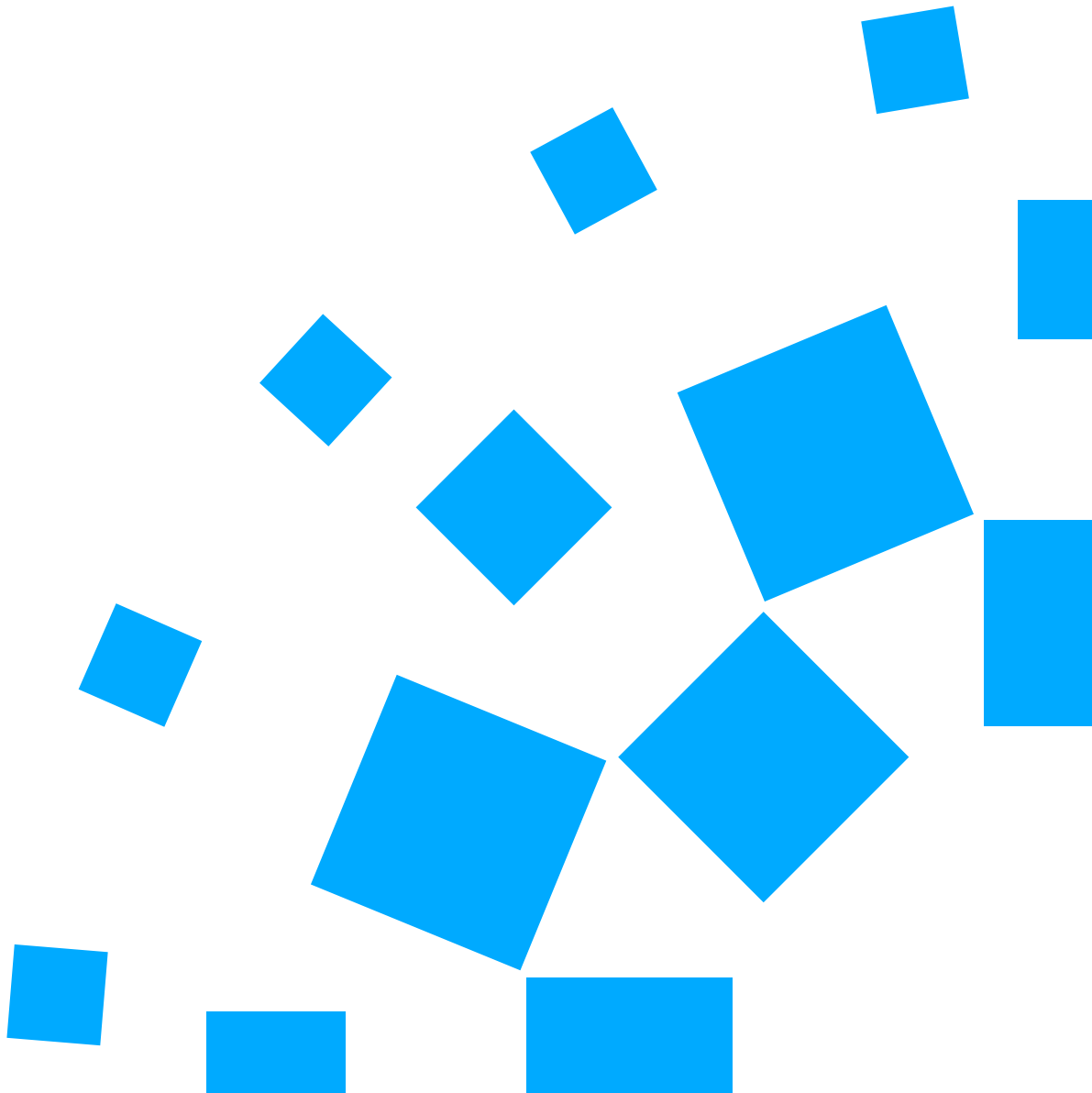




# Management of menopause transition in the police service

## 2021



© College of Policing Limited (2021)

This publication is licensed under the terms of the Non-Commercial College Licence v1.1 except where otherwise stated. To view this licence, visit [college.police.uk/non-commercial-college-licence](https://college.police.uk/non-commercial-college-licence)

Where we have identified any third-party copyright information, you will need to obtain permission from the copyright holders concerned. This publication may contain public sector information licensed under the Open Government Licence v3.0 at [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3)

