



Understanding Moral Injury in Police Online Child Sex Crime Investigators

FULL REPORT

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EXECUTIVE SUMMARY

BACKGROUND

Throughout their careers, police officers are exposed to an estimated 900 traumatic events,¹ which, coupled with organisational stressors, contribute to mental ill-health and psychological trauma.² Repeated exposure to work-related traumatic incidents, impedes the ability for many police officers to cope,³ with the concurrent risk of developing psychopathology and moral injury.⁴ According to the College of Policing,⁵ continual exposure to viewing thousands of images of child abuse that creates an environment in which burnout, compassion fatigue and secondary trauma become more likely.

PURPOSE OF THE STUDY

The purpose of the study was to explore moral injury in police online child sex crime investigators. The questions which guided the research asked:

- What are the key features of, and contributing factors to, moral injury in child exploitation investigators?
- How do these manifest in relation to changes in behaviour?
- How can these factors be mitigated?

MORAL INJURY

Shay, a psychiatrist who researched with military personnel, defined three characteristics of moral injury; (i) a betrayal of what is morally right, (ii) by someone who holds legitimate authority (iii) in a high-stakes situation.^{6,7,8} Shay proposed that moral injury was experienced by the body as an assault equivalent to a direct physical attack, with the potential to undermine ‘character, ideals, ambitions, and attachments,’ impairing and potentially destroying trust.⁹ Other researchers^{10,11} found that individual failure to prevent moral violation or witnessing of traumatic life events, ‘transgress[ed] deeply held moral

beliefs and expectations’,¹² placing responsibility with individual action. Such subjective disruption was capable of fragmenting the ethical foundation of being; for example, cultural, organisational and group-based rules about fairness, spiritual or religious beliefs and the value of life.¹³

Moral injury can result in significant psychological distress and has recently been observed within the context of policing.¹⁴ Symptoms of moral injury include guilt, frustration, depression, self-harm, shame, loss of spirituality/religiosity, or a sense of rejection.¹⁵ Experiencing a trauma itself does not inevitably result in moral injury. Of importance is how individuals integrate their assessment of a traumatic event into their personal schema, since poor integration leads to lingering psychological distress. Avoidance behaviours inhibit successful assimilation,¹⁶ resulting in negative self-appraisal and harmful psychosocial impact of moral conflict. Interpretation is also intrinsic to the development of a moral injury as this appraisal process determines whether the event generates dissonance with the individual’s moral framework, their worldview, and their actions.¹⁷ Such dissonance is found in police child exploitation investigations where police officers are primarily assigned to watch media footage of children who have been victimised,¹⁸ in the process challenging the foundations of their moral framework.

MORAL INJURY AND PTSD

Just as experiencing a potentially morally injurious event does not necessarily lead to moral injury, experiencing a trauma does not inevitably lead to developing PTSD. Unlike PTSD, moral injury is not classified as a mental disorder. It is a dimensional problem that can have profound effects on critical domains of emotional, psychological, behavioural, social, and spiritual functioning.¹⁹ However, studies of the original events which led to medical presentations for combat-related PTSD have reported that 25–34% result in moral injuries.²⁰ Additionally, moral injuries differ from PTSD index traumas related

to life threat as they are more strongly associated with emotions that develop after an event rather than emotions experienced during the event.²¹ So, while moral injury often co-occurs with PTSD, the latter, unlike moral injury, is generally conceptualised as a fear-based disorder.

METHOD

A distinctive characteristic of the work of police child online sex exploitation investigators is that it is screen-based, regularly viewing thousands of images and videos. While extensive moral injury research has been conducted with military personnel, moral injury had not been explored among members of the armed forces whose work – and associated mental harms – is screen mediated. However, the project Principal Investigator had access to research interviews he conducted previously with Royal Air Force Reaper (drone) crew members about their work and its impacts on them. The original research ethics approvals allowed for those interviews to be reanalysed in relation to the moral aspects of RAF Reaper operations where traumatic scenes and imagery were viewed regularly. This police-focused project, therefore, started with a review of moral injury literature to identify its key characteristics. A thematic analysis of 10 RAF Reaper operator interviews was then carried out, identifying indicators of moral injury in this screen-mediated RAF operational environment. Insights from both the literature review and from the analysis of the Reaper operator interviews were then used to frame the research questions to be used to study the experiences of the police online child sex crime investigators. The topics which were explored included: the potential for moral injury, belief change, and psychological distress. Interpretative Phenomenological Analysis (IPA)²² was used to focus the analysis on the lived experiences of online investigators and the factors that contribute to moral injury, belief change and psychological distress. A purposive sample of six Internet Child Abuse Team members (ICAT) was recruited from two constabularies in the United Kingdom. Semi-structured interviews, with a planned duration of between 60–90 minutes were conducted and subsequently analysed.

