



The Journal for Women and Policing

Summer Edition 2010
Issue No. 25

STRESS Infiltrating Our Police



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The Journal

for women and policing

Issue No. 25

Print Post Approved: 340742/00086

Published by
AUSTRAL MEDIA GROUP PTY LTD
ACN 068 899 696

63-71 Boundary Road,
North Melbourne, Vic. 3051
Tel: (03) 9328 4226
Fax: (03) 9329 4633
All Advertising Enquiries: Austral Media Group Pty Ltd

The Journal for Women and Policing is published for the Australasian Council of Women and Policing Inc.

ACWAP Membership is available from \$35 per year. For more information please contact the Editorial Committee, www.acwap.com.au, PO Box 1485, Woden, ACT 2606 or phone (02) 6284 2923.

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Cover:
Michelle Plumpton - Keating Photography
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CONTENTS

Editor's Report - KYLIE COADY	2
Vice President's Report - HELEN McDERMOTT	4
Stress - GAIL GREEN	5
The Stress in Managing Stress - KIM McGEE	7
Police Stress Research: Moving Beyond Surveys and Counselling - PAULA BROUGH & JENNIFER BARBOUR....	11
Stress Through the Eyes of a General Support Officer - LEI DARKIN.....	15
<i>Fitting In or Standing Out? - A Woman's Guide to the Policing Profession.....</i>	17
Conflict Resolution and Counteracting Terror - Woman as a Peacemaker - BARBARA ETTER	18
Mother of Tafari - MS ELEANOR ALFRED.....	21
Getting Your Bounce Back: Understanding Your Pelvic Floor - DR OSEKA ONUMA.....	24
Reflections on the 6th Australasian Women and Policing Conference - AMANDA LEE-ROSS	28
11th Australasian Excellence in Policing Awards.....	29
Ethical Shopping?.....	36

EDITOR'S REPORT



Kylie Coady

The issue of stress is wide spread in policing and law enforcement agencies, with more employees making psychological stress-related compensation claims than ever before, according to a recent report by The Australian Psychological Society. The policing profession is a stressful one. It can be fast paced and physically dangerous, with a great deal of responsibility and unpredictability. All this happens within the boundaries of large bureaucratic organisations, which find it hard to adapt to the demands placed on its employees.

This edition of the journal explores how stress effects women in particular and provides basic tools to help you identify and deal with stress, and gives you a guide to the resources that are available.

Paula Brough and Jennifer Barbour from Griffith University in Brisbane have written an informative article based on specific research into policing. Several academics have provided contributions to this edition and it is pleasing to see the issue of stress management in policing being addressed on a number of levels.

Our health and lifestyle is an important factor in stress management and I have been fortunate to have met the renowned Dr Oseka Onuma, who performs pelvic reconstructive surgery and solves many other gynaecological issues for women. This subject, usually only discussed with your best friend, is common for many women and this article provides a path to medical assistance and advice, offering relief to those suffering in silence.

The Sixth Australasian Women and Policing Conference, held in Perth in August 2009, was a huge success. The opening reception, hosted by the Western Australia Police, featured comedian Jackie Loeb and live entertainment by 'The Filth' with Commissioner Karl O'Callaghan as its lead singer.

During the opening plenary, we were treated to a rather spectacular didgeridoo performance by Jeremy Garlett and the three days which followed were equally impressive.

The 11th Australasian Excellence in Policing Awards presentation was a fantastic evening. Congratulations to everyone who was nominated and to the well deserving recipients, featured on pages 27-33. Thank you Jo Howard and Talei Bentley for all the time and effort you contribute toward this event and a huge thank you to the sponsors of the awards. The success of the conference is only possible with the commitment of our event management team and committee members, so a huge thank you to everyone who dedicated so much of their time to this event.

The 2010 Winter Edition of the ACWAP Journal will be in the capable hands of Kim Eaton. It will highlight policing for women in the Asia Pacific and you can submit articles and photographs to journal@acwap.com.au or mail to:

Kim Eaton
PO Box 840, Port Moresby. NCD. PNG
by 21 May 2010.

2010 EXCELLENCE IN POLICING AWARDS

Nominations are now open for the 2010 Excellence in Policing Awards.

For more information go to the Australasian Council of Women and Policing Website www.acwap.com.au



QUICK REFERENCE GUIDE

Beyond Blue

www.beyondblue.org.au

Australian Centre for Posttraumatic Mental Health (PTSD)

www.acpmh.unimelb.edu.au

Mind Tools Stress Management

<http://www.mindtools.com/smpage.html>

Stress Management

www.stressmanagement.com.au

Stress Education Centre

www.dstress.com

Understanding and Managing Anxiety

www.psychology.org.au

Clinical Research Unit for Anxiety and Depression

www.crufad.com/cru_index.html

VICE PRESIDENT'S REPORT



Helen McDermott

2009 was a successful year again for the Australasian Council of Women and Policing.

The 6th Australasian Women and Policing conference, Making it Happen! in Perth in August was a great success thanks to our partnership with the Western Australia Police.

Women and men from around Australia and the region participated in the conference and the feedback we received was overwhelmingly positive. The quality of the speakers was a particular highlight and much of the credit for that goes to Barbara Etter who worked with me to find some amazing women and men with inspirational and informative stories to share. And it was the sharing of the personal stories that most participants commented on and how the shared experiences created a positive and interesting event.

We held our ACWAP AGM during the conference and on behalf of Kim McGee, our President, we would like to welcome a few new faces to the Committee and to farewell others. Dorothy McPhail from New Zealand, Lyn Kaesler from NSW, Susan Nolan and John Todor from Victoria joined the Committee and Wendy Steendam did not stand for a position again. We would like to thank Wendy for her contribution and we look forward to working with our new committee members.

We launched the 2009 edition of the Council's publication of *Fitting In or Standing Out: a woman's guide to the policing profession* at the conference. This is a great booklet that takes a humours but positive 'warts and all' approach to giving advice to women who are thinking about or who have just joined policing. Copies of the booklet are available free of charge from the Council and we will have an electronic version available on our website in 2010.

The 11th Annual Excellence in Policing Awards were held at Government House in Perth during the conference and at the dinner delegates also raised a substantial amount for Eleanor Alfred's charity helping the children left without parents because of AIDS in Zimbabwe.

One of the ways ACWAP is able to achieve so much despite all of us having busy jobs, families and often studies, is by supporting each other, being flexible and making sure that we remember why we are doing what we doing.

Although as an entirety voluntary organisation, the issues we face are quite different. Stressful jobs take their toll and organisations that aren't flexible or accommodating increasing are finding it hard to keep their valued employees. We all have lives outside work, and it is how we balance that with our paid work, which is very often a job we love, that makes the difference.

ACWAP is looking look forward to 2010 and we hope to see you there!

STRESS



Gail Green

'THAT WHICH IS TO GIVE LIGHT MUST ENDURE BURNING'

VICTOR FRANKL

THE OTHER SIDE OF PTSD – COMPASSION FATIGUE

In the psychological literature, Post Traumatic Stress Disorder is an anxiety based disorder that comes from being a victim of trauma. According to one system of cataloguing mental health disorders, the ICD10, PTSD is a delayed or protracted response to a stressful situation (of either brief (Type 1) or long duration (Type 2)) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.

Clearly many officers engaged in policing may suffer PTSD in their line of duty but less well known, and not yet as well researched, is compassion fatigue – which happens when workers are constantly observing and/or hearing others' stories of traumatic events.

Three pressures diminish resilience and increase the risk of compassion fatigue. It has been hypothesised that when an officer/ observer's level of empathy with the traumatised person is high, it is more likely they will suffer compassion fatigue. This is a factor that women in policing might especially need to take into account and take pre-emptive efforts to manage. If the observer is also suffering burnout, including emotional exhaustion and reduced sense of personal accomplishment, then compassion fatigue is not far away. Finally, if the officer/observer has also experienced some level of trauma in their personal history, a third leg of concern may be present.

Like PTSD, compassion fatigue also has three sets of symptoms – Intrusive, Avoidance and Arousal behaviours. The first of these includes intrusive thoughts and images associated with the 'client's' experiences, becoming obsessive or compulsive about specific clients, inability to 'let go' of work related matters and thoughts and feelings of inadequacy in providing support but at the same time, having a sense of being a 'saviour' to victims. The second



set, avoidance symptoms, includes attempts to avoid seeing or hearing of the traumatic material, loss of a sense of hope and of energy and enjoyment, increasing isolation and relationship problems. The third set of arousal symptoms includes increased anxiety and impulsivity, a sense that demands are ever increasing, sleep disturbance and increased frustration and anger.

Treatment of compassion fatigue symptoms is very similar to treatment of PTSD but in a book called *Trauma Practice: Tools for Stabilization and Recovery*, authors Baranowsky, Gentry and Schulz identify some principles, techniques and ingredients which enhance resilience and help with treatment.

INTENTIONALITY

The first thing is to recognise and accept the symptoms for what they are and to **make a decision** to address and resolve these symptoms. This means acting against the habit of avoiding symptoms and their causes. Developing some general career goals and a personal/professional mission statement also helps to move away from reactivity over events.

CONNECTION

Many compassion fatigue sufferers begin to feel isolated and lacking connection with their community. It is important to act against this and find people with whom one can knowledgeably talk. As the authors point out, relational connections help a sufferer to understand that their

'symptoms are not an indication of some pathological weakness or disease, but are instead natural consequences of providing care for traumatised individuals'.

ANXIETY MANAGEMENT/ SELF SOOTHING

Mastery of anxiety management and the ability to self soothe are essential if sufferers are not to resort to addictive and self destructive behaviours. Regulating anxiety reactions is a skill that takes a lot of practice and people find many ways to do this. A first step is to identify stress points in the body – tensed stomach, shoulders, hands, and consciously relax them. Self soothing takes place when the sufferer can reassure themselves that they are safe and that they are simply bearing witness to the trauma rather than that they are expected to solve it all.

SELF CARE

This is closely related to the previous item but focuses on refilling and refuelling in healthy ways rather than the common method of reducing anxiety which is to work harder and longer. Having a regular exercise regime, say Baranowski and her colleagues, is more important than any other single behaviour in combating compassion fatigue. Good nutrition, meditation and spirituality can all help too. Another form of self care that few think about, they say, is to understand the limits of your capacities and skills at any particular time in your career.

NARRATIVE

Many researchers have identified that having a coherent narrative of what happened during a traumatic event is a major assistance to healing the trauma. Developing a simple timeline helps identify what lead up to and followed after the traumatic event and to identify the points which were particularly upsetting.

DESENSITISATION AND REPROCESSING

Once a narrative is developed, anything that helps a sufferer go over the events in a relaxed manner, in their safe community and when they are not likely to be re-exposed to the same traumatic situation will more easily resolve their traumatic memories.

SELF SUPERVISION

Finally, Baranowski and colleagues suggest that sufferers attempting to recover from compassion fatigue need to observe and monitor their internal monologue. This is often full of distorted, negative and critical self talk which seems to endlessly feed upon itself. The antidote is conscious and deliberately positive (but not unrealistic) self talk. Writing a letter to yourself itemising positive intentions, skills and abilities and then reading it often is one way to self supervise.



DEVELOPING RESILIENCE

Here are just a few simple ways to build up compassion fatigue resilience and to prevent its reoccurrence:

- Become informed about the problem – there are several references at the end of this article
- Join, or start, a traumatic stress study group
- Begin an exercise program and keep it up until it becomes habitual
- Teach friends and peers to support you by telling them what works for you
- Consider getting professional supervision – it may be tax deductible but even if not, it may save your life
- Develop your spirituality – Church, meditation, relaxation tapes, yoga or cultural practices – whatever works for you
- Leave the office – at the end of your normal work day – and do something else
- Be kind to yourself, stop negative self talk
- Seek out short term treatment – it doesn't have to be endless 'therapy'.

REFERENCES AND RESOURCES:

Baranowsky, Gentry and Schulz *Trauma Practice: Tools for Stabilization and Recovery* Hogrefe and Huber 2005

Briere J and Scott Catherine *Principles of Trauma Therapy* Sage 2006

Kabat-Zinn Jon *Mindfulness Meditation* Piatkus 1994

Marra Thomas *Depressed and Anxious (Workbook)* New Harbinger 2004 (great for emotion regulation and self soothing)

Figley C *Compassion Fatigue: Secondary Traumatic Stress Disorders In Those Who Treat The Traumatized (Series in Psychosocial Stress)* (Hardcover) Brunner/Mazel Psychological Series No 23

On the web: look at the websites for the Australasian Society of Traumatic Stress Studies www.astss.org.au and the International Society www.istss.org for more information about trauma as well as David Baldwin's Trauma Pages www.trauma-pages.com

THE STRESS IN MANAGING STRESS



*Kim McGee
President ACWAP*



INTRODUCTION

I was on the phone to one of my Detective Sergeants who worked as a Child Protection officer in a remote country police station. 'I'm really sorry boss, I'm so sorry but I can't do it any more. I walk around the house and all I can hear is the mobile ringing. Of course it's not ringing but I can't get it out of my head. I jump at the sound that isn't there. I'm a nervous wreck'. As one of only two officers, the Sergeant was on permanent call out for responding to allegations of children at risk of harm and had been for years. The accumulated stress had taken its toll.

Over the past ten years I have learnt a lot about stress and seen a lot of what it can do to people. I wish to share my experiences in the hope it can assist others avoid or manage personal stress and develop their skills in managing it in others.