This publication is available for download at [college.police.uk](https://college.police.uk)

If you have any enquiries regarding this publication, please contact us at [contactus@college.pnn.police.uk](mailto:contactus@college.pnn.police.uk)

This document has been created with the intention of making the content accessible to the widest range of people, regardless of disability or impairment. To enquire about having this document provided in an alternative format, please contact us at [contactus@college.pnn.police.uk](mailto:contactus@college.pnn.police.uk)

# Contents

<b>Foreword</b>	<b>4</b>
<b>Acknowledgements</b>	<b>5</b>
<b>Introduction</b>	<b>6</b>
Why does this matter to the police service?	7
<b>Guidance for women experiencing the menopause transition</b>	<b>11</b>
What causes the menopause?	11
When does the menopause occur?	11
What are the symptoms of the menopause?	11
<b>Guidance for line managers</b>	<b>15</b>
<b>Guidance for Occupational Health</b>	<b>18</b>
<b>Appendix A</b>	<b>20</b>
<b>Appendix B</b>	<b>21</b>
<b>Appendix C</b>	<b>23</b>

## Foreword

According to the annual Home Office Police Workforce data return, there were 40,319 female police officers in the 43 police forces as of 31 March 2020, making up 31% of police officers in England and Wales. The proportion of female police officers in the 43 forces has increased every year between March 2010 and March 2020, from 36,988 to 40,319. In relation to police staff, as of 31 March 2020, 62% of staff were female.<sup>1</sup> At the same time, 44% of all police officers were over 40 years old, while 22% of all police staff were over 55 years old.

With an ever-increasing number of women in the workplace, women's health matters are more important than ever before. In addition to the clear welfare and health and safety implications for women, there are also significant consequences of poor management, which include financial and resource implications. Poor management has an impact not only on the individual and on colleagues, but also on the general public, who we are all here to serve. Compassionate and informed management of menopause transition, at a strategic and operational level, is essential to ensuring the wellbeing of our workforce, as well as ensuring that we are able to deliver an exceptional service to our communities.

It is also recognised that the menopause may also have an impact on others who do not identify as cisgender females, such as those who identify as trans or non-binary. A trans individual may experience symptoms of the menopause at the time of transition.

---

<sup>1</sup> Home Office. (2020). [Police workforce, England and Wales: 31 March 2020 second edition](#). Home Office Statistical Bulletin, July 2020. London: Home Office.

## Acknowledgements

I would like to thank colleagues for their input and contribution in developing this guidance, specifically:

Hayley Aley – Police Federation of England and Wales  
Matt Johnston – College of Policing  
Rosemary Jeffers – Hertfordshire Police, Occupational Health Nurse  
Advisors to the Police Service  
Giselle Lockett – College of Policing  
Kimberley Dight – British Transport Police  
Nicolina Reynolds – British Transport Police  
Carol Peters – British Transport Police  
Keeley Mansell – Menopause Lead for Nottinghamshire Police  
Yvonne Bruton – West Midlands Police  
Kimberley Reed – Home Office  
Fran Boag-Munroe – Police Federation of England and Wales  
Debi Potter – UNISON  
Carol Brown – West Midlands Police  
Belinda Goodwin – Police Federation of England and Wales  
MAG – All members of the Menopause Action Group

I would also like to thank the additional MAG members who supported the review of this guidance in January 2021.

Sharan Wildman – Northamptonshire Police  
Fiona Wynne – North Yorkshire Police  
Amy Hunter – North Yorkshire Police  
Louise Bowles – College of Policing  
Dr Wendy Laverick – University of Hull  
Sarah Dimmock – Cumbria Constabulary

Amy Tapping of Northumbria Police, the Co-Chair of the National LGBT Police Network, also provided a valuable contribution.

**Chief Constable Lisa Winward**

# Introduction

The menopause is a natural and inevitable stage of every woman's life. However, it should be recognised that the experience will vary significantly for individual women, and this will need to be reflected in a force's organisational management and support.

Key to this is to understand that menopause transition is a matter for sensitive and proactive line management. While Occupational Health can offer advice and support, it cannot simply address issues relating to menopause transition on the line manager's behalf.

This document provides advice and guidance for women going through the menopause, and to assist managers supporting individuals in the workplace. It should be read in conjunction with the [\*\*Flexible working in the police service guidance\*\*](#) produced by the College of Policing.