DATA ANALYSIS AND SELECTED FINDINGS

Verbatim transcripts of the police interviews served as the raw data. During analysis, the data were gathered under four primary themes:

1. Impact of organisational role and environment
2. Influences of role on identity
3. Mechanisms to manage distress
4. Influences of trauma on personality, self, and wellbeing.

Between three and five subthemes emerged under each of these primary themes. Selected findings include:

- Psychological review and professional support are needed to ensure the psychological wellbeing of all staff. Yet, the participants' narrative suggested that present support systems are not 'fit for purpose' (MI7541), advocating the need for further change. Fear was expressed that seeking help for mental health disorders may bias future career opportunities or undermine the ICAT officers' professional profile.
- A positive element was the keen sense of achievement when a successful prosecution was obtained and they had been able to enact their protectionist values.
- The role appeared to have a considerable influence on the identity of investigators and their sense of self. Detaching their professional identity to a home identity was particularly problematic. This incongruence was amplified by hypervigilance resulting from a suspicion of others founded on experiences at work. Interviewing perpetrators amplified such feelings, of importance since identity incongruence is a key factor in psychological distress.²³
- Part of the attraction to the role of being an online investigator was making a difference to society and protecting others.
- Some investigators used moral values as a protective tool that shielded them from the traumatic content they were exposed to. For others, misplaced, heightened empathy towards perpetrators was used

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to normalise extreme emotional disjuncture about moral acceptability.

- Family support was observed to be crucial, unrecognised support for online investigators and a substantial buffer for psychological distress. Likewise, peer support emerged as crucial to the psychological wellbeing of ICAT officers, their colleagues are alone in understanding the full implications of the role, supporting prior research by Lepore,²⁴ that positive and supportive environments can help individuals to manage distress.
- Not all coping mechanisms were adaptive or helpful. Cognitive avoidance was used as a deliberate strategy to avoid distressing thoughts, however, these would inevitably present as intrusive thoughts and images reflective of the content observed at work. Shutting off emotion and empathy through detachment also resulted in difficulties with emotional regulation. All of the participants believed that their role was not sustainable, burnout being not a question of “if” but “when”.
- The two worlds described by the participants defined the divide between exposure to depravity and the preservation of innocence. The participants articulated the desire to protect their loved ones’ from the dark side, possibly as their goodness represented an essential oasis for the police officers. Because of continual exposure to indecent images of children, many investigators feared that they were contaminated by this dark world, describing it as a virus that isolated them from others.
- Several individuals believed they had become more cynical in their attitudes towards other people, fearing the impact of this on their view of humanity. Such skewed perspectives were observed as changes in identity. Developmental trauma including severe physical abuse and neglect, sexual abuse and domestic violence significantly affected the participants’ resilience to viewing graphic images, making them vulnerable to psychological distress.
- Understandably, the role had a considerable impact on being a parent and family member, exposure to the horrors of child abuse pushing parents towards

protective practises to safeguard their offspring from exploitative situations.

RECOMMENDATIONS

Based on the findings, several recommendations for further research are set out. These involve collaboration between researchers, relevant and expert stakeholders – including policymakers, wellbeing representatives, and ICAT officers – to further explore the difficulties faced by those who are exposed to screen mediated harm, in the design and testing of contextually appropriate and grounded support interventions. These include:

- A quantitative, pilot study of ICAT investigators across police forces within the United Kingdom to explore the frequency and severity of the main harms and concerns articulated by the participants in this current study.
- Designing and trialling of a psychoeducation training programme for managers and peers.
- Evaluation of diverse support interventions such as CBT, person-centred interventions and compassionate mind-based therapies to understand which is best suited to respond to the needs of ICAT investigators in the context of their role.
- A qualitative investigation into the effects of trauma and moral injury on ICAT officers in retirement.