EXPERIENCES

Episodes of mental illness, as a result of stress, come in many forms and are not restricted to any one type of person or any particular situation. I have witnessed officers who have had their personality fracture, or end up in the foetal position in bed for months. Some officers have become totally agoraphobic so that they can't leave their homes or suffer from hyper vigilance where they see a victim or offender in the face of every stranger they pass on the street.

One officer nearly shot dead an offender and couldn't get it out of her head that she had nearly killed another human being; she suffered reoccurring nightmares where she continually shot this man. Another officer was shot in the police station by her own gun, the offender having jumped the front counter and terrorising her as she ran through the police station. The loss of control and sense of security, along with fears of being killed meant she could not return to the job that she loved.

I have had two officers from work taken directly to hospital; one we thought was having a stroke, the other appeared to be having a heart attack. They were both diagnosed suffering from stress related matters. The worst experience was when one of the officers from Child Protection came into work early, unlocked his gun and shot himself there and then. He was suffering depression.

OBSERVATIONS

Managing people with problems as a result of stress, I noted certain things about it. The three stress disorders that police seem to experience are: Post Traumatic Stress Disorder and/or Anxiety and/or Depression.

I have also noted that it is like any disease; you get sick, you have symptoms, you get expert advice, you take medicine, you change certain things about yourself, (habits and thinking) and then you can get better. Framing it in this context takes the stigma out of it and encourages people to face stress and work on getting better. Early recognition and treatment means the severe cases I have just outlined are less likely to occur.

THE BLACK DOG AND THE COMMANDER

As the boss of a large number of staff I take my responsibility of looking after their wellbeing very seriously. I am very aware of the impact of psychological illness in policing and have made it a goal to raise awareness and help staff avoid getting sick. On a purely managerial level I have a legal responsibility under Occupational Health and Safety legislation to ensure that I have a safe workplace.

That means the workplace is also safe from psychological harm as well as the physical risks associated with police work. No one's job should make them sick.

The other reason is purely selfish; I find dealing with stressed officers very stressful! I feel for them as they have to fight their demons: demons of fear, panic attacks, depression, isolation, misunderstanding, nightmares, insomnia, alcoholism, and drug dependency.

I have been fortunate enough to receive training around addressing psychological distress in the workplace. This was provided by the 'Black Dog Institute' based at the Prince of Wales Hospital campus in Randwick and supported by the Mental Health and Drug and Alcohol Office which is also affiliated with the University of New South Wales. They use the analogy of a Black Dog because this is what Winston Churchill referred to his depression as.

'Black Dog may always be a part of my life. But I've learnt that with patience, humour, knowledge and discipline, even the worst Black Dog can be made to heel.'

They have a fantastic website which goes into great detail about identifying stress and what to do. In particular there is a very simple questionnaire that helps you determine if your personality makes you more susceptible to stress than another personality type. The following is what I have learnt from their training and put into practice as a manager.

STRESS AND POLICING

Psychological distress and mental health problems in the workplace are the result of a complex interaction between individual vulnerabilities, stressful working conditions and environmental stressors.

Issues specific to Police Work that lead to stress -

- Unpredictability
- High expectations of the public and workplace
- Can be suddenly traumatic
- Can be tedious
- Dealing with interpersonal conflicts
- Can be isolating
- Can be confronting
- Existing mental health problems can be affected adversely by the nature of police work
- Often involves long hours or shift work
- Collaborative and often involves teamwork
- Access to firearms

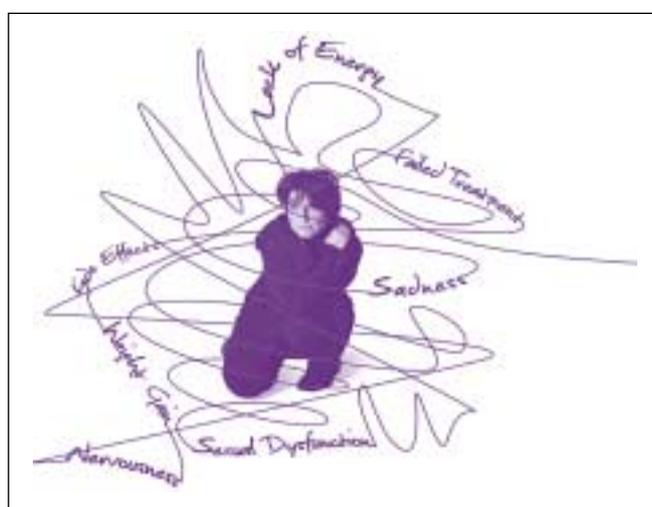
IMPACT OF MANAGEMENT AND PEERS ON STRESS SUFFERERS

The manner in which peers, supervisors and managers deal with the stress in officers can exacerbate the problem.

Common responses include:

- 'Pump up' and get over it
- Lack of appreciation of distress by non-sufferers
- Rejection or isolation by workmates
- Notion of blame
- Stigmatization by others

DEPRESSION



Depression can result from stress. Depression is a common experience, known to be a normal mood state and it is normal to feel depressed at times. It becomes an illness when the mood state is severe, lasts for 2 weeks or more and interferes with the ability to function at home or at work.

Personality styles that are found in stress driven depression are:

- Perfectionist
- Sensitive to rejection
- Irritable
- Self critical
- Social avoidance
- Anxious worrier
- Personal reserve
- Self focused

ANXIETY DISORDERS

Anxiety is a natural part of the 'fear' reaction. When fear reactions last a long time in the absence of a real threat or when they get turned on suddenly for no apparent reason,

'The Black Dog Institute' PowerPoint presentation. A/Professor Vijayva Manicavasagar. 2007.

it is called an anxiety disorder. Anxiety disorders can result from chronic stress, interpersonal problems and physical and psychological trauma.

Between 15 to 25% of the population will suffer from an anxiety disorder in their lifetime.

Thoughts associated with anxiety are:

- 'I will make a fool of myself'
- 'Everyone will think I am an idiot'
- 'I will be overwhelmed'
- 'I can't cope'
- 'I'll feel panicky if I push myself too hard'
- 'I won't be able to get help'
- 'I can't handle another stress'
- 'I must try to avoid all stress'

POST TRAUMA STRESS DISORDER



Trauma reactions occur in response to specific types of acute stress, such as motor vehicle accidents or witnessing a violent act. A fear that a person's well being is in jeopardy or belief they could have died contributes to this disorder forming.

RISK FACTORS

Every person is different in relation to what they can tolerate in terms of depression, anxiety or trauma response. However if the stress is severe enough or continues for a long time then most people will develop symptoms.

There are some work factors that raise the risk of people getting mental health problems from stress. These are:

- Role ambiguity or conflict
- Overwork or lack of skills/training to complete tasks
- Underutilization of skills
- Authoritarian management structures which do not allow employees to participate in any problem-solving or decision making
- Job or financial insecurity

- Organisational structure or management culture which favours hostility, gossip, favouritism, or unnecessary competition
- Sexual or emotional harassment or discrimination

EARLY SIGNS

There are signs that a manager or supervisor can look for to indicate mental health problems. These are:

- Frequent absenteeism
- Self-medication with alcohol or drugs
- Poor concentration or difficulty in remembering things
- Social withdrawal
- Changes in usual behaviours (eg stopped participating in sport, or social activities)
- Talking about unusual or disturbing thoughts
- Lack of motivation
- Depressed, anxious or flat mood
- Talking about feeling lonely or isolated
- Expressing feelings of failure, uselessness, lack of hope or loss of self-esteem
- Increased restlessness, irritability or dissatisfaction
- Impulsiveness or aggression
- Fragmented sleep
- Dwelling on problems without finding solutions
- Expressing lack of support or belief in the system
- Speaking about tidying up affairs
- Talking about an 'exit plan' or suicide

HOW TO HELP



If you are in a management or supervisory position or are a peer or friend and suspect that a staff member is suffering from a mental health problem it is recommended that you:

- Recognise the problem

- Research the facts and options
- Respond in a constructive way and include strategies to build resilience to future stresses

Actively referring people to counselling or medical attention is very important. Never take on the role of counsellor, this is the domain of the experts.

Specific management strategies when dealing with a person suffering the symptoms of stress are to:

- **L**isten to concerns
- **E**mpathize (using tough empathy)
- **A**dd to information using your own experience and expertise
- **D**iscuss any other relevant issues
- **E**ncourage possible solutions
- **R**espond by working together to develop optimal solutions/strategies to deal with problems
- **S**upport staff in seeking optimal solutions

LIVING WITH SHELL SHOCK

Now on a very personal note I wish to finish by sharing, with my partner's permission, his experience. In 2006 he suffered what he considered was a heart attack and was subsequently diagnosed as having depression and anxiety. Unfortunately neither of us appreciated how very sick he was and he was treated by his GP and commenced seeing a psychologist. Unbeknown to me the psychologist was suggesting that he wasn't fit to return to work and that he may never be. My partner was adamant that he wanted to continue to work and eventually returned to policing on a restricted plan and then full duties.

‘However, all was most definitely not right. I watched helplessly as his health deteriorated and his attempts of coping only made the situation worse.’

However, all was most definitely not right. I watched helplessly as his health deteriorated and his attempts of coping only made the situation worse. It led to a very serious life crisis which left him hospitalised for many months. It was only when he received the services of a psychiatrist that he was on the way to improvement. He was ultimately diagnosed with Post Traumatic Stress Disorder. Intensive counselling with Vietnam War Veterans occurred and a regime of medication has helped. However three years on and the symptoms are still severe and debilitating. We see light at the end of the tunnel and a gradual improvement is occurring since he has been medically discharged. That process in itself was a major stressor.



Police in that situation need the continuing support of their friends and unions as even with the best intentions by police organisations to help these sick officers, the machinery of bureaucracy mangles them into mince meat.

LEARNINGS

If you take away only one point from my story I wish it to be this. If you are facing similar problems or are close to someone who is, insist on obtaining expert psychiatrist attention, it is only with correct diagnosis and application of the appropriate drugs that improvements can occur. If a person has cancer, they would take drugs to get better so illnesses relating to stress should be taken just as seriously.

CONCLUSIONS

It is my sincere hope that this article has assisted you the reader with a better comprehension of stress in policing. I have provided examples to show how serious this problem is, and ideas on how to manage it. I have highlighted difficulties in getting people to take the problem seriously before it is too late. As such I hope that it will make you more resilient in the future and help you build the resilience in others.

REFERENCE

1V Manicavasagar, the 'Black Dog' PPT 2007.

POLICE STRESS RESEARCH: MOVING BEYOND SURVEYS AND COUNSELLING



*Paula Brough & Jennifer Barbour,
Griffith University, Brisbane
Contact: p.brough@griffith.edu.au*

ABSTRACT

Stress is one of those topics that we are all experts in, regardless of our actual job or rank. We have all experienced stress in our work or personal lives and we are a good judge of how stress affects us personally. When managed appropriately stress has a *positive* impact on performance: just think about the extra learning achieved immediately before an exam, or the burst of adrenalin that carries you through a major incident. Stress becomes harmful to health and performance when the stress experience is *prolonged* and it is this psychosocial relationship between work stress and health that has maintained our interest over the last 15 years. In this article, we briefly review four recent developments in the work stress and health relationships, explore some of the police gender differences in stress experiences, and conclude by reviewing the more innovative stress management practices currently being adopted by some police services.

The research of work stress and its impact on health has a long and broad history. Previous 'explanations' of the stress condition include terms such as hysteria, passions, vapours, nerves, worry, mental strain, and tension. Until the appearance of the 'shell-shocked' soldiers of the First World War, stress was also largely perceived as a female experience; an affliction of the 'gentle sex'. Personally admitting to experiencing stress is still commonly regarded as a weakness and an inability to do the job. Although this stigma associated with stress is slowly declining, it is still the principal reason for why many workers seek professional assistance for work stress health symptoms through their own GPs, rather than approach an employer-sponsored scheme.

STRESS CAUSES AND CONSEQUENCES

What is stress? We broadly define stress as the *individual's perception that what is being required of them exceeds their*

ability to deal with it effectively. Stress occurs due to a significant imbalance between performance requirements (i.e., job demands) and ability. In most cases of work stress, this imbalance is a chronic, ongoing situation with minimal chance of resolution or assistance (such as a chronic heavy workload or long work hours). Stress has both a physical impact (such as difficulties with relaxing and sleeping, fatigue, migraines, stomach and heart problems) and a psychological impact (such as feeling constantly 'on edge' or nervous, being irritable with colleagues, or perceiving core work such as assisting the public as a nuisance). For more detail see, for example, Brough and Biggs (in press). Decades of measuring stress in police officers has informed us of the most commonly perceived stressors; each of these stressors can be linked to officer demotivation, dissatisfaction, poor health, and turnover. Table 1 lists eight of these common police stressors, as rated by officers across Australia, New Zealand and the UK. Of course, there are other police stressors too, but it is pertinent that these same core items routinely receive the highest ratings. It is also pertinent to note that these 'organisational stressors' can have as much, or even a greater impact on an officer's level of psychological health and job satisfaction compared to their exposure to critical incidents (operational stressors; Brough, 2004, 2005). Now that such stressors have been repeatedly identified, the focus should turn to the *actions* police services are actually taking to reduce these stressors.

