# Understanding the experiences of police personnel who are exposed to sexual offence material

**by**

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A thesis submitted in partial fulfilment for the requirements for the degree of Doctor of Philosophy at the University of Central Lancashire

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ABSTRACT

The programme of research holistically explored the experiences of Police officers and civilian Police staff whose role involves exposure to Sexual Offence Material (SOM). Study one comprised qualitative questionnaires and semi-structured interviews with 11 participants. Use of the Interpretative Phenomenological Analysis (IPA) methodology ensured each participant's unique experience was explored in depth. In study two, a survey was created using the emergent themes from study one and was completed by 384 Police personnel respondents. Qualitative responses were thematically analysed, and the quantitative data was subject to correlational analysis and analysis of variance. Factor analysis identified the factor structure of concepts such as adverse impact, coping strategies, motivation and role choice. Multiple regression analysis identified factors predictive of adverse personal impact and overall difficulty levels. Study three involved piloting the self-assessment tool 'Impact of Sexual Offence Material Exposure' (ISOME). The pilot involved 349 respondents. The findings of the programme of research provide substantial new knowledge about the impact of working with SOM, and the coping strategies, organisational factors and operational issues which can either exacerbate or protect against this impact. Findings relating to the impact of negative coping beliefs, parental status, and having personally been a victim of sexual abuse all contribute to trauma theory, by identifying key risk factors for traumatic stress following sexual trauma exposure. The finding that avoidance-based coping is predictive of higher levels of traumatic stress and detachment-based coping is linked to lower levels of traumatic stress adds to coping theory around the consequences of using passive and active coping strategies. The findings of the research can be directly applied to practice and a broad range of recommendations for organisational policy have been made.

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# CHAPTER ONE: INTRODUCTION

## Introduction

The body of research examining Police experiences of working with sexual offending is limited. Exploring how exposure to Sexual Offence Material (SOM) affects Police professionals in non-specialist teams represents a significant gap in the literature. The small number of existing studies into SOM exposure tend to explore discrete aspects of Police experience, such as adverse impact (Brady, 2016; Craun, Bourke & Coulson, 2015; Tehrani, 2018) or coping strategies (Bourke & Craun, 2014b; Craun & Bourke, 2014; Krause, 2009). Impact measurement often involves the use of tools designed for other populations such as trauma therapists. The current research is the first holistic examination of how Police Officers and civilian Police staff in specialist and non-specialist roles experience exposure to SOM. Adverse impact, choice, pressure, support structures, motivation and coping strategies were all explored using a combination of qualitative and quantitative methods. The current research therefore offers substantial insight into the day to day experiences of a wide range of Police professionals involved in sexual offending work. Adverse impact was measured using a bespoke tool created specifically for the population in question. The main findings of the research include the following observations:

- Experiences of exposure to SOM were heterogeneous, particularly in relation to adverse impact: Some individuals cited a complete lack of negative impact while others felt SOM exposure had fundamentally changed them as a person. Age and gender did not play a role in explaining the differences in experience.
- The use of avoidance-based coping strategies and holding negative beliefs about coping were predictive of increased difficulty with SOM work and higher levels of traumatic stress symptoms.

- The use of detachment-based coping strategies was related to lower overall difficulty with SOM exposure and fewer traumatic stress symptoms.
- Individuals who were deployed or seconded into a role involving sexual offences were at greater risk of experiencing traumatic stress symptoms than those who had foreknowledge about these role requirements when they applied for their job.
- Both parents and individuals who had been victims of sexual assault or abuse themselves were more likely to experience traumatic stress symptoms as a result of SOM exposure.

## Background to the Research

Sexual Offence Material (SOM) is frequently encountered by Police Officers and civilian Police staff in a range of roles. The highest levels of exposure in Police constabularies in England and Wales is usually experienced by those working in digital media investigation units, specialist sexual abuse teams or Public Protection Units (PPUs). However, any member of Police staff may encounter SOM in the course of their duties. For example, an officer executing a warrant or examining a phone while investigating unrelated offences may find themselves exposed to SOM. Likewise, an interview typist may be required to transcribe a graphic account of a sexual offence.

Analysis of SOM entails highly detailed examination of forensic evidence. This includes indecent images of sexual abuse and reading online written communications between individuals who derive sexual gratification from the abuse of children (Brady, 2016). Officers are also required to interview both victims and perpetrators of offences and read written transcripts of these interviews. Police staff effectively witness sexual offences through viewing indecent images, reading about the planning of future offences or hearing graphic details of crimes already committed. They also see the aftermath of offences for victims through listening to their accounts, and hear offenders deny, minimise, and justify their behaviour during interviews (Blagden, Winder, Gregson, & Thorne, 2014; Burns, Bradshaw, Domene, & Morley, 2008).

There has been a significant increase in reporting of historical sexual abuse in recent years (Independent Inquiry into Child Sexual Abuse (IICSA), 2018; Bentley, O'Hagan, Raff, & Bhatti, 2016), as well as a proliferation of offences involving indecent images of children, online solicitation and grooming (Bryce, 2017; Bissias, Levine, & Wolak, 2016; McAlinden, 2012). The increased production of indecent images of children (IIOC) in the last decade has been facilitated by the ubiquity of the internet, which has not only increased the accessibility of illegal images but has allowed like-minded offenders to find each other more easily and create online 'peer-to-peer' networks (Home Office, 2015; Martellozzo, 2015). Sharing thousands of indecent images or producing a new image of abuse can be a pre-requisite to gaining access to these online groups (Krone, 2004; Wolak, Liberatore & Levine, 2013), encouraging individuals to amass images and/or commit and record contact offences to gain access to new indecent material. In turn, repeated and extensive exposure to sexual abuse images has been found to result in habituation, leading to more extreme images being sought and collected (Aslan, Edelmann, Bray, & Worrell, 2014; Wood, 2011). An upsurge in disclosure and detection rates of sexual offences brings a concomitant increase in levels of sexual trauma exposure experienced by Police personnel.

The increase in sexual offences dealt with by the criminal justice system has significant implications for those who are tasked with investigating such crimes (Babchishin, Hanson, & VanZuylen, 2015). CAID (the Child Abuse Image Database) has been gradually introduced across Police constabularies in England and Wales in recent years. It is hoped that CAID will facilitate the identification of victims and perpetrators at a pace which will ultimately match the rate of production of online SOM (Home Office, 2015). The functions of CAID are similar to the Interpol International Child Exploitation Database of Images (Interpol, 2019), assisting in the identification of 'known' child abuse images which have appeared on the computers of offenders in several cases. There are three categories of IIOC: Category A images involve penetrative sexual activity and/or images involving sexual activity with an animal or sadism;

category B images involve non-penetrative sexual activity; category C images are ‘other’ indecent images not falling within categories A or B. Once an indecent image has been given the same severity categorisation by three different Police constabularies, it is automatically sorted by CAID into the relevant category folder (Thomas, 2016). This potentially reduces the volume of indecent images to be viewed, leaving staff free to search for ‘first generation’ images depicting victims potentially known to the perpetrator in question. As well as increasing the speed with which cases can be processed, CAID offers the additional potential benefit of reducing staff exposure to traumatic material. Nevertheless, exposure to SOM is now a daily reality for many Police officers and civilian staff. While categorisation of images is essential to inform sentencing decisions, it requires officers to undertake repeated, intense scrutiny of the material, for example to determine whether an image depicts penetration. Additionally, some categorisations may be subjective in that professional judgement is required to determine what constitutes ‘other’ indecent images which would fit within category C.

Interaction with sexually explicit evidence raises concerns about potential short and longer-term negative consequences for those involved (Perez, Jones, Englert, & Sachau, 2010; Powell, Cassematis, Benson, Smallbone, & Wortley, 2015). The preservation of psychological health in Police Officers and civilian staff is not just important for the individual’s well-being, it is also key to reducing costly long-term sickness absence and reduced productivity for Police employers (Chitra & Karunanidhi, 2018). To support staff in undertaking their duties, it is important to understand the strategies they use to cope with exposure to SOM, the usefulness of these strategies, and the organisational factors which may help or hinder the efficacy of the coping mechanisms employed. It is also essential to ensure that the training, supervision, and ongoing support of Police staff is fit for purpose and consistently available.

## Research Aims

The current programme of research aimed to understand the holistic experiences of Police personnel who are exposed to SOM, with a focus on the following:

1. Whether practitioners identify significant negative changes to their thoughts, feelings or behaviour as a result of SOM exposure.
2. Identifying the strategies practitioners use to help them to deal with SOM and whether these appear to be adaptive or maladaptive.
3. Gathering practitioners' opinions on what they think would support them in undertaking their role.
4. Positive/motivating elements of the work identified by practitioners.
5. Establishing measures of adverse impact and types of coping strategy which could be used to support staff welfare.

## Structure of the Research Project

The project comprised the following stages:

- Collection of qualitative data from a small group of practitioners about holistic experiences of working with SOM, using a short questionnaire and in-depth semi-structured interviews. These data were analysed using Interpretative Phenomenological Analysis and the resulting themes transformed into survey questions.
- Collection of qualitative and quantitative survey data from staff in three Police constabularies. Descriptive statistics were calculated, exploratory correlational analysis was undertaken, and free-text comments were thematically analysed.
- Exploration of the structure of survey responses using factor analysis, enabling scales and subscales to be identified for the purpose of creating tools to assess coping styles and SOM exposure impact.

- Analysis of variance and multiple regression analysis explored factors which are predictive of increased level of difficulty with SOM work and adverse impact.
- The coping styles self-assessment tool C-SOM and the impact self-assessment tool ISOME were created. ISOME was piloted with two Police constabularies, and factor analysis was undertaken to test the structure of the tool. Results were analysed for variance between demographic variables.

**Epistemological and Methodological Considerations**

The epistemological standpoint directly influencing the current research methodology was pragmatism. Pragmatism accepts the notion of multiple valid realities, while positing that definitions and theories can be arrived at through empirical exploration (Creswell & Poth, 2017). The pragmatist's aim is 'real-world impact', where theories are developed and tested to check their viability in practice. This is a key outcome of the current research. A complex interaction of personal, organisational, social and cultural factors is likely to inform each person's response to an experience as atypical as being exposed to SOM. Therefore, a phenomenological approach was essential in the initial data collection phase. Langdridge (2007), states that unlike cognitive psychology, phenomenological psychology is concerned not with understanding the invisible processes of the human mind, but with rich descriptions of people's lived experience, in order to understand their subtleties and use this knowledge to improve our world.

A pragmatic approach means that transferability must be sought to allow new knowledge to be applied to workplace policy and practice. Interpretative Phenomenological Analysis (IPA) was selected for the initial qualitative analysis, due to its 'focus on personal meaning and sense-making in a particular context, for people who share a particular experience' (Smith, Flowers & Larkin, 2009, p. 45). Thematic patterns were identified through examining participants' experiences in depth during the first data collection phase. The specificity of these responses was then used to search for common experiences across a wider sample using a survey. IPA moves beyond Husserl's descriptive phenomenology (Crotty, 1998). Instead, it

embodies a Heideggerian approach, in which there are both visible meanings to a person's account of their experience and hidden meanings which can be uncovered through careful examination and interpretation by the researcher. This 'double hermeneutic' (Smith & Rhodes, 2015), with its first order and second order meaning-making, allows participants' own understandings to be clearly portrayed through illustrative quotes. At the same time, the researcher has the space to analyse the data conceptually, utilising metaphor, existing theory and literature to examine it from several perspectives. Both levels of interpretation were used to develop the survey items within the quantitative phase of the research: The hermeneutic circle was completed by not only statistically analysing responses to scaled questions, but thematically analysing a series of associated free-text responses within the survey from a phenomenological standpoint. In this way, the rigour of the research project was strengthened: qualitative and quantitative approaches were used in tandem rather than individually, thereby counteract weaknesses in each approach (Creswell & Poth, 2017). In researching sensitive topics, such weaknesses may include the risk of reductionism when using nomothetic approaches such as factor analysis, or the lack of generalisability when using small samples in phenomenological research. The triangulation of methods in social scientific research also provides a much more holistic picture of the subject under study (Bryman, 2012; Flick, 2004).

**Reflexivity and management of Self.**

The sensitive and potentially traumatic nature of the data gathered throughout the research project required careful consideration of researcher safety. It also demanded a high level of emotional intelligence to remain aware of and responsive to potential adverse reactions. A reflective diary was started at the PhD proposal stage and was used as a means of self-debriefing throughout the entire project. The researcher was well-versed in aspects of emotional intelligence including recognising and naming emotions, being aware of personal triggers, and using emotions constructively as a catalyst for action. Due to the particularly intensive exposure to qualitative data concerning SOM in study one, reflective memos were

completed at key data collection and analysis points: upon reading qualitative questionnaires; immediately following interviews; during the process of transcription. While use of self is a key element of many forms of qualitative research, the psychological background to the project precluded use of 'I' statements within the reporting of study one. However, this study was reported using the less-formal story-telling narrative required for IPA research, which allows for greater researcher interpretation based on lived experience.

Themes from the reflective diary concerning the emotive nature of the topic and personal challenges were discussed in monthly supervision sessions. This was especially important part-way through the project when the researcher was involved in a particularly traumatic accident. This resulted in significant physical injuries and an extended recovery period. The project was not interrupted and, at this time, supervision assisted with reflections on post-traumatic growth. Personal contemporaneous experiences of sensory intrusions were explored in supervision, to inform a deeper understanding of this aspect of traumatic stress reactions. This assisted the researcher to move beyond a purely theoretical understanding of the phenomenon, while the very different nature of the trauma experience ensured that over-identification with participants was unlikely to occur.

## Literature Review

The literature review provides an overview of theories of trauma exposure and processing, workplace stress, emotional regulation and coping, and these are applied in the context of Police experiences of SOM exposure. These theories may help to establish whether any adverse impact identified by participants constitutes traumatic stress. The review critically evaluates empirical studies of workplace sexual trauma exposure, with a focus on the Police population. The review follows the thematic structure of the research questions, exploring impact, coping, organisational support and motivation. Gaps in the field relating to practitioners who work with SOM are identified, and findings from the small body of research into the experiences of Police Officers are evaluated.

**Trauma**

A simple definition of trauma is provided by Gersons and Carlier (1992, p. 743), who state that “an event ends in a ‘trauma’ if and when the individual is in an emotional state of discomfort resulting from memories of the event”. The American Psychological Association (APA) (2019) provides a more specific definition of trauma as an emotional response to a serious event such as sexual or physical assault, an accident, or a natural disaster. The distressing and disturbing qualities of the event precipitating traumatisation are further highlighted in the British Psychological Society (BPS) (2019) definition. Both the APA and BPS definitions state that trauma occurs due to a failure to cope with the psychological stressors generated by the event, resulting in symptoms such as emotional dysregulation, intrusions, and physical symptoms (e.g. nausea). These are all recognised by the APA and BPS as natural responses in the immediate aftermath of a traumatic incident. In cases of ongoing exposure to hostility or danger, such as war or domestic abuse, the trauma is described as ‘complex’ (Herman, 1992). Police officers and other emergency service workers are referenced frequently alongside military personnel as a group who typically witness or experience repeated traumatic events due to the nature of their job (Mind, 2019).

The BPS and APA consider a range of emotional difficulties to be normal reactions to extreme events. When mental and physical symptoms following a traumatic incident persist and become problematic in the longer term, this indicates the possibility of Post-Traumatic Stress Disorder (PTSD). The current definition of PTSD in the DSM-V (APA, 2013) begins with ‘Criterion A’: the pre-requisite that an individual must have experienced one of the specified traumatic situations. Criterion A no longer stipulates that extreme emotions at the time of the event (intense fear, helplessness or horror) must be present, as this aspect of the DSM – IV was felt to be subjective and therefore an unreliable predictor of PTSD (Boals, 2018; Pai, Suris & North, 2017). The DSM-V definition of PSTD comprises four symptom clusters: re-experiencing (e.g. intrusive thoughts or images), avoidance (e.g. of situations which may trigger memories of the

trauma), negative cognitions/mood (e.g. anhedonia, self-destructive behaviours), and arousal (e.g. hypervigilance, difficulty sleeping). PTSD symptoms can be seen as intensified versions of the same human psychological responses experienced naturally as a result of significant life events (Horowitz, 1983; Bonnano & Mancini, 2012).

**The development of trauma theory.**

Characterising 'hysterical' symptoms as being of psychological rather than physiological origin was the critical first step in the contemporary understanding of responses to traumatic situations. This shift in thinking included the realisation that individuals often dissociate from trauma situations in order to cope with them, and that it is the individual's *perception* of the traumatic event that informs the symptoms, rather than the event itself (Barlow, 2013). Observation of symptoms in soldiers during war-time advanced an understanding of trauma symptoms and their treatment (Gersons & Carlier, 1992; Linden, Hess & Jones, 2012). 'Psychological First Aid' implemented in World War One represented a new-found recognition that people who are repeatedly exposed to trauma may benefit from psychological intervention in order to continue to function effectively (Linden et al., 2012). Knowledge about combat trauma was furthered by Kardiner (1941). At this time, the prevailing belief was that pronounced trauma responses represented personal weaknesses on the part of the individual (Bonanno & Mancini, 2012). By labelling soldiers' reactions as 'illness', military leaders were able to negate the idea that the horrors of war were fundamentally unbearable (Gersons & Carlier, 1992). Kardiner (1941) noticed veterans re-enacting their traumatising scenarios and repeatedly attempting to resolve them using the same ineffective techniques. In addressing the quandary of whether to encourage the retrieval of traumatic memories or to stabilise the traumatised person, Kardiner ultimately decided that where the individual faces repeated trauma, short-term proximal intervention is required, followed by longer term work aiming to integrate the trauma memories. This dual method reflects approaches to the treatment of chronic trauma exposure to the present day, with contrasting beliefs about the potential benefits of longer-term

interventions over immediate de-briefing (Hughes, Kinder & Cooper, 2012). Kardiner's work was ultimately formative in the recognition that, rather than a defect in character, traumatic stress symptoms represent a normal reaction to extreme adverse situations (Barlow, 2013).

Research with survivors of concentration camps (Krystal, 1968) found similarities with the symptoms of traumatised war veterans, including difficulties experiencing, understanding, or expressing feelings due to the overwhelming nature of chronic exposure to traumatic situations. Further research in both combat and civilian contexts found that trauma reactions can cause individuals significant difficulty in problem-solving: Not only are psychological resources over-stretched in the moment of crisis, but a significant reduction in general coping efficacy is exhibited across a range of situations and for extended periods of time (Lindemann, 1963; Lifton, 1973).

The DSM-III (APA, 1980) represented the first time that psychological trauma and PTSD were included in formal identifications of mental disorders (Bonanno & Mancini, 2012). Herman (1992) further suggested that the experience of multiple or repeated trauma exposure should be recognised separately in diagnostic manuals and coined the term 'Complex PTSD', which explicitly recognises repeatedly traumatised individuals such as abuse victims, combat veterans, and emergency service personnel. Formal inclusion of reactions to trauma in the DSM recognised the need for ongoing support for individuals experiencing significant levels of psychological distress. It also continued the journey of de-stigmatising traumatic stress, moving away from linking trauma symptoms with judgements about the strengths of an individual's character, and towards a model of addressing medical need.

**Theories of traumatic stress.**

***Learning theory.***

Conditioning theories relating to fear responses and avoidance have been used to explore traumatic stress reactions. Mowrer's (1951) two-factor learning theory has utility in explaining how previously neutral stimuli can become associated with aversive experiences,

which then become a conditioned stimulus for fear responses. This is relevant in trauma exposure research with a Police sample, given the frequency of exposure to a wide variety of stimuli within a trauma situation. For example, working with sexual offence cases may involve listening to children describing their home lives and routines in interviews, and observing images where sexual abuse is taking place in everyday environments such as family homes. Therefore, neutral stimuli such as toys or children's songs may be imbued with aversive connotations if featured heavily in an indecent image or in a child's account of how sexual abuse took place.

Intentionally recalling a traumatic event should serve to extinguish fear responses over time (Skinner, 1984). However, if memories are deliberately blocked, negative symptoms could persist due to lack of cognitive exposure to the feared stimulus (Brewin & Holmes, 2003). In a Police context, officers may seek to avoid thinking about a traumatic incident in order to function effectively in their role. The development of learned responses to traumatic stimuli (such as avoidance) may result in maladaptive strategies for coping with trauma which, while potentially reducing immediate fear or anxiety, could also exacerbate persistent traumatic stress symptoms. Criticisms of conditioning theories in the context of trauma reactivity include the fact that not all symptoms of traumatic stress can be adequately explained by exploring the stimulus-response process. For example, avoidant behaviours can persist after fear of a given stimulus has been extinguished (Zoellner, Eftekhari & Bedard-Gilligan, 2008).

***Fear network theory.***

Information processing theories of traumatic stress such as Foa, Steketee and Rothbaum's (1989) framework of PTSD build on conditioning theories such as Mowrer's (1951) two-factor learning theory, by further exploring 'fear networks' and how these are formed. Foa et al. (1989) focus on the nature of the trauma memory itself, and how the processing of such memories is distinct from the processing of other types of memories (Brewin & Holmes, 2003). A key aspect of this theory is the idea that the structure of traumatic memories is highly complex, with a large number of potential stimuli. These stimuli can be trauma related (e.g. sight of an

approaching threat such as a person armed with a knife) or everyday neutral objects encountered pre- or peri-trauma (e.g. an item of clothing, a vehicle) (Rusch, Grunert, Mendelsohn & Smucker, 2000). This can result in high levels of disruption to everyday life, as fear responses can be frequently activated. In exploring Police exposure to SOM this is particularly important, as officers are repeatedly exposed to potentially traumatic material, often for long periods at a time. Therefore, the feared stimulus may be encountered regularly within a workplace environment that requires high levels of emotional and cognitive control. The 'fear network' theory recognises the beliefs which may underpin traumatic stress responses, identifying the potential for substantial disruption to 'rules' about safety (Foa et al., 1989), although this is not explored in any depth.

***Cognitive-action theory.***

The 'Cognitive-Action Theory' of PTSD (Chemtob, Roitblat, Hamada, Carlson & Twentyman, 1988) concerns a military population. It thereby provides a theoretical approach which has utility in understanding the mental processes involved in dealing with repeated exposure to trauma. Cognitive-Action Theory proposes that increased psychological and physiological arousal is adaptive in combat settings, allowing individuals to remain alert to threats and act quickly upon them. This 'survival mode' becomes maladaptive in civilian contexts, as threat-arousal processes become activated inappropriately by everyday stimuli (Novaco & Chemtob, 2002). Additionally, the processes by which military personnel may manage stress responses in combat in order to function (such as emotional numbing or suppression) may become ingrained responses used outside the sphere of combat (Chemtob et al., 1998). Police officers are similarly faced with repeated, unexpected exposure to dangerous situations or events which involve witnessing severe trauma, therefore survival mode and its accompanying problems in civilian settings may also be common to this population. Cognitive-Action Theory accounts for all symptoms of PTSD. However, it does not fully account for

individual differences in responses or factors present during the time of the stressor which may exacerbate or ameliorate persistent stress responses.

***Dual representation theory.***

A further cognitive theory of traumatic stress reactions is Dual Representation Theory (Brewin, Dalgleish & Joseph, 1996) which, like the 'Fear Network' theory, posits that trauma memories are fundamentally different from other types of memory. Brewin et al. (1996) identify two types of memory; one which is verbally accessible and one which is accessible only through situational cues. They argue that trauma memories are accessible on both levels, with the verbally accessible memories (VAMs) being selective in order to manage anxiety, and the situationally accessible memories (SAMs) incorporating the majority of the sensory information about the trauma. Brewin et al. (1996) identified three possible outcomes of trauma processing: successful completion, chronic processing, and premature inhibition of processing.

In order to achieve successful processing of trauma events, as much information as possible (including sensory information) should be integrated into the VAMs. The process of experiencing intrusions following a traumatic incident (in the form of SAMs) must be tolerated until these become extinct through integration with the VAMs, as the new information is assimilated into existing schema. This may occur spontaneously through habituation to the trauma memories, or through conscious decisions to re-evaluate the thoughts responsible for increased arousal (e.g. anger levels decreasing when a decision is made to absolve others from responsibility). If integration does not occur, chronic emotional processing may be the result, where the individual is pre-occupied with but not actively integrating the trauma memory. Brewin et al. (1996) outline circumstances which make this more likely, identifying chronic exposure to stressors as a key variable albeit without specifically referencing emergency service personnel. Avoidance of aversive VAMs and SAMs is thought to lead to premature inhibition of processing, which may also have relevance to a Police population given a potential cultural reluctance to openly recognise or express difficulties (Loftus 2008; 2010). Dual Representation

Theory is supported by research into memory structures (Bisson, 2009) and addresses the cognitive processes occurring both during and after the traumatic event. However, its theoretical focus means there is little reference to practical uses of the model, such as how it could inform treatment approaches.

***Stress-response theory.***

In terms of social-cognitive theories, Horowitz's (1983) stress-response theory of PTSD posits that there are two main stages in dealing with traumatic events. The first is 'outcry' in response to the unexpected event, followed by psychological rejection of the trauma through suppression and denial. This may lead to intrusive symptoms, which are considered a natural response to unexpected adverse events. This is followed by a second stage - the 'working through' phase - in which attempts are made to process and reconcile the new information in order to assimilate it into the life narrative. Horowitz (1983) asserts that it is the failure to achieve this assimilation that results in persistent post-traumatic reactions. Drawing from Janoff-Bulman's (1985; 1992) 'Shattered Assumptions' and Epstein's Cognitive Experiential Self-Theory (1991), it is thought that four basic assumptions can be disrupted by trauma: that the world is benign; that the world is meaningful; that the self is worthy; that others are trustworthy. Aware of the importance of stable frames of reference on individuals' wellbeing, Horowitz recognised the potential for trauma to significantly influence an individual's self-schema across a range of circumstances. Where the theory lacks a degree of detail is in identifying individual differences that may affect an individual's ability to assimilate trauma information, such as levels of neuroticism or extraversion. Horowitz's (1983) theory of post-traumatic stress resonates with a Police sample, given the potential for them to find expression of certain psychological reactions during the 'intrusiveness' phase particularly uncomfortable, due to issues of organisational culture and self-image (Paoline, 2003). The repression of reactions is viewed by Horowitz as being likely to hinder the 'working through' of the trauma.

### *Emotional processing theory.*

Foa and Kozak's (1991) Emotional Processing Theory examines the beliefs of the individual pre-, peri- and post- trauma exposure. They posit that those with more rigid beliefs about themselves and the world, those who have overly negative appraisals of the trauma itself, and those who feel very negatively about experiencing anxiety are more likely to employ maladaptive coping strategies, and are therefore more vulnerable to traumatic stress (Foa & Kozak, 1986; Foa, et al., 1989). When exposure to trauma is particularly severe or prolonged, or results in a profound change to sense of self, it may not be possible for individuals to reconcile their experience with prior beliefs and assumptions. This 'chronic emotional processing' can also be caused by ongoing exposure to trauma, making it particularly relevant to the current sample (Brewin et al., 1996). The coping strategies used by those who fear negative emotions may include fantasising that they are somewhere else, and distorting or selectively concentrating on less distressing aspects of the situation (Foa & Kozak, 1991). Individuals' schema about situations involving danger may become over-active, therefore Emotional Processing Theory's analysis of the onset and maintenance of PTSD may be key to understanding the process of coping with workplace trauma exposure. When viewing a child abuse image, reading a harrowing victim statement, or hearing a perpetrator's lack of remorse in describing their offence, the practitioner may fail to process the trauma cognitively or emotionally, in order to maintain the external appearance and/or self-perception of professionalism. In addition, given the reluctance of many professionals to ask for support due to concerns that this may be seen as a sign of weakness or incompetence (Clarke, 2011; Lea, Auburn & Kibblewhite, 1999; Schaible & Six, 2016), understanding how individuals process strong emotions was an important facet of the current research.

### *Cognitive model of PTSD.*

Building upon Emotional Processing Theory, Ehlers & Clark's Cognitive Model (Ehlers & Clark, 2000) suggests that the way trauma is perceived and how this is encoded within memory

both affect the likelihood of persistent traumatic stress symptoms. The first element of the theory examines the effect of having overly negative appraisals of the trauma and its sequelae. For example, if an individual perceives themselves to be a person who always copes well, the emergence of symptoms such as tearfulness, anxiety or intrusive memories may be experienced as especially concerning and abhorrent (Ehlers, Clark, Hackman, McManus & Fennell, 2005). 'Anxiety sensitivity', where fear of unpleasant symptoms exacerbates emotional responses, has indeed been found to be predictive of PTSD symptoms in Police Officers (Asmundsen & Stapleton, 2008). The second element of the Cognitive Theory of PTSD is that individuals' poor elaboration of trauma information and a failure to integrate this adequately into their 'biographical narrative' leads to increased vulnerability to PTSD (Ehlers & Clark, 2000). However, Buck, Kindt and van den Hout (2009) found that while suppression of symptoms such as intrusions can be harmful for individuals with particularly negative appraisals of the trauma, those who do not have such appraisals may not benefit from extensive elaboration. Additionally, Boals (2018) argues that trauma memories, like all other memories, change and reconsolidate with each retrieval, therefore there is no single objective memory of the trauma to be retrieved. Ehlers and Clark's theory has some utility in the current context, but largely concerns responses to personal trauma rather than witnessing trauma in the workplace. Police staff are required to mentally integrate the trauma they have witnessed happening to others into their own frame of reference about the world, but not specifically into their 'biographical narrative'.

***Mnemonic model of PTSD and event centrality theory.***

In their Mnemonic Model of PTSD, Rubin, Berntsen and Bohni (2008) proposed that there is no indelible or definitive memory of a trauma event, whether partial or complete, that can be recovered. Instead they propose that subsequent memories of the trauma are consolidated differently at different times following the event, and that it is these memories rather the event itself which can lead to PTSD. Rubin et al.'s (2008) theory stands in opposition

to theories such as Dual Representation (Brewin et al, 1996), stating that there are no special memory mechanisms of PTSD, just normal memory construction being employed in extreme circumstances. The model is consistent with 'Event Centrality' theory (Berntsen & Rubin, 2005), which purports to explain why some people are more pervasively negatively affected in the aftermath of a trauma than others. Event centrality can be defined as the extent to which a trauma memory becomes (a) a reference point for making everyday inferences about the world, (b) a turning point in the individual's life story, and (c) a core component of personal identity. Event centrality has been linked to increased PTSD symptoms in a range of studies (Boals, 2018). The theory has explanatory potential in the current research: frequent workplace exposure to other people's trauma is likely to impact on the first component, in terms of alterations to worldview. However, it is proposed by the current author that exposure to SOM is less likely to become part of an individuals' life story narrative or become a key component of their self-identity unless it resonates with their own experiences, for example if the individual has themselves been a victim of sexual abuse. Event Centrality Theory could also become salient when Police personnel become parents: a heightened awareness of potential threats could create a perception that the world is unsafe for children.

**Workplace trauma exposure.**

Human beings develop empathy for others at an early developmental stage (Borke, 1971). As well as the higher-order cognitive empathic response of imagining oneself in another's place, those who work with victims and perpetrators of violence may find their empathy is shaped by additional moral considerations: empathic anger can result when a victim's distress is caused by another (Hoffman, 1990). The impact of other people's trauma on the psychological and interpersonal functioning of professionals has been described using concepts including Burnout (Maslach & Jackson, 1981), Secondary Traumatic Stress (STS) or Compassion Fatigue (Figley, 1983; 1995), and Vicarious Traumatisation (McCann & Pearlman, 1990). Unhelpfully, the terms are often used interchangeably, or their meanings conflated (Vrklevski & Franklin, 2008).

In empirical studies, researchers have even proposed to measure one construct but used a tool which measures another, such as Branson, Weigand & Keller's (2014) study of vicarious trauma in substance misuse professionals, which uses Bride, Robinson, Yegidis & Figley's (2004) Secondary Traumatic Stress Scale (STSS), rather than McCann and Pearlman's (1990) TSI-BSL (Traumatic Stress Institute's Belief Scale).

'Burnout' (Maslach & Jackson, 1981) is defined as occupational stress leading to exhaustion, loss of feelings of professional accomplishment, and a tendency to dehumanise service users. The burnout literature is extensive, and empirical studies have been conducted with a wide range of practitioners, including Police Officers (Bakker & Heuven, 2006; Walsh, Taylor & Hastings, 2013). Unlike STS and Vicarious Traumatisation, Burnout as a construct was not developed from trauma theory but has its roots in general organisational theories (Bell, Kulkarni & Dalton, 2003). STS (Figley, 1983) and its later iteration Compassion Fatigue (Figley, 1995) relate to the negative emotional impact experienced by practitioners working with trauma survivors and those close to the traumatised person, such as family members. With symptoms akin to PTSD, including intrusive imagery and avoidance behaviours (Farrenkopf, 1992), STS occurs not as a result of direct trauma but of reading or hearing detailed accounts of the event.

McCann and Pearlman (1990) coined the term 'Vicarious Traumatisation' to describe how exposure to the trauma of others can disrupt and permanently alter practitioners' views of the world and of other people. Their 'Constructivist Self-Development Theory' holds that professionals' responses to traumatic workplace stimuli are shaped by three factors: the characteristics of the situation, the practitioner's unique psychological make-up, and their personal schemas. Areas of cognition affected by the trauma are identified as: safety; dependency/trust; power; esteem; intimacy; independence and frame of reference (about why events occur). Vicarious Traumatisation occurs as a result of contact with the traumatised person but can also occur due to exposure to graphic images of trauma (Bell, Kulkarni & Dalton, 2003). McCann & Pearlman link Vicarious Traumatisation to the four basic assumptions which

can be disrupted by trauma: that the world is benign; that the world is meaningful; that the self is worthy; that others are trustworthy (Epstein, 1991). The extent to which these assumptions become undermined in Police officers repeatedly exposed to sexually deviant material is of interest in the current research.

Empirical studies measuring STS and Vicarious Traumatisation largely focus on professionals who work with victims of trauma, such as therapists (Bober & Regehr, 2006; Robinson-Keilig, 2014) health professionals (Andela, Truchot & Van der Doef, 2016), forensic interviewers (Bonach & Hechert, 2012) and Social Workers (Bride, 2007). The concepts have largely been transposed into the smaller body of research into the experiences of practitioners who work with the perpetrators of sexual offending, despite a paucity of empirical evidence to justify wholesale application of the concepts. This is particularly problematic in relation to STS, as Figley's (1995) original definition refers to emotions resulting from attempting to help a traumatised person (Dunkley & Whelan, 2006).

In addition to the concepts of Burnout, STS, and Vicarious Traumatisation, pervasive negative effects of workplace trauma exposure have now been explicitly recognised in the American Psychiatric Association's Diagnostic Statistical Manual–V (APA, 2013) definition of Post-Traumatic Stress Disorder (PTSD). DSM-V makes specific reference to 'first-hand repeated exposure to the details of traumatic events', including via visual media when encountered in a workplace context. Indeed, 'Police officers repeatedly exposed to details of child abuse' is explicitly recognised within the new PTSD definition. The symptoms of PTSD are grouped into four clusters: re-experiencing, avoidance, negative cognitions/mood, and arousal. The avoidance cluster is particularly important when considering individuals for whom PTSD has been precipitated by a workplace trauma: There is a risk of practitioners avoiding their workplace in order to minimise stressors and reminders of the trauma (Stergiopoulos, Cimo, Cheng, Bonato & Dewa, 2011). Examining the literature, pre-traumatic factors found to be predictive of PTSD in Police officers include neurotic traits, difficulty in expressing emotion,

personal trauma history, and fear of anxiety-related symptoms (Marchand, Nadeau, Beaulieu-Provost; Boyer & Martin, 2015). Post-traumatic factors identified by the same authors include being given insufficient time to recover after a trauma, and a lack of support both within the organisation and from external sources. The current research aims to identify symptoms analogous to PTSD in the specific context of sexual offending work, and determine demographic, organisational and operational factors pre- and post- exposure which may influence these symptoms.

Paton (1997) conceptualised an 'Organisational Psychology of Response and Recovery' relating to workplace trauma exposure. Paton argued that both reactivity to and recovery from work-related trauma exposure is dependent on the intersection of three factors: the individual, the organisational environment, and the recovery resources provided. This model highlights the responsibility that organisations share in preventing work-related traumatic stress. This avoids portraying extreme adverse responses to workplace trauma as being purely a function of individual characteristics, which has the effect of blaming the person for their reactions. Instead, Paton's (1997) model not only identifies these personal characteristics (such as having been a victim of abuse, tendency to use avoidance behaviours, and difficulty accessing social supports) but places a duty of care on employers to provide adequate training and ongoing support facilities to help all employees cope better with trauma exposure. This is particularly important for the current population, as they face unusually high levels of trauma exposure.

The 'normal' reactions to trauma identified by the APA and BPS and within the literature (such as emotional dysregulation, intrusive thoughts and physical symptoms) are unsustainable in job roles involving chronic exposure to traumatic situations. This is particularly important when the traumatic stimulus itself must be subject to close and repeated scrutiny, as is the case with analysis of evidentiary material relating to sexual offences. Of specific interest therefore is how Police professionals might engage with the material in way that bypasses some of the affective trauma responses.

### Summary of trauma theories.

Existing theories of trauma processing have not yet fully accounted for the DSM-V definition of PTSD (APA, 2013), as they do not adequately make reference to experiencing repeated, novel exposure to other people's trauma on a regular basis. Most theories, such as Cognitive Theory of PTSD (Ehlers & Clark 2000) and Horowitz's (1983) Stress-Response Theory depict the trauma experience and response occurring in a linear way: exposure to the traumatic stimulus followed by a period of recovery. These models do not facilitate a complete understanding of repeated, long term trauma exposure in a workplace context. However, aspects of these theories – such as the impact of pre-, peri- and post- trauma beliefs - were relevant to the current programme of research. The use of theories of workplace trauma exposure which are based on therapeutic or clinical relationships, such as Figley's (1983) Secondary Traumatic Stress, should not be assumed to be representative of the experiences of those working in criminal justice contexts. Therefore, the APA's DSM-V definition of PTSD was the primary measure of traumatic stress considered throughout the research.

The trauma theories which had most relevance to the current work were Brewin et al.'s (1996) Dual Representation Theory and Foa and Kozak's (1991) Emotional Processing Theory. Dual Representation Theory recognises a range of circumstances in which integration of trauma memories may not be possible, and these circumstances (repeated exposure, competing demands, and aversive secondary responses) were all key to understanding the experiences of the current population. Emotional Processing Theory recognises that the severity and chronicity of exposure is likely to dictate whether trauma information can be assimilated into existing schema or whether it will result in long-term cognitive, behavioural and affective change. While these theories help to explore some of the underlying psychological process involved in chronic trauma exposure, a new approach is required to fully understand how traumatic stress may develop in Police personnel, due to the idiosyncratic nature of their exposure to sexual trauma.

**Organisational Stress**

As well as models of workplace trauma exposure, it is important to consider theories of organisational stress when exploring the experiences of Police professionals exposed to SOM. Stress can be defined as a state of mental strain resulting from adverse or demanding circumstances (Fink, 2010). While beneficial in some circumstances, such as by generating the energy required to fulfil a challenging but necessary task, chronic stress can overwhelm the individual's capacity to cope, resulting in symptoms such as anxiety and insomnia (APA, 2019). Chronic stress may result from either a failure to utilise appropriate stress management strategies or from exposure to traumatic events. General models of stress which originally focused on a medical population (such as Zubin and Spring's (1977) stress-vulnerability model), have been usefully adapted for use in psychological settings, such as the diathesis-stress model (Elwood, Hahn, Olatunji & Williams, 2009). A key element of such models is the identification of individual factors which indicate greater vulnerability to stress. These include neurotic personality traits indicating a tendency to ruminate, and an attributional style which places the locus of control outside the individual (Lefcourt, 1991). While coping strategies are explored at length in the current research, there is no attempt to formally identify personality traits in order to ascertain potential vulnerability to stress. This is due to an overarching principal of the research project to minimise nomothetic approaches.

Policing exposes individuals to a broad range of occupational stressors, including the risk of being physically harmed, being required to intervene in dangerous or highly charged situations, and witnessing physical and psychological harm inflicted upon others (Frank, Lambert, Quereshi & Vito, 2017). The occupational pressures faced by Police employees also contribute to overall levels of stress, such as shift work and poor supervisory support (Can & Hendy, 2014; Tsai, Nolasco & Vaughan, 2018). Working with SOM arguably adds to these already substantial pressures. In the case of internet-based sexual offences, there are substantial challenges involved in managing the volume and technical nature of the evidence (Powell et al.,

2014) and the issue of having to effectively watch the offence taking place, in some cases repeatedly (Bourke & Craun, 2014b). Karasek's (1979) Job Demands model and Demerouti, Bakker, Nachreiner & Schaufeli's (2001) subsequent Job Demand-Control model encapsulate the variables which are examined alongside SOM exposure in the current research. These variables (which include workload, role conflict, organisational support and a sense of control/ job latitude) may affect the level and type of impact participants experience. Of interest are the potential implications of being deployed or otherwise involuntarily placed in a role involving SOM as opposed to applying for such a role, and how support provision interacts with job stressors. The 'Person-Environment Fit Theory' (Edwards, Kaplan & van Harrison, 1998) also has relevance to the population of interest, particularly in relation to the potential mismatch between the high demands of the working environment and level and type of support provided by the organisation. The type and quality of support available to Police professionals analysing SOM is explored in the current research, as are individuals' support-seeking behaviours.

## Theories of Coping and Emotional Regulation

### Coping styles.

Coping is defined as a conscious action or series of actions and thoughts which are used to face or respond to difficult situations (APA, 2019). Lazarus and Folkman's Transactional Theory of Stress and Coping (1984) remains a central tenet of current coping research (Biggs, Brough, & Drummond, 2017). The theory proposed two types of coping strategy: problem-focused coping for situations where something could be done to change the outcome, and emotion-focused coping to regulate distress in difficult situations that could not be changed. These types of coping formed the basis of the 'ways of coping checklist' (WCC) and subsequent questionnaire (WCQ) (see table 1.1). 'Meaning focused coping and positive emotions' was added to the revised coping model (Folkman, 2008). Employed when a situation cannot be resolved, meaning-focused coping entails the individual drawing upon their beliefs and goals to cope with a current difficulty. In professions such as Policing, where traumatic situations are faced in order

to serve others, this type of strategy may be utilised when individuals remind themselves of their role responsibilities and vocational motivations. The economy of the model makes it easy to apply, and its focus on coping as a function of situation-type means it can be applied across a range of settings. The current research involves professionals dealing with circumstances which are largely difficult to influence, therefore discerning the use of emotional coping strategies in these contexts is of interest.

Table 1.1: Coping style assessment tools

| *Coping scale* | *No. of items* | *Coping clusters* |
|---|---|---|
| Ways of Coping Questionnaire | 68 | Problem-focused coping<br>Emotion focused coping |
| COPE inventory | 60<br>(Brief COPE 28) | Positive reinterpretation and growth<br>Mental disengagement<br>Focus on and venting of emotions<br>Use of instrumental social support<br>Active coping<br>Denial<br>Religious coping<br>Humour<br>Behavioural disengagement<br>Restraint<br>Use of emotional social support<br>Substance use<br>Acceptance<br>Suppression of competing activities<br>Planning |
| Multi-dimensional coping inventory (MCI) | 44 | Task<br>Emotion<br>Avoidance |
| Coping styles questionnaire (CSQ) | 60 | Rational<br>Detached<br>Emotional<br>Avoidance |

Other typologies of coping strategies identified through the development of assessment tools are Carver, Scheier & Weintraub's (1989) COPE inventory, which contains 14 separate coping factors. The COPE scale has been widely criticised for the large number of factors with low reliability, as well as the number of double loadings (Lyne & Roger, 2000). Endler and Parker (1990) developed the more parsimonious but lesser-used Multi-Dimensional Coping Inventory

(MCI), whose three subscales all have alphas above the satisfactory minimum of .70. Roger, Jarvis & Najarian (1993) built on this work with their Coping Styles Questionnaire (CSQ) which introduces 'Rational Coping' ($\alpha$ = .85), 'Emotional Coping' ($\alpha$ = .73), 'Avoidance Coping' ($\alpha$ = .69) and 'Detachment Coping' ($\alpha$ = .89). The MCI and CSQ draw heavily on the work of Lazarus and Folkman (1984).

Coping has been measured across a broad range of workplace settings (Connor-Smith & Flachsbart, 2007). Emotion-based and avoidance-based coping strategies have been associated with higher levels of anxiety and depression compared to those who use task-based strategies (Endler & Parker, 1990; Nelson & Smith, 2016). By examining coping strategies alongside measures of delayed recovery following stressful situations, emotional and avoidance-based strategies have been found to be maladaptive, while task and detachment-based strategies are described as adaptive (Roger et al, 1993). Other findings indicate that problem-focused coping rather than emotion-focused coping is generally linked to more positive outcomes (Shin et al., 2014). This indicates a potential difficulty in utilising adaptive coping techniques in a Policing context, where individuals are primarily faced with workplace situations which are not controllable. In addition, not all coping strategies are employed with conscious awareness, which makes it challenging to quantitatively measure coping using assessment tools. Involuntary reactions to trauma and stress are as important to identify as those strategies which are intentionally employed (McCrae & Costa, 1986). This supports the use of both qualitative and quantitative methods to gather information about coping in a specific context. A key issue explored in the current research is whether the use of certain coping strategies tends to ameliorate or exacerbate any negative impact which may occur as a result of exposure to SOM.

**Emotional regulation.**

Emotional regulation overlaps conceptually with coping, the former having a specific focus on regulating the types of emotions experienced and expressed at a given time (Gross, 2015) and the latter on alleviating stress responses. The Process Model of Emotional Regulation

(Gross & Thompson, 2007) is a useful tool in examining the coping strategies used by Police during exposure to SOM. The idiosyncratic experience of Police Officers who are frequently exposed to highly traumatic material or events means that direct coping strategies *during* exposure take on the characteristics of the short-term 'fix' provided by emotion management techniques. There is a risk that strategies which are beneficial in the short term may be counter-productive in maintaining long-term well-being (McCrae & Costa, 1986).

All five types of emotional regulation strategy defined within the Process Model have relevance to the current research. However, 'attentional deployment', 'cognitive change' and 'response modulation' have greater applicability than situation selection and situation modification. 'Attentional deployment' may include *distraction* techniques; focusing on less emotive elements of the situation or moving attention away from the situation entirely. Distraction techniques may also involve the person deliberately managing their internal state by invoking pleasant thoughts or memories to guard against an unwanted emotion (e.g. anxiety) surfacing. 'Cognitive change' strategies involve the individual altering the way they appraise or interpret an emotional situation, either in terms of the significance of the situation itself or in one's own capacity to manage the demands it presents (Gross & Thompson, 2007). 'Response modulation' seeks not to change the focus of attention in an emotional situation or to reappraise it, but merely to change the feelings, behaviours or physical responses once these reactions are well-established (Gross, 2015). Due to public expectations that they present a resilient outward appearance during challenging situations (Paoline, 2003), it is likely that response modulation in its most common form – suppression – is present in a Police sample. This regulation strategy centres on two main areas: indirect coping strategies involving the use of alcohol, exercise or relaxation, and the inhibition of outward expression of emotion.

**Emotional labour and emotional dissonance.**

'Emotional Labour' (Hochschild, 1983) is the process by which individuals manage their feelings and outward expressions in a work setting, in line with organisational expectations. As

outlined above, this has particular relevance to professionals who are exposed to the trauma of others, as it pertains to the effort required to portray themselves in a way which adheres to the 'display rules' of the work environment (Grandey, 2000). For Police Officers working with perpetrators and victims of sexual abuse, the spectrum of feelings may be considerable. Emotions such as disgust, anger, horror and sadness are common responses to hearing explicit details of sexual offences (Bengis, 1997; Nen et al., 2011). These reactions must be subsumed during interactions with suspects and victims and, depending on workplace culture, may also be deliberately hidden from colleagues (MacEachen et al., 2011; Schiable & Six, 2016).

'Emotional dissonance' is defined as the mismatch between the person's felt and expressed emotions, which has the potential to cause significant difficulties for well-being. In their study of nurses and Police officers, Bakker and Heuven (2006) found that the need to manage a wide range of potential reactions can result in professionals deciding to detach from those they are working with to avoid emotional exhaustion. In their study of nurses, Andela et al. (2015) found that emotional dissonance was strongly correlated with the emotional exhaustion and cynicism elements of Burnout (Maslach & Jackson, 1981). Emotional dissonance can be dealt with in one of two ways: through 'surface acting' where outward expressions and communication are managed, and 'deep acting' where the person changes their emotional state in order to cope with the situation (Grandey, 2000). In their meta-analysis of emotional labour studies, Hulsheger and Shewe (2011) found that the suppression of feelings required for surface acting was consistently detrimental to well-being. Conversely, deep-acting (where the individual re-evaluates the situation and finds ways to integrate the experience into their cognitive framework) can produce positive outcomes. Although there is no measurement of levels of emotional labour and emotional dissonance in the current research, these theories are referenced in the analysis of coping behaviours, outward expressions of emotion, and psychological impact.

## Empirical Literature

### Workplace exposure to sexual offence material.

Empirical research into professional exposure to SOM is limited but has increased in the last two decades (Dean & Barnett, 2010; Tehrani, 2018). Farrenkopf (1992) conducted the first significant study into the impact of work-related SOM exposure, examining the experiences of sex offender therapists. Overall, research into the effects of secondary exposure to sexual abuse has largely focused on those who support the victims of offences (Robinson-Keilig, 2014; Bonach & Heckert, 2012), with a much smaller body of research into those who work with perpetrators (Moulden & Firestone, 2007). Studies relating to Probation Officers or affiliated criminal justice practitioners almost exclusively focus on facilitators of group work programmes, including practitioners in the UK (Clarke & Roger, 2007; Sandhu, Rose, Rostil-Brookes & Thrift, 2012), the USA (Shelby, Stoddart & Taylor, 2001; Farrenkopf, 1992) New Zealand (Slater & Lambie, 2011), and Australia (Hatcher & Noakes, 2010). Adverse impact included intrusive thoughts and images (Moulden & Firestone, 2007; Ellerby, 1997), increased cynicism and suspiciousness (Iliffe & Steed, 2000; Dean & Barnett, 2011), sleep disruption (Clarke & Roger, 2007), hypervigilance (Severson & Pettus-Davis, 2013; Sandhu et al., 2011), feelings of shock, horror, fear and disbelief (Nen et al., 2011; Wolak & Mitchell, 2009), disruptions to intimate relationships (VanDeusen & Way, 2006; Way, VanDeusen, & Cottrell, 2007), and self-consciousness about personal behaviour such as undertaking parental tasks (Mulligan, 2013; Brady, Fansher & Zedaker, 2019).

Researching the experiences of Police professionals' exposure to SOM is a small but growing area of study. Previous studies focus exclusively on staff who perform a specialist sexual offending role, whereas the current research includes any member of Police staff who has been exposed to SOM, from 'Neighbourhood Policing' officers, to interview typists, to CID detectives. Most existing research focus on viewing IIOC (Powell et al., 2014; Brady, 2016; Burns et al., 2008), although some studies do refer to handling other explicit material and interviewing victims and perpetrators (Bonach & Heckert, 2012; Nen et al., 2011). A notable example is Nash's

(2014) work on Police officers in the role of 'Offender Manager', which involves monitoring sexual offenders' behaviour in the community. On reviewing the literature overall, it is surprising that Police involvement with sex offenders themselves has received so little scholarly attention.

Nash's studies of Police Offender Managers and Bourke & Craun's (2014b) comparison of UK and US Police officers working in 'Internet Crimes Against Children' roles were until recently the only two studies which relate specifically to UK Police experiences of exposure to SOM. However, Tehrani (2016; 2018) has examined the specific 'Internet Child Abuse Investigator' role in terms of psychological impact, exploring both the effect of personality traits and the impact of factors such as gender and personal trauma history. Hurrell, Draycott & Andrews (2017) explored the impact of SOM exposure in Police child abuse investigators, examining the potential role of personal trauma. No study to date appears to have explored the experience of exposure to sexual offending on non-specialist UK Police staff. This means that the impact of exposure on those who are not specially trained for the work is currently unknown. It may be particularly important to consider those whose work duties involve other significant stressors, such as immediate response teams who respond to 999 calls, or roles which may not have embedded support systems for debriefing, such administrative positions.

**SOM exposure and other organisational/environmental stressors.**

There is considerable scope to further explore how exposure to SOM interacts with or is exacerbated by other workplace stressors, such as job latitude and issues around workload (Karasek, 1979, Demerouti et al., 2001). It cannot be assumed that objectively difficult operational tasks involving sexual trauma exposure are inherently more likely to impact upon psychological well-being than organisational factors, such as under-staffing (Hart, Wearing & Headey, 1995; Huddleston, Stephens & Paton, 2007). Indeed, organisational factors have been found to negatively interact with exposure to sexual trauma in the workplace, including excessive workloads (Scheela, 2001), organisational politics (Ellerby, 1997), and a perception by workers that disclosure of difficulties would be used against them by management (Powell et

al., 2015). There is evidence to suggest that positive working relationships with other professionals within the criminal justice system is key to stress reduction. Scheela (2001) found that sex offender therapists derived a great deal of satisfaction from the fact that colleagues within the local Courts tended to respect and follow their sentencing and treatment recommendations. Conversely, Farrenkopf (1992) found that disillusionment with and a lack of support from the criminal justice system caused sex offender therapists intense frustration within their role. Tuckey, Winwood & Dollard (2012) identified that for Police staff, offenders being given lenient sentences by the Court was particularly frustrating.

The frequency of exposure to SOM (Bourke & Craun, 2014a) and stressful events such as sexual recidivism by the perpetrator (Lewis, Lewis & Garby, 2012) have also been found to generate greater adverse impact for staff. There is insufficient evidence in the literature to determine whether longer duration of exposure to SOM is related to higher levels of traumatic stress. This relationship was found by Perez et al. (2010) in their study of law enforcement personnel investigating online sexual offences, but not by Ennis and Horne (2003) who examined the experiences of sex offender therapists. The samples in both studies were too small to allow general inferences to be made, therefore additional research is required to examine the relationship between duration of exposure and adverse impact. There are differing views within the literature regarding the impact of factors such as length of time in the role, with some studies showing higher levels of negative sequelae for less experienced practitioners, and some showing a greater impact for those who have spent many years in the role (Steed & Bicknell, 2001; Tehrani, 2018). One reason for these apparent contradictions is that the nature of impact could differ in such circumstances: less experienced workers may experience greater disruption to their cognitions about trust and intimacy (VanDeusen & Way, 2006), while highly experienced staff may show signs of permanent emotional hardening or dulling due to the cumulative effects of exposure to trauma material (Sandhu et al., 2011).

**Impact of SOM exposure on Police officers.**

The types of impact experienced by Police staff exposed to SOM appear to mirror those of professionals who work therapeutically with sex offenders or victims. This includes intrusive images (Powell et al., 2015), increased cynicism, suspiciousness, and over-protectiveness of children (Burns et al., 2008) and self-consciousness about own parental or relationship behaviours (Craun, Bourke & Coulson, 2015). These studies found that adverse reactions tend to be short-term, and that practitioners develop coping strategies and methods of handling SOM that avoid longer-term issues developing. It is important to explore the efficacy of these strategies to establish a relationship with reduced negative impact in the short and longer term.

Bourke & Craun (2014a) suggest there may be a greater intensity of impact in officers who see the actual offence take place via digital images rather than exposure to other types of SOM, however their study does not directly address this question. Participants in Powell et al. (2015) tended to identify moving or still indecent images as being the most unpleasant material to work with, stating that certain features relating to the content of the material (e.g. young age of victim) also made the work more difficult. However, these findings were self-reported in terms of the level of difficulty experienced, rather than measured against levels of traumatic stress. Therefore, while helpful in illuminating participants' lived experience, Powell et al. (2015) could not directly determine a relationship between the nature of the material and traumatic stress levels. The impact of officers being exposed to all these types of material is examined in the current research. It also explores in detail another of Bourke & Craun's (2014a) suggested areas of study: the impact of exposure to SOM on personal relationships and sexual behaviours.

There is some evidence in the literature of gender differences in the relationship between SOM exposure and overall well-being (Lane, Lating, Lowry & Martino, 2010) and impact on relationships with family and friends (Craun, Bourke & Coulson, 2015). However, the limited data available precludes firm conclusions about the importance of gender in how individuals experience or cope with exposure to SOM. Similarly, Wolak & Mitchell (2009) found there were

inconsistencies in terms of whether those with young children are impacted differently by the material than those without. The current research adds to the corpus of data examining the effects of both gender and parental status on practitioners' experiences.

#### Coping strategies and resilience in working with sexual offending.

Leicht (2008) found a marked difference in coping strategies between practitioners who work directly with perpetrators of sexual offences, and those who work only with the materials relating to the offences such as child abuse images. Those who worked closely with the offender (such as Probation Officers) tended to employ *emotion-based* coping strategies, such as separating the offender from their behaviour, attempting to understand the motivation to offend, or seeing the client as also historically having been a victim. Those who had little or no contact with the offender as part of their role (such as Police officers solely examining computer-based evidence of offending) were found to employ *problem-solving* coping strategies, including varying their workload and keeping firm work/life boundaries. Nash's (2014) study of Police 'Offender Managers' (OMs) found that, like Probation officers, OMs made changes to their assumptions about offenders in order to manage their feelings about them, such as perceiving a distinction between the individual and their crime. This enabled them to develop the longer-term professional relationship required of the OM role. These findings indicate that different strategies for coping with SOM work may be influenced by the specific role or tasks undertaken.

The role of personal factors in moderating the impact of exposure to SOM is under-explored in the literature (Clarke & Roger, 2007). Individual characteristics found to correlate with higher levels of traumatic stress include personal trauma history (Way, VanDeusen, Martin, Applegate & Jandle, 2004), greater self-identified difficulty with the work (Bourke & Craun, 2014a) and higher levels of empathy (Tehrani, 2010). Lower levels of trauma have been linked to strong intra-personal skills such as emotional intelligence (Sandhu et al., 2012; Dean & Barnett, 2010), and the ability to create positive emotional states and challenge ones' own negative emotions (Tehrani, 2010). This links to levels of emotional maturity and self-awareness

(Coles, Astbury, Dartnell & Limjerwala, 2014). The personal qualities which inform the development of resilience are identified by Violanti, Paton, Johnston, Burke, Clarke, & Keenan (2008) as problem-solving coping skills, conscientiousness, and the empowerment that comes with feeling ready and able to deal with difficult situations. These personal qualities do not exist in isolation and are seen to be dependent upon strong organisational resilience: a highly conscientious worker in an organisation where systems are disordered and support provision is lacking is likely either to leave the organisation, or find their conscientiousness diminishing along with their morale.

Police officers exposed to SOM have been found to employ a range of specific techniques to manage the impact of their work. These include focusing on the analytical nature of the task (Powell et al., 2014) and dissociating from victims when looking at abuse images, for example pretending the person is not real (Burns et al., 2008). Using the COPE tool, Bourke and Craun's (2014a) study of the coping strategies of child exploitation investigators found that those who used denial-based coping strategies were at greater risk of STS. These techniques echo some of the persistent PTSD risk factors within Ehlers & Clark's Cognitive Theory, such as 'data-driven' processing and the failure to fully cognitively integrate trauma material. In their study of Police personnel, Craun & Bourke (2014) found that if an individual used 'gallows humour' to cope with SOM exposure, this was indicative of increased levels of traumatic stress. This technique may reflect a tendency to avoid the reality of the material by de-personalising or de-humanising those involved.

Powell et al. (2015) introduced the concept of 'functional desensitisation', where professionals overcome their initial shock reactions to a point where they are able to deal with sexually graphic material without becoming overtly upset or disturbed. From a pragmatic perspective, functional desensitisation appears to be adaptive in order to cope with a large volume of sexual trauma exposure. However, being able to physically complete the work without showing outward signs of distress or immediately experiencing unpleasant feelings does

not guarantee there will not be longer-term psychological consequences. A focus on the demands of the task rather than the content of the material is useful during exposure itself, but may pose a risk of subsequent unanticipated consequences (Powell et al., 2014). In terms of general coping strategies, the separation of work and home life (Perez et al., 2010) is a theme common to the literature both on Probation staff and Police Internet Child Exploitation personnel. This relates largely to the maintenance of healthy support networks, the enjoyment of non work-related activities with family and friends (Burns et al., 2008), and taking part in exercise and healthy eating (Steed & Bicknell, 2001). The implementation of 'rituals' which define the act of leaving work behind in order to re-enter personal life, for example showering after a shift (Powell et al., 2014), has also been identified.