Where it is published, local force policy or guidance on the menopause, flexible working, reasonable adjustments, attendance management, and health, safety and wellbeing at work should be followed. If specific advice is required, managers or women experiencing symptoms of the menopause should speak with their HR and/or Occupational Health Advisors. Additional support or advice may also be available from staff associations, staff support associations and trade union representatives.

Specific advice and sources of support provided for women going through the menopause, for managers and for the partners of those women can be found towards the end of this document. Further reading is also available via [\*\*Appendix C\*\*](#), including the relevant research and published information that informs this guidance. Support and advice for those who do not identify as female can also be obtained from the LGBT Network.

## Why does this matter to the police service?

The symptoms outlined may pose a series of difficulties for individual women in the workplace. Loss of sleep, for example, can reduce ability to concentrate and stay focused. Heavy periods or hot flushes are physically distressing and can be embarrassing in front of colleagues and managers. Irritability and mood swings could mean that a woman's relationships with others at work are affected by uncharacteristic behaviour. As well as having an impact on their performance at work, certain symptoms might mean that women are absent from work more frequently. Very severe symptoms may mean that women are unable to work at all.

Not all symptoms are directly related to the hormone changes within menopause transition; some are a consequence of their occurrence. For example, hot flushes and night sweats are sometimes said to cause insomnia, which is identified as leading to irritability, fatigue and poorer cognitive function.

In 2019, the Police Federation of England and Wales (PFEW) published their EveryonePause report, which looked into the impact of the menopause in the workplace. The key findings of this report were that, of the respondents who had either gone through or were going through the menopause:

- 76% said that they had found symptoms of the menopause either moderately or extremely problematic at work
- more than 8 in 10 said that tiredness and sleep disturbances resulting from the menopause had been either moderately or extremely problematic for them at work
- the majority said low mood and lower confidence as a result of the menopause had been either moderately or extremely problematic for them at work

One in five respondents said that they had considered leaving their organisation because they had found it difficult to deal with the menopause while at work.<sup>2</sup>

The symptoms of menopause transition can have an impact on quality of working life and performance at work. However, much of the following can be enhanced through supportive interventions and line management:

- efficiency and the avoidance of higher sickness absence
- engagement with work
- job satisfaction
- commitment to the organisation
- the desire to remain at work

The evidence suggests that failure to manage transition symptoms might have an impact on:

- emotional resilience
- ability to complete tasks effectively
- physical resilience
- time management

Considering the above in terms of policing roles and potential deployment, there is a clear need to ensure that individuals going through the menopause are managed sensitively and effectively. By being aware of the impact of the menopause transition on the wellbeing of women at this stage within their working lives, the police service, line managers and women themselves can be better prepared to lessen the impact and provide supportive solutions. This will help to ensure that individuals are able to work as effectively as possible at this stage in their lives.

---

<sup>2</sup> Boag-Munroe F. (2019). [Menopause survey: Headline statistics – April 2019](#) [internet]. Police Federation of England and Wales.



In addition to the protected characteristics of sex and age under the Equality Act 2010, disability may also be a relevant protected characteristic when taking into account the impact of menopausal symptoms. The symptoms of the menopause, which are detailed further within the document, can last for several years. The impact of these symptoms can, in some cases, be significant.

Under the Equality Act 2010:

‘a person has a disability for the purpose of the Equality Act if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.’

The Act states that, for the purpose of deciding whether a person is disabled, a long-term effect of an impairment is one that has lasted, or is likely to last, at least 12 months.<sup>3,4</sup>

The effect of medication (eg, hormone replacement therapy) is disregarded for the purpose of this assessment.

It is essential that forces develop the knowledge and understanding of supervisors, and that forces consider the organisational and individual need concerning management of menopause transition in the workplace (see [Appendix A](#)). Details of further supporting literature and help is outlined later in this document.

In addition to this, the following simple steps have been identified by the National Police Chiefs’ Council (NPCC) Menopause Action Group as practical ways that forces can manage the impact on their workforce.

- Establishing a close relationship between strategic leaders, staff associations, unions and occupational health.
- Ensuring that sources of information and support are readily accessible on force intranet systems.