Hoax calls	Red tape
Missing meals	Police service bureaucracy
Dealing with the public	Working with incompetent colleagues
Paperwork	Working with inadequate equipment

Adapted from Brough (2004)

CURRENT DEVELOPMENTS IN WORK STRESS RESEARCH

While police stress research has a long history and officers often feel they are being continuously assessed by yet another survey, we thought it would be useful here to highlight four recent developments in stress research. Each of these four developments is assisting organisations, including some police services, to be more proactive and specific in the training being offered to their employees. We feel strongly that the effective management of work stress needs to go beyond survey measurement and individually focused counselling. The focus should instead be placed on workplace design and training which is effective in removing some of these widely recognised stressors.

1. JOB DEMANDS AND RESOURCES

One pertinent 'stress model' that has proven to be useful when examining work stress and more specifically, usefully identifies how we can design work to be less stressful, is the *Job Demands Resources* (JDR) model, developed by Demerouti, Bakker, Nachreiner, and Schaufeli (2001). A basic overview of this model, illustrating the common job demands and resources experienced by the police and similar services, is depicted in Figure 1. It is important to note that the high levels of job demands *per se* are not

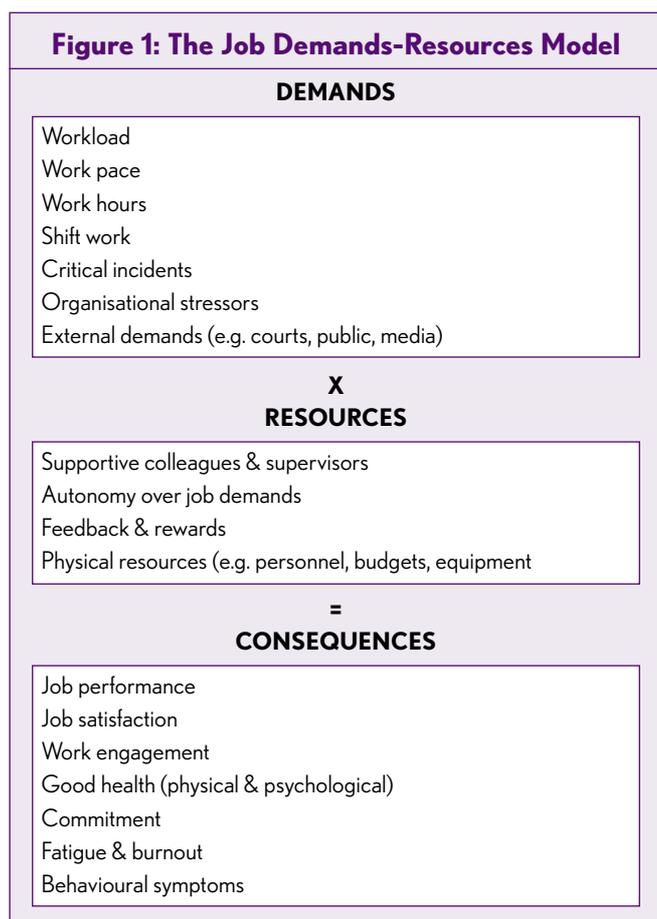
necessarily indicative of poor health and performance outcomes. A heavy workload combined with adequate resources (support, rewards, etc) can actually lead to *positive* outcomes. Stress occurs when high demands and inadequate resources are *both* experienced, especially over long periods. In these 'high stress' situations, fatigue, disengagement and dissatisfaction are commonly experienced, along with increased unhealthy behaviours (e.g., increased alcohol and smoking, lack of exercise) and physiological symptoms of stress.

2. SUPERVISOR'S IMPACT

The role of supportive supervisors in shaping work experiences, including stress experiences, is a key feature. It is surprising how much stress (i.e., work demands) can be tolerated if individuals feel recognised and supported for their efforts by their organisations. Some of the more proactive police services have now begun to offer practical management training focusing specifically on supervisor impact for this very reason. The work we are currently conducting with *Queensland Police Service* for example, assesses the specific impact that supervisors at all levels of the organisation have on their direct workers. By presenting data to each supervisor which says 'Look, this is your specific leadership style, and this is the engagement, performance and stress levels of your staff' supervisors more clearly understand that their own work attitudes have good and bad consequences for their staff. Through this process, managers can more clearly understand how their own work attitudes and behaviours are linked to the attitudes and behaviours of their staff. The training we conduct as part of our '*Healthy Workplaces*' research project involves supervisors identifying their own leadership styles and then receiving one-on-one coaching to improve their people management skills. Assessments made before and after this training can empirically demonstrate changes in the health and performance of staff.

One interesting aside here, is the increase in unsupportive and/or malicious behaviours, which are being reported by workers within both public and private industries. While bullying of employees by supervisors has a recognised history in workplaces (i.e., *downwards* bullying) and has been an especially relevant issue for some female police officers (e.g., Brough, 2002; Brough & Frame, 2004), a newer development which is also pertinent for female workers is *horizontal* bullying (malicious behaviours by co-workers to co-workers at an equivalent rank) and *upwards* bullying (bullying of a supervisor by their subordinates). Recent reports from the military services for example, show a growing trend for some female supervisors to be bullied by their male subordinates. This has been described as a backlash against female promotions, especially within male-dominated organisations (e.g., Brough, O'Driscoll, Kalliath,

Figure 1: The Job Demands-Resources Model



Cooper, & Poelmans, 2009). Though we currently have no data regarding the rates of such bullying within Australian police services, it is interesting to note that our own data indicates that female officers are significantly more satisfied than male officers with their likelihood of promotion, particularly in the Senior Constable and Sergeant ranks.

3. WORK ENGAGEMENT

Another recent pertinent development in stress research is the emergence of *work engagement* as a construct of interest. Engagement is defined as the level of motivation and commitment displayed by a worker, and is increasingly being used as an overall 'barometer' or indicator of employee stress and satisfaction. Formally, work engagement is measured by three components: *absorption*, *vigour*, and *dedication*:

1. **Absorption** is defined as being concentrated and happily involved in one's work.
2. **Vigour** is characterised by feeling energetic while working (i.e., not fatigued).
3. **Dedication** is characterised by a worker's feelings of enthusiasm, inspiration, pride and challenge, resulting from their work.

Thus, the ultimate engaged employee is someone who is absorbed by their work (i.e., is not clock-watching), enjoys their job (dedication), and feels energised by their work (vigour). Engagement is typically broken down into three levels: *actively disengaged*, *not engaged*, and *actively engaged*. We would all be able to identify co-workers who fit into each of these categories.

1. **Actively engaged** workers are loyal and committed to the organisation. These are the positive workers who perform the job well, enjoy the job, go 'above and beyond' the expectations of their job description, and are overall 'good citizens' at work. Unfortunately, in most workplaces only about 15% of workers fall in to this 'actively engaged' category. We have recently found, for example, that the ranks of Inspector and Constable contain the largest proportions of actively engaged officers. In comparison, the ranks of Senior Constable and Sergeant have the lowest proportion of actively engaged officers.
2. Workers who are **not engaged** are productive, but are not overly motivated by their work and/or are not wholly psychologically connected to their organisation. The main difference between this group and the actively

engaged is that while performing their jobs competently, they are unlikely to go 'above and beyond' the remit of their job descriptions. With appropriate motivation and leadership, these workers can move into the 'actively engaged' category. However, persistent perceptions of unfair treatment by the organisation may result in these workers falling into the 'actively disengaged' category. Unfortunately, the majority of workers including most police officers, fall into this middle category: typically 60-70% of workers. Somewhat surprisingly, we recently found that police constables had more 'not engaged' officers in comparison with all other police ranks.

3. **Actively disengaged** workers are undesirable employees. These workers are blatantly dissatisfied and cynical, often because of persistent frustrations with bureaucracy, lack of recognition or lack of rewards. The main danger of this group is that they are usually very vocal about their discontent, which can affect the morale and satisfaction of those they work with on a daily basis. These workers are also very undesirable

in management positions, particularly where they are supervising new employees. In most organisations, around 15% of workers are actively disengaged. In our recent assessments for example, we found that more Sergeants were actively disengaged compared to officers in other ranks.

In tests of gender differences in engagement levels between police officers, we found that

overall female officers are *more* engaged in their work than male officers are. However when examining these differences specifically by rank, this gender difference is reduced. Specifically, a significant difference occurs for the rank of Senior Constable only; female Senior Constables are significantly more engaged compared to their equivalent male colleagues. Drilling down further, female Senior Constables are significantly more *absorbed* in their work than male officers are. Why exactly this is the case however, and the impact this higher level of absorption has on health outcomes, are both issues that we are currently researching.

4. RESILIENCE

Finally, resilience is also a relatively new term being applied within work stress research. Developing 'stress-resilient' workers is very topical and 'resilience training' has already been incorporated into some police recruit training programs. Resilience has a long history, and in previous incarnations has been labelled as *hardiness* and *stress-resistant*. Resilient workers are those who not only manage

‘Policing is widely recognised as a high-risk of stress occupation and the studying of the impact of police work on officer’s health and performance has a substantial history. While significant advancements have been made in the provisions offered by most police services, it remains important to move forward in the effective reduction and management of workplace stress.’



stressful situations effectively and emerge relatively unscathed, but also exhibit positive learning and growth from the situation. This may sound contradictory, but such resilience is often experienced by emergency services and humanitarian aid workers, for example, who may feel a sense of purpose and self-validation occurring from their post-disaster assistance (e.g., Shakespeare-Finch, Gow, & Smith, 2005). Resilience in response to critical incidents is developed within work groups or organisations that have a climate of peer support, appreciation of a varied repertoire of individual coping strategies, openness, and clear communications between the ranks. Police services obviously wish to encourage resilience in their employees, and especially within the teams of specific response officers. A project we are currently conducting, again with Queensland Police Service (QPS), is trialing a police-specific resilience training program and comparing the officer's health and performance with staff in control groups who do not receive this training. If proven effective in the long-term, then the QPS will be able to provide its own evidence-based officer resilience in-house program.

CONCLUSION

Policing is widely recognised as a high-risk of stress occupation and the studying of the impact of police work on officer's health and performance has a substantial history. While significant advancements have been made in the provisions offered by most police services, it remains important to move forward in the effective reduction and management of workplace stress. This means for example, rethinking stress research which is based simply on the measurement of stress (i.e., stress/counselling surveys) and is not linked to a program to actually do something concrete with the findings. Some of the new developments in stress research (four of which we described in this paper) are assisting police services to offer tailored, evidence-based programs which can significantly improve the work environment for officers. Stress associated with police work will never be totally eliminated, but the impact of a number of police workplace stressors can certainly be reduced.

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Associate Professor Paula Brough is an organizational psychologist in the School of Psychology, Griffith University, Australia, and Director of the *Social and Organisational Psychology Research Unit*. Paula's research encompasses the evaluation and enhancement of occupational psychological health, with specific interests in occupational stress, coping and work-life balance. Specifically, Paula's research focuses on two main categories: (1) reducing experiences of occupational stress within the high-stress industries and, (2) enhancing individual health and organizational performance. Paula has produced over 50 publications describing her research primarily with the police, emergency services and corrections industries. This work was recently condensed into a book published by Edward Elgar: *Workplace Psychological Health* (2009). Paula is a member of journal editorial boards, serves as an academic reviewer and regularly presents her work to both academic and industry audiences.

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Jennifer Barbour is a PhD candidate in the organisational psychology program at the School of Psychology, Griffith University. Jennifer's thesis explores the role of police officer's workgroup environment on their well-being, turnover intentions and job performance. Jennifer has presented some of her initial findings at national and international conferences; winning an award for Best Student Paper at the *2009 Australian Psychological Society Organisational Psychology Conference*. Jennifer is currently writing up these results for submission to both psychology and policing journals.

STRESS THROUGH THE EYES OF A GENERAL SUPPORT OFFICER



Lei Darkin

My name is Lei Darkin and I'm currently attached to the Liverpool Local Area Command. This extremely busy Command is within the South West Metro Region of the NSW Police Force. Since October 2003, I have been employed as a General Support Officer (GSO), though we are currently known as GASO, (General Administrative Support Officer).

A GASO is an unsworn member of staff. The number of GASOs in each Command vary depending on stations size and workload. GASOs diligently perform a variety of duties including court processing, finance and administrative tasks assisting Roster Officers, and attending to front office/ counter inquiries. My shifts are ten hours in duration, and consist of day and afternoon shifts.

In terms of stress, a GASO can often rank right up there due to the situations they are involved with. A GASO can often be the first point of contact with a member of the public and from my own personal experiences over the years this has exposed me to various stressful situations.

Quite early in my experience as a GASO, one of our Sergeants was given the distressing task of informing a loved one that two immediate family members had been fatally injured in a motor vehicle accident earlier that day. I don't think any members at the station were not affected by this person's reaction when he first entered the police station as seemed aware he had been called to the station to receive bad news. I remember asking him to take a seat in the front interview room, knowing his world was about to crumble. I was not only affected by **his** grief when told of the deaths, but also that of his friend who had attended with him as a support person but obviously felt quite helpless. It was also difficult to watch my colleague undertake this task. I actually rang his wife (also a serving officer) and informed her of what had occurred that afternoon. That was my first real experience where someone's life had been irrevocably changed forever. The gut wrenching emotions that follow this type of news were on display in front of me. I remember going home that night and hugging my safe, smiling little girl long after she was sick of sitting on my lap! I remembered that date for the next few years, long after I could remember the actual significance of the date.

