



How to Guide

for Identifying and Managing Risk
Behaviour

Service de police de la Ville de Montréal
Division de la sécurité et de l'intégrité

2017

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Message from the Director

How to Guide for Identifying and Managing Risk Behaviour

A sense of pride and involvement in the daily public services they deliver are what gives meaning to the work of both the police and civilian staff. Listening, encouraging communication and actively contributing to the staff's well-being are just some of the ways of investing in this sense of pride, which must be shared, felt and expressed by all.

To understand the organizational and individual dynamics that influence behaviour control, over the past four years the SPVM has been relying on the experience and expertise of its civilian staff and police officers, as well as the cooperation and participation of its public safety partners.

This guide introduces a work tool whose main goal is to help managers and colleagues in their efforts to take early action on vulnerabilities and to intervene with individuals before they get involved in situations that put themselves, the public and the organization at risk. This tool sets the direction for providing support and assistance to employees who exhibit risk behaviours and for ensuring their commitment to finding solutions.

To ensure that the SPVM remains at the leading edge of its staff security, future actions will consolidate the strategies and give further thought to this issue. It is thus with great pride and enthusiasm that I present this How to Guide for Identifying and Managing Risk Behaviour. Take a copy and make it a part of your daily life.

Continue acting with integrity and courage.

A handwritten signature in blue ink, appearing to read 'P. Pichet', with a stylized flourish at the end.

Philippe Pichet

Director

Glossary

SPVM Units

SERVICE DE POLICE DE LA VILLE DE MONTRÉAL (SPVM)	MONTRÉAL POLICE SERVICE*
DIVISION DE LA SÉCURITÉ ET DE L'INTÉGRITÉ (DSI)	SECURITY CLEARANCE AND INTEGRITY DIVISION*
MODULE D'INTERVENTION EN SOUTIEN AUX EMPLOYÉS (MISE)	SPECIAL SUPPORT UNIT (COMPRISED OF POLICE OFFICERS WHO ASSIST OTHER OFFICERS ON ACTIVE DUTY PRESENTING VULNERABILITIES OR RISK BEHAVIOUR)*
BUREAU DU SERVICE AUX CITOYENS (BSC)	CITIZEN SERVICE UNIT*
DIVISION DES AFFAIRES INTERNES (DAI)	INTERNAL AFFAIRS DIVISION*
DIVISION DES PARTENAIRES D'AFFAIRES RH	HUMAN RESOURCES DIVISION*
DIVISION DES AFFAIRES POLICIÈRES DU SERVICE DES AFFAIRES JURIDIQUES	LEGAL AFFAIRS*
MODULE DU CONTRÔLE DES INFORMATEURS (MCI)	INFORMANT HANDLING SUPPORT UNIT*

Other services and programs

PROGRAMME D'AIDE AUX EMPLOYÉS (PAE) OR PROGRAMME D'AIDE AUX POLICIÈRES ET POLICIERS (PAPP)	ASSISTANCE PROGRAMS FOR CIVILIAN AND POLICE PERSONNEL (PSYCHOLOGICAL SUPPORT)*
QPIC	QUEBEC POLICE INFORMATION CENTRE
CPIC	CANADIAN POLICE INFORMATION CENTRE
LA VIGILE	INDEPENDENT RESOURCE CENTRE FOR ASSISTANCE AND SUPPORT OF FIRST LINE RESPONDERS*

* Free translation from the authors.

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Introduction

The risk behaviour of employees within an organization is obviously complex. To understand or assess this behaviour, many variables — sometimes specific to individuals, professions or various organizational cultures — need to be taken into account. In addition to these efforts, organizations should include the management of this behaviour as part of their continuum of efforts and strategies.


Several strategies proposed by the SPVM reflect a cultural shift in security and integrity. The creation of the Division de la sécurité et de l'intégrité (DSI) is the cornerstone of this shift. The DSI promotes security awareness and prevention among staff. The initiatives include increasing security standards for police officers and civilian staff, in particular, by redefining security accreditation criteria for staff and increased vigilance of risk indicators. In addition, the creation of the Module d'intervention en soutien aux employés (MISE) confirms this genuine determination to provide support and help with identifying and managing risk behaviour at the SPVM. Based primarily on the employee's voluntary participation, the approach advocated by MISE involves proactive or preventive intervention.

This guide is essentially an administrative and operational tool for managing risk behaviour in the workplace, regardless of whether the employee has been reported or has requested help him or herself.

In the spirit of accountability, this tool proposes a process of reflection and intervention in order to change these conscious or involuntary behaviours, which may represent a risk for the individual, the organization or the public.

To achieve these goals, intervention is a must in order to manage risk behaviour. This intervention should be carried out proactively, that is, before the individual suffers the harmful and sometimes irreversible consequences of his or her actions — harmful consequences not only for the individual, but also for the organization or public. The approach is based primarily on the voluntary and participatory involvement of the employee and his or her supervisor. The term “support” in this guide refers to the goal of identifying risk behaviour, analyzing the risk associated with the behaviour, and managing it with the individual or individuals with whom the intervention will be carried out.

This guide introduces the main steps of a management approach tailored to each specific situation. Does the behaviour warrant disciplinary action? Would it be more appropriate to take up the matter with the Internal Affairs Division, human resources or the medical office? Is it a risk behaviour that resembles a support approach suggested in this guide? This tool will help you answer these questions and will provoke further thought on risk analysis.



It is a matter of developing formally defined expectations for and with the employee, ensuring proper supervision and providing the employee with an opportunity to improve his or her well-being at the SPVM.

Guide Summary

This guide contains a variety of tips and information to assist you with the process of managing risk behaviour. For assistance at any time, you can refer to various resource persons listed in Appendix 5. Finally, in order to take a proactive approach, we encourage you to choose the relevant aspect for identifying, analyzing and understanding the situation.

The following page summarizes the main support steps, which can serve as a reference throughout the support process. It recommends a sequence of decisions and actions to be taken by the support facilitator and his or her partners, where appropriate. Resource persons can be of great help and are available throughout the process.



This guide does not replace the experience and judgment of supervisors in the organization; nor does it recommend improvising the clinical or psychological care of individuals.

The first chapter of the guide encourages you to give some initial thought to reporting. Four conditions must be validated before analyzing or responding to risk behaviour. Otherwise, the support approach should be reconsidered. This introductory chapter also outlines risk concepts, risk factors and indicators.

The first of three sections, which make up the entire process, will enable you to more clearly identify risk behaviour. Three main risk behaviour categories have been identified, namely: inappropriate use of force; practices that undermine police integrity; and counter-productive professional practices. Each behaviour category has a series of risk factors, which may provoke the behaviour; risk indicators, which are detectable signs in everyday life; and examples of observable behaviours. This section is important, as it allows you to remain objectively focused on risk behaviour. This is a key step in the process, since it will justify the approach and prevent discrepancies or excesses of the supervisors or individuals concerned.

The second section suggests ways to better understand how the behaviour poses a risk to the individual, the organization or the public. This involves identifying the underlying vulnerabilities, evaluating the severity of the risk and assessing the aggravating or mitigating factors of the risk behaviour. This step will enable you to determine the actual impact of the behaviour on the environment, assess how urgent it is to take action, transitional measures to be prioritized, where appropriate, and better define the behaviour expected of the individual in question.

Support Summary

PROVIDE SUPPORT ONLY IF (page 10):

- > The reported or detected behaviour does not oblige the witness or the individual who receives the report to file an official complaint.
- > The reported behaviour poses a risk to the employee in his or her duties.
- > The behaviour is not subject to any judicial or disciplinary action.
- > There is no interpersonal conflict between you and the employee who exhibits risk behaviour.

BASIC CONCEPTS (page 10):

- > **Risk:** vulnerability x threat / mitigation measures
- > **Risk factor:** Aspects or situations that may contribute to risk behaviour.
- > **Risk indicator:** Detectable signs in daily life that may indicate risk.
- > **Observable practice:** Observable risk behaviour, which is at the heart of the process.

A Knowing the risk

Behaviour categories (page 13)

INAPPROPRIATE USE OF FORCE

- ☐ No legitimate use of force
- ☐ Excessive use

PRACTICES THAT UNDERMINE POLICE INTEGRITY

- ☐ Personal vulnerabilities
- ☐ Unfairness or perceived unfairness
- ☐ Culture of impunity
- ☐ Institutionalized tolerance

COUNTER-PRODUCTIVE PROFESSIONAL PRACTICES AND COMPETENCIES

- ☐ Knowledge
- ☐ Know-how
- ☐ Soft skills

Observed behaviour(s) (page 27)

Expected behaviour(s) (page 27)

Impact on the environment (page 27)

B Understanding and analyzing the risk

Vulnerabilities (page 32)

- ☐ Traumatic events
- ☐ Finances – Gambling addiction
- ☐ Finances – Debt
- ☐ Finances – Affluence
- ☐ Sexual behaviour
- ☐ Use and abuse of alcohol and drugs
- ☐ Domestic violence and victimization
- ☐ Mental health
- ☐ Outside activities and associations
- ☐ Internet activities

Severity of risk (page 25)

LIKELIHOOD THAT THE BEHAVIOUR
WILL REOCCUR:



Urgent need for action (page 27)

- ☐ YES ☐ NO

Reasons:

Aggravating factors (page 26)

Mitigating factors (page 26)

Prepare the employee profile (page 26)

C Addressing the risk

Disciplinary action is necessary:

- ☐ **YES** ➡ possibility of contacting the DAI
- ☐ **NO** ➡ continue support

Actions to mitigate the urgency to respond, where appropriate (page 27):

Employee meetings (page 29)

Employee is committed to the process

- ☐ **YES** ➡ continue support
- ☐ **NO** ➡ switch to supervision

Key points

- ☐ Validate the observations with the employee
- ☐ Present the analyses to the employee
- ☐ Explore the employee's perception
- ☐ Determine the objectives, means and resources by mutual agreement
- ☐ Complete the support plan
- ☐ Facilitate implementation of the plan

List of resources useful for your support in Appendix 5 (page 76)

MISE

MISE@spvm.qc.ca or 514 241-6654

- ☐ **YES** ☐ **NO**

The last section of the guide encourages you to intervene. First, it suggests specific strategies and objectives for exploratory and subsequent meetings with the employee. This essential step consists in obtaining the employee's commitment to a voluntary, proactive approach. To ensure follow-up and adjustment, there are forms to be completed for the support plan implementation.

Among other things, the appendix includes information sheets on various vulnerabilities associated with behaviours and which reflect the realities experienced within police organizations. Each of the 10 information sheets provides a short definition, risk indicators and a series of relevant references. These information sheets were developed based on sources available in scientific literature, on the Web, and in the references compiled by our main institutional partners.

Receiving reports and basic concepts

The entire network (i.e. colleagues, supervisors, unit managers) must be willing and able to provide the relevant information to the individual responsible for managing risk behaviour. The unit management team is in direct contact with its staff on a daily basis; it usually has the task of receiving reports or identifying the risk behaviour(s) committed. In other words, the information may come from various sources: a colleague, a superior, a citizen, an incident report, the individual him or herself, etc.

Work and research carried out by organizations have shown that reporting or detecting risk behaviour are fairly common practices. Nevertheless, there is clearly a need to manage this behaviour. It is one thing to be aware of the behaviour or the situation; it is another to understand it and intervene with the individuals affected by these reports. The next section will help you with this well-thought-out management approach.



At this point, it is important to emphasize that it is the behaviour causing risk that should be analyzed and for which support approaches may need to be taken.

Before beginning the process of identifying, analyzing and responding to the risk behaviour, the following four parameters need to be validated. Otherwise, the support approach should be reconsidered.

> **Possibility of providing support:**

The reported or detected behaviour does not oblige the witness or the individual who receives the report to file an official complaint.

> **The reported behaviour poses a risk to the employee in his or her duties:**

The behaviour occurred within or outside the workplace and poses a risk to the employee, organization or public.

> **The behaviour is not subject to any judicial or disciplinary action:**

The behaviour is not subject to any investigation or measure in internal affairs or any other tribunal.

> **There is no interpersonal conflict between you and the employee who exhibits risk behaviour:**

The possibility of providing preventive support largely depends on the relationship of trust between the individuals. If this relationship is weak, it is best to delegate the process to a resource person.

1. What is risk?

Risk is inevitable and present in virtually all human situations; every day, public and private organizations deal with the risk that staff members may pose. In general, the literature suggests that organizational risk threatens material resources (buildings, access to premises, computers, etc.), information (knowledge, information, computer data, etc.) and people. Furthermore, the consequences of risk behaviour undermine organizational objectives. The equation on the following page, although qualitative, illustrates the elements that make up risk.

Example 1. A police officer who suffers from a mental health problem and who stops taking his medication is a greater risk to the organization, since the mitigation measure (taking medication) has been suspended.

Example 2. An employee takes a one-year leave without pay. His access to the premises has not been suspended by the organization and he keeps his access card at home. This may result in an increased risk to the organization; a stranger could take his card to enter the premises. An appropriate mitigation measure would have been to withdraw access.

Example 3. A police officer returns from medical leave, caused by a traumatic event, and resumes patrol. His partner notices that he is avoiding calls when there is a high probability of using force. An appropriate mitigation measure would have been a well-planned gradual return.

Example 4. In a subsequent security accreditation, the organization discovers that the employee received a \$8,000 gift from his brother-in-law who is associated with biker gangs. This situation poses a risk to the organization, since the employee may have unintentionally placed himself in a situation that is vulnerable to blackmail, extortion, coercion or exploitation.

The following equation illustrates security risk:

$$\text{Risk} = \frac{\text{Threat} \times \text{Vulnerability}}{\text{Mitigation measures}}$$

Threat is the type of action likely to be harmful; vulnerability (or weakness) is the level of exposure to the threat; mitigation measures are actions taken to prevent the threat (technical solutions, training and awareness-raising measures for users, and clearly defined rules).