INTRODUCTION

This document reports findings from a research project exploring the key features of, and contributing factors to, moral injury in child exploitation investigators, how these are manifested in relation to changes in behaviour, and how these factors can be mitigated.

This cross-disciplinary project brought together expertise from criminology, psychology and applied ethics in a security context. Building on previous work by Professor Peter Lee, Phase 1 of this two-phase project explored the causes and consequences of screen-mediated moral injury among Royal Air Force Reaper drone crew members. Ten semi-structured interviews constituted the primary data and were subjected to a moral injury-focused thematic analysis. Findings were then used to inform the Phase 2 project focus on the causes and consequences of moral injury among police internet child abuse investigators (ICAT) and related forensic teams.

The police officers who took part in the research were all investigators from Internet Child Abuse Teams. Their primary role was to view and grade images of child sexual abuse to rate these as either A, B or C according to levels of severity as defined by the COPINE scale,²⁵ in addition to identifying perpetrators and victims. Their other duties include writing reports, preparing cases for the courts, interviewing perpetrators and arresting potential suspects.

While there is now a considerable body of literature about the effects of moral injury on military veterans, there has been less policy development and academic research into moral injury in police officers, specifically those undertaking screen-mediated roles to investigate internet child abuse. Additionally, understanding of the complex traumas associated with the role – post-traumatic stress disorder (PTSD), complex PTSD and secondary trauma – are underdeveloped in this context. Moral injury is defined as ‘an injury to an individual's moral conscience and values resulting from an act of perceived moral transgression’.²⁶ This can include both the conduct and/or witnessing of such acts. Examples from the military include the accidental killing – or the witnessing of deliberate killing – of civilians

or friendly forces through poor communication, intelligence or decision-making.

Shay, a psychiatrist who researched with military personnel, defined three characteristics of moral injury; (i) a betrayal of what is morally right, (ii) by someone who holds legitimate authority (iii) in a high-stakes situation.^{27,28,29} Shay³⁰ proposed that moral injury was experienced by the body as an assault equivalent to a direct physical attack, with the potential to undermine ‘character, ideals, ambitions, and attachments,’ impairing and potentially destroying trust.³¹ Other researchers^{32,33} found that individual failure to prevent moral violation or witnessing of traumatic life events, ‘transgress[ed] deeply held moral beliefs and expectations’,³⁴ placing responsibility with individual action. Such subjective disruption was capable of fragmenting the ethical foundation of being; for example, cultural, organisational and group-based rules about fairness, spiritual or religious beliefs, and the value of life.^{35,36}

Symptoms of moral injury include guilt, frustration, depression, self-harm, shame, loss of spirituality/religiosity, or a sense of rejection.³⁷ Experiencing a trauma itself does not inevitably result in moral injury. Of importance is how individuals integrate their assessment of a traumatic event into their personal schema, since poor integration leads to lingering psychological distress. Avoidance behaviours inhibit successful assimilation,³⁸ resulting in negative self-appraisal and harmful psychosocial impact of moral conflict. Interpretation of events is also intrinsic to the development of a moral injury as this appraisal process determines whether the event generates dissonance with the individual's moral framework, their worldview, and their actions.³⁹ Such dissonance is found in police child exploitation investigations where police officers are primarily assigned to watch media footage of children who have been victimised,⁴⁰ in the process challenging the foundations of their moral framework.

