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‘The enemies are now inside the station’: trauma, organizational stress and institutional support in frontline policing

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Abstract

Police officers experience elevated rates of psychological ill-health relative to the general population (Syed et al. 2020). While operational trauma is an established risk, qualitative research on organizational stress, institutional support, and help-seeking remains limited. This qualitative study contributes to a growing body of research which identifies organizational stressors as possibly more corrosive than operational trauma (Newell et al. 2022). Drawing on 60 interviews with officers in the Police Service of Northern Ireland, this study examines how organizational stress, institutional support, help-seeking behaviours, and moral injury intersect. Five organizationally rooted themes emerged—fear of repercussions, stigma, performative wellbeing initiatives, inaccessibility, and a culture of mistrust—all of which acted as barriers to help-seeking and were described as more harmful than operational trauma. The article concludes by outlining context-specific reforms, including confidential, one-to-one follow-ups after traumatic events, annual psychological check-ins, clearer separation between wellbeing provision and operational risk management, and leadership accountability for fostering psychological safety.

Introduction

Police officers operate within environments characterized by chronic exposure to trauma, high-stakes decision-making, and intense public scrutiny (Miller et al. 2018; Ugwu and Idemudia 2025). Research consistently demonstrates elevated rates of post-traumatic stress disorder (PTSD), depression, anxiety, substance misuse, and suicide among police officers relative to the general population (Miller 2005; Stanley et al. 2018; Syed et al. 2020; Wagner et al. 2020; Irizar et al. 2021). Despite research showing suicides exceed deaths in the line of duty (Javanbakht 2018), recordings of police suicides in the UK remains limited, leaving the true scale of harm obscured (Police Federation of England and Wales 2025). Together with stigma-related non-disclosure, prevalence rates likely underestimate both suicide and broader psychological injury (Bell et al. 2022; Violanti 2022).

Historically, police wellbeing research prioritized operational trauma, such as critical incidents (Mitchell 1983; Violanti and

Aron 1995). While these experiences remain unavoidable in policing, research demonstrates that organizational stressors—including poor leadership, lack of support, an overly bureaucratic system and poor workplace culture—can be equally, if not more, harmful than operational trauma (Galanis et al. 2019; Purba and Demou 2019; Drew and Williamson 2025; Gavin and Porter 2025). Seminal work by Carleton et al. (2020a), drawing on 4,820 public safety personnel (PSP), demonstrates that organizational stressors are among the strongest predictors of mental disorder symptoms, frequently exerting a greater impact than potentially traumatic events.

This reorientation has significant implications for understanding help-seeking behaviour. Organizational stressors, such as poor workplace culture, influence whether officers feel able to disclose distress, trust institutional support, or seek help without fear (Archbold 2025). In environments characterized by mistrust, stigma and perceived career risk, help-seeking can itself become an additional source of stress, rather than a pathway to recovery. Following Rickwood and Thomas (2012), help-seeking here is understood as the adaptive process of obtaining formal support, including occupational health services.

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Formal help-seeking among police officers remains persistently low (Jetelina et al. 2020). In one US department, 17 per cent of officers with a positive mental-health screen accessed services in the previous year, despite 26 per cent screening positive for a mental health issue (Jetelina et al. 2020). Carleton et al. (2020b) found that 43%–60% of 4,020 PSP would never, or only as a last resort, seek professional care. This supports early research which found that around 10 per cent of Norwegian officers who reported anxiety or depression symptoms accessed psychological services (Berg et al. 2006). Carleton et al. (2019) also found that 74 per cent of their PSP sample ($N=2,975$) would initially turn to a spouse for support, indicating that informal support is often preferred over internal, formal services.

Qualitative studies further highlight barriers including stigma, confidentiality concerns, and fear of career repercussions (Karaffa and Koch 2016; Ricciardelli et al. 2020; Richards et al. 2021; Bell et al. 2022). These beliefs are reinforced by occupational norms, including ‘canteen culture’, which prizes stoicism and equates vulnerability with weakness (Waddington 1999), and limited awareness of available services, doubts about practitioners’ occupational knowledge, and difficulty in recognizing their own mental health problems (Jetelina et al. 2020; Richards et al. 2021; Bell et al. 2022).

Systematic reviews emphasize structural and cultural roots of barriers to help-seeking: unless officers trust the design and delivery of services, they are unlikely to engage (Richards et al. 2021). Patterson et al. (2014) concluded that interventions often fail not because of poor design, but because of lack of officer trust in those delivering them. Even when attitudes improve, fear of career damage remain (Lane et al. 2022).

Recent scholarship has increasingly drawn on concepts such as moral injury and institutional betrayal to explain how organizational environments can become psychologically harmful (Smith and Freyd 2013; Brennan and Cole 2024; Conway et al. 2024). Moral injury refers to the enduring psychological distress caused by experiences that violate an individual’s core moral values (Eikenaar 2022). First applied to military contexts, the concept has more recently been extended to policing, with calls for further research into its relevance (Papazoglou and Chopko 2017).