2. What is a risk factor or where does risk come from?

In a person's life, a risk factor is an aspect related to his or her family situation, living environment or culture that increases the risk that this individual will develop physical, emotional or behavioural disorders, which may impact the workplace. This is not a causal link.¹ In contrast, a protective factor is one that increases the likelihood that such a situation will not occur.

Several risk factors may interact at the same time, be complementary, or influence the appearance of other factors. While some risk factors are the result of individuals' clear intentions, which suggests that the behaviours are conscious, others may appear without the individuals' knowledge. It is therefore strongly recommended to carefully interpret the risk factors, their interactions and the behaviours or situations that arise from them.

3. What is a risk indicator or how does risk arise?

A risk indicator is a perceptible and detectable sign in the individual's daily life. This sign may show up in behaviours, attitudes or judgments and likely indicates a risk. For example, an employee develops carpal tunnel syndrome, tells you that he has insomnia, has a few unjustified absences and seems increasingly disinterested in the group's social activities. Together, these four indicators are all related to Internet addiction. They inform us that there is a vulnerability (Internet activity) and prompt us to think about the underlying risk behaviour (counter-productive skills and practices) in his workplace.

¹ References are at the end of the document.

A**Identifying Risk Behaviour
and Associated Factors**

In police organization literature, police officers' so-called risk behaviours are usually grouped into three categories: inappropriate use of force; practices that undermine integrity; and marginal performance.² In this guide, we will use these same categories for all employee groups within the organization. Risk factors and indicators can make it easier to understand the behaviour in a given context.³

General literature on police misconduct suggests that problem cases are generally well known, particularly to supervisors, colleagues and the organization. Furthermore, it is well known that about 10% of police officers in an organization are responsible for 90% of problematic or inappropriate situations.⁴ Minor and isolated misconduct, in and of itself, poses a low risk to the employee or organization. However, repeated misconduct may need to be addressed.

1. Inappropriate use of force

Legitimate use and the force continuum⁵

Section 25 of the Criminal Code stipulates the applicable rules to legally justify the use of force. Section 26 adds the concept of necessary force, which identifies an evaluation principle based on the comparison of the conduct of the police officer involved compared with the expected conduct of a police officer acting reasonably under the same circumstances⁶.

Canadian police models advocate force continuum guidelines to train police officers or assess the prevalence of the use of force among police officers. This continuum recommends the use of force equivalent to the suspect's resistance, taking into account the context in which the intervention takes place. In general, the suspect's resistance may be the main factor which explains the probability that the force may be used and determines the level of this force⁷.

However, the assessment of this resistance by the police officer involved is dependent on a set of endogenous and exogenous factors from which arises the concept of reasonable force.

To explain the use or absence of force in interventions, most scientific studies, which attempt to identify the individual characteristics of police officers, suspects and situations, are based on police officers' self-declaration reports. These reports may have biases, but are still among the only data available to draw conclusions. Some examples of bias: the police officer's exaggeration of the suspect's resistance; the minimization of the force used in the police officer's version or the absence of the suspect's version of the force used by the police officer.⁸ Despite this significant limitation, studies show that the situational characteristics determine to a greater degree the use of force in interventions as opposed to the individual characteristics of suspects or police officers.⁹

Inappropriate use of force

The use of force may be inappropriate in the sense that it does not necessarily enable the police officer to completely and decisively control an individual. This insufficient use of force can create vulnerabilities for the police officer, since the minimum expectation to ensure and maintain the security of the police officer, his or her colleagues and the public is not guaranteed. This risk behaviour can lead to a rapid escalation of tension during an intervention (fear, physical or mental inertia, interaction with the suspect) and, consequently, once again lead to the inappropriate use of force. An individual who avoids going to calls where the use of force is anticipated may also pose a risk. In this case, there is reason to pay particular attention to the absence or insufficient use of force rather than excessive use of force.¹⁰

Use of excessive force

The Cluett¹¹ judgment of the Supreme Court prescribes that police officers are authorized to use such force as is reasonable, proper and necessary to carry out their duties, providing that no wanton or unnecessary violence is imposed. Using excessive force is a behaviour that introduces criteria associated with malicious intent, bad faith, serious lack of judgment, unacceptable lack of knowledge of applicable guidelines or rules, lack of restraint or highly reckless behaviour.¹²

Force is also a matter of attitude and values acquired during police officers' careers, combined with common emotions.¹³

Research on objective manifestations of excessive use of force is scarce; there is a lack of official data. Nevertheless, the following table shows the main risk factors identified in the literature and gathered during interviews with use of force consultants from our internal and external security partners.

Risk factors

Characteristics of police organizations

- Lack of mechanisms for monitoring the use of force
- Lack of training and skills upgrading
- Lack of supervision
- Organizational culture (supervisors or managers do not intervene when excessive force is used or suggest that this behaviour is acceptable)
- Relative impunity for use of excessive force
- Excessive punishment when the behaviour is identified (which, in turn, discourages reporting)
- Police officers have observed that the use of excessive force is a reality, but it is ignored or concealed by the organization

Individual characteristics of police officers

- Desensitization: emotions are inhibited and hardened; trivialization of violent behaviour over time
- Justice: “us” against “them”: the public is the enemy
- Prejudices
- Values and beliefs (e.g. acts of revenge against a pedophile)
- Rationalization of violent behaviour
- Displacement: the individual lets off steam from problems in his or her life
- Seeking peer approval and admiration (early in their career)
- Police officer who has a personality disorder (chronic risk)
- Police officer who has experienced previous traumatic events while using force

Risk indicators

The use of excessive force thus remains difficult to specifically measure or assess. Nevertheless, the frequency of complaints and allegations by the public and police peers against the same police officer is a significant indicator.¹⁴

Violent behaviour

- > behaviour likely to undermine physical or psychological integrity, motivated by malicious intent or uncontrolled aggression, hostility, excessive force, impulsivity;
- > evidence of excessive anger (susceptibility).

Verbally abusive behaviour or use of inappropriate language

- > foul or profane language, humiliation, contempt, offensive or derogatory comments about citizens or co-workers, open belittling of others (attack on their esteem);
- > irreverence, rudeness, impertinence, disrespect.

Evidence of insensibility

- > indifference, disinterest, lack of remorse;
- > intimidation (in their power relationship);
- > discrimination (racial/social).

Complaints and allegations from the public or colleagues

The police officer reports a significant number of assault charges against him or herself

The police officer is always the first one to assist with calls where force will be used

Indicators on social networks (posts)

Isolation or rejection of the police officer by peers due to his or her work methods (difficulty finding a teammate) or, on the contrary, admiration from his or her peers

Observable police practices with regard to the use of excessive force

The use of force can be described as “excessive” when it goes beyond the limits identified by the principles and guidelines of the organization or the law. Abuse of force can be observed before, during or after individuals have been immobilized or controlled. Although there are many observable examples of use of excessive force, these unfortunate practices generally involve the following methods:¹⁵

- > deadly force and use of a firearm;
- > use of intermediate weapons;
- > use of physical control techniques, from light to powerful;
- > communication methods.

2. Practices that Undermine Police Integrity

Integrity is defined as a moral value that serves as a reference and guides our choices and actions. It implies a notion of honesty. A person of integrity is an individual who can be counted on, and whose values are reliable and stable. Integrity also refers to a person's ability to respect his or her commitments and principles, despite opposing pressures. A person of integrity accepts responsibility for his or her actions (www.oiiq.org).

In police institutions, the most common breach of integrity is corruption. Although Quebec is a long ways away from subsistence corruption, as is the case in developing countries, police duties provide tempting, lucrative opportunities on the criminal market that other professions do not have. Even the best officers can be tempted.¹⁶

Police corruption can be observed by analyzing various conceptual, political and operational variables. Measuring its extent in police forces is difficult, if not impossible, to quantify due to police culture, the reluctance of organizations to collect data or even admit the existence of the problem, and pressure to keep quiet about all forms of corruption. A simple definition states that:

Police corruption is any illegal activity or misconduct involving the use of occupational power for personal, group, or organizational gain. (Sayed and Bruce, 1998, p.8 in Corruption in Policing: Causes and Consequences, RCMP, 2006)

Corruption within organizations may involve a few individuals. Some European studies have shown that between about half and one per cent of police staff (including both officers and civilians) is potentially (but not necessarily) corrupt.¹⁷ Police corruption is a concern for all officers, regardless of their rank or position. It is also a concern for civilian employees in police forces.

Risk factors

In an effort to strategically analyze police corruption, the Australian Commission for Law Enforcement Integrity proposes a corruption probability model. In this model, the probability of corruption is equal to the product of the exposure (threat or risk) multiplied by the degree of susceptibility (the individual's vulnerability).¹⁸

Practices that undermine police integrity thus stem from the interaction of various factors. Some of these factors are endogenous to individuals (personality traits, character), while others are exogenous (lack of supervision, tolerance). The following table illustrates factors that may explain the probability of corruption.

$$p(C) = E \times S$$

whereby (p) is the probability that any individual would act corruptly (C), depending on his or her susceptibility (S) to corruption at a particular time, and any positive or negative exposure (E) factors that may be encountered in the work environment.

FIRST**Personal vulnerabilities****The individual succumbs to corruption:**

- > prospect of making large profits through an illicit transaction
- > fear of seeing a competitor benefit from corruption before he or she does
- > overly complex, non-transparent or outdated administrative and operational procedures

SECOND**Unfairness or perception of unfairness****The individual perceives his or her situation to be unfair or sees the prospect of a reward:**

- > lack of performance incentives, lack of recognition
- > no promotion
- > low salary
- > lack of professionalism
- > lack of security
- > enviable benefit or profit

THIRD**Culture of impunity****The individual may be able to get off “scot-free”:**

- > little accountability
- > low risk of being discovered and penalized
- > trivialization of behaviours

FOURTH**Institutionalized tolerance****The culture of certain units allows corruption or even condones illicit activities**

Given the criminal and unacceptable nature of observable police corruption practices, they have been listed as an appendix to this document. This risk behaviour must be subject to criminal prosecution or severe penalties. Appendix 3 provides a series of examples from the literature and consultations.

Risk indicators

Consultations with our external and internal police partners have enabled us to identify a number of warning signs of practices that undermine police integrity. Viewed in isolation or together, these indicators should be interpreted with caution, since there is not necessarily a causal link.

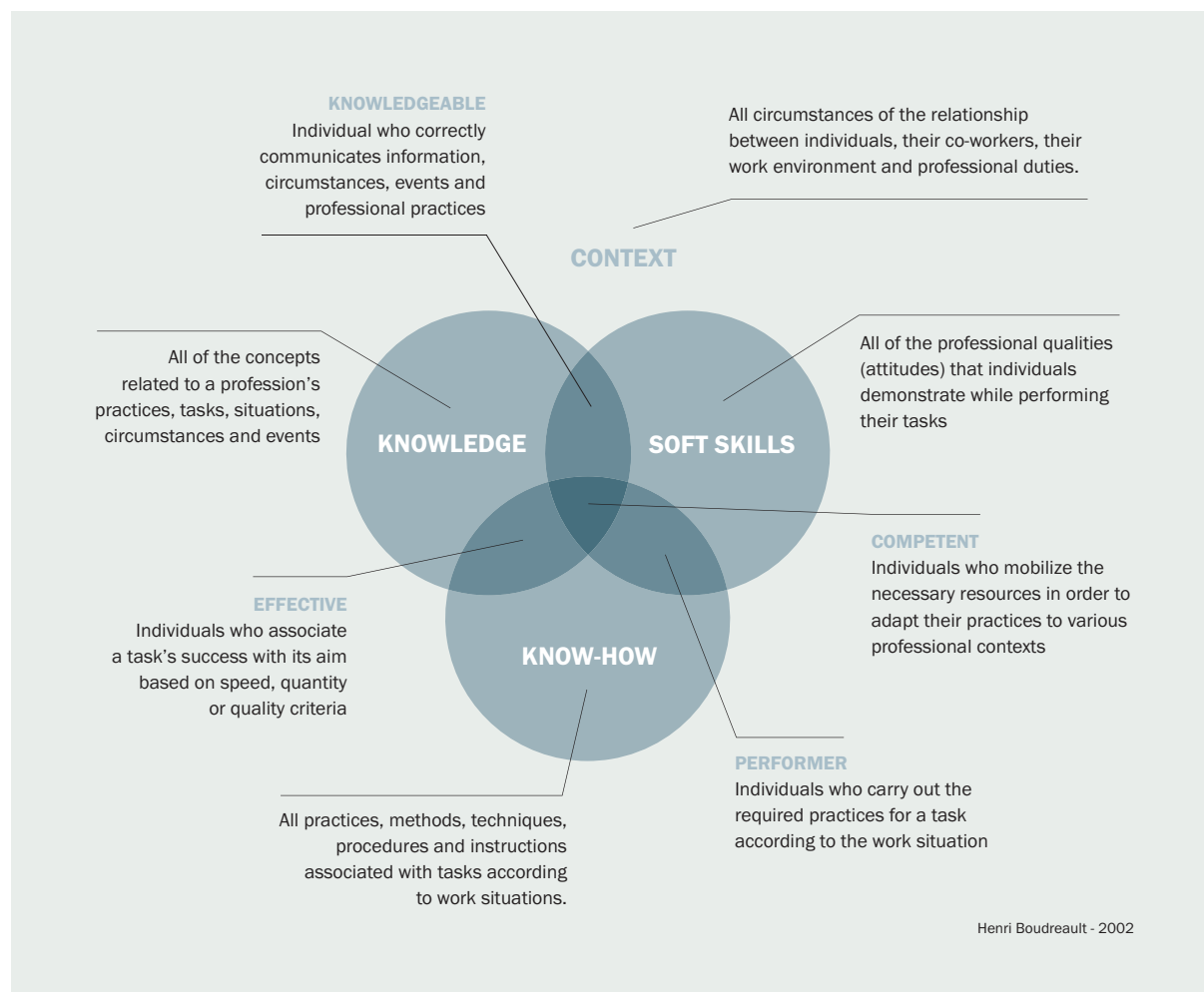
- > Meeting with an informant alone; preferring to use the phone;
- > Working unusual office hours;
- > Removing their uniform and going out for meal periods;
- > Putting their computer screen on standby when a colleague approaches;
- > Demonstrating an impressionable character (can't say no);
- > Having an aggressive, contemptuous, narcissistic attitude in interpersonal and professional relationships;
- > Trying to please due to a fear of losing their informant;
- > Failing to protect the informants' identity;
- > Being keenly and unusually interested in colleagues' investigation processes;
- > Having strong emotional reactions when an acquaintance (for example, a storekeeper) is subject to police procedures initiated by other colleagues (for example, an infraction).
- > Writing reports from sources that contain clues and inconsistencies (date, time and attendance do not match the schedule; expressing opinions and misinterpreting facts);
- > Unjustified comings and goings;
- > Conducting level III investigations in the QPIC and the CPIC without justification;
- > Using a colleague's password and registration number;
- > Having sudden affluence;
- > Constantly seeking an exemplary and enviable reputation;
- > Often negotiating benefits with clientele in their sector (neighbourhood police);
- > Photographing information or leaving the office with confidential information (key, paper, etc.);
- > Asking colleagues to search for information (and/or unexplained reaction if they refuse);
- > Sabotaging or undermining certain police procedures for their benefit or that of the organization (according to their interpretation);
- > Trivializing security breaches and the importance of procedures; taking more risks; being overly confident;
- > Refusing to undergo a security accreditation investigation;
- > Over-reacting to work-related disappointments and problems.