There is little empirical evidence to illuminate the coping strategies Police use to regulate their emotions when interviewing victims of sexual abuse. However, Risan, Binder and Milne's (2016) study is helpful in understanding the coping behaviours used by Police officers during interviews with traumatised individuals. They found that officers who interviewed victims following a mass shooting incident were able to retain emotional control by focusing on their role in supporting the interviewee. This included being aware of and acting upon the victim's non-verbal distress cues, showing acceptance of the distress and modelling effective coping behaviours, which helped the victims to feel safe. The current research explores a range of strategies used by officers and civilian staff while directly exposed to SOM of all forms, and the general strategies used to deal with the stresses of their roles. All these strategies are explored alongside potential adverse impact.

**Influence of Police culture on coping ability/behaviours.**

Police organisations have 'the power to shape the professional and personal identities' of their employees, with 'a defining influence on psychological well-being' (Burke & Paton, 2006, p. 196). Masculinism and cynicism have been emblematic of Police culture in many respects (Loftus, 2010; 2008). Officers have been described as having to fulfil a dual role involving

inconsistent emotional demands; appearing as both 'nicer than nice' public servants and 'tougher than tough' protectors and enforcers (Guy, Mastracci & Newman (2008) in Schaible & Six, 2016). Tuckey, Winwood and Dollard (2012) identify two key features of Police psycho-social culture which may affect levels of psychological injury: the requirement for emotional control and an organisational tendency to undervalue officers' psychological health and safety. It is within this milieu that Police staff must develop what they think are the most appropriate coping strategies for dealing with stress and distress. Coping mechanisms for dealing with stress and anxiety have been characterised as falling into one of two areas within Police research: managing occupational stressors (i.e. those which occur due to the nature of the work), and managing organisational stressors (Paoline, 2003). These strategies are designed to minimise exposure to potential psychological risks by avoiding making an emotional connection to the general public and maintaining a firm Police persona. The importance of impression management suggests that in terms of Emotional Labour (Hochschild, 1983), Police officers may be particularly inclined to engage in surface-acting when faced with a traumatic situation.

It is important to recognise the differences between work teams in terms of the level of support and freedom officers have in sharing their experiences of working with sexual offending. Ingram, Paoline and Terrill (2013) highlight the importance of recognising differences in culture between discrete 'workgroups', looking at Police culture on the micro- level as well as the organisational or macrolevel. Ingram and colleagues define a workgroup as "two or more individuals who depend on each other to undertake organisationally defined tasks and accomplish goals" (2013, p. 371) and who may therefore share distinct perspectives and attitudes by virtue of their role within the organisation. The stigmatisation that some officers in specialist sexual offending roles have experienced from colleagues in other 'workgroups' suggests that officers may be reluctant to seek support from those who do not have experience in their area of work (Leicht, 2008). Conversely, strong collegial bonds and well-organised peer and management supervision systems within specialist sexual offending teams have been found

to increase resilience and reduce negative outcomes for staff (Slater & Lambie, 2010). However, officers who are not in a specialist sexual offending role, but who are periodically required to take on sexual offending cases, can fall outside of this supportive structure. These officers must deal with the same material as those in specialist teams but return to their 'day job' in areas such as neighbourhood Policing or custody processing, where there is unlikely to be the same consideration of the support they might require. The impact of exposure to SOM and the coping strategies used by officers and civilian staff in a wide range of roles is explored within the current research, in order to examine the efficacy of the organisational support provided.

**Support provision.**

Support provisions found to lessen the impact of work-related trauma include peer support and regular clinical supervision (Bonach & Heckert, 2012; Ellerby, 1997). Diversification of workload to include both sexual and non-sexual offending cases has also been recommended (Grady & Strom-Gottfried, 2011). The most valued supports cited by workers are the ability to consult others, whether this be peers (Ellerby, 1997) or supervisors (Chassman, Kottler & Madison, 2010; Dean & Barnett, 2011). Training/education (Burns et al., 2008) and a degree of flexibility around working patterns to allow for 'time out' (Wolak & Mitchell, 2009) were also valued highly. Dean and Barnett's (2011) study of sex offender treatment providers referenced the importance of clinical supervision and debriefing in reducing the incidence of rumination and intrusions. However, the body of empirical research is not yet sufficient to say with any certainty which of these factors consistently influence levels of traumatic stress symptoms.

Stephens, Long and Miller (1997) examined how social supports impacted upon incidence of PTSD within a sample of New Zealand Police officers, finding that those who feel able to show and openly discuss their feelings about the trauma they have witnessed are less likely to experience PTSD symptoms. However, officers may refuse offers of support following trauma exposure, for fear of being perceived as 'weak' (Walsh, Taylor & Hastings, 2013; Wright, Powell & Ridge, 2006). When social supports are not available or not accessed during intensely

stressful situations, this can lead to psychological fatigue and a reduction in coping capacity (Horowitz, 1983). The potential benefits of accessing support for stress symptom reduction highlights the important role of Police cultural norms around expressing emotion, expectations about coping and support-seeking behaviour.

**Job motivation in sexual offending work.**

Only one study to date (Kadambi & Truscott, 2006) has focused exclusively on the factors which motivate people who work with perpetrators of sexual offending. These include a sense of professional autonomy, strong relationships with colleagues, and satisfaction in using the specialised skills they have been trained in. The strongest motivation identified by participants in that study was seeing their work have a positive impact on communities, rather than observing a positive impact in individuals. Interestingly, welfare and wellness outcomes for perpetrators were rated as far more satisfying than a reduction in offending rates. Professionals in this field are aware of the frequently intractable nature of sexual offending behaviour and may be adjusting their expectations accordingly (Kadambi & Truscott, 2006). A reluctance by individuals to seek their primary motivation in offender recidivism rates seems a healthy approach to finding job-related rewards in this sector.

Where individuals have been encouraged to identify positives they derive from working with sexual offending, these include professional satisfaction due to the challenging nature of the work (Scheela, 2001), camaraderie and team spirit (Kraus, 2005), and positive outcomes for the community (Shauben & Frazier, 1995). An interesting dissonance regarding the latter is highlighted by Ellerby (1997): despite deriving a sense of purpose from a belief that their work keeps communities safe, those who work with perpetrators of sexual offending find that they encounter hostility or a lack of understanding regarding their role (Freeman-Longo, 1997). Individuals have found that communities and even colleagues felt that the emphasis in dealing with sexual offending should be on supporting victims (Ellerby, 1997; Grady & Strom-Gottfried, 2011). Similarly, Police Officers who work in specialist sexual offending units have felt

stigmatised by employees in other departments (Burns et al., 2008; Perez et al., 2010), as have officers who are perceived to be undertaking a 'social service' role such as family liaison officer, rather than traditional investigative Police work (Garcia, 2005; Jewkes & Andrews, 2005).

An under-researched area linked to job motivation is the potential for workers exposed to SOM to develop sexually inappropriate interests, or indeed for those who have sexually inappropriate interests to be drawn to the work as a means of accessing graphic sexual material (Edelmann, 2010; Powell et al., 2015). However, 'taboo' responses from practitioners such as fleeting sexual arousal to sexually deviant material (Powell et al., 2015; Chassman, Kottler & Madison, 2010) and wishing to perpetrate violence as retribution against offenders (Mitchell & Melikian, 1995) have been identified within the literature. Both job motivation and experiences of others' attitudes towards sexual offending work are explored in the current research.

## Conclusion

A review of the literature highlights the lack of empirical research into the experiences of Police practitioners who analyse written, verbal and visual material relating to sexual offending. Little has been written about the impact of exposure to explicit sexual offending images, and almost nothing on undertaking interviews and document analysis. Studies have only explored the experiences of Police staff in specialist sexual offending teams rather than staff in general roles. One of the most serious limitations of existing studies is that tools primarily designed to measure traumatic stress concepts or coping in other settings have been habitually applied to Police samples.

The experiences of Police officers who are exposed to sexual offences have not been explored holistically, i.e. with sufficient attention paid to the range of professional, personal and organisational considerations which may affect them. Chronicity of exposure to trauma is a key feature of the experiences of Police officers, to a much greater extent than many other criminal justice professionals or therapists who work with sexual offending. The constant need to

assimilate negative stimuli into existing frames of reference makes Police work with SOM a unique challenge. It may be that such individuals require separate ‘professional schemata’ to successfully integrate atypical trauma exposure into their experiential narrative (Paton, 1997).

The body of empirical data is not yet sufficient to allow confidence in identifying definitive risk factors and protective factors against exposure to SOM, and knowledge about UK Police experiences is extremely limited. Given the differences in the investigation, sentencing and treatment of sex offenders between the U.S. and the U.K. (Shelby, Stoddart & Taylor, 2001) it cannot be assumed that the results of U.S. studies will be wholly congruent with the experiences of criminal justice personnel in the U.K. In aspiring to maximise the well-being and professional capacity of Police officers and civilian Police staff and prepare them for the rigours and stressors of sexual offending work, understanding the details of their lived experience is vital.

CHAPTER TWO: STUDY ONE – QUALITATIVE QUESTIONNAIRES AND INTERVIEWS

## Introduction

The qualitative phase of the research involved gathering rich data from a small number of participants (N=11). An eight-question qualitative questionnaire was used to create an individualized interview schedule, which was employed in subsequent face-to-face semi-structured interviews. The use of Interpretative Phenomenological Analysis (IPA) to analyse the interview data reflects a commitment to avoid reducing participants down to 'types'. Instead, the study aimed to reflect the complexity of experiences and the inherent contradictions both within and across individual accounts. The analysis defined 13 super-ordinate themes, with further themes and subthemes under these headings (Appendix one). The super-ordinate themes were distilled into three primary strands: 'Organisational Policy and Practice Issues', 'Coping' and 'Impact'. These strands are examined in the context of responses to workplace trauma, including PTSD (APA, 2013) and Vicarious Traumatisation (McCann & Pearlman, 1990). Conclusions are drawn about areas for further exploration in the quantitative phase of the research. As per Levitt, Bamberg, Creswell, Frost, Josselson and Suárez-Orozco's (2018) clarification on reporting styles for qualitative research as part of the APA Publications and Communications Board task force, the results and discussion sections of this chapter have been combined to allow a more holistic exploration of the findings. To respect the conventions of the IPA methodology, the results and discussion section is written as a 'story-telling' narrative. The researcher guides the reader through participants' accounts, highlighting metaphor, simile and other points of interest.

## Method

The use of hermeneutic phenomenology embodied within Interpretative Phenomenological Analysis (IPA) allows for the examination of self-concept and identity (Smith, Flowers & Larkin, 2009). The study explored not only the individual experiences of practitioners in conducting their work with SOM, but also asked them to consider whether they recognised

any changes to their personality as a result, where personality is understood as patterns of thoughts, emotions and behaviours that make an individual unique (Banyard, Dillon, Norman & Winder, 2015). IPA was felt to be the only method that would adequately explore the unique experiences of each participant and the elements of these experiences which were most meaningful to them. Unlike thematic analysis, each person's data is analysed individually rather than viewed as part of a larger dataset which is 'mined' for themes (Langdridge, 2007). The sensitivity of the subject meant that participants needed to feel confident the researcher understood the challenges and complexities of their roles. It was therefore important to use the small body of existing research on Police experiences of working with sexual offending to inform the open-ended questionnaire, which in turn served to inform the interview schedule. This precluded a 'Grounded Theory' approach where the literature is reviewed only after the primary data is gathered (Banyard et al., 2015) and where theory is generated exclusively from this corpus of data. The research objective was to capture participants' experiences of working with sexual offending, and how this affected their internal and external worlds, rather than a primary focus on deconstructing the language used to describe their experience. For this reason, narrative analysis was unsuitable.

IPA permits a detailed understanding of a phenomenon as it is directly experienced, and therefore offers a level of ecological validity unmatched in most other methodologies (Bryman, 2012). It allows the 'lived experience' of participants to be explored in depth, valuing each person's experiences as a distinct contribution to a greater understanding of the subject matter (Moses & Knutsen, 2012). A central tenet of this approach is that the voices of participants are heard through direct use of quotes in reporting the results. Extensive use of verbatim quotes from participants is the required format for reporting IPA studies, which explains the very long results section in this chapter. This level of detail is essential, as it allows the theoretical and conceptual analysis of the data to be understood in the full context of participant responses. The chapter employs a written style which embodies a 'story-telling' narrative. Use of this style

is vital to maintain the integrity of the IPA methodology throughout the process, from research question to presentation of findings. An emphasis on participant accounts does not mean simply describing the data; IPA is a hermeneutic approach which demands that the researcher explore theoretical and conceptual meanings which can be drawn from participant accounts. Transferability is achieved through the demonstration of thematic patterns within participants' responses, using these themes to search for common experiences (Smith et al., 2009). These themes were further explored across a wider sample of survey respondents in the quantitative phase of the research.

**Validity and reflexivity**

Reflexivity is a key element of IPA. While cultural competence was a pre-requisite for generating trust and rapport with participants, it was recognised that the author's experience of the topic could also potentially lead to confirmation bias (Kemshall & Pritchard, 2007). To avoid this, a series of reflective logs were completed throughout the data collection and analysis processes, to allow personal thoughts and feelings to be examined and acknowledged separately from the participants' responses. This served both to encourage the 'bracketing off' of the researcher's personal reactions to participants' statements (Creswell & Poth, 2017), and to capture insights which could be fruitfully explored later. Memos were completed after reading each questionnaire, immediately after each participant was interviewed, during the process of transcribing the interviews, and while conducting thematic analysis. As theme patterns began to establish themselves, the researcher wrote further analytical memos commenting on the emergence of the themes and potential links between these and the existing literature. In addition, a reflective diary was completed by the author from the initial research idea and throughout the project.

## Participants

### Demographics of sample.

Participants were 11 individuals who work for a Police constabulary in North West England. All but one of the participants currently worked in a role that involved detailed involvement in sexual offending cases at the time of the study. The one participant who did not had previously worked in such a role for approximately five years. Three participants worked in a dedicated online child abuse team, four in Public Protection Units (PPU), two of these within a child abuse team, one within a Child Sexual Exploitation (CSE) team, and one within a domestic abuse team. Four participants worked within Criminal Investigation Division (CID) teams. Two of the participants were Detective Sergeants (DSs), eight were Detective Constables (DCs), and one was a civilian investigator.

**Table 2.1:** Study one sample demographics

| | |
|---|---|
| *Gender (n = 11)* | |
| Male | 5 |
| Female | 6 |
| | |
| *Ethnicity (n = 11)* | |
| White British | 10 |
| Mixed British | 1 |
| | |
| *Parental status (n = 11)* | |
| Parent | 8 |
| Not a parent | 3 |
| | |
| *In a long-term relationship (n = 11)* | |
| Yes | 10 |
| No | 1 |

### Sampling approach.

A purposive sample was necessary for the study, and snowball sampling was used due to the small number of participants required. Snowballing involves a small initial number of referrals, leading to a slightly larger second tier sample group and building slowly to a size appropriate for the needs of the study (Renzetti & Lee, 1993). One of the benefits of snowball

sampling is that it is not labour intensive; initial contacts are used to garner the required number of participants without the need for flyers or other advertisement. A disadvantage of this sampling method is that there is a risk of people only referring like-minded peers, who may have similar opinions or agendas. This possibility has been considered carefully. It was concluded that as two active referral chains were formed, this should serve to encourage greater variability than a single chain. In addition, participants were asked during the interview about their reasons for taking part in the research. The diversity of the responses to this question indicates no evidence of one particular agenda being behind people's decision to take part.

Motivations to take part included:

- Wanting their opinions to be passed to senior managers
- Feeling they have an insight into what can be done to support staff
- Feeling they have an insight into what causes staff to experience difficulties
- Wanting to understand why some people cope with the work better than others and hoping the research will find some answers
- Wanting to contribute to managers' increased understanding of the true nature of the work
- The research had piqued their interest in the question of whether organisational support is adequate/what else could be provided
- Wanting to know if people are affected differently by the work or if they tend to react similarly
- To contribute to something which might support colleague well-being in the future
- Wanting people outside of Policing to understand more about the job
- To use as a channel to express opinions about sexual offending work that otherwise might not be heard by senior managers

In total 18 people indicated an interest in participating the research after receiving the participant information sheet. Of these 18, 12 completed a consent form and were sent the questionnaire. Responses were received from 11 participants. The proposed number of participants at the start of phase one of the study was eight. Theoretical saturation (while difficult to define within an ideographic approach such as IPA) was close to being reached by the time 11 people had been interviewed (Bryman, 2012). Therefore, no further attempts were made to recruit participants. Ultimately, participants from six different teams across the constabulary were represented. Of the possible work locations that participants could originate from, one divisional office was not represented in the sample, as a sufficient sample had been gathered before it was necessary to seek a contact within that division.

**Design**

**Qualitative questionnaire.**

A qualitative questionnaire was devised (Appendix two) containing eight open-ended questions relating to the overarching research aims. The answers to the questionnaire were used to add personalised detail to a basic interview schedule which covered the same general themes. The questionnaire also gathered demographic information such as gender, age group, parental and relationships status, length of time in post, and ethnicity.

**Interview schedule & interviewing style.**

The order of interview questions was informed by a need to build rapport in a way which was mindful of the sensitive nature of the topic, and the importance of leaving participants on a positive note given the seriousness of the subject matter (Smith, Flowers & Larkin, 2009). Therefore the interview schedule took the following format:

- Scene setting/procedural questions
- Questions about the impact of the work, coping strategies, support systems
- Questions about positives/motivation to do the work

The Socratic style of questioning was informed by the researcher's professional expertise in interviewing individuals about their offending behaviour (including sexual offending) and their personal circumstances within parole/pre-sentence report interviews. Asking open questions placed the interviewer in the role of 'naïve enquirer', which encouraged the participant to interrogate their own mental processes and reactions, valuing the individual as an expert in their own unique experience. The researcher's experience of interviewing around sensitive topics informed the tone and pace of questions, as well as the contained but visible expressions of empathy provided to participants. The interview schedule was used as a guide, detailing the types of questions that may be relevant to ask the participant, based on the research aims and their responses to the questionnaire. However, the priorities identified by participants were the primary force that shaped the interviews, and probing questions were targeted at areas that participants highlighted themselves.

The sharing of meaningful experiences was encouraged by asking participants to recall specific incidents that have stayed with them or cases that were particularly memorable. This method echoes Flanagan's (1954) 'Critical Incident Technique', which has been used with a sample of Police 'Internet Child Exploitation' team members by Burns et al., 2008). Questioning around a specific notable incident was also recommended to the author by Anke Ehlers, co-creator of the Cognitive Theory of PTSD (personal correspondence with author, 2016). Allowing participants to explore their reactions to a concrete event - rather than asking them to speak in general terms - prompts a greater level of specificity. This helps to increase the authenticity of the accounts of feelings and thoughts which were experienced.

Care was taken to frame the interview schedule in a way which was least likely to leave participants with lingering feelings of distress. It should be noted that in a comprehensive meta-analysis of participant's reactions to trauma research (Jaffe, DiLillo, Hoffman, Haikalis & Dykstra, 2015) there was no evidence to suggest that participation has any long-term harmful effects. Jaffe and her colleagues found that levels of distress immediately after participation registered

as low to moderate, while perceptions about the positive benefits of their participation were moderate to high.

**Procedure**

**Ethical considerations.**

Ethical approval was obtained from the University of Central Lancashire's (UCLan) PsySoc Ethics Committee. Participants were all adults with mental capacity to make decisions about whether or not to take part. They were given a one-page information sheet about what the research entailed and were required to sign a consent form on the day of their interview. This explained how the data would be used and stored, and how confidentiality would be maintained. Participants were also told that they could withdraw consent up to one week after their interview. Regarding confidentiality, participants were advised of the study by email and responded to the researcher's email address. At no point was the participant's identity discussed with their superiors or any other participant. Participant names appeared on the electronic version of the qualitative questionnaire form and on the consent form. Consent forms were kept in a locked box in a locked room in the University of Central Lancashire. Participant names were changed to numbers on the questionnaire forms and any subsequent paperwork and were later changed to pseudonyms during the writing up process. Any information such as names or specific details of teams were redacted from interview transcripts. Participants were sent a copy of their transcript and were invited to redact any information they were not comfortable with sharing, including anything they felt could identify them. Due to the topic of the study, participants were advised not to take part if they might find the subject distressing. On a debrief sheet given following the interviews, participants were provided with information and contact numbers for local and national sources of support, both general and Police specific. Additionally, due to the sensitive nature of the topic, care was taken with the structure and tone of interview questions as discussed in the 'Design' section of this chapter.

**Data analysis**

In accordance with the principles of IPA, the initial exploration of the data was conducted on a case by case basis, ensuring that the individual's account was thoroughly reviewed as an entity in its own right. Each interview was analysed independently, and the process of analysis outlined here was completed fully before moving on to examine the next interview. It is important to note that when 'significance' is referred to in this type of qualitative research, this does not simply apply to themes which are most frequently coded, but also those which had a direct impact on participant's wellbeing or efficacy, or which they felt were particularly meaningful.

The interview recording was listened to multiple times and a verbatim transcript was created for each interview, including pauses and other notable non-language features, such as sighs, laughs and crying. The transcript was sent to the participant, who was asked to verify that it was an accurate representation of the interview. Once the participant was happy with the interview transcript it was then printed out in playscript style and read by the author multiple times. The first read-through involved the researcher writing notes reflecting their immediate thoughts about the interview responses, including thematic, conceptual and linguistic elements. The second and subsequent read-throughs involved reading both the transcript and the initial notes in order to distil the ideas down into key themes, denoted by a small number of key words or short sentences to capture 'in vivo' verbatim themes (Saldana, 2016). A chronological list of all themes was drawn up in Microsoft Word, printed out, and each theme cut out as an individual strip of paper, in order to manually arrange them into theme clusters. This method allowed the author to physically group and re-group the themes in a variety of different ways until they started to form a coherent shape. Once the groups were settled upon, a table of themes and subthemes was drawn up.

The questionnaire and interview transcript for the participant was then uploaded onto NVivo 11. Using the table of themes and the uploaded copy of the transcript itself, relevant

passages of the interview were highlighted and 'coded', i.e. sorted into 'nodes' using the node structure features of NVivo. This process meant that all passages relating to similar themes were stored in the same place. The node structure allowed themes to be organised to show super-ordinate or top-level themes such as 'Coping', then as a subset of this, the standard level themes such as 'Direct coping strategies', and as a subset of this, subthemes such as 'avoidance-based strategies'. This meant that relationships within and between different themes could be arranged logically.

Once this process was complete for the first interview it was then repeated for each subsequent interview. As the theme structure developed further as a result of each new interview, it was essential to go back through the interview transcripts at the end of the process to ensure that there was a full identification of themes that may only have been thought of or named as a result of later interviews. The theme structure was therefore refined within an ongoing process. This involved the node structure being expanded in some areas and collapsed in others, as a result of identifying subtle differences or similarities in the data. For example, on reading all the data coded at 'distancing techniques', the researcher found that there were subtle differences and therefore split these into 'audio-based techniques' and 'detachment'. Another theme in the same area, 'screen acts as a barrier' was collapsed into the theme 'detachment' as there were too few individual comments about this to consider it a theme in its own right. Once the theme structure was established, the topics were explored in greater depth by examining them alongside existing psychological theory. For example, the theme 'Hiding the fact you are not coping' led to the researcher examining the concept of 'Emotional Labour' (Hochschild, 1983), as this pertains to the effort required by those in public-facing roles to present a certain image.

## Results and Discussion

### Organisational Policy and Practice Issues

#### Volume, frequency and duration of exposure to SOM.

Participants came from a variety of teams and performed different roles within those teams. Therefore, the frequency of exposure differed between participants and within their individual experiences. The frequency of exposure differed from week to week, with some officers reporting that it came in 'peaks and troughs'. This was particularly true of staff who had been temporarily assigned to work on cases resulting from evidence gathered by the specialist online child abuse team. These three-month secondments to work on sexual offence cases often resulted in an intensive period of exposure to SOM, with minimal contact outside of that time. Many participants talked about the number of sexual offence cases they had to deal with simultaneously and the high volume of indecent images that had to be sorted through in each case. Volume was a key factor in participants' feelings about their ability to cope with the work:

> *"Sitting there for as long as you can take it. And I think as long as you can take it depends on how much… illegal images there are, to the point it becomes that you've had enough."* **Nicole**

The use and repetition of the phrase 'as long as you can take it' is illustrative of the arduous nature of viewing computer-based evidence. There were many comments about the upsurge in sexual offence cases that the Police were dealing with as a result of advances in technology. For example, perpetrators increasingly own multiple internet-enabled devices, which have massive storage capacity on which illegal sexual material can be kept:

> *"It's a [counts off on fingers] computer, a mobile phone and a laptop. And across the three platforms the total number of images to sift through and check was over a million. But that isn't illegal images. In fact, the illegal images are probably less than 1 percent, but it's still 1 percent of a million…"* **Ryan**

Ryan was one of several participants who felt that the technology designed to help to detect and solve sexual crimes created potential difficulties for officers on the front–line of investigations:

*"New systems they're bringing in for all these images…they're probably going to be able to identify more victims. And that means there'll be contact offences which will need to be further investigated. And that's just one of the buttons that they're afraid of flicking on too quickly, because of the volume and deluge of work that it'll bring."*

Ryan's use of the word 'deluge' and the idea of a sudden action which precipitates it brings to mind water being held back by a dam and then suddenly released: something dangerous which can overwhelm whatever is in its path. A dramatic increase in sexual offence cases without a corresponding increase in officer numbers means that there are insufficient resources to deal safely or effectively with the work. One participant outlined the implications of an influx of sexual offending cases in terms of unrealistic expectations placed upon individual officers:

*"We need to restrict the amount of time people view images. It's really difficult because the country as a whole, rightly so, is trying to identify every single child. Yes, it's the right thing to do to identify the child…it's not the right thing to do necessarily for the investigator. Does that make sense? The way we used to do it was simple. We would do a percentage. So we were restricting the amount of time we spent, our people, looking at the images."* **Jim**

Jim encapsulates the inherent difficulty with investigating offences involving indecent images: is it reasonable to suggest that an officer spend hundreds of hours analysing tens of thousands of images, in case one of them depicts a new offence? Many would argue that all potential victims should be found, no matter how many hours of Police work this takes. Pragmatically this is impossible to do given the resources available and would require large numbers of Police staff doing nothing but viewing indecent images throughout every eight-hour shift.

The constabulary involved in the study had implemented a policy stipulating a four-hour limit for viewing indecent images, intended to reduce negative cumulative impact. However, the time limit was not enforced and indeed most participants were not even aware of the policy. Officers based at the constabulary headquarters, where the viewing room for indecent images is located, felt they had much more control over the amount of time they spent in one sitting exposed to SOM. Those who had to travel from divisional offices tended to view images longer than they felt comfortable with, making it harder for them to switch off at the end of the day. One participant described a notable way in which spending a long period of time viewing hundreds of indecent images affected her:

*"After doing that for a long time, when I come away from it, I can still see it scrolling through my head. I see the images still going".* **Nicole**

This gives an impression of the material forming retinal after-images, like those which occur after looking directly at the sun (Morsh & Abbott, 1945). To use an example from technology, the computer images which scroll through Nicole's head are similar to the 'Game Transfer Phenomena' (Ortiz de Gortari & Griffiths, 2016) which have been experienced by individuals after having played video games for extended periods of time. Reasons given for viewing SOM for long periods included pressure from superiors to conclude the case, awareness of the workload that awaited them back in their own office, and a simple desire to 'get it over with', i.e. reduce as far as possible the number of days on which they would be viewing indecent images:

*"I do have breaks. Erm [pause] yeah, I do have coffee breaks. Erm [pause] but I also, rightly or wrongly, try and do as much in one hit…which I know is perhaps not the best…but I think it's the lesser of two evils."* **Verity**

Here the concept of 'dread' influenced the way in which the work was done, forcing Verity into a decision between making fewer trips but being exposed for long periods of time, and making

more trips where the level of exposure was perhaps more manageable. She clearly recognised the potential dangers of doing too much at once, recounting one occasion where she had spent all day for a number of days viewing images:

*"My head felt like a Kenwood blender. Someone had just whacked it up to max… Couldn't switch off, couldn't concentrate, couldn't focus. And all I could see was what I'd viewed."*

Interestingly, she then went on to describe the solution to 'processing' this as putting it in a box, indicating further avoidance rather than the processing that may occur through talking to someone about it. The pressure to do much more than the individual is comfortable with – and the range of reasons underpinning this feeling of pressure - raises significant concerns about the potential impact of organisational policy and culture on officers' ongoing health and wellbeing. It was important to participants in the current research, as it was for Police professionals in other studies (Burns et al. 2008; Wolak & Mitchell, 2009; Powell et al., 2014), to feel a degree of choice in when and for how long they were exposed to SOM, as well as the freedom to intersperse the work with other tasks.

**Nature of the material.**

Having to view indecent images was the aspect of the work that participants consistently found most difficult. Moving images, especially those with sound, were particularly problematic. The theme *'Known versus unknown victim'* encapsulates the difference between having to view indecent images of a victim who the officer had already met/interviewed and those who were unknown to them. Several officers reported that they found it much harder to see the abuse of someone they had met and who they could therefore contextualise as a real person. This included meeting the victim after seeing them in indecent images:

*"We've done jobs where we've identified children: that stays with you longer. Because you can put a personality on the image, are you with me? You're meeting the person that you've seen*

*suffer…cos this person videoed this abuse of this child [pause]. So…that impacts on you more, that's the reality."* **Jim**

and when the victim had been interviewed before viewing the images:

*"Having met this person, you've spoken to them, and you've had to do things that you would do with your own children; sit down, colour with them, you're talking about things in their room. So already within your mind's eye, you have a mental image of who this child is. So if you're then having to view images that involve them, you can't just switch off that empathy…to think that's just another image. You've already got an idea of them and you're then starting to think about…how what has happened to them would have affected them. And how they felt at that moment in time."* **Liam**

There was a sense from three of the participants that some victims were more 'tangible' than others, and Liam's comment perfectly illustrates this sentiment. In gaining the trust of the child in order to effectively interview them, he had to get to know them as an individual with their own personality. Once a victim had been engaged with as a person with a unique identity, it was much more difficult for Liam and other officers to see an image of them being sexually abused. Officers' difficulty with viewing images of people they have met has implications for organisational policy around role boundaries. Police employers could look at the procedures around division of work within a case to determine whether officers who conduct interviews with victims should be responsible for analysing and categorising indecent images of them. Given the additional impact felt by participants in these circumstances, consideration should be given as to whether officers need to be exposed to images of those victims at all.

In contrast to the other participants, one person felt that images of 'known' victims were easier to cope with, by virtue of the fact they were now under the protection of statutory services. For this officer, images of victims they felt unable to find and therefore help or 'save' were much more emotionally difficult:

*“That [known] victim is then out of the abusive situation. You can rest easy knowing that although they’ve been through a horrible time…they’re not going through it now. Whereas the images, you can be sure that the kids are still going through that horrible time.”* **Nicole**

This statement and a number of other comments made by Nicole gave the sense that she thinks about the lives of victims outside of the abuse depicted in the images. She recognised that the image she has to view is merely a snapshot of a wider experience of abuse that pervades the victim’s life. Nicole’s apparent ability to empathise with victims means that she ruminates about them outside of the immediate point of exposure. Officers like Nicole who have a highly developed sense of empathy need strong supervisory support to manage the impact of the work upon them.

Some participants found it difficult when they were asked by a superior to interview a victim then immediately interview the perpetrator. This was found to be physically and psychologically draining and it was difficult for officers to remain unbiased in these circumstances due to the residual feelings about the harm that had been caused. Another of the most disliked aspects of working with sexual offences was having to look at or hear the same evidence repeatedly. This commonly occurred when there was some question as to whether the person in an image was underage, or when it was difficult to determine whether the image depicted a penetrative act and therefore required a certain categorisation. In such cases, as well as the repetition of exposure there was also a high degree of scrutiny of the material. Having to engage so intimately with the minutiae of the image requires immersion in the task in a way that is data-driven (i.e. looking at individual details) rather than conceptual (taking in the image as a whole). According to Halligan, Michael, Clark and Ehlers (2003), this type of poorly elaborated mental processing of traumatic stimuli can result in an increased likelihood of an individual experiencing PTSD symptoms.

Participants found themselves looking at images repeatedly when they were required to show the evidence to different criminal justice professionals or to the suspect during the

investigative process. Repeated exposure also occurred when they had been asked to write a description of an indecent image or video as evidence for Court. Some officers mentioned problems that had arisen with other professionals within the criminal justice system, causing this task to occur more frequently:

*"The barrister said, 'I'm not paid enough to view those videos. You're going to have to go away, view them, and describe in a statement what it is, and send it to show the Court. And then, when you've done that, come back to the Court.'"*

***Interviewer: What do you think about that?***

*"Erm [puffs out breath] I think it's just passing the buck. And considering that's somebody who's on three or four times what Police are paid, what you're [gestures to interviewer] paid, to say that he's not paid enough is a bit of a weak… weak and pathetic excuse. If he doesn't want to see it, fair enough, but don't say you're not paid enough."* **Ryan**

In common with several other participants, Ryan felt angry and frustrated about this type of experience within the criminal justice system. There was a feeling that officers were expected to fulfil unpleasant tasks that no-one else wanted to do, but that they were not adequately compensated, praised or given recognition for this. A range of additional factors relating to sexual offence cases were identified by participants as being particularly difficult:

- Seeing very young victims being abused
- Incest offences
- Being told a victim had died
- The perpetrator being acquitted at Court or receiving a lenient sentence
- The perpetrator committing suicide
- Having to view images of bestiality, mutilations and beheading
- Victims' families not believing victim accounts of abuse
- Victims becoming very distressed within interviews

- Managing the distress and expectations of victims and their families during the investigation and prosecution process.
- Not having enough evidence to prove guilt despite feeling sure the person has committed the offence

There are no easy solutions to address difficulties with the nature of the cases officers are exposed to. Most of these issues are either intrinsic to the heinous nature of the crimes or are a feature of the frequently protracted nature of sexual offence investigations. Therefore, changes to organisational policy would need to focus instead on the way officers are trained and supported before, during and after exposure to SOM.

**Organisational pressures.**

Participants expressed many frustrations about the criminal justice system, in terms of how policies and structural issues made their job more difficult. These problems included high workload, expectations from the Crown Prosecution Service, unrealistic timescales and a lack of resources. There were observations about how the criminal justice process itself could cause additional distress to an already traumatised victim, and the resultant feelings of guilt this could engender in officers:

*"You've perhaps met [the victim] once before, if you're lucky twice before. You're a complete stranger. When you're taking them through that process, I think [pause] y- you have to try and endear trust and other things from them - but you know you're causing them pain as well to go through that… You can see that she's getting upset to go through it. You have to have a control on your own emotions, knowing what you're doing to that other person, to think… you're doing it for the right reasons."* **Liam**

There was a strong theme around empathy throughout Liam's entire interview: the importance of empathy in developing relationships with victims in order to do a good job, the dangers of feeling too much empathy in terms of the negative impact it could have on you as a worker, and

conflict between these two things. Liam, like a number of officers, identified intense feelings of pressure to 'get it right' and concern about the consequences of 'getting it wrong', both for the victim and for themselves as a professional:

*"I think the fear is, that you're doing all this and it perhaps might be wrong, or you're missing opportunities to remove a child from a situation because you've not done something right at the time, and you've not managed to get that nugget of information that you can then take safeguarding steps. And… like I said before, the note keeping side of things, that's a big fear that you've…perhaps…not noted something down, or that you've missed something out that at a later stage, someone will come back and point their finger at you to say 'you've missed that. You've done that wrong.' "* **Liam**

The fear of missing this crucial piece of evidence seems to make officers work longer and more intensively on a case during one sitting than is perhaps good for their overall well-being. The high stakes involved for actual and potential future victims means that officers inevitably experience both self-generated pressure and a high level of critical oversight by their superiors. Another pressure felt by participants was feeling obliged to take on additional work or come into work whilst unwell, to avoid putting this burden onto colleagues. This was also a feature of the responses of Internet Child Exploitation (ICE) officers in the 2008 study by Burns et al.

At times, officers' understanding of sexual offending meant that their opinions on how evidence should be analysed ran counter to other professionals within the criminal justice system. This often related to the perceived seriousness of offences:

*"It's that kind of anger, I guess, or frustration that people don't get it. That you just think… [a child victim] being distressed makes it worse than if they're not. Well you could argue actually…the fact they're* not *distressed makes it worse, because you've got to think either it's happening all the time and therefore it's normal, or they have absolutely no idea what it is that's happening to them. Judges asking for images to be described, and…make particular*

*mention as to whether the child is distressed, or their demeanour…I would argue, well, does it really matter whether that child [looks] distressed or not? Because what's happening to them is happening to them, and that's what makes it wrong.*" **Jasmine**

Jasmine's point is linked to her understanding of the process and impact of long-term sexual abuse: she knows that victims often dissociate from the abuse as a coping mechanism (Schimmenti & Caretti, 2016), or alternatively are drugged, coached or threatened to ensure compliance. She was angered not only by the judge's lack of understanding of the fundamental realities of sexual abuse, but also by the fact that this ignorance could potentially cause sentencing decisions to be based on faulty logic. Tidmarsh, Powell and Darwinkel (2012) attempt to address similar shortcomings in professionals' understanding with their 'Whole Story' training model. The model aims to educate criminal justice professionals on how victim behaviours result directly from the grooming techniques used by perpetrators to facilitate sexual offences.

**Degree of choice in working with SOM.**

Some participants felt officers should not be forced to undertake a role involving SOM:

*"I think that's a really bad mistake, because there are some people who get really upset about the slightest image of a child, a Category C image. I know when you sign up to be in the Police you're signing up for everything... But I don't think people should be made to do this. I think it's a voluntary thing. If you throw your hat in the ring then great. But if you don't then you shouldn't be made to do it."* **Paula**

Paula spoke at length about this topic: she herself was happy to do the work but had seen others experience significant negative consequences as a result of being deployed to the role without being given a choice:

*"It's horrible seeing people getting so upset. These are hard people who, and it's usually guys, who'll be battering down doors and locking people up for fun. Hard guys, but don't make them do this if they don't want to."*

The team Paula worked in had experienced very high levels of attrition in terms of officers no longer feeling able to work with SOM at all. She herself had not identified any negative personal consequences, and felt strongly that imposing a tenure period for the role would be a mistake. There was an even split of opinion between participants in terms of whether roles involving sexual offending work should be time-limited. Those who thought that there should be a set tenure felt that a couple of years was long enough, in order to prevent people becoming burnt out or overly emotionally burdened. Those who felt there should not be a fixed tenure tended to be those who enjoyed their work, or who felt that such a policy would have an adverse effect on levels of specialist knowledge and expertise. This argument is supported by Jewkes and Andrews (2005) in their examination of how IIOC cases are investigated, and is particularly important given the rate of change to technology which facilitates sexual offending and increases perpetrator anonymity (Home Office, 2015). Many participants in the current study felt that the answer to preventing adverse long-term effects on staff was effective supervision and support, rather than imposing a tenure period.

In Paula's statement there is an understanding that people who are physically tough and exhibit certain masculine traits - 'hard guys', who are happy to 'batter down doors' – are not necessarily equipped to deal with SOM. She implies that this requires a different set of skills and a mental rather than physical strength. **Jim** also alludes to this when discussing a male officer who left his team because he wasn't coping:

*"Beer swilling, rugby playing 23 year old testosterone fuelled lad. He wasn't all right with it."*

The inference is that it is incongruous for someone who appears masculine, physically strong, and who outwardly portrays resilience to be psychologically distressed by having to view SOM. This additional layer of expectation directed at male officers may result in reluctance to share any difficulties until these are insurmountable.

**Interaction of multiple stressors.**

The combination of the nature of SOM and other workplace stressors was key for some individuals:

*"It was too much and they [a colleague] didn't know how to manage it, and something went 'pop'. From what I've heard, in different offices, it's the volume of the work. The type of work doesn't help either... but then the type of work coupled with the volume of the same type of work, that's inevitably going to lead to somebody going off".* **Ryan**

This illustrates the importance of considering the common workplace stressors experienced by Police staff in conjunction with the added potential difficulty of exposure to SOM. Hart, Wearing and Headey (1995) identify these workplace stressors as 'organisational hassles' such as communication, supervision, co-workers and workload, and 'operational hassles' such as victim issues, complaints, dangerous situations and investigative activities. Some participants felt that a person should be able to 'opt out' of taking on a case if they thought it would cause them particular difficulties, or if they were going through intense personal stressors. It was noted that stressors from a range of sources can all contribute to experiencing a negative impact from exposure to SOM:

*"There's people with young kids, there's people with elderly parents they look after, there's people with… other halves who do very demanding and difficult jobs, and balancing shifts, and all the rest of it. It might be the work, it might be something at home. [long pause] It's not always just the work - the work might be one of a number of factors."* **Martin**

Several participants observed that staff members have tended to struggle with the work when they have other issues going on in their personal life:

*I've found within our team, observation of one colleague in particular, it depended what was going on in her private life. If everything…with boyfriend was kind of okay and was stable…she wouldn't comment on the images. When things started going wrong at home, there was a*

*correlation between that's when she'd start…making comments about how 'oh, I've just seen something awful, how awful that was'.* **George**

For George, this highlighted the importance of supervisors being knowledgeable about their staff's personal circumstances, in order to sensitively allocate cases:

*"They need to know what else is going on in their staff's life. Somebody could be going through a marriage break up couldn't they…[their] child could be ill. You've got to have that knowledge of the staff. And that wherewithal to say, 'no actually, I'm not going to give them this job' you know?"*

The importance of sensitive workload allocation to minimise the impact on staff was illustrated by **Anna's** recollection of coming back to work after she had given birth:

*"When I first came back, it probably didn't help, I got sent on a murder enquiry of a three year old child, so my first day before I came back, they phoned me saying 'you're not coming back to PPU, you're going to [NAME OF TOWN REMOVED] on a murder enquiry'. And I'm like 'oh, right, okay'. So I ended up dealing with that for 8 weeks."*

Returning to her team to deal with sexual offences following the conclusion of that case, Anna soon began to experience significant signs of traumatic stress, which led to her leaving the role. More sensitivity to the types of cases allocated to officers with changing personal circumstances could potentially have a positive impact on staff well-being and retention.

**Colleague attitudes towards sexual offending work.**

Some participants observed how negatively sexual offending specialist roles were viewed by other colleagues:

*"You meet colleagues from headquarters that I used to work with, and some 6 foot tall, broad, burly firearms officer'll say 'hello mate, how are you, what you doing now?' 'oh, I'm on online*

*child abuse'. 'Oh [brings hand up in fending off gesture, looks disgusted] I don't know how you can do that'. I'd rather do that than carry a gun."* **George**

George's statement echoes the comments made by Paula and Jim regarding a perceived incongruity when people fulfil stereotypical ideas of masculinity and express a visceral, emotional response to sexual offending work. The comment also shows that each person's position on which job requirements and working conditions are tolerable is completely subjective. What feels manageable and reasonable to one officer could be unthinkable for another. Importantly, George had opted into a sexual offence specialism, and had carefully weighed up the potential consequences of the work upon him when making his decision.

There were several comments which illustrated the minimisation of sexual offending work by some members of Police staff, which generated frustration and was felt to be disrespectful towards victims:

**Katrina:** "People might say you're going to view porn, but it's not, it's child abuse, and that's what it is. And these are real children who've been abused, who've been photographed, or videoed. And, you know, I mean that's- it's horrible. It's horrible."

**I: Who would say you're going to view porn?**

Katrina: [pause, seemed unsure what to say] "Maybe some other people, staff maybe, I don't know."

**I: Have you experienced that?**

Katrina: "Yeah, yeah. Yeah, yeah. But probably because they've never had to do it, maybe. I don't know. But… I suppose it's… lightening the reality of what you're actually doing, maybe. I don't know."

**I: So that's from other Police colleagues, is it?**

Katrina: "Yes. Yeah."

**I: What do you think of that? When they say that?**

Katrina: "It's upset- it's annoying, but, but I think we're…strong enough to say, 'well, it's not. It's' [child abuse] - you know?"

Katrina was initially vague about who might use the expression 'viewing porn'. She may have been concerned about giving a bad impression of colleagues, or about saying something that might be considered disloyal. Katrina had a strong sense of the 'Police identity'. Although the interview was held in a private room where no-one could have overheard the conversation, it may be that Katrina felt inhibited about saying something negative about colleagues to an outsider, particularly while at her place of work. It took several probing questions for Katrina to feel confident to say that she had experienced this type of comment, and that she found it annoying. She stopped herself from saying 'upsetting', perhaps because of her strong belief that as a Police officer, she should be able to cope with anything. Another interesting point about Katrina's comments are her speculations on the reasons why people might trivialise the viewing of indecent material. She had two theories: that only those who had never done the work could possibly make light of it, or that people were trying to alleviate their own feelings about the work, by employing a type of 'gallows humour'. The minimisation of sexual offending work also extended to senior staff:

*"I remember, I was going [to do] a viewing, and a boss, and I won't mention names, but 'oh, what you doing today?' 'Oh, I'm…' 'Oh, are you off viewing porn?' And I just thought:* you have no idea.*"* **Jasmine**

The tendency of some staff to make light of the work - especially those who do not themselves have to view indecent images – was seen by participants as an insult to victims. It is also dismissive of the psychological difficulty and sense of dread experienced by some officers as they prepare to undertake this demanding task. Two participants identified that they had

decided to leave a role that heavily involved sexual offending work because of the impact it was having upon them:

*"They were great because they, straight away they, they moved me. Well, when I first flagged it up, they didn't. They said 'well, stick it out till April, when the new financial year starts and there'll be changes at that time'…I lasted about 2 weeks after that. And that was in October. And I said, 'oh, I don't, I can't…I'm, I'm really struggling.' And the Sergeant was brilliant, and he was just like 'no, you, you look dreadful'. But, I, I did feel like a failure, to be honest. Erm… but I hadn't realised, I didn't realise how bad I'd got, until I came out…"* **Anna**

Anna's account illustrates the difficulty she found in being able to move out of the role once she found she was unable to cope with it. She articulates a positive view of how her manager dealt with her request, although elements of her statement indicate that this was not actually dealt with very sensitively. Her supervisor in fact asked her to carry on for a further six months, and it was only when she realised two weeks later that she could not cope any longer that she was allowed to move. At this point, her supervisor tells her 'you look dreadful', and this justifies their decision to support Anna's transfer. It is unsurprising that Anna felt like a failure: after having the strength to finally approach her supervisor about her difficulties, the seriousness of her feelings was effectively dismissed by being asked to carry on for an extended period of time. When she had to make the same admission of not coping for a second time, she was greeted with a tactless comment about her appearance which 'proves' her suffering warrants action. Her statement also shows that officers may not realise the true extent of how the work is affecting them unless and until they are removed from the role. A number of participants commented on how unpopular sexual offending roles were, making it more difficult for management to replace staff. Anna was one of two participants who moved out of a role with a heavy focus on sexual offending, only to find that due to changes in organisational policy, their new role involved the same type of work.

**Preparation and training.**

The level of exposure to trauma material involved in complex sexual offence cases demands that comprehensive training is provided to those who investigate them. However, as Jewkes and Andrews (2005) note in their review of IIOC investigations, this is often lacking in terms of content or timeliness. Participants in the current study shared experiences of the training they received:

*"Ideally, you know, you'll work alongside someone. But it doesn't happen. I just think you learn as you go along. Either from other people's experience, you talk about things, or 'what would you do?', and 'this is what I did' and 'this is what I thought'. 'The Training' before you start the job as, as ridiculous as it sounds, you do your specialist child abuse course - I was fortunate, I had only literally been in there 3 weeks, as it happened, and went on the course. But when you're on the course, there's people there that have been doing the job 12 months. You kind of think actually it'd probably be helpful to do it before…you know. As you start."* **Jasmine**

At face value it seems obvious that staff should not be required to work in a particularly sensitive and specialist area of work without having first received training. However, time and budget constraints within Police constabularies mean that this is not guaranteed (Nash, 2014). **Jim** highlighted an incremental approach to exposing staff in his team to indecent images, which he felt had two main benefits; it helped to acclimatise officers to the material in a safe and well-managed way, and emphasised the process of analysing the images rather than being drawn into the emotive content:

*"I don't want their first exposure to be a non-supportive environment. So we have a number of images we show people, and a lot of that is to support them. The reason we choose these specific images is that they've got certain nuances in terms of the categorisation. So, why is it an A, why is it a B, why is it a C. It's, you know, it's like a learning tool. So they're trying to*

*establish- sounds awful, but- is it penetration, is it not penetration? Is it a child, is it not a child? So, the point I'm making is that the investigator in you comes out."*

While there may be pitfalls to such 'data-driven' processing of SOM, the idea of gradual, managed exposure to indecent images seems a sensible one. Being guided through the process by an experienced practitioner potentially allows for any feelings and sensations which occur to be explored at the time. This is particularly true if the trainer makes it clear that such observations and discussions are welcomed.

**Peer support.**

Support from colleagues - especially those who understood what it is like to work with SOM - was particularly important in managing the impact of the work:

*"The team that I work in, we are a very close team. We're a bit like an extended family, really, we do very much look out for each other, which is very unique in the organisation. Not all teams are like that. We recognise when one of the team's a bit…out of sorts. So…members of the team would say… "Are you alright? I know you're not alright, but are you alright?"* **Verity**

*"It's a close team, and they wouldn't have any shame in having a tear in front of other people. They would be very understanding of each other and support each other and back each other up. And I've had people come to me saying 'another person's really struggling', or 'you need to go and speak to somebody'. There is a real closeness about it that means that they've got that bit of comfort and security that they can…have a blubber, or have a whinge, or whatever else, and people will support them."* **Jim**

The importance of having a support network of colleagues at the point of need was highlighted by George, who was one of several participants who felt that staff having to come away from their own office base to view indecent images was problematic:

*"For the divisional officers coming in to headquarters now, to look at [IIOC], they're coming in to a building they're not familiar with, they don't know any people…their support network isn't*

*there. All their friends and colleagues are elsewhere in the county, so if you've seen something that's been particularly distressing, you just want to come out and say 'I've just seen something that's awful, I just need a minute or two'. Can- you know, 'can we just have a chat, go for a walk' or whatever; those people aren't there."* **George**

Peer support and consultation is recognised throughout the literature as a source of support highly valued by staff working with sexual offending (Chassman, Kottler & Madison, 2010; Burns et al., 2008; Perez et al., 2010). However, when measuring the effects of the work on staff, effective supervisory support was found to be most effective in guarding against negative impact (Dean & Barnett, 2010; Bourke & Craun, 2014a). It is noteworthy that talking with peers about disturbing experiences was negatively correlated with PTSD symptoms in Stephens & Long's (2000) police study of general trauma exposure, but only when done in moderation. High levels of this type of unstructured discussion may therefore be at risk of mirroring the passive qualities of rumination.

**Supervision and management.**

There were some very positive accounts of the type of support participants received from their supervisor:

*"He really knows what to do to take the pressure off you, and then on a day to day basis…he's just always around, very present in the office, knows everything that's going on and…he'll just come up and say 'get yourself off early, you've worked really hard this week' you know, little things like that are massive, and really appreciated."* **Paula**

However, this type of positive experience was by no means universal:

*"That kind of understanding from your supervisors- I think if you could have come in one day, and said 'I, I really can't do this today' to be able to do that - that acceptance, that understanding of how… difficult [interviews] are. And you've come back and it's like 'right, okay, go and have a break for half an hour. Go sit, go have a brew'… It's almost like you come*

*back and they're like 'right, what have they said' de-de-de-de-de and it just goes on and you f-f-forget about yourself."* **Jasmine**

Some participants felt that there was wide variability between supervisors in terms of empathy and understanding:

*"Maybe supervisors might look for those signs [of not coping], because… literally you are, you're in a treadmill. It depends on the individual supervisor. I can think of some that I've had that probably would [notice signs] but then I can think of others that it just would not occur to them. Would not occur to them, to sort of say, 'you've been to headquarters' [to look at IIOC], you know, 'you've been doing whatever job - how are you?'* **George**

Differences in supervisor attitude and qualities were seen as having a direct impact upon the success of any policy changes which may be made to improve support provision:

*"There was talk about some kind of clinical supervision model being implemented, but again, it's…it's only as good as the person that you've got as your supervisor. And there are still supervisors out there that don't really give two hoots about what impact it's having. They're not really interested. As long as you're getting the job done."* **Verity**

This reflects a finding in previous studies of organisational trauma exposure regarding an overt lack of concern about staff wellbeing (Paton, 1997). The variability between officers' experience of supervisor understanding and empathy highlights a number of issues. This includes the notion that supervisor selection should be based on having the desire and the personal characteristics to support staff, not just the ability to undertake the operational requirements. It also indicates the need for a layer of support separate from line managers to ensure no officer received less effective support because of the team they happen to work in.

**Counselling service.**

There was a mixed response from participants about the support provision or counselling service provided by Occupational Health. Officers in certain teams were required to

go once a year but could ask for more support if they needed it. There were a number of positive comments about individual experiences with the service. There were also some concerns that the annual session was a 'tick box exercise' or that people would only resort to seeking additional support when they had reached crisis point:

*"I don't know how many counsellors we've got…they're not all over the place, there's one, possibly two, I don't know. So when you think about how many people they're having to see [pause] It's just not enough. And so they have to book in, and give advanced notice. And also, that's really worrying, because that means to me, by the time they're going they're already broken."* **Martin**

The infrequency of the mandatory sessions and their effectiveness as an opportunity to actually debrief about the sexual offence exposure side of the work was also questioned:

*"A lot of my talks there revolved around how to manage the volume of my work and the stresses that was causing, rather than the nature of enquiries. We never really touched on that and the kind of impact that was having, perhaps on your own… thought processes and feelings outside of work. I think if I'd been asked the right questions…I would have spoken about it. The checks were just too…infrequent, really and you could be in a patch of work where really, you've not been particularly touched by anything, and you just go in and have a conversation and then come away."* **Liam**

The inference of Liam's statement is that unless you have someone to talk to about a difficult case in a timely manner, you are likely to deal with it in your own way - for better or worse - before the next scheduled support session. **Anna** had a suggestion which would make it more likely that she would access support regarding the impact of working with sexual offending:

*"When you're being made to do something… it doesn't always benefit you. You had to go to headquarters to go and do it. I think- if say there was somebody in a room like this, that you knew was going to be here every week, and one week you've had like a complete 'oh my god,*

*this thing we've been dealing with this week has just been horrific'. And… I need someone just to vent off at, and just get it off my chest… I think that kind of system would be better, whereas, to make an appointment with headquarters: it's almost too much hassle to do it. So, it's in the 'too hard to do' box."*

It was clear that participants valued the opportunity to seek support from someone other than their line manager. For a number of participants, issues with the process made them disinclined to do so or to talk about substantive issues when they did attend a session. Officers in other studies have found similar issues to be problematic, feeling support sessions were tokenistic and the counsellor under-qualified to discuss sexual offending work (Powell et al., 2014). Furthermore, the potential stigma associated with seeking support is informed by a concern regarding potentially unfavourable outcomes for future employment and promotion prospects, based on managers' attitudes towards officers who are seen not to deal well with stress (MacEachern, Jindal-Snape & Jackson, 2011). This emphasises the importance of Police employers facilitating an independent, specialised and confidential support service.

**Job motivation.**

Participants articulated a range of positive elements to their work and things that motivated them to continue in the role. Many of these motivations referred to keeping the public safe or protecting victims from further harm:

*"It could be a day where you go out, and…a child discloses something to you that's happening to them, and you think…you know, I've removed them from that situation today, I know they're safe tonight".* **Jasmine**

*"It's more about, for me… seeing these children now, that can't protect themselves, being put in situations by either their carers or their parents, or whoever [pause] and being able to…not save them, but, erm, give them some protection. That for me now makes, at the moment makes my job worthwhile the most."* **Ryan**

Several officers found the sentence the offender received to be a significant motivation: a prison sentence, and particularly a long one, supported the feeling that the community was safer:

*"You join the cops to put bad people in prison and that's what we do. You don't join the Police to look at images of children being abused. Do you?"*

*"You get somebody down the steps who has to serve 14 years, and every day he's there because of what he's done to this little lass. I mean, she's going to take longer than 14 years to get over it, isn't she? Yeah, so of course I… concentrate on that."* **Jim**

However, pinning vocational satisfaction on seeing offenders receive what is deemed to be an adequate sentence is problematic in a criminal justice system that is not infallible, and can increase levels of frustration (Burns et al., 2008). **George** talked about this problem when asked about what constitutes a 'bad day':

*"It's the days when we can't prove it. You know what's been going on [but] for a technicality, or, or…superior technical knowledge that they've deleted the evidence, they've downloaded it, they've deleted it so…there isn't a trace. It's the days you can't prove it. You know what's been going on, but you just haven't got enough evidence to, to prove it."*

The concept of 'Justice' was important to almost all participants:

*"You do it… to get justice don't you? You do your job properly, and somebody's punished for what they've done. Somebody's done wrong- the simplest terms really: You know, a little girl I dealt with, she was, like, 8 and that's what she wanted: for the person to be punished, because he'd done wrong."* **Katrina**

*"It's getting that justice. That, that's satisfying. It really is. And that, I think that's what keeps you going."* **Anna**

Seeing justice being served is potentially problematic as a motivator, if this is relied upon to provide ongoing job satisfaction. Depending on what justice means for that individual officer in

that particular case, they may be pinning hopes upon a system that is unable to deliver what they feel is an adequate response. The sense of self-worth associated with undertaking a vital social role has been found to be a key motivator for other professions routinely exposed to trauma (Avraham, Goldblatt & Yafe, 2014). However, unlike nurses or paramedics, the role of Police Officers - particularly those who work with sexual offending - is not always unequivocally appreciated or understood.

## Coping

### Coping strategies during direct exposure.

Several themes emerged during the interviews which related to the concept of coping. The most frequently coded themes related to strategies employed during direct exposure to SOM to make the work more manageable. There were three main types of direct coping strategies: 'detachment', 'avoidance', and 'process-focused' approaches. There were differences between participants' level of conscious awareness of their own coping strategies. Some were able to articulate intentionally applied approaches. Others only recognised strategies when asked to discuss what they felt made the work easier or more difficult. Strategies were experienced as varying in effectiveness, with an acknowledgement from some participants that they were useful only in the immediate moment, rather than as a long-term solution to preventing adverse impact. Other participants felt they coped well and that their ways of working with SOM were highly effective. A key theme related to expectations that participants had about their own and other people's ability to cope with the work. This often centred around identity and the responsibilities of Police officers.

#### ***Detachment-based strategies.***

Detachment strategies involved participants psychologically distancing themselves from traumatic stimuli in order to control their emotional reactions and empathic responses. Most participants engaged in some form of detachment while working directly with SOM. Examples

include pretending victims were not real, deliberately shutting off certain emotions, or otherwise disengaging from the reality of the material:

*"It's probably just my way of dealing with it, just become very une- become emotionally detached from it… Look, look at it as fact. And try and…not forget that it's a child, but try to not allow that to… affect you."* **Martin**

Martin's words indicate an inherent difficulty in protecting oneself from the emotional content of sexual offence material. He tried to view it dispassionately as factual information, despite the emotionally charged content. Martin stopped short of saying that he de-personalises the victim, even though doing so may help to ameliorate the effect of the material upon him. When thinking about the next time she would have to transcribe a victim statement, **Katrina** described the detachment she hoped to achieve:

*"It's…whether I'll be able to find…somewhere I can just shut it off as if it's not real, in your mind. I know it is real, but like, kidding yourself that it's not… if you stop for a minute and you realise what you're typing…you'd think- oh, this is absolutely awful… [mimes fast typing] Because it's just words, isn't it? You're just kidding yourself…not kidding yourself, but you're tell- you're just writing a story…"*

Katrina is battling with herself in this excerpt: she tried to give an honest representation of how she copes, but felt the need to correct herself to reassure the interviewer that she was not in denial about what she had to deal with: '*I know it is real*'. This fits with Katrina's overall presentation within her interview, portraying a strong belief that Police Officers should be able to cope with anything, and that not being able to cope would be a personal failure on her part. Katrina's words show that she is casting her thoughts ahead, hoping she will be able to find a safe space in her mind to put the traumatic content when the time comes; *'somewhere I can just shut it off'* so that the rest of her can carry on without suffering a negative impact. This links with the concept of 'dread' or 'trepidation' which recurred a number of times within Katrina's

interview and across others, about what will need to be faced the next time a sexual offending case is allocated. Katrina shared with the interviewer a superstitious feeling that talking about the issue meant that when she returned to her desk, there would be a sexual offence case file waiting for her. While she framed this as a joke, it was clear that Katrina felt genuine worry about this. Katrina's miming of fast typing when talking about rapidly writing up victim transcripts recurred several times, and was reminiscent of the archetypal blocking strategy employed when trying to avoid an unwanted conversation: putting your fingers in your ears and saying 'La la la, I can't hear you'. Katrina's response reflects Horowitz's (1983) description of initial reactions to trauma exposure, where the immediate shock reaction is replaced by denial in order to protect the person from 'information overload' (Brewin et al., 1996).