Despite a growing body of research, several gaps remain, many of which have been highlighted across policing scholarship (Bell et al. 2022). First, the field remains dominated by quantitative surveys that establish prevalence but overlook the lived experiences and personal narratives (Purba and Demou 2019). Second, studies have prioritized diagnosable conditions such as PTSD, rather than focusing on subclinical but equally debilitating outcomes, such as moral injury (Papazoglou and Chopko 2017; Brennan and Cole 2024; Conway et al. 2024). Third, organizational stress in post-conflict and high-threat policing contexts, such as the PSNI, remains underexplored, despite evidence that firearm carriage and security legacies create distinctive organizational pressures (Stoughton 2016; Drew and Martin 2021). Finally, limited attention has been paid to how organizational responses to trauma may themselves function as sources of psychological harm, with emerging evidence indicating that procedural handling of distress may exacerbate, rather than mitigate,

officers’ psychological strain (Patterson et al. 2014; Lane et al. 2022).

The PSNI offers a unique context for examining organizational stress, not only because of its severe threat level stemming from The Troubles, but because this threat produces distinctive organizational pressures. Unlike other UK forces, officers carry a Personal Protection Weapon (PPW) on- and off-duty, creating a constant fusion of work and personal life. Due to the persistent threat level, officers cannot easily access external services for psychological support; they must rely on internal or internally approved systems. Alongside pre-existing organizational stressors (e.g. poor workplace culture), officers carry an additional burden: they cannot openly disclose their role outside the organization, fearing targeted attacks by paramilitary groups. These combined pressures intensify dependence on institutional care and amplify the stakes of help-seeking. Rates of psychological sick leave within the PSNI are more than three times those of other UK forces (Young 2024), making it vital to understand these organizational dynamics in a context where psychological distress is widespread, yet research remains limited.

Therefore, this study asks:

How do police officers in the Police Service of Northern Ireland perceive and experience organisational stress and institutional support, and how do these organisational conditions shape help-seeking?

By foregrounding officers’ lived experiences, this study contributes to international debates on organizational stress, help-seeking, and moral injury in policing, while offering context-specific insights to inform more credible, culturally informed organizational reform.

Methods

This study employed a qualitative design using in-person, semi-structured interviews with officers from the Police Service of Northern Ireland. The methodological approach was designed to examine officers’ perceptions and experiences of organizational stress and institutional support, and the ways these shape help-seeking.

Sampling

Access to policing samples is recognized as particularly challenging, especially for researchers who are positioned as ‘outsider-outsiders’ (Brown 1996; Noaks and Wincup 2004). Initial contact was made through the PSNI’s Police Federation. Following endorsement, the project was reviewed and approved by the PSNI Occupational Health and Wellbeing team (OHW), who initiated a vetting process. A Superintendent subsequently authorized access and connected the researcher with an Inspector who acted as the primary facilitator. This Inspector served as the ‘gatekeeper’,¹ circulating study information through internal

¹A ‘gatekeeper’ is an organisational contact who authorises or facilitates access to participants. Here, without the gatekeeper, access would not have been possible (Saunders 2006).

email distribution and word-of-mouth, resulting in a combined convenience and snowball sampling approach.

The final sample comprised 60 officers ($N=60$), spanning ranks from Constable to Chief Inspector, a range of operational roles, and lengths of service from under five years to over 30 years. The sample was predominantly male ($N=53$) and White ($N=60$), reflecting the demographic composition of the PSNI workforce and the specialist roles accessed. As of October 2025, the PSNI employs 6,256 police officers, with 67.3 per cent of officers being male and only 0.75 per cent identifying as belonging to an ethnic minority background (Police Service of Northern Ireland 2025). Many of the specialist and operational roles are even more male-dominated, leaving little practical scope for greater demographic variation within the sample. This constitutes a limitation for transferability, and this is explicitly acknowledged in the Discussion.

Recruitment materials indicated that the study focused on officers' experiences of traumatic events, coping strategies, organizational stress, and perceptions of institutional support. Participation was voluntary, and officers with and without mental ill-health histories were included; an approach that supported the inclusion of a diverse range of voices.

Data saturation

Although saturation point is often used as a guiding principle for determining adequate sample size in qualitative research (Saunders et al. 2018), its application is debated and was not the guiding principle for data collection in this study. Saturation traditionally signals the point at which no new insights emerge (Tight 2024). However, because this study sought to capture the voices of PSNI officers, interviewing continued beyond the point at which repetition emerged, as recurring accounts provided critical evidence of the scale and systemic nature of the issues raised.

Data collection

Semi-structured interviews were conducted between May and September 2023 in secure rooms within two undisclosed PSNI stations. These locations were necessary for officer safety given the heightened threat in Northern Ireland. Interviews lasted around 1 hour and 45 minutes and were audio-recorded with consent; in the single case where recording was declined, detailed field notes were taken. No explanation was given for the decline.

The interview schedule focused on four key thematic domains designed to gradually move from general professional experience to sensitive discussions on trauma and support. Following rapport-building questions, the conversations began with prompts such as, 'How long have you been a police officer?' and 'What different roles have you had throughout your service?'. Discussions then moved to specific experiences of trauma and stress, guided by questions such as 'Can you tell me about any experiences on the job that were difficult for you or impacted you?', followed by probes like 'How would you say this experience has affected your wellbeing?'. Finally, the schedule focused on institutional response: 'What support is offered by the PSNI or specifically to you?' and 'How do you think the PSNI could improve support? Why?' This flexible

structure allowed participants to explore the nuanced relationship between operational stress, personal coping, and organizational support.