3. Counter-Productive Professional Practices and Competencies

Behaviours resulting from a lack of competence or knowledge for performing duties, or those caused by a certain way of acting and thinking, can definitely hinder or slow progress towards the personal and common goals of the organization's members.

In its operating procedure, the SPVM states that an underperforming employee is an employee whose performance is insufficient or whose attitude and behaviour are below minimum expectations.¹⁹ To clarify the various professional competence components, Henri Boudreault, professor at Université du Québec à Montréal, proposes the following diagram:

Professional competence chart



As with behaviours related to a lack of competence, counter-productive behaviours of individuals are also likely to have an impact on the organization and work teams, regardless of the nature of the work and how it is carried out. On the other hand, counter-productive behaviour is characterized as intentional and detrimental to the proper functioning of the organization or work team.

Employees may engage in a number of reprehensible behaviours at work. Internal theft — committed by employees in the workplace — concerns only a portion of all potential deviances. There are other types of minor or major deviances sometimes committed against the organization, sometimes against individuals. These deviances may have an impact on work performance or property. They may also have a political basis or may be directed against individuals. The following table illustrates these findings.^{20, 21}

	Deviances against the organization	Deviances against individuals
Minor deviances	<ul style="list-style-type: none"> • Leaving early • Taking too many breaks • Underperforming • Wasting resources 	<ul style="list-style-type: none"> • Practising favouritism • Gossiping • Denigrating colleagues • Encouraging pointless competition
Major deviances	<ul style="list-style-type: none"> • Sabotage • Lying about hours worked • Stealing from the organization 	<ul style="list-style-type: none"> • Sexual or other harassment* • Verbal assault • Stealing from colleagues • Endangering colleagues

* **Harassment:** An individual who is a harasser spends his or her time repeatedly and inappropriately pursuing another person, usually aggressively, intrusively and sometimes even threateningly²².



Any person in a position of authority who becomes aware of harassment must take reasonable measures to stop the harassment. In particular, he or she may request the support of the head of the Partnership Services and Labour Organization (HR), an individual appointed to the SPVM for administering the City of Montréal's Politique de respect de la personne. He or she may also refer the individual who feels harassed. Lastly, he or she must take all possible measures to resolve any complaint. Here is the link for the Politique de respect de la personne:

http://ville.montreal.qc.ca/pls/portal/docs/page/intra_fr/media/documents/respect_politique_brochure_web.pdf

Workplace harassment details

HARASSER'S PROFILE

- > Invading the personal space of others;
- > Imposing unwanted physical contact;
- > Using social media abusively (email, text messaging);
- > Criticizing social or professional status;
- > Rudely interrupting;
- > Making hypocritical attacks;
- > Sneering;
- > Not tolerating criticism;
- > Denying evidence and lying;
- > Displaying ironclad self-confidence and belittling others
- > Appropriating the efforts of others;
- > Rarely acknowledging mistakes and refusing to change

HARASSING EXPRESSIONS (WORK OR PERSONAL LIFE)

- > Contemptuous or hateful insults;
- > Unfounded negative assessment;
- > Contempt and inconsistency;
- > Anger and vulgarity;
- > Condescending punishment;
- > Threats;
- > Starting and spreading rumours;
- > Humiliation by public reprimands;
- > Brushing off hurtful comments as sarcastic joking or so-called "teasing."

Risk factors

In the following list of risk factors related to counter-productive behaviours, some are specific to the police organization while others can be applied to all types of organizations or companies.

- > Toxic police culture;
- > Negligence and laxity in information and materiel management;
- > Lack of accountability;
- > Inappropriate management style (lack of supervision or increased bureaucratic control);
- > Perception of politicization of the organization (tense political environment);
- > Quality and choice of training;
- > Lack of professionalization of police or civilian staff;
- > Collective agreement negotiation periods (unions and professional associations);
- > Non-existent and/or poorly enforced regulation;
- > Centralization versus decentralization of services (change in organizational structure);
- > Police practices influenced by prejudice, such as unconscious racist practices, interventions differentiated by disadvantaged neighbourhood vs. affluent neighbourhood;
- > Media influence, increase in public demands;
- > Challenging economic environment;
- > Mass recruitment periods of inexperienced police officers;
- > Members' low level of commitment to their organization;
- > Pervasive moonlighting and excessive paid duty time.

Risk indicators

Interviews with internal and external security partners as well as research have enabled us to identify risk indicators related to marginal or counter-productive performance.

Individual	Organizational
<ul style="list-style-type: none">• Public complaints (code of ethics, 733, etc.)• Number of times police officers draw their weapons• Use of excessive force• Use of force reports• Number of arrests for assaulting a police officer• Car chases• Traffic accidents• Performance appraisal• Colleagues' assessment• Grievances filed by the employee• Court absences• Police discipline record• Overtime• Number of staff changes• Absences due to illness	<ul style="list-style-type: none">• Behaviour encouraged or condoned by the culture• Staff disengagement• Frustration or perceived unfairness in the organization• Paid duty, excessive overtime• Shortcomings or deficiencies in staff performance appraisals or assessments

Observable counter-productive practices

The following list provides some examples of counter-productive behaviours that are not specific to the police organization. Although not exhaustive, this list includes the most frequently identified and cited behaviours in research.

- > Poor use of information technology and work tools;
- > Theft of time (frequently late, leaving early, misuse of the Internet, personal text messaging, lies about meal times or hours worked);
- > Theft of equipment (supplies, batteries, taxi tickets, electronics);
- > Omissions;
- > Unjustified absences;
- > Frequently late;
- > Deficiencies in the quality of reports or work;
- > Insubordination, problems with the chain of command;
- > Defiance of authority;
- > Violation, trivialization or wilful ignorance of the security measures in force;
- > Failure to comply with the dress code;
- > Interpersonal conflict (denigrating or ignoring a colleague, stop talking to them, making innuendos or spreading rumours about them, making threats, harassment);
- > Work slowdown (not doing too much, making less effort during teamwork, pretending to feel ill in order to leave work, staying away longer during a task for personal needs);
- > Over-confident (giving themselves all the credit for teamwork, boasting if they are successful, but blaming others if they fail).

B Contextual Analysis of Risk Behaviour

1. Recognizing vulnerabilities

Certain vulnerabilities in employees' lives can both explain the behaviour observed and increase their fragility. To better understand the individuals' actions and offer appropriate support, these situations provide the context for the behaviour.

Definitions, various information and risk indicators for 10 vulnerabilities have been identified in the scientific and institutional literature.²³

In Appendix 1, there is a tab for each of the following vulnerabilities:

1. Traumatic Events
2. Finance – Gambling addictions
3. Finance – Debt
4. Finance – Affluence
5. Sexual behaviour
6. Use and abuse of alcohol and drugs (including steroids)
7. Domestic violence and victimization
8. Mental health and personality disorders
9. Outside activities and associations
10. Internet activities

2. Assessing the severity of risk

Severity is defined as the product of the likelihood that the behaviour will reoccur multiplied by the seriousness of its consequences or anticipated impact of the behaviour.²⁴

This equation can prioritize risks in order to target those of greater importance. For example, the greater the likelihood the behaviour will reoccur and the greater the seriousness, the greater the severity of the risk. This prioritization will help determine the best intervention to be carried out.

Severity of risk = Likelihood of recurrence x Seriousness

3. Considering aggravating and mitigating factors

Some circumstances may increase the severity of the risk while others may mitigate their impact. This list is of course not exhaustive, but it can serve as a springboard for reflection on risk analysis.

Aggravating factors	Mitigating factors
<ul style="list-style-type: none"> • Nature of the position: managerial responsibility, handling of money and evidence, level of trust required • Premeditation of the action • Consequences of the action/objective seriousness • Repetitive nature or duration over time, or recent nature of the action • Lack of accountability, remorse or confession • Age and maturity at the time of the behaviour • Rank and seniority • Trivialization of the behaviour or situation • Wilful nature of the action • Known clinical diagnosis of mental or physical health not disclosed to the employer or refusal to address the situation (medication, ergonomics, etc.) • Adherence to a toxic police culture that condones risk behaviour 	<ul style="list-style-type: none"> • Clean disciplinary record • Confession or willingness to change their conduct • Behaviour related to pressure exerted by others or an internal or external situation • Therapeutic, medical, financial or other measures undertaken by the employee in the past or present • Presence of a support network around the employee • Exceptional or temporary circumstances that explain the occurrence of the behaviour • Exemplary performance

4. Collecting additional employee- related information

To identify the behaviour in question, it is essential to collect and analyze information. This step will help you gain a better understanding of the behaviour and its signs. It is therefore recommended that you further analyze the case by consulting reports or individuals that can provide you with relevant information. The following list suggests various resources.

REPORTS AND SERVICES:

- > Bureau du service à la clientèle (733);
- > Division des affaires internes pour les plaintes criminelles, disciplinaires, déontologiques et civiles;
- > performance appraisals;
- > hiring file and selection processes;
- > employee file;
- > history of transfers;
- > attendance and sickness record;
- > reports on the use of force;
- > unofficial notes recorded by others;
- > personal social media.

RESOURCE PERSONS:

- > staff under direct supervision;
- > former supervisor;
- > Module d'intervention en soutien aux employés (MISE);
- > union steward;
- > Division des partenaires d'affaires RH;
- > Programme d'aide aux employés (PAPP, PAE).

INFORMATION RESOURCES:

- > code of ethics;
- > code of discipline;
- > operation methods and procedures;
- > City of Montréal's employee code;
- > labour code.

5. Reviewing aspects of risk behaviour

This step establishes the link between “knowing” and “understanding” the extent of the risk and the future actions to be taken to address the risk. It is a question of skilfully using the aspects that have been prioritized in the previous sections in order to present them to

employees. This debriefing process will allow you to highlight the importance of the approach with employees and obtain their commitment.

a. Define the misconduct, associated risk factors and vulnerabilities that may explain the employee's situation.

b. Highlight this behaviour's impact on the environment:

- > on individuals (physical and psychological injuries, hospitalization, etc.);
- > on information (compromising information deemed to be sensitive for operations, improper processing, etc.);
- > on physical and material resources (equipment damage, fraudulent use of expense account, etc.);
- > on reputation (labelling colleagues, media events, political and public attention, etc.);
- > on performance (lower performance, difficulty achieving objectives, attendance, disciplinary or ethical record, etc.).

c. Assess how urgent it is to take action and determine the transitional measures, where appropriate, for example, removal from current duties or disarming in the case of a police officer.²⁵ The purpose of these measures is to mitigate the risk and protect the employee, organization and public.

d. Define the expected behaviour:

- > it must be linked with the reasons justifying the support plan;
- > it is based on the assessment of the needs of the employee, the process facilitator and the organization;
- > it must reflect the skills expected by the organization;
- > it must be clear and realistic.

e. Set the timetable for risk analysis and transitional measures accordingly.

c Intervention and Support Measures

1. Meetings with the employee

Thorough preparation for the meeting with the employee will allow you to effectively optimize the decision-making with regards to the objectives and measures to be implemented in your support plan. At this stage, you are asked to begin drafting the support plan. This entails consolidating and collecting information in a preliminary plan.

Exploratory meeting

PREPARATION

- > Complete the support plan up to the expected behaviour step. See the form in Appendix 2;
- > Determine a suitable time for the meeting;
- > Plan a reasonable amount of time depending on the situation;
- > Identify the best resource to assist you during this meeting;
- > If necessary, communicate with internal resources, who can best advise you on the means available, for example, the employee assistance program, MISE, human resources, the union representative, etc.

OBJECTIVES

- > Explain the process to the employee;
- > Validate the behavioural observations and analyses carried out. Highlight how the employee is deviating from what is expected. Explain everything that was collected and analyzed in the previous section;
- > Demonstrate the impact of behaviour on the employee's environment, highlighted in the previous section;
- > Present transitional measures, if appropriate.
- > Find out the employee's perception of the behaviour;
- > Find out whether the employee is receptive to the process;
- > Obtain their informed consent;²⁶
- > Ask the employee to think about possible solutions (concrete objectives and means);
- > Explore ways to advise, involve or shield colleagues or others directly or indirectly linked with the behaviour;
- > Set the time of the next meeting.

