Drinking to Belong -
The influence of the process of defeminisation on the alcohol consumption of female police officers.

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It is well documented that the excessive intake of alcohol can have severe consequences for an individual in respect to the professional, financial, personal and social aspects of their lives (e.g., Hunt, 1982; Jackson & Maslach, 1982). In the policing context, the consumption of excessive quantities of alcohol can have serious implications as it impedes reaction time and causes thinking and coordination to become sluggish. It can also decrease work performance and lead to an increase in the incidence of absenteeism and the risk of occupational injury (Observer & Maxwell, 1959; Pell & D’Alonzo, 1970). Even residual amounts of alcohol, following a session of excessive drinking, have been shown to be detrimental to the performance of complex manoeuvres such as driving (Lane 1991; Morrow, Leirer, & Yesavage 1990). The excessive use of alcohol by police officers is obviously an area of concern.

The National Police Research Unit was tasked with examining the alcohol consumption behaviour of police officers in Australia. This paper draws on data collected for the Alcohol and the Police Workplace studies which were conducted from 1992 to 1995. The objective of the studies was not to examine specifically the alcohol consumption patterns of female police officers, but to investigate the whys and wherefores of the drinking patterns of police officers in general.

The first study (McNeill & Wilson, 1993) was conducted in order to obtain a national perspective on the alcohol consumption patterns of Australian police. Approximately 900 officers of the ranks constable through to senior sergeant were interviewed using questions adopted from the National Heart Foundation (NHF) Risk Factor Prevalence Study No. 3 (Risk Factor Prevalence Study Management Committee, 1989) administered via a telephone survey. The questions examined a respondent’s smoking and exercise behaviour as well drinking behaviour. The questions pertaining to a respondent’s drinking behaviour were as follows -

- How often in a typical week do you usually drink alcohol?
- On a day when you drink alcohol, how many drinks do you usually have? (Conversions to standard drinks were made as necessary).

What this study found was that police officers reported drinking less frequently during a typical week in comparison to the general population. However, on occasions when they did drink, the usual quantities consumed were far greater than those of the Australian norms. Binge drinking was found to be high in both the female and male police officers with approximately 16% of the male officers and 32% of the female officers being classified as binge drinkers. Binge drinking is defined by the World Health Organisation as the consumption of greater than 100 grams of alcohol (10 standard drinks) by men, or greater than 60 grams of alcohol (6 standard drinks) by women on any occasion, and more frequently than two occasions per month (Moser, 1985). The findings were similar to those reported in previous Australian studies examining the drinking patterns of Australian police officers (e.g., Daulby, 1991; O’Brien & Reznik, 1988; Pilotto, 1990).

Binge drinking behaviour has serious implications for the health of female police officers in particular. Goist and Sutker (1985) have demonstrated that females more readily reach a much higher blood alcohol concentration than males due to their higher proportion of
body fat and smaller water compartments. As well, women produce less of the gastric enzyme which breaks down alcohol, leading to more alcohol reaching the circulatory system (Frezza et al., 1990, cited in Mercer & Khavari, 1990). Binge drinking has been found to be associated with a reduction in the cerebral blood flow resulting in stroke, as well as with atrophy of various areas in the brain leading to blackout, functional neuronal deficits and psychoses (Lofit & Meyer, 1989, cited in Altura & Altura, 1990). Binge drinking also damages the liver and stomach, and impairs cognitive functioning, motor performance and speech (Robertson & Heather, 1986). More particularly for women, heavy alcohol consumption has been found to be associated with gastric ulcers (e.g., Rabinovitz, Van Thiel, Dindzans, & Gavaler, 1989); menstrual disorders and impaired fertility (e.g., Becker, Tonnesen, Kaas-Claesson, & Glund, 1989); and breast cancer (e.g., Longnecker, 1992). Therefore it is imperative that female police officers are educated on what the possible consequences are if they engage in excessive alcohol consumption.