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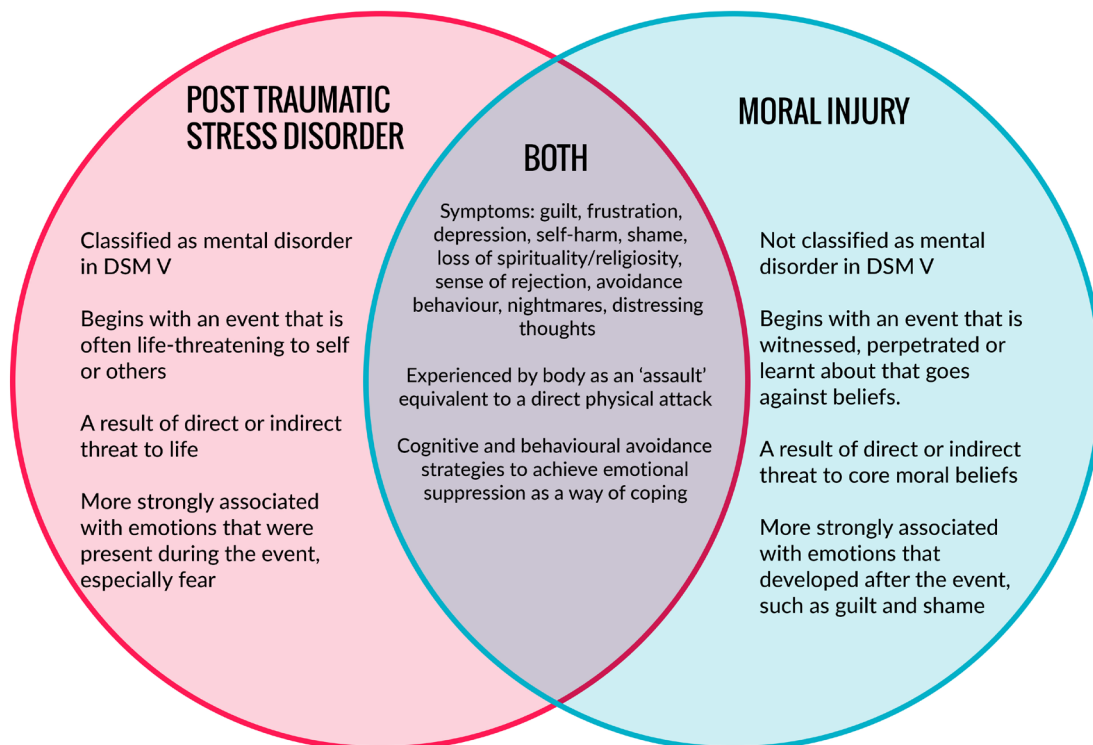
MORAL INJURY AND PTSD

The above description of moral injury outlines an important distinction between moral injury resulting from someone who holds legitimate authority, in high-stakes situations⁴¹ compared to moral failures by the individual.⁴² While either experience may lead to moral injury, it is important to separate experiencing a potentially morally injurious event from developing moral injury. As has been explained, whether a moral injury develops is determined by how the individual interprets the potentially injurious event and whether the event generates significant dissonance with the individual's belief system and worldview.⁴³ Similarly, experiencing a trauma does not inevitably lead to developing PTSD. Unlike PTSD, moral injury is not classified as a mental disorder. It is a dimensional problem that can have profound effects on critical domains of emotional, psychological, behavioural, social, and spiritual functioning.⁴⁴

Moral injury does, however, share similar elements with PTSD. For example, in both moral injury and PTSD, individuals use cognitive and behavioural avoidance strategies to achieve emotional suppression as a way of coping.⁴⁵ Unlike PTSD, moral injury is not

predicated on a fear stimulus, but on cognitions and affects such as guilt and shame. Also, while PTSD begins with an event or series of events that are often life-threatening or harmful to self or others (physically and/or psychologically), moral injury results as a cognitive response to such stimuli, depending on how they are processed in line with moral values.⁴⁶

Psychological trauma is broadly defined as resulting: 'from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing'.⁴⁷ Studies of the original event leading to the medical presentation for combat-related PTSD have reported that 25–34% result in moral injuries.⁴⁸ Additionally, moral injuries differ from PTSD index traumas related to life threat as they are more strongly associated with emotions that developed after the event rather than emotions experienced during the event.⁴⁹ So, while moral injury often co-occurs with PTSD, there are distinct and distinguishing features.



