on Mental Health and Policing, as well as being a member of the Canadian Council of Academies' expert panels on Cybercrime and Policing.

Mark Norman is a Postdoctoral Fellow at Memorial University of Newfoundland and Adjunct Assistant Professor at McMaster University. His research interests include the occupational experiences of criminal justice workers and the social meanings of sport and physical recreation in carceral spaces.

Rosemary Ricciardelli is Professor (PhD, Sociology) in the School of Maritime Studies and Research Chair in Safety, Security, and Wellness, at Memorial University's Fisheries and Marine Institute. Elected to the Royal Society of Canada, her research centers on evolving understandings of gender, vulnerabilities, risk, and experiences and issues within different facets of the criminal justice system and among mariners.

Dale C. Spencer is Associate Professor and Faculty of Public Affairs Research Excellence Chair in the Department of Law and Legal Studies. His main research interests are violence, sport, victimization, policing, youth, and conceptions of homelessness, domicile, and the law.