The second study (McNeill, 1996) was undertaken to examine what factors were associated with the excessive intake of alcohol among a group of police officers. A previous study (Shanahan, 1992) which had examined the factors associated with excessive alcohol consumption in police indicated that there was a problem of alcohol abuse in all ranks and both sexes, with many respondents contending that the younger members and female police officers were the most vulnerable. Study participants also believed that the occupation provided an environment in which alcohol abuse could easily occur with the motivation for alcohol abuse to be found in the police culture, occupational stress, and a lack of support and absence of leadership. The McNeill (1996) study expanded on the work by Shanahan and incorporated both quantitative and qualitative methods in the examination of possible factors associated with excessive alcohol intake. A series of four interviews were conducted with 52 officers, 14 of whom were female, of the ranks constable to senior sergeant from one Australian jurisdiction. The officers had been categorised as high or low risk alcohol consumers on the basis of the National Heart Foundation risk categories (i.e., high risk drinkers were those grouped in the intermediate or high risk categories, or were binge drinkers; low risk drinkers were those grouped in the low risk category. Refer to the appendix for a detailed description of the NHF risk categories). The interviews incorporated questionnaires, open-ended questions, and a 7-day retrospective alcohol diary. The purpose was to examine organisational and individual factors which have been shown to be related to patterns of alcohol consumption. Examples of organisational factors included stress factors such as shift work, the level of leadership and support from supervisors, work load, work-family conflict, and organisational socialisation. Individual factors examined included methods used to cope with stress, expectancies of alcohol consumption, and knowledge about the detrimental effects of alcohol. The topics of discussion paralleled the questionnaires.

Among the main findings was that high risk officers displayed characteristics of problem drinkers. Specifically, they believed that alcohol would reduce their tension, make them more assertive, and improve their cognitive functioning. High risk officers also believed they were less able to resist drinking in social, emotional (e.g., when angry or upset), and in opportunistic situations (e.g., when just finished playing sport). High risk officers found relationships with other people at work to be a source of pressure. However, they felt they received greater support from their peers and that their workplace was a sociable
environment. In line with this the high risk officers believed that socialising and drinking together had to occur in order to promote team unity. The area of conflict appeared to be with supervisors. High risk officers did not view management and the relationship with them as positively as the low risk officers.

What also became apparent through the course of this study was that the female police officers were subjected to unique organisational stressors including sexual harassment, having to work in a masculinised environment, and pressure to defeminise. This paper will focus on the concept of defeminisation and its impact on the alcohol consumption patterns of female police officers.

The policing industry is a predominantly male environment and, consequently, leads to the development of a ‘cult of masculinity’ (Smith and Gray, 1985). This ‘cult’ encourages drinking and other behaviours as a sign of manliness (e.g., the retelling of feats of sexual conquests). It places significance on physical courage and strength and glamourises violence. Implicit acknowledgement of this ‘cult of masculinity’ were evident in my study (McNeill, 1996) with both male and female officers describing the ‘macho image’ associated with drinking behaviour. For example, one officer commented that most police officers believed that ‘the more they can drink, the more manly the copper they can be’, and another said that during his time at the Academy, recruits would put on a macho front in the presence of civilians in a public bar, implying ‘I’m a policeman, I can drink beer’. The perception of this masculinised culture was further supported by a female police officer who said, ‘New people come in, they find out quickly that this is the way you’ve got to be: you’ve got to slag off your wife, you’ve got to slag off women, you’ve got to talk about sex, and if you don’t do that there’s something wrong with you and you won’t fit in. And the people who don’t join in are seen as outcasts, and I guess, effeminate for the guys, maybe, or just not good police officers’.

Women entering the policing industry not only have to deal with this ‘cult of masculinity’, but also the with the pressure to conform to the police personality. Much has been written about the police personality (e.g., Adlam, 1982; Lefkowitz, 1975; Neiderhoffer, 1967), and the traditionally male personality characteristics of which it is comprised. As one would expect female, or feminine, behaviour is at odds with the behaviour expected for the occupational role of police officers (Berg & Budnick, 1986). One female officer commented that a number of female police officers experienced pressure in trying to find a median between being a police officer and being a woman. This female officer referred to such a situation as finding a balance between being a ‘butch bitch’ and a ‘wus’.

The term defeminisation has been used by Hochstedler (1981) and Martin (1979) to describe a coping mechanism employed by some female police officers to deal with this conflict in gender-based behaviours. They believed that these female officers take on the personality characteristics displayed by their male peers and accept a pseudo-masculinity thus becoming defeminised. The desired result of this process of defeminisation is to be trusted and fully accepted by their male co-workers; to be seen as being ‘one of the boys’. Wexler (1985) also looked at the concept of defeminisation when she examined the role styles used by female police officers for dealing with their male colleagues. Wexler found that those officers who took on a ‘semimasculinised’ role style were looking to be
accepted by their male colleagues. These women found that this could be achieved if they shared jokes with their male colleagues, or went out after work for drinks with them, or watched a televised sporting game at the station with them etc. Such women felt they were part of an informal network. These ‘semimasculinised’ women, according to Wexler, were defeminised as their behaviour resulted in their distancing themselves from other women while at the same time it lessened the threat which their presence posed for their male colleagues.