Within eight months of that event, I was affected by another fatal motor vehicle accident. A young lady presented herself early one

morning at the station, barefoot and holding a picture of a baby. She told me that she wanted me to find his shoes. As it turned out, this baby had been fatally injured in a motor vehicle accident earlier that morning. This young mum wanted to bury her son in his little blue pair of shoes. He was 11 months old, just a few weeks short of his first birthday. Most of the property had been removed from the vehicle and brought to the station. She decided she didn't want any of it other than her son's little blue shoes. It took me a while to find the shoes as they'd been on a long trip and there was a considerable amount of property. As I shifted through the property, all I could smell was petrol. I found the shoes and a little bear which I returned to the mum who broke down and cried. It was a long time before I could smell petrol again without being reminded of the task of looking for those little blue shoes.

A phone call came through to the station one afternoon, and the caller was a very distressed woman. She wanted confirmation that her child had been found deceased earlier in the day. Notification of the death had been made to the deceased's father, but he hadn't passed the information onto to his ex wife. As it turned out, a friend of the deceased had rung to express his sympathy to the mother, who hadn't yet been notified of the death. Dealing with this phone call was incredibly difficult. Obviously, she was hysterical and had a need to find out information regarding her child. Confirmation of the death of the child was not provided over the telephone but instead we were able to contact a Supervisor within her own LAC and have him attend her address to confirm the death. Trying to keep someone calm in that situation is a stress in itself.

Similarly, I took a call at the station and the caller told me someone had been shot, and the person armed with the gun was still walking around. I found this situation stressful as I was trying to keep the caller as calm as possible, whilst attempting to gain as much information as I could to relay it to my offside who needed to record the details onto the system as soon as possible.

'In another situation, a male walked into the station one afternoon, with a stab wound to his chest. The stab wound was not particularly large, but bleeding none the less. I came from behind the station counter with a wad of paper towelling to assist when he calmly told me he believed he was positive for Hepatitis C. I thanked him for telling me but also told him I still needed to cover his wound, and I needed him to be as still as possible.

A mother whose daughter had been murdered attended the station counter during a break in court proceedings relating to the alleged offender. She asked if I could photocopy a number of pictures, a poem and drawings her little girl had done. This was something that sobered me and made me thankful for happy, healthy, protected children.

I have twice returned deceased's property to family members where I've become emotional. In one instance I had no prior knowledge of the family or the deceased however the impact of someone holding my hand and crying just because I returned her late father's watch was enough to make me cry too. This was met by amusement by some of those I work with (in good humour and not in a nasty way). The lady involved thanked me for being the person on the counter that day, because showing my emotions assisted her in dealing with her own grief ... Who'd have thought my tears, would soothe someone else's pain?

When our colleagues go through stressful times, they often need someone to talk to. We have Peer Support Officers and I've always tried to steer officers toward them, but at the end of the day, people will gravitate toward those they feel comfortable with. I listen as best I can, offer as much advice as I think I should and process it all later. I'm 40 years young, but some officers that I work with are younger than my eldest daughter, so sometimes, I feel like a mother hen and try to look after them, sympathise with them, but am able to tell them to 'pull their heads in' if I think they need it.

I've come in contact with violent people and have been personally threatened on more than one occasion. One such situation involved a bail reporter, who had obviously watched me at the railway station one afternoon. When he attended the station to report for bail he told me how great he thought I looked and how he would have to wait at the station to watch out for me again. He told me what I'd been wearing, how my hair was worn and what train I got on. Stress much? I didn't catch a train home again for months.

I think the hardest thing I've ever done was return property to a family of a murdered loved one. I wasn't asked to do it; I actually volunteered to do it, as the family was known to me. They weren't expecting to see me, but grief and people's reaction to it and then our reaction to that can often go a long way to making an incredibly difficult situation for them just a little easier. These aren't the times when we should hide how we feel ourselves and I didn't. In this instance I was more than willing to make it personal for them, because I knew how hard it was to see and collect that property. I was able to return something to a mother who'd had it made for her child the week she was born. She was now receiving this property back because her daughter's life had been taken.

That same afternoon, there was a major incident in our Command which required me to photocopy the flight manuals from a plane crash where two people perished. I stunk of aviation oil and still can't stomach the smell of oil full stop.

Do I take things like this home with me? Absolutely. Have I spent nights when I had trouble sleeping? Yes I have. Have there been times when I've taken things from work home and found I couldn't relax, sometimes for more than days at a time? Yes and yes.

As I write this, I'm surprised by how much stress I've actually been exposed to and I'm not even a sworn member of the Police Force. Writing this has prompted my memory and I can recall many, many things that I had forgotten about prior to writing this. Do I dwell on things a lot? Not so much anymore.

We can all be of fragile heart and mind and stress in our work life is something I think we all take for granted these days to a degree.

Does being exposed to these stressful situations make me reconsider what I do? Not ever. I work in a very busy multicultural station, The officers are surrounded by situations that keep them busy not just some of the time, but all the time.. We all deal with the stress of working under pressure. There will always be the stresses of having numerous phones ring and being the only one available to answer them whilst trying to enter details of an armed robbery in progress on the system and the caller is hysterical, to seeing the faces of children in domestic violence situations or custody disputes and wanting to sort out the problems of them all. There will always be the little old lady who isn't distraught that she has lost all the money with her wallet, but devastated because the wallet contained a picture of her late husband, in his armed services uniform.

There will always be the helplessness of dealing with the merry go round of mental health issues and the problems that cannot be fixed in five minutes and the gut feeling I get when I hear a missing child announced over the police radio, or listening to a police pursuit being called and hoping for a good result, (especially, when the person you love is driving the highway patrol), or the sadness sometimes felt when a deceased person has been confirmed over the radio. These feelings don't stop when the shift ends or the day is over. Policing from any perspective for both sworn and unsworn members, stress is an every day thing, 365 days of the year and 366 in a leap year.

Members of the public can be difficult to deal with at times and a joy to deal with at other times. Every single day reveals something different.

I've been very lucky to have worked for three Commanders that have trusted my work ethic, confidentiality and integrity with an assortment of varied and interesting tasks. I was a member of the Major Incident Response Team during the Cronulla Riots and anti terrorist operations, to entrusting me to sort through years of files of old crime scene briefs and records. Has any of it been stressful? Yes.

There have been moments when I feel like I'd lost the plot and I'm honest enough to acknowledge this because yes, I have wanted to put the heel of my shoe through the eye of the bail reporter and I make no apologies for being passionate about what I do, the people I work with and I hope that those around me would expect nothing less from me.

But stress or no stress, at the end of the day, I'm still having fun.

Lei DARKIN GSO
Liverpool LAC - NSW Police Force
20/11/2009

FITTING IN OR STANDING OUT? A WOMAN'S GUIDE TO THE POLICING PROFESSION

In August 2009, the Australasian Council of Women and Policing launched the second edition of *Fitting In or Standing Out?*

Fitting In or Standing Out? is targeted at women, particularly young women, who are thinking about policing as a career, or who have just joined a police service.

The first edition was written in 2000 by Melinda Tynan and Jennifer Bradley and published using a grant from the then Office of the Status of Women. Ten years later, the Council has updated the booklet and thanks to a grant from the Australian

Government Office for Women, is able to again provide jurisdictions with copies free of charge.

For many women thinking about policing as a career, the only information they may have about policing is what they see on television, what they hear from friends who 'knew a policeman who ...' or what they read in the advertising material provided by the police services themselves. ACWAP also commissioned an evaluation of the booklet and it did not find a resource anything like *Fitting In or Standing Out?*. It also found that

that there was very limited information available specifically targeted at women about what a policing career entails.

To fill this obvious information gap, *Fitting In or Standing Out?* provides a positive, humorous but honest insight into the first few years of what women can expect in their policing career. While it does talk about

some of the less attractive sides of policing, it does so in a way that prepares women for what can be the most fulfilling career choice they could have made.

The booklet has some great cartoons. Susan Harwood in editing this edition used some



of the cartoons drawn by Paul Hartigan for the first edition but also included some that have not been previously published. Suzie Wicks who has produced quite a few cartoons for the Council also contributed many of the cartoons. And as it is the case with cartoons, we all find different ones funny.

The booklet will soon also be available on our website as both a pdf and in html.

If you would like a copy or two of *Fitting In or Standing Out?*, just email the Council at inquiry@acwap.com.au.

CONFLICT RESOLUTION AND COUNTERACTING TERROR – WOMAN AS A PEACEMAKER

*Address by Assistant Commissioner Barbara Etter APM,
Western Australia Police
to the 3rd International Women's Conference
The Light of Leadership: Integrating Global Perspectives
Bangalore, India – 6-8 February 2009*



INTRODUCTION

I have been asked to talk about conflict resolution and the inherent strengths of women in negotiating peaceful resolutions and being a peacemaker.

I will do so by drawing on my own personal experience as one of Australia's most senior policewomen and my 28 years of policing experience. I do not profess to be an expert in counter-terrorism or global conflict. But I hope to contribute to today's discussion on the topic from a grass roots level and my observations of how women in policing operate and contribute by way of organisational **cultural change** which in turn has implications for conflict resolution (and prevention) and the de-escalation of incidents in our communities. I also intend to contribute my perspective as a senior female leader.

DISCUSSION

I did learn some conflict resolution skills from a veteran, male Sergeant when I was brand new to 'the job' (of policing). I was working on the paddy wagon one night

on Sydney's northern beaches and we had a call-out to a pub brawl. I was quite excited by the prospect of attending my first public fist-fight and hurried out to the van, eagerly took off and put my foot down on the accelerator! The seasoned Sergeant commented 'What's the hurry? If we take our time, it will all be over by the time we get there!!'

On another occasion, still as a very junior General Duties officer, I recall attending a complaint of numerous 'bikies' (that is, for the benefit of my international colleagues, generally large, loud, hairy, tattooed and leather-clad men riding very large motor bikes!!) making a nuisance of themselves one night on a vacant block of land in our patrol. To my horror, my male and more senior colleague, wanted to pick a fight with them. Given there was only the two of us, we were grossly outnumbered. I had to pull my partner quietly aside and point out to him the stupidity of inflaming a potentially dangerous situation. I was able to convince him that we should wait for back-up before continuing our 'discussions'.

I have worked in various jurisdictions within Australian policing, which is very unusual, and have been particularly involved in policy formulation, strategic planning, research and education. I have tertiary qualifications in international management and law and have a strong personal interest in cross-cultural issues.

Whilst in the WA Police (during the last four and a half years), I have been in charge of the Professional Development Portfolio, and Traffic and Operations, which included traffic, forensic, communications, prosecutions and all the specialist response squads like dog squad, mounted section (with the horses), Water Police and the airwing. I was in charge of the pursuit cars, planes, helicopters and boats – all the 'Big Boys toys'!!

In my current portfolio within the WA Police, I am in charge of Corruption Prevention and Investigation, an area that coordinates and oversees the investigation into complaints

against police, undertakes investigations into more serious allegations of misconduct or corruption by WA Police members and oversights deaths or serious injury of persons in police custody, for instance in police cells, through the use of firearms, or during police vehicle pursuits. This is certainly a portfolio or role that has the potential to bring me into personal conflict with oversight agencies, police members, the Union and even my own investigative staff, where we have different views on matters. When I told my husband I had been transferred to this area his response was 'Well, you're going to make lots of new friends in that portfolio!'. I must admit, the ride has been a bit bumpy, but any conflict has been largely manageable and pretty much resolved or contained.

For me, integrity is the cornerstone of leadership and if you believe that you are doing the right thing, and you have that level of conviction and self-belief, you can overcome most obstacles.

In being a strong leader, particularly in policing, it is not always about maintaining and 'keeping the peace'. In fact, in my personal view, it is more about challenging the status quo and 'rocking' the organisational boat, at appropriate times. In a strong culture such as in policing, which often promotes conformity and compliance, you do have to confront the issues and push the envelope on critical issues. You cannot afford to be too passive. Rather than being stereotyped as peace-makers, it needs to be recognised that women sometimes have to initiate 'intelligent' or 'productive' conflict.

As a senior woman in a very male-dominated profession, I have always been keen to understand the impact that increasing the numbers of women (along with valuing their contribution!), can have on the quality of police service delivery and perceptions from the community of satisfaction with, and confidence in, policing. I am also very interested in the concept of the gendered nature of power and leadership within policing and recently presented at an international conference in Perth on this topic (Etter 2008).

Today, we live in a volatile and uncertain society, and a key role for modern policing is one of preventing and reducing crime, including violent crime, preventing and reducing social disorder and constantly reassuring the public. Women have a key role to play in all of this.

To truly embrace the valued and enduring concepts of community policing which are very prevalent in the Western world, policing needs to more closely reflect the composition of society so that we can truly engage with our communities.

We have certainly moved away from highly militaristic models but we still have quite hierarchical and rules-driven, rather than values-based, organisations. In this respect, we clearly need more women and Culturally and Linguistically Diverse (CALD) people in our police agencies.

In relation to 'peace', in the context of policing, a good indicator of how women are making a meaningful contribution is found in the international research data on the use of force.

The National Center for Women and Policing in the US (www.womeninpolicing.org) undertook research on this issue. The research confirmed that women officers are substantially less likely than their male counterparts to be involved in problems of excessive force. The research (Lonsway et. al. 2002) came up with some startling findings in relation to:

- civil liability payouts;
- sustained allegations; and
- citizen complaints.

Civil liability payouts: the average male officer costs somewhere between 2.5 and 5.5 times more than the average female officer in excessive force liability lawsuit payouts.