---

3 United Kingdom Parliament. (2010). [Equality Act 2010](#). London: TSO. Schedule 1, Part 1, s 2.

4 Office for Disability Issues. (2011). [Equality Act 2010: Guidance](#). London: TSO.

- Enabling women to approach Occupational Health without the need for a management referral, and ensuring that line managers are fully aware of this provision.
- Modifying sickness reporting systems to ensure that absences associated with menopausal symptoms are accurately captured.
- Ensuring that line managers are not only aware that there may be a legal requirement to make reasonable adjustments, including under the Equality Act 2010, but that they are given the discretion to be proactive and supportive in the types of adjustment made.
- In many organisations, peer-to-peer support in the form of 'menopause cafes' have proven especially helpful, facilitated by the local Menopause Action Group and/or Occupational Health.

# Guidance for women experiencing the menopause transition

## What causes the menopause?

The menopause is a natural transition in an individual's life, which occurs when the ovaries stop producing eggs. The ovaries also make the hormone oestrogen and the onset of the menopause results in a drop in the level of this hormone. This change disrupts the cycle of periods and causes the symptoms associated with the menopause.

In most instances, the menopause occurs gradually. For a few years before the menopause, periods may become irregular. This stage is called the perimenopause and individual women may experience significant variance in the duration of this process. The menopause is considered to have occurred once a woman has not had a period for at least a year.

## When does the menopause occur?

For most women, the menopause occurs between the ages of 45 and 55, though some women will experience the menopause earlier in life.

When the menopause happens before the age of 40, it's considered to be premature (early) menopause. While an early menopause can happen naturally, it can also happen following a hysterectomy where one or both of the ovaries are removed. Early menopause may also occur as a result of illness.

## What are the symptoms of the menopause?

There are a wide range of symptoms characteristic of menopause transition. These can broadly be divided into physical and psychological symptoms.

According to the NHS, around 8 in 10 women will experience symptoms before and after their periods stop.

### Common symptoms include:

- hot flushes – short, sudden feelings of heat, usually in the face, neck and chest, which can make your skin red and sweaty
- night sweats – hot flushes that occur at night
- difficulty sleeping – this may make you feel tired and irritable during the day
- a reduced sex drive (libido)
- problems with memory and concentration
- vaginal dryness and pain, itching or discomfort during sex
- headaches
- mood changes, such as low mood or anxiety
- palpitations – heartbeats that suddenly become more noticeable
- joint stiffness, aches and pains
- reduced muscle mass
- recurrent urinary tract infections (UTIs)

The menopause can also increase the risk of developing certain other problems, such as weak bones (osteoporosis) <sup>5</sup>.

Although hot flushes and night sweats are symptoms frequently associated with the menopause, it can often be symptoms such as low mood and anxiety that lead women to seek advice from the GP.

It is important to note that the above list is not exhaustive, and every woman will experience the menopause differently. It is therefore desirable to look to take a more holistic approach to the condition and management interventions.

It is important that women do not assume that their symptoms are related to menopause transition. Women are advised to go to the GP in the first instance, to ensure that other health issues that are not related to the menopause are identified in their early stages.

---

<sup>5</sup> NHS. (2018). [Symptoms: Menopause](#) [internet]. [Accessed 4 October 2021].

The GP is the primary source of advice and support for women experiencing menopausal symptoms. A GP will be able to offer the relevant tests, and to give advice and treatments tailored to individual needs, which may include:

- hormone replacement therapy (HRT) – tablets, skin patches, gels and implants that relieve menopausal symptoms by replacing oestrogen
- vaginal oestrogen creams, lubricants or moisturisers for vaginal dryness
- cognitive behavioural therapy (CBT) – guided self-help in a group or individual environment
- eating a healthy, balanced diet and exercising regularly – maintaining a healthy weight and staying fit and strong can improve some menopausal symptoms
- medical treatment, not traditionally associated with the menopause, may on occasion be prescribed

A GP can also refer to a menopause specialist if an individual's symptoms don't improve after trying treatment. For further information, see:

- [\*\*NHS: Menopause \(England\)\*\*](#)
- [\*\*NHS 111 Wales: Menopause \(Wales\)\*\*](#)

Police officers and staff have a responsibility to tell their force about medical conditions or the side effects of medication, which have an impact on their ability to perform their role safely.

It is recognised that raising menopausal transition with line managers will be difficult for many women. However, a conversation around menopause enables forces to ensure that support provisions are made available, and that they can meet their duty of care to their staff.

If symptoms are a cause of anxiety or are having an impact on your work and/or professional relationships, there are benefits in approaching your force Occupational Health department. This will help to ensure that appropriate support (including reasonable adjustments where relevant)

can be considered, and will assist you in deciding whether to raise this issue with your line manager.