Researcher reflexivity

The researcher was an external civilian with no policing background, a positionality that shaped officer disclosure in complex ways. For some, this outsider status facilitated openness, enabling more candid discussions that would not occur with someone organizationally embedded. For others, the combination of outsider status and the high-security interview setting—secure rooms within PSNI stations—may have constrained what they felt able to share. The organizational setting itself likely carried symbolic weight: being interviewed inside police premises may have reinforced concerns about confidentiality, career repercussions, or perceived surveillance, while simultaneously providing a safe and familiar environment for officers who felt vulnerable outside the station. These dynamics inevitably influenced the narratives produced, shaping both the depth and direction of disclosure. Reflexive memos were maintained throughout to monitor positionality, emotional impact, and situational influences on the data.

Data analysis

Transcription was completed using a combination of Trint™ (for 40 interviews) and manual transcription (for 20 interviews), ensuring high levels of accuracy and familiarity with the dataset. Thematic analysis was used to interpret the data, drawing on Braun and Clarke's (2006) framework. The analysis employed both inductive and systematic approaches. Transcripts were initially coded manually during fieldwork using an inductive approach to identify emerging patterns and to allow for iterative refinement of the interview schedule. NVivo software (Lumivivo 2025) supported systematic coding and theme development.

Academic rigour was enhanced through multiple strategies. Reflective memos captured evolving interpretations and were relied upon during analysis. Three transcripts were independently coded by a second reader to check code coherence, with strong agreement across themes. Rich contextual description and illustrative quotations are provided in the findings to support transferability. Quotations are retained verbatim,² to ensure authenticity. The reporting follows the COREQ checklist.

Ethics

Ethical approval was granted by the author's university prior to fieldwork. The committee did not issue a numerical protocol code; approval was granted via a formal signed letter dated 22 February 2023, confirming that the study had been reviewed and authorized in accordance with institutional and sector standards.

Given the sensitive nature of policing in Northern Ireland, confidentiality and anonymity were prioritized throughout. All participants received detailed information sheets outlining

²Profanity and identifying language have been minimally redacted to protect confidentiality while preserving meaning.

the study's purpose, procedures, risks, and their rights, including their right to withdraw at any stage. Written informed consent was obtained prior to interview.

Pseudonyms were assigned immediately after interview and are not consistent across publications to maximize anonymity. All identifiable details including ranks, locations and units have been removed, or generalized. Audio-recordings and transcripts were stored on a password-protected OneDrive account. Audio files were deleted after transcription, and only anonymised transcripts were retained for analysis. No identifiable or raw data were shared with the PSNI, senior management, and Occupational Health and Wellbeing team. Only fully anonymized, aggregated findings were presented, with all contextual details that could link comments to individual officers removed.

Participants were provided with a debrief sheet containing relevant support services, and risk-mitigation measures were adopted to ensure the safety of both participants and the researcher in a high-threat context.

Findings

This section presents officers' experiences and perceptions of organizational stress and institutional support within the PSNI. In the analysis, organizational stress refers to pressures or harms that originate from, or are maintained by, institutional structures, policies, and workplace culture (Queirós et al. 2020). Whilst previous research frames help-seeking barriers as individual-level issues, officers in this study described barriers, which are inherently organizational. For this reason, the barriers presented in the themes below are understood as organizational stressors in their own right—structurally embedded, culturally reinforced and integral to the working environment rather than a reflection of individual attitudes or resilience. Several officers used the phrase, or a version of, 'the enemies are now inside the station' to capture how organizational stress overshadowed operational stress.

Five interrelated themes emerged that present organizationally rooted barriers to help-seeking: (i) fear of organizational repercussions; (ii) stigma reproduced through organizational culture; (iii) support as a tick-box exercise; (iv) availability versus accessibility; and (v) leadership mistrust: 'it's the threat from our own bosses, not the threat from terrorists'.

Theme 1: Fear of organizational repercussions

Officers described concerns that disclosure of psychological distress would trigger punitive or career-limiting outcomes. This fear centred on two areas: their PPW and redeployment. In a context where firearm carriage is integral to operational effectiveness and personal safety, the potential loss of a PPW was experienced as a profound threat rather than a protective measure. Eighteen officers explicitly cited PPW removal and fifteen cited redeployments as decisive in avoiding formal support.

Officers described confiscation as heightening feelings of vulnerability, undermining professional competence, producing a sense of exposure. Thus, seeking help was experienced less as a route to recovery and more as a pathway to disempowerment.

There are all these posters ... 'It's okay not to be okay'...I don't think it's okay not to be okay because...something will follow it...whether or not you lose your gun, or you lose your job...say you want to say you're struggling with your mental health. That's it... You're off...You're out of your position. 'We've got to go make you work in an office or push pencils'...or 'give me your gun'. (Barry)

They ask us to answer them honestly...but then sometimes because...everyone's routinely armed here, it could be used against you...if you answer that...senior managers...they think that you've got something to worry about, you could lose your gun. (Ryan)

This sense of risk was echoed by Adam, who highlighted how the issue extended to elite roles:

If you went to OHW and said I have this problem I have that problem, the first thing they do is 'is that person suitable to have a gun', and if you work hard to get to some of the elite roles the last thing you're going to do is tell anybody something. It's as simple as that.

Several officers described the fear of desk duties not only as punitive but as psychologically destabilizing.