Several participants described greater difficulty in detaching from moving images, as these are direct depictions of the acts of abuse.

*"It's like when you watch a film, you kind of get drawn into that, don't you? And [pause] and, it's, it's the same I think with a video, in that…you feel the emotion…"* **Verity**

*"[Although] you're actually watching the…physical offence taking place on the still images…that detachment's maybe removed slightly, because it's a moving image. And it's more tangible in a way isn't it? It's harder to remove yourself isn't it because you are actually watching the offence taking place aren't you?"* **George**

Verity and George found moving images more difficult for slightly different reasons: Verity's dislike of viewing moving images is the feeling of being physically 'drawn' into the situation and therefore more emotionally connected. By contrast, George indicated that the movement of the video makes the offence seem real rather than abstract, as it might be in a still image or a victim's statement. A number of officers detached from videos of sexual abuse by making sure the sound was switched off. This helped to avoid connecting on multiple sensory levels with the victim or the offence:

*"…because you're in the room with them then aren't you? You're there, in the place, whereas on a computer screen it's there [frames hands in front of her] it's detached. But the sound draws you into the place where it happened."* **Paula**

As with Verity's statement, this evokes the idea that people who see and, crucially, *hear* sexual abuse take place on a video are transformed into contemporaneous witnesses to the crime. Throughout her interview, Paula was clear that she did not feel negatively impacted by SOM, and many of her responses indicated a high level of desensitisation. She took pride in being efficient at detaching from the material during exposure and having a clear separation of work and home life. Here however, she paints a vivid picture of how intimately she relates to victims when hearing their sounds of distress. She is not just able to imagine their suffering but is *'in the room with them'*, experiencing the abuse first hand yet helpless to intervene. To maintain effective detachment – keeping the traumatic material at a safe distance on a computer - it is important for Paula that she can exercise a degree of control over exposure by turning the sound off.

Dual Representation Theory (Brewin et al., 1996) suggests that sensory aspects of trauma such as sounds or smells are not consciously processed, therefore recur as a result of exposure to a situational stimulus rather than through conscious recollection. In addition, Speckens, Ehlers, Hackmann, Ruths & Clark (2007) found that those who exhibit signs of PTSD are more likely to experience sensory stimuli such as visual and auditory reminders of the trauma. It is therefore reasonable to propose that by minimising auditory exposure to SOM, officers may reduce their likelihood of experiencing intrusive sounds (e.g. the cries of a child in pain) in the future. A further example of how detachment can be achieved by minimising the 'reality' of the material was outlined by **Verity**. She does not talk about the nature of what she has seen, even to colleagues who work in the same role:

*"I don't like to say specifically, in detail, what I've seen, because somehow it makes it more real. Whereas if I don't…I don't say it, I don't talk about it, that's just something very skewed, that I've seen… that's not… real, somehow?"*

Verity seems almost to portray herself as an unreliable witness: if there is no other corroboration, she can convince herself that the traumatic image was a product of her imagination. In contrast to Verity's reluctance to talk about what she has seen, others found that externalising what has disturbed them - either in writing or verbally - acted as a form of catharsis:

*"I find it helpful to vocalise that…if it's something that's been particularly upsetting, [pause] it helps to say it out loud, I think."* **Nicole**

*"I did have to put it into a statement…erm…and I said it's, like, the worst thing I'd ever seen. So that, I think, that helped. Just being able to put that down."* **Ryan**

For Ryan, expressing in writing the most horrific thing he had ever seen meant he could share that mental burden and have his reaction validated by the reactions of others. The image was not just inside his head any more: once exposed to the light of day through words, its power over him felt somewhat diminished.

For several officers, detachment from the material was achieved by adopting a mindset where feelings such as empathy were consciously suppressed by refusing to think about the consequences of the offence upon the victims:

*'If I started to think about who this child is, where they are, what the conditions were as to how this image took place, how they were feeling at the time…If I perhaps started to turn on that empathy, then I'd find it more difficult. And that's why I think for detachment, I can turn [empathy] on and off.'* **Liam**

This approach is subtly different than pretending the victim isn't real: instead it relies on refusing to connect with the victim's emotional experience. Liam had found his empathy for child victims was triggered more readily after becoming a father, and needed to maintain control over this

emotion in order to remain effective. This was underpinned by a desire not to connect the victims to his feelings about his own children.

Other detachment-based coping strategies included officers not looking closely at victims in IIOC, in particular avoiding looking at their eyes. This enabled psychological detachment from the victim and the harm caused in order to retain professional distance and, in the long term, 'cope' with repeated exposure to details of sexual offences. Sandhu et al. (2011) report similar distancing strategies in their study of professionals working therapeutically with people with intellectual disabilities who had committed sexual offences. They found that participants avoided thinking about a particular victim as being connected to a perpetrator's account, in order to make the victim seem less tangible. This served to reduce their distress while hearing about an offence. This type of compartmentalisation was important not just in managing feelings about victims, but also to enable practitioners to work with perpetrators without viewing them as 'evil' and therefore untreatable (Leicht, 2008).

***Avoidance-based strategies.***

Most participants described using avoidance-based coping techniques, which involved deliberately blocking unwanted thoughts, or in some cases any thoughts at all:

*"I try not to let anything run through my head"* **Nicole**

Nicole gave the impression throughout her interview of being in a battle against both the material itself and against the impact it was having upon her. The battle against the material involved having to sort through thousands of indecent images to find that one crucial piece of evidence - which Nicole described as a *"gem of information"* - that would make the difference between someone being charged with an offence or not. Even within herself, she felt conflicted about finding the evidence:

*"It's a bit of a mixed emotion when you find it really because you think 'Ah, that- that's what I'm after' but 'Oh shit, that's what it is'"*

This portrays the act of looking for evidence of sexual abuse images as a terrible treasure hunt. She is desperately looking for the 'prize' which, when found, reveals itself to be a horror. In battling against her feelings while viewing indecent images, Nicole tries desperately not to let her thoughts and imagination take over. Nicole was not the only officer who sought to avoid engaging cognitively at any level while working with sexual offence material:

*"I put things in a mental box and not think about it."* **Jasmine**

The 'mental box' as a receptacle for unwanted thoughts was a theme that recurred across several participants' accounts, and links back to Katrina's comments about finding somewhere safe to store her feelings about SOM. Later in her interview, Jasmine expanded the box metaphor:

*"Those boxes start to, to stack up, do you know what I mean? It's…it sounds ridiculous, doesn't it, it's almost like you could do with a clear out every now and again."*

Jasmine was looking around her and miming boxes stacked on top of each other in the interview room, each one holding an unwanted memory about a sexual offence. This served to give weight and concrete reality to the unwanted thoughts, as if they were physical items. Jasmine understood the potential consequences of storing negative thoughts in a mental container: initially this provides a safe space, but it is not a long-term solution. This is reminiscent of the 'disorganised cupboard' metaphor used in the treatment of PTSD (Ehlers & Clark, 2000), where leaving issues unresolved leads to a cluttered and potentially hazardous mental landscape.

As well as cognitive avoidance, participants described physically avoiding excessive exposure to material during the course of undertaking the work.

*"It's kind of, 'let's go and get this over as quickly as possible,' generally".* **Verity**

An example of a physical avoidance-based strategy was outlined by **Ryan**, when talking about having to re-watch several times a video he had found particularly distressing, of a baby being raped:

*"The shock of it isn't there [after the first few viewings], but it's still, it's one of those where you have to turn your head away. And then just quickly stop because you know what's coming next and it's not good, it's not nice."*

Ryan's words gave the feeling of a recurring nightmare, where the threat can be foreseen as events in the video keep moving inexorably forward. His only recourse was to turn his head away to avoid the unwanted sight. This illustrates how important physically having control over exposure to SOM can be. The degree of control an individual has over the nature of their exposure is naturally greater when viewing indecent material or listening to taped interviews, as this can be stopped and started at their own discretion. In an interview with either a victim or suspect, deliberately stopping the individual mid-flow is neither desirable nor practical, which makes this type of situation harder to control.

***Process-focused strategies.***

All participants described variations of executing their tasks with a purely investigative mindset or focusing on their identity as a Police Officer in order to avoid engaging on an emotional level with the material. In many cases, examples involved viewing IIOC, where participants focused on determining categorisation, with the minimum possible scrutiny of the actual content:

*"If we go through a category A where it's a child that's being abused by being penetrated in some way, then I'm looking to see is there any penetration, and if there is, then bang, straight away it's out of my view and I'm on to the next one."* **Ryan**

Ryan's statement was suggestive of a production-line approach to the work: almost perfunctorily checking that a certain standard or threshold has been met, then moving to the next item. However, use of the words *"it's out of my view"* is telling: for Ryan, reducing his level of scrutiny to just enough to get the job done is about limiting his own exposure, not about cutting corners. Other officers also used a purely analytical approach:

*"When I look at an indecent image of a child, I don't think of the child; and I don't mean that in a crass way, I mean it as in I'm looking at what the offence is: is it evidential, can we use it."*

**Paula**

Approaching the material as Paula does - as a tool to move cases forward rather than seeing the emotive qualities - requires a level of mental selectiveness that many would find difficult to achieve. Simply on the basis of controlling instinctive shock reactions, it can be surmised that a certain amount of exposure and experience in this area of work is necessary in order to achieve this degree of compartmentalisation.

Process-driven strategies had a strong overall emphasis on participants thinking purely as a professional and trying to keep personal thoughts and feelings at bay. Some participants described this as using their 'professional head' or 'Police head', or as being a mental switch that could be turned on and off at will. An interesting facet of the concept of 'professional head' is the idea that an 'investigator's instinct' takes over and that this is a separate entity to the officer themselves:

*"They're not that human being sat there looking at a horrific image of a child being raped; they're investigators."* **Jim**

For Jim there was a clear distinction between Police officers and the general public in terms of their coping ability, feeling that the uniform and the job title itself provided a degree of 'armour' against the more distressing aspects of Police roles. He also saw a difference between the human–being and the officer within the same person, believing these were distinct entities. Some participants recognised that their process-focused strategies for dealing with the work were effective in helping them through the immediate situation, but ceased to be useful outside of those circumstances. This idea was well illustrated by **Anna**:

*"I think initially, you're trying to establish what's happened, so you're thinking with your Police head. And you're getting them to describe in as much detail, everything… as much as they can*

*possibly remember and, and you're going into a lot of detail, but you're thinking with your Police head. I think it's afterwards, when you start thinking about the words that they've actually said…"*

She went on to explain that the differences between her work persona and her personal self is defined by her level of preparedness for what she is expected to deal with, even if it involves a similar incident:

*"Well, it's like a car accident, you know. At work you've got your Police head on, about dealing with that incident. Whereas if there was a car accident that I came across if I was off work, I'd be like [waves arms, panicked voice] 'oh, my god!' Like, panic."*

Focusing on evidence-gathering while immersed in her professional identity protected Anna from engaging on an emotional level with the material. Anna as a private person left alone with her thoughts enjoyed no such protection: she suffered a range of negative symptoms that ultimately led to her feeling unable to carry on in her role. This suggests that reliance on the mental defences which form part of a Police persona is a short-term solution which cannot be fully relied upon. In Coles et al. (2014), a researcher of sexual violence articulated a delayed reaction to exposure: the impact they experienced following a victim interview was much greater than during the process. She attributed this to being too busy concentrating on listening and asking the right questions and being careful to ensure her own distress did not show in a way that might prevent the victim from opening up. Process-focused approaches are also used by emergency service personnel when responding to life-threatening accidents or illnesses in a similar way to Police officers dealing with traumatic evidence. In Avraham et al.'s (2014) study, emergency medical practitioners concentrated on the technical aspects of what they had to do, both in preparation for and during critical medical incidents. They deliberately avoided connecting with their emotions about the suffering of the patient, seeing instead a set of symptoms or injuries to be dealt with.

***Other direct coping strategies.***

A small number of participants spoke of the way in which mental preparation helped them to cope with their work. For one officer it involved pre-empting what he was likely to encounter on a day when he knew he would have to work on a sexual offence case:

*"It'd be more a mental preparation, really. The expectation that there could be some, erm, pretty disgusting images that I'm going to have to look at. I'll be thinking how, realistically, how many images am I gonna be finding".* **Ryan**

This can be seen as a form of rumination, where the potential negative future events are thought about passively and repetitively, rather than with a problem-solving focus. This type of thinking has been linked to persistent PTSD symptoms (Ehlers, Hackmann, Ruths & Clark, 2007). For one participant, using mental preparation when applying for a job he knew would involve regular exposure to SOM gave him a sense of mastery over the traumatic situations he faced daily:

*"I sort of went into the team with the mindset that I am going to have to see this material…and this will be part of my day to day job."* **George**

The extent to which participants felt they had a choice about exposure to SOM certainly affected the level of impact they felt the work had upon them, with those who had opted in to this type of role citing fewer negative consequences.

**General coping strategies.**

General coping strategies are distinct from direct coping strategies in that they are utilised outside of direct exposure to SOM, as a way of dealing with the stresses and pressures of Police work and specifically sexual offence work. For participants in the current study, use of humour, relaxation and physical exercise were particularly important. Only a small number of participants described strategies which involved directly approaching any stressors or signs that they were struggling, either by seeking support or simply recognising to themselves that they had been affected by a case. One participant cited the use of mindfulness techniques as an

effective way of managing their thoughts and feelings about working with SOM on a daily basis. Another did not specifically use the term 'mindfulness' but described cognitive techniques which clearly paralleled this approach. **Nicole** also recognised that trying to push away intrusive thoughts and images was ineffective, and therefore tried to adopt an approach which involves noticing the intrusion, accepting its presence dispassionately, and moving on to thinking about something else:

> *"I used to try and push them out of my head, if that makes sense. Erm, but they just kept coming back, so now, if that happens, [pause] I…look at them [frames hands in front of her] mentally and think 'yep, I remember that.'"*

In their study of individuals diagnosed with PTSD, Sippel and Marshall (2013) found support for the benefits of mindfulness interventions to reduce symptoms, as these techniques improve attentional control and decrease fear of negative emotions. In Adams, Shakespeare-Finch & Armstrong's (2015) study of emergency medical dispatchers, meditation was cited as an important tool in self-care. This suggests that the relaxation and mindfulness strategies participants employed are common to other professionals routinely faced with other people's trauma.

***Mental avoidance/separation of work and home life.***

Most general coping strategies attempted to increase feelings of overall well-being, but others were used in an attempt to block off or avoid thinking about work. The importance of a clear and unambiguous separation between work and home life was discussed by most participants, but took different forms. Some people had a set routine that marked the transition between work and home, while others avoided socialising with other Police officers so that they did not have to talk or think about sexual offending work in their leisure time. There are temporal and proximal aspects to the separation of work and home life, spoken about in terms of 'decontamination'. The temporal element is allowing a period of time where the individual is

not working with SOM just before the end of their shift. This could be directly assisted by a policy change around timing of exposure to SOM. For example, a task unrelated to SOM could be designed, to facilitate getting out of the sexual offence mindset in the space between exposure and home, as a type of psychological buffer. A non work-related task such as playing a video game, may serve to 'overwrite' some of the traumatic images and therefore reduce the incidence of intrusions (Ortiz de Gortari & Griffiths, 2016). The proximal element of separating work and home life relates to the physical closeness of SOM exposure to the officer being at home with their own children. The journey home acted as a decontamination period for many, where participants were cleansed of the mental vestiges of their work. 'Switching off' was a process that ideally too place during the journey, although this was dependent on how long the journey was:

*"I fortunately live about two minutes away from where I work. Which is good, because I can walk it, or run it, or cycle. But it doesn't give you a lot of switch off does it? Sometimes that 20-half an hour journey is nice just to sort of like, switch off."* **Jim**

Liam and Anna also talked about having either moved house or begun working in a different office, finding the longer geographical distance between work and home to be beneficial.

Some officers enjoyed the mental escapism that could be achieved through activities such as listening to music, undertaking creative or artistic pursuits or reading. Others talked about simply keeping busy as a good way of avoiding rumination about work. Anna was one such participant who tried to distract from thoughts about her job by keeping herself occupied:

*"You just- want to do anything to not have those, those thoughts again, you know. You keep yourself quite…busy, outside of work, and...that almost- running away from it, I suppose, to be honest."* ***Anna***

There was desperation in this statement, as Anna articulated that she would try anything in an attempt to avoid thinking about SOM. It is notable that she talked about this strategy without using 'I' statements. The idea of 'running away from' the work did not sit well with Anna and she

considered her eventual, arguably belated decision to move roles to be a 'failure' on her part. It took repeated persuasion from her husband and being on the brink of serious illness to take the step to ask for a role change. Anna felt there were both internal and external pressures to cope, and this seems to have informed her decisions about seeking support. In contrast to the other participants, the ability to stop thinking about work was automatic for **Paula** rather than a deliberately employed strategy:

*"It's not like a mental routine that I have… it's just it's done, shut the door on the viewing room, right is it home time now, am I going to the gym, what am I doing, just turn off."*

As many participants alluded to when describing the strategy of focusing on process rather than content, Paula has the ability to utilise a mental switch. In this case, the switch was activated when she shut the office door, effectively sealing thoughts about work inside. **Jasmine** explained switching from work to home mode as a change in the focus of her thoughts:

*"Quite often we'll walk to the cars together, so you talk about stuff…once you get to your car - it's 'right…I'm not at work any more. And then try and think about 'right, well when I get home, this is what I'll do, I'll make tea, I need to be at so and so at such and such a time' and start planning the evening. And that kind of takes over your thinking."*

The symbolic act of getting into her car marked a clear separation for Jasmine and seemed to be deliberate – she 'tries' to think about other things. It is interesting that she still keeps her mind full at this juncture, albeit thinking about domestic tasks rather than work. Keeping the mind busy, as Anna described in her earlier statement, may act as a buffer enabling intrusive thoughts about work to be avoided. Relaxing the mind immediately upon leaving work may leave a mental space which is vulnerable to being filled with unwanted contemplation.  Jim was amongst several participants who felt it was crucial to ensure the process of separating work and home life was facilitated by avoiding intense exposure to SOM just before the end of a shift:

*"How can you go from finishing at 4 o clock looking at these images, then going home? You may have kids, going home to kids…What I don't want is for people getting in the car, and the last thing they did at work was looking at indecent images of a child."*

In a study of emotional labour in forensic mental health professionals (Johnson, Worthington, Gredecki & Wilks-Riley, 2016), those who felt that their organisation supported a clear separation of work and home life experienced lower levels of work-home conflict. This suggests that organisational policy around workload management has the power to help or hinder both officers' ability to process the material to which they are exposed, and to manage the emotional transition which may be required at the end of a shift.

***Humour.***

Humour was the coping strategy most frequently cited by participants. Sometimes this was described in a general way, as 'having a laugh' with colleagues. Others specifically mentioned 'dark humour', which they felt to be important when working with sexual offending, and with Police work generally:

*"If you were to walk into that environment, not knowing what people are dealing with on a day to day basis, you would perhaps find it inappropriate, and…perhaps some people might find it disrespectful in some ways. But it's a coping strategy that, as a group, you almost organically come up with."* **Liam**

Liam makes the point that being able to truly understand what it is like to work with SOM is a pre-requisite to making judgements about the acceptability of the strategies used to cope with it. He accepted that the general public may have a problem with 'dark humour', but did not feel the need to defend or make excuses for it. For Liam, this felt like a natural phenomenon which was created collectively. Craun and Bourke (2014) found that greater use of light-hearted humour was negatively correlated with Secondary Traumatic Stress (STS), and greater use of dark or 'gallows' humour, was positively correlated with STS. This suggests that while some types

of humour can be protective against trauma exposure, frequently making jokes or comments that are likely to be deemed inappropriate by a neutral observer can be counter-productive. Moving further along this continuum, making jokes which dehumanise victims may be an indicator that the person is having significant difficulty in appropriately managing their exposure to trauma (Wright, Powell & Ridge, 2006). Craun & Bourke (2014) identify greater use of social and colleague support as protective against STS, which may be the mediating factor underpinning the protective effects of light-hearted humour. The interplay of these factors were encapsulated within a comment in Liam's qualitative questionnaire, which helped to further illuminate his views on the subject:

*"I think the main coping method that most Police use is talking with one another and dark sense of humour… This is not making light of what has happened to victims but it allows officers to have open conversations with one another. The friendships and bonds within the office are one of the main stress releases that officers use."* **Liam**

The use of humour as a point of connection between colleagues facilitates greater openness, which hopefully increases the likelihood that concerns and difficulties would be shared.

***Increasing well-being through exercise or relaxation.***

'Living an active life', outdoor pursuits, fishing, running and going to the gym were all identified as ways of reducing the stress experienced as a result of working with SOM. The importance of physical fitness and exercise as a coping strategy and a method of maintaining personal resilience is mirrored in studies of other professionals exposed to traumatic material (Iliffe & Steed, 2000; Coles et al. (2014). Some activities were mentioned specifically in relation to the relaxing effect they have. One individual felt that his relaxed personal circumstances made him particularly able to take on additional stressors at work:

*'I've got a fairly easy home life. I've not anything to sort of really drain me at home, so, erm…I can take on that burden.'* **Martin**

Martin's statement indicates that he believes people have a finite capacity for stressful situations, which is shared out across different aspects of life. His lack of stress at home meant he has capacity to take more on at work, perhaps relieving that burden for someone else. This idea has clear links to comments made by participants about the factors they think make people less able to cope, which include personal difficulties and having children of their own.

***Keeping a sense of perspective.***

**Verity** made interesting comments about trying to maintain a sense of perspective in order to resolve her feelings about working with SOM. For example, she recognised the good she was doing as a Police Officer in bringing perpetrators to justice, as well as the limitations of her powers:

*"In a way, you kind of have to learn that you're not Superman, you can't change the world. I kind of think what's happened's happened, and you can't take that away. So you try and kind of [pause] I guess be positive: well it's happened, but now hopefully I'm now doing a good thing about it."*

Verity also tried to remember that her experience of human nature was not necessarily representative of how people generally behave:

*"You can just develop a really… distorted view of society, and life, and then you go home, and you think 'well my family's normal, you know? That doesn't happen in my family so therefore it doesn't happen in every family, it's not every person."*

This idea was echoed by **Jasmine**:

*"I have to remind myself that: not everybody does things like that. That isn't a rule of thumb, that isn't what everybody does. Not every child is abused…"*

Jim had two different ways of keeping a sense of perspective. These were having a balanced view of the different aspects of his life, and remembering the seriousness of the things he encountered at work in order to approach personal problems with equanimity:

*"Concentrate on what's important. Is being a Police Officer the single most important thing in my life? No. Simple as that."*

*"It's this sense of perspective, isn't it? The day to day complaints we have are pretty trivial, aren't they?"*

A sense of perspective was also found to be of key importance for practitioner well-being in Clarke's (2011) study of professionals involved in the treatment of sexual offending behaviour. There was evidence that for some participants in the current study, spending time with family or friends was an important part of regaining a sense of 'normality':

*"There have been occasions… where I've picked the kids up from school, and it's been particularly… horrid, viewing stuff, and [pause] we've had a… a onesie night. Where we've got our jim-jams on, and watched something really simple on telly. And I've just sat and snuggled with my kids…"* **Jasmine**

Although there is some evidence in the general trauma literature that spending time with loved ones can be a helpful way of dealing with workplace stressors (Kraus, 2005; Rich in Ellerby, 1997), this strategy was not extensively referred to by participants. Studies looking specifically at those who are exposed to SOM indicate that speaking to family or friends about their work was not found to be a useful or desirable option (Dean & Barnett, 2010). This is further illustrated by the preference of participants in the current study to have a marked separation between their work and home life.

**Expectations about coping.**

One of the most practically significant themes was 'expectations of being able to cope', which relates to self-generated or external pressures to cope or appear to be coping. This theme had

implications for participants' ongoing ability to manage the work and highlighted a range of issues around organisational culture and practice. The values and cultural norms of an organisation dictate expectations about how members of that organisation will experience and cope with exposure to trauma (Bell, Kulkarni & Dalton, 2003). A number of participants found that superiors placed an expectation on them to unquestioningly cope with even extreme stressors. This was seen largely to be a function of Police culture which, according to participants, still had a strong emphasis on invulnerability despite showing some signs of change within the last decade. Expectations about coping were encapsulated in the current study in phrases such as "get on with it – it's your job", a sentiment which seemed to inform people's own beliefs about what Police officers should be expected to deal with:

*"We've chose to, to do this job, you see. I've chosen to be a Police Officer, so it's that expectation that you've got to…crack on, really."* **Katrina**

When experiencing signs of not coping well, such as negative physical or psychological symptoms, Katrina was prone to feeling like this was a personal failure on her part:

*"I suppose it is, it is dread really. I know you have to do it…maybe, maybe it's a failing in me, in my, my make up as a Police officer."*

A shared cultural acceptance of who a Police officer is and what they should be able to tolerate is key to this feeling of failure. Emergency service personnel are expected not to react in the same way as civilians to extreme stressors (Avraham et al., 2014), a fact which participants in the current study were very aware of. Due to expectations that participants felt were placed upon them to cope well, some admitted hiding how they felt in order to manage others' impression of them:

*"You don't want to be looked at…as like you're not coping. And I think a lot of people are scared… to say actually, enough's enough."* **Anna**

In other cases, officers struggled to accept that not coping well was reasonable under the circumstances, feeling they had to carry on despite extreme negative symptoms. For Jasmine, these included vivid intrusions, nightmares, and uncontrollable rumination, which she convinced herself she should ignore:

*“I didn’t…read the signs. I, kind of [pause] you know, ‘stop being so soft’, ‘stop-‘ erm…’you’re just being silly’. That’s what I’d kind of tell myself.”* **Jasmine**

**Paula** made a telling comment in this regard about listening to the audio component of indecent videos. Rather than saying that this was the most difficult thing for her, or that it had a particular impact, Paula said *“that’s when you hide completely how you feel about something”.* This seemed to be her automatic reaction to struggling with the work and is reminiscent of the ‘social concerns’ strand of anxiety sensitivity, which involves a fear of having anxiety symptoms which may be observable by others (Asmundsen & Stapleton, 2008). It is clear that cultural expectations still persist for officers, in terms of a perception that Police officers should be or appear to be infallible. This was linked for participants in the current study to notions of ‘failure’ and ‘weakness’, with officers not wanting to be seen by colleagues or superiors as unreliable. Internal or externally driven expectations about coping directly inform the ‘surface acting’ which is undertaken by officers keen to conform to the ‘display rules’ of Police organisations (Grandey, 2000). Interestingly, both Sergeants in the sample were clear that they wanted their staff to be able to come to them for support, feeling this was not just acceptable but desirable. However, it is clear from the many statements made about other supervisors that participants had not found this to be consistently the case.

In their study of New Zealand Police Officers, Stephens, Long and Miller (1997) identify the importance of peer and supervisor support in processing trauma - thereby reducing PTSD symptoms - and the inhibiting effect of Police attitudes to showing emotional difficulties. Police organisations have a duty to develop a culture of openness about psychological well-being and develop a true understanding of the potential impact of sexual offending work. In this way,

proper investment can be made in a programme of training where officers are given clear guidance about how to recognise the potential impact of the work on themselves and others. A number of participants felt they could recognise indicators of difficulties coping in themselves or others. **Verity** listed several such signs:

*'An inability to rationalise what you've seen. Erm…feeling like you…are [pause] viewing what you've seen…all the time…*

**I: You mean seeing it again in your head?**

*'In your head, yeah. Erm [pause] sleeplessness…erm [pause] hypervigilance. Erm [long pause] constant states of anxiety…erm [pause] feeling stressed, feeling like not able to cope. Erm, feeling like you are…broken.'*

This awareness was a result of Verity's own experience of having suffered traumatic stress and seeking professional support to overcome this. The two supervisors who were interviewed had several observations of the things they looked for in their staff to judge how well they were coping with the work. **Jim** thought a clear sign was that the person was 'trying too hard' to look like they were fine, which was characterised by an overly upbeat mood. The other supervisor, **Martin**, recognised that signs of not coping were completely different depending on the individual, and that therefore managers needed to know their staff well:

*'Sergeant's got to…understand the dynamics of that person. Because people show in different ways, don't they? And [some] people will scream from the rooftops on day one as soon as things start getting slightly on top of them, whereas other people, they'll only make a mouse squeak once they're actually cracking.'*

Martin mentioned signs such as the person becoming quiet, staring into space, or reacting in an extreme way to a small trigger. He also made a perceptive comment about things staff might say which may indicate they are struggling to cope:

*"They don't directly complain about what they're having to do, they're complaining about…the surrounding factors. Erm…almost as if they don't wanna complain about the job, so they'll complain about the stuff that isn't the job. If that makes sense?* **Martin**

Given the stigma that is built into officers' expectations about coping, it was reasonable for Martin to suggest that he had to look for subtler signs, such as more general complaints about working conditions or the length of time the officer would have to be away from the office when viewing indecent images.

**Emotional regulation and trauma processing.**

With reference to the Process Model of Emotional Regulation (Gross & Thompson, 2007), it is clear that Police participants in the current study utilise distraction techniques, interpreted here as avoidance strategies. Cognitive change strategies involve the individual changing the way they appraise or interpret an emotional situation, either in terms of its significance or their capacity to manage the demands it presents (Gross & Thompson, 2007). Elements of both process-driven and detachment strategies mirror cognitive change, such as individuals seeing the material purely as evidence, choosing to switch off their feelings of empathy, or pretending a victim is not real.

Response modulation represents a change to the person's feelings, behaviours or physical responses once these reactions are well-established (Gross, 2015). The 'suppression' form of response modulation is relevant to two findings of the current research: indirect coping strategies involving the use of alcohol, exercise or relaxation, and the inhibition of the outward expression of emotion. In the current study, several statements were made about pressures to appear invulnerable, including the need to subsume thoughts and feelings about struggling to cope. This reveals an interesting dimension of 'emotional labour' (Hochschild, 1983) which would benefit from further study. The literature on Police culture affirms that despite some progress in breaking down perceptions that officers must portray stereotypically masculine

traits (such as a lack of emotionality), this culture still persists (Loftus, 2010; Rumens & Broomfield, 2012). In the current study, participants indicated a reluctance to seek support when they were struggling to cope or were experiencing negative psychological consequences as a result of their work. This related both to a fear of being seen as weak by superiors and peers, and internal pressure to manage their feelings in order to avoid thinking they had 'failed' in fulfilling their role. While some participants did feel able to seek help, others had the opinion that they should be able to cope with anything as a Police officer, unable to see themselves as worthy of support until they had reached breaking point.

Ehlers and Clark's (2000) Cognitive Theory of PTSD holds that a failure to properly integrate trauma material into one's personal narrative may lead to persistent symptoms such as re-experiencing, negative cognition and affect, or arousal (APA, 2013). Failure to integrate trauma in the current context could result from using suppression or avoidance techniques to manage the effects of repeated and prolonged exposure to SOM. The nature of Police officer and civilian Police staff exposure to trauma is highly idiosyncratic. By necessity, officers analyse SOM as 'data', picking out salient evidentiary features within an indecent image, or making a detailed recording of a victim's description of a perpetrator. This approach to processing the material is in direct opposition to conceptual processing, where the meaning of the situation is analysed and placed into context (Ehlers & Clark, 2000; Kindt, van den Hout, Arntz, & Drost, 2008). When officers focus on process rather than the qualities of the material as a deliberate coping strategy, the concomitant lack of cognitive integration is magnified. Officers' exposure to trauma can involve rapid viewing of a large number of unconnected images of sexual offending one after the other. These appear as snapshots of abuse rather than contextualised events with a beginning, middle and end. The unique, non-linear nature of this trauma exposure defies the routine application of standard approaches for the management of adverse reactions, such as imaginal exposure or imagery rescripting (Hackmann, 2011; Rusch et al., 2000). Alternative methods of helping officers to improve their ability to cope are therefore essential.

**Impact of Exposure to SOM.**

All participants identified a change to some aspect of their thoughts, feelings or behaviour as a result of exposure to sexual offending. One participant did not identify negative consequences and felt that any changes she experienced were just a natural by-product of working in the field. Other participants articulated significant changes to their lives, although in some cases even these profound effects were characterised as an inevitable part of the job. From immediate reactions to case material through to fundamental changes in worldview over time, a range of negative emotions were identified including anxiety, stress, frustration, disbelief, helplessness and exhaustion. The most frequently cited responses were visceral reactions such as disgust, being upset, sad or angry, feeling powerless or a sense of shock. Physical and behavioural changes included hyper-vigilance, avoiding spending time with other people's children, and complete physical or mental breakdown. Participants described having sleep disruption including insomnia, nightmares, and waking up in the night thinking about cases. Some participants reported an emotional or cognitive toll on their home life, such as being distracted, being unable to 'switch off', withdrawing from loved ones and mood changes.

**Changes to interpersonal relationships.**

More than half the participants gave examples of how their thoughts or behaviours within relationships had changed. Two cited decreased libido or avoiding sexual contact with their partner to prevent thoughts about SOM being triggered. In addition to disruption to the sexual side of her relationship, Nicole felt her mental connection with her partner was affected. Nicole felt she coped with SOM work 'quite well' but conceded that her partner may disagree. When asked what her partner would say if she was there, Nicole responded: *"I think she would say it messes with my head"* and then elaborated:

*"When you've been looking at images like that, you don't feel like having sex. Erm…[pause] and just, just the not being able to switch off from it as well, you know. I'm not always…mentally present at home, because I'm still thinking about work."* **Nicole**

In order to explore the effects the work had on her in any detail, Nicole first needed to think from another person's perspective. She seemed torn between wanting to retain a professional appearance and being honest about some very difficult symptoms she was experiencing, which is consistent with the impression management used by officers across the current sample and across the wider literature (Walsh, Taylor & Hastings, 2013; Wright, Powell & Ridge, 2006).

An interesting facet of changes to interpersonal relationships is participants' increased self-consciousness about the appropriateness of their own behaviour with children. In one case, reference was made to the person's partner, also a Police Officer:

*"He felt dirty. And didn't want to feel [long pause] like he was putting himself in a position where someone could make any allegations, or anything…totally innocent could be misinterpreted…and I think you do just become very, kind of, guarded, you know, bathing your children…my little girl, she was only a baby, and he didn't want to put, er, cream on her, when she had nappy rash…"* **Verity**

Verity's husband seemed unable to separate abuse he had seen in indecent images from normal parental physical contact with children. As a result, he felt a misplaced sense of guilt, which made him feel 'dirty'. As well as parental tasks triggering intrusions about SOM, Verity's husband was also reluctant to be in a position where he could be accused of abuse. Self-consciousness about everyday parental situations was identified by a further three officers, and the contamination of thought processes while spending time with their children caused them significant frustration. **Nicole** discussed how blowing raspberries on her children's stomachs now reminds her of an indecent image she had viewed where the perpetrator had done this as a pre-cursor to abuse:

*"I wouldn't necessarily do that very often anyway, but now I think, well, shouldn't I do it? Or should I do it? And…it shouldn't even be a thought-out process, it should be, you know, something that you're just, you're just playing with your kids…even though you try not to let it, you have that thought process. Even though your actions might not change, you've got that thought process of whether you should or you shouldn't."*

Nicole felt anger about the effect that the sexual content of her work had on her relationship with her children. The conditioning evident in the above example - in this case where an innocuous stimulus (blowing a raspberry) is paired with a guilt response - indicates the insidious way in which aspects of SOM can enter the consciousness of professionals and lead to them question their own innocent parental behaviour. Furthermore, knowledge of how perpetrators facilitate the abuse of children encroached on their family relationships:

*"I personally was ultra-conscious of thinking about how these offenders had… moved from perhaps being a parent, into offending, through their own parenting style. Those thought processes that you're working through, then encroach into your… you start to perhaps put stricter barriers in your own life. Should we be cuddling in bed now? Should I be bathing the girls? Should, should my wife be bathing the girls?"* **Liam**

Liam's questioning of his actions was based on an awareness of what other parents have done to distort the normal relationship between parent and child. This knowledge made him second-guess his own parenting choices and put safeguards in place to prevent any inappropriate contact. Whether consciously or not, Liam is referencing 'Seemingly Irrelevant Decisions' or SIDs which are explored within therapeutic approaches to addressing sexual offending behaviour (Ward, Polaschek & Beech, 2006). SIDs are a form of cognitive distortion that perpetrators employ to reduce feelings of culpability for their behaviour, by ascribing events to chance or by creating situations in which their ability to commit an offence is increased. For example, creating a routine where a child cuddles their parent in bed in the morning, a decision to sleep naked the night before - ostensibly due to hot weather - takes on a different complexion.

**Changes to parental decisions and increased cynicism/suspicion.**

Changes to parental decisions identified by participants illustrate the disruption of 'safety' schema defined by McCann and Pearlman's (1990) model of Vicarious Traumatisation'. Here, people's perception of their own or loved ones' inviolability is questioned, and their protective behaviours alter accordingly. Most of the eight participants who were parents described changes to their decision-making about allowing their children to engage in activities such as sleepovers, or the extent to which they allow access to technology:

*"My eldest is starting secondary school next year and he's saying "can I have a mobile phone", "can I go on X-Box Live"… "No!" [laughs] "What about Facebook?" "Definitely not.""* **Verity**

Verity was aware that her son's requests were reasonable within the context of modern life for teenagers, and she was conscious of her potentially anachronistic views. However, professional knowledge of online offending prevented Verity from seeing this technology as safe, and as such she could not allow it. In many cases, changes to parental decisions were directly linked to a lack of trust in other people's motives, and persisted even when the individual was aware that their response may be extreme:

*"I wouldn't let them just have a sleepover at anybody's house and even like going for tea, and stuff like that. [Long pause] When you say it out loud, [laughing] it just sounds so ridiculous! That I wouldn't allow cer- certain things like that to happen. But I don't trust people. I really don't. And that's what it boils down to. That trust."* **Anna**

Anna's lack of trust in others was significantly affecting her home life, and her quote shows she is aware of the extremity of her views. This awareness seemed to develop as the interview went on, and as a result of articulating her fears to another person. Participants' altered decision-making around their children's activities seem to be partly a pragmatic response due to their knowledge of the methods people use to facilitate sexual offences. However, in some cases people's ability to accurately evaluate credible risks seemed absent, replaced by a global distrust

of anyone who is in contact with their child. This may be explained by forms of bias which can affect accurate risk assessment: 'Representativeness bias' occurs when an individual compares a situation to their existing bank of knowledge and experience, rather than evaluating it on its own merits (Kemshall & Pritchard, 1997). **Jasmine** summed this up well:

*"Say a certain word to Police Officers: scout leader, for example, describe a scout leader…and what we would come up with is probably very different to what someone out on the street might say, maybe because the only scout leader we've ever dealt with was a paedophile."*

This experiential knowledge could potentially result in the officer preventing their child from participating in scouting activities. Similarly, 'Availability bias' occurs when an individual judges a situation to be more likely because it can easily be pictured or recalled. For Police officers who view indecent images or listen to victim accounts of being abused, it is easy for them to picture their own child in the place of the victim when considering whether to allow them to attend a sleepover or leave them with a babysitter. The majority of participants indicated they had become more suspicious about the behaviour or motives of others, or that their general worldview had become more negative:

*"I'm more cynical about the world generally and I've had my eyes opened to how many sex offenders there are."* **Nicole**

This was identified as a general consequence of being a Police Officer, as the job exposes them to aspects of human nature that are not necessarily visible to the general public. However, involvement with sexual offending work often challenged and changed officers' views of the world in specific new ways. This relates to two of Epstein's (1991) worldview assumptions which can be disrupted by trauma; a belief that the world is benign, and a belief that people are trustworthy. These beliefs had been altered in participants as a consequence of being exposed to the darker drives and behaviours of human beings, which reach their apotheosis in the sexual abuse and torture of children. Suspiciousness and cynicism regarding people's intent to commit

sexual offences had increased not just in terms of strangers and acquaintances, but in some cases close family members:

*"Even your own family… even your own parents, thinking 'is that level of tickling and fighting appropriate? Is that something that shouldn't happen?' And, you know, thought processes that, really, are not founded, and are ridiculous. But are there because of what you've been exposed to at work, what you've done."* **Liam**

McCann & Pearlman's (1990) Vicarious Traumatisation model considers how 'Dependency/Trust' and the level of 'Esteem' in which others are held can be affected by dealing with traumatic events in a work capacity. This relates closely to the theme 'increased cynicism and suspicion'. A belief in the inherent goodness of people is at risk of being irreparably damaged for those who spend a large proportion of their time immersed in the details of sexual offending. Anna's almost pathological fear of leaving her child with others meant that the only people she now trusted to do this were her own mother and her husband's mother. When her mother had suggested that the child be left temporarily with Anna's step-father (who she had known since being a child herself), she was unable to do so, despite having no logical reason to distrust him. The question remains whether this kind of suspiciousness is in fact misplaced, or simply evidence of an awareness that overwhelmingly, sexual abuse is perpetrated by someone known to the victim (McAlinden, 2012).

The increased cynicism identified by participants was linked to a theme uncovered during the analysis about officers being the *'Holder of Secret Knowledge'*, which describes the perception that they were the custodians of information about horrors which exist in the world but are hidden to the majority of people. This almost inevitably meant that officers saw the world through a more cynical lens than the general public. The theme of holding secret knowledge was encapsulated by **George**:

*"You don't see the world through the same eyes any more, once you've done this job, this type of work."*

There was an observation from one participant about the contrast between their unrealistic, unrepresentative view of the world both before and after becoming a Police officer:

*"You live in this little bubble. I had a nice upbringing, went to a good school, and then suddenly, like, there's a whole 'nother world out there that I didn't know about…I probably had a rose-tinted view of life before I joined the Police…My view was probably as unbalanced before as it is now."* **Jasmine**

Jasmine's use of the term 'bubble' was interesting as it depicts her protected separation from others, both in terms of safety and being somewhat removed from the real world. In the context of Vicarious Traumatisation (McCann & Pearlman, 1990), a feeling of separation from others by virtue of their experiences represents fundamental changes to feelings of 'intimacy'. One officer felt that their sense of normality had been permanently changed by the work:

*"I think that unless you- until you've seen…some of the levels of abuse that are out there…er…the fact that people film it, take pictures of it: unless you've experienced it, then you can't really…begin to understand, what it is this type of work involves. [Pause] And I don't think people can appreciate the effect it can have on some people. How it can change people, how it can warp their sense of what's right and what's wrong. Or warp that individual's, like my own sense of…reality"* **Ryan**

Ryan raises an interesting point about perspective: he recognised that the true nature of both the people who sexually abuse others and of the material itself is unimaginable to people who have never experienced it. He, on the other hand, had knowledge of the depravity that exists in the world, and this knowledge can never be erased. His work foregrounds deviant behaviour to the point where it may appear more pervasive than it is and may skew his overall impression of human nature. There is no one objective 'reality' of the prevalence and nature of sexual

offending, but Ryan feels strongly that working with such cases has the power to change a person's internal conception of that reality. When viewing the images taken from a suspect's computer or other digital storage system, not only are Police officers exposed to images of sexual abuse of children and other vulnerable people, but also images depicting bestiality, torture, and mutilation. For some officers, these images were just as disturbing as indecent images of children, and served to demonstrate the variety of ways in which human depravity can manifest itself. With intense and repeated exposure to such material on a regular basis, it is unsurprising that officers sometimes struggled to view the world as a benign place.

**Intrusive thoughts and images.**

There were many references to intrusive thoughts about work-related issues, but also specifically about sexual offending cases. This was often phrased in terms of an inability to 'switch off':

*"That was the hardest thing to switch off from. That was…terribly difficult to get out of your head for a day or two… and then of course, you have flashbacks to it. And just sat here talking now, you're remembering bits of it."* **Martin**

As with many participant accounts, Martin talked in the third person when discussing the personal impact of a particular case. In doing so, Martin was able to retain a certain distance from the admission that he had been negatively affected, in order to appear more in control and offset any potential judgement he may have felt the researcher was making about him.

In many cases, participants linked intrusive thoughts or rumination about sexual offence cases to a fear of having missed something which would be crucial either to securing a conviction or ensuring the wellbeing of the victim. Intrusive thoughts commonly resulted in an inability to sleep, or waking in the night because of fearful thoughts about the case. Participants also made reference to experiencing intrusive images of the SOM they had seen. Certain factors made such intrusions more likely to happen, such as spending extended periods of time viewing indecent

material, viewing images multiple times for the purposes of preparing evidence for Court, or if the victim or circumstances of the offence had resonance with the person's own life. For **George**, all three of these factors coalesced in one case which caused him particular difficulty, where he had to repeatedly watch a video of a child being raped:

*'I know what the link was… Basically it was sort of the shoulders downwards, torso of a child. It was a child the same age as my daughter. I mean I must have watched it about 20 times, and that did get to me. But it was because the child was a similar age to my daughter. It was the same bodily characteristics as my daughter at the time.'*

The repetition of exposure and the victim characteristics caused George to mentally visualise the abuse happening to his own child. This was exacerbated by the fact that only the child's body, not the head, was visible, making it easier to envisage his daughter as the victim. George also realised that he was using his knowledge of child development obtained specifically from being a father of daughters as an analytical tool to identify the victim. The blurring of victim identity in this way is likely to increase the chances of intrusions being triggered when officers spend time with their own children, as experienced by Nicole when blowing raspberries on her daughter.

Some officers gave accounts of cases or individual images that they felt they would never forget:

*"Even now I, I can remem- remember it as clear as day, and it was probably back in, probably around 2009, when I, when I dealt with that. But these poor children… And…yeah, like I say, every part of that job. I just- that, that'll never go away."* **Anna**

Anna's statement indicates the potential permanence of these images or cases in the mind, whether due to the shocking nature of the abuse or the emotional connection with the victim's experience. This connection was particularly troubling for **Nicole**:

*"There were images of them when they looked about 10 or 11 and then there were images later on when they looked like they were maybe 16, 17, and being abused across that period of time... Also the expression in their eyes of [pause] just, erm [pause] numbness, they looked like they just- that, that was their life and they'd got used to it. So that, those stay with me... Sometimes I found that the images would pop into my head… er, randomly, you know, at any time".*

Nicole carried a palpable sense of helplessness about these victims who she could not identify, despairing about the length of time they had been abused without anyone intervening. Despite subsequently being exposed to many more sexual offence cases, **Jim** had particular difficulty forgetting about the first case he ever worked on:

*"I can remember the images from the first job I ever looked at in 2005 [pause]. And… it was only four- I remember those four images."*

It would be interesting to understand the conditions under which Jim was exposed to these images. The process of first exposure to SOM could potentially affect levels of intrusion and difficulty, with differences emerging between officers who feel they have received an appropriate, gradual introduction to the work and those who have been 'thrown in at the deep end' with limited preparation.

**Personality change or significant life-changing effect.**

For some officers, the effects of exposure to sexual trauma and other human suffering combined to create a profound negative effect:

*"It got to a point where…I couldn't physically eat, I felt like I wanted to vomit all the time, I had a constant upset stomach, I had really bad palpitations, I couldn't sleep. I'd wake up retching because I would be [pause] trapped in this house with this particular family…"* **Verity**

In this quote, it was not sexual offending but neglect that Verity was dealing with, and the level of suffering she experienced before recognising she needed support was extreme. She used this

experience to inform how she approaches her work with sexual offending and other trauma exposure, no longer waiting until she reaches breaking point before deciding to seek formal support. **Anna** felt that her personality had permanently changed since working with sexual offending:

*"You don't trust anyone".*

**Interviewer: Do you think that will last, now, that feeling? Or do you think… if you stopped doing this kind of work, it'd…subside?**

*"No…no. I think it's there and it's there forever, now."*

When thinking about how profoundly his worldview had changed in terms of suspiciousness of his parents around his children, **Liam** noted that although he had not been working with SOM for a number of years, the consequences of exposure were still with him:

*"That's a lasting effect - like I say I am a few years from working with sexual offending, but it's still there, very much so."*

**Jasmine** described her cumulative exposure to SOM as a gradual erosion of self:

*"It's just that kind of chip-chip-chipping away. You know, you build yourself up, you deal with it, but then you come in that little bit further down, do you know what I mean? How it gets harder to build yourself up all the time."*

Jasmine illustrates a cyclical process: her psychological reserves are built up to enable her to deal with the trauma, these reserves are then depleted and a part of her core well-being is taken away, leaving her less well equipped the next time she has to prepare herself for further trauma exposure. Jasmine's description echoes the dimension 'emotional exhaustion' within Maslach and Jackson's (1981) construct of 'Burnout', and the concept of emotional labour (Hochschild, 1983). It is also reminiscent of the erosion of motivation and strength found in Tuckey, Winwood and Dollard's (2012) study of pathways to psychological injury for Police officers who are perpetually exposed to trauma. The idea that there are finite personal resources available has

implications for workplace support: Either officers' exposure to trauma should be time- or volume limited, or employer support must seek to directly augment and safeguard these resources.

#### Contamination.

Contamination as a concept crossed several different aspects of participants' lives and several cognitive processes. Contamination (and attempts to avoid it) were directly linked to the coping theme 'Separation of work and home life', where participants referenced the need for a decontamination or decompression period at the end of the working day. An interesting theme concerned unwanted associations: Nicole could no longer listen to her favourite CD, because after using this as a deliberate coping strategy on the drive home from viewing indecent images, she could not hear it without thinking of the material. Participants found the sanctity of their home life being impinged upon: George recalls being contacted about a saddening admission of guilt about extensive abuse while settling down for the night with his family. Others observed that their thought processes were fundamentally changing: Liam felt his suspiciousness of family members was a permanent consequence of what he knows about sexual offending, while Verity felt permanently mentally unclean as a result of what she has seen and heard. Some of the language used by participants suggested that people avoid SOM work because it is a contaminant: Liam noted that people "would not touch sexual offending work with a barge pole", and Martin used the language of illness, talking about people who have committed sexual offences as those most people would "avoid like the plague". Several participants did not want to burden colleagues or family members by talking what they had seen, therefore they either kept difficulties to themselves or edited what they told loved ones to avoid contaminating them with the realities of their work. Some participants felt isolated in social situations, being unable to talk about work or, crucially, believing that by sharing their feelings they would contaminate those close to them. This sometimes related to preserving loved ones' innocence of certain facts that, for the officer, were simply a reality of their work:

*"I think you hide- it's like your Mum or your Dad asking you 'how was work' and, erm, you don't want to tell them, to shatter their- you know. It's to protect them, really. Because I think they would find it upsetting. What you have to deal with*." **Katrina**

Katrina felt that as she had chosen to be a Police Officer, she was duty-bound to cope with anything that was asked of her, no matter how difficult. However, she felt a strong need to protect others from the reality of her work, as she felt it unreasonable to expect them to cope with it. This illustrates the gulf between the expectations Katrina placed upon herself and the understanding she afforded to others.

**Desensitisation.**

Where participants felt they were desensitised to SOM through repetitious or intensive exposure, this was described as a natural consequence of their work. In most cases, the extent of desensitisation meant not that the person felt nothing, but merely that for them, the 'shock factor' had diminished:

*'Yeah, it's horrific what you're looking at, but you're not horrified by it. Does that make sense? It's like…you just become numb'* **Anna**

Liam provided a good example of how sexual content had normalised over time, as he got more used to working in this area of practice:

*"I think at the start I found it uncomfortable. [pause] Er, because… it's not content or conversations you would normally have. Detail about where someone might masturbate…or how many times a day, or how they might clean up, erm…The questions like that- but they just become…the norm."* **Liam**

**George** realised that because he had viewed a particular indecent video so many times, his reaction when showing it to other people was markedly different than theirs:

*"I was sat there in the Judge's chambers showing them these videos and images and I'm saying 'yes, and we found that duvet and we found those curtains and we found those tights'…And I*

*was just aware that behind me the three other people were going [flinches back with look of horror and disgust] …and I had that moment of 'why am I not bothered by this?', you know. The other three people in the room were obviously quite appalled by what they're looking at, but [pause] I'm not."*

George's account is reminiscent of the process-driven approach to the work mentioned by all participants: by focusing on the evidentiary relevance of the image, he had detached himself from the emotive content. Another question was whether regularly dealing with SOM as part of their role affected an individual's sensitivity to the material:

*"I think when people have had to…dip into that style of work, if they're not used to perhaps being in that environment, I think they're much more likely to show emotion of having to be exposed to that, rather than it being perhaps a… more of a slow…immunisation"* **Liam**

Liam's use of the word immunisation evokes thoughts of an illness, implying that sudden exposure to SOM has the ability to make a person unwell. If an officer is able to experience SOM under controlled conditions which gradually increase their exposure, with exposure then being maintained at a certain level, this may stop them being adversely affected. This is effectively the model followed by stress inoculation training (SIT) (Meichenbaum, 1985). This approach seems to be a logical one to gradually prepare staff for exposure to sexual trauma. However, continuing the immunisation analogy, it should be remembered that some individuals who are vaccinated against illnesses such as flu still become ill, and there is no clear medical understanding as to why this happens to one person but not another. Viruses or bacteria can also mutate into new strains and overwhelm a previously effective vaccine. In the same way, new aspects of SOM can strip away a person's defences:

*"There was a job er, couple of months ago probably now, where there were images of FGM, on young children in Africa. And that was kind of not…the run of the mill stuff that we see. And*

*that, yeah, that kind of shocked me a bit and I could feel [pause] I didn't feel quite the same looking at that as you, as you normally do."*

***I: So what was that feeling then? When you see something that's more…***

*"Sickened. Uncomfortable. Unnerves you doesn't it? I mean that, that, that [pause] I did think about that sort of for- certainly later that night and for a couple of days after before that kind of went away."* **George**

**Paula** appeared to be completely desensitised to all SOM, which had caused her to view indecent images of children without difficulty:

*"Indecent images of children don't really...have a reaction. Because… there's only so much you can do [pause] to a child and I've pretty much seen it all."*

Certain material was very much trivialised by Paula:

*"Not sounding flippant, but it's all Category C stuff, and it's just all… not a problem, it doesn't even touch the sides [laughs], so to speak, just get that done."*

This may appear shocking to someone who is not used to working with sexual offence material. However, as someone who is in a specialist sexual offending role, viewing 'category C' images, (depicting children in erotic poses but with no other sexual content) may feel to Paula like a comparatively innocuous part of what she is faced with on a daily basis. Verity's opinions about desensitisation were on the opposite end of the spectrum:

*"My philosophy – I don't wanna get used to it. Erm, because for me, from a psychological perspective, that's what separates me from a sex offender [small laugh] and I'd quite like it to stay that way."*

For Verity, the impact she feels when exposed to SOM reassures her that she is still suitably removed from the mindset of the people she is investigating. If this impact started to diminish,

she would perhaps fear for her own sense of perspective on right and wrong. Some officers held very strong views on the importance of not using language which minimises sexual offences:

*"I will never use the phrase 'child porn'. You know, porn is essentially voluntary. These are pictures of children being raped and abused. It's important we don't go anywhere near that as an organisation, you know?"* **Jim**

**Jim** seemed genuinely conflicted about the costs and benefits of desensitisation to Police officers who are required to work with sexual offending cases:

*"Desensitisation's not saying 'Oh actually, I think it's alright'… Desensitisation is to the point you get where people think, it's… not normal, but they're not shocked by it any more. I think you have to be desensitised – a little bit – to do it. We have these things at work and people say 'Oh yeah, yeah, you can't be desensitised to it'. But then <u>you</u> go and spend eight hours looking at children being abused."*

Powell et al. (2015) also found that desensitisation was not universally seen as problematic: it proved adaptive in increasing officers' ability to view the material analytically. This highlights an inherent difficulty with managing repeated exposure to traumatic material: in order to preserve psychological health, officers in the current study tried to distance themselves from what they were seeing and hearing by using a variety of coping strategies. However, desensitisation runs the risk of normalising abhorrent behaviour, and the de-personalisation involved echoes the cynicism element of Burnout (Maslach & Jackson, 1981).

In contrast to the idea that repeated exposure automatically causes desensitisation, Burns et al. (2008) suggest that instead, officers build up a mental repository of information about different acts of abuse, defined as 'stored knowledge'. This knowledge may cause officers to extrapolate or visualise more easily the harm being perpetrated outside of an individual image of abuse, as Nicole did when thinking about the girls she had seen 'grow up' through a series of indecent images. Sandhu et al. (2011) found evidence of 'stored knowledge', with one

participant (who provided treatment to sex offenders) stating that "the more you hear [about sexual abuse], the more it goes in, the more you understand and the more it probably hurts you when you hear it". The idea was also borne out in the current study when observing the reactions of victims:

*"What also upsets people is when the children appear to be acquiescing with it. Acquiescing, and going with it, it's become normal for the children. And you can see from- their life, because they've suffered that much abuse, it's become the norm for them, and that's what upsets a lot of the guys."* **Jim**

Officers have stored knowledge and experience of victims shutting down from abuse situations, understanding the implications of this. This causes them to see more than just a blank expression on a child's face: they can also visualise the weeks, months or years of abuse that have caused this response to occur.

**Greater awareness of sexual offending.**

As well as the aforementioned impact upon levels of suspicion and desensitisation, there were comments which were illustrative of participants' increased perceptiveness about the nature of sexual offending and those who commit such offences. There were interesting insights into the mindset that someone inhabited before they were apprehended for sexual offences. Observations included that offenders had been living in a 'bubble' outside of reality while engaging in online inappropriate sexual conduct, and that the implications of their behaviour only became clear to them when they were asked to explain this during Police interviews. On a broader level, accounts were given about how offenders' surface presentation of normality within an apparently stable home life was shattered by the evidence of their crimes: while their wife and children were in bed, the perpetrator was online, grooming young children or watching indecent videos for sexual gratification. This was described by one participant as

offenders living a 'double life': innocuous on the surface and deviant underneath. One officer found it particularly difficult when he began relating to sex offenders on a sociological level:

*"We were going into houses that looked like our houses, you know?"* **George**

For George, his experience of executing sexual offence warrants was distinct in that they are offences which cross all socio-economic divides, including middle-class and affluent families. This contrasted with the homes he had searched while executing drug warrants, whose appearance and occupants he could not recognise as having similarities with his own lifestyle and values.

Some participants saw people who commit sexual offences holistically, as a person with their own issues and needs:

*"It's really sad that we see quite a lot of suspects admit in interview that they were abused as children. You see that cycle. And it's really difficult to, erm… condemn them, to the same degree as other offenders when they've obviously been traumatised themselves. And…we do look after people. We do make sure that charities work with them to try and get them through. There's no point just churning out people who are just going to reoffend."* **Paula**

Paula recognised the distortions to ideas about intimacy and appropriate sexual behaviour that can cause some victims of sexual abuse to perpetuate the same abuse, either within their own family or outside it (Ward et al., 2006). She seemed to have genuine empathy for perpetrators who had suffered sexual trauma themselves and found them deserving of their own support. There was also pragmatism to Paula's comments: she understood that unless people who commit sexual offences are offered the opportunity for rehabilitation rather than being temporarily controlled through imprisonment, they are unlikely to change their behaviour. Liam agreed with this approach:

*"You're not only trying to put the offender through the justice system, and highlight them as a threat, you're also trying to help them get their life…back on track. So helping them out,*

*signposting them to the right services…trying to fix something that they'd previously done."*

**Liam**

Many Police 'Offender Managers' in Nash's (2014) study felt that due to their role working with sex offenders, they were more able to distinguish the person from their crimes and see them as human beings. An interesting area of further study is whether the ability to separate the individual from their offending behaviour is more prevalent in people who regularly have cause to meet the perpetrator (for example officers who conduct interviews) than in officers who purely view indecent images.

**Relating the 'Impact' Theme to Models of Trauma Exposure.**

**Effects on worldview and schema.**

The results of the current study show that being exposed to SOM can have significant effects upon individuals' personal lives and emotional wellbeing. The seven areas of schema affected by repeated indirect exposure to the trauma of others in McCann and Pearlman's 'Vicarious Traumatisation' model (1990) are: Safety, dependency/trust, power, esteem, intimacy, independence and frame of reference. A number of salient illustrations in the current dataset show the presence of the first five types of alteration to people's internal working models. For example, the element of 'Dependency/Trust' and the level of 'Esteem' in which others are held relate closely to the theme 'increased cynicism and suspicion'. 'Intimacy' was found to be disrupted both in terms of changes to, or self-consciousness about, interpersonal relationships, and the distancing of participants from their loved ones caused by an inability to discuss their working life. However, no evidence was found to distinguish the concept of 'independence' from 'safety', nor was there evidence of disruption to 'frame of reference' as to why events occur. The initial analysis shows that Vicarious Traumatisation, a concept originally coined to describe traumatic stress experienced by those working therapeutically with victims, may only be partially applicable to a Police sample. Further exploration is desirable and will be examined in future research.