A number of external sources of advice and support are contained within [Appendix C](#).

## Transgender and non-binary

Some trans people may take hormones or blockers. As a result, they may experience the same, or similar, symptoms to those described above.

Trans men can also experience menopausal symptoms.

## Guidance for line managers

One of the key requirements of a line manager is to create an environment that is supportive and responsive to different needs. Where relevant, line managers should ensure that reasonable adjustments are made to support individuals. Doing the right thing should be at the heart of decision making.

This is not just a moral and ethical responsibility, but also a legal one, since line managers have a duty of care in relation to the health, safety and wellbeing of their staff. Managers should also ensure that personal and medical information is treated in the strictest of confidence.

Managers should encourage the development of shared organisational values, beliefs and norms within which menopause transition, like pregnancy, is acknowledged as a natural process and women are able to seek support, including reasonable adjustments to their working conditions.

It is important to develop tailored interventions for individuals, taking into consideration all of the different – and often unique – working environments.

The following can be particularly challenging for women experiencing the menopause.

- **Inadequate ventilation, high temperatures, humidity and dryness** have a negative impact on the experience of hot flushes.
- **Stress related to workload, deadlines, responsibility and formal meetings**, especially meetings involving senior colleagues. Increased stress in having to learn something new and/or give presentations is linked to frequency of menopausal symptoms.
- **Lack of access to appropriate toilet facilities, showers, cold drinking water or quiet rest areas** and not being able to take regular breaks can make coping with heavy or irregular periods, hot flushes and transition-related fatigue difficult.
- **Confined workspaces or crowding** can make the experience of hot flushes worse.

- **Working with colleagues who do not understand the menopause** can cause women concern that others will not understand their situation or that their symptoms will affect the way that they are perceived or treated.
- **Unsuitable uniforms, ties, suit jackets or other heavy, uncomfortable or cumbersome work-wear** can exacerbate the experience of menopausal symptoms.
- **The physical demands of a job** can make heavy periods harder to manage.

Line managers should do the following.

- Familiarise themselves with their force policy regarding the management of menopause transition. Managers should liaise with their HR and/or Occupational Health teams to offer assistance for ongoing management and to risk assess the woman's needs. A generic risk assessment is attached at [Appendix B](#).
- Ensure that they have an understanding of the menopause, including symptoms, and how this can impact on women in the workplace.
- Consider whether the menopause may be having an adverse impact on women. It may not always be easy to attribute attendance or performance concerns to the menopause at first.
- Record any sickness absences that are related to the menopause as an ongoing health issue instead of a series of short-term absences.
- Accommodate flexible working requests that will help women manage their health issues.
- Consider whether reasonable adjustments are necessary to support women who are experiencing the menopause transition, and to understand what reasonable adjustments are available from their own organisation.
- Be aware of harassment in the workplace that may take the form of behaviour from colleagues that may be humiliating or degrading for the individual.



Alongside the clear responsibilities that line managers have under health and safety legislation, line managers should also be aware that a lack of support for individuals experiencing the menopause or a failure to implement reasonable adjustments risks creating liability for age, sex and/or disability discrimination under the Equality Act 2010.

# Guidance for Occupational Health

Menopause is a normal event for women and should not be seen as a medical condition that will prevent an individual undertaking their role. It may be necessary to implement adjustments to roles, or for additional support to be offered to support them in the workplace.

In order for forces to achieve this support while ensuring that they meet their legal obligations, the Occupational Health department will provide professional advice to both the individual and managers, including signposting to internal support services or external support networks.

- The aim and role of Occupational Health is as follows.
- Offer advice and guidance, within the management referral process, to enable staff to remain at work. This includes up-to-date advice on reasonable adjustments, in line with the Equality Act 2010 and any health and safety legislation.
- Support and advise on the management of individuals who are unable to undertake all aspects of their role, assisting line managers in ensuring that ongoing support is in place. This includes considerations around the physical aspects of a role and considerations related to reasonable adjustments for the job-related fitness test (JRFT).
- Assist managers to create an environment that is supportive to the individual's needs – for example, easy access to toilet facilities, additional or lighter-weight uniforms, and environmental comforts, such as being able to open windows in an office and/or have access to a fan.
- Work with individuals and managers to tailor flexible working. Where required, assist the staff member to manage their own health needs.
- Liaise with other departments as appropriate, such as HR and uniform stores, or signpost managers to these.
- Maintain up-to-date information following national and/or NHS guidance on intranet sites regarding menopause, or work closely with those whose job it is to ensure that all information is up-to-date.