My research produced results consistent with the notion that the pressure to ‘defeminise’ resulted in the development of pathological drinking behaviour. For example, one female officer commented that ‘some females feel they have to prove themselves so therefore they tend to drink with the boys . . . keep up with them’. This was reinforced by a male officer who said, ‘generally the women drink more than blokes’ and ‘some women are harder drinkers than the blokes’. The officer who made this comment went on to say that a particular female officer on his team was ‘good value’ because she could ‘drink the blokes under the table’. Even at the Academy, some female recruits felt under pressure to fit in with the male colleagues and thus take on some of their mannerisms. One officer said of her time at the Academy, ‘In the early stages it was “Look at me, I’m just as good as you guys, I can hold my drink”’. The desire to be accepted by their male peers also extended to some female police officers participating in after-shift drinks to the extent where, ‘you’d all end up staying there [at the pub] all day and be absolutely blind and you’d get home and that’ll stuff your Friday night up because you’d be in bed drunk’. Chief Inspector Murray Lane of the Victoria Police has also found, through his work, that young female officers are encouraged to be ‘one of the boys’ and try to drink as quickly as the men (‘Policewomen’, 1992). Similarly, some participants in the study by Shanahan (1992) commented that policewomen attempt to ‘keep up’ with their male colleagues in their alcohol consumption. This adds further support to the suggestion that the process of defeminisation of female police officers negatively influences their drinking patterns.

It can be argued that the pathological drinking patterns of some female officers, resulting from the process of defeminisation, is inextricably linked to indoctrination into the occupational culture. Female police officers undergo defeminisation in order to be accepted by their peers and to be part of the team and, as was found in my research, such feelings of acceptance are closely tied to drinking. Drinking was persistently seen as a key role in the police culture with both male and female officers expressing the belief that for feelings of team unity, trust, and camaraderie to be enhanced, officers had to socialise and drink together. It was further contended that one is not accepted in the team to the same extent if one does not socialise, and in particular, drink with the team.

It interesting to note that despite efforts to conform to male expectations about police officer drinking behaviour, male acceptance of female officers may not be forthcoming. Young (1991) believes that despite a female police officer rejecting the norms of femininity and displaying a hard, and masculine style, such as ‘drinking pints in the club like one of the boys’ (p. 210) she will never be totally accepted because women belong to the ‘out-group’ in an environment where the ‘in-group’ is white, Anglo-Saxon, and male. Until such time as the overall composition of the policing industry is changed dramatically, women will never be fully accepted despite their attempts at imitating the
highly prized male characteristics associated with this industry. The police culture is one that values masculine stereotypes (e.g., aggressive, assertive, dogmatic, dispassionate, tough). Unfortunately, these stereotypes are frequently dysfunctional in the organisational and operational environment of police work. Excessive drinking is just one example of the range of maladaptive behaviours associated with adherence to an overly stereotyped view of the police role as masculine and tough. Its occurrence among some male members creates serious welfare and organisational problems and these are compounded when this behaviour is prevalent among female officers who feel they have to display such drinking patterns in order to be accepted and seen as a ‘good’ police officer. Not only can the process of defeminisation, as demonstrated through maladaptive drinking, lead to dire consequences for female police officers, it can also result in a step backward for the policing industry as the existence of a feminine police personality is ignored. It is imperative, therefore, that the policing industry develop strategies that allow women police to achieve acceptance and validation as police officers on their own terms.

REFERENCES


**APPENDIX**

**Table A.** Definition of the risks of alcohol consumption.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Risk Level</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Non-drinkers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>ADI&lt;sup&gt;a&lt;/sup&gt; of less than 3 standard drinks</td>
<td>None</td>
<td></td>
<td>Low</td>
</tr>
</tbody>
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<sup>a</sup> ADI: Average Daily Intake.
<table>
<thead>
<tr>
<th></th>
<th>ADI of 4 standard drinks or 9-12 standard drinks in any day</th>
<th>Low</th>
<th>Intermediate</th>
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<tbody>
<tr>
<td>D</td>
<td>ADI of 5-8 standard drinks or occasional excess</td>
<td>Intermediate</td>
<td>High</td>
</tr>
<tr>
<td>E</td>
<td>ADI of 9-12 standard drinks or frequent or great occasional excessive intake</td>
<td>High</td>
<td>Very High</td>
</tr>
<tr>
<td>F</td>
<td>ADI of over 12 standard drinks</td>
<td>Very High</td>
<td>Very High</td>
</tr>
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*ADI = Average daily intake.