MORAL INJURY AND TRAUMA IN POLICING

In response to global exploitation of the internet as a tool to facilitate child abuse, specialist police units have emerged internationally to tackle this burgeoning crime. Efforts to identify victims and suspects place ICAT officers in the position of viewing countless, graphic images ranging from still photographs of young children to explicit video (with sound) of infants being tortured and raped.⁵⁰ According to the College of Policing,⁵¹ it is the continual exposure to viewing thousands of images of child abuse that creates an environment in which burnout, compassion fatigue and secondary trauma become more likely, these conditions contributing to incidents of moral injury recently observed within a policing context.⁵² Unless managed correctly, such complex and demanding tasks can contribute to increased levels of stress and burnout, and higher levels of psychological risk.⁵³

Moreover, the ICAT role can directly expose officers to extreme trauma as the work can be intense and concentrated, with few breaks to allow time for

recovery. Recent evidence^{54,55} also found that for officers viewing multiple video images of online child sexual abuse, violation of deeply held moral beliefs causes enduring psychological damage in line with moral injury,⁵⁶ placing ICAT officers in a vulnerable position worthy of further research. Existing literature suggests that common symptoms of moral injury for this population include intrusive thoughts, intense negative appraisal and emotional distress (guilt, shame, disgust), such that individuals avoid cues that serve as reminders of a traumatic experience, a coping strategy known as cognitive avoidance.^{57,58,59,60}

While this tactic may work in the short-term, it prevents the individual from assimilating the traumatic event into their existing assumptions, knowledge and belief system, thereby inhibiting corrective learning.⁶¹ Intrusions in the form of nightmares and distressing memories ensue, triggering renewed suffering and further avoidance of memories related to the original trauma, thereby preventing recovery.⁶² Further damage can occur when the moral injury caused by repeated exposure to traumatic events distorts internalised notions of safety, control, trust and esteem, creating

MORAL INJURY

Perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations may be deleterious in the long term, emotionally, psychologically, behaviorally, spiritually, and socially." (Litz et al., 2009)