That would drive me insane if somebody forced me to be at the desk. That would drive me insane [laughs]. I would rather deal with dead bodies all day [laughs]. I will get myself sacked. (Anonymous)

Yeah...I think the...fear is that if you go to OHW and you say like six months down the line and say, I'm still struggling, then, then in your head you're like 'oh they're going to take you off the ground' and I don't want to go off... (Kieran)

These fears operated as a direct organizational stressor because it was produced by formal organizational policies that linked psychological disclosure to potential loss of safety and identity. These consequences were not hypothetical, but structurally embedded, meaning stress did not arise from the traumatic incident itself, but from the organization's management of it, reinforcing a sense of betrayal.

Theme 2: Stigma reproduced through organizational culture

Stigma emerged as an organizationally reinforced norm rather than an individual belief. Officers described a workplace culture that prized emotional control, resilience, and self-sufficiency, while implicitly discouraging expressions of vulnerability. Two interlinked themes emerged: stigma in *engaging* with support in front of peers (e.g. group debrief), and stigma in *seeking* support (e.g. from managers). Although formal wellbeing messages were acknowledged, participants described a disconnect between organizational rhetoric and everyday expectations.

I am quite a bloke's bloke, but I do realize your persona is different from what

you're thinking on the inside...but I wouldn't want to show any weakness in front of the other guys in case you get stick about it. (Dominic)

This tension was particularly evident in group-based interactions (e.g. debriefs, post-incident support), which fifty-eight of sixty officers reported as uncomfortable or ineffective. Concerns centred on confidentiality, reputational harm, and the social cost of visible vulnerability. Several officers outlined they would prefer confidential one-to-one contact, noting that once one person denied stress in a group, pluralistic silence often followed.

Possibly not in a group...if you got ten guys in a room who all dealt with the same incident, you said 'anyone here stressed?' The first person says, 'no', I think everyone will probably go 'no'...I think it needs to be one on one...it can't be officer led because I know I probably wouldn't have referred myself for anything, but I feel like I maybe could have got some benefit at the time if my sergeant had said 'here you went to that wee kid who overdosed... go and speak to someone'. (Anonymous)

Here, the officer highlights how collective silence becomes self-reinforcing: once one person denies stress, the rest follow, regardless of their inner state. The preference for one-to-one support underscores how organizationally endorsed officer-led models often fail to overcome stigma and instead reproduce it.

Concerns about stigma were also tied to perceptions of long-term reputational damage. Rory explained that there would be an 'automatic stain on your character'. Marcus echoed this:

All big roughy toughy peelers...it's moving away from the whole business of...the stigma of speaking out shows weakness, but I still think there is a sort of general feeling that if we speak out about mental health, you're weak.

They offered support, but none of us really wanted it like [laughs]... [long pause]. I wouldn't be surprised if part of it was bravado, you just don't want to be seen as weak. (Fraser)

Lewis argued that 'for me, it's still a sign of weakness'. The repeated invocation of 'weakness' illustrates how deeply cultural ideals of toughness shape officers' choices. Thirteen officers reported deliberately sought external support to avoid being judged internally, reflecting the persistent belief that confidentiality and trust cannot be guaranteed within the organization.

Stigma operated as an organizational stressor because it was actively reproduced through workplace culture. This cultural enforcement created a constant background stress in which officers felt they must suppress distress to remain legitimate. Crucially, few officers indicated that they would not judge a colleague for needing support, highlighting its structural roots.

Theme 3: Support as a tick-box exercise

A prominent theme was the perception that organizational wellbeing initiatives were symbolic or compliance driven. Fifty-three officers used the terms 'tick-box', 'arse-covering', and 'lip-service' to describe institutional support. These were

not throwaway remarks but a collective shorthand for a system that felt performative rather than protective. These criticisms were centred around three areas: senior management and the OHW team; institutional support (e.g. post-incident peer support); and individual figures in management, mainly from Chief Inspector and above. One officer said:

But the organisation...it seems to be that it's an arse-covering exercise for our bosses to say something and not actually meaning it.

Fraser described post-incident peer support as, 'just a token gesture...a big tick-box', noting that on one occasion staff appeared briefly before a critical incident but vanished when officers were returning precisely when support was needed most. This sentiment was echoed by Seb, 'You see all these e-mails going out from bosses about your mental health. It's just an arse-covering exercise because there's nothing in place'. While Seb's claim that 'nothing is in place' is technically inaccurate, it captures a crucial reality: for these officers, support that feels insincere may as well not exist at all, because it does not speak to the people it is intended to serve.

Officers often described support as insincere—something offered for promotional purposes, rather than genuine care. Ewan said:

Any support that I get from the PSNI I believe is either a tick-box exercise that you get, or someone is going for a promotion so they're using it as a springboard.

Maevae echoed this:

Erm no, and to be blunt about that [sigh]. There's a lot of tick-boxes in this job...it sometimes doesn't feel as if things are being offered because someone's genuinely concerned for your welfare, it's like 'I'm offering this because I am one of the bosses and I have to do this'.

This barrier was raised by 53 officers.

Perceived performativity functioned as an organizational stressor because wellbeing processes were experienced as symbolic, procedural, or insincere; communicating to officers that organizational care was superficial. This gap between institutional rhetoric and officers' lived experience undermined psychological safety and reinforced feelings of neglect; core features of moral injury.