Sustained allegations: the average male officer is over 8.5 times more likely than his female counterpart to have an allegation of excessive force sustained against him.

Citizen complaints: the average male officer is 2 to 3 times more likely than the average female officer to have a citizen name him in a complaint of excessive force.

I can say that my observations after 28 years of experience within policing are consistent with this research. Diversity

within policing can certainly bring about positive organisational cultural change which manifests itself in a number of ways.

With so many use of force options available to police today, particularly in my part of the world, it is very tempting indeed for some police officers to forget about communication and mediation and reach for an instantaneous solution, whether it be capsicum spray or a taser. We can never under-estimate the value of highly developed communication skills within policing. I would hope that women are contributors in this regard.

Anecdotally, we have also seen policewomen occasionally acting as 'whistleblowers' and reporting alleged assaults by colleagues or providing quite a different version of an event to internal investigators. Such behaviour challenges the status quo and the existing culture and holds promise for

positive and longer term cultural reform, and, by implication, enhanced levels of community satisfaction and confidence.

In an external policing context, it is also true to say that men are over-represented in crimes of violence against the person including sexual assault, assault and murder/manslaughter. Clearly, women are less prone to enacting physical violence. By our very nature and the way in which we have been socialised, we tend to work towards harmony and peace.

Brizendine in her recent book *The Female Brain* (2007, p.31), which is based on neuroscientific research and theory, comments:

The female brain has tremendous unique aptitudes – outstanding verbal agility, the ability to connect deeply in friendship, a nearly psychic capacity to read faces and tone of voice for emotions and states of mind, and the ability to defuse conflict. All of this is hardwired into the brains of women. These are the talents women are born with that many men, frankly, are not.

Despite such observations, which would be obvious advantages in negotiation and conflict resolution, there is a danger in promoting women as more effective peace-makers rather than seeking **equality**

across the board. Hilary Charlesworth, an eminent Australian academic who has published extensively in this area, argues that presenting women as integral to peace, particularly through their roles as mothers, can actually be damaging for women as such preconceptions may limit their public roles (Charlesworth 2008). Charlesworth refers to El Bushra (2007) who states that the problem is that women's role as mothers provides them with a platform on which to approach and appeal to powerful men, but it simultaneously undermines their desire to be taken seriously as political players.

Charlesworth, referring to the literature and the work of Anderlini (2007), points out that it has been argued that women are more amenable to widening political discourse, seeking the middle ground, that women are transformative leaders and that they have higher standards of ethical behaviour. There is a plethora of literature that discusses such matters.

For a variety of reasons, but especially to recognise and achieve equality, there is a very sound case to include more women in peace-keeping missions, decision-making and policy formulation at the national and global levels and to vigorously implement UN Security Council Resolution 1325, adopted in 2000.

It seems that there is a long way to go on the international scene. This is acknowledged in the background documentation and debate that occurred in the UN Security Council in October 2008.¹ In addition, Charlesworth picks up comments from Anderlini (2007) that refer to the UN's supposed 'Triple A Syndrome' in relation to women and peace – **A**pathy, **A**d hoc practices and **A**mnnesia! For instance, she reports that when Kofi Annan left office (not that long ago), of his 18 special representatives in conflict areas, none were women.

CONCLUSION

Women clearly have such an important role to play at grass roots level, in relation to building strong and resilient individuals, families and communities. We see this in a range of situations and I have personally observed this, in the Aboriginal or indigenous communities in Australia. It is often the women who hold the families and communities together, economically and socially. In the workplace too, women are often the glue that holds organisations together through their very effective relational and inter-personal activities.

But we also need strong, emotionally intelligent, resilient and committed women, who take pride in being true to themselves and their gender, and who are prepared to relinquish

'organisational' peace and challenge the status quo when required. We need women who are prepared to confront issues head-on and drive home necessary change.

We clearly need more of the right women leaders at the very highest levels of decision-making. Equality of representation and true diversity must occur if we are to make a real difference and create a world that values and promotes mutual respect, harmony and peace.

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¹ See www.un.org/womenwatch/ianwge/taskforces/wps/eightyears.html.

MOTHER OF TAFARA

Ms Eleanor Alfred

Below is the edited version of the keynote address given by Ms Eleanor Alfred at the 2009 ACWAP Conference in Perth, Western Australia, in August 2009. Eleanor inspired conference participants with her story of how she had overcome personal tragedy, hardship and opposition to go on and assist so many of the AIDS-affected orphans of Zimbabwe. The conference participants, men and women, were so moved by her story that they rallied together and overnight raised nearly \$2,500 to help her buy a motorbike so that she did not have to walk 70km to help some of her 'kids'. Hers is a truly inspiring story and many at the conference still speak today about the enduring impact her talk has had on us.

Good Morning Everyone

I am very happy to be here. I am here because of **ONE** woman - Assistant Commissioner Barbara Etter. I met Barbara in India - at an Art of Living Women's Conference in early 2009. Barbara invited me to come here to tell **YOU** my story.

It is the story of MAI TAFARA¹ - a project I started in Harare, Zimbabwe, to look after kids who had lost their parents, kids who are sick and who have nothing.

These kids are orphans. But I don't like to call them orphans. It takes their minds back to the Past - and I want them to be happy, and live in the present moment. So they are just **MY KIDS**.

But first, I will tell you about myself... My name is Eleanor Alfred. I am 44 years old and a widow. I am HIV positive. I was married to a soldier. I had 4 children and they all died.

I did not know why my children were dying. I was in and out of hospital with pneumonia. My husband was not faithful to me. He had girlfriends.

He wanted to show me that he could have children. That pained me a lot. I wanted to leave the marriage - but my family said NO.

I was beaten by my husband's girlfriend. She cut me with a knife and I went to hospital.



My husband started to look sick. His skin was grey and he had spots. I stayed with him until he died. At his funeral, **OTHER** women turned up saying **THEY** were his wives and children. They inherited everything - my house, my clothes, my money. I was told to leave.

A policewoman helped me to get to Harare, the capital city. I heard of the Widows and Orphans Trust and I went to work for them.

In my husband's car, I found tablets. When I went to the clinic I was told they were ARV'S - anti retro viral drugs. They said my husband was HIV+. Then I knew I was HIV+ and understood why my health was poor and why my children had died. I decided to be tested. I was told I was HIV+ and I had to find ARV'S to stay alive. I was working as a Volunteer helping AIDS sufferers which was better than staying home and waiting to die.

One day I met Linette - a TV journalist. I was sent to help her. On our way, she said I looked sick. She took me to a kind doctor who did me a favour - and I got ARV's at last.

I live in Tafara - a township with lots of people. There are 9 of us living in a 2 room house - one room for sleeping and one room for living. For 2 years we have not had running water. So we have dug a well in the backyard.

My mother worked as a house maid to a white family. They gave us a fridge and stove. But we have not had electricity for 7 months. Now we cook outside on open fires and we have to buy firewood. The pipes have been broken now for 2 years so we have no water. We use water purifying tablets to prevent cholera. With no water we have sewage problems. The sewage flows on the road. The smell is terrible.

¹Mai Tafara means Mother of Tafara, the township in which Eleanor lives. She is the mother of many children!

1 foot high sewage filled my neighbour's house. The Mai Tafara Football Club helped to clean the sewage out of her house. They have also helped to dig graves for friends and family who died.



In 2005 the Government bulldozed squatter houses. They called it Operation Murambvatsina - 'Removal of Filth'. My own house was bulldozed as I lived in this area. They did not allow us to remove our blankets, cooking pots, or ARV's. Many people died of stress and starvation.

I went with my journalist friend, Linette, to find families affected by Operation Murambvatsina. We found a family of 13. The eldest was 15 and she was looking after the other ones. She started taking boyfriends to pay the rent and buy food. Then she had a baby. We found plenty of orphans looking for food.

I met a lady, - Carrie Lapham, who was looking to help orphans. I helped her find kids. Carrie told me about the Art of Living. I did Breath Water Sound program which helps with stress. Then Carrie told me about a trip to India - to the Art of Living Women's Conference. She found me a passport and money for the plane.

India was my first time at a conference and my first time overseas. Here I met His Holiness Sri Sri Ravi Shankar who founded the Art of Living. At this conference in 2007 I also met Lavinia, from Art of Living here in Perth, Western Australia. I told her - I am looking after 20 kids. She asked me how we did this. I told her we asked neighbours and friends for food and clothes.

When I came home to Zimbabwe, Lavinia called to say ... 'From now, collect money every month at Western Union from your friends in Perth - to look after the kids.' From June 2007 until today, every month, I have had money for the kids.

My friends Don and Carrie paid for me and my brother to learn to ride a motorbike. This is because we have to walk everywhere - to deliver food to the kids or take them to the

clinic. My brother and I get up at 2 am in the morning - to walk 35 kilometers to the furthest kids - and 35 kilometers back home.

We do not have money to buy a motorbike or a bicycle. It is also a problem getting the money from Western Union. Firstly, there is a long queue, but we also need to take a blanket and sleep outside overnight. Sometimes when you get to the till, they had run out of money. The riot police would come and dismiss us. At that time it was illegal to have US dollars.

Inflation was so bad - we needed big bags to carry the money. By the time I got to the shops the price had changed, so instead of buying 10 things I could buy only 2. I was lucky even to find things. The shops were empty. Sometimes I had to go to neighbouring countries - Mozambique and South Africa - to buy food and medication. The problem then was road stops. The police would search and take some or all of the food for themselves. We got whatever was left over.

For example, a big sack of money might contain 5 billion dollars but all I could buy was 1 loaf of bread and 1 bottle of cooking oil!

“For schooling, you need a birth certificate. Some kids did not have birth certificates, so I had to talk to headmasters, clinics and social welfare. When a child dies, they can't be buried without a birth certificate. If a child without a birth certificate dies, it takes a long time to organise the funeral.”

I started with 20 kids. I made files for each child. In the files are whatever information I get - schooling, health, food. My goal was to provide each child with basic medical care, one meal a day, and education in a school, school fees paid, uniforms and shoes, and school books.

I also wanted football teams so the kids could play in the afternoon after studies and not get involved in drugs, alcohol or violence.

For schooling, you need a birth certificate. Some kids did not have birth certificates, so I had to talk to headmasters, clinics and social welfare. When a child dies, they can't be buried without a birth certificate. If a child without a birth certificate dies, it takes a long time to organise the funeral.

Luckily, only 2 of my kids have died so far. They were Timothy and Grace. They died from lack of medication.

There is a girl I am very proud of. Her name is Progress. She is 12 years old and HIV+. She is a full orphan and it worried me when she was sick. We got her onto a medical program so she is now on ARV's. Progress knows how to manage herself - when to take her tablets, how to go to the clinic. She brings back her reports and reminds me to give her bus fare. If she is sick, she comes to me. Progress is doing so well. She talks freely about being HIV+ and helps me to teach the other kids.



Eleanor has got some of the women in the orphan extended families to learn to make some crafts so that they can have an income ...

At school - I teach the kids about HIV. If I think that a child might be HIV+, I speak to the parent. If it is a child-headed family, I speak to the eldest child. If they test positive, I have to get them on medication, which is very difficult. First, we go to the clinic, then to hospital - then a waiting list for a year - while the child is dying. Or, we pay US dollars for a CD4 count. We need overseas donors for this - it costs \$US220. Some kids are lucky because we have a donor program - they go every month and get ARV's. I am still fighting for other kids to get ARV's.

I go to school to talk to the other kids about HIV and AIDS. I give myself as an example as I am living a long time. I now see HIV+ kids going to school without fear.

We are in the middle of a cholera epidemic due to lack of water and broken pipes. Luckily, none of my kids have died of cholera - because I got some water purification tablets from UNICEF. I am still scared because we have sewage in the streets - and the kids play in the streets. I talk to the kids about hygiene, how to cook food, how to keep clean, and drink clean water.

School fees cost \$US21 per term per child. It was difficult during the Elections. I was accused of turning the children into soldiers. I had to run away and hide for 2 weeks because they threatened to kill me. I had problems when I wanted to meet the kids and feed them. They did not like to see groups, and accused me of organising political gatherings.

So I went to the headmaster for advice. We decided to meet the kids at school. We would take the kids - one by one - from the school to the supermarket. This way we did not look like a group.

Sometimes I would go to the school with a thread. I would measure the child's feet with the thread, stick a name on the thread, then go and find shoes that would fit. Another challenge with schooling was the uniform. They were expensive so I had to find a tailor. Again, we took the kids one by one for their measurements.

Once a month I make sure all the kids and volunteers eat together. I tell them we are family - They are brothers and sisters and must look out for each other.

With very little - we do so much. From 20 kids - I am now looking after 150! And paying school fees for 85 kids! We have 3 football teams, the 'Lavinia' football team and we are top of the league. These kids are having a normal life.



It is not only children in Tafara who need a shoulder to lean on. Children all over the world need someone to lean on. We just have to give them love, then we can make a better world.

We need to be brave. We must have courage. If **WE** do not stand for them - who will? I have seen so many terrible and sad things. But it has made me very strong. I feel that nothing can touch me.

The support for MAI TAFARA from Australian friends means so much to us.

Thank you so much for your enthusiasm to help Eleanor Alfred save and love her kids in Harare, Zimbabwe. Mai Tafara Trusts in Zimbabwe and Australia are currently being developed so deposits and transfers can be made online.