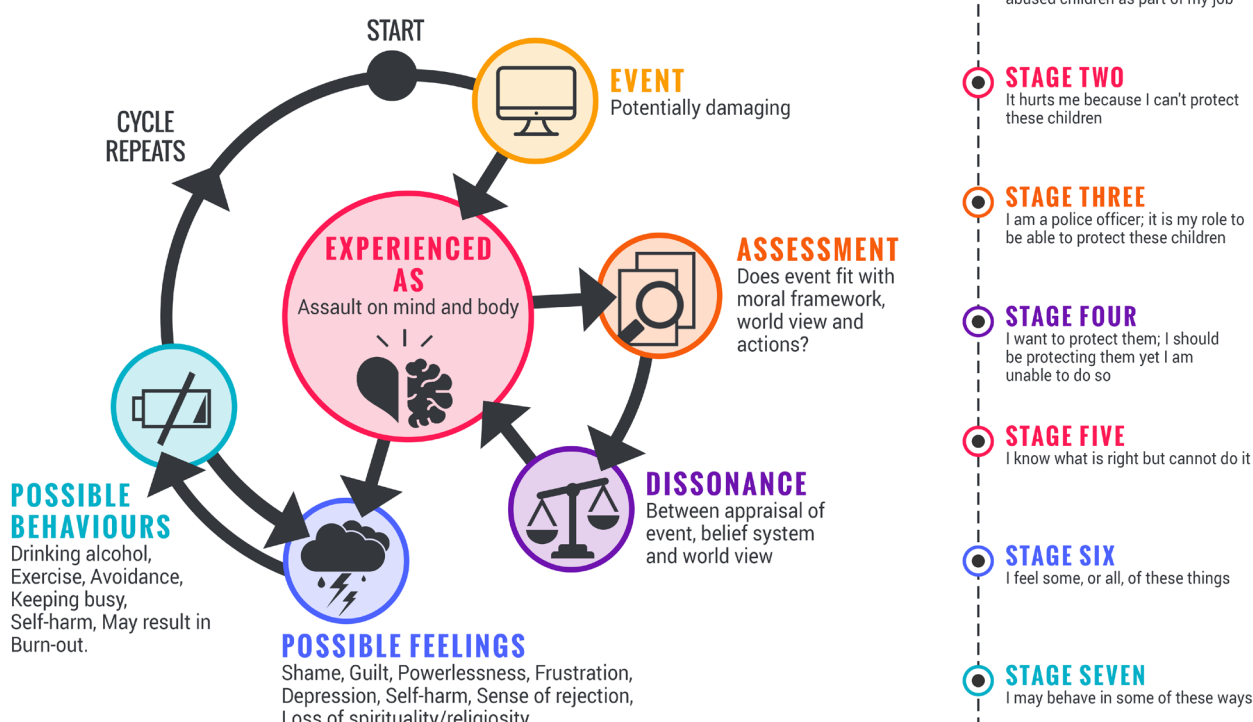


Diagram to show how moral injury may develop in ICAT investigators

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dissonance by violating existing assumptions and beliefs about right and wrong. How this dissonance or conflict is reconciled with self-schemas is one of the key determinants of moral injury.⁶³⁶⁴ Yet, admitting trauma-related stress and an inability to cope is still considered a sign of weakness by many police officers, risking dishonour that may disadvantage their vocation and career prospects. Such reluctance is compounded by the risk of displaying feelings that run counter to prevailing organisational norms.⁶⁵

Organisational and bureaucratic stressors contribute to existing tensions.⁶⁶⁶⁷ These include pressurised workloads, inadequate training to undertake the task, and inhibitive administration.⁶⁸ The latter is rated by ICAT officers above the stressors directly associated with their work.⁶⁹⁷⁰⁷¹ Such findings highlight the significance of broader workplace considerations and reinforce the premise of preventative measures grounded in organisational frameworks.⁷²⁷³

SUPPORTIVE STRATEGIES

Motivational incentives such as a positive workplace environment, supportive feedback, and recognition and reward, have been found to contribute to the achievement of goals⁷⁴⁷⁵ by offsetting the impact of negative job demands. The lack of context-specific mental health training within police forces is recognised as contributing to an inadequate understanding of the psychological trauma and moral injury experienced by ICAT officers. To address this situation and shift entrenched attitudes, line managers could receive further education on how to identify the warning signs and triggers of mental health conditions among their officers. Also, further beneficial effects could be achieved through appropriate social support (involving peers, friends and family) as part of a broad coping strategy.⁷⁶

CULTURAL BARRIERS TO IMPROVED MENTAL HEALTH

Despite attempts to raise awareness of mental health challenges, provide support, and promote wellbeing within policing, few significant changes are taking place.⁷⁷ Dominating and archetypal masculine values such as emotional self-control, bravery, and

independence within policing have been blamed.⁷⁸ They pre-impose distrustful attitudes towards supportive psychological services, deterring access by officers who do not wish to compromise their career prospects by seeking mental health support.⁷⁹

Stigma associated with failing to meet these behavioural norms introduces additional pressures, summarised by one participant in a study by Bell and Eski: 'Break a leg and you will get some sympathy, mention stress or depression and people think you are swinging the lead'.⁸⁰ Such evidence would suggest that a significant impediment to advancing mental health programmes that address moral injury within policing, is organisational culture. One contemporary campaign to address such attitudes is *Hear Man Up, Think Man Down*, launched by the UK Police Federation.⁸¹ This programme focusses attention on cultural barriers to mental health, attitudes to self-disclosing, and organisational stigma, to change the tone of conversations around mental health and suicide.

EXISTING SUPPORT PROVISION WITHIN POLICING

Several police forces in the UK have introduced role risk assessments for high-risk specialist roles in the form of psychological screening. This involves a three-stage process:

1. Initial screening to identify if an individual might be harmed by working in a specialist role
2. Ongoing screening which includes the clinical measures, plus additional questions about exposure to trauma, sick leave, experiences of the working environment, and attitudes to health
3. Referral screening, where measures of occupational/behavioural styles and personal beliefs are taken to determine appropriate interventions.⁸²

Additional schemes include The Blue Light Framework, which combines learning from across the emergency services, academia and Public Health England. An assessment tool has been created to enable organisations to audit and benchmark themselves against a set of standards designed to support staff and identify gaps in the provision of best wellbeing

provision.⁸³ However, findings from the current study suggest limited trust in some of the available services.