Theme 4: Availability versus accessibility

Although most officers were aware of OHW services, concerns including long wait times, session caps, quality of provision, and poor communication, all shaped whether support felt meaningful or accessible. Of the sixty officers, twenty-six had experiences with support services, including the legally required debrief.

Graham, who developed anxiety and PTSD following traumatic incidents, described eventually benefitting from therapy:

That was October 2021 that I thought I should probably speak to someone and had the initial assessment...around November 2021 and then had my first session in October

2022. April 2022, I met the psychologist and then I just finished there in March...it felt...like a wee bit of weight had been lifted off my shoulders.

However, this support arrived eighteen months after it was first needed. Fraser echoed this frustration:

I would say if it was more easily accessible...it took me months to get preventative measures, like 'how do we stop this person going off and deteriorating', 'nah we will just wait until they are mental until they're really struggling'...it needs to be more accessible.

Even when individual encounters were described positively, they rarely produced a broader sense of feeling supported. Officers consistently described OHW and senior leadership as disingenuous, and other forms of institutional support as hollow. Officers often discussed being 'sceptical' of OHW, for example:

Erm [long pause] OHW...a lot of my dealing with OHW seem to be that they're an insurance policy for the police...they're doing it not necessarily for the officers' welfare...it's like a tick-box and they can turn around and say we asked and there were no issues.

Delays and session limits were widely criticized, with officers only being provided with six sessions for counselling or with a clinical psychologist. One officer who experiences complex-PTSD symptoms, recalled:

I was having nightmares and sweats...I literally was finishing my Inspire sessions and I had nothing in place...The biggest concern was when you open Pandora's box, how do you stop it?

It took this officer eight weeks to speak to someone from OHW following their Inspire sessions. Similarly, one officer said:

I was technically supposed to get at one [peer support] at the time, after a fatal car crash, the thinking was that everybody that was involved in this car crash, was to get peer support. And I'm still waiting a few years later, never chased it up because I didn't really feel like I needed it, but like...

One officer described Inspire as 'confrontational', feeling dismissed because their trauma pre-dated joining the police:

I was going through [family issues] and my stepfather had died...when he died, I started to deal with the fact that in my youth he had physically abused me...he used to pour boiling water over my genitalia and stuff and put out cigarettes on me... do you know what I put it out of my head for years. It didn't exist until we had a call...and I spilled liquid on my groin...I could have cried in the car, I was just holding myself together, so I rang these people and it was almost as if 'why are you bringing this to us? This is a pre-police issue...' and I can remember that was it for me and I thought 'f*** you'.

This officer sought external support because they, 'didn't trust the police with any personal matters'.

Additional concerns centred on how referrals were offered. Some officers reported being discouraged from accepting support from managers, even after traumatic incidents. One example comes from an anonymous officer:

You should be offered like a post-incident support thing, so if you go to something traumatic...the guideline is that your line manager should be offering you 'here...do you want to talk, want me to do a referral for this...?' Whereas either you don't get offered or it's worded in a way that you're not meant to say yes. So even recently, like, not that it bothered me...a guy that got stabbed in the neck...afterwards he said 'you hardly want a referral for that do you'...he's saying it in such a way...But that's happened before with the majority of the calls that I've told you about.

Another officer recalled how his Inspector's wellbeing check felt insincere and came with an implicit warning: if he accepted support, his colleague would face consequences, following a mistake on duty.

Finally, for some officers, the barrier was not poor quality, but complete absence of support. Thirty-four officers reported never being offered support of any kind, despite extensive exposure to trauma, and seventeen did not know what support was available. Ellis put it simply, 'Me personally, I've never been offered anything that I can remember'.

Inaccessibility operated as an organizational stressor because support systems were constrained by organizational resourcing decisions, long waits, session caps, and inconsistency. These structural barriers create additional strain, producing a sense of neglect when help is most needed.

Theme 5: Leadership mistrust: 'it's the threat from our own bosses, not the threat from terrorists'

For many officers, organizational stress extended beyond specific support mechanisms to a broader mistrust of leadership and institutional intent. Across this theme, three key areas emerged:

1. A deep 'disconnect' between frontline officers and leadership
2. The perception that senior leaders prioritize protecting the organization over protecting their officers, even it meant 'stabbing them in the back'
3. A perception that career advancement outweighed officer wellbeing

This mistrust was often articulated through language that framed the organization itself as a source of threat:

The greatest threat, the greatest existential threat to the PSNI is itself, it's the way the top is. We used to talk about why I joined...the least concerning thing to police officers in Northern Ireland, I would say, would be the threat level. It's the threat from our own bosses, not the threat from terrorists...I don't say that lightly...that's what keeps me awake at night or worries me when I come into work in the morning. Terrorists, they're there and you know, I've

always taken the view that either kill me or I'll kill them, you know? Or criminals they hurt or you'll hurt them, or you'll arrest them. But the only fear I have and it's not just me, because I had this conversation with so many people at different levels, it's the bosses within. We fear the greatest threat from within. The greatest fear to us is in here...and that is more dangerous than any traumatic event we are sent to, or any injury you can get...it's the lack of support...I think that's the greatest psychological cause or psychological damage within the police.