Participants' reactions provide evidence to support Janoff-Bulman's (1985; 1992) thesis that trauma can fundamentally disrupt worldview: the world as benign; the world as 'meaningful, predictable, controllable and just'; a belief in the inherent trustworthiness of others; and a belief in the worthiness of themselves as individuals. The most potentially significant type of impact resulting from exposure to SOM in the current study is the pervasive nature of the changes to worldview and behaviour. These changes are echoed across the literature both in terms of Police staff and professionals working therapeutically with victims or perpetrators of sexual abuse, and include self-consciousness about own behaviour around children (Bengis, 1997), avoiding sexual contact (Ellerby, 1997), suspiciousness of others' behaviour (Nen et al., 2011), over-protectiveness of own children (Shelby et al., 2001), and general cynicism (Iliffe & Steed, 2000). The findings related to decreased trust and increased cynicism and suspicion suggest that it may be beneficial for staff to have access to a reflective process with an external source of support. This could be provided through independent clinical supervision, where perspective-taking exercises could be implemented using Socratic questioning. In this way, the individual could be encouraged to carefully explore and unpick the logic behind their beliefs about an unsafe world, and be encouraged to consider alternative viewpoints.

**Effects related to PTSD symptoms.**

The strands of PTSD described within the DSM-V definition are 'Re-experiencing', 'Avoidance', 'Arousal' and 'Negative Cognition and Mood' (APA, 2013). There is evidence to suggest that re-experiencing is a common occurrence for Police officers exposed to SOM (Bourke & Craun, 2014b; Powell et al., 2014), coded within the current study as '*Intrusive thoughts'* and *'Intrusive Images'*. Even discounting the comments about intrusions which could relate to all aspects of Police work (e.g. ruminating about how to prioritise tasks), a substantial number of 're-experiencing' accounts remain. A subtheme within this area of impact is thoughts or images about offences occurring at random times, or when showing affection towards children or

partners. The disconcerting juxtaposition of thoughts and images of sexual abuse within a domestic or sexual context have the potential to cause cognitive dissonance and a change to relationship intimacy (Bengis, 1997; Freeman-Longo, 1997). This phenomenon would therefore benefit from further exploration. Intrusions are linked to a sense of self-control, with some officers seeing images "all the time", being unable to "switch off" from them or seeing them scrolling through their mind after viewing IIOC for an extended period. When seeing or thinking about SOM is not confined to the actual physical exposure but is repeated unbidden against the backdrop of their private thoughts, practitioners may feel they are not fully in control of their own minds. Certainly, some participants in the current study felt that memories of things they had witnessed were indelible and that they were powerless to forget them.

Avoidance of triggers that would serve as reminders of sexual offences is a facet of PTSD also evidenced within the current study. This largely relates to the theme '*Changes to interpersonal relationships'* and *'Increased self-consciousness'*, where participants have avoided sexual contact with their partner or avoided certain behaviours towards their children which act as reminders of sexual offences. These were either general thoughts of SOM or alternatively specific actions, previously benign, that the officers now associated with acts of abuse. The PTSD strand 'Negative Cognitions and Mood', which includes 'emotional numbing' (APA, 2013) was present for all participants in some form. As well as the many subthemes which describe negative feelings at the point of exposure such as frustration, horror and sadness, concepts indicating longer term impact such as being desensitised, contaminated or isolated from others were also well supported by the data. Perhaps most importantly, the primary coping mechanisms by which participants dealt with direct exposure to the work all involved aspects of emotional numbing. Avoidance of emotional triggers by limiting engagement with the material, detachment from the reality of the material or from the victim through emotional distancing or suppression, or focusing purely on the process rather than the content (thereby separating the logical and emotional selves) were used in varying combinations by all participants. Arousal is

the element of PTSD less comprehensively evidenced within the current research. However, there were several references to sleeplessness and irritability which are signs of hyperarousal. The finding that PTSD symptoms are present (and in some cases abundant) within individuals in the current sample suggests there are benefits in Police employers regularly monitoring these symptoms. Once baselines and parameters for concerning levels of symptoms have been established, these measures could be used to establish those members of staff who require additional welfare support from within and/or outside the organisation.

**The mediating effect of coping strategies and beliefs.**

The extent of negative impact experienced by participants can be affected by the implementation of one of the three coping strategies emerging from the data: 'Detachment-based' strategies, 'Avoidance-based' strategies and 'Process-driven' strategies. These are mirrored within other studies of professionals who work with SOM (Burns et al., 2008; Powell et al., 2014). Limitations to the effectiveness of coping techniques have direct relevance for the severity of the impact of trauma exposure. This includes the difficulty officers experience in detaching from the material or adopting a purely process driven approach when having to look at indecent images of children they have already spoken to during interviews. Officers may therefore be at greater risk of negative psychological impact if they are required to both interview victims and view indecent images, as this may nullify their usual coping responses. Clinical supervision or de-briefing sessions which allow the individual to reflect on their feelings and responses would be a useful part of well-being support. This could fit into a broader programme of mindfulness training designed to avoid rumination, and therefore control feelings of stress and anxiety (McKenzie & Hassed, 2015).

An individual's appraisal not only of the trauma itself but of their own reactions to the trauma are central to Emotional Processing Theory (Foa & Kozak, 1991), which posits that those who struggle to see their reactions as 'normal' are more at risk of developing traumatic stress symptoms. In the current sample, there was evidence that for some participants, struggling to

cope with a particular case equated to fundamental personal or professional failings on their part. Given the strong theme that emerged regarding an organisational culture where staff were expected to 'get on with it', it would be reasonable to suggest that this may feed into staff perceptions that needing help is not 'normal'. As well as acting as a barrier to seeking support, these perceptions may actually place them at greater risk of developing PTSD symptoms.

According to the Cognitive Theory of PTSD (Ehlers & Clark, 2000), feeling their reactions are abnormal is likely to encourage officers to use 'blocking' or avoidant coping strategies which tend to increase the likelihood of unwanted intrusions. This emphasises the importance of an attentional shift by Police organisations towards normalising the idea that working with SOM is highly unpleasant, and therefore has the potential to cause distress or other unwanted consequences. Protecting staff from psychological harm would therefore require a supervision model where well-being issues can be openly identified and discussed. Staff can then be supported by means of sensitive workload allocation, ongoing training both in self-care and operational techniques, and by signposting to organisational and external support systems. Based on the comments made by participants in the current study, these supports should be available at point of need, be confidential, and trusted by staff. This latter point means that those providing support must have a practical understanding of the challenging nature of sexual offending work. Powell et al. (2014) found that criminal justice professionals working with sexual offending were often reluctant to make use of psychological support services due to the therapist being underqualified and indeed reluctant to hear details about sexual offending. Clinical supervision has been found to reduce self-reported difficulty with the work and traumatic stress symptoms (Bourke & Craun, 2014a; Burns et al., 2008) and could be an in-built element of the role, to avoid being perceived as a stigmatising and therefore unpopular 'opt-in' measure.

## Strengths and Limitations

As a small scale qualitative study, the current findings are not, nor were they intended to be, presented as representative of the wider population of Police personnel who examine SOM. Instead, the themes from the interview phase of the research were turned into survey items which could be tested for applicability to a larger sample. As a cross-sectional rather than longitudinal study, it is not possible to assess the long-term effectiveness of the coping strategies employed or organisational support offered to participants in terms of reducing unwanted psychological consequences. Although participants varied in age, relationship status, parental status, gender, role, and length of time working with sexual offences, there is no way of knowing whether their views were representative of the Police constabulary staff more broadly. It could be argued that focusing exclusively on one type of Police role - such as specialist online sexual abuse team staff – would have been more useful, in order to increase depth of analysis rather than breadth of experiences. However, differences in role profile are a key focus of the research, and the use of Interpretative Phenomenological Analysis is designed to provide a targeted exploration of the lived experience of individual staff members.

There are criticisms of using semi-structured interviews as opposed to unstructured interviews, in terms of the extent to which the researcher has the power to 'shape' the discourse by focusing on specific themes, rather than allowing participants to offer a completely free-flowing experiential narrative (Creswell & Poth, 2017). At the other end of the spectrum, qualitative interviewing as a whole has historically been seen as an inferior method in psychological research, antithetical to the positivist view that experimental research is the only reliable source of empirical knowledge (Crotty, 1998). This particular brand of methodologism shows an unwillingness to accept the possibility that multiple lived realities exist. Those approaching the study of human experience from a constructivist phenomenological perspective are far less eager to claim ownership of the 'truth' (Moses & Knutsen, 2012).

IPA, with its ‘double hermeneutic’ (Smith et al., 2009) has been criticised (Tuffour, 2017) for foregrounding the researcher’s interpretation over that of the participant. Back (2007, p. 21) argues that ‘Thick descriptions of life are always interpretative and do not merely attempt to mirror a simple obdurate reality. They are selective and discerning but also require imagination and creativity’. It is this balance of verbatim participant quotes and researcher interpretation that enables IPA to remain close to the data while allowing the generation of theory to occur. Those coming from a positivist or naturalist perspective may baulk at the extensive narrative analysis of the findings of the current study, finding it indulgent and imprecise. However, language is of paramount importance when addressing an under-researched topic from a constructivist standpoint. Rather than just being a medium for conveying information, this type of qualitative study sees language as a fundamental part of the meaning, affecting the way the data is viewed (Moses & Knutsen, 2012). In recognition of the need to distil information in a way which renders it manageable for practical application, the themes explored in this study are the basis for survey questions developed for the second phase of the research, and the transferability of the themes to a wider sample is discussed in later chapters. In summary, the use of IPA as a methodology has facilitated a deeper understanding of the experiences of the 11 participants in a way that values their unique perspectives. It has also provided a detailed insight into the challenges that UK Police staff face in working with sexual offending.

## Conclusion

The study shows that the strategies Police officers and civilian staff use to cope with direct exposure to SOM are often short-term solutions which do not necessarily prevent them from experiencing pervasive negative consequences. Notwithstanding the importance of these coping rituals, attempts to dissociate or mentally distance themselves from traumatic material could potentially compromise the person’s appraisal of the offence in question (Ellerby, 1997). In addition, routinely avoiding full exposure to the material could put the accuracy of evidence gathering at risk (Sandhu et al., 2011). Both types of strategy may also serve to block cognitive

integration into the individual's experiential narrative, which has the potential to cause unwanted psychological consequences such as intrusive thoughts or images (Ehlers & Clark, 2000). Police staff should be supported to develop strategies that protect them both during exposure to traumatic material and, crucially, once the protection of the professional role, investigator's instinct, or 'Police head' is no longer available. To offset the tendency to subsume thoughts and feelings about their experiences, staff could be encouraged to articulate their responses in a timely manner and in an environment which they feel is safe from judgement, such as with others who understand the nature and pressures of working with SOM.

There are a number of factors at play when seeking to identify whether participants have experienced adverse impact. Some individuals will have been impacted negatively and are willing and able to recognise and articulate this; others will have been impacted negatively but cannot recognise these changes; others will recognise the impact but feel unable or unwilling to articulate this, and still others will have experienced no adverse impact at all. In the current sample, participants showed varying levels of impact, from desensitisation and a belief that the work did not negatively affect them, through to significant adverse consequences for personal well-being. Some exhibited a number of symptoms to suggest they may be at risk of traumatic stress, as well as compelling evidence that several of their underlying beliefs and perspectives about the world and about other people had been irrevocably altered as a result of their work. There is evidence in some cases that participants' internal working models about themselves had been disrupted, with some questioning their own behaviour and thoughts. Others had doubts about their professional efficacy when struggling with aspects of sexual offending work, as though they should not feel or show the human emotions that are engendered by this most challenging of tasks. There are clear signs of an organisational Police culture which still struggles to accept expressions of distress as a normal response to abnormally frequent and severe exposure to traumatic incidents. This study has built substantially on existing knowledge about the impact of organisational processes and policies upon coping ability, impact, and job

motivation when working with SOM. Supervisory support, training provision and environmental factors have all emerged as key factors to be further explored, and the data from the large number of participants who completed the survey in study two will allow for a more detailed exploration of all the issues raised in this chapter.

# CHAPTER THREE: STUDY TWO DESCRIPTIVE STATISTICS AND QUALITATIVE ANALYSIS

## Introduction

A survey concerning workplace exposure to SOM was administered to staff in three Police constabularies. Participants were asked to detail the nature and frequency of exposure and give demographic information including age, length of time in role, parental status and gender. Survey topics included direct and indirect coping strategies used, sources of support, any cognitive, behavioural and affective impact experienced, and job motivation. The survey took approximately 25 minutes to complete. Following data cleaning, 384 responses were available for analysis. This chapter shows how the themes arising from the interview phase of the project were used to develop the survey items. It provides descriptive statistics for the dataset and examines key themes from the free-text responses, continuing the rich-data analysis begun in the first part of the research. The survey was concerned with both qualitative and quantitative data, as most of the items were experiential in nature. Perhaps the most important goal of the survey data analysis was to explore relationships between social properties (e.g. working in a Police role), affective variables (e.g. increased suspiciousness of others), and behavioural variables (e.g. forbidding children to attend sleepovers) (Punch, 2003). However, it should be noted that the multi-dimensional nature of the survey makes it especially important not to resort to monocausal explanations for phenomena such as behavioural changes or difficulty with SOM work (Oppenheim, 1992). The aims of the chapter are to provide a clearer understanding of how SOM is encountered in Police investigations, to assess the extent to which staff experience organisational pressures and adverse impact, and to explore the coping techniques and motivations of staff undertaking sexual offence work.

## Method

### Participants

#### Demographics of sample.

The demographic characteristics of the sample can be found in table 3.1.

Table 3.1: Study two sample demographics

| | *Frequency* | *Percentage* |
|---|---|---|
| *Gender* (n=357) | | |
| Male | 182 | 51.0 |
| Female | 171 | 47.9 |
| Does not identify with either gender | 4 | 1.1 |
| *Ethnicity* (n=357) | | |
| White British/White English/White Irish/White UK | 316 | 81.4 |
| British/English | 17 | 4.4 |
| White European | 16 | 4.2 |
| Mixed white/other | 4 | 1.2 |
| British Indian/Pakistani | 3 | 0.9 |
| Black British | 1 | 0.3 |
| *Parental status* (n=382) | | |
| Parent | 260 | 68.1 |
| Not a parent | 114 | 29.8 |
| Prefer not to say | 8 | 2.1 |
| *In a long-term relationship* (n=378) | | |
| Yes | 323 | 85.4 |
| No | 44 | 11.6 |
| Prefer not to say | 11 | 2.9 |
| *Ever been a victim of sexual abuse* (n=380) | | |
| Yes | 28 | 7.4 |
| No | 329 | 86.5 |
| Prefer not to say | 23 | 6.1 |

A small number of the 384 participants chose not to provide their age ($M$ = 42yrs, range 18-66yrs) gender or ethnicity. Some participants chose not to answer questions about their employment, such as the length of time they had worked for the Police ($M$ = 15.56yrs, range <1-26yrs), how long they had worked with sexual offending ($M$ = 6.92, range <1-21yrs), or their team. On the subject of parental and relationship status, and whether the respondent had themselves experienced sexual abuse, an option 'prefer not to say' was offered, leading to a reduction in missing answers. The ethnicity question was a free text box to allow individuals to

self-identify as freely as possible. Overwhelmingly, respondents to the survey were white British/English or European (85%). A further 4% identified nationality only (British or English), without specifying their ethnicity.

Home Office statistics show that as of March 2019, 93% of both Police officers and Police staff in England and Wales were white. Home Office figures breaking down Police ethnicity across different areas of the country (2019), show that for the three constabularies involved in the current research, the percentage of non-white officers averages 5.3%. Therefore, the current sample is largely congruent with the Police population both in those specific areas and across England and Wales as a whole. As of March 2019, Home Office statistics report that 30% of Police officers were female, therefore women are over-represented in the current sample at almost 48%. There are no figures available regarding the parental and relationship status of officers for comparison to the sample, nor is data available regarding overall sexual victimisation levels in Police personnel.

**Sampling approach.**

The decision to open the survey to all staff members was underpinned by one of the fundamental principles of the programme of research: each person's unique experience with sexual offending work is of equal importance. This was further strengthened by participant responses in study one, where it was identified that variations in experiences can occur depending on the frequency and nature of exposure to SOM, that there can be differences in reactions of staff in specialist and non-specialist teams, and differences between those who have only had limited or sporadic exposure and those who are regularly allocated sexual offending cases. Forty-seven different job roles were identified by study two participants, with 25 of these being identified by only one participant each. Along with more than 20 separate work districts/divisions being identified, this indicates heterogeneity of respondent teams and locations. It was not possible to ascertain response rates across the constabularies as the total number of officers and civilian staff who identify as having been exposed to SOM is not known.

Table 3.2 shows the variety of teams that survey respondents worked in:

Table 3.2: Study two sample teams

| | *Frequency* | *Percentage* |
|---|---|---|
| *Team* (n=371) | | |
| Public Protection Unit (PPU) | 104 | 26.8 |
| CID | 49 | 12.6 |
| Online Child Abuse Investigation (OCAIT) | 7 | 1.8 |
| Internet sexual offences team | <5 | 0.8 |
| DMIU/Digital forensics/High-Tech crime | 27 | 7.0 |
| ViSOR team (SO related) | 6 | 1.5 |
| Operation Scorpio (SO related) | <5 | 0.5 |
| Operation Fervent (SO related) | <5 | 0.5 |
| Uniformed patrol/neighbourhood Policing | 15 | 3.9 |
| CJU/Criminal Justice support | 17 | 4.4 |
| Typists | <5 | 0.5 |
| Child Sexual Exploitation (CSE) team | 12 | 3.1 |
| Intelligence unit | <5 | 0.8 |
| Targeted crime unit | 5 | 1.3 |
| Serious and Organised crime unit | 21 | 5.4 |
| Special Ops | 5 | 1.3 |
| Immediate response | 17 | 4.4 |
| File preparation | <5 | 0.8 |
| Sex Offender Management Unit (SOMU) | 11 | 2.8 |
| Sexual crime unit | 8 | 2.1 |
| Serious sexual offence unit | 12 | 3.1 |
| Counter terrorist unit | 15 | 3.9 |
| Other | 25 | 6.4 |

**Design**

**Face validity.**

The proposed survey items were discussed with senior staff from the constabulary involved in study one. As a result, a small number of items were removed as they were felt to be redundant, while some questions were re-worded slightly for clarity or to ensure accurate Police terminology. The survey was released to three constabularies consecutively. On examining response statistics from the first area, it was established that there were no obvious 'drop-off' points, i.e. particular questions which prompted respondents to abandon the survey. Nor were there any patterns of questions which were routinely skipped. Therefore, with minor amendments to demographic response options (such as team and job location) to reflect the

different constabularies, the survey was sequentially administered to the other two Police forces.

**Measures.**

The survey was constructed using SurveyGizmo. Table 3.3 shows the order of questions:

Table 3.3: Survey questions

| Survey topic | No. of items |
|---|---|
| Current exposure to sexual offence material (y/n) | 1 |
| Job and life satisfaction | 2 |
| Type of material exposed to as part of role | 1 |
| Frequency/nature of exposure | 7 |
| Route into SOM role | 1 |
| Level of choice/pressures about working with SOM | 14 |
| Difficult aspects of sexual offending work | 6 |
| Coping strategies for working directly with SOM | 20 |
| General coping strategies | 10 |
| Perceptions about being able to cope with SOM | 5 |
| Most notable impact of being exposed to SOM | 2 |
| Reactions while working with SOM | 18 |
| Perceived changes to thoughts/feelings/behaviour due to SOM exposure | 20 |
| Perceived changes to relationships with partner or children in the family | 10 |
| Opinions about support available/desirable | 13 |
| Sources of support sought | 10 |
| Perceptions of other people's views on sexual offending work | 5 |
| Personal motivation to work with sexual offending cases | 17 |
| Demographic information | 12 |

Participant transcripts and the overarching themes from study one formed the basis for the survey structure and individual items (Appendix one). Given the phenomenological

background to the research, it was essential that the survey items mirrored the words of participants as closely as possible, to ensure authenticity of language and tone which would resonate with a larger sample of Police staff. For example, the statement *"I put things in a mental box and not think about it"* became the item 'I put what I have seen or heard about sexual offences in a box in my head where I don't have to think about it'. In other cases, participant responses were adapted into a more general question. For example, *"The days when you think 'I feel…crap today. I really shouldn't go into work', but then you think 'oh, but that would just leave so and so on their own.'"* became a survey item about work pressures: 'I have come into work when I have been unwell so other people don't have to cover my cases'.

There were a very small number of PTSD symptoms not mentioned by participants in study one, such as examples of 'self-sabotage'. To fully explore survey responses in line with the DSM-V definition of PTSD (APA, 2013), a small number of additional questions were developed. In the case of self-sabotage, this was operationalised as 'I find myself doing things that aren't good for me, but I can't seem to help it'. Most of the scaled items were measured using a six-point Likert-type scale: 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree. Exceptions to this are detailed in the appropriate sections of the analysis. There were four opportunities to provide free text responses within the survey:

- 'Which aspects of working with SOM do you find most difficult? If you do not find any aspect difficult, please put N/A'.
- 'What is the most serious impact you have personally experienced as a result of working with sexual offending material? If you have never experienced any negative impact please put N/A'.
- 'Thinking about your colleagues, what is the most serious impact you have seen as a result of working with sexual offence material? If you have never seen any negative impact in colleagues, please put N/A'.

- The fourth opportunity to provide free-text comments was ‘Any other comments?’ box towards the end of the survey.

As well as qualitative analysis of comments, these responses were coded and quantified to identify the most frequently cited issues.

**Procedure**

**Ethical considerations and confidentiality.**

Ethical approval was applied for and granted by the University of Central Lancashire’s (UCLan) PsySoc Ethics Committee. A link to the survey was made available to all members of Police personnel within the three constabularies involved in the research. The survey link was placed on the staff intranet by the main project liaison for each constabulary, and responses automatically came to the author via the Surveygizmo online survey system. This ensured complete anonymity for participants. The information accompanying the survey link made clear that anyone who had ever worked with sexual offences was eligible to complete the survey, and gave the contact details of the researcher in case staff wanted to obtain more information before participating. The contact details for the Officer for Ethics was also provided should anyone wish to make a complaint. Reminders about the survey were posted on the staff intranet on a fortnightly basis for two months, with a copy of the link attached. The final reminder informed potential participants of the survey closure date. The first page of the survey was an information sheet providing details of the research project (Appendix three). Survey respondents were then required to tick seven statement boxes mirroring the consent form which explained how the data would be used and stored, and how confidentiality would be maintained. A debrief page listing general and Police-specific sources of support was provided at the end of the survey, to ameliorate any negative impact experienced by participants as a result of taking part in the research (Appendix three).

**Data analysis.**

IBM SPSS statistics software was used for the statistical analysis of survey data. Datasets from each constabulary were analysed independently to provide each area with individualised reports of responses to the survey and the patterns identified. The data from the three constabularies was then amalgamated to create a large sample for further analysis. Twenty-six of the items relating to reactions proximal to exposure and cognitive, affective and behavioural changes were analogous to 20 PTSD symptoms measured on the PCL–5 checklist which measures symptoms of PTSD as defined in the APA's (2013) DSM-V. These items were combined to form a new multi-item variable called 'Total PTSD symptoms' in order to aid further analysis of adverse consequences of SOM exposure.

**Data cleaning.**

The first stage of data cleaning was the removal of poor quality responses (those with more than 5% of questions unanswered). This totalled nine cases. Responses where the participant had failed to tick all seven consent buttons were also removed for ethical reasons. All remaining responses were checked for missing data. Missing responses were replaced with the code 99 whereas items where the option 'NA' was selected were coded 98, in order to prevent skewing of the results. A total of 384 responses remained following the data cleaning process.

**Descriptive statistics.**

A report outlining responses to each question was created automatically using Surveygizmo. From this, the distribution, mean and standard deviation for each item was calculated. Data on distribution of the following items and demographic characteristics were also calculated: team; job location; age; gender; parental status; relationship status; victim of sexual offence status; number of years in Police; number of years working with sexual offending; route into role involving sexual offending; frequency of exposure to SOM. In calculating

correlations between items, the non-parametric test Kendall's Tau-b was used, as most of the data is ordinal in nature, and assumptions about normal distribution are not met. Kendall's Tau-b is more effective than other correlational tests at adjusting for large numbers of tied ranks, and is robust in preventing type I errors (Arndt, Turvey, & Andreasen, 1999; Field, 2013). Bootstrapping using the bias-accelerated corrected method was used, to account for the lack of normality of distribution in the scaled variables.

## Results

### Route into Role Involving Sexual Offence Material (SOM)

The route by which staff came to undertake a role involving sexual offending was important when analysing responses. In study one, there were a number of comments regarding the differences in reactions to working with SOM between those who specifically chose to undertake a specialist SO role and those who did not. In the survey, 58% of respondents (*n* = 224) selected one of the three options which indicates either choice or foreknowledge about their exposure to SOM ('I applied for a sexual offence-related role'; I opted in to a sexual offending specialism from a general role'; I was aware that sexual offending work formed part of the role before I started'), while 36% (*n* = 138) selected one of the options that denote a lack of choice or foreknowledge about the role ('I was deployed/seconded by superiors'; 'Sexual offending work became part of my role after I started'; 'I'm required to work with SOM because everyone has to'). The remaining 6% (*n* = 6) answered 'other' reasons such as promotion.

Several 'free-text' comments were consistent with a belief that staff members should opt in to a role involving SOM rather than being compelled to do so by their superiors. The role was recognised as having special qualities which go beyond other types of Police investigation, and personal motivation to work with sexual offending was seen as important:

*“This cannot be a 'bums on seats' job and this is where our force massively fails. The general consensus is that a detective should be able to deal with any crime. However, when it comes to investigating sexual offences it requires someone who WANTS to do that job. [As well as] being a trained, competent investigator you MUST have a passion for that role. It is not easy and it is not for everyone.”*

The relevance of individual circumstances was highlighted as a reason not to compel officers to do SOM work, as was the need for competent and supportive supervisors:

*“Although all officers are likely to deal with some sexual offending material I do not believe it is fair to expect all officers to deal with this when they may have personal circumstances which make dealing with it more difficult and may have direct [supervisors] who are not experienced in this field or less supportive.”*

Some respondents discussed their own difficulties with SOM work as a result of feeling pressured to do the role:

*“Officers should not be forced to do this role. My mental and physical health has suffered massively as a result, and every aspect of my ability to function as a human being has deteriorated due to the stress of the role – I…have applied to leave the Police due to how unhappy I am in this role.”*

Some respondents offered details about the rationale given for certain officers being selected for SOM work which indicates an almost arbitrary selection process:

*“The reason I was chosen was because "I'm good on computers".”*

*“The unit was set up two years ago with staff selected merely on the basis of their time as a DC. No thought was given to suitability, ability or interest.”*

Operational decisions about who works with SOM are challenging. Given the increasing volume of such cases being reported to the Police (Office of National Statistics, 2018), it is

difficult to recruit sufficient numbers of staff to deal with SOM voluntarily. In addition, some long-serving officers found that a role which at one time did not involve sexual offending work now features this additional requirement. The free-text comments suggest that greater choice for staff members and a more robust selection process would be welcomed. The pervasiveness of sexual offence work across Police roles could be made clearer to all Police applicants, regardless of the role they are applying for, to ensure applicants are aware of the possibility of exposure to SOM.

**Nature of Exposure to SOM**

Figure 3.1 shows the percentage of respondents who are exposed to different types of SOM:

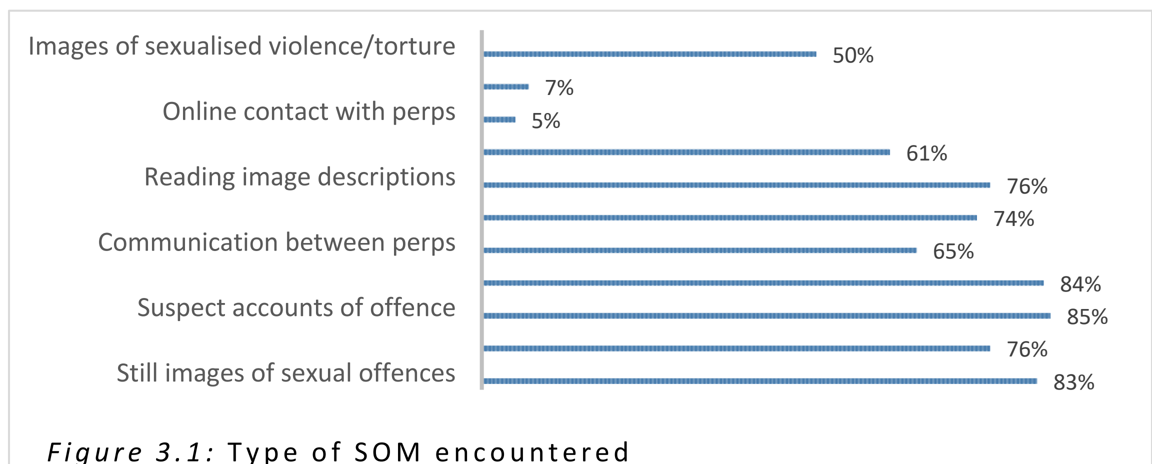


*Figure 3.1:* Type of SOM encountered

Figure 3.2 shows the frequency of reported exposure to SOM*:*

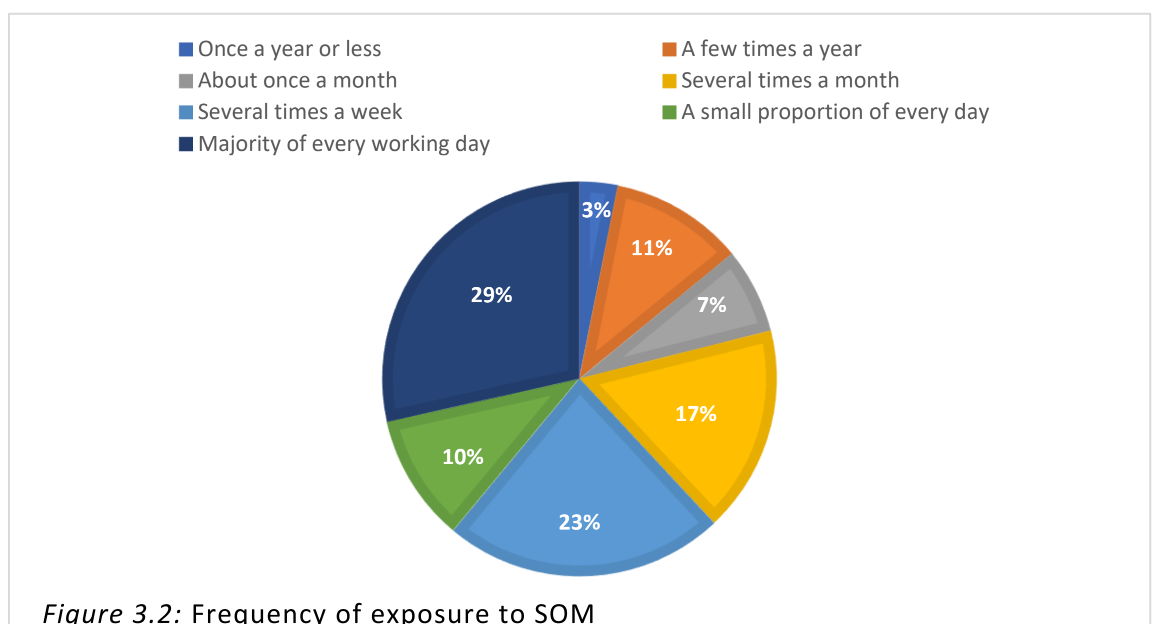


*Figure 3.2:* Frequency of exposure to SOM

As shown in Fig. 3.2, the largest respondent group were those who work with SOM as the main constituent of their role. Only one fifth of respondents worked with SOM once a month or less. Table 3.4 illustrates the mean frequency and duration of exposure to SOM, and the amount of notice staff have about likely exposure:

Table 3.4: Nature of exposure to SOM

| *Variable* | *Mean* | *SD* |
|---|---|---|
| I find myself viewing the same material several times during a case | 4.07 | 1.48 |
| When I have to work with SOM, it tends to be for long periods at a time | 4.06 | 1.39 |
| I generally know in advance when I will be expected to look at/hear about SOM | 3.51 | 1.68 |
| Sexual offence cases appear on my desk unexpectedly | 3.29 | 1.60 |
| I go for long periods without dealing with sexual offences then have a lot of exposure in a short space of time | 2.97 | 1.47 |

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

The range for all items was 1-6, demonstrating the wide range of respondent experiences and role requirements regarding SOM exposure. Participants tended to agree that they have to work with SOM for long periods at a time and have to view the same material several times. They tended to disagree that they work with SOM sporadically, find SOM cases unexpectedly on their desk, and know in advance when they are going to be exposed.

**Degree of choice about exposure.**

Table 3.5 shows the degree of choice about exposure to SOM that respondents felt they had, and the type of choice they would like to be offered:

Table 3.5: Degree of choice about exposure to SOM

| *Variable* | *Mean* | *SD* |
|---|---|---|
| I would like to be able to opt out of taking a sexual offence case if the details of the case meant I would find it difficult for personal reasons | 4.48 | 1.44 |
| If I had a choice, viewing indecent images would not be part of my job | 4.46 | 1.56 |
| I would like to be able to opt out of taking a sexual offence case during times when I have got personal issues that are causing me stress | 3.75 | 1.67 |
| I would prefer it if I didn't have to deal with SOM just before I go home | 3.32 | 1.60 |
| I would prefer to just view an indecent image rather than write a description | 3.22 | 1.47 |
| It is up to me what time of day I choose to work with SOM | 2.92 | 1.58 |
| I get to choose how long I spend in one sitting exposed to SOM | 2.89 | 1.61 |
| I get to choose which days I work on sexual offence cases | 1.78 | 1.05 |

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

The range of responses to all questions was 1-6. Most respondents disagreed that they had any choice around which day, the time of day, or for how long they are exposed to SOM. They tended to disagree that they would prefer not to deal with material just before going home, or would rather just look at an image rather than write a description. Participants tended to agree that they would like to opt out of a particular sexual offence case if they were experiencing other personal stressors, or if would find the case difficult for personal reasons. Such reasons could include features of the case which were identified in the free-text comments as being most difficult, for example if the victim's age or other characteristics reminded them of their own children.

There was no specific question in the survey regarding whether there should be a maximum tenure period for working in roles involving high frequency exposure to sexual offending. However, this was mentioned by a small number of participants within the free-text comments:

*"Working with SOM has a "shelf life" and from my own experience it has proved invaluable having a break away, even if only for a short period before returning to SOM work."*

*"I have worked in the Serious Sexual Offences Unit for over 5 years, which I believe is far too long for anyone to mentally cope with the sights and nature of the offences."*

In some forces tenure was implemented, but this system had not necessarily been adhered to because of the challenges of recruiting staff to SOM roles:

*"There was a set minimum two year tenure, with officers now told that there is no imminent prospect of them leaving the department. Staffing levels have declined as officers have left through retirement, transfer to other forces, and sickness, and are now at critical levels. There seems little management interest in supporting staff who are now working under extreme pressure dealing with traumatic allegations/material."*

The latter comment suggests a difficulty in recruiting staff to specialist SO roles and indicates concern about the potentially harmful effects of keeping staff within such roles against their wishes.

**How Difficult do Police Personnel Find Working with SOM?**

Participants were asked how difficult they found working with SOM overall on a six point Likert-type scale: 1 = Not at all difficult; 2 = Not particularly difficult; 3 = A little difficult; 4 = Quite difficult; 5 = Very difficult; 6 = Extremely difficult. Responses ranged from 1-6 showing a very wide range of experiences. The average response ($M$ = 3.30, $SD$ = 1.22) suggests that participants generally felt that their exposure to the material was only a little difficult. Correlational analysis was undertaken to establish whether there was a relationship between the length of time the individual had been working with sexual offending, the length of time they had worked for the Police, and their overall difficulty levels. Length of time in service was not significant but the length of time working with SOM was significantly negatively correlated with self-reported difficulty levels ($T$-$b$ = -.101; $p$ = .010), albeit with a weak association. This suggests a potential relationship between greater experience in dealing with SOM and lower levels of difficulty.

**Exploring both ends of the difficulty spectrum.**

A small number of respondents felt the work was not difficult at all ($n$ = 20) and another small group found the work extremely difficult ($n$ = 16). Seventy-five percent of respondents who find the work 'not at all difficult' had chosen to do the role or knew SOM was involved before they started. By contrast, only 25% of those who find the work 'extremely difficult' had chosen to work in a role involving SOM, or stated they had foreknowledge that this would be required. Of the 20 respondents who chose the option 'Not at all difficult', three made comments within the free text boxes that showed how strongly they felt working with sexual offending wasn't problematic at all:

*"This survey seems geared up to this being a traumatic area to work it. It simply isn't at all. The rape unit in [force redacted] is a very lighthearted place, were there is a great sense of humour, a great comradary [sic], and I have never seen nor heard of anyone who struggles due to the subject matter. We have many off work with stress and mental health issues, but this is (as far as I am aware from talking to one another) due to workload and low staffing levels. We laugh and joke about rape daily and it is totally commonplace to talk about it freely".*

This raises a number of points. It shows that certain members of staff can take exposure to information about sexual offences in their stride and not feel that they are negatively affected at all. Although this person feels that no-one in their team struggles with the subject matter, there are comments made by respondents from the same team which directly contradict this assertion. Throughout the dataset there is substantial evidence that Police are reluctant to show their feelings or admit they are not coping, due to fears of how this will be perceived. It is understandable that staff are reluctant to share the existence or nature of their difficulties when there is a strong – and possibly vocal – opinion from one or more colleagues in a team that the work is not difficult, particularly in an environment where "laughing and joking about rape daily" is seen as the norm. The troubling relationship between expectations about coping and negative psychological impact are explored in chapter four. Another respondent who scored '1' for overall difficulty described themselves as being completely desensitised or untouched by other people's distress:

*"Being cold hearted and having no feeling or compassion for others when they are in pain emotionally. When dealing with SOM you just become a machine and get on with it. To be honest I have no thoughts and feelings about what I deal with and no emotions for the people I deal with. Unfortunately, this can then apply to your own family members when they are upset or distressed about something. I worry sometimes about the way I am and wonder if I am normal. Not having any sympathy for your own family members is not a nice way to feel and I tend to look at them and think, why can't they just get over it and get on with it. It isn't fair on*

*them. My husband and daughter accuse me of being unsympathetic. In our office we…often laugh about things of a sexual nature, things which would almost certainly upset other people or worse still, victims, but it is always in the office environment. This would never happen in any victim's presence or with any member of the public."*

This person was self-aware, admitting that they are somewhat concerned about their lack of emotion towards SOM, victims, and their family. Like the previous respondent, they referred to the use of 'gallows' humour likely to be considered inappropriate by others. This was justified in their assurance that neither victims nor the public would be witness to such humour. No mention was made of colleagues who may find the humour inappropriate, or whose struggles with the work may be trivialised by such comments. Interestingly, while light-hearted humour has been found to be adaptive in a sample of Police working with SOM, 'gallows' humour has been linked to increased traumatic stress symptoms (Craun & Bourke, 2014).

Five of the 20 people who said they don't find working with sexual offending difficult at all had similar adverse psychological symptoms as those who find the work 'extremely difficult', which they expressed within the free-text comments. These included *"Flashbacks of horrendous footage", "Severe lack of trust with people who have interaction with my children", "nightmares/recurring visions of abuse", "Over-reaction to offenders",* "*Despair and sadness at the number of victims and offenders".* This shows that even those who stated they do not find the work difficult at all may still be susceptible to negative outcomes and changes to their behaviour. Participants who had the greatest overall difficulty with sexual offending work shared some of their extreme negative experiences:

*"Waking up in the night worrying about cases, nightmares, the physical damage the stress of the role has caused, the anxiety and depression, not being able to cope with the sheer volume of work in this role, the frustration that no one in management takes any notice of concerns raised."*

*"This work is had a massive negative impact on me.  I don't trust people to look after my little girl and am constantly checking her for signs of abuse. I have been off sick several times with severe anxiety and depression. I feel working in my role has ruined my life. I have opted for voluntary redundancy as it has disillusioned me so badly I don't feel I can work any longer for the Police."*

*"I am absolutely paranoid about everybody and suspicious of everyone's motives in relation to caring for children. I do not leave my children with anyone if I can avoid this. I have awful thoughts and suspicions about people I don't know very well. I have terrible concerns about my children and any contact they have with people outside my immediate family."*

These comments illuminate the severe and enduring psychological changes that can occur for some people as a result of exposure to SOM.

Figure 3.3 indicates a clear relationship between stated level of difficulty and adverse reactions analogous to PTSD symptoms. However, it is interesting to note that two of the respondents in the 'not at all difficult' group had PTSD symptom scores around the mean for those who found the work 'extremely difficult'. This illustrates that the relationship between stated difficulty with SOM work and adverse impact is not as straightforward as it might initially appear.

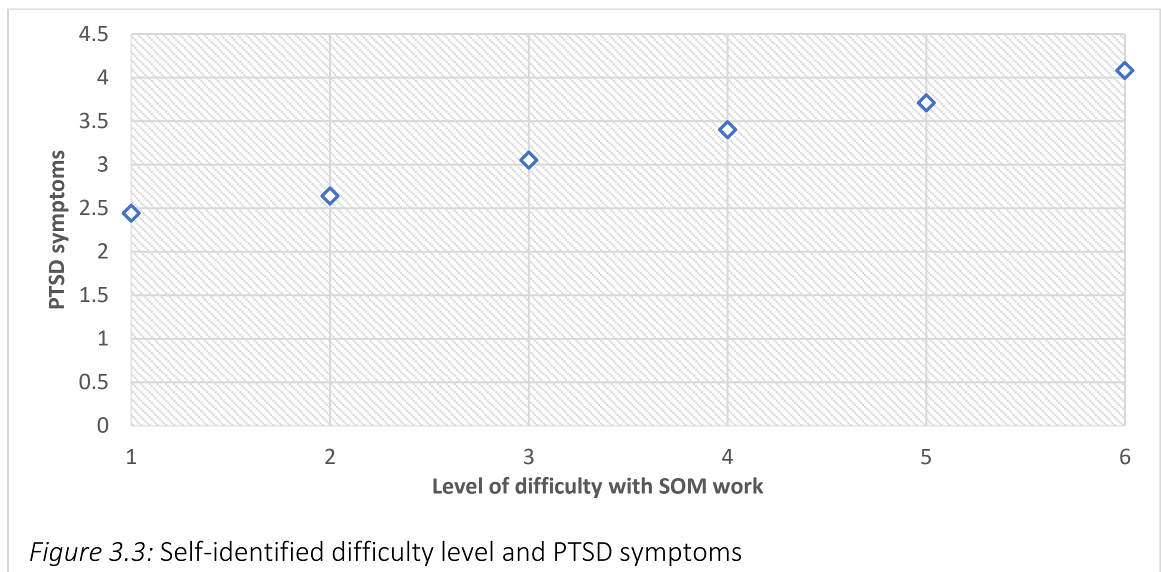


*Figure 3.3:* Self-identified difficulty level and PTSD symptoms

The issue of training and support from peers and supervisors was identified throughout the dataset as a key issue which affected individuals' levels of difficulty with the work:

*"I am a uniformed officer who had no experience of sexual offence cases. I was dragged into a case and told that nobody else could deal with it. I was shown support by my supervision and colleagues however from departments who felt they were better than me i.e PPU. I felt patronised and embarrassed and was told when I said I was finding it hard to 'GET A FUCKING GRIP'. There was no interest in how my professional nature would be affected going to 999 calls after just seeing a cat A image."*

This member of staff felt let down by colleagues in other teams when they expressed their difficulties with the work, which is likely to perpetuate a reluctance to be open about their feelings in the future. The comment also highlights staff perceptions about a lack of appropriate training, and the impact that the volume of sexual offence cases can have on decisions about workload allocation. It illustrates that some individuals feel they are being asked to do more work than they can reasonably cope with and undertake tasks that they are not trained for. This is particularly important when considering how viewing indecent images may impact on a person's cognitive and affective states immediately before responding to an emergency call. Such calls could involve any number of stressors and demands, about which the officer will have minimal information beforehand. A considerable level of emotional intelligence would be required to identify and manage the potentially intense and layered emotions involved in order to avoid these feelings affecting performance (Goleman, Boyatzis & McKee, 2002). Further findings about the impact of exposure to sexual offending and support/training provision are discussed later in the chapter.

**Difficulty with nature of exposure.**

Free-text responses were gathered about elements of sexual offending work participants found most difficult. In total, 291 participants responded to the question and a

further 93 participants either stated N/A or left the question blank. A total of 453 individual items were coded from the responses, and those with three or more incidences are shown in figure 3.4. Respondents were also asked scaled questions about aspects of exposure to SOM which were particularly difficult, based on frequently cited themes from the interview phase of the research (see Table 3.6). The range of responses to all questions was 1-6.

Table 3.6: Difficult elements of SOM work

| *Variable* | *Mean* | *SD* |
|---|---|---|
| Having to look at the same images multiple times makes it harder to forget them | 4.35 | 1.37 |
| Having to write a description of an indecent image or video means it sticks in my mind longer | 4.16 | 1.38 |
| I find it particularly difficult to look at images of victims who I have already met, rather than those I haven't met | 3.73 | 1.46 |
| I find it more difficult to look images of victims who have not been identified, as I feel unable to find or help them | 3.71 | 1.47 |

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree.

Participants tended to agree that repetition of viewing indecent images and having to make a written description increased the pervasiveness of the imagery. Greater difficulty with looking at the same images multiple times was significantly positively correlated with experiencing intrusive images ($T\text{-}b$ = .431, $p$ = <.001) and intrusive thoughts, ($T\text{-}b$ = .307, $p$ = <.001), as well as rumination about cases ($T\text{-}b$ = .390, $p$ = <.001). Greater difficulty with having to write a description of an indecent image was also significantly positively correlated with intrusive images ($T\text{-}b$ = .315, $p$ = <.001), thoughts ($T\text{-}b$ = .231, $p$ = <.001) and ruminating ($T\text{-}b$ = .318, $p$ = <.001).

The most difficult aspects of SOM cited by participants are shown in figure 3.4. By far the most frequently cited difficult aspect of SOM work within the free text comments was having to look at indecent images or videos of children ($n$ = 67):

*"I find having to view videos showing the abuse of children with the sound turned up particularly harrowing, (it is necessary for Victim ID) if I have to view these images more than once, I either turn the volume down, or listen to music on headphones."*

This shows not only how the sound element of videos can be particularly distressing, but also provides insight into strategies used by Police staff to manage their exposure to SOM. Subthemes of IIOC were also frequently referenced as being the most difficult aspects to deal with. This includes young age of victims in images of abuse ($n$ = 28), with the rape of babies and very young children being the most difficult.

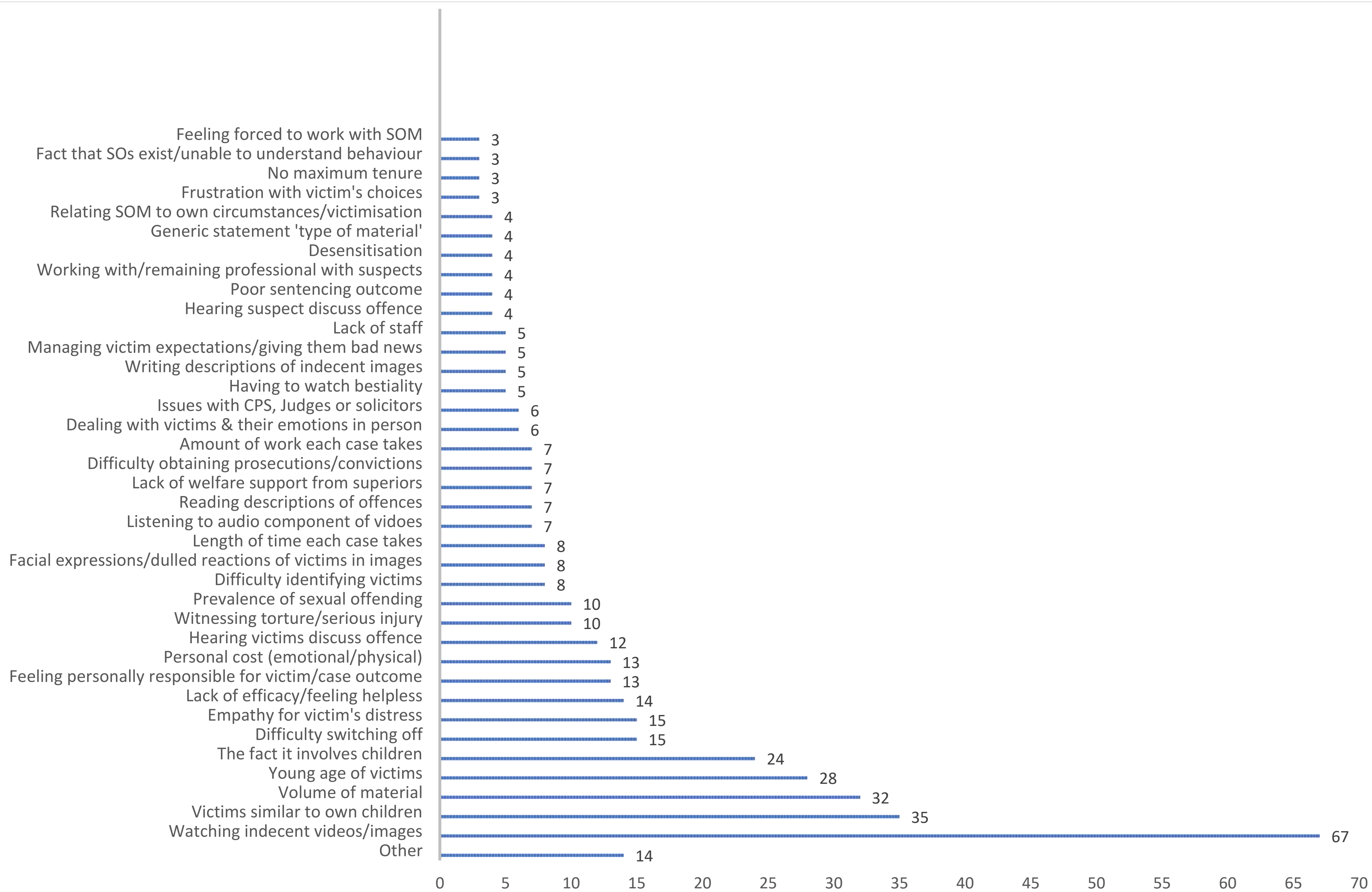


*Figure 3.4:* Most difficult aspects of SOM work

Seeing victims who are similar to their own children (whether in age or appearance) was also frequently cited by participants (*n* = 35). Other features of the material found to be particularly difficult were images of the sexual torture of children, where the distress and pain of victims was very pronounced and where child victims appeared to be acquiescing to the abuse, indicating that they were inured to what was happening to them:

*"When viewing videos, seeing young children who do not scream when they are being raped and, in fact, show no emotion whatsoever - thus demonstrating that they have become desensitized as the behaviour is commonplace to them."*

*"Watching very young children respond in a conditioned way. Engaging in sexual acts as you would expect an adult might, indicating that the abuse is common place and has been happening for extended periods."*

Some participants made comments about the difficulty they had in forgetting the expressions on victims' faces in such circumstances. For others, written material was more difficult to deal with than images:

*"Having to deal with rape investigations every day, reviewing and reading graphic descriptions of sexual violence and abuse. Every day at work is like having to read a book that makes you sick but you have no choice in having to pick up and read."*

This highlights how examining SOM is a process counter-intuitive to the instinct to avoid repeatedly looking at something which is found to be distressing. It also highlights that visual imagery is not the only material which has the potential to cause distress. A participant in study one commented that reading about offences was worse because abuse images were being automatically generated in his mind. This led to significant discomfort: it felt wrong to the individual that they were able to mentally create abuse imagery, as it felt close to the mental processes offenders would go through to fantasise about abuse. Some participants in study two

found material unrelated to SOM to be most difficult, such as images of bestiality, legal hardcore pornography, and mutilation or executions:

*'Reviewing IIOC material contained videos of executions which has left a permanent mental scar.'*

This highlights the presence of psychological risks relating to violent content which may be encountered incidentally by staff during sexual offence cases. Exposure to unexpected material for which the individual has not prepared themselves may mean that their usual coping mechanisms are bypassed. This facet of Police trauma exposure requires exploration in future research.

**Volume and workload problems.**

The volume of the material associated with sexual offence cases and the number of individual cases dealt with at one time were cited by many respondents as the most difficult elements of their role, at times more difficult than the nature of the material itself:

*"I deal with Convicted Sex Offenders, so for 8 hours every day I am exposed to sexual offences. The volume of offenders is huge. The work is relentless."*

*"I feel that people aren't given the time to do the jobs properly which impacts on how you do them. Also too many of this type of job on your desk and you sink."*

*"Public awareness and willingness to report sexual offences coupled with the rise in internet related / enabled offending has led to an explosion of work in this field. The staffing levels have increased but nowhere near enough to deal with these offences adequately. Excessive workload is a greater problem than the sexual material."*

*"There are very few working days when you aren't exposed to…serious sexual violence. There is no chance of moving departments - you are trapped in it."*

This sense of being 'trapped' in sexual offending work echoes comments made by a participant in study one, who said that the only way to avoid it was not just to stop working for the Police, but to leave the criminal justice sector entirely.

**Impact of Internal and External Pressures on Experiences of Working with SOM**

The concept of self-generated and supervisor pressure was explored using the items shown in Table 3.7:

Table 3.7: Pressures associated with SOM cases

| *Variable* | *Mean* | *SD* |
|---|---|---|
| I worry about the repercussions for victims if I miss something or get something wrong | 5.38 | 0.96 |
| I worry about the repercussions for me professionally if I miss something or get something wrong | 5.21 | 1.13 |
| I have come into work when I have been unwell so other people don't have to cover my cases | 4.34 | 1.60 |
| I find myself spending longer than I would like in one sitting working with SOM so I can get it over with | 3.43 | 1.49 |
| I feel under pressure from my manager to take sexual offending cases even if I don't have the workload capacity | 3.18 | 1.68 |
| I find myself spending longer than I would like in one sitting working with SOM because of pressure from my supervisors | 2.61 | 1.35 |

1= strongly disagree, 2= disagree, 3= slightly disagree, 4= slightly agree, 5= agree, 6= strongly agree.

The range of responses was 1-6. It was heartening to see that participants tended to disagree that they felt pressure to take on more cases or keep working with SOM past a tolerable amount of time in one sitting, whether from managers or through self-generated pressure. Other pressures had more of an impact, with respondents agreeing that they were concerned for victims and for themselves professionally about the consequences of missing a crucial piece of evidence or otherwise making a mistake during the case. The level of responsibility felt difficult to manage for some respondents:

*"Anxiety more due to workload and worrying about missing something. The responsibility to the victims is at times overwhelming."*

*'Emotional impact of having to get everything right. Worrying about being complained about or being disciplined.'*

Anxiety about 'getting it right' can escalate when there are personal stressors to deal with:

*"I became extremely anxious and hyper-vigilant in relation to my work when other areas of my life became difficult to manage and were not running as smoothly as usual."*

This highlights the potential benefits of giving staff the option to opt out of certain cases during times of personal stress. Participants tended to agree that they have come into work while unwell to avoid colleagues having to cover their cases. This also indicates a highly developed sense of responsibility for SO cases, and one which may have the potential for adverse effects upon respondents' health and wellbeing. The relationship between work pressures and negative psychological impact are explored in further detail in chapter four.

**Other People's Perceptions of SOM Work.**

Participants in study one noticed that opinions about working with sexual offending held by Police colleagues, family members and friends had affected their interactions with them. In some cases this had a substantial impact, such as the frustration of participants who felt that other officers trivialised the work or the material. Therefore, questions around stigmatisation and minimisation of sexual offending work were included in the study two survey.

Table 3.8: Other people's opinions of sexual offending work

| *Variable* | *Mean* | *SD* |
|---|---|---|
| Some people can't understand how I am able to work with sexual offences | 5.04 | 1.07 |
| There are some members of staff who make light of sexual offending work | 4.13 | 1.42 |
| I sometimes feel isolated in social situations because other people don't want to know about my work | 3.37 | 1.50 |
| I think there is a stigma about working with sexual offending | 3.35 | 1.50 |
| I have been treated with wariness or suspicion because of the fact I work with sexual offending | 2.54 | 1.32 |

1= strongly disagree, 2= disagree, 3= slightly disagree, 4= slightly agree, 5= agree, 6= strongly agree.

Table 3.8 shows respondents agreeing that other people don't know how they can work with SOM, and tending to agree that some staff members make light of sexual offence work. Although participants tended to disagree with the three statements overall, experiencing a stigma associated with sexual offending work ($T\text{-}b = .248$, $p = <.001$), feeling isolated in social situations

(*T-b* = .312, $p$ = <.001), and having been treated with suspicion due to working with SOM (*T-b* = .279, $p$ = <.001) were all significantly positively correlated with PTSD symptoms.

**Coping Strategies**

Coping styles were measured across two areas. Participants were asked questions about methods they used when directly exposed to SOM (Table 3.9).

Table 3.9: Direct coping strategies

| *Variable* | *M* | *SD* |
|---|---|---|
| I tend to switch off from being myself and have my Police head on when dealing with SOM | 4.51 | 1.31 |
| I would prefer to be based in my own division/office when I am dealing with SOM | 4.28 | 1.40 |
| I would like to be able to go into a different room for a break when I am working with SOM | 4.25 | 1.30 |
| I just think about completing the task at hand when I am working with SOM in order to get through it | 4.17 | 1.23 |
| Being able to look away from the screen at a picture or out of the window would help while I am looking at SOM | 4.11 | 1.27 |
| I think of SOM just as evidence I have to analyse as part of my role | 4.07 | 1.39 |
| I make sure the sound is turned off if I am viewing a video of a child being abused | 3.91 | 1.70 |
| I try not to think too much about what I am seeing or hearing | 3.88 | 1.32 |
| I tend to process the information about sexual offending like a robot | 3.76 | 1.42 |
| I put what I have seen or heard about sexual offences in a box in my head where I don't have to think about it | 3.66 | 1.54 |
| I do not allow personal feelings or thoughts into my head when working with SOM | 3.59 | 1.45 |
| I try to deal with images of sexual offences as quickly as possible and move onto the next one | 3.45 | 1.37 |
| Before being exposed to SOM, I prepare myself mentally by thinking about what I might see/hear | 3.41 | 1.39 |
| If I know I am going to see/hear about sexual offences that day it is easier to prepare myself | 3.39 | 1.27 |
| I try not to think about the victims in indecent images or other material as real people | 3.28 | 1.49 |
| I avoid looking too closely at the detail of indecent images or other material | 3.21 | 1.42 |
| The computer screen acts as a barrier between me and the reality of what I am seeing | 3.21 | 1.38 |
| I sometimes put off having to deal with SOM and do something else instead | 3.14 | 1.44 |
| I would prefer to have music on in the background when I am dealing with SOM | 3.12 | 1.50 |
| When I hear graphic descriptions of offences, I think of it more as a story than something that has actually happened to a person | 3.01 | 1.36 |

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree.

The most popular strategy was for participants to 'Put their Police-head on' (*M* = 4.51, *SD* = 1.31). This involved approaching SOM with the mindset of a Police investigator, subsuming their personal identity. 'Thinking about the task at hand', was another popular response (*M* = 4.17, *SD* = 1.23), and implies a focus purely on the immediate work to be done with the material, i.e. categorisation of an indecent image or gathering evidential information from a victim. These strategies are different in that the former shows the worker contextualising what they are doing as part of their job role, whereas the latter indicates a desire to compartmentalise a task in order to complete it. The three other most popular strategies all related to environmental factors: participants wanted to have a different room they could go into for a break, to be able to work on SOM within their own office rather than travel to another location, and to have the opportunity to look at a picture or out of a window interspersed with having to view SOM. These strategies allow some control over the environment in which they are operating or provide a degree of comfort through proximity to peers or physical/psychological 'breathing space' during exposure. The least popular strategies involved either detachment from the content of SOM (thinking of written material as just a story; feeling the computer screen acts as a barrier) or avoidance of the material (putting it off; not looking too closely). Having music on in the background was also one of the least popular strategies. Table 3.10 shows the general coping strategies used by participants to deal with the stressors of the work. The range of responses to all general coping strategy items was 1-6, except 'being able to have a laugh with colleagues' which had a range of 2-6. The most popular strategies related to humour: either being able to laugh with colleagues (*M* = 5.33, *SD* = 0.78) or generally having a good sense of humour (*M* = 5.23, *SD* = 0.95).

Participants were asked to identify the extent to which they used general strategies to cope with any difficulties or stressors they have experienced due to their work with sexual offending (see Table 3.10). All direct and general coping strategy options included in the survey had been identified by participants in study one. The range of responses for all direct coping strategies was 1-6.