MEETING STRATEGIES

- > Create a climate of trust;
- > Display integrity and honesty (show your hand), be open-minded;
- > Identify the observed behaviour based on the facts;
- > Stay focused on the process objectives and the reasons for your questioning;
- > Provide an overview of useful resources (possible scenarios).

Meeting to develop the support plan

If the exploratory meeting could not be held, make sure to review the objectives of the exploratory meeting at any subsequent meetings.

PREPARATION

- > Complete the support plan. See the form in Appendix 2;
- > Determine a suitable time for the meeting;
- > Plan a reasonable amount of time depending on the situation;
- > Identify the best resource to assist you during this meeting;
- > Identify beforehand the objectives and means to be recommended to the employee:
 - they must be linked with the reasons justifying the support plan;
 - they must reflect the skills expected by the organization;
 - they must be clear and realistic;
 - they must be the result of a consensus.

OBJECTIVES

- > Develop consensus on the objectives related to the needs of the employee, the organization and the process facilitator;
- > Determine, by mutual agreement, the means and resources needed to achieve the objectives (by seeking defined solutions so as not to create unrealistic expectations);
- > Set a timeline by mutual agreement;
- > Determine the means of assessment and plan other meetings;
- > Ensure the employee's commitment throughout the process;
- > Finalize the support plan with the employee. Their signature is optional.

MEETING STRATEGIES

- > Ensure a positive climate and remain focused on the objectives;
- > Keep in mind the voluntary nature of the process;
- > Identify resources and references relevant to the situation;
- > Ensure the employee's participation with regards to the proposals;
- > Be receptive to employee proposals;
- > Record relevant information in order to facilitate follow-up.

2. Consolidating and implementing the support plan

This is probably the most important point in the support process. Your role is to facilitate and assist with implementing the means and resources proposed in the support plan. You will also need to carry out the coordination and obtain the necessary support from these resources, such as MISE, human resources, training, Vigile, PAPP, PAE, a financial planner, the attending physician, etc. These resource persons will be able to facilitate access to certain means that will help you with the process.

It is highly recommended that this approach be associated with a communication process with your immediate supervisor. This communication is important, since it ensures additional follow-up for your support process as well as organizational support.

3. Monitoring, adjusting and concluding the support plan

You are encouraged to closely monitor and continuously assess the progress of the implemented measures.

At your own pace and convenience, meet with the employee in order to:

- > assess whether the objectives have been achieved;
- > assess whether the support plan needs to be adjusted in terms of the objectives, means or resources;
- > maintain communication between the persons concerned;
- > Identify any plan-related issues or, on the contrary, any positive and favourable results. Highlight these results.

If there is to be a change in the process facilitator, due to a transfer of the manager or employee, you must ensure the plan's continuity by forwarding all of the collected information to the new person in charge. This person will be able to assess the actions taken and results achieved in order to continue the intervention, if necessary. Ideally, the support plan should be concluded with a meeting with the employee. The meeting will provide an opportunity to highlight the positive results and discuss measures to ensure the sustainability of the expected behaviour.



A copy of the support plan should be sent to your immediate supervisor. The information recorded in the support plan will facilitate the understanding of the measures that have been attempted and justify them, if necessary. The aim behind this action is to avoid repeating the entire procedure in a subsequent process or if there is a change in manager. The manager must therefore document the process-related intervention.

It will be up to you to decide whether or not the support plan and behaviour at hand should be mentioned in the employee's annual performance appraisal or mid-term evaluation (in the case of a recruit), or at any other appropriate time.

Appendix 1

Vulnerabilities

Vulnerabilities are presented as information sheets.

The references used or consulted are at the end of each of these sheets.

1.

Traumatic Events

Definition

Traumatic events are frequent and present in various forms. In fact, more than 75% of Canadians have experienced at least one traumatic event during their lifetimes. However, less than 10% of individuals develop post-traumatic stress disorder (PTSD). Due mainly to the nature of their profession, police officers have higher levels of exposure to traumatic events. They deal with incidents that are characterized by unpredictability, threats to their physical integrity, or exposure to death. PTSD is characterized by a stress reaction to a traumatic event. The experience is considered traumatic when the person is a victim, witness or confronted with one or more events that pose a threat to their life or physical integrity or to the life or physical integrity of others. In addition, the person must have responded to this experience with a feeling of intense fear, helplessness or horror.²⁷

The development of PTSD is associated with three types of factors:

PRETRAUMATIC:

Personality, addiction, depression, past trauma, anxiety

PERITRAUMATIC:

Strong, negative emotional or physical reactions of anxiety.

POST-TRAUMATIC:

Depression, additional stressors, financial difficulties, death of a loved one, short recovery time allowed for employees, little social support, physical injuries, negative life events.

Some events are more devastating than others and result in greater psychological distress as well as long-term consequences. In fact, it seems that the type of event experienced has an impact on the emergence of post-traumatic reactions and even on the development of post-traumatic stress disorder. Researchers have classified traumatic events into two categories: Type I and Type II.

Type I events are usually sudden, unexpected events of limited duration, such as a road accident, natural disaster or work accident. Type II events are usually long-term, repetitive, cumulative and voluntarily inflicted by another individual, e.g. spousal abuse, physical and sexual abuse, and torture. According to this classification, the consequences associated with these two categories of events will be different.

Risk indicators

Flashbacks	Avoidance	Cognitive and emotional impairments	Over-activation of the nervous system
<ul style="list-style-type: none"> • Recurrent and intrusive recollections of the event • Nightmares • Flashbacks • Distress or physical reaction when exposed to stimuli associated with the traumatic event • Feeling that the event will happen again 	<ul style="list-style-type: none"> • Avoidance of recollections, thoughts and feelings related to the trauma • Avoidance of things that remind them of the trauma (people, places, activities, objects, situations) 	<ul style="list-style-type: none"> • Inability to remember an important aspect of the traumatic event • Persistent and exaggerated negative beliefs about themselves, others or the world • Tendency to blame themselves • Persistent negative emotions (fear, horror, anger, shame, helplessness) • Decreased interest in activities • Detachment from others • Limited positive emotions 	<ul style="list-style-type: none"> • Irritability or fits of anger • Reckless or self-destructive behaviour • Hyper-vigilance • Outbursts • Difficulty concentrating • Trouble sleeping

Source: Institut universitaire en santé mentale de Montréal. www.iussm.com

REFERENCES:

- <http://www.plusqu1souvenir.ca/traumag/traumag-no-5/les-evenements-traumatiques-epidemiologie-et-caracteristiques/>
(website consulted on September 14, 2015).
- <http://www.fondationdesmaladiesmentales.org/la-maladie-mentale.html?t=2&i=7>
- <http://www.iusmm.ca/hopital/usagers/-famille/info-sur-la-sante-mentale/etat-de-stress-post-traumatique.html>
- http://revivre.org/tinymce/jscripts/tiny_mce/plugins/filemanager/files/files/T.%20anxieux/Le%20trouble%20de%20stress%20posttraumatique.pdf
- <http://sante.gouv.qc.ca/problemes-de-sante/etat-de-stress-post-traumatique/>
- <http://www.traumaweb.org/content.asp?PageId=42&lang=Fr>

2.

Finances – Gambling Addictions

Definition

Among those who gamble, some develop a pathology: gambling becomes an illness or addiction resulting in an uncontrollable urge to bet money. Addiction is characterized by a craving to do an activity or to use a substance and by the need to increase its frequency or dose in order to maintain the effect and avoid withdrawal symptoms (discomfort, anxiety). In 1980, the American Psychiatric Association recognized pathological gambling as an impulse-control disorder (DSM-III, 1980).

Measuring a player's pathology is not limited to simply the amount of money spent on the "game." Gambling involves risks if you play for reasons other than for fun. Due to the social acceptability of gambling, most addicts will not attempt to hide their gambling activities, but like other addicts, they will deny or minimize the problems or consequences of their gambling activities. In particular, they will hide from their spouse, friends and family the magnitude of monetary losses and financial transactions needed to repay debts.

According to the Centre Dollard-Cormier de Montréal, there are three gambler profiles:

Recreational gamblers	At-risk gamblers	Problem gamblers
<ul style="list-style-type: none"> • Gambling does not pose a problem • They gamble only for fun • Gambling is a social pastime for them 	<ul style="list-style-type: none"> • Gambling causes some problems • They feel guilty • Gambling may cause conflict • They sometimes feel depressed • Gambling often takes a big bite out of their budget • They have to pay back their losses 	<ul style="list-style-type: none"> • They have many serious problems related to their gambling addiction • They are subject to depression • They may have suicidal thoughts • Their gambling obsession may lead to divorce or separation • They have debts and sometimes live in poverty • Their desperation may lead them to commit criminal acts

In general, it is estimated that about 81% of Quebecers have gambled at least once and 5% of this population may have a gambling problem; 2% may have a severe problem (addiction)(CIUSSS de l'Estrie, 2014).

Risk indicators

For the gambler

Physical health problems

Often experience various stress-related health conditions, including insomnia, digestive problems, headaches, back and neck pain.

Financial problems

Loss of income, increased debt (through credit cards, credit lines, or other loans), and an inability to pay bills.

Social problems

Problem behaviours, such as lying, manipulating, verbal and emotional abuse, physical violence, and withdrawal from social contact.

Legal problems

Do things that are against their personal values, like committing an illegal act (theft, fraud, forgery, etc.).

For work and colleagues

Attendance problems

Frequently late, unjustified absences, drawn out meal times, sick days used as soon as they become available, vacation days taken instead of blocks of holidays, missed opportunities at work.

Productivity problems

Excessive phone and computer use, employee disappears during their shift, excessive bathroom breaks, excessive reading of sports or stock market news.

Other behaviour

Borrowing money from colleagues, acting as a broker with colleagues, organizing pools in the workplace, and organizing gambling trips.

Social problems

Problem behaviours, such as lying, manipulating, verbal and emotional abuse, physical violence, and withdrawal from social contact.

For family and friends

Financial crisis

A huge financial burden is often put on family members, sometimes leading to ongoing debt and property loss. Family members may lend money and not get paid back.

Mental and emotional health problems

Family members may feel anxiety, depression, sadness, anger, resentment, embarrassment, exhaustion or low self-esteem.

Role imbalance

Sometimes children end up taking care of parents who gamble, while in other cases, parents become overprotective of their children who gamble. Or the gambler's partner may be performing all of the household tasks that were previously shared.

Lying

Family members may find themselves covering up and making excuses for the gambler's behaviour.

Verbal and physical abuse

The gambler becomes violent or uses an abusive tone or words, which can lead to arguments, strained relationships, alienation, separation, divorce, loneliness, and isolation.

Denial

To avoid getting involved, friends and coworkers may ignore changes in the gambler's behaviour or attitude.

REFERENCES:

http://fr.wikipedia.org/wiki/Jeu_pathologique (website consulted on March 17, 2015)

http://www.santeestrie.qc.ca/sante_publique/promotion_prevention/dependances/jeu_pathologique.php

<http://www.jeu-aidereference.qc.ca> (website consulted on March 17, 2015)

Defense Human Resources Activity (DHRA). Adjudicative Guidelines – Approved by the President, December 29, 2005.

<https://remote.spateng.com/security/adr/adjguidelines/adjguidframeset.htm>



3.

Finances – Debt

Definition

The inability to live within one's means, to meet creditors' demands or basic financial obligations may be worrying signs of debt. Since 2000, Quebecers' debt has been soaring. According to a 2009 survey by Desjardins, household debt accounted for an average of 120% of their after-tax income. In 2009, nearly 5% of Quebecers had to spend more than 40% of their net income on monthly debt payments. In 2015, between 6.8% and 7.3% of households were expected to reach the threshold considered to be critical by the Bank of Canada.

How do we define over-indebtedness? When a family, person or household is unable to pay their expenses, debts and various loans and when, at the same time, their debt level is high, they may be considered to be over-indebted. It should also be noted that in 75% of cases, over-indebtedness is “passive,” since it occurs as a result of a life crisis: unemployment, illness, divorce, etc.

Risk indicators

In practice, this situation results in repeated deficits, late rent payments, unpaid electricity or telephone bills, and unpaid loans. In general, since creditors demand payment of outstanding debts, legal proceedings follow soon after payment defaults (bank charges, bailiff's notice, seizures, etc.). When this over-indebtedness results from the accumulation of monthly loan payments or monthly one-time credit payments, it is referred to as "active" over-indebtedness. Here are the main indicators:

- > continually going over spending limit or using credit cards as a necessity rather than a convenience;
- > always borrowing money to make it from one payday to the next;
- > wages have been garnisheed to pay for outstanding debts (e.g. support);
- > only paying monthly interest or service charges and not reducing total debt over many months;
- > creditors pressure for payment, threaten to sue or repossess car, furniture or television, or hire a collection agency to recover the money for them;
- > utility companies cut off service because bills have gone unpaid;
- > pervasive moonlighting and excessive overtime (including paid duty).

It is easy to identify the economic consequences of over-indebtedness (paying debts with credit or having difficulty meeting basic needs). However, it is more difficult to recognize the effects of over-indebtedness on one's own health:

- > people become psychologically and physically vulnerable;
- > people feel anxious, depressed, exhausted and unhappy due to their financial situation;
- > people experience conflict with their spouse, children, family or employer;
- > people may feel diminished, incompetent and isolated;
- > insomnia problems, headaches and various health problems due to their high degree of financial stress.