Here, trust functioned as a foundational condition shaping psychological safety and help-seeking. One officer illustrated the centrality of trust by comparing policing with a previous job that involved far greater physical risk:

...It was extremely stressful in terms of physically and lot of danger...a lot of workmen died. I say it so was stressful, but I never felt any stress because I think...the fundamental point...the most important thing about that was the trust and confidence you had in the people around you. So even though it was very dangerous, the people I worked with...I had complete faith and trust in what they were doing, and their decisions, it meant there was no fear...Even if something happened, you thought it's going to be all right...when we come to policing, I think it's a very important, fundamental issue...if you want to have a reduction of stress and PTSD, the foundations and trust you have in the organisation and the people around you, is fundamental.

Of the sixty officers interviewed, fifty-three said that they did not feel supported by management, four officers did not comment, leaving three officers feeling supported. One officer captured this bluntly, 'egos at the top, some of those guys need to step back and just realise the damage that they're doing'. This disconnect was most visible after traumatic incidents, particularly a high-profile murder, which officers said could have been prevented. For many, the trauma of this event was compounded by 'poor managerial planning' and 'an absence of command and control' during the incident and subsequent disorder. One officer recalled:

[The night of the high-profile murder] ...I was on that night, and we saw that that...It was just one of those things that just, you know, it should have just gone differently... People ran, and the crowd disappeared. I don't mean they gradually went away. I mean parents were running out, grabbing their kids and running away...I thought...this is bad...I heard the shots...It was very much...you nearly died there. But it was just entirely compounded by, by management...

Others went further, describing leadership as an *active* threat:

Oh yes, I am very confident that the senior management have your back. Ready with a knife. (Anonymous)

It's always in the back of your mind that if you are involved in a fatal shooting, you're on your own. (Anonymous)

Several officers drew striking parallels between the threat of terrorism and their disillusionment with management. Rather

than perceiving danger solely as external, many officers spoke about leadership as an internal threat—distant, self-serving and disconnected. Language typically reserved for terrorists was instead aimed inward, with terms like 'betrayal' used to describe their own institution. One officer said, 'The enemies used to be outside of the station, they are now inside of the station'.

For another officer, operational dangers paled in comparison to managerial harm:

I've been shot at three times...been to loads of fatal collisions...it's only been the way I have been treated and the way others have been treated by management that has made me ill and made other people ill. The rest of it I find really interesting, really exciting. You know, I've picked bits people up after explosions and haven't suffered... the only fear that I have coming into work or being a police officer is the actions of senior officers.

Another officers' account was particularly searing, dismissing symbolic wellbeing gestures as meaningless:

Senior management don't give a f*** about their cons, and they don't give a f*** about their mental health or their wellbeing. We're just like pieces of hand fodder to them... you know if you have any concerns speak to our fed reps. Our fed reps are...lazy b***** and won't do any work and then [their boss], who's so far up the chief's arse****. He is a proper f***** brownnoser...and a useless arse****. I am brutally honest. They just don't care; they won't put anything in place that actually works. For example, the...posters. It's like putting a f***** sticky plaster on a f***** burst watermain. Like, what's the...point? Nobody really gives a f*** it's all...arse-covering...we will put on this front about how you we support you and stuff. Forget it. How many other organisations do you know that has a poster up in the toilets making sure that you have a safety net for your mental well-being in case you feel suicidal... if they f***** actually took time honestly, genuinely. If they put hand on heart, they would say that they never...listen, and they don't take on board what we say... I think they need a...course in active listening.

Though put bluntly, their words reflect a broader pattern: officers consistently described senior management as distant, self-serving, and insincere. More than any other barrier, this theme revealed a collapse of trust in the very institution responsible for care.

Mistrust in leadership is inherently an organizational stressor, rooted in officers' perceptions of systemic disillusionment, self-protection and opacity. Leadership behaviours were experienced not as isolated interpersonal problems, but as institutional patterns that undermined safety and loyalty; this is at the heart of moral injury.

Discussion, policy implications, and conclusion

This study examined how officers in Northern Ireland perceive and experience organizational stress and institutional support. Consistent with research that organizational stressors are

stronger predictors of distress than operational trauma (Purba and Demou 2019; Carleton et al. 2020a), officers in this study consistently described organizational dynamics as the most consequential sources of psychological harm. The findings show that institutional support were often experienced as additional stress, leading officers to avoid formal help-seeking, even when severely distressed.

Barriers as organizational stressors

A central contribution of this study is the argument that the identified barriers to help-seeking are themselves forms of organizational stress, rather than separate or individual-level obstacles. Organizational stressors refer to pressures or harms that originate from, or are maintained by, the structures, systems, or culture of an organization (Queirós et al. 2020). Each barrier identified here—fear of repercussions, stigma, performativity, inaccessibility, and leadership mistrust—originates from organizational systems rather than from individual attitudes.

For example, fear of PPW removal or punitive redeployment does not arise from personal vulnerability; it stems from organizational policies linking disclosure to potential consequences. Stigma is not solely a cultural legacy but is actively reproduced through organizational norms that reward stoicism and equate vulnerability with risk. Perceived performativity and the gap between availability and accessibility stem from the design and delivery of wellbeing systems, not from officers' reluctance. Leadership mistrust, grounded in perceptions of institutional betrayal, is similarly structural in origin.

In this sense, barriers do not simply sit alongside organizational stress, they constitute it. They form a 'closed loop' in which organizational conditions produce barriers, those barriers create new stressors, and the resulting strain further discourages help-seeking. This self-reinforcing cycle demonstrates that help-seeking cannot be understood without recognizing the organizational context that generates and sustains the barriers officers face.