In the meantime, one off or monthly donations can be made by contacting:

Lavinia Scott-Sellars

Mai Tafara Australia Coordinator

Mobile: 0411 614 900

3 Mabena Place, Ocean Reef, WA 6027

iahvaustralia@iinet.net.au

GETTING YOUR BOUNCE BACK: UNDERSTANDING YOUR PELVIC FLOOR



*Dr Oseka Onuma
Gynaecologist & Pelvic Reconstructive Surgeon*

Female pelvic floor disorders (PFD) affect millions of women throughout the world. The social and economic impact of PFD makes it one of the most important, though least recognized 'family' of conditions that leads women to seek medical or surgical attention. Women who have sought help for advanced pelvic floor prolapse and urinary incontinence have been shown to suffer from decreased body image and quality of life.

PFD include conditions such as urinary and faecal incontinence, pelvic organ prolapse and sexual dysfunction. Whilst the symptoms are generally not life threatening, the impact on an individual can be severe, interfering with an individual's ability to participate in many life areas and having to deal with the associated stigma. Older women consistently report higher rates of pelvic disorders than their younger counterparts and indeed, in the USA, urinary incontinence is the second most common reason for requesting nursing home placements. Nevertheless pelvic floor disorders have been demonstrated to affect an increasingly younger population of women and for many the symptoms begin during or after their first pregnancy.

There are a number of factors that have been associated with pelvic organ prolapse (and urinary incontinence). These include increasing age and parity (number of children), big babies, menopause, obesity, occupations or illnesses that result in chronically raised intra-abdominal pressure, greater than one termination of pregnancy, home delivery and a family history. Childbirth is one of the strongest risk factor for pelvic organ prolapse. Evidence

suggested that this is related to disruption of the pelvic floor tissues and denervation of the pelvic floor muscles.

During pregnancy a multitude of changes takes place within the woman's body. These generally facilitate the progress of the pregnancy towards a successful conclusion, the delivery of a healthy baby to a healthy mother. Just within the first third (trimester) the pregnant woman will experience

dramatic alterations in emotion, hormonal status, physiological parameters and anatomical modifications. Many of these developments will take place before others note the 'bump' of pregnancy.

In order to accommodate the growing baby, relaxation of the muscles and connective tissue of the abdomen and pelvis needs to occur. The bony structures of the pelvis do not change, but the ability of the individual composite bones to move relative to the others does. Progesterone

and Relaxin are two of the main hormones involved in this process. Without an increase in their concentrations and activity, the female abdomen and pelvis would remain restrictive and the growth of the baby compromised.

Thus, at a singular, very important level, the malleability of the female pelvic floor structures is what every woman contemplating a pregnancy would wish for. On the other hand, pregnancy and delivery are noted to be the primary causes of damage to the female pelvic floor. Note that pregnancy and delivery have been distinguished as separate processes. Not every pregnancy ends in delivery. Even in those that end as early miscarriages, the dramatic changes in hormonal status and connective tissue function

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have already begun to take place and some of these changes produce effects on the pelvic floor that contribute towards the panorama of pelvic floor dysfunction in later years.

The mode of delivery impacts on the risk and degree of pelvic floor damage. The so-called 'normal vaginal delivery' occurs when the baby's head descends through the mothers' birth canal and is delivered through the entrance to the vagina (introitus). 'Normal' it may be, but the head stretches, tears and disrupts muscle, connective tissue and ligaments as it passes through the pelvis. Other types of delivery that tend to cause even more damage include instrumental deliveries, in particular the forceps and ventouse (suction cup) delivery. These instruments are used in circumstances where a normal delivery has not been achieved or where there is a perception that allowing the delivery process to continue would place that baby at risk of reduced oxygen supply. Use of instruments, whilst facilitating delivery of the baby, increase the incidence of muscular, connective tissue and nerve to the pelvic floor. Lacerations, tears and the formation of scar tissue are more common. Outcome? Better for baby. Potential long-term damage to pelvic floor function for mother.

Symptoms of damage to the pelvic floor may be noted during the first or subsequent pregnancy or several years after the last pregnancy. Most women, when closely questioned, will report symptoms of pelvic floor dysfunction following delivery of their first baby, but a combination of factors (problems manageable, didn't know anything could be done about it, putting the family first) results in many women not seeking medical attention until their symptoms become more confronting (leaking urine when on the trampoline or playing sport, ongoing inability to have intercourse due to pain, elongated labia causing discomfort when wearing close fitting clothing or underwear).

30% of women who have had children will suffer from symptoms such as decreased sensation during intercourse, urinary incontinence and prolapse of the vaginal walls or uterus. The labia can become enlarged over time with an increase in discomfort with tight clothing or during intercourse. Many will be told or assume that these problems are part and parcel of being a woman. In the majority of cases this is simply not true. There are many options available for correcting these problems and thus giving back to women the quality of life that they would hope for and expect.

Female pelvic organ prolapse is thought to affect 31% of women between the ages of 20-59 years. The incidence increases with age and is estimated to be responsible for 20% of women awaiting major gynaecological surgery (UK statistics). Women have an 11% lifetime risk of undergoing at least one operation for pelvic organ prolapse and the re-operation rate is about 30%.

Pelvic organ prolapse can result in pelvic floor dysfunction manifesting as urinary stress incontinence, voiding difficulty, faecal soiling and incomplete bowel evacuation, reduced sensation during intercourse, the impression of an open, patulous vagina and the passage of vaginal flatus. Many women, when closely questioned will admit to placing their finger within the vagina, within the rectum or on the perineum (so-called 'digital splinting') in order to achieve an empty rectum.

Other common symptoms of pelvic organ prolapse include the feeling of pelvic heaviness, the feeling of something falling, a bulge noticed at the entrance to the vagina, the impression of sitting on something and pain during intercourse (dyspareunia). Predisposition towards prolapse may be a result of abnormal connective tissue resulting from abnormal collagen, imbalance between synthesis and degradation or an imbalance between collagen types.

One might be forgiven for thinking that the bigger the lump the greater the degree of discomfort. In fact this only applies at the very extreme so that one can say, with a reasonable degree of certainty that the very large prolapses are likely to cause symptoms. Furthermore, increasing severity of pelvic organ prolapse has some association with several specific symptoms that are related to urinary incontinence, problems with emptying the bladder, defaecatory and sexual dysfunction. What is clear though is that except in the extremes, there is virtually no correlation between size of prolapse and symptoms. This can pose a problem for the woman seeking help for a symptomatic prolapse, because if the prolapse is not deemed to be sufficiently large by the examining doctor, the woman has a high chance of being dismissed with patronizing comments such as 'it's all part of being a woman' and 'come back if it gets bigger'. Women in this situation can find themselves pondering if their symptoms are real or imagined.

Urinary incontinence has been defined by the International Continence Society as the involuntary loss of urine that is objectively demonstrable and is a social and hygienic problem. Urinary incontinence increases with age and has significant effects on the physical, psychological and social wellbeing of women of all ages. It is associated with declining general health and cognitive function, affects between 20-40% of women over 30 years of age, and as many as 50% of nursing home residents.

Faecal and urinary incontinence commonly coexist, particularly in the elderly. The prevalence of faecal incontinence in the elderly is estimated to be about 32%. Accurate figures are difficult to determine because of embarrassment and reluctance of patients to discuss the condition with their doctors. Even when they summon the courage to do so, doctors may well not be attentive to this complaint.

Urinary incontinence is not a specific term and can be subdivided into a number of categories (see Table 1) the most common of which is stress incontinence. Urinary incontinence is one in a group of disorders that can compromise bladder function (see Table 2).

Urinary Incontinence	Other Types of Urinary Dysfunction
Stress incontinence	Frequency
Urge incontinence	Nocturnal enuresis
Overflow incontinence	Urgency
	Poor flow
	Interrupted flow
	Retention
	Recurrent urinary tract infections
	Haematuria (macroscopic or microscopic)
	Post micturition (post urination) dribbling

RAISED INTRA-ABDOMINAL PRESSURE
Pregnancy Chronic Bronchitis Abdominal/Pelvic mass Ascities (Obesity)
DAMAGE TO THE PELVIC FLOOR
Childbirth Radical pelvic surgery (Menopause)
SCARRED 'DRAINPIPE' URETHRA
Vaginal surgery Chronic bronchitis Surgery for stress urinary incontinence Urethral dilatation Recurrent urethritis Radiotherapy

The framework for beginning to arrive at a diagnosis begins with a detailed history and examination. Within the history the clinician needs to elucidate features of neurological and congenital abnormalities, previous infections and surgery, past obstetric history together with an assessment of menstrual, sexual and bowel function. Specific symptoms relating to the storage and evacuation of the lower urinary tract should also be sought. This can best be achieved in the format of a questionnaire that goes through a list of

potential symptoms, each of which the patient will need to give an answer to (see Table 3).

Stress incontinence	Nocturnal enuresis	Tendency to coughing
Urge incontinence	Dysuria (painful urination)	Wet at rest
Urgency	Dyspareunia (painful intercourse)	Unable to interrupt voiding
Post voiding dribbling	Constipation	Pad usage
Slow voiding	Pelvic organ prolapse	Wet at rest
Incomplete voiding	Enuresis after school age	Rectal soiling

But wait. Why talk about these problems now. Aren't these problems those of old age? Absolutely not. The problems are increasingly common. True, more women of senior years are likely to be affected, however significant numbers of young women find that their activity can be curtailed by symptoms related to pelvic floor dysfunction. Quality of life begins to deteriorate at an early stage.

We do not understand the natural history or cause of disorders of the pelvic floor. Risk assessment is poorly performed and there are no effective strategies for primary prevention. That's the bad news. The good news is that interest in female pelvic floor dysfunction, including sexual dysfunction, is now increasing at a rapid rate. More doctors are developing a special interest and undergoing specialist training. Part of the impetus to a change in thinking has been driven by patients unwilling to accept a steady decline into poor function and reduced quality of life. Many have watched as their mothers' have suffered with determination that they will act for themselves before it becomes too late. The exponential growth of information on the internet has brought information more easily to patients but this is a double-edged sword as the information is often not vetted and it is often difficult to distinguish fact from fiction. Doctors are becoming more innovative, taking into account the increasing life expectancy of women and the increased expectation of women to be fully functional human beings, as they get older. Women are slowly becoming more willing to share information and talk about their experiences, but still, are more likely to do this after they have sought help and completed a course of treatment.

The principles of pelvic floor rehabilitation include lifestyle interventions (maintaining normal weight, normalizing fluid intake to avoid restriction or overloading, a diet involving reduced caffeine intake as caffeine promotes overactivity of the bladder muscle, management of constipation and avoidance, where possible, of repeated high-impact physical activities that increase the risk of pelvic floor muscle avulsion). These interventions clearly need to take

into account occupation. Pelvic floor retraining is often best done with a physiotherapist with a special interest in pelvic floor function as they can assist in establishing the correct action of pelvic floor muscles.

These conservative measures require persistence but may improve symptoms without further intervention. Starting sooner rather than later is likely to be of benefit given that the evidence clearly shows that pelvic floor dysfunction increases in prevalence and severity with increasing age.

Appropriately tailored surgery has a high success rate for curing urinary stress incontinence, correcting pelvic organ prolapse, reducing elongated labia and improving quality of life. The impact of surgery on female sexual function is more contentious. There is a growing belief that site-specific repair with repair of torn muscles, reattachment of avulsed ligaments, excision of relaxed vaginal epithelium and restructuring the vaginal wall supports can improve vaginal tone, and with it, improve sensation during intercourse. There has been a growth in so-called 'cosmetic gynaecology.' It is difficult to find a clear definition of what this is exactly. However, what is clear is that some gynaecological surgeons (mainly in the USA) offer procedures such as liposuction, abdominoplasty, breast augmentation and facial rejuvenation procedures. This is not cosmetic gynaecology, but cosmetic surgery. Cosmetic gynaecology cannot refer to procedures performed properly on the vaginal walls as these cannot be seen and are thus 'functional' procedures. Surgery to the external genitalia can be described as either functional or cosmetic (or a combination) depending on the primary indication for surgery.

Surgery is becoming more sophisticated. One of the most dramatic improvements has been in the area of 'minimal access' surgery where operations are performed through small incisions so that patient recovery is faster and a speedy return to normal activities promoted. Minimal access procedures include but are not limited to

laparoscopic ('key-hole') surgery. Trained surgeons, through small incisions in the abdomen using specialized instruments now do many operations that were traditionally performed through an open abdominal approach. Incontinence surgeries using minimally invasive 'sling' procedures are now considered the gold standard instead of the open (laparotomy) procedures common in the recent past. Women undergoing surgery are now being discharged faster from hospital and able to return to normal activities more quickly with reduction in pain and down time.



Where there is a significant failure of connective tissue and pelvic floor supportive tissue, artificial materials (mesh) are being developed and used to re-enforce native tissue. The surgical management of female pelvic floor dysfunction is at a relatively nascent but exciting stage. The possibilities are not endless, but they are increasing all the time.

The best advice that I can offer any woman reading this article is this; you are not alone. Get advice and don't allow yourself to be patronized.

Dr Onuma is a tertiary level gynaecologist and pelvic reconstructive surgeon accepting direct referrals from primary care givers and complex referrals from other specialists in the areas of female urinary incontinence, female pelvic organ prolapse. He teaches trainees and specialists' minimal access incontinence and advanced laparoscopic gynaecological surgery. He acts as a preceptor for some international companies demonstrating and teaching products used for incontinence, pelvic floor reconstruction and female menstrual dysfunction.