REFERENCES:

<http://www.protegez-vous.ca/affaires-et-societe/surendettement.html>
<http://www.inandfi-credits.fr/14334-comment-calculer-endettement-et-surendettement/>
<http://www.ic.gc.ca/eic/site/bsf-osb.nsf/eng/br01861.html>
<http://cacq.ca/l-endettement-une-situation>

4.

Finances – Affluence

Definition

A sudden and unexplained abundance of financial resources can pose a security risk. This security risk refers to a significant change in lifestyle, spending-related behaviour, availability and increase in financial means that cannot be justified solely by the individual's known sources of income.

Risk indicators

The following indicators may be noticed by colleagues or friends:

- > uses cash to buy expensive goods;
- > spends money on goods that are inaccessible to colleagues with comparable financial situations (cars, houses, luxury travel, private schools, jewelry, investments abroad);
- > following a major period of debt, the individual begins to spend freely and display a “big shot” attitude (paying rounds at the bar, picking up the tab at restaurants, buying gifts for colleagues);
- > justifies their affluence by lottery and gambling winnings, inheritances, and stock market gains, but the explanations are vague, incoherent and contrary to the person's usual behaviour.

REFERENCES:

<http://www.fcac-acfc.gc.ca/Fra/Pages/home-accueil.aspx>

5.

Sexual Behaviour

Definition

Sexual behaviour disorders may sometimes pose security risks to individuals and organizations due to the psychological tension they create. There are four types of disorders associated with sexual functioning and identity: 1) sexual identity disorders, 2) sexual dysfunction, 3) paraphilias, and 4) sexual harassment or insistent seductive behaviour.

- 1) Sexual identity disorders consist in the dissatisfaction with one's biological sex (acceptance or disclosure of one's homosexuality could be included).
- 2) Sexual dysfunctions include various disorders related to problems with sexual performance.
- 3) Paraphilias include a group of sexual preference disorders characterized by seeking sexual pleasure with an inappropriate partner or object, or under abnormal circumstances (fetishism, necrophilia, pedophilia, bestiality, sadomasochism, exhibitionism, voyeurism, frotteurism, etc.).
- 4) Sexual harassment or insistent seductive behaviour whether criminal or not.

Risk indicators

- > These may include sexual behaviours exhibited in inappropriate places or contexts;
- > these behaviours may be harmful to individuals, since they are an obstacle to their social and emotional development;
- > these inappropriate sexual behaviours are a significant limitation in interpersonal relationships with colleagues;
- > these behaviours increase the individual's vulnerability to risks of being subjected to various forms of abuse, aggression or blackmail (threatening, extortion);
- > they may also expose the individual to judgment, rejection and exclusion by co-workers.

Unacceptable behaviours

The behaviour is covered by the Criminal Code (rape, incest, child pornography, sexual harassment, sexual touching).

The behaviour results from lack of judgment or lack of discretion (behaviour in a public place, use of police status or equipment, media coverage).

Potentially unacceptable behaviours

The behaviour makes the police officer or employee vulnerable to extortion, coercion or exploitation.

The sexual behaviour is compulsive, addictive, self-destructive and high risk (possibly related to a personality disorder).

Mitigating factors

BEHAVIOUR

is strictly private, consensual, legal and discreet;

BEHAVIOUR

occurred during adolescence and did not reoccur in adulthood;

BEHAVIOUR

occurred occasionally in the past, but under unusual circumstances that do not compromise the individual's reliability or integrity.

CURRENT CIRCUMSTANCES

surrounding the sexual behaviour no longer makes the individual vulnerable to extortion or exploitation (disclosure, therapy, social acceptance).

Prostitution clients

Strong male demand is a key factor that explains the existence of prostitution. The market is largely made up of men between the ages of 30 and 50, married or living as a couple. In half of the cases, they have one or more children. By using a prostitute's services, the man does not need to treat the woman as if she were his spouse and obtains a non-committal relationship. Three reasons that prompt them to use prostitutes are loneliness, sexual problems and fantasies.

Risk indicators (prostitution clients)

- > Shyness, fear of women or other inhibitions;
- > lack of self-confidence, low self-esteem, narcissistic wounds;
- > sexual abstinence, loneliness (assumes the role of victim);
- > lack of trust, fear and hatred of women (misogyny based on failed marriages and contentious divorces);
- > consumers of sexual merchandise.

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6.

Use and Abuse of Alcohol and Drugs (including steroids)

Definition

Scientists distinguish three different types of substance-using behaviour: recreational use, abuse, and dependence. All three apply to legal and illegal substances, but the risks and dangers associated with each of them are different. The dangers of substance use are not the same in all cases. They depend on what substance is being used, how much, how often, and in what context, as well as on the vulnerabilities of the particular user. What is important is the problem's impact on the employee's performance (discovering the performance problem or behaviour and not judging the dependence). The risk of job loss is probably the strongest motivating factor for change.

Risk indicators

Psychological dependence

Individuals begin a serious relationship with alcohol or drugs through experience (by doing it) and emotion (by feeling it):

- > they have a desire and craving for the product;
- > they are concerned about the substance (make arrangements so as not to miss it);
- > by controlling their use, individuals also control their moods;
- > the psychotropic drug always gives them a pleasant effect and they can determine their change in mood;
- > the product is effective every time;
- > the psychotropic drug relieves stress, physical pain, anxiety and eliminates their bad mood;
- > users have progressed to the stage of social drinker or smoker.

Physical dependence

The psychotropic substance is a need:

- > loss of control (display of violence);
- > justification (alibi system);
- > lack of other interests;
- > anti-social behaviour;
- > loss of friends, loss of employment;
- > use in the morning before beginning the day;
- > they must use more in order to have the same effect;
- > they experience difficult times, but they will overestimate the good times and minimize the difficult times;
- > they establish rules in order to use adequately, quietly and imperceptibly, they change their lifestyle and their patterns of use;
- > they develop increasing stubbornness for drinking or using;
- > they develop a degree of ingenuity, directly proportional to the degree of dependence, by increasing opportunities and reasons to use;
- > they begin to regret what they did the previous day.

Harmful dependence

The substance is an end in itself:

- > no accountability;
- > physical exhaustion;
- > protection of supply;
- > intellectual obsession;
- > indefinable fears;
- > indefinable resentment;
- > collapse of the alibi system;
- > total defeat recognized;
- > subacute or chronic brain syndrome.

Excessive use of a psychotropic substance may pose a risk to individuals, their family and friends, and the organization. It may also be associated with a more serious mental health problem. Excessive use of prescription drugs is no exception to the inherent risk of addiction (e.g. anti-depressants). The main risks are:

Health risks

Substance use becomes substance abuse when it impairs physical health, or leads to complications of certain illnesses, or even causes premature death.

Substance abuse can affect the central nervous system as well as certain brain functions. This use can affect perceptions, thoughts and coordination. It can alter judgment, reduce inhibitions and increase violent and high-risk behaviour.

Social risks

Substance use also becomes substance abuse when it endangers or harms the user or other people (for example, if someone drives a car while under the influence of alcohol or another drug, spousal abuse and domestic violence, financial problems, deteriorating social network, etc.).

Risks for the organization

- > decreased productivity;
- > increased absenteeism;
- > various kinds of accidents;
- > lack of interest and motivation at work;
- > poor decisions or indecisiveness;
- > increased staff training or replacement costs;
- > negative bias of the social environment towards the organization;
- > increase in grievances and disputes submitted to arbitration;
- > negative impact of the troubled employee on his or her co-workers;
- > immediate superiors worried about a troubled employee.

Driving under the influence of alcohol

Drunk driving is a common practice among Quebec and Canadian drivers (Beirness and Davis, 2007). Repeat drunk driving offenders differ from other drivers by their higher consumption of alcohol and drugs. Drunk drivers drink more frequently and in larger quantities and are more likely to experience or cause harm attributable to their consumption. Counter-measures for all drivers must continue to be taken and extended to target high-risk heavy drinkers (INSPQ, 2012).

Risk factors

- > Physical, economic and legal access to alcohol;
- > Males;
- > Alcohol dependence;
- > Misconception of arrest risk;
- > Lack of severity and timeliness of sanctions.

Driver's profile

- > Predominantly men of all ages;
- > Driving charges (speeding, red lights);
- > Criminal record;
- > Alcohol drinkers (they drink more frequently and exponentially, they have more drinking-related problems);
- > Drug users;
- > Propensity for deviant or anti-social behaviour such as aggressiveness, hostility and thrill seeking.

Steroids

Anabolic steroids (sauce, juice, stock) are a synthetic version of testosterone, the male sex hormone responsible for the growth of long bones and muscle, and for masculine features such as facial hair and a deep voice. Athletes who are trying to remain a certain weight or gain weight and muscle sometimes use steroids. These strong prescription drugs have some dangerous side effects. In addition, the consumption of doping products extends beyond elite sport and includes gymnasiums and locker rooms. They are easy to find in training rooms and on the Internet. They are used mainly by young men who are concerned about their image or who have been abuse victims.

Risk factors (predisposition and motivation for doping behaviour)

- > Gender (twice as many boys as girls);
- > Age (number increases during adolescence);
- > Family environment (risk or protective factor);
- > Need for results (increased pressure and performance anxiety);
- > Social isolation (distance from home, long training hours);
- > Career system (functioning of the sport community, seeking fame);
- > Friends and co-workers (need to integrate and be accepted);
- > Body and performance worship (status gained by beauty and physical performance).

Risk indicators

Cardiac and hepatic effects	Psychiatric effects	Endocrine effects
<ul style="list-style-type: none"> • High blood pressure • Rhythm disorders • Sudden death • Hepatitis and HIV (contaminated products or syringes) • Liver cancer • Portal hypertension 	<ul style="list-style-type: none"> • Addiction • Social disruption • Mood disorders (anxiety, irritability, violence, aggressiveness, sexual violence and sexual disorders, resorting to violence with spouse, sexual outbursts with rape or attempted rape, suicidal risks, perceived degradation of body image) • Insomnia • Psychosis or paranoia 	<ul style="list-style-type: none"> • Men: rapid increase in muscle mass, acne, testicular atrophy, gynecomastia, infertility, change in libido, impotence, risk of prostate cancer, difficulty and pain urinating, hair loss • Women: rapid increase in muscle mass, acne, facial hair, hirsutism, voice change and hardening of the skin, clitoral hypertrophy, breast and uterine atrophy, menstrual cycle disorders, hair loss

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Domestic Violence, Conflict and Victimization

Definition

While there is no universally accepted definition of family violence, the definition developed by the federal Family Violence Initiative describes family violence as: “...a range of abusive behaviours that occur within relationships based on kinship, intimacy, dependency or trust” (Family Violence Initiative, 2010, p. 1 in Family Violence in Canada: A Statistical Profile, 2013. Juristat, Vol. 34, No. 1, 2015.). These abusive behaviours include physical, sexual, verbal, emotional, and financial victimization, as well as neglect.

- > In 2013, one-quarter of victims of violent crime were victimized by a family member;
- > More than one-third of family violence victims were victimized by a current spouse;
- > A majority of family violence victims were female.

Risk factors

Violent spouses

- > Social factors, such as gender inequality and male domination, have been generally associated with domestic violence, but they do not seem adequate for understanding the complexity of violent behaviour development;
- > Psychological and social characteristics are more common in violent spouses compared to non-violent men in their relationships:
 - Young age and lower socioeconomic status;
 - Insecure attachment pattern;
 - Psychological distress symptoms;
 - Difficulty managing anger and hostility;
 - Personality disorders;
 - Alcohol and drug abuse;
 - Lack of social and communication skills;
 - Marital problems.

- > Negative childhood experiences, including witnessing violence in childhood, having been a victim of abuse and having grown up with physically violent parental models.

Victims

- > Young age;
- > Low income/socio-economic status;
- > Low level of education/gap in educational attainment;
- > Being separated or divorced;
- > Pregnancy/number of children;
- > Abuse during childhood: physical and sexual abuse, and exposure to domestic violence;
- > Depression;
- > Drug and alcohol use/abuse;
- > Tolerance of violence;
- > Previous victimization;
- > Community acceptance of traditional gender role models;
- > Neighbourhood characteristics:
 - Poverty, unemployment, low literacy level;
 - Tolerance of violence, large proportion of households using corporal punishment;
 - Low proportion of women with high levels of autonomy or education;
 - Community acceptance of violence;
 - Social norms that condone violence.

Risk indicators

Manipulative and violent aggressors have identical characteristics:

- > Extremely controlling;
- > Always wanting to have the last word;
- > Wanting to make all decisions;
- > Overreacting when things don't go their way;
- > Very jealous;
- > Viewing their spouse as their property;
- > Trying to isolate their spouse by estranging her from her family and friends;
- > Not admitting their mistakes;
- > Blaming others for their mistakes;
- > Denigrating and humiliating their spouse;
- > Unjustified criticism;
- > Physically and verbally abusive;
- > Making threats or blackmailing.

In Canada, people whose partners are heavy drinkers (a heavy drinker is defined as someone who consumes five or more drinks on five or more occasions in a given month) are six times more likely to experience spousal violence than those whose partner never drank in excess of five drinks. (General Social Survey, 2004).

Spousal abuse generally refers to female victims and male aggressors. However, it should be borne in mind that, although most cases fall into this category, spousal abuse also exists among same-sex couples. Even in heterosexual couples, sometimes the roles are reversed: the woman may be the aggressor and the man the victim.

Many factors can often cause or contribute to spousal abuse among gay couples:

- > Social isolation;
- > Internalized homophobia leading to isolation;
- > Lack of resources tailored to the circumstances of same-sex couples, particularly the victims, but also the perpetrators of violence;
- > Fear of involuntary or forced outing of the spouse;
- > Difficulty ending a dysfunctional relationship;
- > Fear of not finding another partner;
- > Fear or refusal to seek help for reasons of embarrassment or refusal to perceive themselves as victims of violence;
- > Fear of judgment or not being taken seriously.