Informing the literature

The findings extend existing research in several ways. First, they reinforce evidence that organizational stress is a strong predictor of psychological harm in policing, possibly even more so than operational trauma (Purba and Demou 2019; Carleton et al. 2020a; Newell et al. 2022). Officers' repeated accounts of fear, mistrust, and disillusionment reflect what scholars describe as 'institutional betrayal' (Smith and Freyd 2013), where organizations fail to support their members following harmful experiences. Officers' use of militarized metaphors, including, 'it's the threat from our own bosses, not the threat from terrorists', echoes work demonstrating that betrayal by trusted institutions is experienced as an existential threat (Conway et al. 2024; Gavin and Porter 2025).

Second, the findings expand existing research on stigma and perceived confidentiality risks (Karaffa and Koch 2016; Edwards and Kotera 2021), showing how stigma is reproduced through organizational structures, group processes, and the symbolic dimension of wellbeing interventions. Third, the near-universal rejection of group-based support challenges

claims about the effectiveness of traditional peer-support or debriefing models (e.g. Hesketh et al. 2018). Officers perceived these formats as unsafe due to concerns about confidentiality and reputational risk, demonstrating the importance of tailoring support to context rather than assuming universal applicability.

Finally, the findings contribute to the limited research on officer wellbeing in a high-threat and post-conflict environment. The Northern Ireland context—with routine firearm carriage and a unique policing legacy—offers insight into how constant external threat interacts with internal organizational pressures to intensify distress.

Moral injury as a consequence of organizational stress

Patterns consistent with moral injury emerged across the dataset. Moral injury refers to the psychological harm that results from perceived violations of deeply held moral beliefs (Eikenaar 2022). While traditionally examined in military contexts, recent studies have argued for its relevance to policing (Brennan and Cole 2024; Conway et al. 2024). Of the 60 officers, 46 described experiences consistent with psychological distress, most of which linked to organizational failures, reinforcing the presence of moral injury.

Officers did not describe the violence of the job as their primary source of harm. Instead, it was the organization's perceived failures that produced the deepest wounds. Officers' accounts of betrayal, abandonment, and disillusionment aligned with conceptual definitions of moral injury rooted in violation of trust, failure of care and institutional neglect. The findings therefore suggest that organizational stressors in the PSNI do not simply increase vulnerability to mental ill-health; they may constitute moral injury, a form of harm that cannot be addressed through traditional trauma-focused interventions alone.

These findings challenge the traditional distinction between operational and organizational stress (Violanti and Aron 1995; Bowler et al. 2016). Officers' descriptions showed that traumatic incidents were rarely experienced in isolation; rather, their impact was shaped and intensified by organizational responses. Organization failures, particularly involving leadership mistrust, frequently amplified, transformed, or overshadowed the psychological effects of operational trauma. This pattern aligns with research demonstrating that organizational conditions can mediate, or outweigh operational stress (Drew and Williamson 2025) and suggests that moral injury may be more prevalent in policing than currently recognized.

Policy and practice implications

The findings of this study demonstrate that meaningful reform requires much more than expanding the volume of wellbeing initiatives. Instead, the PSNI must develop an evidence-based understanding of the support structures already in place and establish robust mechanisms for evaluating how these interventions are designed, deployed and experienced in practice. Officers' perceptions that 'nothing is in place' reflects not an absence of provision, but a failure in implementation fidelity, organizational communication, and cultural alignment. In this

context, reforms must address three key areas: the support that is delivered, the way in which it is delivered, and the culture in which it is delivered in, whilst ensuring reforms are grounded in scientific evidence and measurements.

The support that is delivered

First, clarity is needed on what forms of support should be offered. Evidence from a Belgian police study highlights that although trauma exposure is widespread (87.9 per cent), only half of officers receive post-incident support and 25 per cent find it sufficient, largely because interventions are delivered immediately after incidents, before PTSD symptoms emerge (Galatzer-Levy et al. 2018; Oppo et al. 2024; Rentmeesters and Hermans 2025). This aligns with evidence showing that long-term follow-up and active monitoring outperform brief or single-session interventions (Roberts et al. 2019; Bisson Desrochers et al. 2021; Marshall et al. 2021). Although individual counselling and group sessions have been shown to be offered at similar rates, uptake of counselling remains low, likely reflecting police culture and stigmatization of vulnerability rather than a lack of need (Jørgensen and Elklit 2022; Rentmeesters and Hermans 2025).

In line with these findings, this study proposes a hybrid, staged model of post-incident support combining operational debriefings with structured, confidential one-to-one psychological conversations. Mandatory conversations should occur several days after objectively traumatic events, when cognitive and emotional processing becomes possible, and be followed by scheduled check-ins over subsequent weeks and months. An annual psychological ‘MOT’ may provide a normalized, preventative mechanism for early identification of distress and reduce the stigma attached to self-referral. Approaches such as Psychological First Aid and Trauma Risk Management, offer an evidence-based template for such systems (Hesketh and Tehrani 2019; Hermosilla et al. 2023).