Dr Onuma has lectured nationally and internationally on issues related to consent to treatment in the practice of medicine, the management of female urinary incontinence, pelvic organ prolapse, sexual function surgery and menstrual dysfunction. He is an invited participant and trainer on female pelvic floor and laparoscopic training meetings and provides urodynamics assessments and reports for his own patients and those of other specialists.

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REFLECTIONS ON THE 6TH AUSTRALASIAN WOMEN AND POLICING CONFERENCE

Making it Happen!

Conference Rapporteur – Amanda Lee-Ross, Manager
Cairns Regional Domestic Violence Service

This was the second time I attended an Australasian Women and Policing Conference, the first time being in Melbourne in 2007 where I presented at a concurrent session. It was a delight to be invited to speak at this year's conference on the theme of *Policing for Women* and to take on a role as one of the conference rapporteurs. There were many excellent presentations at the conference that I could summarise. However, this report is not an attempt to do that. Instead I will attempt to reflect on the three most powerful notions that the conference and its participants (speakers and delegates) discussed when 'Making it Happen!'

At the outset of the conference, myself and the other rapporteurs decided to try and divide the conference program equally to ensure a reasonable coverage of all the plenary and concurrent sessions. The event had four themes: technology; recruiting and retaining women police officers; skills development; and partnerships. I opted for the latter because my organization has a strong partnership with the local police service and other services vital to victims of domestic and family violence. I therefore visited as many of these themed sessions as possible.

Catherine Ordway gave a very interesting presentation called *Drugs in Sport: Strategic alliances and inter-agency co-operation*. Catherine spoke about the information sharing between the anti-doping authority, Australian Sports Anti Doping Agency (ASADA), police and Customs to catch the support workers of athletes who are also involved in doping eg. doctors, physiotherapists, parents etc. The speaker highlighted some of the challenges which included financial and human resource limitations; that there are no powers of compulsion; and how to measure the effectiveness of improving inter-agency relationships? She also noted a 'personal' relationship with Customs and the ASADA, which begs the question, 'What happens when that person leaves?' There can also be organisational constraints around collaboration that can hinder its success. For example, important information could be shared but if the collaborative partner is small in size, they may not have the resources to act on all the intelligence provided to them.

The role of 'personal relationships' between key people in collaborating services and resourcing implications are ones that any of us who have been a partner in successful and unsuccessful collaborations, can readily identify with. There is much literature on the subject of partnerships but it still seems that the key to successful collaboration is based on two, or more, people in partnership organisations who have the ability to 'gel' and share a vision for the future. Without 'willing partners' collaborations can become unremarkable Memorandum of Understanding filed away in a cupboard. But how do we pass on that shared vision to others within our organisations so that the vision becomes a sustained reality?

A major topic discussed at the conference was that of leadership. Leadership was present in the themes of recruitment and retention of police officers as well as skills development. Western Australian Police Commissioner Karl O'Callaghan's opening speech addressed the notion of trust as an important leadership quality. Trust is engendered where values, behaviour and ethics all match. Sue Wilkinson, Executive Director of the Australian and New Zealand Policing Advisory Agency (ANZPAA) raised the issue of whether police culture had changed, women's representation in policing, their career progression and opportunities. Talking in relation to policing for victims, Ann O'Neill asked us the question 'What do you do when something happens?' For Ann, we are either 'a watcher', a person who 'wondered what happened' or a person who 'goes out and makes it happen'.

This can be related to leadership. For so many of us, the term leadership means 'big leaders', that is, those people who have risen to a higher level in our organisations and who have become 'formal' leaders. However, if we use Ann's analogy we can see that any of us can become or already perform a leadership role. That so many women made the effort to attend this conference, and that so many superior officers supported their attendance, shows that people are committed to making it happen within policing to better serve the community and retain valuable women officers also. For me, this raised the notion that every person at the conference was a leader in their sphere, be it high or low level.

It was pleasing for me to see people from 'outside' the police service were inspired to attend the conference as cross-fertilisation of ideas and knowledge is important in ensuring we all serve our clients to our best ability and a third powerful theme I observed amongst attendees was that of uniformity of purpose. Whether the delegate was a sworn police officer, unsworn member of the police service or from another sector, there was a passionate belief in the idea of wanting to help people. That around 250 people, from different countries as well as services could come together and share this value made for a reinvigorating, affirming and uplifting four days. I shall certainly be taking the message back to my sector that attendance at the next Australasian Women and Policing conference is a must!

11TH AUSTRALASIAN EXCELLENCE IN POLICING AWARDS

Presented on 25th August 2009

Government House, Perth, Western Australia

The awards are an opportunity to publicly acknowledge and reward the achievements of the women and men who are contributing to, and making, policing and law enforcement better for women. The awards recognise the excellence that is being developed and that currently exists throughout Australasia, to ensure that women's concerns and needs are properly taken into account and addressed by policing.

This year ACWAP received 58 nominations across the 10 award categories. This made challenging work for the Awards Selection Panel which comprised: ACWAP President, Kim McGee, Vice President, Helen McDermott, ACWAP committee members Talei Bentley, Lindy Kerr, Michelle Plumpton and Joanne Howard, WA Police representative Anne Heitman, and an independent community member Belinda Lake from YWCA Adelaide.

Whilst there are 10 Award categories, only 9 categories attracted nominations. The Research category failed to attract nominations so please consider submitting research you are undertaking or encourage others you know to put their research forward in 2010.

MOST OUTSTANDING FEMALE ADMINISTRATOR SPONSORED BY AUSTRAL MEDIA

The Most Outstanding Female Administrator has:

- Provided effective and dynamic administrative, policy development, human resource management, or information and communications technology support to policing or law enforcement
- Shown dynamic and innovative leadership
- Mentored, supported and provided guidance to others in administrative and operational support areas
- Displayed commitment to improving the delivery of policing and law enforcement services to women in the community
- Shown outstanding on-the-job performance



Bernadette Martin and Garry Williams from Austral Media

Awarded to Detective Sergeant Bernadette Martin, South Australia Police

Since 1992, Detective Bernadette Martin has worked investigating and assisting victims of family violence. She is now the unit supervisor of a team of 14 police officers, including detectives that are charged with investigating child abuse offences and serious domestic related violence, providing specialist assistance in the sudden unexpected death of children and supporting families, women and children.

She provides leadership of the highest quality to her workers, some of whom are part-time police officers, many are women police and many have young families themselves. Bernadette provides a highly effective level of administration and provides mentoring, support and guidance to staff, which has greatly reduced the risk of harm to them, given the sensitive matters they deal with on a daily basis.

Bernadette provides effective and dynamic administration, has been involved in influencing policy direction and has participated in an interagency framework that focuses on the safety of women, children and young people through integrated service responses. Bernadette has shown dynamic and innovative leadership over many years by developing investigation strategies to effectively manage and prioritise the high workload, provided training to police on Family Violence specific issues, has personally forged interagency and support service links well beyond that required of her position, and ensures the highest standards are met by staff under her command.

Congratulations to finalists Sergeant Nyree Whelan of Queensland Police Service and Sue-Ellen Zalewski of Victoria Police.

BRAVERY AWARD SPONSORED BY HELLWEG

The Bravery Award seeks to acknowledge the bravery required to make the community and policing better for everyone. It is an opportunity to acknowledge more than just physical bravery. This award seeks to recognise the bravery of the circumstances where someone has the time to think about the implications of their actions and the impact those actions will have on their career, their family and themselves.



Julie Middlemiss and Adam Fitzpatrick from Hellweg

Awarded to Superintendent Julie Middlemiss, New South Wales Police

Julie Middlemiss joined policing in 1985 and worked general duties at a number of stations. In 1988 she was the first policewoman to qualify as a Rescue Operator for the Rescue Squad. In 1997, she commenced as a criminal investigator and was involved in investigating many of the post-Wood Royal Commission complaints against corrupt police. She later transferred to the Internal Affairs, Integrity Testing Unit and continued investigative duties with Internal Affairs until 2005, when she was temporarily appointed as the commander of the SPG Dog Unit.

Not only the first female to have ever been appointed as commander of the Dog Squad, but she was the first person who wasn't promoted up the ranks to this specialist area. This officer was not without her critics and the decision to appoint not only a female, but someone who had not been part of the Dog Unit was not met favorably by many of the staff.

Being newly appointed to the position, she was confronted with the challenge of understanding and interpreting all the different awards and practices. She faced immense difficulty in challenging established beliefs and some entrenched and unethical practices and so she accepted the post and began the 'Restructuring of the Dog Unit'.

She single handedly tackled a very uphill battle to overhaul the practices at the unit and it proved to be an arduous and complicated task. The odds were stacked against her, staff were relentless and continued to oppose any changes she was trying to implement and constantly tried to undermine her authority. When staff realised they were not going to enjoy the same 'luxuries' they had in the past they were obstinate in their views and behaviors. Some would describe the command as being 'toxic'. This included; Lies fed to the media, anonymous emails sent to a local radio personality and publicly vocalised, as well as anonymous vexatious complaints against her in attempts to discredit her.

Many of us we would have caved in long before, but not Julie. She has been very innovative in her approach to address the comprehensive structural and cultural change of the Dog Unit by exploring different ways to achieve a balance with the needs and wants of staff and the organisational goals to create a safer and more ethical workplace.

Her bravery and resolve, strength of will, loyalty, dedication and persistence has resulted in a much more professional, safe and ethical workplace.

EXCELLENCE IN POLICING IN THE ASIA PACIFIC REGION

The award recognises those who have developed or implemented an innovative and flexible solution that has significantly improved policing for women in the Asia Pacific region and significantly contributed to the improvement of policing outcomes for women in the Asia Pacific region.



Detective Sergeant Tinol Pakipon

Awarded to Detective Sergeant Tinol Pakipon, Officer in Charge of the Sexual Offences Squad in Port Moresby, Papua New Guinea

With a total of 25 yrs in policing Sergeant Pakipon is an outstanding, passionate and dedicated detective who is respected and renowned as an expert on sexual offence investigations. Professional, honest, and reliable this member has strived to uphold the law whilst providing a valuable service for victims. In an Australian Government report, the serious problems of violence against women were acknowledged and the Sexual Offences Squad was found to be under resourced and under trained. However the report also found that despite this, women reported receiving better attention from these specialist units than when they had to report to the front desk of a police station.

The Sexual Offences Squad has three computers between 10 staff. They are housed in a run down office that does not have proper ventilation let alone enough room to cater for the enormous work load which averages three to four reported cases of serious sexual assaults daily. All interviews are done either by handwritten statements or using the computer if the power is working. Tinol encourages and motivates staff to keep them going even when conditions are overwhelming and hopeless.

On a recent rural trip, Tinol gave other officers hope, support and encouragement. They questioned their ability

to do anything for victims, not because they couldn't do their role but because they were faced with not even having the basic tools to enable them to perform their role. No petrol in their vehicle, no paper to write on, no computers, no camera to record evidence, no private area to speak to victims, and no safe house to take victims to. Tinol acknowledged their concerns and provided strategies and guidance on how to remain motivated.

Having investigated hundreds of sexual offences from all levels of society, he has been recognised previously in 2006 receiving the Law and Justice Sector Award for being the Most Outstanding Police Officer.

His nominee says, 'To do what he has done for the last 17 years for the women of Papua New Guinea and the victims of Sexual Offences is inspirational. He is a leader in this field and a much needed role model.'

Congratulations to finalists Inspector Florence Taro, Royal Solomon Islands Police Force and Sergeant Veronica A-Ron-A-Saka, Royal Solomon Islands Police Force.

MOST OUTSTANDING FEMALE INVESTIGATOR SPONSORED BY AUSTRAL MEDIA

The Most Outstanding Female Investigator has:

- Tangibly improved how criminal investigations respond to crimes against women and how they deal with female offenders
- Shown outstanding on-the-job performance
- Mentored, supported and provided guidance to others in criminal investigations
- Enhanced the profile and professionalism of women in policing

Awarded to Detective Senior Constable Bronagh Gillespie, Queensland Police

Bronagh Gillespie is the sole female detective who has operated in remote aboriginal communities in her region since 2007. Bronagh has built rapport with both men and woman and is regarded by community members as being approachable. Many feel comfortable with her to report domestic violence and she also has the respect of male elders and leaders in the community. They respect her rank as a detective and will often seek her out to relay any concerns or issues identified within the community.

Bronagh also deals with female offenders for cases of child neglect. She conducts her investigations fairly, with respect and dignity shown to the female offenders, seeking to address the underlying issues that cause the neglect. These may be domestic, alcohol or drug related. She is



*Detective Senior Constable Bronagh Gillespie, Queensland Police
with Garry Williams, Austral Media*

often a conduit between the women and external agencies such as the Department of Communities Child Services and Department of Education. It is not unusual during these investigations for this member to fill the dual role of police officer and welfare worker due to the shortage or absence of this service at the remote Indigenous community.

This new detective is making small changes where she can, supervising the more inexperienced officers and encourages them to tackle investigations they may not have the ability or opportunity to investigate in a more metropolitan environment. This empowers the junior officers and gives them the confidence to believe in their own abilities. The communities she polices are remote, unpredictable, at times violent and certainly lack creature comforts. They are not suited to everyone and the females who serve in these communities tell of violence against police too. This detective has provided both intellectual and emotional guidance and strength to fellow women officers as well as the wives and partners of male police officers.

Congratulations to finalist Federal Agent Kate Bramwell (nee Moloney) Australian Federal Police.