Table 3.10: General coping strategies

| Variable | Mean | SD |
|---|---|---|
| Being able to have a laugh with colleagues helps to relieve any negative feelings I have had as a result of working with sexual offending | 5.33 | 0.78 |
| When you work with sexual offences it is important to keep a sense of humour | 5.23 | 0.95 |
| Spending time with my friends or family is a good way of relieving stress caused by working with SOM | 4.86 | 1.07 |
| I find that relaxing or doing peaceful hobbies helps me to relieve any stress I feel as a result of sexual offence cases | 4.49 | 1.21 |
| I find that if I have struggled with elements of sexual offending cases, talking about how I feel is helpful | 4.37 | 1.24 |
| I use physical exercise to relieve any stress I might feel as a result of my work | 3.88 | 1.46 |
| To deal with the work, I remind myself that people who commit sexual offences are in the minority | 3.55 | 1.37 |
| I have a certain 'ritual' that I use to separate my work from my home life | 3.12 | 1.40 |
| I drink alcohol as a way of coping with the stresses of sexual offending work | 2.77 | 1.62 |
| I deliberately don’t socialise with people from work to avoid ‘shop-talk’ about sexual offence cases | 2.71 | 1.38 |

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree.

Humour-based strategies were described by one respondent as being useful at the time they were utilised, but not able to prevent longer-term negative impact:

*“I tried to deal with what we had seen or heard by way of humour with a close colleague. This was the best coping mechanism we came up with and not very popular with some colleagues. It worked for us but I now have lots of sleepless nights unfortunately.”*

The humour was frequently described as dark and, in some cases, inappropriate:

*“I think my sense of humour has become what could best be described as inappropriate whilst at work, but this is true of several of us in our department. We have already discussed this and have decided that it is a coping strategy and it is commonly seen in many police departments. I can't say that it is down to working with this type of material as I have worked for the police for many years.”*

*“I have been accused of having a sick sense of humour on many occasions. I would describe a child having been molested as "a kid got diddled with". This has been seen as, and I have been challenged for, being inappropriate. If I were to describe a child as having been molested by their father then all of a sudden it has become real rather than just a job that is on my desk”*

The latter response shows that the person uses humour as an emotional distancing technique – an attempt to obscure the true nature of the offence by euphemising in a way that makes light of the abuse. The coping strategies identified least by participants were deliberately not spending time with peers to avoid talking about work (*M* = 2.71, *SD* = 1.38), drinking alcohol (*M* = 2.77, *SD* = 1.62), and having some sort of ritual with which to separate work and home life, for example needing to shower and change clothes as soon as they get home (*M* = 3.12, *SD* = 1.40).

**Beliefs about Coping**

An area of interest from study one was a series of comments about coping beliefs and expectations, which were explored further in study two. Hiding signs of experiencing difficulty, feeling that struggling to cope equated to failure, and being conscious of supervisors' expectations of staff were all prevalent themes. The responses can be seen in Table 3.11:

Table 3.11: Coping beliefs

| *Variable* | *Mean* | *SD* |
|---|---|---|
| There is an expectation from management that you should just get on with it | 4.57 | 1.34 |
| If I admitted I wasn't coping I would feel like a failure | 3.96 | 1.57 |
| I worry what people would think of me if I said I needed help | 3.79 | 1.56 |
| I sometimes hide the way I feel so people don't realise I am struggling with the work | 3.79 | 1.60 |
| As a Police officer or member of Police staff you should be able to cope with anything | 3.37 | 1.57 |

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

The range of responses for all items was 1-6. Respondents agreed with the statement 'There is an expectation from management that you should just get on with it' (*M* = 4.57, *SD* = 1.34). This response depicts managers as potentially disinterested in hearing from staff members who are struggling to cope with the work, which is likely to have an impact on individuals' willingness to be open about their difficulties. Comments were made which illuminated beliefs about coping and a culture of stigmatisation around issues of mental health:

*"There is a stigma in the police and in the public around stress and mental health and cops do not talk about struggling to cope as it is seen as failure, as a result they push, without the support and end up suffering from the work they do."*

*"The content and amount of work was so high for such a long period of time that I used to come into work and go home from work crying. I'd even cry during work which I would hide."*

Other comments illustrated how true feelings were being hidden, for fear of appearing 'weak':

*"I feel there is a culture where I work that if you display any emotion or empathy it is a weakness and that the police are all about arrests, charges and convictions. I feel as if I play along with this to a certain extent to portray a harder version of myself."*

*"Although I know there is support at occupational health I feel that if I ask for help I will be seen as being weak. I hate working on sexual offence cases but because of the qualifications I have and my length of service I am the obvious choice a lot of the time."*

Respondents had also noticed colleagues masking their true feelings:

*"[I see] Colleagues suffering with depression and trying to hide it, feeling as though they are a failure if they admit to how they are feeling."*

*"Colleagues who portray it's not affected them but knowing full well it has. You can see it. None of us discuss truly how it affects you but we all know."*

These comments depict a Police culture where stoicism is expected from officers regardless of what they are required to deal with, and a reluctance by staff to show their true feelings. The comments mirror those made by participants in study one. Struggling to cope and having difficulty with the work were generally felt by respondents to be wholly acceptable reactions, which they would be sympathetic to in colleagues. However, these same reactions were hidden by officers themselves either for fear of others' perception of them, or due to their experiences of negative supervisor responses.

**Impact of SOM Exposure**

Of the 384 respondents, 102 stated 'N/A' in the impact free text box, indicating they had never experienced any significant negative reaction from being exposed to SOM. Many of these

respondents had correspondingly low scores on items which examined their immediate or longer-term reactions to SOM. However, several respondents who did not state any negative impact in the free-text area scored highly on other impact items. One such respondent's other answers showed they had experienced anxiety, being upset and being angry for 'a couple of weeks to a month' after exposure to SOM from one case. The same participant scored highly on questions about no longer trusting others, feeling the world was not safe, and experiencing a sense of dread when they thought about having to work with SOM. They strongly agreed that the work chips away at you and felt like a different person since working with SOM. Leaving blank or responding N/A when given the opportunity to provide free-text comments about impact does not therefore guarantee the person has not experienced significant negative consequences. One of two dynamics could explain this. The respondent may not have had the inclination or time to add comments. Alternatively, the respondent may not recognise that something they have experienced constitutes a significant adverse effect. The open question about impact is asked *before* the specific questions on this subject, to gather spontaneous accounts of participant experience. Respondents may find it easier to recall their reactions to SOM when asked specific questions, for example about whether they have had nightmares, or whether they ever felt upset for an extended period of time after working on a certain case.

Figure 3.5 shows the most common free text responses to the question *'What is the most serious impact you have personally experienced as a result of working with SOM?'.* Of the 15 'other' responses, comments included 'having sexual thoughts', and a description of a suicide attempt. A total of 384 individual comments about personal impact were coded. The question *'Thinking about your colleagues, what is the most serious impact you have seen as a result of working with sexual offence material?'* was designed to capture the effects of SOM work that individuals may not recognise in themselves, but which were noticeable in others. In total, 223 participants responded and the other 161 either left the question blank or wrote N/A, indicating that they had never noticed a colleague being adversely affected. A total of 334 separate comments were coded for this question, and the responses are shown in figure 3.6.

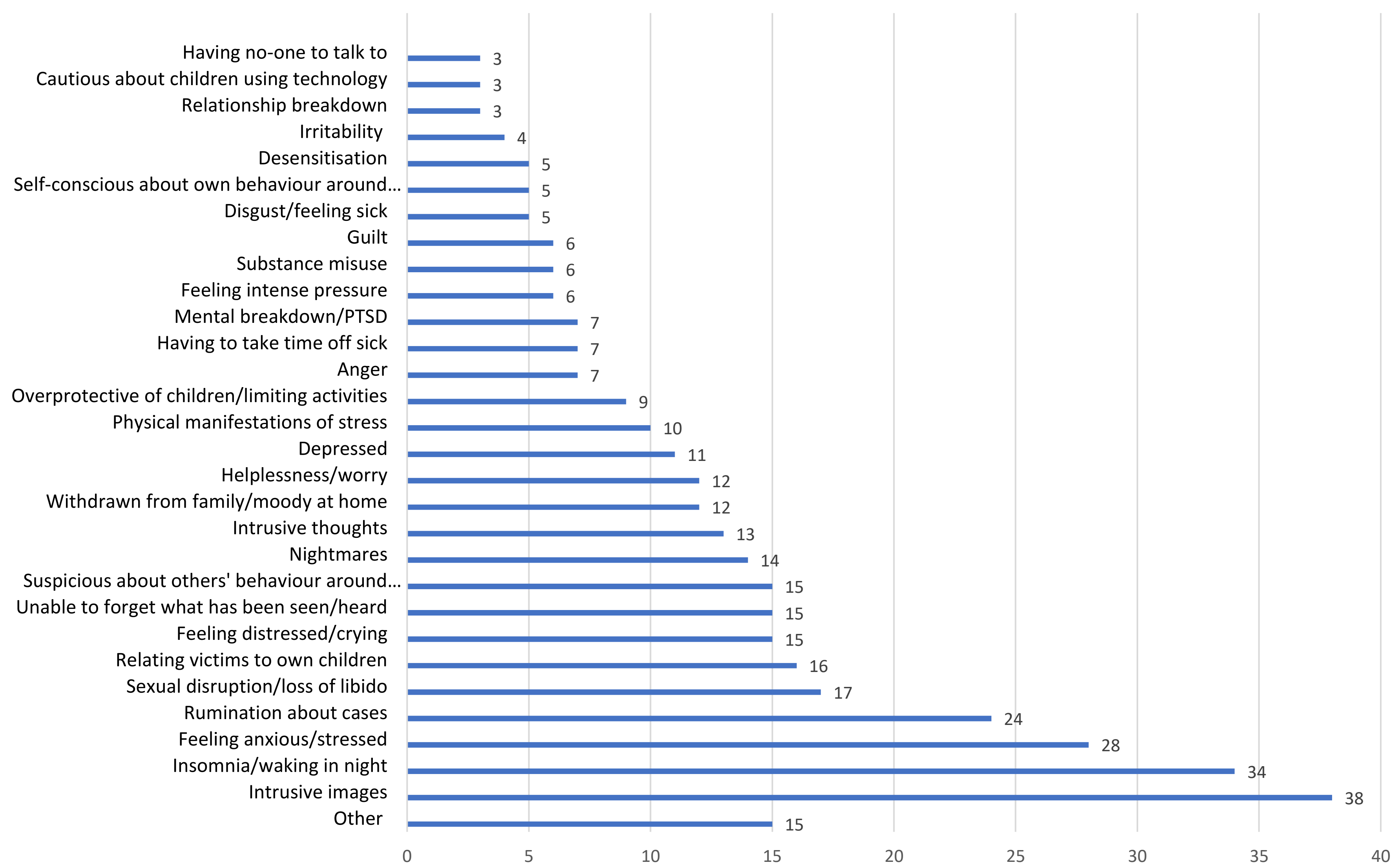


*Figure 3.5:* Greatest impact upon self

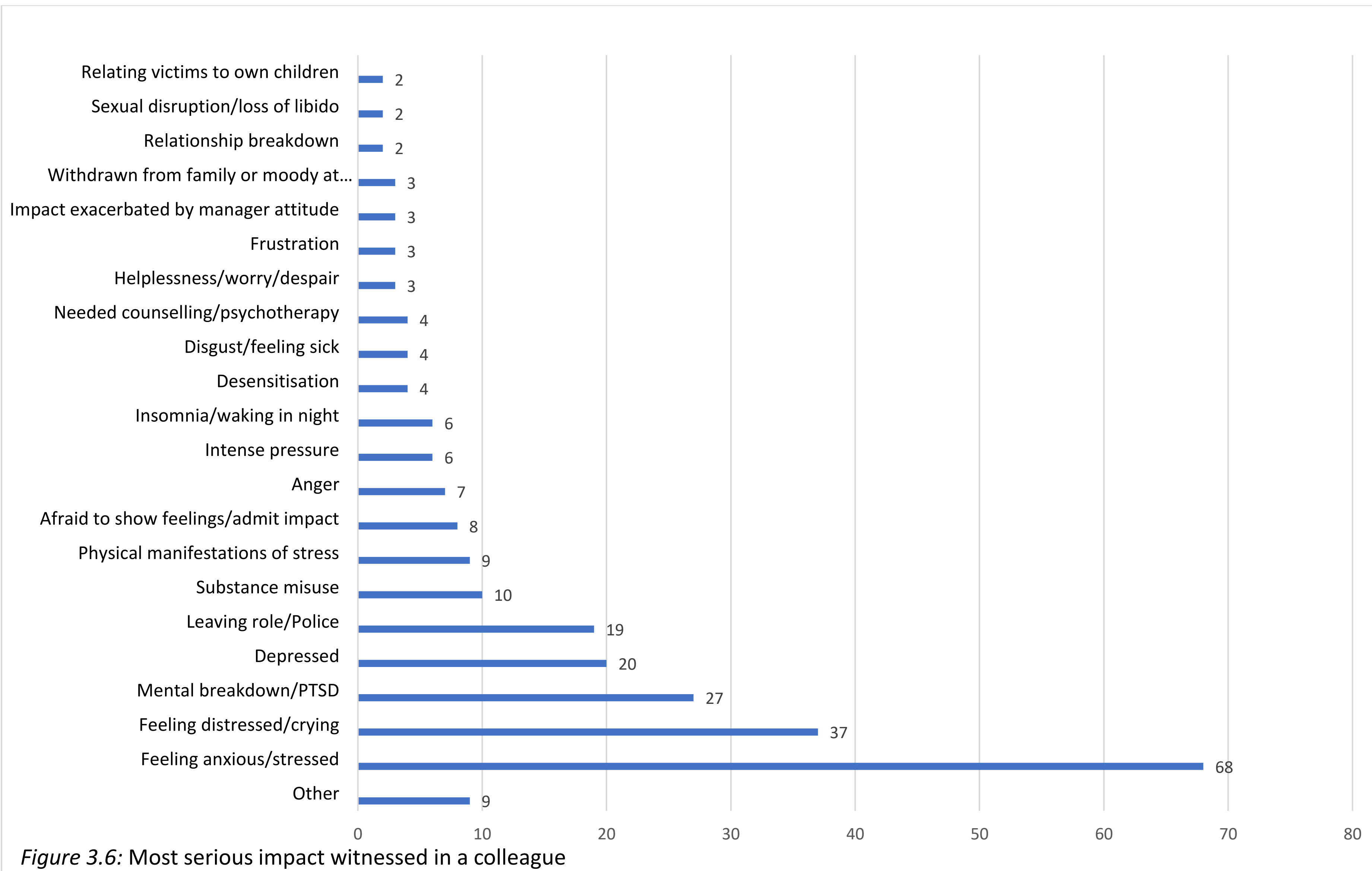


*Figure 3.6:* Most serious impact witnessed in a colleague

Intrusive images were the most common personally experienced impact, with sleep disruption, anxiety or stress and rumination about cases also affecting participants. By far the most commonly witnessed impact in colleagues was feeling anxious or stressed, with being distressed/crying and complete mental breakdown or signs of PTSD also occurring with concerning frequency.

**Reactions proximal to SOM exposure.**

Reactions which occurred during or after exposure were measured on a six-point Likert scale: 1 = no, I have never felt like this, 2 = for a short time during or afterwards, 3 = for the rest of the day, 4 = for up to a week afterwards, 5 = for a couple of weeks to a month afterwards, 6 = for more than a month. The range of responses for all items was 1-6, apart from 'fleeting sexual arousal', which had a range of 1-5.

Table 3.12: Psychological and physical reactions proximal to SOM exposure

| *Variable* | *Mean* | *SD* |
|---|---|---|
| Sadness | 3.35 | 1.60 |
| Anger | 3.14 | 1.58 |
| Revulsion | 3.07 | 1.61 |
| Feeling upset | 3.07 | 1.57 |
| Frustration | 3.05 | 1.71 |
| Disbelief | 2.93 | 1.61 |
| Shock | 2.56 | 1.46 |
| Anxiety | 2.51 | 1.74 |
| Horror | 2.49 | 1.53 |
| Feeling powerless | 2.46 | 1.70 |
| Inability to concentrate | 2.41 | 1.50 |
| Feeling depressed | 2.34 | 1.67 |
| Hopelessness | 2.24 | 1.58 |
| Feeling sick | 1.79 | 1.19 |
| Feeling of unreality/as if in a dream | 1.66 | 1.17 |
| Crying | 1.65 | 1.25 |
| Feeling scared | 1.32 | 0.99 |
| Fleeting sexual arousal | 1.13 | 0.50 |

Table 3.12 shows that sadness, anger, feeling upset, and revulsion were the most long-lasting reactions encountered as a result of exposure to SOM. When looking at the number of people who have a reaction of any duration and those who do not experience the reaction at all, feeling upset and angry, sadness, revulsion and disbelief were experienced by the greatest number of

respondents (see figure 3.7). By far the reactions which were experienced least are fleeting sexual arousal and being scared. The maximum possible score across the 18 reactions was 108 and the range of responses was 18 to 101 (*M* = 42.90, *SD* = 17.86).

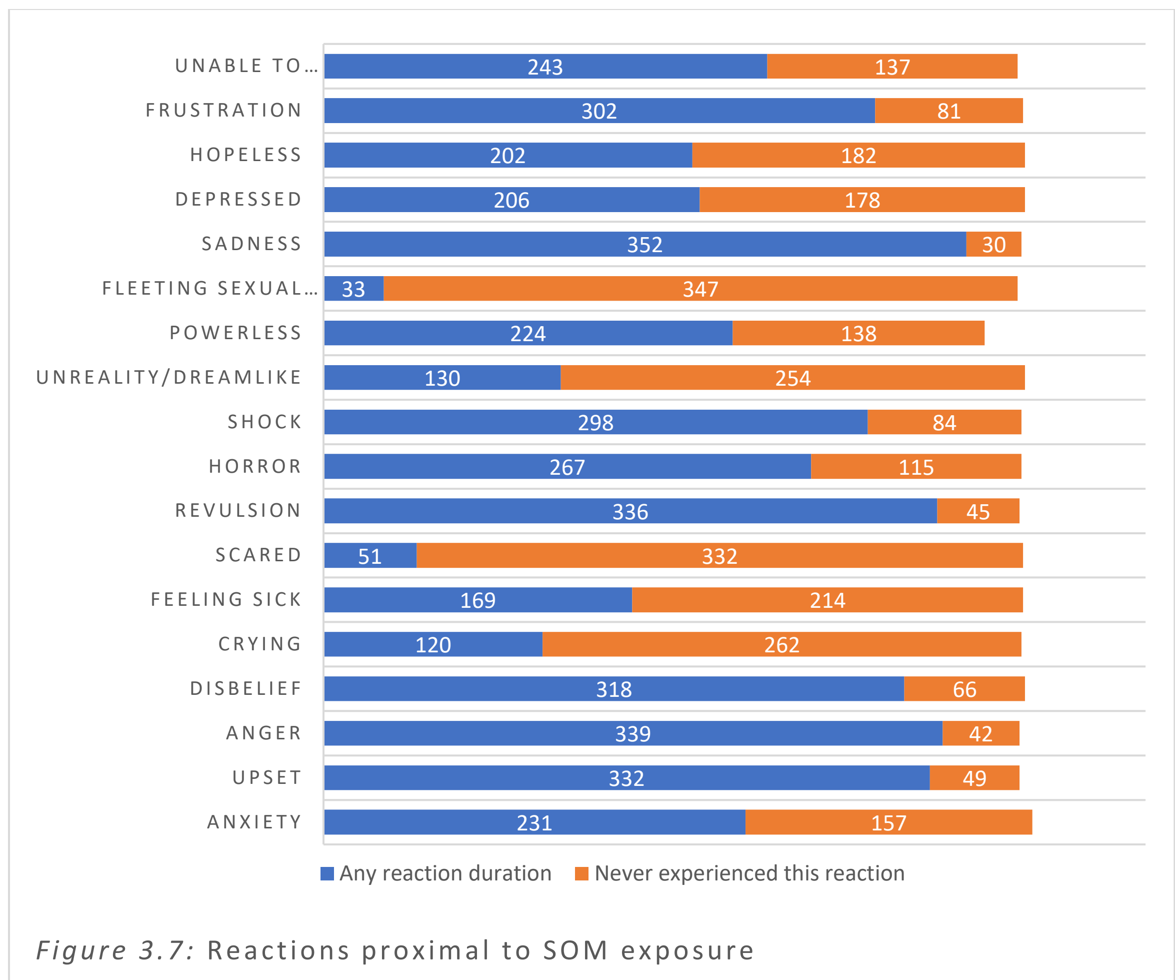


*Figure 3.7:* Reactions proximal to SOM exposure

The range of feelings experienced by some officers during exposure to SOM were elaborated within the free text boxes, where participants were asked about the most significant impact they had experienced as a result of exposure:

*"When I was a researcher for many years I would see a non-penetrative image knowing I will see the same child later being in a penetrative image and not doing anything about finding out who they are."*

This comment denotes a feeling of helplessness and is reminiscent of the survey item about difficulty in viewing images of unknown victims, who the officer feels unable to help or save.

Police personnel working with SOM commonly encounter multiple images of the same child victim, seeing them ‘grow up’ throughout the material (Dyson, 2019). The knowledge that the same victim is living through a lifetime of abuse can engender feelings of helplessness and powerlessness in officers, as found in study one. Given the proliferation of IIOC, respondents cite role and resource limitations to explain why timely pro-active investigation of every indecent image is impossible.

The consequences of working with SOM include adverse impact not only on staff well-being, but also on productivity. Failing to provide support for staff by refusing them time off due to operational pressures seems to have been counter-productive, and has had serious psychological ramifications for some officers:

*“I had a breakdown and was off with work related stress for months because I was forced to deal with 7 rapes in as many months because I was the only female on the team at the time. I was young in service so I was too frightened to speak up. I kept asking for time off on annual leave as I knew I was going under, but my requests were continually refused because we were short staffed. This has left me permanently mentally scarred throughout my career and it is still painful to think about over 10 years later and has left me much less mentally resilient at times and I have suffered bouts of recurring depression and anxiety.”*

This problem reaches its apogee in staff who have had suicidal ideation:

*“The pressures and demands of dealing with SOM left me feeling depressed and having lost the will to live. I ended having an accident having [ridden my bicycle] without care for my safety and resulted in me requiring surgery and time to reflect and acknowledge where I was mentally and take appropriate action.”*

Some respondents found it difficult to control powerful feelings of anger towards perpetrators of sexual offences:

*"I had to be held back [from assaulting a perpetrator] by my colleague. This was one of the first sexual offences I had dealt with. I was thoroughly ashamed of behaving this way but that's as serious as it got."*

There is clear remorse on the part of the individual for having felt compelled to harm the perpetrator. However, the comment reflects both the risks to suspects and the potential for lasting feelings of guilt for practitioners when struggling to manage emotions engendered by sexual offending. The intensity of exposure and the horrific nature of the material was emotionally overwhelming for some participants:

*"Breaking down in tears having to listen to a video of a very young child being held down and raped when played during interview with the defendant. It took some time to compose myself."*

*"I have been in tears after interviewing after the victim has left."*

These comments illustrate the strength of emotions of various types which emerge as a result of exposure to SOM.

**Longer-term cognitive, behavioural and affective impact.**

Table 3.13 shows the extent to which respondents felt they had experienced a range of impacts upon their behaviour, thought processes, and feelings about themselves and others. All item responses had a range of 1-6.

Table 3.13: Cognitive, behavioural and affective impact

| *Variable* | *Mean* | *SD* |
|---|---|---|
| I find myself more suspicious of people's motivations since working with sexual offending cases ◊ | 4.65 | 1.34 |
| Since working with sexual offending, I feel more and more that the world is not a safe place ◊ | 4.10 | 1.53 |
| My sense of trust in other people has diminished since working with sexual offences ◊ | 3.96 | 1.55 |
| At times I feel emotionally overwhelmed by the work ◊ | 3.88 | 1.50 |
| Being exposed to sexual offending time and time again chips away at you as a person | 3.84 | 1.54 |
| After a certain amount of time dealing with sexual offence cases, you become numb to it | 3.76 | 1.48 |
| I feel like I am a different person since working with sexual offending | 3.62 | 1.59 |
| I sometimes see images related to sexual offending cases in my head without warning ◊ | 3.48 | 1.66 |
| I have unwanted thoughts about sexual offending cases or material when I am not in work ◊ | 3.44 | 1.63 |
| When I have been working on sexual offending cases I find it difficult to stop thinking about it ◊ | 3.44 | 1.46 |
| As a result of working with sexual offending cases I have had trouble sleeping ◊ | 3.33 | 1.63 |
| I avoid doing things that might remind me of the SOM that I have seen ◊ | 2.92 | 1.47 |
| I feel a sense of dread when I know I will have to deal with SOM ◊ | 2.84 | 1.45 |
| I tend to withdraw from my family or friends when working on a sexual offence case ◊ | 2.72 | 1.42 |
| There are times I have become very upset when I have been reminded of aspects of a sexual offending case ◊ | 2.69 | 1.46 |
| I find myself doing things that I know aren't good for me, but I can't seem to control it ◊ | 2.46 | 1.45 |
| Since doing sexual offending work, I make sure I am never alone with other people's children in case of allegations ◊ | 2.38 | 1.38 |
| I have bad dreams or nightmares about the sexual offences I have been exposed to ◊ | 2.38 | 1.39 |
| Since working with SOM, I seem to have lost interest in things I used to enjoy ◊ | 2.31 | 1.27 |
| I have experienced strong physical reactions such as sweating or a pounding heart when I have been reminded of a sexual offence ◊ | 2.11 | 1.23 |

◊ = item in 'Total PTSD symptom' variable. 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree.

The most prevalent impact involved changes to schema regarding the world and the people in it: many respondents either agreed or strongly agreed they felt more suspicious of

other people's motivations (61%), felt their sense of trust in others had diminished (39%), were more cautious about children's activities (31%), increasingly feel that the world is not a safe place (43%), or have become overprotective of children (65%). Free text comments help to illuminate respondents' lived experience of this phenomenon:

*"When I take my daughter swimming, I see paedophiles not just normal men who are also taking their children swimming. I see the potential danger in all situations involving my girl."*

*"I don't trust anyone, even those in a position of trust, with my children."*

*"The way I am with my own children - perhaps too protective - being suspicious of even those closest to me."*

*"I have noticed when I am walking through a street in a town, I find myself pondering how many sexual offenders I have just walked past. Or when I see people taking pictures of their kids in a park - I wonder if they are trying to include other kids."*

These responses mirror a theme developed within study one; the question of whether increased knowledge about sexual offending fosters excessive cynicism or provides an accurate and useful understanding of how perpetrators acquire victims and commit their crimes.

Intrusion symptoms were common, with a substantial proportion of participants stating they 'agree' or strongly agree' they had experienced intrusive images (32%), intrusive thoughts (32%), ruminating (25%) and nightmares (10%). Respondents often gave examples within free-text responses about specific cases which they had found difficult to forget, and which were the subject of intrusive thoughts and images. In some cases, it was a particular element of indecent images which was found to be most problematic:

*"I have a video playing in my head from time to time of abuse to a baby which I found very distressing. It wasn't even the most sexual I have seen but had sound of the child in distress."*

*"Continually reliving an image of a sexually abused 5 year old girl by her stepfather, she was wearing an eye mask. This image and the description of other videos and her account of what*

*happened dwelled in my mind for weeks. I could see the image in my head and felt very sad for the victim."*

These comments reference emotional 'hotspots' of a trauma experience: certain aspects of the incident which often recur as either intrusive thoughts or images (Grey & Holmes, 2008). Some participant comments illustrated the persistent nature of the intrusions:

*"Being unable to eradicate images from my mind, years later or having intrusive thoughts about images I have seen in the past when I am being intimate with my partner or having family time off duty."*

*"The images remain in my head and never leave me."*

*"It played on my mind for days - some images are so horrific that I would see the image over and over and over."*

*"The inability to remove images from my mind when I close my eyes."*

Some respondents felt that certain images were indelible, and the only way to deal with them was by compartmentalising it mentally:

*"Once an image is in your head it stays there, you can partition it but it doesn't go away"*

SOM exposure can prevent individuals from sleeping or disrupt sleep when it does arrive:

*'I will often be kept awake thinking about things I have seen or heard through work.'*

*'I have had dreams when I am sorting out my workload. I also sleepwalk when things are troubling me, and can empty out wardrobes and can go under beds looking for things. I sleep talk and can have full discussions with my husband.'*

*'Sleepless nights and bad dreams linking my children to the victims.'*

There was evidence of avoidance behaviours, with respondents agreeing or strongly agreeing that they avoid reminders of SOM (19%), avoid sex (16%) or withdraw from family and friends

(13%). Arousal symptoms were also highly represented in the sample, with participants saying they agree or strongly agree that they have had trouble sleeping (28%), become emotionally overwhelmed (37%), or become upset when reminded of SOM (14%). There were comments from respondents about either themselves or colleagues becoming emotionally overwhelmed by SOM work, which often resulted in sickness absence:

*'Becoming overwhelmed when the nature of the work triggers flashbacks and having to hide this from colleagues.'*

*"Feeling emotionally drained and distant from others. Feeling consumed by investigations."*

'*A colleague who worked in the area of work for many years, who everyone looked at as the most experienced officer, who took everything in his stride, had a mental breakdown due to dealing with the work.'*

*'Numerous colleagues having time off on long term sick leave as they can't deal with the amount of work or content.'*

*"Feeling physically sick. 10 weeks off with stress after viewing a sexual images case. This wasn't the only reason for the sickness but it certainly contributed. I went sick around 3 weeks after viewing the disc. I began to have strange thoughts that my children may have been abused. I was suspicious that my teenage son may have been sexually abused in a public toilet. I visualised what I had seen during sex with my husband. I was burnt out. I think the images job I viewed finished me off. It was an accumulation of too many sexual offences investigations over a period of time."*

In the current sample, feelings of depression and anxiety often preceded instances of emotional breakdown and the individual feeling unable to come in to work. This indicates that there is a period in which negative impact could be observed in staff, and where availability of appropriate sources of support could seek to address these symptoms. Being exposed to SOM can affect individuals' ability to manage their emotions in a way which begins to impact upon family life:

*"From viewing numerous Cat A IIOC (mainly baby and toddler rapes) on a Friday evening I left the office angry and almost in tears on the drive home. I got home angry and couldn't speak to my fiancé. I went into the spare bedroom and spent the evening on my own. I then got angry with friends on the weekend and had to disclose why I was how I was. It took me 3 days to get over what I had to view from that one job."*

Of key relevance is the fact that this participant had no temporal separation between viewing highly disturbing imagery and going home to their family, and no opportunity to debrief with supervisors or colleagues. As discovered in study one, lack of separation between work and home life can be highly problematic when dealing with SOM. Psychological distress can also lead to physical manifestations of stress:

*"It makes me feel stressed, incredibly distressed and anxious and gives me palpitations."*

A sense of dread about having to undertake sexual offence work was a key theme from study one, and 14% of survey respondents in study two either agreed or strongly agreed that they had experienced this:

*"I broke down one day and asked to be reverted back to uniformed response work and took counselling sessions to help me. I felt okay about coming back but I feel the same feelings creeping up again and cry for no reason. I sometimes dread coming into work."*

*"For the first time in my working life as a police officer I do not want to come in."*

Study one found that some officers view desensitisation as an inevitable and in some cases necessary part of SOM work, and these views were replicated in the survey responses:

*"It gets to a point where you do, go numb, almost dead inside. You know it is sad and horrific but you don't actually have the feelings. This does assist though, when dealing with the information. Every bit of information, we see, hear could be potential evidence. That's what we do, look for evidence and ways to prove the case. That's just how we are programmed."*

*"You become desensitised the more you see, when in reality a 'normal' person viewing it would be totally shocked/ upset/ and outraged"*

*"I am desensitized. I can see that I am different to other non-police people."*

Those who were concerned about such a profound change to their responses tended to worry about future personal implications:

*"The fact that I am desensitized to it makes me worried for the future."*

In addition to desensitisation, other profound changes to self-identity were recognised:

*"I think working in this department has altered me as a person. I do not laugh and joke like I used to. I quite often have sleepless nights thinking about what I have had to deal with."*

*"Working in this arena is life changing. When you are immersed in the work you don't conceive the changes in you but those around you do. Only when you step away do you realise the full extent of the effect on you and it feels irreversible."*

*"I feel that as a human being seeing the material we have to see takes a little bit of your soul each time. You become very desensitized to emotional situations. I couldn't even cry at my granddads funeral who was like a father to me. It really does kill you emotionally."*

These personality changes do not just affect the individual but impact upon their relationships with friends and family members.

**Interpersonal relationship changes.**

Participants were asked to reflect on any changes to their behaviour towards or relationships with others as a result of working with SOM, using a six-point Likert type scale. The results are illustrated in table 3.14. All item responses had a range of 1-6 except 'My relationships with my family have changed positively' which had a range of 1-5.

Table 3.14: Changes to interpersonal relationships

| *Variable* | *Mean* | *SD* |
|---|---|---|
| I am cautious about the technology I would want children in my family to use because of what I know through sexual offending work | 5.10 | 1.26 |
| Knowing more about sexual offending has made me over-protective of the children in my family ◊ | 4.94 | 1.18 |
| I am cautious about allowing my children to do activities like sleepovers due to what I have learnt about sexual offending ◊ | 4.10 | 1.52 |
| Since doing SO work, I feel more self-conscious about showing physical affection towards children | 3.08 | 1.61 |
| Since doing SO work, I wonder if I should do certain things with my children, like giving them a bath | 2.71 | 1.56 |
| I question the behaviour of even close family members around my children ◊ | 2.69 | 1.46 |
| I have avoided sexual contact with my partner because of working with a sexual offence case ◊ | 2.55 | 1.59 |
| My relationships with my family have changed positively since working with sexual offending | 2.30 | 1.12 |
| Thoughts about or images of sexual offences have entered my mind before or during sexual contact with my partner ◊ | 2.19 | 1.50 |
| Unwanted thoughts or images of sexual offences have come into my mind when showing affection towards or playing with children in my family ◊ | 1.99 | 1.36 |

◊ = item in 'Total PTSD symptoms' variable. 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

Respondents agreed that as well as being generally more over-protective of children, they were more cautious about the kind of technology they would be happy for children to use as a result of their knowledge about sexual offending. Respondents' experiences of changes to their relationships with children tended to relate to either overprotectiveness or intrusions about offences they had dealt with:

*"I do not allow my children out of my sight and I am over protective about where they go and who they are with."*

*"It affects my relationship with my children in that I am very protective of them and question them frequently about their internet usage and contacts online."*

*"Just the general sense of dread when returning home, I look at my children and can't stop thinking about what I have seen and that the victims are usually around their age and it turns my stomach."*

*"The intrusion of unwanted thoughts/memories when doing things in your own life i.e. doing personal care for your children and a horrible memory surfacing."*

Comments about changes to relationships with partners generally related to a negative impact on the sexual aspect of the relationship:

*"Viewing indecent images for a long period of time has affected my personal life and my outlook on normal healthy sexual relationships".*

*"I find it difficult if I have been looking at images to be myself at home and be intimate with my husband."*

*"My own sex life has suffered and in romantic situations I often have flashbacks or paranoia"*

Male respondents were significantly more likely than females to experience feelings of self-consciousness around children, as shown in responses to the items 'I am never alone with others' children for fear of allegations' (Chi square = 36.65, $p$ = <.001, $df$ = 10) and 'I feel self-conscious about physical affection with children' (Chi square = 36.65, $p$ = <.001, $df$ = 10). The nature of this self-consciousness was illustrated by free text comments:

*"Walking in the street with my teenage daughter wondering what people think of me."*

*"I am very wary of physical contact with child relatives for fear of misinterpretation on the part of others."*

*"One of my colleagues will no longer have a bath with his 1 and 3 year old after viewing indecent images. He has opted to give away his detective status to minimise the risk of ever having to see this type of image again."*

The latter comment illustrates the lengths to which some individuals will go – in this case effectively taking a demotion – to avoid the possibility of having to view indecent images.

### Symptoms analogous to PTSD.

The 'Total PTSD symptom' variable had a minimum score of 26 if all 26 items were answered, and a possible maximum of 156. The actual range of scores in the current dataset was 24 to 156 ($M$ = 76.29, $SD$ = 25.57), showing that some responses are missing and at the top end of the scale that one participant scored the maximum of six for all 26 items in the PTSD symptom variable. There were no significant correlations between either age or length of time in a SOM role in terms of symptoms analogous to PTSD. However, there was a weak positive correlation between length of service and PTSD symptoms ($T$-$b$ = .082, $p$ = .020) The 'Total PTSD' symptom variable and its relationship to a range of other variables is explored in detail in chapter four.

## Organisational Support

The survey posed a range of questions to ascertain opinions and preferences about training and support provided for people who worked with sexual offending:

Table 3.15: Organisational support

| *Variable* | *Mean* | *SD* |
|---|---|---|
| I think you should be specially trained *before* you start working with sexual offending cases | 4.96 | 0.95 |
| Whoever offers the counselling sessions should be someone who knows about sexual offending work | 4.96 | 1.0 |
| My colleagues provide good support for me when I need it | 4.75 | 0.99 |
| I would prefer to see someone independent if I needed counselling | 4.75 | 1.26 |
| Supervision focuses on whether I am getting things done, not on what I think or feel about cases | 4.45 | 1.27 |
| I feel that my line manager understands the nature of the work I do | 4.23 | 1.40 |
| I feel confident that my line manager would be able to help me with a problem related to SO work | 3.97 | 1.37 |
| I think I would benefit from supervision with someone other than my line manager, where I get to talk about all aspects of SO work | 3.47 | 1.34 |
| I think that my line manager would be able to support me better if they knew more about what I am exposed to | 3.47 | 1.37 |
| I would have liked to observe other people before I started to work with sexual offending myself | 3.31 | 1.34 |
| During supervision with my line manager I get a chance to talk about how the work is affecting me | 3.14 | 1.51 |
| I feel that I received the right training to allow me to do my job well | 3.04 | 1.50 |
| If I needed support, I would prefer to see someone in my own division rather than go to occupational health | 2.97 | 1.42 |

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

The range for all items was 1-6. Table 3.15 shows that participants agree that officers should have specialist training before exposure to SOM, and that whoever was tasked with providing counselling services to staff should be someone who understands the nature of SO work. They also agreed that they would prefer to see an independent counsellor and that their colleagues provide them with good support. Respondents tended to disagree that they have a chance to talk during supervision about how working with SOM affects them and that they have received the right training. They tended to agree that their supervision is more about targets than discussing feelings about cases, but also that their line manager understands their work.

However, some respondents felt a lack of understanding from supervisors about the nature of the work itself and about how the work can impact upon individuals:

*"Lack of interest or understanding that [negative impact on staff] is a serious problem by both the organisation & line managers."*

*"Stress / anxiety / depression due to the amount of work given to my team lasting several years there was no break from it. Little understanding from management of the effects it has on me and my staff and concern that management made the wrong decisions based on poor understanding of how vulnerable victims deal with what has happened to them."*

*"Supervisors are unaware of the content you are about to view. They do not know what you are viewing. They generally do not know what you are exposed to. It isn't the type of work you can share with your peers. You do not want to subject them to something terrible therefore you are alone in it. My husband who served 30 years in the police but never dealt with sexual offences could not relate to how I felt. He asked if I'd been sexually abused as a child or if what I had seen had sexually excited me."*

Other comments further illustrated the importance of supervisors being experienced in working with sexual offending in order to manage staff teams dealing with this material:

*"Having supportive supervision who have done this type of work is very important. If they have never done this type of work before perhaps they should be exposed to this so they can better support and supervise their staff, particularly with IIOC. Gradually there is more openness to discuss the effects of viewing material with peers and supervision and this is really important."*

*"I have had very little help and support from management as they do not understand the role. Management just expect you to get on with the job."*

The latter comment reflects a view by some respondents that Police officers and other Police staff are expected to undertake the work as if it were any other task, which further implies a lack of understanding of the potential negative impact. This theme is common across many responses:

*"Overall the experience can be quite devastating especially when in contrast agencies like the NCA* [National Crime Agency] *deem the nature of this work require that you have counselling once a month whereas the police tend to just shrug and leave it at 'It's part of the job'"*

*"There is absolutely no support offered to speak about how you feel. You are expected to just get on with it because you're the Police."*

There was one comment which showed that a supervisor had dealt sensitively with a request by a member of staff to opt out of a certain case:

*"A colleague asked not to work on a particular case with SOM. This request was treated with respect and another colleague completed the work instead."*

However, a complete lack of support was cited by a number of officers:

*"It is difficult to be honest and tell your supervisors how you feel and that you do not want to deal with a case as you know your peers will be given the case. This puts you in a difficult position. There's no warning regarding the content you are about to see. There is no welfare around the role. There is no training. There appears to be "no choice" regarding the offences you are expected to deal with. There is no recognition…you may be carrying ten rapes already*

*and many of the cases are emotionally draining. You might hold them for over 2 years from the victim reporting the offence to the trial taking place. This no doubt takes its toll on you."*

*"I have never been offered any support in relation to my wellbeing"*

In many cases, lack of staff and technical resources to deal with the sheer volume of SOM was felt to be the biggest indicator of insufficient support:

*"There are not enough staff to deal with the volume of work. There is not enough training or supervision for this area of work."*

*"There seems to be a great deal of lip service paid in respect of protecting vulnerable people but little interest in properly and adequately staffing, equipping and supporting those areas of Police work."*

*"The largest pressure on all workers in this area relates to demand. There is too much work with little resources and no support from the force. The 'just get it done' attitude is not helpful to wellbeing, morale or quality."*

Some officers who are otherwise happy to do the job feel pushed to their limits by unmanageable workloads:

*"I am used to dealing with sexual offending, however the volume of work has been the issue. Management have issued case after case saying "I know you're busy but sorry..."  It's just too much to do, this pressure has been harder to deal with than the imagery although this is not easy it's a job that needs doing and I have been proud to do."*

Some respondents referred specifically to certain roles which require exposure to SOM but which are perhaps not as visible as specialist SO teams, and consequently received less training and support:

*"Please do not forget about those in a first responder role, who get to see first-hand the effects these offences have on families and victims, but whom have little support in relation to the impact of dealing with such."*

*"All officers have to view offending material, not just officers within PPU. This means that all officers who are not trained have to grade images and these officers do not get any support after viewing. This has to be fundamentally wrong."*

*"My role is not related to investigation of offences, it is a back office function to ensure defendants attend court. As such, I believe the impact of dealing with SOM has not been considered for this role or support given/offered for this reason."*

*"There is no support offered for staff working in this role"* n.b. This person worked in the organised crime division.

The perceived lack of training and support is not only problematic in terms of the welfare of staff undertaking SOM work: they also foresee implications for their ability to effectively investigate such offences in order to make a prosecutable case:

*"Major problem dealing with sexual offences - specifically indecent image offences within [force] is that untrained "general" frontline officers are asked to do this task increasingly often. This involves a) their exposure to indecent images and subsequent risk of harm, b) their investigation of suspects who may be contact offending predatory paedophiles, with no training/experience to identify and investigate this type of offending with obvious risk to victims."*

This comment suggests that requiring untrained officers in general roles to work with SOM may have serious implications for case integrity, as well as for the welfare of these individuals.

The need for regular, mandatory counselling was discussed by some respondents:

*"Regular visits to counselling should become mandatory in order to be able to deal with the images/offences dealt with so that you don't have to try to deal with these on your own; I am*

*certain that regular counselling sessions would mean that the thoughts/images would then not creep into your regular home life as they would have been dealt with and 'put away' through the professional counselling. Staff welfare needs to be a priority for officers working in these roles as the stress is like no other area of policing and you definitely take the work home with you and the sheer fear you feel as to whether you have made the right decision or not keeps you up at night or wakes you in a cold sweat on a regular basis."*

Counselling provision being staffed by people familiar with SOM work was key for some:

*"Regular support should be given at least every 12 months by a trained professional who has knowledge of working with indecent material. The same professional should be assigned to the same people so they get to know them and are able to tell when something is wrong. This professional should be independent of the organisation."*

*"Certain departments dealing ONLY with Serious Sexual Offences should provide counselling for those investigating. Occupational Health staff should be more visible and accessible."*

One respondent felt that awareness of the unique support required for those undertaking sexual offence work was limited, but gradually improving:

*"This is a very challenging area of business which in my view "trumps" most other business in policing. Others don't always see it that way and this can affect resources and support from the organisation. There is a cultural shift ongoing in this regard and this also needs to take into account the welfare of staff involved in exposure to sexual abuse material - in particular that involving children and understand what support is right for these members of staff."*

**Types of support sought by Police personnel.**

Participants were asked about the likelihood that they would use a range of responses if faced with difficulties in undertaking SOM work. Response options were on a four-point Likert scale: 1 = Very unlikely, 2 = Unlikely, 3 = Likely, 4 = Very likely. Most of the options involved seeking support from professionals, people within their work setting or people in their personal

lives. Three of the options related to avoiding dealing with the difficulty: 'keep it to myself', 'ask for a transfer to another team' and 'Consider leaving the force altogether'. The range for all items was 1-4.

Table 3.16: Support sought by staff

| *Variable* | *Mean* | *SD* | *PTSD (T-b)* | *Difficulty (T-b)* |
|---|---|---|---|---|
| Talk to a trusted colleague/peer | 3.17 | 0.72 | -.060 | -.02 |
| Keep it to myself | 2.90 | 0.85 | .256** | .154** |
| Talk to a family member/partner | 2.85 | 0.94 | -.004 | .027 |
| Seek support from my direct supervisor | 2.65 | 0.90 | -.169** | -.111** |
| Seek support from Occupational Health | 2.30 | 0.89 | -.019 | -.075 |
| Talk to a friend who doesn't work for Police | 2.08 | 0.98 | .031 | -.009 |
| See my GP or another medical professional | 2.03 | 0.88 | .054 | .045 |
| Seek support from a manager other than my supervisor | 2.00 | 0.80 | -.103* | -.103* |
| Ask for a transfer to another team | 1.94 | 0.92 | .176** | .110* |
| Consider leaving the force altogether | 1.77 | 0.92 | .259** | .183** |

* p is significant at 0.05 ** p is significant at 0.01

As shown in table 3.16, all three of the avoidance options (keep it to myself, ask for a transfer, consider leaving the force) were significantly positively correlated with both PTSD symptoms and overall level of difficulty with SO work. Only 'Seek support from my direct supervisor' and 'Seek support from a manager other than my supervisor were significantly negatively correlated with PTSD symptoms and with level of difficulty, suggesting that those who felt able to share their concerns with a supervisor were those least likely to experience a range of difficulties with the work. The most popular response from participants was to talk to a trusted colleague or peer, and the least popular responses were to consider leaving the force or to ask for a transfer to another team. Free text responses from survey respondents and comments within study one show that some officers feel moving teams is unlikely to affect whether they are exposed to SOM, leading to a feeling of being 'trapped'. This lack of choice about SOM exposure is due to the prevalence of this type of work across job roles. There are also comments to suggest that participants have asked to change teams and that such requests have been denied due to a lack of alternative staffing options.

**Job Motivation**

Respondents were asked to identify the extent to which a range of motivations were important to them in undertaking work with sexual offences. All motivation items were derived from motivations expressed by participants in study one. Response options were on a five-point Likert scale: 1= Not at all important, 2 = A little important, 3 = Quite important, 4 = Important, 5 = Very important. The range for all responses was 1-5, apart from 'protecting victims from further harm', which had a range of 2-5. As shown in Table 3.17, the most popular motivations were protecting victims from further harm, a sense of justice being done and keeping the public safe. The least popular motivations were an interest in the subject of sexual offending, asking suspects questions which make them feel uncomfortable and seeing perpetrators get support/rehabilitation.

Table 3.17: Motivation to work with sexual offence cases

| *Variable* | *Mean* | *SD* |
|---|---|---|
| Protecting victims from further harm | 4.92 | 0.33 |
| Sense of justice being done | 4.74 | 0.52 |
| Keeping the public safe | 4.62 | 0.68 |
| Helping victims to have a voice | 4.57 | 0.71 |
| Getting a conviction | 4.41 | 0.81 |
| Supporting/believing in victims | 4.32 | 0.87 |
| Hearing that a suspect received a long prison sentence | 4.20 | 0.99 |
| Challenging deviant behaviour | 3.99 | 1.14 |
| Working with families | 3.89 | 1.16 |
| Conducting complex interviews | 3.82 | 1.20 |
| Being able to use own discretion | 3.61 | 1.19 |
| Challenging nature of work | 3.58 | 1.17 |
| Securing an arrest | 3.55 | 1.30 |
| Catching suspects in a lie | 3.52 | 1.32 |
| Seeing perpetrators getting support/rehabilitation | 2.91 | 1.28 |
| Asking suspects questions that make them uncomfortable | 2.66 | 1.51 |
| Interested in subject of sexual offending | 2.47 | 1.28 |

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

Motivations related to victims or vocational aspects of the work appeared to be more popular with female respondents than males, as shown in table 3.18:

Table 3.18: Female dominated motivations for working with sexual offending

| *Variable* | *Chi square* | *p value* |
|---|---|---|
| Interest in subject of sexual offending | 28.08 | .000** |
| Working with families | 21.71 | .005** |
| Supporting/believing in victims | 18.22 | .020* |
| Seeing perpetrators get support/rehabilitation | 16.58 | .035* |

* p is significant at 0.05 ** p is significant at 0.01

This could be explored further in future studies focusing on the factors which motivate individuals to work with sexual offending.

## Discussion

### Operational Factors

The Job Demands-Resources (JD-R) model (Demerouti et al., 2001) builds on the Demand-Control model (Karasek, 1979) by explicitly recognising that while excessive job demands may cause a health strain, job resources have the capacity to produce a motivational process. Such resources may include adequate staffing levels and equipment to deal with the volume of work, as well as effective training and support systems. Lack of feedback and organisational support has been consistently related to Burnout (Maslach, Shaufeli & Leiter, 2001). In the current research, the high volume of SOM was cited as one of the most difficult aspects of the work. High volumes of exposure per individual seem to be a function both of insufficient staffing levels for the number of sexual offence cases emerging, and the amount of digital material attached to each case (Babchishin, Hanson, & VanZuylen, 2015; Bryce, 2017; Bissias, Levine, & Wolak, 2016). Ten of the 37 most commonly cited responses about the most difficult aspect of SOM work were organisational in nature, including 'lack of supervisor support' and 'issues with CPS, judges or solicitors'. Several other common responses combine organisational and operational factors, such as 'Lack of efficacy/feeling helpless', which partly relates to an inability to resource the Policing of sexual offence cases in a way which allows all

victims to be identified and found. It is clear that resources (or the lack thereof) are of particular relevance to the current population and their perceptions of work difficulty. It is less clear which specific facets of the work identified as difficult are directly related to overall traumatic stress symptoms, and this is something which will be addressed in future research.

Based on the quantitative data, level of understanding and support from supervisors is generally high. However, free text comments illustrate that experiences of support vary dramatically between teams and individuals. Availability of counselling and occupational health provision is likewise highly variable. As found by Tehrani (2018), standard provision in different constabularies can range from a simple 'welfare chat' to a comprehensive battery of assessments using validated clinical tools. While consistency of support will always vary depending on the individuals performing supervisory roles, there is progress to be made in improving and standardising support across constabularies where possible.

The statements which prompted the greatest level of agreement across the entire survey were worrying about the potential repercussions of missing something or making a mistake while working on a case. This applied equally to the consequences for victims and for the professional themselves. The high levels of agreement with these statements is encouraging in the sense that respondents are keen to do a thorough job and are aware of the consequences of failing to do so. However, being overly fixated on the possibility of making a mistake and having a high degree of fear associated with this is potentially problematic, not least because they may indicate an excessive blame culture within organisations. Wood and Brown (2014, p. 339) found that Probation Officers likewise feel 'vicarious responsibility for further harm', which was partly linked to being unable to cope with the volume of cases or bureaucratic systems attached to them, with officers being particularly concerned about sexual offenders. These findings suggest that high levels of conscientiousness may be linked to greater anxiety about mistakes or omissions in sexual offence cases, and this would be an interesting area for future

studies. Further analysis of concerns about making mistakes and their relationship with adverse psychological consequences are explored in chapter four.

Asking participants how they initially become involved with sexual offence work prompted some strong opinions. These concerned the level of choice Police personnel have about SOM exposure, and the amount of training and preparation they receive. Some roles do not have planned involvement with SOM, exposure occurring instead due to the unpredictable nature of Police work. This can include finding indecent material while executing a search warrant or examining an electronic device while investigating an unrelated crime. While a degree of exposure is perhaps inevitable for all Police officers and civilian staff, it is clear is that many respondents did not feel effectively prepared for this by their employers. Indeed, survey results show that timely and adequate training is not even assured for staff in a specialist role where frequent exposure to SOM is guaranteed. In addition, many respondents felt they were given no choice but to undertake such a role. There was a strong feeling from some respondents that staff working in specialist roles should have a vocational interest in sexual offending work, and that those who are reluctant to do it should not be compelled to. This echoes findings from Wolak & Mitchell (2009) where 74% of respondents felt that having flexibility in the role (such as knowing they had the freedom to opt-out or that they could transfer to another team) makes a significant difference to health and productivity. Multiple regression analysis exploring the potential for adverse psychological reactions to be caused by a lack of foreknowledge or choice about SOM exposure can be found in chapter four. The presence of a relationship between PTSD-type symptoms and unsuitable selection, support and training processes may encourage Police constabularies to re-evaluate these organisational policies.

The survey results showed that participants would appreciate a greater level of choice within their roles, such as a preference for being able to 'opt-out' of specific cases if they had personally resonant features. By providing this option, employers could begin to address one of the areas identified by participants as the most difficult aspect of SOM work: the victim

reminding them of their own child. This is feasible in cases where there is a primary victim of a contact offence, but more difficult when this relates to material viewed in indecent image cases, as there may be hundreds of different victims depicted.

A wide variety of themes emerged concerning aspects of SOM which respondents found most difficult, illustrating significant differences in perspectives between individuals. Some of the difficulties identified cannot be directly influenced by policy, such as the disturbing qualities of the material. Others would be extremely difficult to influence, such as issues with delays within the criminal justice system, or sentencing outcomes which are considered to be too lenient. However, some of the difficulties expressed can be addressed through revising the recruitment, deployment, staff training and support provisions of Police constabularies. A starting point would be the training of supervisory staff to improve awareness of the nature and challenges of roles involving exposure to SOM, consequently increasing their ability to adequately support frontline staff. Additionally, the fact that 93 participants did not feel there was anything particularly difficult about the work illustrates that some individuals find the work easier than others. Further analysis of the qualities of those who state they find the work 'not at all difficult' would be beneficial to ascertain whether there are features which could indicate greater potential suitability for sexual offending roles. This could help to inform recruitment processes or identify those who are potentially at greater risk of adverse reactions. A caveat is that even in those who state they do not find the work difficult have, at the same time, identified a range of reactions suggestive of traumatic stress symptomatology.

**Coping**

A detailed understanding of the types of coping strategy used by Police officers and civilian staff was afforded by the survey responses, both in terms of methods for working directly with the material to make the experience manageable, and general strategies for dealing with stressors. Humour was by far the most popular coping strategy identified by participants, however there is no evidence to suggest this is linked to either a reduction in adverse

psychological consequences or the level of overall difficulty people experience when undertaking SOM work. Previous studies have likewise found that popular does not necessarily mean effective when it comes to Police Officers' choice of coping strategy (Can & Hendy, 2014). However, Howard, Tuffin and Stephens' (2000) study found that humour is used in the course of colleagues supporting each other, both by the person giving and the person receiving comfort. It acted as a buffer to full acknowledgment of the extent of support needed, thereby allowing comfort to be received without an overt acknowledgement of distress. In their 2014a study, Bourke and Craun found that light-hearted humour was related to lower 'Secondary Traumatic Stress' scores in Police officers working with SOM, but in a later study found that use of humour at the expense of victims was linked to higher STS scores (Craun & Bourke, 2015). Based on free text comments provided by study two respondents, at least some of the humour used by officers would be seen as 'inappropriate' by an outsider. The two survey items in the current research which relate to humour do not specify the type employed, therefore it is possible that any benefits of using light-hearted humour are masked in the results by the impact of its less appropriate counterpart. Chapter four explores underlying patterns which group different strategies together, and the effect of different strategies on the prevalence of adverse psychological consequences.

Unrealistic expectations about coping was a key theme in study one, and this was replicated in study two. The most prevalent issues were strong beliefs by participants that managers think they should be able to cope with anything, along with feeling like a failure if they admitted they were not coping. Significant cultural change in how organisations and individuals perceive the expression of work-related difficulties is at the heart of any progress in encouraging staff to seek appropriate support. Analysis of relationships between coping expectations and PTSD symptoms are discussed in chapter four.

**Impact**

As shown in the results section, there are some reactions proximal to exposure which are experienced by the large majority of the 384 survey respondents, such as sadness ($n$ = 352), anger ($n$ = 339), revulsion ($n$ = 336) and feeling upset ($n$ = 332). These responses to SOM are therefore likely to be influenced by the situation rather than individual's personality. Having these types of feelings could be highlighted to staff as potential consequences of working with SOM from the recruitment process onward, and these should be validated as natural reactions both during initial training and within supervision. The picture becomes less clear when considering the *duration* of responses proximal to exposure. The four most common reactions are also the longest lasting emotions, with mean scores across the whole sample indicating that on average, these feelings persist for the rest of the day. However, some individuals experience these and other adverse reactions for much longer, and it is useful here to look at some individual examples. Twelve cases have total scores for 'Reactions proximal to exposure' which were more than two standard deviations above the mean ($M$ = 40.61, $SD$ = 17.53). For instance, participant 357 has the highest overall score at 94. This person indicated that as a result of exposure to SOM, they experience all but two of the adverse reactions for more than a month. This individual has broader issues around long-term changes to their thoughts, feelings and behaviour, reflected in their score of 132 for overall PTSD symptoms. Participant 29 had the highest levels of overall PTSD symptoms from the whole dataset (156), and an overall 'reactions proximal to exposure' score of 90. They also indicated on all but two items that they had experienced adverse reactions for more than a month. Rather than giving any low scores, this participant had, perhaps unintentionally, neglected to respond to the items 'horror' and 'sexual arousal'. The longevity of both these individuals' reactions indicates a potential inability to effectively process and leave behind their proximal responses to the material in a reasonable timescale.

The most prevalent cognitive, behavioural and affective impacts within the whole sample concern increased mistrust, suspiciousness and cynicism, resulting in over-protectiveness or restrictiveness with their children's activities. This mirrors the findings of other studies of Police reactions to SOM work (Burns et al., 2008; Powell et al., 2015) and the broader literature, which reports on the hypervigilance that can come from increased knowledge of sexual offending (Moulden & Firestone, 2007; Farrenkopf, 1992; Lewis, Lewis & Garby, 2013). Those who work closely with sexual offending understand that people who have a desire to abuse children put themselves in situations where they develop access to potential victims. This may include taking a role which affords them a position of trust (such as a teacher or sports coach) or accessing locations with large numbers of potential victims, such as parks or swimming pools. Feelings of distrust and cynicism may be seen as a logical response to a more accurate understanding of the nature of sexual offending. Indeed, Craun, Bourke & Coulson (2015) identify that being more distrustful of others is a 'normal' reaction to exposure to details of sexual offending, and that this should not be pathologised. However, distrust may be problematic if such feelings are pervasive, inhibiting the person's ability to accurately assess the risks involved in everyday activities due to permanently altered safety schema (Janoff-Bulman, 1985; 1992). Such schema changes may affect parental decision-making, such as preventing children from engaging in formative social activities. The impact that participants identified most frequently as being the most *serious* they had experienced, and therefore most personally troubling, include intrusive images, sleep disruption, stress and anxiety, and rumination. The most serious types of impact that had been witnessed in colleagues were anxiety and stress, crying/being upset, and complete mental breakdown/PTSD symptoms.

Reactions proximal to exposure and longer-term changes to thoughts, feelings and behaviours contained within the PTSD symptom variable were significantly positively correlated. In aiming to predict whether SOM exposure will affect a Police officer's mental health over the longer term, an important component may be the influence of personality traits. Madamet, Potard, Huart, El-Hage, and Courtois (2018) found that low neuroticism in Police officers

predicted 18% of the variance in PTSD symptoms scores, and Contractor, Armour, Shea, Mota, & Pietrzak's (2016) study of military personnel found that PTSD symptomatology was increased in those with greater emotional instability (neuroticism) and lower extraversion. Furthermore, in their review of the literature, Jaksic, Brajković, Ivezić, Topić and Jakovljević (2012) found that lower levels of PTSD relate to higher extraversion, conscientiousness, self-directedness, a combination of high positive and low negative emotionality, hardiness, and optimism. Items from the survey which may predict PTSD symptoms will be explored in the next chapter, while the influence of personality on PTSD occurrence will be explored in future studies.