- Have close working relationship with health and safety colleagues regarding risk assessments or welfare issues.
- Be a medical or nursing resource within a force's woman's health working group, and signpost other resources such as NHS websites, charities and local support networks.
- Work with staff associations and working groups to ensure that support is available.
- Offer advice and recommendations in relation to in-force policy development.

# Appendix A

## Strategic policy for forces on menopause transition

In addition to this guidance, forces are encouraged to establish formal policies regarding the management of menopause transition in their force area.

It is noted that many forces already have established processes for policy development. It is also noted that significant resources already exist within this guidance, as well as the supporting information section ([Appendix C](#)). As such, force policies should be concise and clearly articulate the strategic necessity. To achieve this, the following is advisable.

The policy is developed through clear and continuous consultation, including the following:

- Human Resources
- the Occupational Health unit
- the Health and Safety Advisor
- all staff associations and trade unions

The published policy should be endorsed at a strategic level (chief officer) and, if desired, the policing and crime commissioner.

The policy should be supported by staff associations and trade unions.

The policy should remain under the governance of the Human Resources unit, to ensure that it remains in line with other workforce policies.

The policy should be compatible and supportive of occupational health provisions embedded in the force.

Where force alliances exist across force areas, the policy should remain consistent and applicable.

The policy should be placed in an accessible location and publicised to the workforce.

A formal review date should be included, to ensure that the policy remains fit for purpose and consistent with workforce policies and legislation.

# Appendix B

## Risk assessment form and checklist

Name:

Div/Dept:

Date:

This is a living document and should be retained by the individual for as long as is necessary. During meetings between the individual and line manager, this document should be updated to reflect the current situation. It should then be shared with Human Resources and maintained on the HR system.

Symptom	Considerations	Reasonable adjustment
<b>Irregular, and sometimes unpredictable periods</b>  <b>Intimate pain or discomfort</b>  <b>Recurrent UTIs</b>	<ul style="list-style-type: none"> <li>■ Are workstations and work areas easily accessible to sanitary and rest facilities?</li> <li>■ Are private washing and changing facilities available?</li> <li>■ Is there access to sanitary products (bins, etc)?</li> <li>■ Do rotas and shifts ensure that colleagues have easy access to sanitary and washing facilities?</li> <li>■ Are regular breaks considered, particularly for those who may be required to take part in meetings for long periods, or who may be on operational deployments?</li> </ul>	
<b>Hot flushes</b>  <b>Night sweats</b>	<ul style="list-style-type: none"> <li>■ Is there a policy on workplace temperature?</li> <li>■ Is additional ventilation available (eg, portable fans)?</li> <li>■ Does the uniform and PPE reflect the colleague's needs? Is there alternative uniform available, such as cotton clothing?</li> </ul>	
<b>Difficulty sleeping</b>  <b>Problems with memory and concentration</b>	<ul style="list-style-type: none"> <li>■ Can flexible working be considered to support the individual?</li> <li>■ Are there agile working opportunities to allow for rest periods?</li> </ul>	

Symptom	Considerations	Reasonable adjustment
<b>Joint stiffness</b> <b>Aches and pains</b> <b>Headaches</b> <b>Reduced muscle mass</b>	<ul style="list-style-type: none"> <li>Have workstation assessments been reviewed to take the menopause into account?</li> <li>Are there opportunities to switch to lighter or alternative duties?</li> <li>Are there flexible working arrangements in place in relation to regular breaks?</li> <li>Do working hours in general take account of these health issues?</li> <li>If the colleague is required to undertake an annual fitness test, have any considerations been given to support around this? Is there a female-only fitness test available that may alleviate some anxiety?</li> </ul>	
<b>Mood changes, such as low mood or anxiety</b>	<ul style="list-style-type: none"> <li>Has a referral to Occupational Health been considered for additional support?</li> <li>Is any additional support available, such as through staff associations?</li> <li>Does agile or flexible working need to be considered to support the individual?</li> </ul>	

**Please note:** The list above is not exhaustive. There may be other issues that are highlighted, which should be considered when considering reasonable adjustments.

**Confirmation of completion of reasonable adjustments identified**

**Agreed reasonable adjustments**

Confirmation that meeting was held for \_\_\_\_\_ on \_\_\_\_\_ and that the reasonable adjustments above were agreed.