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8.

Mental Health and Personality Disorders

This “Mental health and personality disorders” sheet is divided into three sections: personality traits, human behaviour and mental illnesses. Personality traits and human behaviour generally do not pose a potential safety risk. Nevertheless, it is important to define and include them on this information sheet in order to provide a general overview of the individual.

Due to the confidentiality of medical consultations and diagnoses, addressing individuals’ mental health problems poses a significant challenge for the organization. In fact, the process facilitator can never demand to know the nature of the problem or medication being taken. This situation in itself poses a potential security risk to the organization.



Before jumping to any conclusions, we strongly recommend to continue reflecting on this issue and consult with health care professionals. The Programme d’aide aux policiers et policières (PAPP) and the Programme d’aide aux employés (PAE) provide advice for managers on this topic.

Definitions

Personality traits

Personality (or character) traits are personal characteristics formed at an early age that are relatively stable during life and tend to be impervious to social environment influences (examples: thoughtful/impulsive, over-excitabile/calm, optimistic/pessimistic, lazy/hard-working, loyal/opportunistic).

Human behaviours

Human behaviours include a range of observable reactions in individuals within their environment and under given circumstances. Behaviours are thus influenced by aspects of culture, values and context in which individuals live (for example, hypocritical, suspicious or aggressive behaviour).

Mental illnesses

Mental illnesses are characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning. The symptoms of mental illness vary from mild to severe, depending on the type of mental illness, the individual, the family and the socio-economic environment.²⁸

The feeling of personal and professional failure can also be considered a psychological difficulty. In fact, the impact is the greatest on the psychological level: how can we strive to succeed if we no longer have complete confidence in ourselves?

Failure is also a source of significant behaviour problems. The foundation of self-esteem trembles when faced with failure, resulting in behaviour such as voluntary isolation and loss of interest in life. This may illicit dishonest or anti-social behaviour, leading to greater vulnerability to the influence of others. Another significant impact is that the individual may seek out partners who are particularly friendly and sociable, rather than intelligent and efficient.

The next section outlines six broad categories of mental illnesses (or disorders), which have been selected due to their greater relevance to police organizations. We have provided a short definition and some indicators for each illness.

1. Impulse control disorders (manias)

Impulsive behaviour consists of uncontrolled and aggressive actions against oneself or others; they may be isolated or recurrent, usually without an obsessive component, resulting in instant, temporary relief in psychological tension. The loss of control leads to the unwanted behaviour, which calms and relieves the tension. Several types of ICDs have been identified. However, some may be criminal behaviour, such as pyromania or kleptomania.

Pyromania: Strong impulse to deliberately start fires in order to feel instant gratification.

Kleptomania: Uncontrollable impulse to steal.

2. Mood disorders: major depression and bipolar disorder

Mood disorders include major depression, bipolar disorder (mania and depression) and dysthymia (chronically depressed mood). Individuals with mood disorders suffer significant distress or impairment in social, occupational, educational or other important areas of functioning.

Risk indicators

Depression

- Depressed mood
- Feeling worthless, helpless or hopeless
- Loss of interest or pleasure (including hobbies or sexual desire)
- Change in appetite
- Sleep disturbances
- Decreased energy or fatigue (without significant physical exertion)
- Sense of worthlessness or guilt
- Thoughts of death
- Poor concentration or difficulty making decisions
- Non-specific ailments such as headache, nausea, constipation or pain

Manic phase

- Excessively high or elated mood
- Unreasonable optimism or poor judgement
- Hyperactivity or racing thoughts
- Decreased sleep
- Extremely short attention span
- Rapid shifts to rage or sadness
- Irritability

3. Schizophrenia

Schizophrenia is a brain disease and one of the most serious mental illnesses in Canada. Common symptoms are:

Risk indicators

- > Delusions (false or irrational beliefs) and/or hallucinations (seeing or hearing things that do not exist);
- > Lack of motivation;
- > Social withdrawal;
- > Thought disorder;
- > Lack of insight.

4. Suicidal behaviour

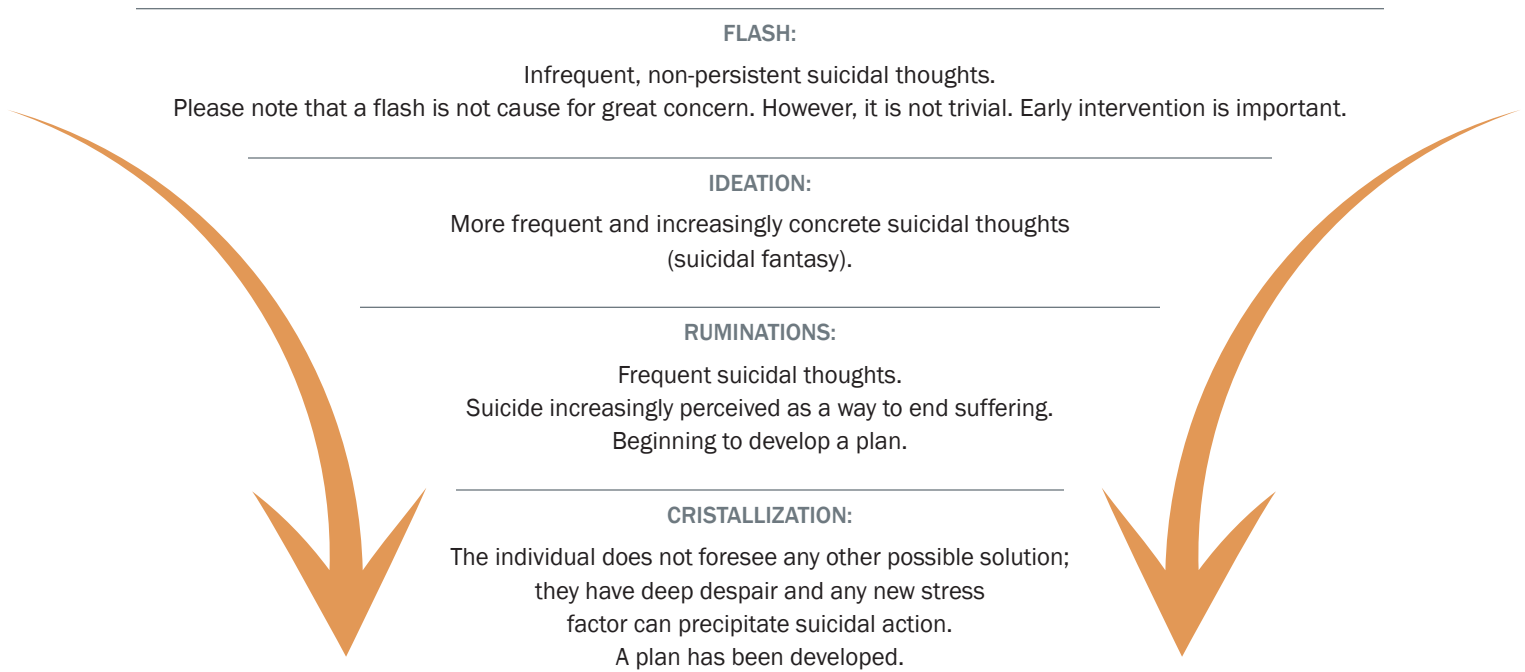
Suicidal behaviour is an important and preventable health problem. While not in itself a mental illness, suicidal behaviour is highly correlated with mental illness and raises many similar issues. Many people who seriously consider suicide feel life to be unbearable. It usually marks the end of a long road of hopelessness, helplessness and despair. Suicide may also be precipitated by a significant crisis. Suicidal behaviour includes deaths by suicide, suicide attempts that do not result in death, and suicidal thoughts and intentions. Attempted suicide is a sign of serious distress and can be a turning point for the individual if given sufficient assistance to make the necessary life changes. However, prior suicide attempts are one of the most important risk factors for completed suicide.

Risk indicators

- > Repeated expressions of hopelessness, helplessness, or desperation;
- > Changes in sleep pattern;
- > Loss of appetite;
- > Loss of energy;
- > Expressing negative comments about self;
- > Loss of interest in usual activities;
- > Loss of interest in friends, hobbies or previously enjoyed activities;
- > Giving away prized possessions or putting personal affairs in order;
- > Telling final wishes to someone close;
- > Expressing suicidal thoughts;
- > Expressing intent to commit suicide and having a plan, such as taking pills or hanging oneself at a specific place and time;
- > Observable signs at work:
 - Repeated absences and punctuality problems;
 - Difficulty meeting deadlines or doing quality work;
 - Decrease in productivity;
 - Difficulty working with colleagues;
 - Increased irritability;
 - Addiction relapses.

The following diagram shows the main phases of the suicidal process.

The suicidal process funnel²⁹



5. Personality disorders

Personality disorders are stable patterns of experience and behaviour, which, over time, become problematic in nearly all areas of functioning, resulting in long-term suffering for individuals and their family and friends, and/or impaired social or professional functioning.

These disorders, which are pervasive and stable over time, are a serious health problem and lead to distress or impairment:

- > difficulty getting along with other people; may be irritable, demanding, hostile, fearful or manipulative;
- > disorder affects thought, emotion, interpersonal relationships and impulse control;
- > the pattern is inflexible and occurs across a broad range of situations;
- > the pattern is stable or of long duration, beginning in childhood or adolescence.

When it comes to personality, some say that it is difficult to change. However, it is possible to tailor intervention by building on strengths and minimizing or overcoming weaknesses. The following diagram summarizes the characteristics and appropriate management strategies for police officers who have these personality disorders (Taken from: Miller, L. (2003). Police Personalities. Understanding and Managing the Problem Officer. The Police Chief. Vol. 70, No. 5, pp. 53-60.).

Police officers with personality disorders

	Characteristic	Management
Histrionic	Need a lot of attention. The danger arises when attention decreases.	Assign to positions with high visibility and increase supervision of these officers.
Borderline	Instability in interpersonal relationships, significant mood swings, and low self-esteem. Officers who have a love-hate relationship with colleagues, supervisors and the public.	Officers who need stability and continuous support. Partner these police officers with calm and reliable colleagues.
Narcissistic	Believe that they are above the laws, laws are for others, they have unique powers. Expect others to admire and appreciate them. Great frustration when they do not get the promotions or benefits they feel they deserve.	Make greater use of narcissistic officers' ideas, ensuring that they complete the projects they are assigned.
Anti-social	Disregard for and violation of others' rights. May be impulsive, exploiters, predators, sexually promiscuous, and substance abusers. Compared with narcissists, they have no conscience.	Prevention is the best approach with anti-social officers. They do not accept disciplinary action and need a lot of supervision. Do not assign them complex projects.
Paranoid	Perception that others are malicious, self-ish and malevolent. Feel morally justified in doing harm due to ever-present danger.	May react strongly to confrontation. Assign them rational and simple projects. They need rigorous logic and less of the occasional words of encouragement.

Police officers with personality disorders

	Characteristic	Management
Avoidant	Friendly, rather isolated and somewhat inhibited officers. These officers are more susceptible to burn-out and depression when their efforts and kindness do not receive the expected recognition. They are considered as “grass-eaters” by other officers (as opposed to aggressive “meat-eaters”).	Officers who need little supervision but more coaching and guidance. They do not like to be the centre of attention. They are reliable and loyal. Good in technical or mechanical positions that require limited interpersonal relations.
Dependent	These officers have an excessive need for care, guidance and approval from others. They need others to function. They take little or no initiative.	May initially seem like excellent assistants, since they will do everything to please. Sooner or later they will fail, since they do not take any initiative. Assign duties with a low level of stress, provide progressive supervision (compliment good actions and ignore bad ones).
Obsessive-compulsive	These officers strive for perfection and control. They do not like ambiguity in projects. Excellent at duties that require precision and accuracy. They are less intuitive and less adapted to social interaction. These are by-the-book cops. Can be paralyzed by situations that require spontaneity and sociability.	Assign these officers special projects. They are very good at translating management ideas into concrete projects. They give the best of themselves at all times. They need guidance in order to know where and when to focus their efforts and how to let go of a few details.
Schizoid	These officers are socially detached and have a restricted range of emotions. They do not need people around and are fine alone. Initially, they may not be interested in policing duty. They keep to themselves, do not form any meaningful relationships with colleagues, they are low-key and cause very few problems.	Provide more isolated tasks with a low level of complexity. Although they are isolated from the rest of the group, they are reliable and loyal. They are punctual, obedient and complain very little. They do not need much supervision but require occasional monitoring to guide their progress. They work best under conditions where interpersonal contact is limited.

6. Anxiety disorders

Individuals with anxiety disorders experience anxiety, fear or excessive anxiety. This leads them to avoid situations that may trigger anxiety or to develop compulsive rituals that reduce it. Anxiety can emerge in a variety of ways. Symptoms can be grouped into four categories:

- > emotional symptoms (fear, anxiety, irritability, etc.);
- > physiological symptoms (dizziness, palpitations, difficulty breathing, numbness, etc.);
- > cognitive symptoms (difficulty concentrating, fear of going crazy, losing control, having a heart attack, etc.);
- > behavioural symptoms (agitation, avoidance, high-strung attitude, etc.).

Anxiety disorders include:

- > post-traumatic stress disorder;
- > phobias;
- > generalized anxiety disorder (GAD);
- > panic disorder;
- > obsessive-compulsive disorder (OCD) and tics.

6.1 Post-traumatic stress – Risk indicators

See traumatic events on page 33.