**Strengths and Limitations**

Close adherence of the survey items to the themes and language used by Police participants in study one provided a high degree of ecological validity (Bryman, 2012). This is supported by the many similarities between interview responses and the free-text responses within the survey. To further confirm content validity, cognitive interviews could have been undertaken with an additional small sample to explore modification or clarification of the survey items. This could be done by asking participants to verbalise their thought processes when answering each question (Boateng, Neilands, Frongillo, Melgar-Quinonez & Young, 2018). Given the length of the survey, such interviews would have been prohibitively time-consuming, and therefore were not performed here. However, this could be addressed in future studies. The wide-ranging topics covered within the survey offer a holistic view of how Police officers and civilian Police staff actually experience working with SOM, adding substantially to the body of empirical data on the subject. Information about the nature, frequency, duration and challenges of exposure to SOM are just some of the data which can be used as a basis for further studies.

A limitation of the study is that the survey length may have been off-putting for some: at 25 minutes, it relied on considerable good-will from respondents to step out of their busy roles to complete it. A short-form version of the survey could now be devised based on the areas which seem most salient to improving officer well-being. Importantly for future use of the survey

tool, 23 people misunderstood the question about the most significant impact they had experienced as a result of working with SOM. In most cases, this resulted in the person writing about a specific occasion or case which they found difficult, which had already been covered in an earlier free text question. If the survey were to be administered again, an additional comment could be added to the question to provide clarity, such as: *'for example, a physical, emotional or psychological reaction you experienced while working on a sexual offence case'*.

No measure of social desirability was used in the study, which could be a limitation. Despite participants being aware that their responses would be completely anonymous, it is possible that their answers were still affected by a desire to appear competent, which could lead them to minimise any negative impact they had experienced. Indeed, officers working on recovering online sexual abuse content will be aware that online data is never completely anonymous, and that in theory their responses could potentially be traced to them. Social desirability is a known issue with Police well-being studies (Habersaat, Geiger, Abdellaoui & Wolf, 2015). In future studies a measure such as Marlowe and Crowne's Social Desirability Scale (Crowne, Marlowe and Bordin, 1960) could be used, although this would increase the survey length. Another limitation of the survey tool was that the options offered to participants to identify their job role were not specific enough to determine whether they were involved in specialist sexual offending roles. For example, the general answer 'PPU' (Public Protection Unit) could involve roles in specialist child abuse or rape teams, or could be focused on domestic abuse. This lack of specificity means it was not possible to accurately split the data into 'specialist' and 'non-specialist' groups and conduct further analysis into differences between these groups.

Use of validated tools exploring workplace trauma exposure or coping could have been used alongside the survey, to allow measurement of convergent validity with scales developed later in the research programme. These could have included Maslach's Burnout inventory (Maslach & Jackson, 1981), Bride's Secondary Traumatic Stress Scale (Bride, Robinson, Yegidis &

Figley, 2004) or the brief COPE scale (Carver, 1997). Although this would have provided interesting opportunities for comparison, it would have been onerous for participants given the existing length of survey, potentially reducing the respondent numbers. It was decided therefore that concentrating on gaining detailed data on the narrow area of SOM exposure was the preferred focus. Indeed, given the historic application of generic tools to a Police or other SOM-exposed sample, and the misapplication of tools designed for other populations, generating data specific enough to develop bespoke measurement tools was thought to be essential.

As with all questionnaire-based research, it is not possible to determine whether the responses were representative of the population as a whole. It may be that the people who chose to participate are those with particularly strong opinions on the topic, i.e. those who are significantly affected by the work or who believe the work is completely unproblematic. However, there was a good gender split, and a wide range of ages and lengths of service. Additionally, a large number of different teams and work locations were represented. As the study was cross-sectional in nature, it was not possible to ascertain whether participants' use of certain coping strategies have a long-term positive effect in minimising adverse psychological consequences. It was also not possible to establish whether particular coping techniques were used only when the distressing nature of the material overwhelmed individuals' normal coping responses. Further research testing out the efficacy of coping strategies in reducing adverse impact could be conducted in a longitudinal study.

## Conclusion

The survey data collected from the 384 participants contributes significantly to understanding the practicalities of investigating sexual offences, and how this impacts upon Police officers and civilian Police staff. The heterogeneity of responses to potentially traumatic situations was clearly evidenced (Bonanno & Mancini, 2012). Participants' qualitative statements provide important insights into the lived experience of being exposed to sexual offence material in the workplace. In itself, this is valuable data, but further analysis will uncover

relationships between different elements of exposure and enable predictions to be made about factors which may increase the incidence of adverse psychological impact. The next chapter outlines how factor analysis was used to identify clusters of items which form discrete scales. In study one, three main types of coping strategies were identified. With the larger dataset, it is now possible to ascertain whether these do represent distinct clusters of approaches, or whether new groupings will be found. Using factors which emerge from the analysis, relationships between different elements of the work will be explored, such as how level of choice, coping strategies, and the support available may influence any adverse impact experienced. Multiple regression analysis is used to determine whether any given factor is found to be predictive of either overall levels of difficulty with SOM work or with incidence of adverse impact such as traumatic stress symptoms.

# CHAPTER FOUR: STUDY TWO - ANALYSIS OF SURVEY DATA

## Introduction

This chapter aims to distil practitioner experience in working with SOM into key factors, showing how these elements interact with each other and with the level of difficulty/adverse impact which may be experienced. Primarily, impact measurement focuses on symptoms analogous to Post-Traumatic Stress Disorder (PTSD) (APA, 2013), although the relevance of the current findings to other forms of traumatic stress are explored in chapter six. Chapter four firstly outlines how the survey instrument was developed further using factor analysis. Based on findings from exploratory correlational analysis and the existing literature (Carver et al., 1989; Roger et al., 1993), it was predicted that elements of 'Coping' would form distinct clusters. These factors were identified by the analysis, along with factors relating to 'PTSD symptoms', 'operational issues', and 'motivation'. These were then analysed using correlational analysis and analysis of variance, exploring relationships between factors and across variables such as gender and parental status. This provided the basis for creating models to be tested using multiple regression analysis, identifying predictors of self-reported difficulty with SOM work and predictors of symptoms analogous to PTSD. Based on the exploratory analysis and previous empirical research, it was predicted that holding negative coping beliefs and using avoidant coping strategies would be predictive of adverse impact (Bourke & Craun, 2014a). Based on theories of job stressors and demands (Karasek, 1979; Demerouti et al., 2001), previous empirical research on the impact of SOM exposure (Ellerby, 1997; Scheela, 2001; Perez et al., 2010; Tuckey et al., 2012), and findings from study one and two about the impact of operational issues on experience of SOM exposure, it was predicted that factors relating to professional autonomy, choice, job latitude and support would be predictive of overall difficulty levels and adverse impact. The chapter presents the results of the regression analysis and summarises their implications.

## Method

### Participants

The original survey sample was used throughout the factor analysis and multiple regression analysis elements of the research. See chapter three for the demographic characteristics of the 384 participants.

### Design

Data reduction was one of the primary aims of factor analysis. Given the large number of survey items, it was necessary to distil these into common factors in order examine differences between subsets of participant responses (e.g. gender or victim status) without generating high family-wise error rates. The other aim of factor analysis was to uncover differences between professionals' approaches to coping, the impact they experience, the relevance of operational issues and the motivations they express for working with SOM. Therefore, the structure of the survey items needed to be carefully explored to identify latent variables which define these issues. These factors inform the construction of tools to measure different forms of adverse impact (ISOME, chapter five) and to ascertain individuals' selection of differing coping strategies for working with SOM (C-SOM, Appendix four).

Exploratory Factor Analysis using the principal axis factoring (PAF) method was used. This was chosen to avoid assumptions that the sample was completely representative of the larger Police population, given the idiosyncratic nature of the subject. While the maximum likelihood method of factor analysis is seen by many psychological researchers as superior to principal axis factoring, due to its focus on generalisability (Field, 2013), PAF allows a corpus of data to be examined for response patterns while remaining grounded in the data. These validity and reliability considerations are particularly important given the small amount of empirical data on Police SOM exposure. To further test the composition of items relating to adverse psychological impact, an additional data collection phase was undertaken in piloting the ISOME tool (chapter five), which cross-validates the findings of the factor analysis.

The survey items were arranged in clusters based on the overarching theme structure from study one. This structure, along with preliminary exploration of correlational relationships, informed the selection of variables sampled within the factor analysis process. In the case of coping-related items, the qualitative analysis identified several subthemes such as 'process-focused coping'. To avoid identifying spurious factors or failing to recognise true factors (Fabrigar, Wegener, MacCallum, Strahan & Appelbaum, 1999), analysis concentrated on items at the theme or superordinate theme level rather than making assumptions that factors would mirror subthemes. However, consideration of subthemes was useful alongside examination of scree plots in determining the possible number of pre-set factors following the initial factor analysis iteration. This guarded against over-reliance on computerised functions which could result in strained definitions (Creasy, 1959).

For consistency across the programme of research, the non-parametric method Kendall's Tau-b was used in calculating correlations between factors. Unlike the single item correlational analysis undertaken in the previous chapter, assumptions about normal distribution for factors were met, therefore theoretically Pearson's product-moment correlation could have been used. However, Kendall's Tau-b has been found to be more robust in preventing type I errors than Pearson's r and Spearman's Rho, and contrary to received wisdom about non-parametric tests, its power is directly comparable with Pearson's r (Arndt et al., 1999; Field, 2013). A criticism of Kendall's Tau is that its conservatism means the possibility of type II errors could be increased (Field, 2013). Given the dearth of research on the current topic, it was felt that on balance, ensuring robust findings and avoiding the identification of spurious relationships was of the greatest importance.

MANOVA was used to identify significant differences between each factor and multiple option response items, such as overall difficulty levels and the route by which participants came to work with SOM. One-way ANOVA was used for the dichotomous variables gender and parental status. Games-Howell post-hoc tests were chosen over the more commonly used

Tukey's-b or Sheffe's. This reflects that while the factor scores are normally distributed, there were no assumptions of normality of the data at the single item-level, and the original variables were ordinal (Ruxton & Beauchamp, 2008). Games-Howell provides a more robust defence against Type I errors in these circumstances, albeit potentially increasing the Type II error rate (Toothaker, 1993). Ensuring the validity of any conclusions made in the current research was felt to be more critical than the theoretical risk of failing to recognise significant differences within the sample.

Linear multiple regression was used to determine whether factors identified through factor analysis were predictive of PSTD symptoms and level of overall difficulty with SOM exposure. Regression modelling was possible as the factor analysis transformed clusters of ordinal survey items into a scale variable comprised of several items. The decision to choose standard linear regression over hierarchical regression was determined by the analytic focus on exploring relationships rather than a purely theoretical approach. In this way, the analysis remained grounded in the data itself.

**Procedure**

**Data analysis.**

In undertaking factor analysis, it was important to ensure that correlation co-efficients between all variables were checked. In this case, variables with few correlations above 0.3 were not included in the analysis. There was no pre-selection of a specified number of factors during the initial phase of analysis, and no rotation was used. All factors with an eigenvalue greater than one were retained. Following initial examination of the scree-plot, the number of factors to be extracted during the next iteration was identified by retaining factors before the point of inflexion. Direct Oblimin rotation was used at this stage. An oblique rotation was selected due to the likely correlations between factors, given that they relate to broader common themes such as 'coping'. As oblique rotation was used, the pattern matrix was examined to determine the factor structure, and the structure matrix was examined to explore the correlations between

the factors. The researcher followed the recommendation in Stevens (2002) to consider a loading of .3 or higher significant, given the sample size of almost 400 cases. In analysing the loadings, items which loaded onto more than one factor with a differential less than 0.1 were removed. Factors with fewer than three items were also discarded. Cronbach's alpha was then used to test the reliability of each factor. Issues of multi-collinearity were explored by calculating the determinant of the R-Matrix. The Kaiser-Mayer-Olkin measure of sampling adequacy (or KMO) was also used to identify the appropriateness of factor analysis for the cluster of items. An anti-image matrix of co-variances and correlations was produced to further explore sampling adequacy. The correlation matrix was examined and measures of sampling adequacy (MSAs) for all pairs of variables were viewed to check whether they were greater than the acceptable minimum of 0.5. Residuals were calculated between correlations observed in the data and reproduced in the model.

In undertaking multiple regression analysis, scatterplots were examined before making the final decisions about the factors of theoretical interest to include in the models, to check the factors had a linear relationship to PTSD and overall level of difficulty (Bors, 2018). To check for potentially problematic multi-collinearity, correlation matrices were viewed to confirm none of the predictor factors were very highly correlated with each other. As a further measure, the variance inflation factors (VIFs) for the factors were checked (Field, 2013), and confirmed that tolerance levels were unproblematic. Standard linear multiple regression analysis was used, with the enter method being chosen rather than the step-wise method. This ensured that theories developed throughout the research project drove the analysis, rather than relying on computerised functions to select the variables (Field, 2013).

## Results

The Factor Analysis results are presented first, exploring the factor structure of operational issues, coping strategies and beliefs, PTSD symptoms, and job motivation items. This

is followed by an examination of correlations between factors and analysis of variance of factors. Lastly, the results of multiple regression analysis are presented.

## Factor Analysis

### Exploring the structure of operational issues.

Items concerning work pressures and choice about how SO work is undertaken were examined to explore any underlying structure. Two factors were identified: 'Role demands and preferences' (α = .886) and 'Expectations of self-efficacy' (α = .773) as shown in Table 4.1.

Table 4.1: Factor structure of operational issues

| *Factors* | *Items* | *Factor loading* |
|---|---|---|
| **1 Role demands and preferences** | Having to write a description of an indecent image or video makes it stick in my mind longer | .772 |
| | I would like to be able to opt out of a case during times when I have got personal issues that are causing me stress | .740 |
| | Having to look at the same images multiple times makes it harder to forget them | .737 |
| | I would prefer it if I didn't have to deal with SOM just before I go home | .737 |
| | If I had a choice, viewing indecent images would not be part of my job | .653 |
| | I would like to be able to opt out working with a sexual offence case if the details of the case would make it difficult for personal reasons | .633 |
| | I find it particularly difficult to view images of victims I have already met rather than those I haven't met | .629 |
| | I find myself spending longer than I would like in one sitting working with SOM in order to get it over with | .615 |
| | I find it particularly difficult to view images of victims who have not been identified, as I feel unable to find or help them | .557 |
| | I would prefer just to view an indecent image rather than write a description of it | .541 |
| | I find myself spending longer than I would like in one sitting working with SOM due to pressure from my supervisor | .470 |
| **2 Expectations of self-efficacy** | I worry about the repercussions for me professionally if I miss something or get something wrong | .915 |
| | I worry about the repercussions for victims if I miss something or get something wrong | .808 |
| | I have come into work when I have been unwell so other people don't have to cover my cases | .504 |

The first factor concerns practical elements of the work such as duration and content of exposure or taking on a particular case at a particular time. The second factor relates to concerns about efficacy that staff may have, due to the complexity and seriousness of sexual offending cases. Statements from participants in study one suggest that some officers find such cases a heavy burden in terms of responsibility, which they find difficult to stop thinking about. This is borne out in the survey data, as the item about ruminating ('When I have been working on sexual offending cases I find it difficult to stop thinking about it') is significantly positively correlated with all 3 items in the 'expectations of self-efficacy' factor at the .01 level, but most strongly with worrying about the repercussions for themselves professionally if they miss something/make a mistake ($p$ = <.001, $T$-$b$ = .295), or the consequences for victims ($p$ = <.001, $T$-$b$ = .301). The range of respondent scores for role demands and preferences was 59 (3-62), ($M$ = 36.04, $SD$ = 12.95). The range for expectations of self-efficacy was 15 (3-18), ($M$ = 14.97, $SD$ = 3.13).

**Exploring the structure of 'Coping' items.**

Factor analysis was undertaken on all items concerning direct coping strategies while exposed to SOM, general coping strategies, and expectations about coping. The determinant of the R matrix was .000, indicating potential multi-collinearity. However, there were no correlations at or near the .9 level, therefore factor analysis was felt to be appropriate. The item 'As a Police officer you should be able to deal with anything' was removed due to equal loading on more than one factor. The items 'I have a ritual to separate work and home life' and 'I would prefer to have music on in the background' were removed due to a low factor loading. The overall alpha for the remaining items was .818. Four factors emerged: 'Detachment coping', 'Negative coping beliefs', 'Using support systems and positive activities' and 'Avoidance and mental rehearsal', and as shown in Table 4.2.

Table 4.2: Factor structure of Coping strategies and beliefs

| *Factor* | *Items* | *Factor loading* |
|---|---|---|
| **1 Detachment coping** | I do not allow personal feelings or thoughts into my head when working with SOM | .754 |
| | The computer screen acts as a barrier between me and the reality of what I am seeing | .682 |
| | I think of SOM just as evidence to be analysed as part of my role | .647 |
| | I try not to think too much about what I am seeing or hearing | . 626 |
| | When I hear graphic descriptions of sexual offences, I think of it more as a story rather than something that actually happened to a person | .603 |
| | I tend to process the information about sexual offending like a robot | .603 |
| | I put what I have seen and heard about sexual offences in a box in my head where I don't have to think about it | .600 |
| | I try not to think of the victims in indecent images as real people | .484 |
| | I tend to switch off from being myself and have my Police head on when dealing with SOM | .414 |
| **2 Negative coping beliefs** | I worry what people would think of me if I said I needed help | .812 |
| | If I admitted I wasn't coping I would feel like a failure | .810 |
| | I sometimes hide the way I feel so people don't realise I am struggling with the work | .807 |
| | There is an expectation from management that you just get on with it | .572 |
| **3 Avoidance and mental rehearsal** | I avoid looking too closely at the detail of indecent images or other material | -.646 |
| | I sometimes put off having to deal with SOM and do something else instead | -.584 |
| | I do/would make sure the turn sound was turned off if I was viewing a video of a child being abused | -.459 |
| | Before being exposed to SOM, I prepare myself mentally by thinking about what I might see/hear | -.450 |
| | I try to deal with material concerning sexual offences as quickly as possible then move on | -.433 |
| | I would like to be able to go into a different room for a break | -.391 |
| | I just think about completing the task at hand when working with SOM in order to get through it | -.374 |
| | If I know I am going to see or hear about SOM that day, it is easier to prepare myself for it | -.248 |
| **4 Using support systems and positive activities** | Spending time with family or friends helps to relieve the stress of SO cases | .589 |
| | If I have struggled with SO cases, talking about how I feel is helpful | .546 |
| | Relaxing or doing peaceful hobbies | .492 |
| | Being able to have a laugh with colleagues | .459 |
| | Keeping a sense of humour | .454 |
| | Being able to look at a picture or out of a window while looking at SOM | .373 |
| | Reminding myself that people who commit sexual offences are in the minority | .348 |
| | Would prefer to be based in own office/division when viewing SOM | .313 |
| | Using physical exercise to relieve stress | .300 |

The 'Detachment coping' factor (α = .846) relates to cognitive change strategies where respondents either alter their perception of the material or otherwise distance themselves from the process. The 'Negative coping beliefs' factor involve individuals' beliefs around how they should respond to working with SOM. This factor originally included items which relate to masking difficulties coping ('I avoid socialising with peers to avoid 'shop-talk' and 'I drink alcohol to deal with the stressors of SOM work). These items were removed from this factor in order to improve the overall alpha to .815.

The 'Avoidance and mental rehearsal' factor (α = .717) involves physical, environmental and mental preparation strategies for working with SOM. These include reducing exposure, breaking exposure up with other things, and trying to pre-empt what might be involved in exposure by thinking about SOM content in advance. The negative loadings for this factor could be explained by the fact that contrary to the other coping factors, these are attempts to escape distress rather than manage it either through cognitive change strategies or the use of positive behavioural or interpersonal supports. The 'Using support systems and positive activities' factor (α = .656) includes use of humour, relaxation and externalising feelings. As the alpha for this factor is below the acceptable minimum standard of .7 and could not be improved by removal of any of the items, it is not used in further analysis. The range of respondent scores for detachment strategies was 45 (9-54), ($M$ = 32.80, $SD$ = 8.45), the range for negative coping beliefs was 30 (6-36), ($M$ = 21.60, $SD$ = 6.42), and the range for avoidance and mental rehearsal strategies was 40 (9-49), ($M$ =32.61, $SD$ = 7.09).

**Exploring the structure of the 'Total PTSD symptoms' variable.**

A multi-item variable ('Total PTSD symptoms') was constructed in the initial survey data analysis, by mapping survey items onto the PCL-5 tool (Blevins, Weathers, Davis, Witte & Domino, 2015) which measures PTSD symptoms. Twenty-six items mapped across to the symptoms identified in PCL-5, and these items were subject to factor analysis using the PAF method. The 'Total PTSD symptom' item had a minimum score of 26 if all 26 items were

answered, and a possible maximum of 156. The actual range of scores in the dataset was 24 to 156 (*M* = 76.29, *SD* = 25.57). Table 4.3 shows the items which loaded onto one of two factors. The item 'Since doing sexual offending work, I make sure I am never alone with others' children in case of allegations' was removed due to equal loading on two factors. Cronbach's Alpha shows good internal reliability for the whole scale (α = .947).

The first factor is 'Cognitive, behavioural and Affective impact' (α = .946), which reflects the four subscales of the PCL-5: 'Intrusions', 'Avoidance', 'Arousal' and 'Negative cognitions and mood'. The second factor is 'Increased cynicism and suspicion' (α = .861). For the purpose of analysis, this factor is identified as having two subthemes: 'general cynicism and suspicion' and 'child-related suspicion'. Although the 'child-related suspicion' subscale refers to children *in the family*, therefore not excluding non-parents, it is useful to be able to differentiate scores between parents and non-parents when operationalising the scale as an assessment tool (chapter five). The increased cynicism/suspicion factor expands on the PCL-5 items pertaining to an altered worldview. This is particularly important for the current population given the potential for professionals who are repeatedly exposed to trauma to experience permanent changes to schema (McCann & Pearlman, 1990, Moulden & Firestone, 2007) and occupational burnout (Maslach et al., 2001).

Table 4.3: Factor structure of 'PTSD symptoms' variable

| *Factor* | *Items* | *Factor loading* |
|---|---|---|
| **1 Cognitive, behavioural /affective impact** | | |
| **1a Intrusions** | I have experienced strong physical reactions such as sweating or a pounding heart when I have been reminded of a sexual offence | .825 |
| | I have bad dreams or nightmares about the SOM I have been exposed to | .808 |
| | There are times I have become very upset when reminded of an aspect of a sexual offence case | .806 |
| | When I have been working on sexual offence cases I find it difficult to stop thinking about it | .801 |
| | I sometimes see images related to sexual offence cases in my mind without warning | .747 |
| | I have unwanted thoughts about sexual offending cases or material when I am not in work | .714 |
| | Thoughts about or images of sexual offences have entered my mind before or during sexual contact with my partner | .545 |
| | Unwanted thoughts or images of sexual offences have come into my mind when showing affection towards or playing with children in my family | .434 |
| **1b Avoidance** | I tend to withdraw from family and friends when working on a sexual offence case | .768 |
| | I avoid doing things that might remind me of the SOM that I have seen | .568 |
| | I have avoided sexual contact with my partner because of working a sexual offence case | .538 |
| **1c Arousal** | As a result of working with sexual offending cases, I have had trouble sleeping | .809 |
| | I feel anxious when exposed to SOM | .735 |
| | I am unable to concentrate | .699 |
| | I find myself doing things that I know aren't good for me, but I can't seem to control it | .695 |
| | I experience feelings of anger when exposed to SOM | .507 |
| **1d Negative cognitions/ mood** | At times I feel emotionally overwhelmed by the work | .637 |
| | I feel a sense of dread when I know I will have to deal with SOM | .634 |
| | Since working with SOM, I seem to have lost interest in things I used to enjoy | .550 |
| **2 Increased Cynisicm/ Suspicion** | | |
| **2a General cynicism and suspicion** | My sense of trust in other people has diminished since working with sexual offences | .815 |
| | Since working with sexual offending, I feel more and more that the world is not a safe place | .809 |
| | I find myself more suspicious of people's motivations since working with sexual offence cases | .565 |
| **2b Child-related suspicion** | I am cautious about allowing children to do activities like sleepovers due to what I have learnt about sexual offending | .754 |
| | Knowing more about sexual offending has made me over-protective of children in my family | .696 |
| | I question the behaviour of even close family members around children | .546 |

### Exploring the structure of job motivation.

Factor Analysis was undertaken on all job motivation items to identify whether any of these motivations cluster together. As shown in table 4.4, two distinct types of motivation were found: staff who are driven by a 'Vocational/victim focus' (α = .806) and those who are driven by a 'Justice/Power focus' (α = .781). The overall scale has good internal reliability with an alpha of .849. The item 'Sense of justice being done' was removed due to equal loading on both factors. The range of respondent scores for vocational/victim focus is 51 (4-55) (*M* = 38.20, *SD* = 10.29), and the range for justice/power focus was 22 (3-25) (*M* = 16.70, *SD* = 5.20). The range was affected to some extent by the fact that a 'not applicable' option was given for certain motivations.

**Table 4.4:** Factor structure of job motivation

| *Factor* | *Items* | *Factor Loading* |
|---|---|---|
| 1 **Vocational/ victim focus** | Supporting/believing in victims | .803 |
| | Working with families | .724 |
| | Helping victims to have a voice | .599 |
| | Keeping the public safe | .583 |
| | Challenging deviant behaviour | .525 |
| | Seeing perpetrators get support/rehabilitation | .521 |
| | Challenging nature of the work | .497 |
| | Interest in subject of sexual offending | .471 |
| | Being able to use own discretion | .439 |
| | Conducting complex interviews | .435 |
| | Protecting victims from further harm | .341 |
| **2 Justice/power focus** | Hearing that a suspect received a long prison sentence | .749 |
| | Getting a conviction | .679 |
| | Securing an arrest | .671 |
| | Catching suspects in a lie | .633 |
| | Asking suspects questions that make them feel uncomfortable | .483 |

### Correlations between factors

Table 4.5 shows the inter-factor correlations. Moderate associations between PTSD symptoms and role demands/preferences and negative coping beliefs can be observed, as well as weaker positive correlations with expectations of self-efficacy, avoidance coping and the two motivation factors. A weak but statistically significant negative correlation with detachment

coping can also be identified, which indicates that individuals who use this type of coping behaviour may experience fewer PTSD symptoms.

Table 4.5: Correlations between factors

| | *Total PTSD Symptoms* | *Role demands/ prefs* | *Expect/ self-efficacy* | *Detachment coping* | *Negative coping beliefs* | *Avoidance/ mental rehearsal* | *Victim/ vocational motivation* |
|---|---|---|---|---|---|---|---|
| *Role demands/ prefs* | .426**<br><.001 | | | | | | |
| *Expect/self-efficacy* | .325**<br><.001 | .252**<br><.001 | | | | | |
| *Detachment coping* | -.112**<br>.001 | .023<br>.505 | .028<br>.445 | | | | |
| *Negative coping beliefs* | .407**<br><.001 | .292<br><.001 | .333**<br><.001 | -.002<br>.948 | | | |
| *Avoidance/ mental rehearsal* | .217**<br><.001 | .350**<br><.001 | .103**<br>.006 | .224**<br><.001 | .171**<br><.001 | | |
| *Victim/ vocational motivation* | .109**<br>.002 | .128**<br><.001 | .160**<br><.001 | -.040<br>.253 | -.010<br>.781 | .034<br>.340 | |
| *Power/ justice motivation* | .125**<br><.001 | .200**<br><.001 | .120**<br>.001 | -.046<br>.205 | .050<br>.167 | .135**<br><.001 | .394**<br><.001 |

** significant at the .01 level

**Effects of exposure frequency on factor correlations.**

There was no correlation between the frequency of SOM exposure and overall level of difficulty or PTSD symptoms. There were a range of weak associations between frequency of exposure and other factors, such as a significant a negative correlation with avoidance and mental rehearsal coping strategies ($p$ = .001, $T$-$b$ = -.139). This suggests that the more frequently an individual is exposed to SOM, for example in specialist sexual offending teams, the less likely they are to use avoidance-based coping. There was a significant positive correlation between exposure frequency and expectations of self-efficacy ($p$ = .008, $T$-$b$ = .105), which indicates that the more frequently an individual is exposed to SOM, the greater their concerns are about missing a piece of evidence or making mistakes, and the more likely they are to attend work

even while unwell. Frequency of exposure was found to have a suppressing effect on the relationships between PTSD symptoms and coping factors, as shown in table 4.6. Exposure frequency also suppresses the magnitude of the relationship between coping factors and operational factors, as shown in table 4.7.

Table 4.6: Correlations between factors and PTSD symptoms controlling for exposure frequency

| *Factor* | *Correlation with PTSD (T-b)* | *Controlling for exposure frequency (T-b)* |
|---|---|---|
| Detachment | -.112** | -.178** |
| Negative coping beliefs | .407** | .531** |
| Avoidance/mental rehearsal | .217** | .326** |
| Role demands and prefs | .426** | .583** |
| Expect/self-efficacy | .325** | .415** |

** significant at .01 level

Table 4.7: Correlations between coping factors and operational factors, controlling for exposure frequency

| *Coping factors* | *Correlation with operational factors (T-b)* | | *Controlling for exposure frequency (T-b)* | |
|---|---|---|---|---|
| | Role demands & preferences | Expectations of self-efficacy | Role demands & preferences | Expectations of self-efficacy |
| Detachment | .023 | .028 | .041 | .071 |
| Neg coping beliefs | .292** | .333** | .408** | .423** |
| Avoidance/mental rehearsal | .350** | .103** | .488** | .195** |

** significant at .01 level

Further research would be required to fully understand why exposure frequency suppresses the relationships between PTSD symptoms and coping styles/operational factors. Exposure frequency is often dictated by role type, with greater exposure for those in specialist sexual offending teams or digital investigation teams. Training provision, resources and peer/supervisory support and understanding is likely to differ between these roles. Data from study one and the survey free-text responses suggest that those who are in specialist roles may receive more training and have established role specific support structures than those who work in a general role. Additionally, it may be that certain coping strategies are more difficult to

employ in roles which involve high levels of exposure. For example, in specialist roles there may be less opportunity to use avoidance strategies such as putting the work off and doing something unrelated to SOM. Completing the work quickly to 'get it over with' may be used by officers sporadically assigned to work on sexual offending cases, but would effectively be redundant in specialist teams as the individual would simply be given another case. The relationship between exposure frequency and PTSD symptoms is therefore informed by a complex combination of factors which requires further analysis in future research.

**Analysis of Variance**

**Exploring variance in overall level of difficulty.**

The 'level of difficulty' six-point scale was reduced to four points before calculating analysis of variance, in order to reduce sample size disparities across response options. 'Not at all' and 'not particularly' difficult were collapsed into one scale point, and 'very' and 'extremely' difficult collapsed into one scale point at the other end of the scale. The means and standard deviations for every factor across each difficulty level is shown in Table 4.8. MANOVA was conducted to ascertain whether stated difficulty levels result in statistically significant differences in relation to operational issues, impact and coping factors. Statistically significant differences were found in the measured factors between difficulty levels [$F$ (18, 1027) = 11.85, $p$ = <.001; Wilk's Λ = 0.586, partial $\eta^2$ = .163], including PTSD symptoms [$F$ (3, 368) = 50.37, $p$ = <.001; partial $\eta^2$ = .291], detachment coping [$F$ (3, 368) = 3.30, $p$ = .021; partial $\eta^2$ = .026], negative coping beliefs [$F$ (3, 368) = 25.01, $p$ = <.001; partial $\eta^2$ = .169], avoidance and mental rehearsal strategies [$F$ (3, 368) = 23.51, $p$ = <.001; partial $\eta^2$ = .161], role demands and preferences [$F$ (3, 368) = 39.14, $p$ = <.001; partial $\eta^2$ = .242], and expectations of self-efficacy [$F$ (3, 368) = 8.12, $p$ = <.001; partial $\eta^2$ = .062].

Table 4.8: Means and standard deviations for factors across overall difficulty scores

| | *Not at all/not particularly difficult* | *A little difficult* | *Quite difficult* | *Very/ extremely difficult* | *Overall Mean* |
|---|---|---|---|---|---|
| *Detachment coping* | 32.89 (8.85) | 34.37(8.31)** | 32.76 (8.03) | 30.30 (8.02)** | 32.80 (8.45) |
| *Negative coping beliefs* | 13.76 (4.72)** | 15.35 (5.06)** | 17.47 (4.47)** | 19.61 (3.94)** | 16.14 (5.03) |
| *Avoidance coping* | 24.56 (6.40)** | 29.86 (5.84)** | 30.22 (5.80)** | 30.98 (5.67)** | 28.60 (6.44) |
| *Role demands/ prefs* | 28.12 (10.28)** | 34.77 (11.89)** | 41.44 (11.40)** | 45.05 (11.11)** | 36.04 (12.95) |
| *Expect/self-efficacy* | 14.28 (3.39)** | 14.78 (2.90)** | 15.35 (2.99)* | 16.41 (1.80)** | 14.97 (3.13) |
| *Total PTSD symptoms* | 60.95 (20.71)** | 70.70 (20.18)** | 86.91 (21.78)** | 99.17 (23.49)** | 76.29 (25.57) |

* = means differ significantly at the .05 level ** = means differ significantly at the .01 level

Games-Howell post hoc tests were conducted to establish which groups differed significantly. All differences in PTSD symptoms between difficulty levels were significant at the .01 level, with PTSD symptom scores increasing correspondingly with increased level of difficulty. Differences in negative coping beliefs were significant at the .01 level between all difficulty levels except ‘a little’ and ‘quite’ difficult ($p$ = .011) and ‘not at all/not particularly’ and ‘a little difficult’ which was non-significant. Negative coping beliefs increased as stated level of difficulty with SOM increased.

There were significant differences in the use of avoidance and mental rehearsal strategies between those who find the work ‘not at all/not particularly difficult’ and all other groups at the .01 level. The more difficult individuals found SOM the more likely they were to use avoidance or mental rehearsal. In terms of role demands and preferences, there were no significant differences between those who find the work ‘quite’ and ‘very/extremely’ difficult, but there were significant differences between all other groups at the .01 level. There were significant differences in expectations of self-efficacy between those who find the work

'very/extremely difficult' and 'not at all/not particularly' at the .01 level. This analysis shows that overall, the greater the level of stated difficulty, the more likely participants are to experience PTSD symptoms, use avoidance coping strategies, hold negative beliefs about coping, express greater need for choice in SOM exposure, and have greater concerns about self-efficacy.

**Exploring variance by route into role.**

Table 4.9 shows the means and standard deviations for all factors by route into role:

Table 4.9: Means and standard deviations for factors across route into role

| | *Applied for SO role* | *Opted in to SO role from gen. role* | *Aware SO component beforehand* | *Deployed / seconded* | *SOM became part of role after* | *Work with SOM b/c everyone has to'* | *Overall mean* |
|---|---|---|---|---|---|---|---|
| *Detachment coping* | 31.40 (8.58) | 35.03 (7.31) | 32.33 (7.43) | 33.76 (9.31) | 33.20 (7.73) | 33.37 (9.59) | 32.80 (8.45) |
| *Negative coping beliefs* | 15.62 (5.13) | 16.56 (3.91) | 14.93 (5.19)* | 18.00 (5.85)* | 17.37 (4.74) | 16.69 (5.39) | 16.14 (5.03) |
| *Avoidance coping* | 27.41 (7.13) | 27.62 (7.19) | 28.78 (5.68) | 29.94 (6.19) | 29.97 (5.32) | 29.35 (6.84) | 28.60 (6.44) |
| *Role demands/ prefs* | 35.24 (12.03) | 34.79 (11.58) | 32.43 (13.24)* | 40.43 (11.98)* | 41.23 (12.07)* | 37.70 (14.96) | 36.04 (12.95) |
| *Expect/self-efficacy* | 15.07 (2.93) | 15.88 (2.94)* | 14.16 (2.87)* | 16.00 (2.17)* | 15.83 (2.12)* | 14.37 (3.97) | 14.97 (3.13) |
| *PTSD symptoms* | 76.18 (24.21) | 77.32 (20.41) | 68.48 (23.16)* | 84.63 (27.73)* | 86.73 (25.54)* | 76.00 (28.88) | 76.29 (25.57) |
| *Overall difficulty level* | 2.91 (1.14)* | 3.15 (1.21) | 3.16 (1.11)* | 3.80 (1.35)* | 3.97 (1.10)* | 3.43 (1.40) | 2.31 (1.06) |

* = means differ significantly at the .05 level

MANOVA was undertaken in order to ascertain whether the route by which participants came to be involved in working with sexual offending causes statistically significant differences in the level of adverse impact and difficulty they experience, the operational demands they identify, and the coping strategies they employ. The six route options comprised the three items which indicate either choice or foreknowledge about exposure to SOM ('I applied for a sexual

offence-related role'; I opted in to a sexual offending specialism from a general role'; I was aware that sexual offending work formed part of the role before I started'), and three that denote a lack of choice or foreknowledge ('I was deployed/seconded by superiors'; 'Sexual offending work became part of my role after I started'; 'I'm required to work with SOM because everyone has to').

There were statistically significant differences based on the route by which individuals came to work with sexual offending [$F$ (6, 365) = 1.69, $p$ = .007; Wilk's Λ = 0.847, partial $\eta^2$ = .039], including PTSD symptoms [$F$ (6, 365) = 3.44, $p$ = .003; partial $\eta^2$ = .054], level of overall difficulty [$F$ (6, 365) = 5.38, $p$ = <.001; partial $\eta^2$ = .081], negative coping beliefs [$F$ (6, 365) = 2.99, $p$ = .002; partial $\eta^2$ = .055], role demands and preferences [$F$ (6, 365) = 3.46, $p$ = .002; partial $\eta^2$ = .054], and expectations of self-efficacy [$F$ (6, 365) = 3.54, $p$ = .002; partial $\eta^2$ = .055].

To distinguish which 'route into role' groups differed significantly, Games-Howell post-hoc testing was undertaken. There was a significant difference in difficulty levels between those who applied for a specialist SO role and those who say they were deployed/seconded into the role by their superiors ($p$ = .002), and those who say it became part of their work after they had already started the job ($p$ = .001), with people who applied having significantly lower difficulty levels. There was also a significant difference in overall PTSD symptom scores, with those who were deployed to an SOM role ($p$ = .010) having significantly higher levels than those who say there were aware of the SOM component beforehand. There was a significant difference in levels of negative coping beliefs, with people who were deployed to an SOM role having significantly higher levels than those who say they were aware it formed part of their role before starting their job ($p$ = .010).

Regarding operational issues, there were significant differences between groups, with those who were deployed ($p$ = .007) requiring greater choice around exposure than people who had awareness of the SOM component beforehand. Finally, there were significant differences between groups in terms of expectations about self-efficacy, with those who were deployed ($p$

= .001) and say it became part of role after they started ($p$ = .020) scoring significantly higher than those with prior awareness of being required to work with SOM. Overall the results indicate that choice or foreknowledge about being in a role which involves SOM exposure can significantly affect the overall adverse impact and difficulty experienced. The analysis also suggests that those without choice or foreknowledge about SOM exposure requirements may benefit from significantly greater choice around exposure within their roles, and have greater concerns about their own efficacy.

**Variance by other demographic factors.**

A one-way ANOVA with Games-Howell post-hoc testing was conducted to explore potential gender and parental status differences, and the effects of sexual victimisation status in PTSD symptoms and overall difficulty levels. Table 4.10 shows the results of the analysis. No significant differences between males and females was found in either measure [$F$ (2, 346) = 1.41, $p$ = .244], [$F$ (2, 353) = .145, $p$ = .865]. Significant differences were found in PTSD symptoms between parents and non-parents [$F$ (2, 370) = 7.12, $p$ = .001], with parents exhibiting significantly higher levels of PTSD symptoms. Significant differences in PTSD symptoms were also found between people who had and had not experienced sexual abuse themselves [$F$ (2, 368) = 6.74, $p$ = .001], with those who had been victimised experiencing higher levels of PTSD symptoms. Significant differences in overall difficulty were not found based on parental status [$F$ (2, 378) = .449, $p$ = .639], but were found between victims and non-victims [$F$ (2, 376) = 3.58, $p$ = .029], with victims of sexual abuse finding the work more difficult. The results indicate that being a parent and previous sexual victimisation could be a risk factor for traumatic stress reactions following SOM exposure.

Table 4.10: Variance in PTSD symptoms/difficulty levels by gender, parental status and victim status

| | *PTSD symptoms* | *Overall difficulty* |
|---|---|---|
| Gender | .244 | .865 |
| Parental status | .001** | .639 |
| Victim status | .001** | .029* |

* p is significant at .05 level ** p is significant at .01 level

Differences in PTSD symptom scores based on parental status and further examination of the impact of victim status is completed within the ISOME pilot, to enable detailed analysis of each subscale to be undertaken. This will allow for an appropriate depth of analysis, differentiating between any observed changes to cognitions, behaviour and affect.

### Multiple Regression Analysis

#### Predicting PTSD symptoms.

##### *Effect of coping styles, operational factors and motivation*

A standard multiple regression was conducted to examine whether the coping factors (‘Detachment coping’, ‘Negative coping beliefs’, ‘Avoidance and mental rehearsal’), the two operational factors (‘Role demands and preferences’, Expectations of self-efficacy’) and the two job motivation factors (‘Vocational/victim focus’, ‘Justice/power focus’) were significant predictors of PTSD symptoms. The overall model was significant [$F$ (7, 359) = 54.75, $p$ = <.001], with the model explaining 51% of the variance in PTSD symptom scores ($R^2$ = .516; Adjusted $R^2$ = .507). The two job motivation factors were not significant. ‘Detachment coping’ was a significant predictor ($B$ = -.267, $t$ = -6.71, $p$ = <.001), indicating that lower use of detachment coping was associated with increased PTSD symptoms. ‘Negative coping beliefs’ was a significant predictor ($B$ = .298, $t$ = 6.90, $p$ = <.001), indicating that greater use of behaviours and attitudes which involve hiding difficulties was associated with PTSD symptoms. ‘Avoidance and mental rehearsal’ was also a significant predictor ($B$ = .141, $t$ = 3.05, $p$ = .002) indicating that increased use of this type of coping was associated with PTSD symptoms. ‘Role demands and preferences’ was a significant predictor ($B$ = .335, $t$ = 6.96, $p$ = <.001), indicating that stronger opt-out/exposure management preferences were associated with increased PTSD symptoms. ‘Expectations of self-efficacy’ was a significant predictor ($B$ = .167, $t$ = 3.95, $p$ = .001), indicating that higher levels of concern about making mistakes or being absent from work through illness were associated with PTSD symptoms. The model remained significant when controlling for

overall level of difficulty with the work [*F* (7, 357) = 28.22, *p* = <.001] and the predictive power of the model increased ($R^2$ = .549; Adjusted $R^2$ = .539).

***Effect of role support and route into role involving SOM***

There was substantial variance in the level of adverse impact experienced by participants depending on both the route by which they came to work with SOM and the level of training and support they received. Therefore a regression model was designed to explore whether these factors predict adverse impact. The items 'I was deployed or seconded into a role involving SOM' and 'SOM became part of the role after I started' – were both significantly correlated with negative outcomes, and some support/training related items were also significantly positively correlated with adverse reactions. These form a nexus of issues which could potentially destabilise an individual's ability to cope with SOM work. A standard multiple regression was conducted and the model was significant [*F* (4, 346) = 19.08, *p* = <.001]. This 'Role entry/support' model explained 17% of the variance in PTSD symptoms scores ($R^2$ = .181; Adjusted $R^2$ = .171). 'Being deployed/seconded' (*B* = .130, t = 2.62, *p* = .009), 'SO work became part of the role after I started' (*B* = .133, *t* = 2.70, *p* = .007) 'I would have liked to observe other people before I started working with SOM' (*B* = .164, *t* = 3.17, *p* = .002), and 'I would benefit from supervision with someone other than line manager, where I get chance to talk about all aspects of SO work' (*B* = .291, *t* = 5.68, *p* = <.001) were all significant predictors. These findings indicate that having choice about undertaking a role involving SOM, having a gradual introduction to the role, and having independent supervision could result in individuals experiencing fewer PTSD symptoms.

***Effect of other peoples' opinions of SOM work***

Four of the items which relate to perceptions about other peoples' opinions of SO work were significantly positively correlated with PTSD symptoms, and standard multiple regression was carried out to ascertain whether these items were predictive of PTSD symptoms. The overall model was significant [*F* (4, 365) = 23.81, *p* = <.001], with the model explaining 20% of the

variance in PTSD symptoms scores ($R^2$ = .207; Adjusted $R^2$ = .198). 'I have been treated with wariness or suspicion because I work with SOM' (*B* = .159, *t* = 2.68, *p* = .008) and 'I sometimes feel isolated in social situations because other people don't want to know about my work' (*B* = .248, *t* = 4.22, *p* = <.001) were both significant, indicating that these two items are predictive of PTSD symptoms. This suggests that having perceptions of receiving negative differential treatment or feeling isolated from others due to working with sexual offending could lead to increased PTSD symptoms. The latter item in particular is analogous to 'avoidance' symptoms in the DSM-V definition of PTSD (APA, 2013). 'Some people can't understand how I am able to work with sexual offences' and 'I think there is a stigma about working with sexual offending' were not significant predictors.

**Predicting staff difficulties.**

***Effect of coping styles and operational issues***

Standard multiple regression was conducted to examine whether the three coping factors and the two operational factors were significant predictors of the level of difficulty experienced by respondents. The overall model was significant [*F* (5, 375) = 37.51, *p* = <.001], with the model explaining 33% of the variance in difficulty scores ($R^2$ = .333; Adjusted $R^2$ = .325). Expectations of self-efficacy was not significant. 'Detachment coping' was a significant factor, (*B* = -.192, *t* = -4.22, *p* = <.001), indicating those who use strategies to distance themselves from the trauma and see the material in an analytical way have less overall difficulty with the work. 'Negative coping beliefs' was a significant predictor (*B* = .236, *t* = 4.83, *p* = <.001), indicating that hiding difficulties and beliefs that struggling equates to failure were associated with greater difficulty with the work overall. 'Avoidance and mental rehearsal' strategies were also a significant predictor (*B* = .19, *t* = 3.81, *p* = <.001), indicating that use of these coping techniques is associated with greater difficulty. 'Role demands and preferences' was a significant predictor (*B* = .296, *t* = 5.57, *p* = <.001), indicating that stronger opt-out/exposure management preferences were associated with greater overall difficulty. The model remained significant

when controlling for PTSD [*F* (5, 365) = 36.05, *p* = <.001] and the predictive power of the model increased ($R^2$ = .372; Adjusted $R^2$ = .362).

***Effect of role support and route into role involving SOM***

A standard multiple regression was conducted showing that the 'Role entry/ support' model was significant in predicting expressed difficulty levels as well as PTSD symptoms [*F* (4, 355) = 16.96, *p* = <.001]. The model explained 15% of the variance in difficulty levels ($R^2$ = .160; Adjusted $R^2$ = .151). 'Being deployed/seconded' (*B* = .170, *t* = 3.45, *p* = .001), 'SO work became part of the role after I started' (*B* = .201, *t* = 4.08, *p* = <.001) 'I would have liked to observe other people before I started working with SOM' (*B* = .164, *t* = 3.19, *p* = .002), and 'I would benefit from supervision with someone other than line manager, where I get chance to talk about all aspects of SO work' (*B* = .201, *t* = 3.94, *p* = <.001) were all significant predictors. These findings indicate that having greater choice about undertaking a role involving SOM, having a gradual introduction to the role, and having independent supervision could result in individuals finding the work less difficult overall.

***Effect of other peoples' opinions of SOM work***

Four items which relate to others' opinions of SO work were significantly positively correlated with overall level of difficulty with SOM work. A standard multiple regression was carried out to ascertain whether these items were predictive of difficulty level. The overall model was significant [*F* (5, 372) = 5.00, *p* = <.001], with the model explaining 5% of the variance in difficulty scores ($R^2$ = .063; Adjusted $R^2$ = .050). Only 'I think there is a stigma about working with sexual offending' (*B* = .248, *t* = 3.78, *p* = <.001) was significant, indicating that this item is predictive of overall difficulty level, albeit explaining only a small amount of variance. This finding indicates that if individuals' experiences make them perceive their role as being stigmatised, they are likely to have increased difficulty with undertaking SOM work. 'I have been treated with wariness or suspicion because I work with SOM', 'I sometimes feel isolated in social

situations because other people don't want to know about my work' and 'Some people can't understand how I am able to work with sexual offences' were not significant.

## Discussion

This chapter aimed to identify latent constructs within the survey items, exploring both the relationships between these factors and significant differences in experience based on demographic characteristics. The aim was then to identify whether PTSD symptoms and difficulty experienced with SOM work could be predicted. The analysis has shown that operational issues, coping styles and perceptions about stigmatisation all inform both how difficult individuals find SOM work and the prevalence of symptoms analogous to PTSD.

### Operational Issues

Other than digital media investigation officers, those who have the greatest levels of exposure to SOM tend to work in specialist sexual offending teams. It is interesting to note that frequency of exposure to SOM was not directly related to overall level of difficulty or PTSD symptoms, which contrasts with the results of the only other study exploring exposure frequency and adverse impact of SOM exposure (Powell et al., 2015). The lack of correlation may be explained by several factors. Firstly, those who are most frequently exposed to SOM may have opted in to the role and have a particular vocational motivation for wanting to undertake this type of work. Conversely, an individual working in the same team with the same levels of SOM exposure may have been deployed there due to a lack of willing volunteers. Intermittent exposure to SOM which occurs in some non-specialist roles introduces uncertainty for individuals, in contrast to specialist teams where exposure is predictable. Recent studies with trauma-exposed samples have found that individuals with higher intolerance of uncertainty (IU) levels are at greater risk of PTSD symptoms (Oglesby, Gibby, Mathes, Short & Schmidt, 2017; Raines, Oglesby, Walton, True, & Franklin, 2019). Longitudinal research is required to understand the trajectories of potential adverse impact based on the frequency and predictability of SOM exposure.

Another factor influencing adverse impact and difficulty levels could be the amount of preparation, training and support the person experiences. The level of SOM-specific training and support those in specialist sexual offence teams receive is likely to be much higher than a non-specialist officer who periodically encounters SOM in the course of their duties. As the current research is the first to examine the experiences of both specialist and non-specialist staff, this issue has not been examined before. It is not possible to determine from the current data exactly how individual experiences of training and support affect PTSD symptoms or difficulty levels. Nor is it possible at this stage to quantify differences in levels of difficulty that could be caused by repetitive rather than sporadic exposure to SOM. However, it is reasonable to suggest that any member of staff who may be required to analyse SOM as part of their role would benefit from training in how to undertake the tasks involved, as well as training in recognising and constructively addressing any negative reactions they experience. Adequately training and supporting staff in this way could serve to ameliorate issues such as mental health related absenteeism (Powell et al., 2014) and could also potentially reduce staff turnover in roles involving SOM (Lea et al., 1999). Both these issues were identified in the current sample and were found to cause additional strain on remaining staff and resulting in 'skills drain' as personnel left the team or the force entirely (MacEachern, Dennis, Jackson & Jindal-Snape, 2015).

As predicted, the degree of choice that individuals feel they have in the timing, duration, and context of their exposure to SOM (the 'Role demands and preferences' factor) was predictive of their levels of PTSD symptoms and self-reported feelings of difficulty. Lack of role choice or foreknowledge about the SOM component of a role was also statistically predictive of both increased PTSD symptoms and difficulty levels. In his seminal study of the relationship between job demands, decision latitude and mental strain, where the Job Demands model of work stressors was formulated, Karasek (1979) found that invariably, workers who felt they had low levels of control yet had high demands placed upon them were at greater risk of mental strain. Subsequent studies supported the link between job demands, levels of professional

autonomy and adverse health consequences (Schaufeli, Bakker & Van Rhenen, 2009; Bakker, Demerouti, de Boer & Schaufeli, 2003, Follmer & Jones, 2018). Some of the symptoms identified in these studies are comparable with findings of the current research, including depression, anxiety, sleep disruption, and absenteeism (see chapter two).

Chapter three showed that pressure experienced by individuals can be both internally generated, through a desire to 'get it right' for victims, and externally driven, through perceived supervisor pressure to 'get on with it' or organisational pressure to cope with extremely high workloads. The current findings suggest that these pressures place Police employees at increased risk of adverse mental health consequences, including symptoms of PTSD. As well as the harm caused to the individual, these issues could also present organisational problems such as staff turnover and absenteeism. Recommendations for changes to organisational policy to increase staff awareness and choice are explored in detail in chapter six. These include increased transparency about SOM requirements during the recruitment process, more tailored workload allocation by supervisors, opt-out provisions, and recommendations about the timing of SOM exposure during the working day.

**Coping**

Factor analysis found that the types of coping strategy identified in study one as 'detachment-based' and process-focused' form part of the same coping technique, which concerns distancing from the reality of victims or the emotional content of the material. The avoidance-based strategies identified in study one are shown through factor analysis to also incorporate pre-exposure planning used by participants to prepare themselves. The negative coping beliefs exhibited by participants also formed a discrete factor.

As previously identified, Police officers have a tendency to perceive emotional expression as an occupational weakness (Paton, 1997). The hypothesis that negative coping beliefs would be predictive of both symptoms analogous to PTSD and increased difficulty with

SOM work was confirmed. While such beliefs are not explored alongside adverse psychological impact in the previous literature, accessing supervisor and peer support have been found to have a positive effect on wellbeing and should therefore be encouraged (Bourke & Craun, 2014; Powell et al., 2014; Burns et al., 2008). If Police employers developed a workplace culture which supports staff to see difficulties with SOM exposure as valid responses, this could encourage disclosure. It may also be helpful for staff to be provided with skills training in how to ameliorate negative impact through active awareness and management of physiological and psychological symptoms of stress. Details of both these recommendations are provided in chapter six.

Also of interest for further study is to explore facets of emotional labour (Hochschild, 1983) in more detail, specifically whether those who score highly on the subscale 'negative coping beliefs' engage in more 'surface acting' (Grandey, 2000; Van Gelderen, Konijn & Bakker, 2017). Surface acting occurs when true feelings are suppressed in order to portray an outward appearance which matches cultural expectations about Police officers' ability to cope (Howard et al., 2000; Loftus, 2008). It is reasonable to hypothesise that individuals who score highly on items about hiding their feelings and worrying about others' perception of them would engage in measurably greater levels of surface acting, which has been linked to adverse psychological impact across a range of studies in the wider literature (Hulsheger & Shewe, 2011; Van Gelderen et al., 2017; Schaible & Six, 2016).

As predicted, detachment coping strategies were found to be significantly negatively correlated with PTSD symptoms and difficulty levels, and this was also supported by the results of the multiple regression analysis. These results are consistent with other Police studies where techniques such as pretending the victim is not real (Burns et al., 2008) and focusing on the evidentiary nature of the task (Powell et al., 2014) were linked to lower levels of adverse psychological impact. The findings are also consistent with Roger et al.'s (1993) Coping Styles Questionnaire (CSQ) which defines detachment based strategies as feeling independent from the event and associated emotions, resulting in adaptive responses to stress. Of specific interest

for further study is whether detachment-based strategies actually reduce levels of distress or whether detachment strategies are capable of being deployed by individuals only when their baseline levels of distress are lower. Exploring levels of empathy would be useful in this context: higher levels of empathy have been linked to adverse reactions to SOM exposure (Tehrani, 2010). As found in the current research, the ability to control feelings of empathy can be adaptive in reducing distress (see chapter two) thereby creating a mental environment where detachment strategies can be employed. Further research would be beneficial to explore whether high levels of emotional empathy (sensing other people's feelings) rather than cognitive empathy (understanding other people's perspectives) (Shamay-Tsoory, 2011) could lead to increased adverse reactions to SOM exposure and difficulty utilising detachment strategies.

Some of the qualities of detachment coping are reminiscent of the 'cynicism' element of Burnout (Maslach & Jackson, 1981), in that depersonalisation of victims by deliberately ignoring their unique qualities is an attempt to create distance between the individual and the victim (Maslach, Schaufeli & Leiter, 2001). It is therefore interesting to note that detachment strategies were a negative predictor of PTSD symptoms. Further longitudinal research is required to explore the dynamics of detachment coping strategies, and whether this interacts meaningfully with the cynicism strand of burnout.

The current findings show that avoidance-based coping is predictive of adverse impact. This echoes the literature on Police coping, which finds that avoidant or passive coping is associated with higher levels of work stress and adverse physical or psychological symptoms (Gershon, Barocas, Canton, Li & Vlahov, 2009; Violante, Ma, Mnatsakanova, Hartley, Gu & Andrew, 2018; Arble, Daugherty & Arnetz, 2018). It also reflects Roger et al.'s (1993) CSQ which identifies avoidance coping as maladaptive. Given the extreme nature of the trauma material to which Police personnel are exposed, avoidance techniques such as not looking too closely or turning the sound off on indecent videos seem like reasonable responses which help to minimise

exposure. However these responses, as well as mental rehearsal or rumination, have been found to delay recovery from stressful situations (Roger et al., 1993; McRae & Costa, 1986; Carver et al., 1989). In addition, these strategies could increase the risk of missing important evidentiary details.

In their 2018 study, Violante et al. examined the moderating effect of coping strategies on the relationship between work stressors and PTSD. They found that increased use of passive strategies such as behavioural disengagement strengthened this relationship, while active strategies such as acceptance and positive reframing lessened it. However, some elements of the 'Detachment' based strategies identified in the current research – which were not predictive of PTSD symptoms - could also be defined as passive (e.g. 'I try not to think too much about what I am seeing or hearing'). It may be that certain coping strategies which appear passive are actually an adaptive response to unavoidable repetitive exposure to trauma (Brewin et al., 1996; Chemtob et al., 1988). This illustrates the importance of having a coping scale that accurately reflects the strategies used by Police and other criminal justice professionals during SOM exposure. This specificity is provided by C-SOM (Appendix four), a scale developed by the researcher based on the coping factors identified in this chapter.

**Impact: PTSD Symptoms**

The four-factor structure of the DSM-V PTSD model comprises re-experiencing, avoidance, negative cognitions & mood and arousal (APA, 2013). In the current study, the PTSD symptom variable had two factors, with the subscales within the first factor mirroring the four components of the APA's PTSD model. The second factor concerns increased cynicism or suspiciousness which may indicate permanent alterations to worldview. This factor echoes the symptom relating to persistent negative evaluations about other people or about the world in the DSM-V definition of PTSD (APA, 2013). Elevated levels of cynicism and suspicion as a form of adverse impact also fits with 'Event Centrality' theory (Berntsen & Rubin, 2006). This theory's proponents argue that when an individual's experience of trauma becomes the key reference

point in developing their inferences about the world, this can increase PTSD symptoms (Boals, 2018). Such fundamental changes to schema are typical of the complex trauma which can result from repeated exposure to distressing situations (Herman, 1992; Grey, Maguen & Litz, 2007; Courtois, 2008). Establishing the factor structure of PTSD symptoms in relation to SOM exposure provides the basis for a bespoke self-assessment tool (ISOME) which measures different types of impact on criminal justice professionals. The creation of ISOME and its pilot are explored in chapter five.

In the current sample, parents, people who had previously been victims of sexual assault/abuse, and those who had limited choice or foreknowledge about entering a role involving sexual offending had higher levels of symptoms analogous to PTSD. All these differences are explored further during the ISOME tool pilot (chapter five). Folette, Polusny and Milbeck (1994) also found that Police officers who had been childhood victims of sexual abuse themselves tended to exhibit greater levels of traumatic stress as a result of working with sexual abuse cases. In addition, they were significantly more likely to use negative coping strategies, including substance use and withdrawing from others. The current analysis found that role demands, expectations of self-efficacy, avoidance-based coping and negative coping beliefs significantly predicted PTSD symptoms, and that detachment-based strategies were negative predictors of PTSD symptoms. This suggests that an interaction of organisational and personal factors determines individuals' likelihood of experiencing adverse psychological consequences as a result of workplace exposure to SOM. Gender differences in PTSD scores in Police samples are found in some studies (Van Der Meer et al., 2017) but not others (Arble et al., 2017). Lilly, Pole, Best, Metzler & Marmar (2009) found that while female civilians exhibited higher levels of PTSD symptoms than males, there were no significant gender differences when examining a Police sample. Instead, they determine that PTSD levels are greater in those with higher emotionality, regardless of gender, suggesting personality differences between females who choose to become Police officers and those who do not.