EXCELLENCE IN POLICING FOR WOMEN INITIATIVE

This Award recognises the women and men who work to improve policing for women. It acknowledges the excellent initiatives that exist within the community and policing, that improve women's lives, their safety and their capacity to contribute to the community. This Award aims to highlight the work being done by individuals and groups from organisations who are working to bring together women and those charged with protecting human rights.



Inspector Susan Clark and Tania Farha

Awarded jointly to Inspector Susan Clark and Tania Farha, Victoria Police

This award has been won jointly this year by two women who have demonstrated leadership, commitment and passion during a time of major reform, by driving internal and external initiatives and challenging attitudes which have improved police responses to family violence against women.

Susan and Tania contributed to designing and implementing the Sexual Offence and Child Abuse Investigation Teams model. The initiative involves two units which house Police, Department of Human Service workers and Sexual Assault Counsellors and a medical suite for forensic examinations all in the one location. The initiative was endorsed by Government and funding was provided for eight full time police positions. The initiative has produced evidence that reduces matters withdrawn by victims, increases the number of briefs and improves outcomes at court. These members are now leading the organisation through the transition of change to this model.

Tania Farha is the senior project manager and an active contributor to the governance mechanisms that support sexual assault reforms. She is highly respected by stakeholders and works tirelessly. Inspector Susan Clark of the Sexual Offences and Child Abuse Coordination Office has shown outstanding leadership and personal contribution to the current code of practice for the investigation of family violence. This has led to a significant shift in accountabilities, attitudes and responses by police primarily in violence against women and children.

Congratulations to finalists S/Sergeant Karen Robinson and Senior Constable Sonia Conaghty, South Australia Police and the Western Australia Police Union

MOST OUTSTANDING FEMALE PRACTITIONER SPONSORED BY WESTERN AUSTRALIA POLICE UNION

The Most Outstanding Female Practitioner has:

- Shown a tangible commitment to improving the delivery of policing and law enforcement services to women in the community
- Mentored, supported and provided guidance to others within policing or law enforcement
- Enhanced the profile of women in policing or law enforcement
- Displayed outstanding on-the-job performance



Caroline Hill and Russell Armstrong from the WA Police Union

Awarded to Senior Constable Caroline Hill, South Australia Police

Caroline Hill has taken the initiative to approach senior management to set up a 'quasi' domestic violence investigation unit in a country region where services were less than adequate. Caroline wrote policies, conducted training and investigations and worked with other agencies in the region to support victims of domestic violence. She is a valuable practitioner who participates on numerous reference groups and her input enables the groups to be better informed whilst strengthening the working relationship between police and other agencies.

She is knowledgeable, efficient, courteous and respectful of victims and professionals. She is adamant that crime victims must receive the best possible services and does not fail to deliver. Caroline virtually carried the workload of this unit solely and then received management support to train other police to ensure the correct methods would be practiced as well as setting up a therapeutic support group for women survivors of sexual violence.

Caroline's boss says 'her job ethic is outstanding and she has extreme pride in not only herself but also the unit that she has formed' - did I mention she works part time!

Congratulations to finalists Senior Sergeant Janelle Poole, Queensland Police and Federal Agent Leanne Raiser, Australian Federal Police.

MOST OUTSTANDING FEMALE LEADER SPONSORED BY THE MAUREEN BICKLEY CENTRE FOR WOMEN IN LEADERSHIP & MANAGEMENT, CURTIN UNIVERSITY

This award celebrates women who have:

- Shown dynamic and innovative leadership
- Mentored and provided guidance to other women and men
- Contributed significantly to their field by use of relevant skills, experience and personal qualities
- Improved policing for women

Awarded to Superintendent Anne MacDonald, Queensland Police

Anne MacDonald, now a Superintendent, has spent many of the last 29 years leading her staff, her community and her organisation. She empowers people to make decisions and provides tools and strategies to assist them in undertaking their duties. Anne is a representative on the national committee established to review and redesign Crisis Management Guidelines and was responsible for restructuring her jurisdiction's Sexual Crimes Investigation Unit.

She was an instigator in establishing a Shire Council Safe Committee. This is a strategic working group formed as a



Superintendent Anne MacDonald, Queensland Police and Professor Margaret Nowak, Director, Corporate Governance Graduate School of Business, Curtin Business School

collaborative approach to providing direction to community safety and community crime prevention initiatives across the region. This initiative has spread throughout many towns.

She was appointed by the Commissioner as the Police Liaison Officer for the family of the late Steve Irwin to co-ordinate the funeral and memorial service. Anne firmly believes that her policing experiences and the opportunities afforded to her should be returned to the community. For the past 10 years she has given back to the community and has given presentation to various groups regarding drugs, alcohol, and social behaviours. So dedicated to the cause, she accesses recreational leave to attend and present seminars in her own time.

In 2007, Anne became a presenter of a new course run by Griffith University titled 'After The Full Time Siren'. This was a life skills program for elite athletes both male and female, from the major football codes and professional sports. She is the patron and presenter of the Griffiths University Life Skills Program which is a 16 week course that brings together athletes from around Brisbane and the Gold Coast to equip them with some of the life skills that they will need to cope with the demands of a life in professional sport.

A mentor, champion of women, a trainer, change agent, a confidant, advice giver, community member ... a true leader.

Congratulations to finalists Sergeant Cindy Larsson, New South Wales Police and Superintendent Julie Middlemiss, New South Wales Police

BEV LAWSON MEMORIAL AWARD

It is the Council's most prestigious award and recognises the most outstanding woman who has been first in any policing or law enforcement activity or support service. The Award is in honor of the ground-breaking achievements of Bev Lawson who, as Deputy Commissioner with the NSW Police, was Australia's most senior woman in policing until her untimely death in 1998.



Detective Inspector Tracy Linford

Awarded to Detective Inspector Tracy Linford, Victoria Police

In early 2008 a comprehensive work place review was conducted of the Centre for Investigator Training. The area, better known as the Detective Training School, had been operating since 1938 and was certainly known as a domain for men and it was plagued with bullying complaints stemming back to 2000.

The review found that the work unit had a culture of bullying, had failed to stay abreast of the contemporary investigative developments and was failing to meet

stakeholder needs. As a consequence the manager was moved to a new position and Detective Inspector Tracy Linford was appointed as the new Officer in Charge of the area.

Tracy was the first ever female officer in the history of the Victoria Police to be in charge of Investigator Training. She assumed responsibility for investigator and detective training across the organisation with an aim to change the unit's culture, ensuring best practice in terms of training delivery and curriculum and to meet the needs of the organisation and community.

Tracy developed a project plan that involved building individual and workplace capabilities, inspiring innovation and creativity, managing change, and encouraging partnerships to solve and prevent emerging problems. She quickly demonstrated her ability to positively influence the relevant stakeholders, ensuring activities were aligned to organisational goals and expectations. She is a highly motivated individual with an inclusive and supportive leadership style. She maintains the highest of professional standards, is a lateral thinker and renowned for excellent project management skills.

As the first female officer to be appointed to this position, she has been responsible for rebuilding the tarnished reputation of the investigator training area and she successfully managed a significant cultural shift amongst experienced educators, redefining Victoria Police's approach to investigator training. The Centre for Investigator Training has evolved into one of the most highly regarded areas of the Victoria Police, setting benchmarks for professional conduct and overall service delivery. An Assistant Commissioner says 'she sees obstacles as challenges and blockers are people in need of enlightenment'.

Congratulations to finalist Federal Agent Susan King, Australian Federal Police.

THE AUDREY FAGAN MEMORIAL AWARD

At the time of her death, Assistant Commissioner Audrey Fagan APM, was the ACT's Chief Police Officer. This Award honors the memory of Audrey Fagan's untimely and tragic passing away on 20 April 2007. The Audrey Fagan Memorial Award recognises outstanding women who have shown exceptional qualities as a mentor, role model and leader of men and women in policing and law enforcement.

Awarded to Superintendent Anne MacDonald, Queensland Police

Anne was determined not only to remain within the service but to succeed and attain promotions so that she would ultimately be in a position to change discriminating and bias



Superintendent Anne MacDonald, Queensland Police

behaviours and support and assist other women to succeed. She attempts the impossible and will never give up.

Anne is well known for her support of women and in a career spanning 29 years, many female officers have approached her, seeking guidance and assistance when faced with difficult situations, both in their private life and in the workplace. She is also a champion for the rehabilitation of female officers. Her work has seen women return to the workplace in full time duties, when many thought that they had little choice but to resign.

She recognizes that sworn and unsworn women are all women in the police and has ensured that there was career advice, training and succession planning made available for all administration officers working within her sphere of command. This has seen many administration officers achieve promotion both within this service and in other Government organisations.

Anne has exceptional qualities as a mentor, role model and leader of men and women in policing and in the community.

ETHICAL SHOPPING?

Every year the Equal Opportunity in the Workplace Agency (EOWA) publishes a list of businesses that have not complied with the *Equal Opportunity for Women in the Workplace Act 1999 (EOWW Act)*.

The 12 businesses on the list are organisations which refused to submit an annual compliance report which enables the Equal Opportunity for Women in the Workplace Agency (EOWA) to assess the conditions and provisions for women within their workplace.

Despite this list being tabled in the Australian Parliament every year, according to EOWA, ten of the non-compliant organisations have been on the list for four or more consecutive years.

EOWA's Acting Director Mairi Steele said 'These reports are required by legislation. They provide the Agency with information and an understanding of the organisation's policies and programs to further equal opportunities for women. On the basis of that information the Agency can provide tailored advice, free of charge, to support and improve their equal opportunity programs. No organisation is perfect and unfortunately those on the list have chosen to flout the law rather than work with us to ensure their organisations are good places for women to work.'

Current sanctions for non-compliance render organisations ineligible for Government contracts and certain industry assistance programs.

What is concerning about these companies is how so many of them expect women to buy their products, for example Rivers Australia, Fashion Fair, Thomas Jewellers Ross Cosmetics and Tyrrell's Vineyards.

But the question is what, if anything, should we as women be doing about these companies?

Maybe think before you shop, do you want to keep supporting businesses that refuse to comply with the law and behave as if they don't believe that there should be equal opportunity in the workplace?

EOWA's 2009 List of Non-Compliant Organisations		
Organisation	Head Office Location	Industry Sector
A J Mills & Sons Pty Ltd	Lismore, NSW	Transport, Postal & Warehousing
Berri Resort Hotel Incorporated	Berri, SA	Accommodation
Charles Hull Contracting Co Pty Ltd	Waroona, WA	Construction Services
Fashion Fair Pty Ltd	Lidcombe, NSW	Clothing Retailing
J J Richards & Sons Pty Ltd (incorporating J.J. Richards Pty Ltd; J.J.R. Engineering Pty Ltd; Regwaste Australia; EnviroCom Australia)	Cleveland, QLD	Waste Collection, Treatment & Disposal Services
Morgan's Supa IGA (trading name; legal name is Janagrom Nominees Pty Ltd)	Melton, VIC	Food Retailing
Nowshire Pty Ltd	Brisbane, QLD	Other Administrative Services
Rivers Australia	Prahran, VIC	Clothing Retailing
Ross Cosmetics Aust Pty Ltd	Tullamarine, VIC	Cosmetic & Toiletry Preparation Manufacturing
Roverworth Pty Ltd	Brisbane, QLD	Meat & Meat Product Manufacturing
Thomas Jewellers (Aust) Pty Ltd	Melbourne, VIC	Retail Trade
Tyrrell's Vineyards Pty Ltd	Pokolbin, NSW	Wine and Other Alcoholic Beverage Manufacturing

For more information about EOWA go to its website www.eowa.gov.au.



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¹ SelectingSuper, a company of Rainmaker Information Pty Limited AEN 90 095 610 995, describes the best fee deal for superannuation funds as the best overall fees payable, where overall fees are calculated for a member earning around \$60,000 pa and who has \$50,000 in their super fund's default investment option. It describes funds that you can join as a private individual. Under Fund Choice (if you qualify) you can also direct your employer contribute your superannuation into these funds. The best fee deals across all retirement funds describes the best overall fees payable, where overall fees are calculated for a member with an initial deposit of \$100,000 and receives 12 monthly pension payments all invested in the fund's default investment option. Research dated June 2009.

² SuperRatings Pty Ltd ABN 55 100 192 280. The SuperRatings Fund Crediting Rate Survey uses crediting rate returns that are net of investment fees, tax and implicit asset-based administration fees. Explicit fees such as fixed dollar administration fees, exit fees, contribution fees and switching fees are excluded. All net return information is sourced directly by the super funds. It is assumed net return calculations are based on hard close-sell prices or comparable prices where a super fund does not calculate a hard close-sell price. Past performance is not a reliable indicator of future performance.

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For counselling or urgent assistance, call Lifeline on **13 11 14** or Mensline Australia on **1300 78 99 78**



beyondblue

the national depression initiative
www.beyondblue.org.au

YOUR BEST DEFENCE

Hellweg products have earned a valuable reputation for their first class reliability and efficiency. Our product range has steadily expanded over the years and includes many products designed specifically for women, using only state of the art fabrics for protective clothing, body armour, holsters, belts and accessories. Each product is manufactured to world class standards and comes with a quality guarantee that it will give long life and dependable service.



Our redesigned body armour has been specifically designed for women, with comfort for prolonged use in mind. We have incorporated flexibility and fit for all sizes, while maintaining maximum protection.



EGH514_A



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