Although components such as peer-support and post-incident debriefs formally exist within the PSNI, the findings indicate that the structures do not translate into meaningful psychological support in practice. Officers described them as poorly timed, symbolic, capped, and constrained by stigma and organizational consequences, creating an enduring ‘availability versus accessibility’ gap. In effect, the support infrastructure is present, but it requires evidence-based management, reliable initiation and substantive reform if it is to function as intended. Until these foundational issues are addressed, and support is both consistently available and aligned with established research on timing and delivery, meaningful reform will not take place.

How support is delivered

Second, requirement concerns the mechanism of delivery, which determines whether support is experienced as credible, safe and trustworthy. Officers described support as unsafe as it was entangled with firearms decisions, disciplinary oversight or operational risk management, supporting Patterson, Chung and Swan (2014). In other words, support mechanisms are ineffective when their legitimacy is compromised; a pattern clearly echoed in the present study. This deep distrust links to broader research on internal legitimacy. Wolfe and Piquero (2011)

found that when officers view leadership as procedurally just—fair, respectful and inclusive—organisational commitment and morale are higher. Quinton et al. (2022) showed that procedurally just supervision in Durham improved officer confidence, wellbeing and trust. These studies in combination highlight that legitimacy is essential to wellbeing.

Effective delivery therefore depends on institutional independence, with wellbeing services clearly separated from assessment or sanctioning functions. Supervisors should be trained in trauma-informed communication and skills required to initiate conversations, recognize early signs of distress and facilitate referral. The PSNI must understand the science of implementation and follow a strategy of delivery. Implementation science highlights the success of organizational interventions depends not only on their clinical effectiveness but also on their acceptability, feasibility, appropriateness, and sustainability within the local context (Proctor et al. 2011), meaning that reforms in the PSNI will only take hold if they are perceived as credible by officers, deliverable by supervisors and operationally workable under high-threat conditions.

The culture in which support exists

Finally, the most damning evidence was the militarized language many officers used, describing leadership as a threat ‘from within’. Such framing signals a profound collapse of psychological safety and institutional trust. This study argues that barriers to help-seeking are not expressions of individual resilience, or lack thereof, but are culturally embedded and organizationally produced conditions. Importantly, because these pressures are organizationally produced in origin, they are organizationally modifiable; they can be addressed through structural and cultural reform.

Support must be situated within a culture that enables psychological safety, understood as a shared confidence that individuals can raise concerns or disclose vulnerability without fear of negative consequences (Edmondson 1999). Officers repeatedly reported that current efforts are perceived as ‘arse-covering’ and ‘disingenuous’—a pattern consistent with research showing that psychological safety depends on trust in leadership, relational authenticity and day-to-day behaviours that signal care (Zohar and Luria 2003; Clarke 2013; Weaver et al. 2024). Psychological safety research demonstrates that supervisors play a central role by modelling help-seeking, initiating informal wellbeing conversations and actively monitoring workload and emotional strain (Weaver et al. 2024).

Cultural change requires leaders to acknowledge the erosion of trust and commit to embedding support within the core expectations of leadership. Supervisors should be held accountable for relational practice—timely follow-up after incidents, consistent communication, recognition of distress, and normalization of psychological reactions. Organizational messaging must shift from compliance-driven rhetoric to authentic engagement. Without such cultural alignment, even well-designed systems will be interpreted as further evidence of organizational performativity or betrayal.

Constraints

Practical and political constraints must also be acknowledged. High-threat policing environments such as Northern Ireland

operate under sustained demand, finite staffing, budget constraints and significant public scrutiny. These pressures mean leaders tend to prioritize operational risk and organizational protection, which limits the time and capacity available for cultural or psychological safety reforms. As a result, immediate large-scale change is difficult and requires a phased implementation strategy that prioritizes high-exposure units, makes strategic use of protected time for follow-up, and pairs organizational reforms with skills training for supervisors and peer supporters.

Recognizing diversity and limitations

The sample reflected the demographic composition of the PSNI and lacked gender and ethnic diversity. Research consistently shows that women and minority officers experience different patterns of organizational stress, discrimination, and help-seeking behaviour (Acquadro Maran et al. 2022). Although diverse comparisons were not central to this study, their absence in the dataset limits the transferability of findings. Crucially, patterns in the data may reflect the homogeneous sample (Bouncken et al. 2026). Future research should explore how organizational stressors intersect with gender and ethnicity in high-threat policing contexts.

Recruitment relied on non-probability sampling, raising the possibility of self-selection bias; officers most willing to speak may also be the most disillusioned. The cross-sectional design limits generalizability and prevent analysis of change over time.

Despite these limitations, the sample size and depth of interviews provide a rich and credible dataset. The consistency of key themes across 60 participants strengthens confidence in the findings, and the use of a secondary coder enhances rigour. The insights generated offer a valuable contribution to international debates on organizational stress, moral injury, and police wellbeing, with direct implications for reforming support systems.

Conclusion

Drawing on 60 in-depth interviews with PSNI officers, this study explored perceptions and experiences of organizational stress and institutional support. The barriers identified are not individual shortcomings but organizationally produced conditions embedded in structures, policies, and culture. Reform therefore requires organizational accountability, cultural change and the rebuilding of trust and psychological safety. It is not enough to offer support; that support must be credible, accessible, and rooted in genuine care. The findings of this study reveal that officers are not just disengaged—they are experiencing disillusionment, alienation, and harm by the very systems meant to protect them.

Officers are not just struggling—they are dying. If institutional neglect continues, its consequences will not only destroy trust but it will also destroy lives.

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