Signature (Line manager)

Printed name (Line manager)

Signature (Employee)

Printed name (Employee)

# Appendix C

## Further information

### Legislation

United Kingdom Parliament. (1974). [Health and Safety at Work etc. Act 1974](#). London: TSO.

United Kingdom Parliament. (1992). [The Workplace \(Health, Safety and Welfare\) Regulations 1992](#). London: TSO.

United Kingdom Parliament. (1999). [The Management of Health and Safety at Work Regulations 1999](#). London: TSO.

United Kingdom Parliament. (2010). [Equality Act 2010](#). London: TSO.

### Guidance

Faculty of Occupational Medicine of the Royal College of Physicians. (2016). [Guidance on menopause and the workplace](#) [internet].

Glyde T. (2021). [Resources](#) [internet]. Queer Menopause.

Health and Safety Executive. (2021). [Health and safety for older workers](#) [internet].

National Institute for Health and Care Excellence (NICE). (2015). [Menopause: diagnosis and management](#) [internet].

NHS. (2018). [Symptoms: Menopause](#) [internet].

Piertney M. (2019). [Breaking the silence on the menopause](#) [internet]. Acas.

## References

Ballard KD, Kuh DJ and Wadsworth MEJ. (2001). 'The role of the menopause in women's experiences of the 'change of life''. *Sociology of Health & Illness*, 23(4), pp 397-424.

Boag-Munroe F. (2019). [Menopause survey: Headline statistics - April 2019](#) [internet]. Police Federation of England and Wales.

Coulam CB, Adamson SC and Annegers JF. (1986). 'Incidence of premature ovarian failure'. *Obstetrics & Gynecology*, 67(4), pp 604-606.

Griffiths BB and Hunter RG. (2014). 'Neuroepigenetics of stress'. *Neuroscience*, 275, pp 420-435.

Hammam RAM, Abbas RA and Hunter MS. (2012). 'Menopause and work-the experience of middle-aged female teaching staff in an Egyptian governmental faculty of medicine'. *Maturitas*, 71(3), pp 294-300.

High RV and Marcellino PA. (1994). 'Menopausal women and the work environment'. *Social Behavior and Personality: An International Journal*, 22(4), pp 347-353.

Hunter M and Rendall M. (2007). 'Bio-psycho-socio-cultural perspectives on menopause'. *Best Practice & Research: Clinical Obstetrics & Gynaecology*, 21(2), pp 261-274.

Jack G and others. (2014). 'Women, work and the menopause: Releasing the potential of older professional women'. Melbourne: La Trobe University.

Kopenhager T and Guidozi F. (2015). 'Working women and the menopause'. *Climacteric*, 18(3), pp 372-375.

Laverick W and others. (2019). 'The menopause and the female police workforce'. *British Journal of Community Justice*, 15(2), pp 59-81.

Moraes SDTA and others. (2012) 'Sleep disorders in climacteric women'. *HealthMed*, 6(3), pp 846-854.



Paul J. (2003). 'Working through the change: Health and safety and the menopause'.

Putnam L and Bochantin J. (2009). 'Gendered bodies: Negotiating Normalcy and Support'. *Negotiation and Conflict Management Research*, 2(1), pp 57-73.

Reynolds F. (1999). 'Some relationships between perceived control and women's reported coping strategies for menopausal hot flashes'. *Maturitas*, 32(1), pp 25-32.

Taechakraichana N, Nakornpanom PN and Limpaphayom K. (1997). 'Climacteric complaints of paramedical personnel'. *Journal of the Medical Association of Thailand*, 80(5), pp 297-302.

Utian WH. (2005). 'Psychosocial and socioeconomic burden of vasomotor symptoms in menopause: A comprehensive review'. *Health and Quality of Life Outcomes*, 3, 47.

Xu H and others. (2012). 'Are hot flashes associated with sleep disturbance during midlife? Results from the STRIDE cohort study'. *Maturitas*, 71(1), pp 34-38.

---

## About the College

We're the professional body for the police service in England and Wales.

Working together with everyone in policing, we share the skills and knowledge officers and staff need to prevent crime and keep people safe.

We set the standards in policing to build and preserve public trust and we help those in policing develop the expertise needed to meet the demands of today and prepare for the challenges of the future.

[college.police.uk](https://college.police.uk)



Follow us  
**@CollegeofPolice**