Traumatic stress as a result of exposure to SOM does not necessarily follow a linear sequence where a traumatic event occurs and is followed by an adverse reaction. Typically in a civilian population, a single trauma experience such as a serious accident or victimisation is followed by ongoing negative appraisals of the event, leading to adverse physical and psychological symptoms (Horowitz, 1983; Horowitz, Weiss & Marmar, 1987). By contrast, Police staff experiencing PTSD symptoms as a result of SOM work are likely to be simultaneously facing further exposure to the type of trauma which precipitated their stress reactions, as is the case for emergency service and military personnel (Adams et al., 2015; Arble et al., 2018; Novaco & Chemtob, 2002). In circumstances of one-off trauma, triggers to PTSD symptoms such as intrusions are likely to be everyday sensory stimuli unrelated to the incident, but which are imbued with new meaning. Examples could include the sound of glass breaking triggering intrusive thoughts about a road traffic collision, or the smell of a certain aftershave reminding a sexual assault victim of their attacker and triggering strong feelings of fear or anxiety (Halligan et al., 2003). Police personnel experience not only these everyday triggers but also further exposure to the traumatic situations inherent in their work. The nature of SOM work means that some officers are exposed to trauma for the majority of every working day, as is the case for 29% of the current sample.

In their 'Dual Representation Model' of PTSD, the presence of ongoing trauma is cited by Brewin et al. (1996) as one of the key factors in individuals being unable to properly integrate trauma experiences, leading to 'Chronic processing'. Ehlers and Clark's (2000) cognitive model of persistent PTSD holds that it is the individual's overly-negative appraisal of the trauma that produces a sense of 'current threat' that manifests in intrusion and arousal symptoms. As the perceived threat (to psychological integrity or to the safety of loved-ones) in an SOM exposure context is open-ended, it could be argued that the persistent adverse reactions would be more accurately defined as Continuous Traumatic Stress (CTS) (Straker, 2013). However, this is not currently identified as a distinct psychological disorder within the DSM-V (Somer & Ataria, 2015). The primary adverse outcome of CTS is defined as personality change, which can occur as a result

of the numbing and dissociation employed to cope with continuous stressors (Straker, 2013). CTS was originally meant only to refer to the psychological consequences of ongoing civil conflict but is recognised by the author as having utility in describing a range of situations where exposure to traumatic situations is a constant reality. The uniqueness of the current population and their exposure to trauma means that bespoke measures of their experiences of traumatic stress are important. This measure is provided by the ISOME self-assessment tool, and the results of the pilot for this tool are provided in chapter five.

**Perceptions about being stigmatised**

Of interest is the finding that two of the items about other people's opinions, or at least participants' *perceptions* of other people's opinions about their work, are predictive of PTSD symptoms. It is possible that those who are experiencing PTSD symptoms project their own discomfort with the work onto their interactions with others. For example, the item pertaining to being treated with 'wariness or suspicion' by others is similar in tone to the items within the 'Increased cynicism and suspicion' cluster of the PTSD scale. Likewise, the item 'Feeling isolated in social situations because people don't want to hear about my work' could be seen as a justification for withdrawing from others, a symptom of PTSD. This type of social withdrawal has been found in other studies, with sexual offending work being seen as too depressing or unpleasant for others to hear about (Brady et al., 2019). There is descriptive evidence within the literature to suggest those who work with perpetrators of sexual offences have experienced stigmatisation and suspicion from colleagues who perform other roles, as well as people in their personal life (Freeman-Longo, 1997; Leicht, 2008). There is also evidence of social isolation (Shelby et al., 2001). These aspects were well-illustrated by a professional who described her work as a 'party stopper': conversations dried up and people became uncomfortable when they found out she was a sex-offender therapist. An acquaintance questioned the therapist in a way which signified their belief there must be 'something wrong with her' to work with sex offenders (Grady & Strom-Gottfried, 2011).

In study one of the current research, there were also comments which indicated how unpopular specialist roles involving sexual offending were with other officers, and indications of a stigma attached to people working in such roles. The issue of role status is important when exploring the relationship between PTSD symptoms and other people's opinions. The 'Effort-Reward' model (Siegrist & Quick, 1996) recognises that a key component of occupational reward, alongside pay and advancement prospects, is that individuals feel their contribution is valued by others; that they are held in esteem by colleagues. If roles primarily involving sexual offences are viewed with distaste and aversion by those in other Police roles and/or by the general public, those who undertake this work are experiencing the difficulties of such a challenging role - 'High-effort' - but potentially experiencing limited rewards. This emphasises the potential role of Police employers in finding ways to increase the prestige of working in roles involving SOM exposure, especially when advertising the roles, such as by highlighting the high level of skill, tenacity and investigative expertise required. Additional benefits of undertaking the role might include increased choice around shift patterns and investment in restorative team events such as outdoor activities.

## Strengths and Limitations

The heterogeneity of the sample can be seen as a strength of the study, as it provides a holistic view of the experiences of staff across different roles and locations. This captures the experiences of those who may otherwise be or feel forgotten, such as civilian typists and neighbourhood officers. However, there is also merit in the study focusing only on those who undertake SOM work in specialist roles, as the analysis could have pinpointed factors predictive of adverse impact for those with the highest exposure levels. Additional research is required to explore the impact of intermittent as well as constant exposure. Analysis of variance by team was undertaken and differences in impact were found. However due to the small number of respondents from some roles, it was not possible to draw conclusions from these differences. Additionally, while useful general information about team roles was provided by the responding

constabularies, a clear understanding of the exact nature of the work undertaken in each team was not available.

As previously highlighted, some researchers and academics may find principal axis factoring (PAF) inferior to the maximum likelihood method of factor analysis in terms of ability to generalise findings to a larger population. However, in a large-scale literature review, Guadagnoli and Velicer (1988) found few differences between solutions generated by these methods. Reasons for using PAF include the importance of avoiding assumptions about the representativeness of the sample, given the small corpus of existing data and the nature of the topic. Additionally, as noted by Field (2013), assumptions about the explanatory nature of factor analysis are not necessarily accurate in complex real-world situations. When examining the factors identified by the analysis, the PTSD symptom scale has an alpha above .900, showing strong internal consistency. The coping, motivation and operational factors also show good levels of internal consistency to support the premise that these are distinct latent variables which can be used to explore SOM exposure further.

Multiple regression analysis is a useful analytic tool but can be vulnerable to distortions, either if the measured variables do not have a linear relationship or if there are significant outliers (Bors, 2018). In the current analysis scatter plots were examined carefully and there were no notable concerns about data irregularities. The entry of factors into regression models was grounded in theory generated from the preceding analysis of the data, alongside existing literature into trauma exposure, coping, and workplace stressors. Exploratory correlational analysis also enabled potential relationships between variables to be established. This means that the models have good construct validity and reduced the potential for Type I errors. It should be noted that the lack of empirical research on the topic means that the theories informing the regression models are not thoroughly tested with reference to sexual offence exposure on Police officers. Indeed, this is the core reason for undertaking the project. In an

under-researched area such as this, formation of the developed theories is by necessity partly inductive.

## Conclusion

The prediction that 'Coping' could be separated into distinct factors in the context of SOM exposure was supported, as was the prediction that holding negative beliefs about coping and avoidance-based coping strategies would be statistically predictive of PTSD symptoms and overall difficulty levels. The prediction that operational issues would predict PTSD symptoms and overall difficulty was also supported, with level of choice about SOM exposure, opt-out preferences, high expectations of self-efficacy, level of preparedness and support provided, and perceptions about stigma related to SO work all being statistically predictive. In addition, use of detachment-based coping strategies was negatively related to both PTSD symptoms and difficulty levels. These findings indicate that addressing both the difficulty levels and adverse impact experienced by staff requires Police employers to understand their staff members' beliefs about coping and the strategies they employ in relation to SOM work. This could be achieved through use of the C-SOM self-assessment tool, which could be completed by staff members within welfare appointments. Identification of maladaptive coping strategies or beliefs could inform training and support provision, and could be targeted according to need. Recommendations for training and other organisational support are provided in chapter six. As well as the implementation of new training and support protocols, Police employers may wish to consider addressing some of the other operational issues which appear to predict adverse consequences for staff. Again, recommendations are provided in chapter six. The next chapter outlines the pilot of the ISOME self-assessment tool.

# CHAPTER FIVE: STUDY THREE - PILOT OF 'ISOME' TOOL

## Introduction

This chapter describes the construction of a self-assessment scale which measures the negative impact of SOM exposure (ISOME). The results of a pilot study of the ISOME tool are presented and potential implications of these findings are explored. The aim of the chapter is to explore the benefits of using a self-assessment tool specific to SOM exposure as part of Police welfare procedures. As stated in chapter one, Secondary Traumatic Stress (STS) (Figley, 1983) and its associated measurement scale (Bride, 2007) is unlikely to be valid for the current population due to its focus on the impact of working with traumatised clients in a therapeutic context. The inclusion of an STS scale also makes the Professional Quality of Life Scale (ProQOL), (Stamm, 2010) an inappropriate tool in the current context. Similarly, Clarke & Roger's (2007) three factor model is likely to be unsuitable, as this focuses on working therapeutically with perpetrators of sexual offences. Perez et al.'s (2010) 'Reactions to disturbing media' scale superficially appears to address similar themes to the ISOME tool. However, the name of this scale is misleading; half the items relate to opinions of, or support provided by, friends, family and colleagues. Some items are similar to the 'cynicism and suspicion' subscale of the ISOME tool. However, as Perez et al.'s tool was tested with a very small sample (*N* = 28), and the items were clustered together without theoretical or empirical support, it is difficult to draw any parallels to the current study. The ISOME tool therefore represents the first bespoke measure of the impact of exposure to SOM within a Police context. Based on the findings outlined in the previous chapter, it was predicted that there would be no significant differences in ISOME scores between males and females. It was also predicted that significantly higher ISOME scores would be found in individuals who had no choice or foreknowledge about their involvement in SOM work, in parents, and in individuals who had themselves survived sexual abuse/assault.

## Method

### Participants

The 349 participants who took part in the study were Police officers and civilian Police staff who had contact with SOM, whether in a specialist team or other role.

#### Demographics of sample.

As shown in table 5.1, 55% of participants in the current sample were female and 45% male, which contrasts somewhat with study two where 48% of participants were female and 51% male. The average age group was 36-45 years old, which corresponds with the mean age of the previous sample ($M$ = 42). The percentage of parents and non-parents in the current study was almost identical to the study two sample. It is difficult to state with certainty whether the rate of sexual victimisation in the current sample (13%) is representative of the national average. However, the Independent Inquiry into Child Sexual Abuse reports that 7% of UK adults aged between 16 and 59 have been the victim of child sexual abuse (IICSA, 2018). Furthermore, the Office for National Statistics (ONS) (2017) reports that 20% of women and 4% of men report having been the victim of a sexual assault since the age of 16. This indicates that the current sample has a lifetime rate of sexual assault slightly higher than levels reported by the ONS. Seventy-nine percent of respondents had either voluntary applied for a role involving SOM or knew this was a role requirement when they started their employment. The remaining 21% were either deployed or did not realise their role would involve SOM work.

Table 5.1: Study three demographics

| | *Frequency* | *Percentage* |
|---|---|---|
| *Gender* (*n*=348) | | |
| Male | 156 | 44.8 |
| Female | 192 | 55.2 |
| | | |
| *Age* (n=348) | | |
| 18-25 | 15 | 4.3 |
| 26-35 | 68 | 19.5 |
| 36-45 | 143 | 41.1 |
| 46-55 | 102 | 29.3 |
| 56-65 | 20 | 5.7 |
| | | |
| *Parental status* (*n*= 346) | | |
| Parent | 242 | 69.9 |
| Not a parent | 104 | 30.1 |
| | | |
| *Ever been a victim of sexual abuse* (*n*=348) | | |
| No | 284 | 81.6 |
| Yes | 46 | 13.2 |
| Prefer not to say | 18 | 5.2 |
| | | |
| *Route into role involving SOM* (*n*=344) | | |
| Applied/volunteered for specialist SO role | 101 | 29.4 |
| Was deployed/seconded by superiors to specialist SO role | 48 | 14.0 |
| Started in a general/other specialist role knowing SO was involved | 172 | 50.0 |
| Started in a general/other specialist role unaware SO was involved | 23 | 6.7 |

**Sampling approach.**

The three constabularies involved in study two were invited to participate in the ISOME pilot. Two constabularies agreed to take part resulting in 182 valid responses from one area and 167 from the other (*N*= 349).

**Design**

The development of the ISOME tool began inductively. The items for the scale were generated from factor analysis of survey items from study two, which themselves were generated from themes identified by participants in study one and phrased to reflect these participants' own words. The items comprising the 'impact' factor had been mapped across to the PCL-5, a self-assessment checklist used to measure PTSD under the DSM-V definition (APA, 2013). The PCL-5 has been found to have strong internal consistency, reliability and validity

(Blevins et al., 2015). Aligning the ISOME with a pre-existing validated scale follows best practice guidance for scale item generation (Boateng et al., 2018) and ameliorated the lack of opportunity for convergent validity testing within the current research. ISOME represents a reflective measurement model (DeVellis, 1991). The construct under measurement contributes to each indicator, with each indicator helping to measure the construct, and with high positive inter-correlations between items (Avila, Stinson, Kiss, Brandao, Uleryk & Feldman, 2015).

**Measures.**

***Creation of the 'ISOME' self-assessment checklist.***

The 'PTSD symptoms' factor had a high degree of internal consistency when subjected to scale reliability testing (α = .947) as shown in chapter four. It was therefore possible to operationalise the items as a tool to measure the impact of working with SOM. Factor one related to adverse cognitive, behavioural and affective impact (α = .946), and factor two related to increased cynicism and suspicion (α = .861). A small number of items were slightly reworded for the ISOME pilot, to account for the new scoring options and to more closely resemble PTSD symptoms (e.g. 'I feel anxious when exposed to SOM' became 'Feeling extremely anxious or fearful').

The item 'I find myself more suspicious of people's motivations' from factor two was not included in the tool due to its similarity with 'I feel my sense of trust in other people has diminished' and its removal had no impact on the alpha level. The item 'I make sure I am never alone with other people's children in case of allegations' had been removed from the PTSD multi-item variable, due to loading highly on two factors. However, it was considered important to re-test this item in the ISOME pilot as it is the only item which measures the self-consciousness participants may have felt about their own behaviour around children. It was noted that the item could be removed in later analysis if found to be redundant in the context of the ISOME tool.

The internal reliability for the 25 items chosen for ISOME was very high (α = .946). To facilitate fine-grained analysis of different types of impact, subscales for ISOME were proposed as: Intrusions (eight items); avoidance (three items): negative cognitions and mood (three items); arousal (five items); general cynicism and suspicion (three items) and child-related suspicion (three items). The first four subscales represent the adverse cognitive, behavioural and affective impact factor, which mirror symptoms of PTSD identified in the PCL-5 checklist. Cynicism/suspicion was analysed as two subscales in the initial analysis, to allow for exploration of potential differences between parents and non-parents in terms of changes to cognition or behaviour relating to children's safety. A Microsoft Word version of the ISOME tool used in the pilot can be found in appendix five. As with PCL-5, respondents were asked to specify how often they had experienced symptoms within the last month. The response options were 0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = A lot. The latter option was a slight variation on that of the PCL-5, which uses the term 'extremely'. 'A lot' was felt to be more congruent with the language of the other measurement labels and with the questions being asked.

**Procedure.**

**Ethical considerations and confidentiality.**

Ethical approval was granted by the University of Central Lancashire's (UCLan) PsySoc Ethics Committee. A link to the tool was made available to all members of Police staff within the two constabularies involved in the pilot. The survey link was placed on the staff intranet by the main project liaison for each constabulary and responses came automatically to the author via the Qualtrics online survey system. This ensured complete anonymity for participants. The information accompanying the link made clear that anyone who had ever worked with sexual offences was eligible to complete the survey, and the contact details of the researcher were provided so participants could obtain more information before participating. Respondents were required to tick the electronic consent form at the start of the survey, which explained how the data would be used and stored, and how confidentiality would be maintained. A debrief page

provided details of sources of support to ameliorate any adverse impact as a result of participation. In their internal communication to staff, the constabularies involved in the pilot also re-emphasised how to access welfare provision during the period of the pilot.

**Data analysis.**

ISOME datasets from the two constabularies were analysed independently first, in order to explore force-specific findings. These were then compared and there were no significant differences in results between the two datasets. The datasets were then amalgamated into one overall sample for further analysis. Simple summation was adequate for calculating ISOME scores rather than weighting items, given that the measurement model was reflective in nature (Avila et al., 2015). Optimal cut scores for a scale such as ISOME should consider the baseline rates of impact, and be informed by the purpose of the test, which in this case is screening for additional support needs (Blevins et al., 2015). Therefore, a total score of two standard deviations above the mean was provisionally selected to indicate those individuals who are experiencing substantially greater impact than their peers.

Non-parametric tests were used to analyse variance to reflect the dispersion of ISOME responses. The Kruskal-Wallis test was used for the multiple option responses (age and route into role involving SOM), as well as victim status, as this had a 'prefer not to say' option as well as 'yes' and 'no'. However, effectively this variable was dichotomous as those who preferred not to answer the question were not included in analysis of variance by victim status. The Mann-Whitney U test was used for the dichotomous variables gender and parental status. A Bonferroni correction was undertaken for each calculation to reduce the family-wise error rate.

Exploratory Factor Analysis (EFA) using the Principal Axis Factoring method was used rather than Confirmatory Factor Analysis (CFA), both to avoid distributional assumptions and to reflect the lack of existing empirical data on the impact of workplace exposure to sexual trauma (Fabrigar et al., 1999). It was also important to ascertain whether the factor structure remained stable across a second sample and, if necessary, make refinements to the scale. CFA will be used

in future testing of the tool. Split-half testing was used as well as Cronbach's Alpha to test scale reliability.

## Results

### Scale reliability testing

Testing of the overall ISOME scale and its proposed subscales was undertaken to ascertain reliability, comparing ISOME alpha scores with those from the factor analysis of the survey data from chapter four. As with the previous dataset, the alpha for the whole scale was very high (α = .939). The subscale relating to adverse cognitive, behavioural and affective impact had excellent internal reliability (α = .945) with symptoms representing intrusions (α = .874), avoidance (α =.751) negative cognitions and mood (α = .800) and arousal (α = .858) all having strong internal consistency. The alpha for the general cynicism and suspicion subscale was adequate (α =.609), however removal of the item 'Making sure I am never alone with others' children in case of allegations' increased the alpha to .691. Child-related suspicion had a strong alpha level (α =.767) but removing the item about questioning the behaviour of family members around children improved this further (α =.777). Removal of these items meant that neither subscale contained enough items to consider them subscales in their own right. Combining the four remaining cynicism/suspicion items into a new 'Increased cynicism/suspicion' subscale improved the alpha substantially (α =.846). Removal of the two cynicism/suspicion items did not affect the overall scale alpha, which remained at .939. Therefore, factor analysis was conducted on ISOME as a 23-item scale. To provide added rigour to the testing of the ISOME scale, split-half testing was undertaken. The scale had a Guttman split-half co-efficient of .923.

### Factor analysis

To verify the composition of the scale, factor analysis using the principal axis factoring method was undertaken. Initially no rotation was used, and the number of factors was not pre-set. This resulted in the identification of four factors, with all items loading onto the first factor

showing a coherent 23 item scale. As four of the items loaded slightly more strongly onto the second factor (world is no longer safe, trust in others is diminished, overprotective of children and limit childrens activities), the analysis was re-run with two pre-set components and direct oblimin oblique rotation. Oblique rotation was used given the high degree of correlation between items. This resulted in two distinct factors emerging. Of interest is the finding that 'Intrusions when showing physical affection towards children' loaded more strongly onto the factor involving increased cynicism and suspicion. However, as the factor loading is low compared to the other items (.353) and its removal does not affect the overall alpha, this item was removed from the scale and does not feature in further analysis. All subsequent analysis is based on the 22-item scale, as shown in Table 5.2.

Table 5.2: ISOME tool factors

| *Factor* | *Item* | *Factor loading* |
|---|---|---|
| **1 Cognitive, behavioural and affective impact** | | |
| **1a Intrusions** | Bad dreams or nightmares about the SOM I have been exposed to | .775 |
| | Finding it difficult to stop thinking about SOM | .670 |
| | Having thoughts/images of SOM before or during sexual contact | .662 |
| | Becoming very upset when reminded of a sexual offence case | .649 |
| | Strong physical reactions when reminded of SOM | .628 |
| | Unwanted thoughts about SOM when I am not in work | .624 |
| | Seeing images related to cases in my mind without warning | .583 |
| **1b Avoidance** | Withdrawing from family/friends when working on a SO case | .780 |
| | Avoiding doing things that might remind me of SOM I have seen | .756 |
| | Avoiding sexual contact with my partner because of a case | .600 |
| **1c Arousal** | Feeling extremely anxious or fearful | .818 |
| | Having trouble sleeping as a result of working on SO cases | .773 |
| | Being unable to concentrate | .721 |
| | Doing things I know aren't good for me, but feeling unable to control it | .644 |
| | Having strong feelings of anger | .556 |
| **1d Negative cognitions/mood** | Feeling emotionally overwhelmed by SOM work | .727 |
| | Losing interest in things I used to enjoy | .694 |
| | Feeling a sense of dread when I know I will have to deal with SOM | .631 |
| **2 Increased cynicism/suspicion** | Being very cautious about allowing children to do activities like sleepovers | .828 |
| | Being more overprotective of children in my family | .815 |
| | Feeling my sense of trust in other people has diminished | .743 |
| | Feeling more and more that the world is not a safe place | .587 |

Table 5.3 shows the mean scores and standard deviations for all 22 scale items. The range for all items was 0-4. Two items from the 'Increased Cynicism/suspicion' subscale (feeling the world is not safe and being over-protective of children) had by far the highest mean scores of any items. The lowest scoring items were spread across the subscales, including intrusions (e.g. thoughts or images before sexual contact, nightmares), avoidance (e.g. of things which may act as triggers, avoiding sexual contact), negative cognitions and mood (e.g. 'doing things which aren't good for me', losing interest in things) and arousal (e.g. physical reactions).

Table 5.3: ISOME item means and SDs

| *Item* | *M* | *SD* |
|---|---|---|
| Strong physical reactions e.g. sweating/pounding heart | 0.39 | .814 |
| Feeling more and more that the world is not a safe place | 1.83 | .122 |
| Bad dreams or nightmares about the SOM I have been exposed to | 0.38 | .807 |
| Finding it difficult to stop thinking about SOM | 0.71 | 1.01 |
| Being unable to concentrate | 0.62 | .994 |
| Becoming very upset when reminded of a sexual offence case | 0.66 | .971 |
| Having trouble sleeping as a result of working on sexual offence cases | 0.65 | 1.05 |
| Being more over-protective of children in my family | 2.20 | 1.38 |
| Avoiding sexual contact with my partner because of a case | 0.39 | .826 |
| Seeing images related to cases in my mind without warning | 0.77 | 1.04 |
| Feeling extremely anxious or fearful | 0.51 | .921 |
| Withdrawing from family/friends when working on a SO case | 0.45 | .878 |
| Unwanted thoughts about SOM when I am not in work | 0.68 | .999 |
| Doing things I know aren't good for me, but feeling unable to control it | 0.33 | .779 |
| Having strong feelings of anger | 0.72 | 1.07 |
| Feeling a sense of dread when I know I will have to deal with SOM | 0.74 | 1.14 |
| Feeling emotionally overwhelmed by SOM work | 0.77 | 1.08 |
| Being very cautious about allowing children to do activities e.g sleepovers | 1.34 | 1.33 |
| Feeling my sense of trust in other people has diminished | 1.48 | 1.24 |
| Avoiding doing things that might remind me of the SOM I have seen | 0.41 | .801 |
| Having thoughts/images of SOM before or during sexual contact | 0.26 | .615 |
| Losing interest in things I used to enjoy | 0.40 | .853 |

Table 5.4 shows the mean scores, standard deviations and range for the whole 22 item scale and the five subscales:

Table 5.4: ISOME total and subscale means and SDs

| *Item* | *Mean* | *SD* | *Range* |
|---|---|---|---|
| Intrusions | 3.85 | 4.80 | 0-25 |
| Avoidance | 1.26 | 2.05 | 0-10 |
| Negative cognitions/mood | 1.90 | 2.61 | 0-10 |
| Arousal | 2.83 | 3.86 | 0-20 |
| Increased cynicism/suspicion | 6.84 | 4.27 | 0-16 |
| Total ISOME scores | 16.68 | 14.75 | 0-78 |

These figures show that a conservative cut-point of 46 for total ISOME scores (2SD above the mean) could be used as the trigger for additional welfare support, and potentially a recommendation for clinical assessment of PTSD symptoms. Figure 5.1 shows the total ISOME distribution. The scores are reasonably well distributed with a positive skew. The majority of the sample score between 0-15, and a small proportion have considerably higher scores.

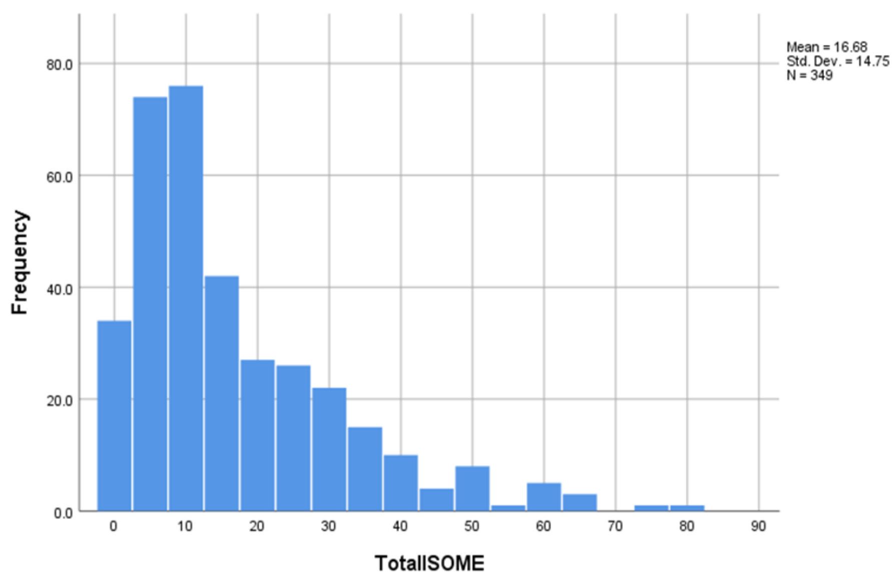


*Fig 5.1: Total ISOME distribution*

Table 5.5 shows all cases with total scores two or more standard deviations above the mean, and table 5.6 shows the lowest 21 scores, with an ISOME score of zero or one (slightly over 1SD below the mean). By examining the highest and lowest scorers, potential patterns can be identified relating to demographic characteristics. In terms of the highest ISOME scores, 16 individuals scored 2SDs above the mean, with a further five scoring 3SDs above the mean and one individual scoring 4SDs above the mean. The subscale scores of each case indicates that those with high overall scores can have very different symptom profiles, such as case 29 who, in contrast to the other high scorers, has seemingly unproblematic scores for intrusion symptoms, yet extremely high scores for negative cognitions and mood.

Table 5.5: Cases with ISOME scores 2, 3 or 4 SDs above the mean

| *Score* | *Gender* | *Age* | *Job route* | *Parent?* | *Victim?* | *Main problem areas* | *Case* |
|---|---|---|---|---|---|---|---|
| 78 (4SDs) | Male | 36-45 | DC – Deployed/seconded to SO role | Yes | Prefer not to say | Intrusions 4SD; Avoidance 4SD; Neg cog/mood 3SD; Arousal 3SD; Increased cyn/susp 2SD | 271 |
| 73 (3SDs) | Male | 46-55 | Role redacted - Deployed/seconded to SO role | Yes | Prefer not to say | Intrusions 2SD; Avoidance 4SD; Neg cog/mood 3SD; Arousal 4SD; Increased cyn/susp 2SD | 105 |
| 66) (3SDs) | Female | 36-45 | 'Manager' – Applied for other role/knew SO involved | Yes | Yes | Intrusions 3SD; Avoidance 4SD; Neg cog/mood 2SD; Arousal 4SD | 95 |
| 63 (3SDs) | Female | 36-45 | PC – Applied for other role/knew SO involved | Yes | Yes | Intrusions 3SD; Avoidance 2SD; Arousal 4SD; Increased cyn/susp 2SD | 274 |
| 63 (3SDs) | Male | 36-45 | DC – Deployed/seconded to SO role | Yes | No | Intrusions 2SD; Avoidance 3SD; Neg cog/mood 4SD; Arousal 3SD; Increased cyn/susp 2SD | 149 |
| 62 (3SDs) | Male | 56-65 | PC – Applied for other role/unaware SO involved | Yes | No | Intrusions 3SD; Neg cog/mood 2SD; Arousal 3SD | 278 |
| 60 (2SDs) | Female | 18-25 | Role missing – Applied for other role/knew SO involved | No | Yes | Intrusions 3SD; Avoidance 3SD; Neg cog/mood 3SD; Arousal 3SD | 151 |
| 60 (2SDs) | Male | 26-35 | PS – Applied for other role/knew SO involved | No | Yes | Avoidance 2SD; Neg cog/mood 4SD; Arousal 3SD | 29 |
| 60 (2SDs) | Female | 46-55 | DC – Applied for other role/unaware SO involved | Yes | No | Intrusions 2SD; Avoidance 4SD; Neg cog/mood 2SD; Arousal 3SD | 315 |
| 58 (2SDs) | Female | 26-35 | Role missing – Applied for other role/unaware SO involved | No | Yes | Intrusions 3SD; Avoidance 3SD; Neg cog/mood 2SD; Arousal 3SD | 64 |
| 56 (2SDs) | Male | 36-45 | DC – Deployed/seconded to SO role | Yes | No | Intrusions 3SD; Avoidance 2SD; Neg cog/mood 2SD; Arousal 2SD | 81 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 52 (2SDs) | Male | 36-45 | DC – Applied for other role/knew SO involved | Yes | No | Intrusions 2SD; Avoidance 2SD; Neg cog/mood 2SD; Arousal 2SD | 110 |
| 50 (2SDs) | Male | 26-35 | PC – Applied for specialist SO role | Yes | No | Intrusions 2SD; Avoidance 2SD; Increased cyn/susp 2SD | 256 |
| 49 (2SDs) | Male | 46-55 | DC – Applied for specialist SO role | Yes | No | Avoidance 3SD; Neg cog/mood 2SD; Arousal 3SD | 141 |
| 49 (2SDs) | Male | 46-55 | DC – Deployed/seconded to SO role | Yes | No | Intrusions 2SD; Avoidance 3SD; Neg cog/mood 2SD; Arousal 2SD | 334 |
| 49 (2SDs) | Female | 36-45 | Sex offender manager – Applied for other role/knew SO involved | Yes | No | Intrusions 2SD | 139 |
| 49 (2SDs) | Male | 46-55 | Civilian staff - Applied for specialist SO role | Yes | No | Intrusions 3SD; Avoidance 3SD; Neg cog/mood 2SD | 267 |
| 48 (2SDs) | Male | 36-45 | DC – Applied for other role/knew SO involved | Yes | No | Intrusions 2SD; Increased cyn/susp 2SD | 250 |
| 48 (2SDs) | Male | 36-45 | DC – Deployed/seconded to SO role | Yes | No | Intrusions 3SD; Neg cog/mood 2SD | 324 |
| 47 (2SDs) | Female | 36-45 | DS – Deployed/seconded to SO role | No | No | Intrusions 2SD; Neg cog/mood 2SD | 86 |
| 46 (2SDs) | Male | 36-45 | DC – Applied for other role/knew SO involved | Yes | Prefer not to say | Intrusions 2SD | 277 |
| 46 (2SDs) | Female | 26-35 | Sex offender manager – Applied for specialist SO role | Yes | No | Avoidance 2SD; Neg cog/mood 2SD; Increased cyn/susp 2SD | 161 |

PC = Police Constable, DC = Detective Constable, PS = Police Sergeant, DS = Detective Sergeant

Table 5.6: Lowest overall ISOME scores

| *Score* | *Gender* | *Age* | *Job route* | *Parent?* | *Victim?* | *Case no.* |
|---|---|---|---|---|---|---|
| 0 | Male | 36-45 | DC - Applied for other role/knew SO involved | No | Prefer not to say | 16 |
| 0 | Female | 46-55 | PC - Applied for other role/unaware SO involved | Yes | No | 39 |
| 0 | Male | 46-55 | DC - Applied for specialist SO role | Yes | No | 60 |
| 0 | Male | 26-35 | DC - Applied for specialist SO role | Yes | No | 100 |
| 0 | Male | 46-55 | PC - Applied for other role/knew SO involved | No | No | 101 |
| 0 | Female | 36-45 | DC - Applied for other role/knew SO involved | No | No | 145 |
| 0 | Male | 26-35 | Digital forensic investigator - Applied for other role/knew SO involved | No | No | 181 |
| 0 | Male | 46-55 | PS - Applied for other role/knew SO involved | Yes | No | 186 |
| 0 | Female | 46-55 | Other - Applied for other role/knew SO involved | Yes | No | 210 |
| 0 | Male | 46-55 | DC - Applied for other role/unaware SO involved | Yes | No | 287 |
| 0 | Female | 36-45 | Other - Applied for other role/knew SO involved | Yes | No | 308 |
| 0 | Male | 26-35 | DC - Applied for other role/knew SO involved | No | Yes | 310 |
| 0 | Female | 46-55 | Other - Applied for specialist SO role | Yes | No | 318 |
| 0 | Female | 36-45 | DS - Applied for other role/knew SO involved | No | No | 344 |
| 1 | Female | 26-35 | DC - Applied for other role/knew SO involved | Yes | No | 125 |
| 1 | Female | 36-45 | DS - Applied for other role/knew SO involved | No | No | 146 |
| 1 | Female | 46-55 | Civilian staff - Applied for other role/knew SO involved | Yes | No | 208 |
| 1 | Male | 26-35 | DS - Applied for specialist SO role | Yes | No | 213 |
| 1 | Female | 18-25 | DC - Applied for other role/knew SO involved | No | Prefer not to say | 286 |
| 1 | Female | 56-65 | Administrator - Applied for other role/knew SO involved | Yes | No | 302 |
| 1 | Female | 46-55 | DC - Deployed/seconded to SO role | Yes | No | 339 |

Notable differences between the highest and lowest scoring individuals are the 'route into role' profiles: only one of the people with the lowest scores was deployed into an SOM role, whereas a third (n=7) of the highest scorers were deployed. Of note is the fact that only one of the low scorers identified having been a victim of sexual abuse compared with four of the high scorers.

**Analysis of variance**

A Mann-Whitney U-test was used to compare results between genders. There were no significant differences between males and females in total ISOME score or any of the subscales. The same test was used to explore results by parental status. Parents were found to have significantly higher scores than non-parents for intrusions ($U$ = 14767.50, $p$ = .009), arousal ($U$ = 14219.50, $p$ = .049) and on the cynicism and suspicion subscale ($U$ = 17729.50, $p$ = <.001), as well as the overall ISOME score ($U$ = 15961.50, $p$ = <.001). To determine whether overall ISOME scores were affected by differences in cynicism/suspicion scores of parents, with participants relating the items to their own children, variance based on parental status was tested again after this subscale was removed. Parents still scored significantly higher than non-parents on overall ISOME scores ($U$ = 14307.50, $p$ = .043). To test interaction effects between parental status and gender, new variables were created to represent the four possible combinations of gender and parental status. Only the significant differences between parents and non-parents were found, with no significant gender differences in adverse impact levels. The means and standard deviations for ISOME scores by gender, parental status and victim status are shown in table 5.7:

Table 5.7: Means/SDs for ISOME scores by parental status, victim status & gender

| | *Gender* | | Total M*(SD)* |
|---|---|---|---|
| | Male | Female | |
| *Parent* | | | |
| Yes | 19.26 *(16.60)* | 17.77 *(13.97)* | 18.50 *(15.31)* |
| No | 11.67 *(12.13)* | 13.18 *(13.12)* | 12.59 *(12.70)* |
| *Victim of SO?* | | | |
| Yes | 19.30 *(18.17)* | 22.56 *(17.31)* | 21.85 *(17.34)* |
| No | 16.44 *(14.31)* | 14.01 *(12.16)* | 15.17 *(13.28)* |
| Total M*(SD)* | 17.44 *(15.93)* | 16.12 *(13.75)* | |

Kruskal-Wallace tests showed that victims of previous sexual assault or abuse were significantly more likely than non-victims to experience intrusions ($H$ = 15.00, $p$ = .003), avoidance ($H$ =17.83, $p$ = <.001), arousal ($H$ = 15.15, $p$ = .002) and total ISOME scores ($H$ = 11.14, $p$ = .005). To test interaction effects between victim status and gender, new variables were created to represent four possible combinations of gender and victim status. The significant differences between victims and non-victims were found, but no significant differences in adverse impact were found between males and females who had been victim of sexual abuse.

Kruskal-Wallace tests showed significant differences between age groups in terms of cynicism and suspicion: the 36-45 age group had significantly higher scores than 18-25 year-old group ($H$ = -55.30, $p$ = .042), 26-35 group ($H$ = -33.86, $p$= .022), 46-55 group ($H$ = 32.16, $p$= .013) and 56-65 group ($H$ = 52.81, $p$ = .027). However, this may be an artefact given the high percentage of 36-45 year-olds who are parents (77%). As shown in table 5.8, there were significant differences in impact depending on which route respondents came to be involved in an SOM role.

Table 5.8: Variation in ISOME scores by route into SOM role

| *ISOME subscale* | *Route into role* | *p value* |
|---|---|---|
| Avoidance | Deployed/seconded-Other role, aware SO involved | .001 |
| Negative Cognitions/mood | Deployed/seconded-Other role, aware SO involved | .006 |
| | Deployed/seconded-applied/volunteered | .007 |
| Arousal | Deployed/seconded-Other role, aware SO involved | <.001 |
| Total ISOME scores | Deployed/seconded-Other role, aware SO involved | .009 |

Those who were deployed or seconded to a specialist SO role by superiors had significantly higher scores than those who applied for a specialist SO role or who applied for a different role knowing SO work would be involved, across both the overall ISOME scale and several subscales.

## Discussion

The aim of the ISOME pilot was to demonstrate that a self-assessment scale could be used to identify individuals who exhibit high levels of adverse psychological impact as a result of SOM exposure. The results show that impact levels vary dramatically between individuals. The highest possible ISOME score was 88, and scores ranged from 0-78. Intrusion scores ranged from 0-25 out of a possible 32, avoidance symptoms and negative cognition and mood ranged from 0-10 out of a possible 12, arousal scores ranged from 0-16 out of a possible 20, and increased cynicism and suspicion ranged from zero to the maximum possible score of 16. The results also show that individuals have varied impact profiles, with high levels of certain symptoms but much lower levels in others. Further research is required to ascertain why individuals may experience specific symptoms to a much greater degree than others, such as very high levels of intrusions but much lower levels of arousal.

An ISOME score of 46 has been proposed as a cut point to indicate that an individual may require targeted welfare support. This is based on two factors. Firstly, this score represents two standard deviations above the mean for the sample, which would indicate that an individual is experiencing substantially greater impact than their peers under potentially similar stressors. Secondly, this cut point mirrors the convention used in the scoring of PCL-5 (Blevins et al., 2015) which holds that a score of two ('moderately') for an item represents endorsement of that item. In the current context this would represent an overall score of 44, so the slightly more conservative score of 2SDs above the mean represents an appropriate cut-point.

The results of the ISOME pilot show that the majority of respondents (94%) have symptom scores within two standard deviations of the mean. In an environment of limited Police resources, the majority of additional welfare support could therefore be targeted towards the 6% of staff who are experiencing high levels of adverse reactivity to trauma exposure, indicated by scores two or more standard deviations above the mean. A further 9% of respondents scored between one and two standard deviations above the mean. It may be important therefore to

attend to the needs of this group, for example by prioritising them for targeted peer support. Further longitudinal research would be required to monitor the ongoing ISOME scores of a cohort of participants, to explore whether there are any changes to levels of adverse impact following the implementation of new training and support measures.

It is concerning that one individual scored four standard deviations above the mean for overall ISOME scores, and either three or four standard deviations above the mean on all subscales which are aligned with PTSD symptoms according to the DSM-V definition (APA, 2013). This individual must have been attending work to have taken part in the study, yet their traumatic stress levels arguably indicate that they were not well enough to be in work. Certainly, it appears that they require targeted mental health support to manage their symptoms. Examining the profiles of all 22 individuals scoring over 2SDs above the mean shows that an increase in cynicism and suspicion does not necessarily accompany increases in the traditional PTSD symptoms relating to intrusions, avoidance, negative cognitions and mood and arousal. Only a third of those with high ISOME scores showed substantial increases in their levels of cynicism and suspicion (n=7). The 13 individuals in the sample who had the highest cynicism scores only scored 1SD above the mean or lower in overall ISOME scores.

There are three potential reasons for individuals to score highly on the cynicism and suspicion subscale: the individual may have already possessed a cynical worldview before they joined the Police; they may have changed their schema about the world and become more cynical and suspicious over time due to being involved in general Police work; their schema may have changed as a direct result of sexual offending work. During the interviews in study one, most participants identified increased cynicism and suspiciousness, which they ascribed to their general experience of Police work. Indeed, increased cynicism has been characterised as an inevitable consequence of the role within the literature (Caplan, 2003; Bennett & Schmitt, 2002) and as something that tends to increase over time (Burke & Mikkelsen, 2005). However, as with

other Police samples, study one participants also described changes which had occurred specifically as a result of sexual offending work (Powell et al., 2015; Perez et al., 2010; Burns et al., 2008). These included decisions they made as parents about their children's activities, and suspiciousness about the motivations of people who worked with or otherwise had access to children. As discussed in chapter two, the latter issue may simply represent their improved understanding of the sophistication of offenders' victim acquisition techniques.

The development of a cynical or suspicious worldview could be seen as having protective qualities, similar to the process of desensitisation which individuals in the current research have described. If an individual's schemata present the world as a dangerous place where sexual abuse is commonplace, and where many people are willing to force, coerce or groom vulnerable individuals to satisfy their own sexual needs, then their assumptions will not be shattered when they are repeatedly exposed to SOM (Janoff-Bulman, 1992). According to the Stress-Response theory of PTSD (Horowitz, 1983) and Emotional Processing theory (Foa & Kozak, 1991), narrowing the gap between beliefs and lived experience in this way should reduce the likelihood of experiencing traumatic stress. The cynicism and suspiciousness items are significantly positively correlated with all the traumatic stress symptoms, both in the current sample and in the study two sample. This suggests that changes to safety schema may develop alongside negative symptoms as a means of psychological protection.

The findings indicate that on average, parents experience significantly higher levels of traumatic stress symptoms than non-parents across a range of subscales and on total impact scores. Parental status may therefore be a key risk factor for traumatic stress reactions as a result of exposure to sexual trauma. This echoes findings from Powell et al. (2014), who found that being or becoming a parent impaired individuals' ability to maintain psychological distance from the material. It may therefore be beneficial for Police employers to pre-warn individuals applying for roles involving sexual offending about the relationship between parental status and

greater levels of traumatic stress. Peer welfare officers or force psychologists could also provide support to colleagues who are experiencing difficulties relating to parenting, either in one to one or group sessions. Examples could include implementation of mindfulness techniques to deal with intrusive thoughts about SOM when interacting with children.

Having personally been a victim of sexual abuse or assault is also indicative of increased sexual trauma reactivity. Of the ten cases showing the highest levels of adverse impact, half had been victims themselves compared to an overall sample percentage of 13%. The high percentage of sexual assault/abuse victims amongst those with the greatest ISOME scores may be explained by victims' own trauma memories being triggered by exposure to SOM, causing intrusion or arousal symptoms (Edelmann, 2010; Cornille & Meyers, 1999; Way, VanDeusen & Cottrell, 2007). According to Brewin et al.'s (1996) Dual Representation theory of PTSD, individuals with unresolved personal trauma are still prone to situationally accessible memories (SAMs) about their experience (those triggered by sensory stimuli) as opposed to the more integrated verbally accessible memories (VAMs). This could explain why SOM in a workplace context triggers traumatic stress reactions in those who have been victims. It may also be the case that survivors of sexual abuse are less able to implement detachment coping strategies, which were found to be protective against adverse impact. As not all participants with a sexual abuse history have high ISOME scores, further research is needed to fully explore the process by which this can become a risk factor for traumatic stress reactions.

Given the sensitivity of asking potential or existing employees about whether they have been victims of sexual abuse, victim status could not be directly used to inform recruitment decisions or welfare provision. However, in recruitment literature and during the selection process, applicants could be given written and verbal guidance which makes clear that research has shown that undertaking SOM work may lead to additional stressors for those with personal experience of sexual abuse. For existing staff, employers may wish to ensure that welfare

provision is well promoted, highlighting the importance of accessing welfare support if individuals felt their work was triggering difficulties relating to personal issues. Further research could also examine the impact of SOM exposure on those who have family members or close friends who have experienced sexual abuse.

The significantly higher ISOME scores for those who were deployed or seconded into a role involving SOM compared to those who knew their role would involve sexual offending provides further evidence of the potential dangers of involuntary personnel moves in this field. This resonates with 'Person-Environment Fit Theory' (Edwards et al., 1998) where workplace difficulties occur due to the incompatibility of the individual and the role they are required to fulfil. However, as shown in table 5.4, eight individuals who were aware their role was likely to involve SOM exposure and three individuals who applied for a specialist SO role have ISOME scores significantly higher than the mean score, indicating that regardless of route into the role, anyone can experience substantial adverse impact. Choice or foreknowledge may be useful for those who are happy to utilise personal or organisational support systems in the event of difficulties, and this may form part of their approach to the work. Conversely, choice or foreknowledge may have no protective benefits for individuals who assume they possess the requisite capabilities to easily manage SOM exposure, or who are reluctant to seek out support due to unrealistic coping beliefs.

**Strengths and Limitations**

In the context of SOM exposure, adopting an approach to the measurement of traumatic stress which identifies the 'average' reaction could be seen as limiting. The mean score and standard deviation of the ISOME results can reflect nothing about the realities of SOM exposure for those who are experiencing significant difficulties, and has the potential to unhelpfully position their reactions as 'abnormal'. However, using a cut-point on a continuous measure of symptoms rather than a dichotomous diagnostic categorisation can be useful, as this can

measure elevated levels of symptoms within a discrete population who all experience the same potentially traumatic stimuli (Bonanno & Mancini, 2012). This could assist employers in identifying staff members who are in greatest need of support.

Due to the method of recruitment for the study, respondents were all serving Police Officers or civilian staff who are currently attending work. This means that the study does not capture the ISOME levels of individuals who are either on sickness absence or who have left the force. This group, while hard to include due to ethical issues, could provide valuable information about both the prevalence of traumatic stress due to SOM exposure and incidence of sickness absence or individuals leaving Police work due to the impact of trauma exposure. It would be beneficial to consider alternative means of gaining contact with such as sample, perhaps through former close colleagues who may be best placed to sensitively approach these individuals. Longitudinal research would be required to explore the pathways of individuals who score two standard deviations above the mean, tracking the impact of exposure over time and exploring whether this can be reduced through organisational support interventions or other factors. The ISOME tool itself needs to be administered in further longitudinal studies over several time-points and with a new cohort to establish whether/how levels of impact fluctuate and factors which might affect this.

Although all the items contained within the checklist are analogous to items within the PCL-5 checklist for measuring PTSD, using the term 'PTSD' to define a tool which does not offer diagnostic capabilities would be misleading. For this reason, the scale has been called 'Impact of SOM exposure' (ISOME) self-assessment checklist. While not testing a clinical population or making clinical diagnoses, the scale can identify individuals who are presenting levels of symptoms which are likely to be clinically significant (Boals, 2018). ISOME has directly comparable internal consistency ($\alpha$ = .939) to the PCL-5 (Blevins et al., 2015) and can be used in the same manner – as a self-report tool indicating that clinical assessment is required if

individuals scores cross the indicated threshold. The ISOME cut point for further assessment (46) is higher than PCL-5 due to having 22 rather than 20 items, and to provide a more conservative value to reflect the lack of opportunity for convergent validity testing.

The current sample is unlikely to be fully representative of a Police population as it will not capture the opinions of those who are highly avoidant of engaging with issues around SOM exposure due to high levels of difficulty with the topic, or those who are completely indifferent to the subject matter. This could result in truncation of the data, where those experiencing the highest and lowest levels of impact are not represented.

As with all self-report measures, the primary limitation of the tool pertains to individuals' honesty in completing it. This can be problematic in areas of practice where an external appearance of infallibility is expected. The tool can only be used to identify individuals who have higher levels of need relating to adverse impact, where further investigation by a clinical professional may be recommended. As ISOME would be completed confidentially within welfare or clinical supervision sessions to encourage honest responses, it would not be possible to enforce clinical assessment and intervention would depend on the individual being encouraged to seek further support.

## Conclusion

Analysis of the factor structure of the ISOME tool allowed refinements to be made, resulting in a final scale comprising 22 items. Further testing of the tool can now be undertaken to ascertain convergent and discriminant validity, for example by testing the ISOME scale alongside Maslach's Burnout inventory (Maslach & Jackson, 1981), Pearlman's (1990) TSI-BSL Traumatic Stress Institute's Belief scale) or the Impact of Event scale (Horowitz, Wilner & Alvarez, 1979). Test-retest reliability can be ascertained in further studies if ISOME is implemented as part of Police constabularies' welfare processes.

Being a parent and having been a victim of sexual abuse or assault appears to indicate greater susceptibility to traumatic stress symptoms as a result of SOM exposure. The analysis also highlighted the roles of 'state' and 'trait' in relation to how individuals are impacted by their exposure to SOM: the unusually high levels of repetition and the pervasiveness of trauma exposure make SOM work a prime environment in which adverse reactions can occur. However, based on the current findings, many individuals seem to avoid such reactions despite chronic trauma exposure. Further research should be conducted exploring of the role of personality traits and other factors in determining the impact of SOM exposure.

Police employers have an obligation under employment law to monitor potential psychological hazards in the workplace, as well as physical hazards (Tehrani, 2018). There are cases of Police officers receiving compensation for psychological injury as a result of exposure to SOM (MacEachern, Jindal-Snape, & Jackson, 2011). Implementation of the ISOME tool may help to fulfil employers' responsibility to monitor and respond to potential psychological injury in the workplace. By using the ISOME and C-SOM tools in tandem, further empirical evidence could be gathered to establish the relationship between coping strategies and beliefs and the occurrence of adverse psychological consequences of SOM exposure, including traumatic stress symptoms. The final chapter summarises the findings of the research project, examining these alongside previous empirical studies. Chapter six also outlines practice recommendations for Police employers based on the current findings and identifies key areas for further study.

# CHAPTER SIX: CONCLUSION, RECOMMENDATIONS & FUTURE RESEARCH

## Introduction

The programme of research aimed to understand the holistic experiences of Police personnel who are exposed to SOM, focusing on the following areas:

1. Whether practitioners identify significant negative changes to their thoughts, feelings or behaviour as a result of SOM exposure.
2. Identifying the strategies practitioners use to help them to deal with SOM and whether these appear to be adaptive or maladaptive.
3. Gathering practitioners' opinions on what they think would support them in undertaking their role.
4. Positive/motivating elements of the work identified by practitioners.
5. Establishing measures of adverse impact and types of coping strategy, which could be used to support staff welfare.

A combination of qualitative and quantitative methods were used to address these questions over three studies, achieving a deeper understanding of Police experiences of working with SOM. In study one, Interpretative Phenomenological Analysis (IPA) provided a detailed examination of the lived experiences of eleven individuals who took part in semi-structured interviews. The themes from these interviews provided the structure and content for study two, a large-scale survey which gathered data from 384 participants. Statistical and thematic analysis demonstrated that there are universal themes which characterise SOM exposure, while also revealing a broad range of experiences in terms of impact, organisational support, and motivation. Factor analysis uncovered the latent factor structure of the survey themes and regression analysis identified predictors of greater difficulty with SOM exposure and increased levels of adverse impact. In study three, the factors pertaining to adverse impact were further tested in a pilot of the ISOME tool, which

involved 349 participants. This provided baseline levels of adverse impact across a Police population. The use of a variety of methods was essential to the research project as it allowed a deeper of understanding of the lived experiences of participants, while also providing the opportunity to look at trends and patterns across a larger sample.

Chapter six draws together the key findings of the project, establishing its unique contribution to the field. The chapter explores the extent to which the findings of the research support or contrast with theories of trauma exposure and processing and theories of coping and emotional regulation. The findings are compared with those from the small body of existing literature concerning Police exposure to SOM, and the broader empirical literature on workplace trauma exposure. Specific recommendations for Police policy and practice are provided, transforming the theoretical knowledge gained throughout the project into practical steps which could be taken by Police employers to potentially improve the working experiences of their staff. Finally, in recognition of the parameters of the current research in terms of time and scope, areas for future research in the subject area are outlined.

**Key Findings**

The three most significant original findings of the research are as follows:

1. Parents appear to be at greater risk of traumatic stress than non-parents when exposed to SOM in the workplace. Qualitative comments about parenting in study one and two indicated significant changes to worldview and parental decisions, while analysis of variance in study two and the ISOME pilot in study three showed that parents were significantly more likely than non-parents to be at risk of traumatic stress symptoms. This suggests it would be beneficial for employers to provide information about the potential increased risks to parents *prior* to employment in roles which may involve

SOM. The ongoing welfare of parents working with SOM involving children should also be monitored.

2. Individuals who have previously been victims of sexual abuse/assault are at greater risk of traumatic stress when exposed to SOM. Analysis of variance in study two and the ISOME pilot in study three both indicated a significantly greater risk of traumatic stress symptoms for victims compared to non-victims. These findings add detail to the body of knowledge about previous traumatisation as a risk factor for persistent traumatic stress symptoms. They also indicate that information should be provided prior to employment/role changes about the potential increased risk for survivors of sexual offences. The ongoing welfare of this group should be considered by Police employers.
3. The type of coping strategy employed when working with SOM can affect levels of traumatic stress, with detachment appearing to be adaptive and avoidance and mental rehearsal being maladaptive. Qualitative comments in study one identified the benefits of detachment through avoiding empathy and using mental distancing techniques. Avoidance was recognised as being unhelpful as a long-term strategy. Factor analysis in study two enabled the different types of coping to be formally defined. Multiple regression analysis highlighted the role of avoidance-based coping as a positive predictor of PTSD symptoms, and the role of detachment as a negative predictor of PTSD symptoms. These findings suggest that education and training around adaptive and maladaptive coping strategies could usefully be integrated into training in the operational skills required to work with SOM.

**Relating the Findings to Trauma Theories**

One of the most important questions at the start of the project was how Police personnel who are repeatedly exposed to SOM avoid being overwhelmed by natural human reactions to trauma, such as emotional dysregulation (APA, 2013; Brewin et al., 1996). One

explanatory finding could be the use of detachment-based coping strategies (seeing the material just as evidence; not thinking about victims as real people; not thinking too deeply about the material). Use of this type of coping strategy was a significant negative predictor of overall difficulty levels and adverse impact (study two). A question that remains key to further study is whether these coping strategies can be learned or whether their use is a function of pre-existing personality traits or personal experiences. The relevance of existing trauma theory to the findings across the programme of research can now be summarised.

**Stress-response theory.**

The current finding that negative coping beliefs were predictive of traumatic stress resonates with Horowitz's (1983) Stress-Response theory, which posits that a tendency to repress reactions is likely to hinder the 'working through' of the trauma. Hiding difficulties, being concerned about other people's responses to requests for help, and feeling that not coping is a sign of failure all suggest the repression of reactions to SOM. By negating the idea that experiencing difficulties is a valid response to SOM exposure, and by failing to seek support, individuals may be putting themselves at greater risk of traumatic stress. The inability to process and move on from images or thoughts of SOM can be a particular risk for those who are repeatedly exposed to trauma (Foa & Kozak, 1991; Brewin et al., 2003). In addition, having not yet assimilated experiences of personal victimisation could result in an increased likelihood of persistent intrusions when exposed to stimuli relating to sexual trauma. Central to Horowitz's (1983) Stress-Response theory of PTSD is the idea that traumatic stress responses occur when trauma events cannot be assimilated into the individual's frame of reference. The initial 'outcry' is followed by denial and suppression of the event, which may cause intrusive thoughts and images. Once the trauma is worked through and assimilated, these intrusions should desist. For a number of participants in study one and two, the extinction of intrusions did not occur, suggesting persistent traumatic stress. It should be noted that the linear timeline of trauma and

recovery outlined by Stress-Response Theory does not readily lend itself to consideration of repeated exposure to trauma situations over time.

**Emotional Processing and shattered assumptions.**

Current findings included evidence in some participants of a global distrust of others, and a belief that the world was not a safe place (Janoff-Bulman, 1985). Participants shared feelings of distrust about the intentions of strangers and family members, and the dangers of allowing children access to technology or social activities. Increased awareness of how perpetrators gain access to victims illuminated for participants the risks inherent in everyday life. In the current context, this may be seen as an adaptive response in which individuals can use their knowledge to make informed choices in their parenting (Brady et al., 2019).

Emotional Processing Theory (Foa & Kozak, 1991) posits that those with rigid pre-trauma views may be more susceptible to experiencing PTSD, as the damage to their assumptions (e.g. about infallibility or safety) may be more profound. It also holds that severe, prolonged or ongoing exposure to trauma makes it impossible to reconcile the experience with existing schema, leading to 'chronic emotional processing'. Emotional processing theory proved key in the current research in exploring the link between organisational culture, individual beliefs, and the occurrence of traumatic stress. The literature on Police culture suggests a backdrop of cynicism which accompanies the role (Caplan, 2003; Bennett & Schmitt, 2002). This was borne out in the current research and was reported to only be enhanced by exposure to SOM. In the current context, it may be that those with high levels of cynicism and suspicion before commencing a Police role or before being exposed to SOM find their schema are confirmed. This leads them to potentially experience a lower level of discordance when faced with this type of trauma. Conversely, individuals holding generally positive views about the inherent goodness of people and the safety of the world may find their beliefs are quickly shattered by repeated

exposure to SOM (Epstein, 1991; Janoff-Bulman, 1985), which could result in persistent traumatic stress symptoms.

It could be argued that changes to schema as a result of witnessing the trauma of others could result in post-traumatic growth, similar to that which may occur following a personal trauma (Calhoun & Tedeschi, 2006). For example, feelings of personal strength may increase in individuals who feel their ability to cope with exposure to particularly harrowing SOM contributed towards the successful prosecution of a perpetrator. However, there are no comments within the current research which directly reference personal growth. In the main, qualitative comments from both study one and study two suggest that for some individuals, changes to trust and safety schema were pervasive and persistent in a negative way. The comments indicated an over-active danger schema which may represent an inability to accurately assess the risk of sexual victimisation of their children due to availability bias (Kemshall & Pritchard, 1997). This could result in a failure to balance potential risks with childrens' need to have autonomy and take part in normal socialisation activities such as parties or sleepovers (Bowlby, 1953; Lim, Rodger & Brown, 2013).

**Cognitive theory of PTSD.**

While Ehlers and Clark's Cognitive Theory of persistent PTSD (2000) is of much value in examining 'one-off' instances of trauma and subsequent reactions, it cannot wholly be applied in situations of recurring trauma exposure. Police officers repeatedly exposed to SOM may perceive a serious current threat to their wellbeing not because they have 'excessively negative appraisals' of the trauma or over-generalise about the likelihood of further trauma, but because they are continuously exposed to sexual trauma over days, months or years, and therefore the perceived threat remains current. However, negative appraisal of the *sequalae* of the traumatic events (such as fearing symptoms rather than seeing them as a natural by-product of the experience or using avoidance strategies to subsume intrusive thoughts) are very relevant to the

current research. Anxiety sensitivity has been found to be predictive of PTSD symptoms in a Police sample (Asmundsen & Stapleton, 2008) and the predictive capacity of 'Negative coping beliefs' further supports Ehlers & Clark's (2000) Cognitive Model of PTSD.

**Dual Representation model of PTSD.**

The Dual Representation Model of PTSD (Brewin et al., 1996) presents the concept of chronic processing, where adverse reactions can result when individuals fail to psychologically process their experiences of trauma. The current research shows that Police personnel are subject to several factors which may make chronic processing more likely. Firstly, they are subject to 'competing demands': They are not just exposed to sexual trauma but must actively engage with traumatic material repeatedly and at length (such as scrutinising an indecent video to capture identifiable background features), in order to build a prosecutable case. Secondly, they may experience 'aversive secondary emotions' such as those occurring proximally to SOM exposure (chapter three), or anxiety sensitivity (Asmundsen & Stapleton, 2008), where culturally driven expectations about coping, and specifically negative coping beliefs, make the primary adverse reactions intolerable. Thirdly, holding these same beliefs intrinsically prevents the individual from being able to share their responses to the trauma to an 'appropriate confidante' (Brewin et al., 1996). Finally, and perhaps most crucially, many Police officers and civilian staff working with SOM are permanently exposed to trauma, therefore trauma memories are continually activated. This arguably makes chronic processing a distinct risk for sexual trauma-exposed Police personnel. Dual representation theory was therefore key in understanding how nature of trauma exposure, organisational environment and personal efficacy schema can combine to influence individuals' experience of traumatic stress symptoms.