6.2 Phobias – Risk indicators

- > palpitations, tremors, sweating, gastrointestinal discomfort, muscle tension, flushing and confusion;
- > awareness of the excessive or unreasonable nature of their fear;
- > general avoidance of exposure to social and/or performance situations that they fear and/or avoid and/or address with intense distress;
- > hypersensitivity to criticism, negative evaluation or rejection, difficulty showing self-confidence, low self-esteem or feelings of inferiority;
- > limited social network and are less likely to marry;
- > dropping out of school, being unemployed and not looking for work;
- > no friends or clinging to unsatisfactory relationships, refraining from having a spouse or choosing to live with their original family.

6.3 General anxiety disorder (GAD) – Risk indicators

- > agitation or feeling of being over-excited (or exhausted);
- > fatigue;
- > difficulty concentrating or memory gaps;
- > irritability;
- > muscle tension;
- > sleep disturbance;
- > cold hands, dry mouth, sweating, nausea or diarrhea, frequent urination, tremors, muscle soreness, difficulty swallowing, exaggerated reaction;
- > intolerance of uncertainty, worrying about and great difficulty with solving various everyday problems.

6.4 Panic – Risk indicators

- > sensation of shortness of breath or breathlessness;
- > palpitations;
- > chest pain or discomfort;
- > sensation of strangulation and/or choking feeling;
- > fear of “going crazy,” dying and/or losing control over oneself;
- > tremors or muscle twitching;
- > nausea and/or digestive disorders;
- > feeling of dizziness;
- > numbness or tingling;
- > chills or hot flush.

6.5 Obsessive-compulsive disorder (OCD) – Risk indicators

- > fulfillment of compulsions may become the main activity in life;
- > not leaving home anymore;
- > avoiding situations related to their obsessions;
- > increased anxiety;
- > sleep disorder;
- > excessive use of alcohol or sedatives.

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9.

Outside Activities and Associations

Definition

Membership in groups is inevitable, since groups represent a reassuring reference point to avoid isolation. A group refers to a group of people who define themselves as members; there is a sense of belonging, pride and a form of security.

Individuals belong to various groups: their families, friends, sports teams, neighbourhood stations, work teams, etc. This helps build their social identity. In a crisis situation, joining a group reduces the individuals' tension or stress. Individuals who are confronted with disruptive events such as the death of a loved one, post-trauma or a breakup often feel tension. However, joining a group can help them better understand these events and reduce tension and sadness. The group thus meets the individuals' needs and, in return, they continue to pursue the group's objectives with other members. The various types of groups include: social, sports, religious, union, criminal, community, hate, sectarian, etc.

Why do people join groups?

- > To overcome hardship
 - organic or physical (promise of healing, healthier lifestyle);
 - economic or material (sharing of resources, filling economic needs);
 - social or community (interpersonal relationships);
 - moral or psychological (another moral code, meaning given to their role in society and to their existence).

- > For reasons of similarity or reciprocity
 - values, lifestyle, physical appearance, recognition of individuals' skills and personality.
- > For reasons of the group's social status
 - group considered prestigious in their community; a person who becomes a member of a large group becomes, by association, a prestigious or important person.
- > For reasons of proximity
 - depending on the groups available within their community.

These groups not only influence individuals' identity, but may also alter, adversely affect or even endanger individuals' personalities. The group may thus change the individuals' behaviour and lifestyle. This is the principle of group conformity.

Conformity is different than socialization. Instead of adapting to group life while maintaining their autonomy, individuals accept all of the group's requirements, change their behaviour by emulating other members in order to be accepted. Conformity can be described as a process of submission to the majority, which can indicate a desire for security, a search for identity by belonging, and a strategy of conflict avoidance. Therefore, in some cases, the group is harmful to individuals.

The indicators identified in the literature suggest a conformity scale related to group membership ranging from the feeling of depersonalization to group illusion.

Risk indicators

Feeling of depersonalization	Loss of identity, anonymity, thinks and acts according to group identity, tattoos, significant clothing, change of diet, change in speech, change in needs and distancing themselves from traditional community groups.
Feeling of threat	Feeling of being judged by other group members can lead to submissive behaviour, revolt or group abandonment.
Feeling of dependence	Absolute submission due to fear of being excluded from the group, complete isolation at work.
Group illusion	Replacement of individual identity with that of the group's, feeling of euphoria. Designation of a scapegoat who is the representation of evil while the group and its members are good. Adherence to radical ideologies, speech and violent behaviour towards other groups or individuals.

Religious accommodation in the workplace

Sections 3 and 10 of the Quebec Charter of Human Rights and Freedoms and sections 2 and 15 of the Canadian Charter of Rights and Freedoms state that freedom of religion is a fundamental right. At work, employees retain this right, which requires employers

to ensure that practices and operating standards do not require employees to act against their beliefs. Each case or request must be examined. The threshold of undue hardship must be assessed based on the organization's characteristics and given context. Employers therefore do not have to unconditionally comply with all requests.

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Jézéquel, M. and Houde, L. (2007). Spécial-Accommodement raisonnable.
Alexandre-Bailly, F., Bourgeois, D., Gruère, J.P., Raulet-Croset, N. and Roland-Lévy, C. (2006). Comportements humains et management. Pearson Education.

10.

Internet Activities

Definition

There is currently no consensus on the definition of Internet addiction. Nevertheless, there is consensus that abuse of the Internet and new technologies is reflected in the persistent and recurrent use of Internet-related technologies or means of communication, which cause difficulties for the individual. Internet addiction leads to a feeling of distress and psychological, social or occupational impairment (Caplan, 2002; Young, 1998). According to recent research, 6% to 15% of Internet users are Internet addicts (Côté, 2010).

Abuse of computer-related activities can also lead to criminal acts such as cyber-attacks: cyber espionage, cyber threats (virus, malware), cyber-bullying, cyberterrorism, cybercrime (identity theft, money laundering, extortion, fraud and scams). However, these types of abuse are considered criminal conduct and must be reported.

Types of Internet addictions

Online sexual activities

This is the most common form. This category includes cybersex as well as the exchange, viewing and downloading of pornographic material, namely, cyber-pornography. The individual may devote a significant number of hours to:

- > searching for pornography or online sex partners;
- > obsessed with finding online sex partners;
- > masturbating while online, chatting or webcamming.

Online relationships

Online relationships have an interactive aspect and refer to encounters, discussions and relationships developed or maintained via the Internet or new technologies. They mainly concern dating and networking sites (for example: Facebook, Twitter, etc.), chatting (for example, text messages using mobile messaging, MSN messenger, etc.), email conversations and even online amorous encounters.

Games

This category includes video games, gambling, and online transactions (for example: auctions, stock market transactions, online purchases, etc.).

Searching for information

Searching for information is usually done by surfing the Internet. Online information gathering consists in collecting large amounts of online content and information. Online shopping (travel, goods), trading and other activities may also become addictions.

Risk indicators

Psychological	Physical	At work
<ul style="list-style-type: none"> • Feelings of well-being, relief, euphoria • Obsessive thoughts • Feeling emptiness or irritability when offline • Guilt, shame • Decreased interest and time spent on other activities • Relationship difficulties, isolation • Prefer interpersonal virtual relationships (sexual or otherwise) to the detriment of real human relationships 	<ul style="list-style-type: none"> • Carpal tunnel syndrome • Neglect of hygiene • Dry eyes • Headaches • Migraines • Back aches • Poor diet • Insomnia • Change in sleep 	<ul style="list-style-type: none"> • Justified or unjustified absences • Lateness • Time theft at work • Dismissal, little recourse with the union • Workplace accidents • Reduced productivity and time often devoted to other tasks • Work overload • Increase in stress factors

Internet addiction has similarities with other addictions:

- > mental obsession;
- > irresistible craving;
- > inability to resist (loss of freedom);
- > consequences associated with this behaviour;
- > enjoyment of the addiction (reward circuit).

However, Internet addiction has certain specific characteristics such as:

- > accessibility (Wi-Fi available 24/7 everywhere);
- > anonymity (perceived as less risky, changes interactions, allows for hiding)
- > low cost;
- > valued and necessary use of the Internet;
- > no clear line between abuse and normal use.

REFERENCES:

- Caplan, S. E. (2002) Problematic Internet use and psychosocial well-being: development of a theory-based cognitive-behavioral measurement instrument, *Computers in Human Behavior*, 18, 553-575.
- Young, K. S. (1998) Center for Internet Addiction. Internet Addiction Test (IAT). Online document: http://www.netaddiction.com/resources/internet_addiction_test.htm.
- Vaugois, P. (2006). La cyberdépendance: fondements et perspectives. Centre québécois de lutte aux dépendances. www.cyberdependance.ca
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- Lecours, MM (2009). Cyberdépendance : un aperçu des connaissances. Presented by Catherine Richard, Centre de réadaptation en dépendance et santé mentale de l'Estrie. <http://ftq.qc.ca/wp-content/uploads/ftqimport/8343.pdf>
- Émilie Côté (2010). La cyberdépendance méconnue. Website consulted on April 25, 2015. <http://techno.lapresse.ca/nouvelles/inter-net/201001/29/01-944488-la-cyberdependance-meconnue.php>

Appendix 2

Support Plan

Support Plan

Unit:



Identification

NAME	BADGE/PAYROLL #	UNIT/GROUP

Manager/Process Facilitator

NAME	BADGE #	UNIT/GROUP

In attendance

NAME	UNIT/GROUP

DATE :

TIME FRAME:

Observed behaviour

- ☐ Inappropriate use of force
- ☐ Practices that undermine police integrity
- ☐ Counter-productive professional practices and competencies

Risk factors for the observed behaviour

Impact of the observed behaviour

Support Plan Unit:



Description of the expected behaviour

Means, tools and resources used to reach my goal

[illegible]

Support Plan

Unit:



Comments

Conclusion

I have read the entire content of this document and I agree to participate in the support plan.

I hereby agree that this plan may be submitted to the immediate supervisor for approval and, if necessary, to the Module d'intervention en soutien aux employés.

Employee's signature

Signature of the Manager/Process Facilitator

Support Plan Unit:



Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Appendix 3

Observable Police Corruption Practices

In the following categories, **corruption is presented as an end in itself, but the means used by individuals may also be considered corrupt behaviour or indicators.**

For example, for the purpose of selling information to organized crime, an individual is caught searching for information in the Quebec Police Information Centre (QPIC). It should also be noted that these categories are not mutually exclusive.

- > Disclosing or obtaining information
 - exchanging or providing information (journalists, criminals, relatives, friends, unscrupulous colleagues, private detectives);
 - obtaining, purchasing or exchanging information for personal gain (e.g. QPIC inquiry for personal purposes).
- > Obtaining evidence or information without following procedures
 - forging exhibits;
 - falsely accusing the suspect of possession;
 - giving false testimony in court;
 - losing or altering exhibits;
 - using a colleague’s badge number or password to access databases or premises.
- > Turning a blind eye to law enforcement
 - obtaining sexual favours or monetary benefits;
 - promoting protectionism.
- > Accepting gratuities or bribes
 - selling information in exchange for kickbacks (money, gifts, favours);
 - accepting and offering freebies.
- > Abusing police status
 - extortion;
 - fraud;
 - embezzlement, misusing corporate credit cards;
 - opportunistic theft;
 - obstructing investigations;
 - blackmail;
 - unreasonable search and seizure.
- > Intentionally using force
 - using coercion;
 - using physical or moral pressure (bullying);
 - obtaining confessions by coercion.
- > Maliciously managing informants
 - using violence to intimidate;
 - collecting money for the informant;
 - inventing a “bogus” informant;
 - not following procedures for managing informants;
 - embellishing or intentionally omitting information in reports.

RESSOURCES AND REFERENCES:

Miller, J. (2003). Police Corruption in England and Wales : An Assessment of current evidence. Home Office Online Report 11/03.

Her Majesty Inspectorate of Constabulary HMIC(2011). Press Release. #024/2011 Corruption not endemic in the police service – but police need more robust systems. Consulted on line on February 10, 2014
<http://webarchive.nationalarchives.gov.uk>

IPCC (2011). Corruption in the Police Service in England and Wales. First Report.
<http://www.official-documents.gov.uk/>

IPCC (2012). Corruption in the Police Service in England and Wales. Second Report – A report based on the IPCC’s experience from 2008 to 2011.
<http://www.official-documents.gov.uk/>

<http://www.rcmp-grc.gc.ca/pubs/ccaps-spcca/corrupt-rev-eng.htm>

http://www.unodc.org/documents/justice-and-prison-reform/cjat/Integrite_responsabilite_police.pdf

<http://www.aclei.gov.au/Pages/default.aspx>

Appendix 4

Procedures

Policy on the Use of Force

POLITIQUE

 EMPLOI DE LA FORCE POLITIQUE Propriétaire : Direction du Service	NUMÉRO Po. 220
	EN VIGUEUR 2013-04-03
	ANNULE Po. 220 du 2010-06-01

Le recours à la force est subordonné à l'existence préalable d'un pouvoir légal d'intervention, conféré au policier, en conformité avec une règle de droit ou un pouvoir de common law.

Dans l'exécution de ses fonctions et s'il agit en s'appuyant sur des motifs raisonnables, le policier est fondé à accomplir ce qui lui est enjoint ou permis de faire et à employer la force nécessaire à cette fin¹. Il peut avoir recours à la force, notamment pour se défendre, pour protéger la vie humaine, pour contrôler une personne et pour empêcher la fuite d'une personne détenue ou en état d'arrestation.

La décision d'employer ou non la force, de même que l'appréciation du caractère raisonnable, convenable et nécessaire, se fait avec discernement en tenant compte de la spécificité de la situation. Le policier qui emploie la force est responsable de tout excès de force².

Le Service ne peut cautionner l'usage non justifié de la force et il enjoint son personnel, lorsque la situation le permet, à favoriser la communication et la négociation dans l'exercice de ses fonctions.

1. PRATIQUES D'APPLICATION

Lorsqu'il fait usage de la force, le policier applique les techniques préconisées par l'École nationale de la police du Québec (ÉNPQ) et celles enseignées à la Division de la formation du SPVM, en suivant le Modèle national de l'emploi de la force de l'ÉNPQ, présenté à l'Annexe A du présent document.