**Event centrality theory.**

Based on Event Centrality Theory (Berntsen & Rubin, 2006), Rubin et al. (2008) state that PTSD symptomatology may depend on the extent to which a trauma memory becomes (a)

a reference point for making everyday inferences about the world, (b) a turning point in the individual's life story, and (c) a core component of personal identity. The current research found that Police personnel who had been victims of sexual violence were significantly more likely than their non-victimised counterparts to experience greater adverse impact as a result of exposure to SOM. It could therefore be argued that the centrality of the original victimisation to the person's life narrative could inform and exacerbate subsequent reactions to sexual abuse in a workplace context. Surviving childhood sexual abuse has been found to present the highest levels of dysfunctional event centrality (Boals, 2018). SOM exposure may provide corroborating evidence to support existing negative beliefs about safety and trust or, by reminding individuals of their own victim status, reinforce this as a central part of their identity. This finding illustrates the importance of providing clear guidance on the potential impact of workplace exposure to SOM to all staff and new applicants, with reference made to the potential increased impact for those who have been victimised themselves.

## Relating Findings to Models of Workplace Trauma Exposure and Stress

### Workplace trauma exposure.

Models of workplace trauma exposure considered in the current research were Burnout (Maslach & Jackson, 1981) Vicarious Traumatisation (McCann & Pearlman, 1990) and Post-Traumatic Stress Disorder (PTSD) (APA, 2013). Secondary Traumatic Stress (STS) (Figley, 1983) was not examined in detail for two reasons. Firstly, the definition primarily relates to working with traumatised people rather than the broader range of trauma exposure experienced by Police personnel. Secondly, the DSM-V definition of PTSD now relates to traumatic stress resulting from exposure to both trauma experienced directly and via digital media (APA, 2013), specifically referencing Police exposure to child abuse images and therefore rendering STS extraneous in the current context.

The ISOME tool reflected different types of adverse impact identified by participants, which had been mapped to an existing validated tool (PCL-5) which measures PTSD under the APA's (2013) DSM-V definition. As a non-clinical tool, the term 'traumatic stress' was used in reference to ISOME scores rather than 'PTSD', although symptoms were directly analogous. Therefore ISOME provides a way of measuring the four existing subscales of PTSD (re-experiencing, avoidance, arousal and negative cognitions/mood) in the specific forensic context of sexual trauma exposure. The ISOME tool measured both general and child-related cynicism and suspicion, due to its particular relevance to a Police population (Caplan, 2003; Bennett & Schmitt, 2002). This subscale reflects McCann & Pearlman's (1990) concept of Vicarious Traumatisation concerning alterations to worldview and schema in areas such as trust, safety and intimacy. Additionally, changes to intimacy are exemplified in the ISOME items around avoidance of sexual contact and unwanted intrusions when engaging in play or showing physical affection towards children.

Nominally, the cynicism and suspiciousness subscale of the ISOME tool brings to mind the 'cynicism' element of Burnout (Maslach et al., 2001). However, Burnout's definition of cynicism focuses on de-personalisation or developing a callous approach to working with individuals. Qualitative statements made by participants in study two illustrate how excessively detached and 'callous' individuals can become in working with sexual offending. Although Police officers minimizing sexual offending or stating they have no feelings about victims may be subjectively difficult to hear, de-personalisation appears not to be maladaptive in the current population in terms of precipitating traumatic stress. Until further examination of this phenomenon has occurred, it should be considered a response to the chronicity of trauma exposure rather than as an indicator of problematic reactions. Cynicism as defined in the current research is very different to the cynicism strand of Burnout, relating instead to a change in individuals' perceptions of safety and the trustworthiness of others. The coping factor 'detachment-based strategies' more closely resembles the cynicism element of Burnout

(Maslach et al., 2001). These strategies focus on minimising connection with victims and viewing material depicting sexual abuse 'just as evidence'. Given the significant negative correlation between use of detachment strategies and stated level of difficulty/adverse psychological consequences, the utility of the cynicism dimension of Burnout as a measure of adverse impact is questionable in the current research context.

**Workplace stress.**

Karasek's (1979) Job Demand model and Demerouti et al.'s (2001) Job Demand-Control model consider variables such as workload and job latitude/control in the experience of workplace stress. The models propose that job strain occurs when work demands are high but job latitude or discretion are low. These models have been used to identify job demands in a Police context, with role ambiguity, role conflict, and high workload all found to be associated with higher levels of stress (Frank et al., 2017; Baka, 2018). In the current research, a range of operational issues regarding choice and control predicted increased adverse impact. Issues included the ability to opt out of cases which had personal resonance, repeated exposure to the same material when writing an indecent image description, and spending extended periods of time exposed to SOM. The volume of material encountered was also ranked third of the 'most difficult' elements of the work, after the content-related themes 'seeing indecent images/videos' and 'victims being similar to own children'.

Arguably the most important factor determining job latitude is whether the individual chose their role or whether the role was allocated to them by their superiors. As shown in all three studies, the implications of being deployed or otherwise involuntarily placed in a role involving SOM were considerable. Qualitative statements made by participants in study one and two illuminated the adverse consequences which can result from such a policy. Furthermore, multiple regression analysis showed that lack of choice about undertaking a role heavily involving SOM was significantly predictive of adverse impact and greater overall difficulty, and

higher levels of adverse impact were found in deployed staff in the ISOME pilot. These findings supports the 'Person-Environment Fit Theory' (Edwards et al., 1998), where stress arises due to the mismatch between the individual and their work environment. It is unsurprising that adverse psychological consequences are more likely in those who are instructed to fulfil a role as objectively challenging as specialist sexual offence work, regardless of their feelings about doing so. In other similar professional settings, such as the Internet Watch Foundation, robust selection processes aim to avoid a mismatch between the individual and the role (Dyson, 2019). Similarly, FBI officers are screened before recruitment to specialist sexual offence roles (and annually thereafter) using the 'Safeguard' process (Krause, 2009).

**Relating Findings to Models of Emotional Regulation and Coping.**

The current findings show that avoidance-based coping and mental rehearsal were statistically predictive of higher levels of overall difficulty and traumatic stress symptoms. Mental rehearsal may be used by those who have high intolerance of uncertainty, as this is an attempt to predict the nature of the threat. Studies have already found that intolerance of uncertainty is a risk-factor for PTSD in individuals exposed to ongoing trauma (Oglesby et al., 2017; Raines et al., 2019). Further study is required to fully understand the relationship between traumatic stress, intolerance of uncertainty and avoidant or rehearsal coping. Complete avoidance of SOM work as a temporary coping strategy may result in higher concentration of exposure over a shorter period, potentially increasing stress levels and the likelihood of making mistakes. The use of passive strategies such as avoidance has been linked to adverse impact including increased PTSD symptoms in Police Officers in previous studies (Violante et al., 2018; Arnetz, Arble, Backman, Lynch & Lublin, 2013). In McCrae and Costa's (1986) study of intentional versus involuntary coping reactions, active coping strategies involving an internal locus of control (e.g. drawing strength from adversity, efforts at change directed at the self rather than the world) were found to be most effective. The current research concurs with these and other

previous findings (Shin et al., 2014; Nelson & Smith, 2016) that in a policing context, confronting and managing rather than avoiding or seeking to escape aversive situations is the most adaptive approach.

**Emotional labour.**

The concept of emotional labour is vital to understanding the cognitive impact of SOM exposure on Police personnel. Some studies have found that 'emotional labour' in general may be protective in managing emotions connected to working with challenging client groups (Johnson et al., 2016). A small number of studies have described 'surface acting' as having a beneficial outcome, allowing officers to detach from the victims of crime by increasing depersonalisation, which in turn protects them from the strong emotions that come with repeatedly witnessing trauma (Schaible & Six, 2016). However, this is challenged in the current research: The behavioural manifestations of the coping factor 'Negative coping beliefs' (study two) seem to exemplify the 'surface acting' element of emotional labour (Hochschild, 1983). These beliefs include the need to hide feelings of distress and individuals being concerned about other people's perceptions if they engaged in help-seeking behaviours. No correlation was found between negative coping beliefs (which are statistically predictive of increased traumatic stress symptoms) and the use of detachment coping strategies. Detachment appears to be adaptive and fits within the definition of 'deep acting', as there is evidence of deliberate cognitive change such as not thinking of victims as real people and not allowing personal thoughts or feelings to intrude (Gross, 2015).

It is concerning that some Police personnel appear to engage in surface acting not only in regulating their outward expression of emotion in encounters with victims and perpetrators, but also in concealing their true feelings about SOM exposure from colleagues. As shown in this and other studies, such behaviours can lead to an increase in PTSD symptoms (Stephens et al., 1997). Particularly within high stress occupations, prolonged surface acting and the concomitant

experience of emotional dissonance has been linked to adverse psychological outcomes in several studies (Brotheridge & Lee, 2003; Hulsheger & Schewe, 2011; van Gelderen et al., 2017). To further examine the relationship between negative coping beliefs and surface acting, and between detachment coping and deep acting, the emotional labour scale (Brotheridge & Lee, 2003) could be administered alongside the new coping styles tool C-SOM in future studies.

**Response modulation.**

The current findings confirm that Police officers and civilian staff working with SOM use emotional regulation strategies which involve 'attentional deployment', 'cognitive change' and 'response modulation' (Gross & Thompson, 2007). These strategies also relate to Lazarus and Folkman's (1984) 'emotion-focused coping', which concern coping responses employed when it is not possible to change the nature of the stressful situation. Attentional deployment is primarily witnessed within avoidance-based techniques (e.g. I avoid looking too closely at the detail of indecent images or other material; I just think about completing the task at hand when working with SOM in order to get through it). Detachment-based coping strategies reflect both cognitive change (e.g. 'I think of SOM just as evidence to be analysed as part of my role') and response modulation (e.g. 'I tend to switch off from being myself and have my Police head on when dealing with SOM'). Negative coping beliefs also involve response modulation (Gross & Thompson, 2007; Gross, 2015) rather than an attempt to modify the underlying feelings or the stressors involved. There is also evidence of 'situation modification' within the coping strategies identified in the current research. For example, the avoidance strategies 'I make sure the sound is turned off if I am viewing a video of a child being abused' and 'I would like to be able to go in different room for a break when I am working with SOM' involve making changes to the SOM exposure environment. As predicted, there were no obvious examples of 'situation selection' in coping behaviours due to the lack of choice inherent in Police sexual offence work. However, survey respondents welcomed greater opportunities for this type of regulation behaviour, such

as the ability to opt out of cases with personally resonant features. A not insignificant group also wanted to be able to opt out of a case during personally stressful circumstances and avoid working with SOM just before they went home.

**Lazarus and Folkman's theory of stress and coping.**

Folkman (2008) revised Lazarus and Folkman's (1984) theory of stress and coping to incorporate the utility of positive emotions during stressful situations. In a Police population, 'meaning-focused coping' (linked to personal values and goals) could relate to an overarching vocational motivation to serve the community and keep them safe, or to apprehend perpetrators of crime. Tehrani (2010) underscored the importance of individuals viewing their job role as meaningful in order to make sense of the distressing situations they face when working with traumatised people. However, the current findings indicate that neither power/justice motivations or victim/vocational motivations affect the level of difficulty participants say they have undertaking their work, or the level of adverse impact they experience. Further analysis of the motivations of Police personnel alongside the use of meaning-focused coping would be an interesting area for future study.

**Negative coping beliefs: A Constructive Narrative Perspective.**

Negative beliefs about coping and a reluctance to disclose difficulties are problematic in terms of their relationship to PTSD symptoms. In their study of Police attitudes to showing emotion, Howard et al. (2000) found that dual and superficially contradicting narratives characterise officers' opinions: that it is normal and healthy to express felt emotions relating to difficult work situations, and that showing emotion potentially casts doubt on your suitability for and performance in the role. This dichotomy mirrors the findings of study one: Officers believed colleagues should feel comfortable talking about their emotions and that they should receive support if they are struggling with the work. The same individuals also demonstrated contrasting beliefs about their own worthiness of support, and had unrealistic expectations of

infallibility. Positive internal narratives about self-worth and capability are of utmost importance in structuring trauma experiences in psychologically healthy ways (Ehlers & Clark, 2000; Brewin et al., 1996). The Constructive Narrative Perspective (CNP) holds that the way individuals tell themselves stories about their experiences will affect their efforts to cope, as well as their overall levels of resilience (Meichenbaum in Calhoun & Tedeschi, 2006). This indicates that Police professionals who tell themselves there is something 'wrong' with them if they are struggling, and that they should hide this fact from others at all costs, may be more vulnerable to future adverse impact. Therefore, the development of positive coping self-statements is desirable and could form part of the support provision for staff.

**Relating findings to other Police SOM exposure studies**

As found in Powell et al. (2015), the current research demonstrates that the level and nature of impact of SOM exposure varies considerably between individuals, with some articulating no impact at all while others feel their lives have been irreparably damaged. In terms of specific symptoms, the current research found that, as with other studies (Perez et al., 2010; Powell et al., 2015), intrusive images and sleep disruption were the most prevalent adverse consequences of SOM exposure. Other adverse impact included increased self-consciousness about relationships with children, reduced sexual intimacy with partners (Craun et al., 2015; Wolak & Mitchell, 2009) and increased protectiveness of children and distrust of others (Powell et al., 2014; Bourke & Craun, 2014a). The current research also showed similarities with other studies in terms of aspects of SOM exposure which workers found most difficult. Viewing indecent images and videos was found to be the most challenging, especially if the victim was very young or looked particularly distressed (Brady, 2016; Powell et al., 2015), or resembled the person's own children (Powell et al., 2014). Self-reported level of difficulty was significantly positively correlated with traumatic stress symptoms, as was the case in Bourke and Craun's (2014b) study. Contrary to Bourke and Craun's (2014b) findings, the current research did not

find that traumatic stress was directly related to increased exposure frequency, although exposure frequency did have a supressing effect on the relationship between traumatic stress and other variables such as coping styles and operational factors.

The current findings mirror those in other studies in terms of the popularity and benefits of increasing officer choice, such as the ability to opt out of particular cases (Wolak & Mitchell, 2009). The perception of choice in itself may help individuals feel less pressured, even if the option is not used. Not having to view material immediately before going home was identified as critical by fewer participants than in other studies (Burns et al., 2008), although based on data from the study one, implementing such a policy could aid the separation of work and home life, which in turn may have a positive impact on reducing intrusive thoughts and images. An additional benefit of employers supporting the separation of work and home life may be decreased levels of work-home conflict (Johnson et al., 2016).

There were significant differences in traumatic stress levels between parents and non-parents in the current research, which further supports Powell et al.'s (2014) finding that being a parent may impair an individual's ability to maintain psychological distance from SOM. Tehrani's (2018) finding that tenure was weakly positively related to increased levels of traumatic stress was supported in the current research, as was the finding that individuals' own trauma history related to greater adverse impact resulting from SOM exposure. However, Tehrani's research did not explore sexual trauma specifically. The current findings contrast with Hurrell et al. (2017), who found no relationship between sexual trauma history and increased levels of adverse impact. However, the small number of participants who identified personal sexual trauma in their sample ($n$ = 3) precludes any conclusions about a possible correlation.

Coping strategies identified in the current research were also present in other studies, such as use of avoidance (Bourke & Craun, 2014a; Powell et al., 2014) and pretending the victim is not a real person (Burns et al., 2008). Strategies which focused on the evidentiary value of the

task were also identified (Burns et al., 2008; Powell et al., 2014). However, the current findings contradict the qualitative comments of the sample in Burns et al. (2008) which identifies mental preparation as useful in enhancing coping ability: while this may feel adaptive to individuals in the moment, current findings indicate that use of avoidance strategies or mental rehearsal were statistically predictive of increased traumatic stress (study two). Gaining a deeper understanding of what mental rehearsal actually involves would be a useful area for further study.

Humour was the most popular general coping strategy identified in the current research, but was found to be neither negatively or positively correlated with traumatic stress symptoms. Both 'gallows' and light-hearted humour were mentioned in the qualitative survey comments, although there was no distinction in the scaled item on humour between these different types. Therefore, the link between use of gallows humour and increased traumatic stress found in other studies (Bourke & Craun, 2014b; Craun & Bourke, 2015) could not be tested. The use of humour may be an indicator of good working relationships with peers, and this relationship would benefit from further study.

While peer support was a popular and valued way of coping with the stressors associated with SOM work, unlike previous studies (Brady, 2016; Bourke & Craun, 2014a), the current research failed to find any correlation between use of peer support and lower levels of traumatic stress. However, it does support the finding in both these studies and in Perez et al (2010) that accessing supervisory support is linked to lower levels of traumatic stress. There may be benefits in developing supervisor training to ensure increased understanding of the potential effects of SOM exposure, recognising signs of difficulty in their staff, and making operational decisions which reflect this understanding. Despite the lack of correlation in the current research, the potential role of peer support in ameliorating traumatic stress is of interest for further study, particularly given the number of qualitative comments which reference the importance of this support.

There are indications from the current research that independent support services would ideally be run by professionals who have a good understanding of SOM work, in order to make this provision useful and valued by staff. In terms of other support provision, the findings concur with those of Wolak and Mitchell (2009) in recommending mandatory bespoke training for those undertaking sexual offence work, which could be graduated to increase confidence and efficacy (Burns et al., 2008). Powell et al. (2014) found that training which merges operational skills with coping skills would be particularly beneficial, and as with the current findings, highlighted the importance individuals place on peer support throughout training and other support structures.

## Recommendations

Successful management of reactivity to work-related trauma requires a constructive interaction between the work environment, the individual, and the resources provided to support recovery from trauma exposure (Paton, 1997). Choice about the extent and nature of exposure to SOM was a key finding in identifying those who may be at greater risk of experiencing traumatic stress symptoms. The level of responsibility involved in SOM work may not be inherently problematic, despite the finding that many officers worry about the potential repercussions of making a mistake. Karasek (1979) found that improved employee mental health can be achieved through increased ‘job latitude’, without necessarily requiring alterations to workload. This seminal study found that individuals whose role stretches their intellect, tests their judgement and develops complex skills experience enhanced feelings of efficacy, rather than increased stress levels. Problems arise when individuals feel their ability to make effective decisions is compromised, whether this is due to unworkable policy requirements, where their decisions not being supported by superiors, or where a blame-culture exists.

As demonstrated in a range of studies, everyday organisational stressors rather than critical incidents can be most strongly associated with stress and adverse impact in Police staff

(Gershon et al., 2009; Burke et al., 2006; Hart et al., 1995). The everyday stress that results from individuals feeling a lack of choice and autonomy in how SOM work is undertaken could therefore potentially be as challenging as the content of the material itself. It may be the general stressors of Police work coupled with the aspects of SOM exposure identified as most problematic in the current research which cause significant difficulties for staff. Future research will further examine the interaction of general Police stressors and SOM-related stressors.

As found by Inzana, Driscoll, Salas, Johnston & Bobko (1996), predictability and controllability should be maximised wherever possible in job roles which involve frequent exposure to significant stressors. This can partly be achieved through greater levels of preparatory information. Increased sensitivity to unpredictable events has been cited as a vulnerability factor for later PTSD in a Police sample (Pole et al., 2009; Grillon et al., 2009). This indicates that increasing the level of choice and foreknowledge about how and when SOM is encountered could be protective against traumatic stress symptoms. Based on the findings of the current research, the following recommendations are made regarding increasing choice and awareness about exposure to SOM, and the type of support provided.

**Recruitment.**

In recruitment literature regarding Police officer and civilian roles, additional wording could be included in the job description to explicitly advise applicants of the potential for exposure to traumatic events or material. It may seem obvious that certain roles will involve such exposure, however many respondents in the current research were not aware of the possibility of exposure to SOM in a generic role. There is no reference to trauma exposure of any type in a range of Police recruitment advertisements examined by the author, and no mention of sexual trauma. This applied even when the role was almost assured to involve SOM exposure, such as digital media investigators. A recently advertised role as a typist for one Police Constabulary stated;

‘Your work will mainly consist of typing visually recorded interviews of suspects and witnesses, therefore you will have excellent word processing and audio typing experience along with good IT literacy and the ability to learn new packages. You will also have experience of working in a demanding office environment with the ability to recognise sensitive information and maintain discretion and confidentiality.’

To inform applicants of the likelihood of exposure to traumatic material, the sentence ‘Please note that as part of the role, you are likely to be exposed to accounts of sexual and violent offences’ could be added. Adding this to all role descriptions would allow applicants to consider this aspect of the job at the earliest possible opportunity.

Pre-employment screening could be undertaken to explore general coping strategies by using a tool such as the CSQ (Roger et al., 1993) to explore whether individuals have a tendency to use active or passive coping strategies. Extensive use of passive coping could indicate that the individual may be likely to use avoidance-based coping when faced with SOM, which is linked to greater adverse impact. Once the individual is in a role involving sexual offending, coping strategies could be assessed using C-SOM, to identify whether the strategies used in relation to SOM exposure are appropriate. It would not be possible to pre-screen applicants as to whether they have been a victim of sexual assault or abuse themselves. However, Police employers would have a duty of care to highlight the support available to all staff relating to these issues during the selection process. It may also be advisable to summarise the other factors identified in the current research and in previous studies which have been found to relate to higher trauma reactivity or traumatic stress symptoms (Paton, 1997). This would allow candidates to make more informed choices about their application. Expanding this thinking further, it may be beneficial to consider how information on adaptive coping strategies and risk factors for traumatic stress could be integrated into Policing degree programmes.

**Involuntary Deployment/Secondment.**

Lack of control over involvement in a role involving SOM was predictive of increased traumatic stress symptoms. This included being deployed or seconded to a specialist role or having SOM form become part of the role *after* they had already taken up a position. It is therefore suggested that involuntary deployments to specialist sexual offending teams are avoided if possible, or that the terms of deployment are not extendable, providing a definite end-point. If deployments or secondments do occur, it would be beneficial for supervisors to consider the personal life circumstances of individuals being considered for deployment, and previous known life events (for example sexual victimisation of themselves or a family member). The possibility of deployment/secondment could be discussed with individuals to ascertain their feelings about undertaking this type of role. It is recognised however that officers may be unlikely to express any concerns, for reasons discussed elsewhere in this chapter in relation to coping beliefs and cultural pressure to comply.

The C-SOM tool could be used in selecting existing staff for roles in specialist sexual offending teams, as this would allow the coping styles of the individual to be better understood. Based on the current research, staff who identify use of detachment-based coping strategies may be less likely to experience significant and persistent adverse impact than those who score highly on avoidance strategies and mental rehearsal, or those who indicate high levels of negative coping beliefs.

**Opting Out or Deselection from Cases**

Staff could potentially be de-selected from or allowed to opt out of taking a sexual offence case during times of particular personal stress such as family illness, bereavement, the birth of a child, or divorce. Given the current finding about negative coping beliefs, this would require supervisors to have a good level of knowledge of their staff's personal circumstances so they can offer or suggest this option. Ideally supervisors could use their knowledge to avoid

allocation of the case to the officer before they become aware of it. Managers who are knowledgeable about occasions when a staff member has particularly struggled with an individual case, or has recently worked a very difficult or prolonged case, could use this information to guide their decision to allocate further cases.

Comments throughout study one and two suggest that victim characteristics which remind staff members of their own children or other family members are particularly challenging to deal with. Therefore, staff could be allowed to opt out of taking a specific case when this has personal resonance for them. This may include when the name or age of a primary victim in a child sexual abuse case is resonant to their own family. Again, supervisors having a good knowledge of their staff's circumstances could inform their case allocation decisions before the officer becomes aware of the case.

**Creating a Psychological 'Buffer'**

Viewing indecent images was the element of the work most frequently cited as being particularly difficult. Police employers could consider enforcing, for example, a four-hour maximum viewing time for indecent images, timed to coincide with the first part of a shift. This would prevent staff from dealing with this type of material just before they go home. It is recognised how challenging this would be to manage, given the volume of IIOC that constabularies are dealing with. Supervisors could encourage staff to have less emotionally loaded tasks to do at the end of shift; administrative or other tasks with low emotional impact could be the focus of the last 15-30 minutes where possible. In the case of viewing indecent images, employers may consider implementing a short game-playing period for the last 15 minutes of the shift, using a game involving repetitive action such as Tetris or Candy Crush. This may help to prevent intrusive images of sexual offences analogous to 'Game Transfer Phenomena' (Ortiz et al., 2016). Additionally, there could be a 'buffer' period between officers viewing SOM and going out on calls involving potentially dangerous situations, to prevent a

distressed individual having their trauma reactions compounded by exposure to additional psychological stressors.

**Training**

There was a high level of agreement by study two participants that 'You should be specially trained before you start working with sexual offending', but the availability and timeliness of specialist training was found to be lacking. Comments were made about feeling unsupported and unprepared to cope with the psychological by-products of exposure to traumatic material. Previous studies into the health risks associated with Police work have found that, due to the wide variation in role requirements and concomitant differences in risk factors, generic stress-reduction training is not sufficient (Habersaat et al., 2015). Enabling staff to work with SOM for extended periods without experiencing significant adverse impact arguably requires a re-evaluation of how people are trained for and supported in the role.

The current findings, as with Powell et al. (2015) suggest that training of staff to undertake tasks associated with sexual offending would ideally be indivisible with training staff to recognise, accept and manage the potential physiological and psychological consequences of continued exposure to sexual trauma. 'Stress Inoculation Training' (SIT) (Meichenbaum, 1985) is an existing model which could be easily adapted to provide the structure required. 'Inoculation' refers to the idea that, as with the threat to bodily integrity addressed by medical inoculation, controlled exposure to a small amount of a psychological stressor can raise the individual's defence and coping mechanisms enough to address the threat safely, without running the risk of overwhelming their resources (Meichenbaum in Lehrer, Woolfolk & Sime, 2007). Being given preparatory information prior to undertaking a stressful task can both reduce anxiety and improve confidence and performance levels (Inzana et al., 1996). The overall aim of SIT is to give individuals a sense of mastery over stressful situations they are faced with, both by educating them about physical and psychological manifestations of stress and teaching them

a range of coping strategies. SIT has been found to be more effective than Eye Movement Desensitisation Re-programming (EMDR) in reducing avoidant behaviours, although EMDR has been found to have better efficacy in reducing intrusions (Lee, Gavriel, Drummond, Richards & Greenwald, 2002).

SIT has three overlapping phases: A conceptual educational phase, a skills acquisition and consolidation phase, and an application and follow-through phase. While originally designed for use with a clinical population on a one to one basis, a meta-analysis of 37 SIT studies found that it had strong efficacy in groups and with a variety of non-clinical situations deemed likely to raise anxiety (Saunders, Driskell, Johnston, Salas & Quick, 1996). The mean effect in reducing state anxiety was achieved with a group size of five or six trainees, which would be a suitable number for Police training. The level of experience of the trainer (providing they were well versed in the structure and purpose of SIT) and the environment in which the training was undertaken did not impinge upon the effectiveness of the intervention, which would allow a Police trainer to be trained to deliver the intervention.

The SIT model adopts a transactional view of stress (Lazarus & Folkman, 1984) in which it is not the person alone that is responsible for the stress, nor is it the environment or situation alone. Instead it is the relationship between these things that influences the degree to which the individual is affected. Part of the environmental element involves the degree to which support and understanding is provided by colleagues and superiors, as well as training being commensurate with the level and nature of potential stressors involved. Both operational staff and supervisors could be involved in the implementation of Stress Inoculation Training, to address the complaint by some participants that their supervisor could not support them as they were unaware of the nature of SOM work. Over time, staff members of all grades who showed an interest in and aptitude for the techniques of SIT could be trained to deliver this themselves. The value of peer support was rated highly in the current research. Using peer mentors for

training delivery fits well with Meichenbaum's (1985) vision of SIT as an opportunity for those who overcome adverse situations to support others experiencing the same stressors. The use of SIT by Police employers would thereby embody a cultural shift towards a shared responsibility for wellbeing held by the individual and the organisation as a whole. As well as being a strategy for initial and ongoing training for exposure to SOM, SIT could also be used for those Police employees who are experiencing significant adverse reactions as a result of trauma exposure.

**Support**

There were many comments from participants in the current research about the lack of support provided by supervisors, and high levels of agreement with the statement that supervisors expected staff members just to 'get on with it' regarding sexual offence cases. This was significantly positively correlated with the negative coping beliefs held by participants that they should hide how they feel from others and that they worry what people would think of them if they admitted needing help. There were some comments about supervisors' limited understanding of what is involved in working with SOM, although participants generally thought their supervisors did understand their work. Supervisors may often be exposed to SOM in the same way as their staff, and have the added responsibility of instructing individuals to expose themselves to potentially traumatic situations. They must make decisions which could cause harm or distress to those they are responsible for, and which may be contrary to their own ethical beliefs. Particularly when aware of an officers' difficulty with or reluctance to undertake SOM work, this responsibility has the potential to cause the supervisor 'moral injury' (Farnsworth, Drescher, Nieuwsma, Walser, & Currier, 2014; Litz et al., 2009). Supervisors should receive adequate support themselves to maintain their own wellbeing, as this is essential for effective leadership. Peers were the most frequently accessed and most valued source of support for individuals. With these findings in mind, in providing adequate support to staff exposed to sexual offending, the key areas to address are outlined below.

#### Supervisor training.

Paton (1997) argues that managers are responsible for staff wellbeing and recovery from traumatic stress reactions in several ways. The first of these is acting as a role model in acknowledging their own feelings, thereby underscoring the acceptability of expressing difficulties. The second is encouraging opportunities to discuss experiences, and the third is encouraging a 'return to normal' after a difficult incident, by encouraging individuals to gradually resume their responsibilities. As well as undertaking Stress Inoculation Training with their staff, supervisors could receive training in two key areas: The impact of office and organisational culture on staff willingness to seek support, and the relationship between external stressors or personal difficulties and adverse impact of SOM exposure. Training could focus on the following:

- Education on links between negative coping beliefs and PTSD symptoms
- Developing a reflective workspace where discussion of experiences is welcomed
- Dealing with instances where 'gallows' humour devolves into humour which minimises offences or dehumanises victims/suspects
- Education on the personal stressors which may interact with SOM exposure and impact upon wellbeing
- The importance of maintaining a clear picture of staff circumstances to aid workload allocation
- Skills in eliciting disclosure of personal/work difficulties.

#### Clinical supervision.

Clinical supervision is used across a range of professions, including nursing, mental health services and probation services. The Care Quality Commission describe the purpose of clinical supervision as 'to provide a safe and confidential environment for staff to reflect on and discuss their work, and their personal and professional responses to their work' (CQC, 2013 p. 4). Specifically, one of the key purposes of supervision is to acknowledge any emotional impact of

the work (Tehrani, 2010). Clinical supervision is an integral part of the support system for many professionals dealing with the trauma of others, but has not been widely implemented in a Policing context. In a study of Probation Officer supervision, Wood and Brown (2014) noted that officers have a role as 'containers' of knowledge about severe sexual and physical violence and the traumatic life histories of offenders. They go on to state that the organisation must therefore be a good container for staff by providing appropriate opportunities for processing and reflecting on their feelings.

Police officers and civilian staff are equally exposed to individuals experiencing trauma, and may therefore benefit from an opportunity to discuss their thoughts and feelings in a process separate from line management oversight of operational issues. Johnson et al., (2016), highlighted the added importance of non-judgemental workplace support provision for forensic mental health specialists to express their anxieties, given the reluctance of such professionals to share the difficult nature of their work with family or friends. This mirrors the findings of the current research where officers were reluctant to 'contaminate' others with the reality of their work, whether this was partners, friends or even other colleagues in similar roles. A desire to have independent supervision formed part of a support-related regression model predictive of PTSD symptoms, suggesting that those who are most at risk of adverse impact are keen to be supported by independent supervision.

Clinical supervision could be made available to all staff who request it and could be provided as standard for staff in roles routinely involving exposure to sexual offending. Standardising supervision in these roles negates the risk of negative coping beliefs deterring individuals from opting in to such provision. Those undertaking the supervision should ideally understand the nature of sexual offending work by having undertaken this work in Police or other similar contexts. The provision would need to be independent of line management structure and the contents of sessions should be confidential, except in the case of disclosure of

a criminal offence or harm to others (Veeramah, 2002). This would encourage staff to feel more confident that disclosures made during supervision would not have any impact on their performance appraisal. It could also help to overcome some of the negative coping beliefs uncovered in the current research and allow a more candid discussion of thoughts and feelings about working with sexual offending. As noted by Gonge and Buus (2011), active participation by the staff member is key to supervision effectiveness, therefore transparency is key.

The ISOME tool could be integrated into clinical supervision sessions. Individuals could complete the tool and those showing signs of increased adverse psychological symptoms (a score of 46 or more) could be encouraged to seek additional support and potentially further psychological assessment through the force psychologist if available, or through their GP. If individuals are in the top 1% of symptom scores (an ISOME score of 61 or more) this indicates significant levels of traumatic stress symptoms. The individual could be referred for further psychological assessment through occupational health/force psychologist, and there should be a discussion regarding their fitness to attend work (Tehrani, 2018). If constabularies do not have a dedicated force psychologist, specialist trauma therapy/psychological interviewing services are available to facilitate work with staff who are presenting significant adverse impact. Some of these services have expertise specifically in working with traumatised Police officers.

A crucial pre-requisite in using the ISOME tool is that respondents' answers are influenced as little as possible by social desirability or concerns expressed in the 'Negative coping beliefs' factor (Habersaat et al., 2015). For this reason, it is important that the tool is not linked by staff to notions of performance appraisal, as this could encourage inaccurately positive responses. It is also vital to consider how the information contained within the form would be kept confidential, shared only with consent with named staff members involved in either peer mentoring or a designated welfare role. Having an accurate measure of adverse impact which individuals can self-administer is useless unless the corresponding support systems are in place.

Therefore, any decision to implement ISOME as an impact measure should be undertaken alongside ensuring robust welfare provision.

#### Peer support/mentors.

Every office location or team could have a peer mentor who is trained to offer advice and guidance to colleagues about additional sources of support, and provide an informal opportunity to discuss any issues about work they may be experiencing. Where appropriate, these mentors could be trained in the principles of Stress Inoculation Training, such as the educative elements around understanding and addressing physical and psychological reactions to stress, and the range of coping skills taught and practiced within the skills consolidation phase of the training. Peer mentors with a background in sexual offence work may be ideal candidates to co-deliver elements of the training.

## Further Research

A number of suggestions for further research have been made throughout the thesis. However, the two areas of primary importance for future study are as follows:

### Testing of ISOME and C-SOM tools

Longitudinal studies administering the ISOME and C-SOM tools to participants over at least a 12-month period is the obvious starting point for further study. This would allow the test-retest reliability of each tool to be examined, while simultaneously testing the finding that holding negative coping beliefs and avoidance-based coping are predictive of traumatic stress. Testing discriminant and convergent validity of ISOME could also be undertaken using existing validated tools which measure workplace trauma exposure. It is intended that a programme of Stress Inoculation Training will be devised to address sexual and other trauma exposure in a Police population. To ascertain the effectiveness of SIT, ISOME and C-SOM tools could be

administered pre- and post-implementation. Measures could be taken at four separate time points: at the start of the SIT programme, and at one, six and 12 months post-training.

**Exploration of individual characteristics and coping/trauma responses**

Boals (2018) highlights the role of subjective factors in the formation of PTSD symptoms. The relationship between personality traits and the employment of specific coping strategies may help to explain differences in reactions to trauma exposure (Burke, Shakespeare-Finch; Paton & Ryan, 2006). In their review of the literature on personality traits and PTSD, Jaksic et al. (2012) state that dimensional models of personality (Eysenck, 2017; McCrae & Costa, 2003) assume each person is differently vulnerable or resilient to mental stress or distress, as a function of their personality structure. Furthermore, after extensive analysis of the available studies they concluded that neuroticism and harm avoidance are consistently positively associated with PTSD symptoms, while extraversion, conscientiousness, self-directedness and optimism are negatively correlated.

Neuroticism has been linked to the use of maladaptive coping strategies such as denial and disengagement, while conscientiousness has been positively related to the use of active coping and planning. This cautions against assumptions that coping can be easily taught, as it may be a function of personality traits. However, training in active coping styles through methods such as Stress Inoculation Training may provide some support to those who would otherwise tend to use avoidance strategies. Exploration of the influence of personality traits on adverse psychological impact and coping styles is therefore a useful area for further research. Tehrani (2016) has begun important work in this area and recommended exploration of the role of personality alongside several factors which were concurrently being tested in the current research. These factors include coping skills, abuse history and the nature of trauma exposure. In future research, the State-Trait Anxiety Inventory (STAI-S, Spielberger, 2010) could be used

alongside the C-SOM and ISOME tools to explore this relationship more fully, using mediation analysis or structural equation modelling.

There is merit in exploring further how resilience interacts with the ability to work effectively and safely with SOM. Resilience can be defined as the ability of the individual to overcome stressful and adverse conditions while maintaining their physical and psychological integrity (McCanlies, Mnatsakanova, Andrew, Burchfiel, & Violanti, 2014). Levels of resilience can be seen to fall on a spectrum, with individuals potentially exhibiting different levels of resilience depending on the context, i.e. work or personal life (Connor & Davidson, 2003). It is not clear whether participants in the current research who experience significant adverse effects lack resilience, or whether their resources have simply been overwhelmed by extreme levels of stress and adversity. Resilient responses are described by Bonanno (2004) as the rule rather than the exception when individuals are faced with traumatic situations. However, models of recovery such as Bonanno's tend to focus only on single-events rather than repeated exposure to trauma. To explore the interplay between resilience and ability to cope with intensive exposure to SOM, a longitudinal study would be required. Baseline resilience measures could be taken before individuals began working with sexual offending (i.e. at the recruitment stage), with adverse impact and further resilience levels being measured over time.

A personal factor which has been linked to lower levels of resilience and greater avoidance symptoms in Police officers is having experienced previous trauma (Burke et al., 2006). Additionally, individuals in the current study who had been victims of sexual abuse experienced significantly greater adverse impact than non-victims. Therefore, a measure of trauma exposure such as the Traumatic Stress Scale (Norris, 1990) could be used as part of further studies. Additionally, it may be beneficial to measure the extent of 'Emotional Contagion' (Hatfield, Cacioppo & Rapson, 1994) or empathy levels, as this has been found to be associated

with increased stress responses (Trautmann et al., 2018) and adverse psychological consequences of exposure to the trauma of others (Clarke, 2011; Steed & Bicknell, 2001).

Levels of startle reactivity may be relevant to certain types of SOM exposure, such as viewing IIOC. Pole et al. (2009) found that failure to adapt or habituate to repeated exposure to aversive stimuli was linked to greater PTSD symptom severity. They also noted that those who experience elevated fear under low threat levels scored more highly on PTSD symptomatology. This relates to a much slower deterioration of mental associations between previous neutral stimuli and aversive images. This has relevance to the current findings regarding self-consciousness and intrusions experienced when undertaking parental tasks or showing affection towards children. An exploration of levels of startle reactivity and could therefore be of potential benefit in examining the role of personal characteristics in predicting extreme negative reactions to trauma.

The relationship between how individuals became involved in a role involving SOM and levels of adverse impact warrants further scrutiny. Differences in adverse impact could be measured between groups of staff who have gone through a robust selection process and opted in to a SO specialist role and staff who have been deployed to a SO specialism by their superiors.

Given the prominence of intrusive thoughts and/or images in participants' experiences, further research could be undertaken specifically examining the effects of intrusions on individuals' relationships with their children and partners. Of particular interest is determining whether intrusions are 'flashbacks' of actual imagery which has been seen, images which were created in the mind of the individual while reading/hearing accounts of offences, or images created in the individual's imagination relating to their own loved ones. Given the specificity and sensitivity of the subject matter, the likely methodology of such a study would be a small scale qualitative study using Interpretative Phenomenological Analysis.

## Conclusion

Police personnel effectively witness sexual offences taking place when they are required to view indecent images and videos, and they see the aftermath of offences when they hear a victim relive their experience during an interview. They are unlike almost any other professional group due to the frequency, duration and complexity of their exposure to sexual trauma. The data gathered in the current research is therefore of great value in considering how Police employers can best support their staff in working with SOM.

In summary, the key findings of the research were as follows:

- The range of experiences of Police personnel was extremely broad, especially in terms of the impact SOM exposure has had upon them.
- 6% of participants had levels of traumatic stress symptoms which may indicate the need for immediate welfare intervention.
- Individuals who have negative coping beliefs and expectations were significantly more likely to experience traumatic stress symptoms.
- Individuals who used avoidance-based coping strategies such as limiting attention or putting the work off were significantly more likely to experience traumatic stress symptoms.
- Use of detachment-based coping strategies was indicative of lower levels of difficulty in undertaking SOM work and lower levels of traumatic stress.
- Those who were deployed or seconded into a role involving sexual offences are at greater risk of experiencing traumatic stress symptoms than those who applied for a specialist SO role or had foreknowledge about these role requirements when they applied for their job.
- People who have been victims of sexual abuse or assault themselves were significantly more likely to experience adverse psychological impact as a result of exposure to SOM.

- Parents were significantly more likely than non-parents to experience traumatic stress symptoms, particularly intrusions.
- There were no gender differences in relation to the coping strategies employed or the impact experienced by male and female Police personnel.

There has been a tendency within the literature to assume that workplace exposure to trauma automatically results in adverse consequences for staff (VanDeusen & Way, 2006, McCann & Pearlman, 1990), although this position has been challenged by some (Clarke, 2011; Burke & Paton, 2006; Perez et al., 2010). The magnitude of workplace trauma impact and the speed at which individuals can recover from it can be significantly influenced by the organisational environment (Paton, 1997). Burke and Paton (2006) argue that self-selection of officers for their roles and the training they receive contributes significantly to resilience levels, thereby reducing the likelihood of adverse reactions to trauma. However, the results of the current research show that officers are not always self-selecting. Additionally, some of those who did self-select their SO role were still significantly impacted by the work.

The current findings show that there are Police personnel who experience mild, moderate or severe negative psychological reactions to being exposed to SOM. There are also those who do not find the work difficult and do not seem to experience any adverse impact. The ability to cope well with repeated exposure to sexual trauma must be understood as a combination of personal and organisational factors. All officers can potentially be enabled to cope better if the correct organisational supports are in place, but there may be certain individuals who are more resilient to adverse impact regardless of the quality of support available. Gaining a greater understanding of the particular personal characteristics of those individuals who cope well is one of the goals of ongoing research, alongside the creation and evaluation of training and support measures for Police personnel involved in SOM work.

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# APPENDICES

## APPENDIX ONE: STUDY ONE - MASTER TABLE OF THEMES

| Overarching themes | Themes | Subthemes |
|---|---|---|
| Coping | Coping strategies for working directly with the material | Audio based strategies<br>Avoidance based strategies<br>Detachment<br>Mental preparation<br>Process driven – professional role takes over |
| | General coping strategies | Actively addressing issues<br>Avoiding socialising with Police officers<br>Develop resistance to the work<br>Escapism or avoidance, mental or physical<br>Externalising thoughts about the material<br>Humour<br>Mindfulness<br>Physical exercise<br>Relaxing<br>Sense of perspective<br>Spending time with family or friends |
| | Adaptations to coping strategies | |
| | Expectations of being able to cope | |
| | Reluctance to admit or hiding the fact you are not coping | |
| | Factors which negatively impact on coping ability | |
| | Parental status as a variable in not being able to cope | |
| | Signs that someone is not coping | |
| Impact of working within role | Behavioural or physical changes | Irritability, moodiness<br>Sleep disruption |
| | Changes to interpersonal relationships | |
| | Increased self-consciousness or self-awareness | |
| | Parental decisions affected by knowledge | |
| | Cognitive changes | Cynicism or increased suspiciousness |
| | Personality change or significant life changing effect | |

| | Cumulative effect | |
|---|---|---|
| | Desensitisation | Immunity |
| | | Unshockable |
| | | Person desensitised or has lack of reaction to SOM |
| | | Minimisation of seriousness of sexual offending |
| | | Opinions about desensitisation |
| | Delayed reaction to material or delayed recognition of impact | |
| | Combination of work and personal stressors | |
| | Info about sexual offending intruding into home life | |
| | Intrusive images | |
| | Intrusive thoughts | |
| | Indelible memories of cases | |
| | Journey of responses to the work | |
| | Less difficult aspects of the work | |
| | Most difficult aspects of the work | Worst aspects are unexpected |
| | Negative feelings | Anger |
| | | Annoyance |
| | | Being upset |
| | | Powerlessness |
| | | Sadness |
| | | Shock |
| | | Visceral reactions e.g. disgust, revulsion |
| | No identified change since doing the work or no reaction to material | |
| | Not fully understanding own reactions | |
| | Self-awareness of difference between own reactions and other people's | |
| Greater awareness of sexual offending | Cynicism versus accurate knowledge about sexual offending | |
| | Holder of secret knowledge | |
| | Offender denial, minimisation, stock answers | |
| | Personal insights or opinions about sex offenders | |
| Nature of working with SOM | Duration of exposure to SOM | |
| | Frequency of exposure to SOM | |

| | | |
|---|---|---|
| | Having to repeatedly look at or hear the same SOM | |
| | Immersion in material | |
| | Impact of technology on amount or nature of SOM | |
| | Needle in a haystack | |
| | Process focus, non coping related | |
| | Range of sexual offending material | |
| | Saturation point | |
| | Volume of SOM | |
| | Working with both the victim and the perpetrator | |
| Organisational factors | Ability to choose how and when material is viewed | |
| | Anticipated future issues | |
| | Choosing to opt out of viewing images | |
| | CJS issues | Hierarchy of CJS |
| | | Length of criminal justice process |
| | | Opinions on sentencing |
| | | Process causing further distress to victims |
| | | Professional issues within CJS |
| | Comparing SO work with other difficult Police tasks | |
| | Feelings about or priorities for own staff team | |
| | Impact of or opinions about the policy on SO work | Being asked to describe images |
| | | Forcing people to do SO work |
| | | Having to go through all images, not just a percentage |
| | | Having to go to HQ to view images |
| | | Tenure |
| | Interplay between SO content and other workplace stressors | |
| | Leaving the role | |
| | Negative or difficult organisational issues | Feeling like a commodity, replaceable |
| | | Lack of job related 'wins' |
| | | Pressure to do SO work |
| | | Risk of unintended consequences |
| | | Staffing problems |
| | | Workload |
| | Perceptions of PPU work | |
| | Police culture | |

| | | |
|---|---|---|
| | Pressure to get it 'right' and consequences of getting it 'wrong' | |
| | Public perception of Police | |
| | Public Protection or SO work different from any other type of Police work | |
| | Route into working with SOM | How choice to do role impacts on people's ability to cope with SOM exposure |
| | Working environment | |
| Personal and professional identity | Certain type of person can do role | |
| | Personal versus professional self | |
| | Police Officer identity & qualities | Investigator's instinct |
| | Professionalism including professional façade | |
| | Qualities required for doing the role | |
| | Self-perception vs perception of others | |
| Positives of the work | Elements of the work that are enjoyable | |
| | Positive comments about staff | |
| | Reasons for doing the work | Motivations relating to power or other negative connotations |
| Support | Counselling service | |
| | Feeling there is no-one who understands available to provide support | |
| | Own triggers for seeking support | |
| | Peer support | Desire to support peers<br>Learning from more experienced colleagues<br>Limitations of peer support |
| | Preparation and training | |
| | Problems with organisational supports | |
| | Reluctance to seek support | |
| | Suggestions for improvements to support, training etc | |
| | Supervision and management | Checking up versus support<br>Perceptions of higher managers<br>What makes a good supervisor |
| | Support outside work setting | Being unable to fully talk to friends and family about work |
| Victims | Victim shame | |
| | Needy victims | |

| | | |
|---|---|---|
| | Known versus unknown victims<br><br><br><br>Empathy for victim's experience<br>Connecting with victims through their expressions or voices<br>Relating victims to own experience or life<br>Victims normalising or not realising the abuse was happening | All victims equally important<br>Known victims now safe, so easier to switch off from<br>More difficult to work with IIOC involving known victims |
| Worldview | Other people's responses to sexual offending work<br>Lack of emotion or not being able to relate to emotionality<br>Lack of empathy for colleagues including those who struggle with the work<br>Logical mindset<br>Stereotyping general offenders<br>Feelings about how work has changed them negatively<br>Lack of comprehension of other's actions or choices | |
| Negative Concepts | Arduous journey<br>Breaking point<br>Contamination<br>Depravity, deviance & brutality<br>Devastation of self<br>Horror<br>Isolation<br>Looking ahead with fear, dread, trepidation<br>Mental and physical claustrophobia<br>Nightmare-like<br>Phobic avoidance<br>Stigma by association<br>Terrible treasure hunt<br>Tidal wave<br>Twilight world<br>Unwanted gift or nasty pass the parcel<br>Vicarious trauma | |
| General concepts | Balance of different elements of the work<br>Catching the offender out - gotcha! | |

| | | |
|---|---|---|
| | Decompression or decontamination period<br>It is like a game<br>Justice<br>Looking back at work different than being in it<br>Precious information<br>Resilience<br>Retaking control or ownership of things affected by SOM<br>Self-preservation<br>Sense of responsibility<br>Separation of work and home life<br>You have to do it to truly understand it | |
| Top level concepts | Contradictions or anomalies within interview<br>Euphemising<br>Indications that researcher is being treated as an 'insider'<br>Lightbulb moment<br>Odd word choice<br>Parallel responses between staff and offender or victim<br>Reasons for taking part in the research or desire to help researcher<br>Significant use of explicit sexual offence language<br>Social desirability<br>Understatements<br>Unusual verbal delivery<br>Unwillingness to talk about topic | Hierarchy of roles like hierarchy of offenders<br>Parallel depersonalisation<br>Parallel reactions to victims<br>Flat, list like or robotic delivery |

APPENDIX TWO: STUDY ONE – QUALITATIVE QUESTIONNAIRE

**Questionnaire: Working with sexual offence material**

*Please think only about your work which involves reading, viewing, or listening to material relating to sexual offending during evidence gathering/analysis.*

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1. What techniques do you personally use to help you deal with any stress or negatives you experience as a result of your work?

2. How, if at all, has your work affected your relationships with your family/children/friends?

3. When you see, read or hear about sexual offences as part of your role, how easy or difficult is it to stop thinking about it when you have left work?

4. What motivates you to continue to work in this field?

5. What techniques do you use to cope when seeing/hearing information about sexual offences on a regular basis?

6. Do you think about things differently since working with sexual offending? If so, how?

7. What do you think of the support you are given to do your work? *Think about training, supervision, equipment, your environment, time, staffing etc.*

8. Which aspects of having to work with sexual offending material do you find particularly difficult or troubling?

Name:
Gender:
Age range: 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐
Self–defined ethnicity:
Job title:
Route into working with sexual offending:
Integral part of job role ☐ Opt-in specialism ☐ Deployed/seconded by superiors ☐
Other ☐ Please specify……………………………………
Job Location:
Length of time in current post:
Less than 2 years ☐ 2-5 years ☐ 6-9 years ☐ More than 10 years ☐
Are you a parent? YES ☐ NO ☐ Prefer not to say ☐
Are you in a long term relationship? YES ☐ NO☐ Prefer not to say ☐

**Are you willing to be interviewed by the researcher about your experiences? YES ☐ NO ☐**
Thank you for taking the time to complete this questionnaire. Please email your completed copy to Ruth Parkes at rparkes@uclan.ac.uk

## APPENDIX THREE: STUDY TWO – SURVEY INFORMATION & DEBRIEF SHEETS

**INFORMATION SHEET FOR PARTICIPANTS**

**Who is doing the research?** My name is Ruth Parkes and I am a former Probation Officer currently studying for a PhD in Psychology at the University of Central Lancashire (UCLan). Through my research, I hope to gain a better understanding of the experiences of criminal justice professionals working with material relating to sexual offences. Specifically, I am interested in hearing the experiences of both Police Officers and Police civilian staff who work with sexual offence material, such as viewing indecent images or conducting interviews with suspects and victims. This information sheet will give you more details about the project so you can decide whether you would like to take part.

**Why is this research taking place?** There is very little research into the impact on Police staff of working intensively with sexual offending material. It is hoped that by gaining a better understanding of people's experiences, recommendations for staff training and support can be made.

**What will I have to do if I participate in the project?** You will be asked to complete a questionnaire about sexual offending work, based on the responses of Police officers who were interviewed during the first stage of the research or in other studies on the same topic. These questions are about methods you use to cope with the work, how sexual offending work has impacted on you, the kind of support you get to do your job and your motivation for continuing in the role. The questionnaire also asks for some personal information such as age, length of time in post, whether you are a parent etc. The more open you are about your experiences, the better these will be understood. If you think
you might find the topic too upsetting, please do not take part.

**Do I have to take part?** No, participation in this project is completely voluntary and your employer will not know whether you have taken part or not. If you decide you would like to complete the questionnaire, you will need to complete a consent form on the next page which explains how the information will be used. If you decide to take part, you are free to abandon the questionnaire part way through by closing your browser window and your data will not be saved. However, once you have pressed 'submit' it will no longer be possible to withdraw your consent, as there will be no way of recognising which responses are yours.

**How will information about me be kept secure and confidential?** No details about your identity are required to complete the questionnaire as the survey link sends the completed questionnaire directly to the researcher. All information collected for this research will be stored on a password protected computer then destroyed securely after 5 years, in accordance with the Data

Protection Act 1998. I will use the information from the surveys in my PhD thesis, in reports to X Constabulary and in academic publications. If you would rather complete the questionnaire at home, simply copy and save the link so that you can paste it into your phone or own computer later. If you complete the questionnaire at home you may wish to clear your browser history due to type of questions you are being asked.

**What support will I get if I find being involved in the research difficult?** Due to the sensitive nature of the subject there is a chance you could find completing the questionnaire stressful. There is a debrief sheet with information about local and national sources of support attached to the end of the survey.

**How do I know that this research is being done properly?** This project is being overseen by two experienced Doctoral Research Supervisors, and the proposal has been approved by the research ethics committee of UCLan.

**How can I find out more about the project?** If you have any further questions about the project please contact the lead researcher Ruth Parkes on rparkes@uclan.ac.uk or **01772 895407** or the main project supervisor, Nicola Graham-Kevan, on ngkevan@uclan.ac.uk

**What if I want to complain?** If you are unhappy about any aspect of this project, please follow the research ethics concerns procedure by contacting OfficerForEthics@uclan.ac.uk

**Informed consent form** (Mandatory checkboxes)

I have read and understood the information about the project provided in the Information Sheet

I voluntarily agree to participate in the project

I understand I can abandon the questionnaire part way through thereby withdrawing from the research, and I will not be asked why I have withdrawn

The confidentiality procedures have been clearly explained to me (e.g. data storage, anonymous nature of data, etc.)

I consent to the use of the data in research, publications, and archiving, and this has been explained to me

I understand that other researchers will have access to the data only if they agree to preserve the confidentiality of the data

I have been given the opportunity to ask questions about the project

**Debrief sheet**

Thank you for taking the time to complete this questionnaire.

Your answers will help to increase understanding of how Police staff are affected by exposure to sexual offending material. The information you have given will also be used by the researcher to recommend ways to support and train staff doing the same type of work in the future.

If you require any further information about the research, please feel free to get in touch with the lead researcher Ruth Parkes on 01772 895407 or rparkes@uclan.ac.uk

If you find you are having any negative thoughts or feelings as a result of taking part in the research, please talk to a family member, friend or other trusted person. Alternatively, support is available from the following sources:

SAMARITANS
Call free on: 116 123
e-mail: jo@samaritans.org
Find your local branch at http://www.samaritans.org/branches

MIND mental health charity Blue Light service for emergency service personnel
Call: 0300 3035999 or text: 84999 email: bluelightinfo@mind.org.uk

NHS counselling information: http://www.nhs.uk/conditions/counselling/Pages/Introduction.aspx

Police Federation support: http://www.polfed.org/fedatwork/Health/HealthWellBeing.html#p=1

APPENDIX FOUR: C-SOM SELF-ASSESSMENT TOOL

**Coping styles for working with Sexual Offence Material scale (C-SOM)**

*Please read the following statements and put a **X** next to all those you think describe your experience of working with SOM*

| | | |
|---|---|---|
| 1 | | I do not allow personal feelings or thoughts into my head |
| 2 | | I avoid looking too closely at the detail of indecent images or other material |
| 3 | | The computer screen acts as a barrier between me and the reality of what I am seeing |
| 4 | | I worry what people would think of me if I said I needed help |
| 5 | | I sometimes put off having to deal with SOM and do something else instead |
| 6 | | I think of SOM just as evidence to be analysed as part of my role |
| 7 | | I like to be able to go in different room for a break when I am working with SOM |
| 8 | | I sometimes hide the way I feel so people don’t realise I am struggling with the work |
| 9 | | I tend to process the information about sexual offending like a robot |
| 10 | | I prepare myself mentally beforehand by thinking about what I might see/hear |
| 11 | | I try not to think too much about what I am seeing or hearing |
| 12 | | If I admitted I wasn’t coping I would feel like a failure |
| 13 | | I try to deal with sexual offence material as quickly as possible then move on |
| 14 | | When I hear graphic descriptions of sexual offences, I think of it more as a story than something that actually happened to a person |
| 15 | | I do/would make sure the turn sound was turned off if I was viewing a video of a child being abused |
| 16 | | I put what I have seen and heard in a box in my head where I don’t have to think about it |
| 17 | | There is an expectation from managers that you just get on with it |
| 18 | | I just think about completing the task at hand in order to get through it |
| 19 | | I try not to think of victims in indecent images and other material as real people |
| 20 | | I deliberately don’t socialise with people at work so I can avoid ‘shop-talk’ about sexual offence cases |
| 21 | | Being able to look away from the screen at a picture or out of the window helps when I am looking at SOM |
| 22 | | I tend to switch off from being myself and have my Police head on |
| 23 | | I drink alcohol as a way of coping with the stresses of working with SOM |
| 24 | | If I know I am going to see/hear SOM that day, it is easier to prepare myself for it |

<u>Scoring grid</u>

| Detachment | Negative coping beliefs | Avoidance/mental rehearsal |
|---|---|---|
| 1 | 4 | 2 |
| 3 | 8 | 5 |
| 6 | 12 | 7 |
| 9 | 17 | 10 |
| 11 | 20 | 13 |
| 14 | 23 | 15 |
| 16 | | 18 |
| 19 | | 21 |
| 22 | | 24 |

APPENDIX FIVE: STUDY THREE - IMPACT OF SEXUAL OFFENCE MATERIAL EXPOSURE (ISOME)

| **Age:** | **Job role:** |
|---|---|
| **Gender:** | **Time working with SOM (in years):** |
| **Are you a parent? (y/n):** | **Have you personally been a victim of sexual abuse? Y/N/Prefer not to say** |

| **Which of these best describes how you became involved in SOM work?** | |
|---|---|
| Applied or volunteered for specialist SO role | ☐ |
| Was deployed/seconded by superiors to SO role | ☐ |
| Started in a general role or different specialist role knowing it may involve SO work | ☐ |
| Started in a general role or different specialist role unaware that SO work would be involved | ☐ |

Below is a list of reactions people sometimes have in response to being exposed to sexual offence material (SOM). Please tick the box which best represents how much you have had each reaction in the last month.

| | *Not at all* | *A little bit* | *Moderately* | *Quite a bit* | *A lot* |
|---|---|---|---|---|---|
| 1. Strong physical reactions e.g. sweating/ pounding heart when reminded of SOM | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Feeling more and more that the world is not a safe place | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Bad dreams or nightmares about the SOM I have been exposed to | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Finding it difficult to stop thinking about SOM | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Being unable to concentrate | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Becoming very upset when reminded of a sexual offence case | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Having trouble sleeping as a result of working on sexual offence cases | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Being more over-protective of children in my family | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Avoiding sexual contact with my partner because of a case | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. Seeing images related to cases in my mind without warning | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. Feeling extremely anxious or fearful | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. Withdrawing from family/friends when working on a SO case | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. Wondering about the appropriateness of behaviour of family members around children | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. Unwanted thoughts about SOM when I am not in work | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. Doing things I know aren't good for me, but feeling unable to control it | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. Having strong feelings of anger | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. Feeling a sense of dread when I know I will have to deal with SOM | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. Feeling emotionally overwhelmed by SOM work | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| 19. Being very cautious about allowing children to do activities like sleepovers | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. Feeling my sense of trust in other people has diminished | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21. Avoiding doing things that might remind me of the SOM I have seen | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. Having thoughts/images of SOM before or during sexual contact | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. Losing interest in things I used to enjoy | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. Having unwanted thoughts/images of sexual offences when showing affection towards/playing with children | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25. Making sure I am never alone with other people's children in case of allegations | ☐ | ☐ | ☐ | ☐ | ☐ |