Le policier s'assure qu'une personne, dont l'état de santé le nécessite, obtienne une assistance médicale le plus tôt possible³.

Lorsqu'il a fait usage de la force, en employant une technique ou un équipement mentionné dans la procédure liée « Les rapports – Emploi de la force » (PL 121-2), le policier remplit les rapports requis et y consigne les informations relatives à sa perception des événements.

2. FORMATION

Le Service offre aux policiers des formations en emploi de la force⁴ ainsi que des séances de maintien des compétences en emploi de la force pour les volets d'interventions physiques, d'armes intermédiaires, de tir et de tactiques policières.

Marc Parent,



Directeur

¹ Article 25 C.cr. (Protection des personnes chargées de l'application et de l'exécution de la loi)

² Article 26 C.cr. (Force excessive)

³ Procédure liée « Arrestation - soins de santé » (PL 211-8)

⁴ Art. 2 Loi sur la police (Perfectionnement professionnel)
Guide des pratiques policières (2.0 / 2.1 / 2.1.1 Emploi de la force)

Firearm Procedure

PROCÉDURE

 UNIFORME / ACCESSOIRE / ÉQUIPEMENT <i>ARME À FEU – ENTRETIEN / RETRAIT / PERTE</i>	NUMÉRO Pr. 749-01
	EN VIGUEUR 2017-05-17
	ANNULÉ Pr. 749-01 du 2014-02-05
Propriétaire : Direction des opérations	

Le personnel policier n'utilise que l'arme, les munitions et l'étui fournis par le SPVM, en relation avec la fonction occupée. Le policier assume la garde, l'entretien et le contrôle de son arme et il ne peut la prêter.

Le SPVM se réserve le droit de retirer l'arme de service d'un policier, s'il le juge approprié.

1. ARME DE SERVICE

Le pistolet de calibre 9mm fait partie de l'équipement de chaque policier et peut différer selon la fonction.

1.1. ENTRETIEN

Le policier doit :

- Vérifier, au début de son quart de travail, le bon fonctionnement de son arme¹;
- vérifier, nettoyer et lubrifier le mécanisme après chaque pratique ou qualification, ainsi qu'à chaque cycle de travail de 35 jours.

1.2. INSPECTION

L'arme est inspectée lors de la certification annuelle, par un instructeur de tir de la Section emploi de la force de la Division formation.

1.3. ARME DÉFECTUEUSE OU ENDOMMAGÉE

Toute défectuosité ou dommage constaté doit être rapporté à la Section de l'armurerie et de l'équipement.

LE POLICIER

Se présente, les jours ouvrables, entre 8 h et 16 h, à la Section de l'armurerie et de l'équipement;

NOTE : En dehors des heures de service de la Section de l'armurerie et de l'équipement, le policier se présente au Module soutien opérationnel (MSO), de la Division de son unité d'appartenance, afin de se procurer une arme de service temporaire dans l'attente de la réparation ou du remplacement de son arme par l'armurier.

1.4. AUTRES ARMES (À FEU OU INTERMÉDIAIRE)

Ces armes font partie de l'équipement spécifique à certaines unités et seul le personnel dûment qualifié est autorisé à les manipuler.

L'inspection et l'inventaire périodique de ces armes relèvent de l'unité qui les utilise en conformité des procédures en vigueur.

¹ Se référer au guide d'entretien périodique des pistolets Glock 19 disponible sur le <K:\Armurerie\Guide d'entretien périodique des pistolets Glock 19>

Pr. 749-01 datée du 2017-05-17

2. ARMES PERDUES OU VOLÉES

Lorsque la perte ou le vol d'une arme survient sur le territoire de la Ville de Montréal, l'information doit obligatoirement être consignée sur un document «**Rapport d'incident**» (**R. 520-01**).

Lorsque la perte ou le vol survient à l'extérieur de la Ville de Montréal, le policier doit se rendre au poste de police de la localité où est survenu l'événement afin de rapporter l'incident.

2.1. LE POLICIER

Rédige le **R. 520-01** en y énumérant la marque, le modèle, le numéro de série et le calibre de l'arme;

se présente à la Section de l'armurerie et de l'équipement, les jours ouvrables, entre 8 h et 16 h, avec une copie du **R. 520-01** afin de recevoir une nouvelle arme;

NOTE : En dehors des heures de service de la Section de l'armurerie et de l'équipement, le policier se présente au MSO, de la Division de son unité d'appartenance, afin de se procurer une arme de service temporaire dans l'attente du remplacement de son arme.

2.2. LE SUPERVISEUR

Communique avec la Section de l'armurerie et de l'équipement afin de confirmer les informations mentionnées au **R. 520-01** quant à la marque, le modèle, le numéro de série et le calibre de l'arme;

remplit le formulaire « **Armes à feu - Identification de réseau de trafiquants d'armes** » (**F. 520-55**)

lorsque le vol ou la perte est survenu à l'extérieur de la Ville de Montréal, se procure le rapport circonstancié;

s'assure de l'inscription exacte des caractéristiques de l'arme au Module centrale de l'information policière (MCIP);

s'assure que le policier concerné a amorcé le processus de remplacement de l'arme.

2.3. LE CHEF D'UNITÉ

Prends connaissance du **R. 520-01**;

assure le suivi des démarches effectuées par le policier et le superviseur;

détermine s'il y a eu négligence de la part du policier, le cas échéant, entame les mesures administratives ou disciplinaires applicables.

Pr. 749-01 datée du 2017-05-17

3. RETRAIT DE L'ARME DE SERVICE

Il y a retrait de l'arme de service pour les raisons suivantes :

Au moment d'un départ;
à la demande de la Division des affaires internes (DAI);
sur recommandation du médecin du Service;
lorsque l'officier estime que la sécurité l'exige;
à la suite d'une décision judiciaire lorsque l'arme est requise comme pièce à conviction;
après quatorze (14) jours d'absence au travail, autre que la période de vacances annuelle.

NOTE : Lorsque le retrait est de cinq (5) jours et moins, l'arme est remise dans l'une des cases prévues à cette fin dans chaque unité. Dans tous les autres cas, l'arme est remise à la Section de l'armurerie et de l'équipement.

Lorsque la remise de l'arme de service est autorisée, la Division des partenaires d'affaires RH-Police ou la DAI avise le responsable de l'unité, par écrit ou par commutation de message, que le policier peut reprendre son arme.

Lorsque l'arme est remise à la Section de l'armurerie et de l'équipement, le responsable de l'unité rédige un formulaire « **Rapport général** » (F. 20) autorisant l'armurier du Service à remettre l'arme au policier.

Didier Deramond,



DIRECTEUR ADJOINT

Appendix 5

Resources

Resources or organizations	Contact information
Module d'intervention en soutien aux employés (MISE) Division de la sécurité de de l'intégrité	514 241-6654 514 280-3745
Division des partenaires d'affaires RH-policiers Division des partenaires d'affaires RH-civils	514 280-3499 514 280-8549
Programme d'aide aux policiers et policières (PAPP)	Hotline PAPP 514 304-8960 514 280-BLEU
Programme d'aide aux employés (civils) (PAE)	514 723-2433
Module contrôle des informateurs (MCI)	514 280-3113
Affaires internes	514 280-2045
Division des affaires policières du Service des affaires juridiques	514 280-3565
Gambling help and referral	1-800-461-0140 www.jeu-aidereference.qc.ca
Casino self-exclusion (from 3 months to 5 years). Gamblers can also speak directly to security personnel to request a self-exclusion agreement.	Loto-Québec: http://www.lejeudoitrestreterunjeu.com/ Maison Jean Lapointe: www.maisonjeanlapointe.org
Drugs: help and referral	514 527-2626
Phobies-Zéro (support and assistance for people with anxiety disorders)	514 276-3105 www.phobies-zero.qc.ca
Institut universitaire en santé mentale de Montréal	514 251-4000 extension 3734
Revivre: Quebec support association for people with anxiety, depressive or bipolar disorders.	514 REVIVRE www.revivre.org
Financial advisors of banking institutions or Caisse Desjardins des policiers et policières	www.creditcounsellingcanada.ca 1-844-387-6389 www.caisse-police.com 514 847-1004
Training Division (Post-incident only)	514 715-1532

Endnotes

¹ Admo, N, Gariépy, J and Rizkalla, S (2015). *Criminologie générale*, 3rd edition. Modulo (248 pages).

² Miller, L. (2004). Good Cop-Bad Cop: Problem Officers, Law Enforcement Culture, and Strategies for Success. *Journal of Police and Criminal Psychology*, 2004, Vol. 19, No 2, pp. 30-48 (free translation from English). Note that these definitions have sometimes been enhanced by concepts specific to the SPVM.

³ The authors have chosen to use the term “risk behaviour” throughout this guide. Other synonyms could have been used.

⁴ Walker, S, Alpert, GP, Kenney, DJ, (2001). Early Warning Systems: Responding to the Problem Officer. National Institute of Justice, US Department of Justice.

⁵ See Procedure 229 in the SPVM's Operating Procedure.

⁶ R.C. Bottrell. 60 C.C.C. (ed) 218. Personal notes Sylvain St-Amour, SPVM.

⁷ Boivin, R. and Lagacé, M. (2015). Police Use-of-Force Situations in Canada: Analyzing the Force or Resistance Ratio Using a Trichotomous Dependant Variable. *Police Quarterly* 0(0), pp.1-19.

⁸ Op.Cit.

⁹ Op. Cit., Recent studies tend to show that the suspect's ethnicity is not a promising risk factor. However, Jobard (2010) and Bolger (2014) and others demonstrate that an individual's social and racial status and the interaction circumstances are the strongest predictors. These two approaches to explaining the excessive use of force continue to fuel the debate. (Jobard, F. (2010). “Police et usage de la force.” Published on *criminologie.com*, consulted on November 30, 2015). Moreover, Boivin and Lagacé (2015) observe a 7% increase in the likelihood of use of force per year of experience. In a longitudinal study on police recruits in Quebec, Alain et al. (2013) observe an ethical shift in young police officers after two years of service, with use of a weapon and force being justified in many more situations (Alain, M, Rousseau, M and Desrosiers, D. (2013) “Regards croisés sur les processus de construction d’une identité professionnelle policière en France et au Québec.” *Criminologie*, Vol. 46, no 2, pp.43-67.) (Bolger P.C. (2014). *Just Following Orders: A Meta- Analysis of the Correlates of American Police Officer Use of Force Decision*. *American Journal of Criminal Justice*. No 40. pp. 466-492.)

¹⁰ SPVM. Section formation, Secteur emploi de la force, Cours SAPAC (04-03-25).

¹¹ Cluett v. The Queen, (1985) 2 S.C.R. 216.

¹² Based on: Code de déontologie du Québec. Art.6 : abus d'autorité, Cour du Québec dans l'affaire Pleau et Lévesque et juge Poirier cour Sup. du Québec.

¹³ Maxwell, W. (1993). Le recours à la force excessive. La Gazette de la GRC. Vol.55.No10.

¹⁴ Some of these indicators are based on the supervisor guidance tool on toxic practices related to the use of force. SPVM internal document. Sylvain St-Amour and Michel Seyer (MISE).

¹⁵ Le Modèle national de l'emploi de la force – DOCUMENT EXPLICATIF. Document ENPQ. 2012

¹⁶ Lemieux, F. (2001). L'utilisation des connaissances policières et des renseignements policiers dans les actes de corruption : une étude de cas. Canadian Journal of Criminology, vol. 43, no 4., pp.449-466.

¹⁷ Miller, J. (2003). Police Corruption in England and Wales: An Assessment of Current Evidence. London: Home Office RDS. Home Office Online Report 11/03.

¹⁸ PROJECT APEX A strategic assessment of corruption risk factors in ACT Policing, June 2013.

¹⁹ PR429-11 Appréciation de la performance personnel policier syndiqué. SPVM

²⁰ Turcotte, G. (2007). Les effets des comportements contre-productifs d'équipiers sur l'engagement organisationnel des membres. Mémoire de maîtrise. École des hautes études commerciales. Université de Montréal.

²¹ For corruption, see the previous section.

²² Definition on linternaute.com, website consulted on May 27, 2015

²³ These are the most frequently identified vulnerabilities in police literature. The authors have chosen to omit other identified vulnerabilities, such as allegiance to one's country, counterintelligence and criminal conduct.

²⁴ <http://www.bivi.maitrise-risques.afnor.org/> consulted on November 17, 2014

²⁵ See Procedure 749.1 in the SPVM's Operating Procedure in APPENDIX 2.

²⁶ Informed consent means that I have received all the relevant information about what is being proposed to me, in order to understand, to the extent possible, the various options available to me and the risks and consequences associated with each of them. It is a fully informed decision. <http://www.droitsetrecours.org/fhtml/documentation/consentement-libre-et-eclair.html>, website consulted on Decembre 8, 2015.

²⁷ IRSST, 2010. Facteurs prévisionnels du développement de l'ETSPT à la suite d'un événement traumatique chez les policiers.

²⁸ In addition to the following list of mental illnesses, there are various forms of excessive addictions such as gambling, alcohol or drugs. These addictions are described in other sections in this guide.

²⁹ Programme d'aide aux policiers et policières (PAPP). Le représentant syndical et l'approche D.R.S. Journée de formation paritaire.

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François Labrecque, PDQ 21 Sergeant

Patrick Lavallée, Commanding Officer
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Programme d'aide aux employés

Nicodemo Milano, Commanding Officer
Division du crime organisé

Martin Renaud, Commanding Officer
Division du crime organisé

Pascal Richard, Commanding Officer
Section de l'intervention et de la circulation-Est

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Direction stratégique

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