The following analysis seeks to better understand moral injury – and other complex traumas that were identified in the research – in ICAT officers. The analysis also explores the support systems, psychological interventions, educational incentives, and changes to organisational culture needed to improve support to those specialist officers. This may, in turn, demonstrate a transferable model of practice which could be adapted for other relevant organisations. Key elements of this study include:

- exploring how trauma and moral injury impact the psychological and physiological wellbeing of ICAT officers
- the effect of these on their professional and personal identity
- coping strategies (both maladaptive and effective)
- the effectiveness of existing organisational support systems at meeting the specific needs of specialist ICAT officers.

RESEARCH DESIGN AND METHOD

PURPOSE OF THE STUDY

The purpose of the study was to explore moral injury in police online child sex crime investigators. The questions which guided the research asked:

- What are the key features of, and contributing factors to, moral injury in child exploitation investigators?
- How do these manifest in relation to changes in behaviour?
- How can these factors be mitigated?

The research took place during the height of the Coronavirus pandemic, meaning that original plans to interview participants face-to-face was replaced by online interviews. Recruitment of participants from the contributing constabularies was also affected, with police resources prioritised elsewhere during this phase of the study.

ANALYTICAL APPROACH

Phase 1 of this two-phase project used moral injury-focused thematic analysis to analyse 10 interviews with RAF Reaper operators which were originally conducted for a book on the human dimension of RAF Reaper operations. The 10 interviews to feature in this secondary analysis were selected to capture the diversity of the original 90 interviewees. Inclusion and exclusion criteria required:

- interviews of similar duration, between 60 and 75 minutes
- all three crew roles to be represented – pilot, sensor operator, mission intelligence officer
- inclusion of male and female crew members
- a range of ranks from Corporal to Wing Commander.

Findings from this analysis, along with findings from an extensive literature review, informed the research questions used with the ICAT officers in Phase 2.

Phase 2 of the research used a qualitative approach, Interpretative Phenomenological Analysis (IPA), for data collection and analysis. IPA was chosen because it is rooted in cognition and interpretation. It is used to obtain detailed insight into personal lived experience and is especially valuable for exploring complex topics that are emotionally laden and abstruse, such as moral injury and complex trauma.⁸⁴

Smith and Osborn, creators of IPA, explain that by using this method ‘the researcher is trying to make sense of the participant trying to make sense of what is happening to them’⁸⁵ Consequently, the researcher is implicated in the interpretative process since it is their perceptions that are used to make sense of the participant’s personal world, a process known as a double hermeneutic. This approach allowed for evaluation of the complex dimensions of moral injury and trauma from both the experiences of the police officers taking part and from the perspective of policing culture.

SAMPLE

The original research plan was to recruit and interview between seven and 10 police officers or employees with direct exposure to child abuse images in the area of online child exploitation from one constabulary. Before recruitment could be concluded, government restrictions to contain the spread of Coronavirus were introduced and police resources re-prioritised. Of the eight personnel who had expressed an initial interest in participating, five were no longer able to take part, leaving a sample size of three. Additional constabularies were approached, with one constabulary providing a further three participants. IPA does not stipulate a specific or ideal sample size. However, studies are generally conducted on small samples ranging from one to five participants. The idiographic mode of inquiry is ideally suited to purposive sampling of closely defined groups. IPA seeks detailed perceptions and understandings of a homogenous group and does not seek to make generalisable claims.⁸⁶ One hour of ‘time in lieu’ was requested for participants to engage in the interview.

RECRUITMENT

Research ethics approval was obtained from the University of Portsmouth Humanities and Social Sciences Research Ethics Committee, and the CREST Security Research Ethics Committee. Subsequently, an email was circulated to 14 Digital Forensic Group (DFG) and 16 Internet Child Abuse Team members which included a link to the participant information sheet, a consent form, an interview schedule and a debriefing form with a list of supporting organisations. Participants had to provide consent to allow data collection. They were informed that they were able to withdraw from the study at any time. Participants were directed to undertake a brief demographic questionnaire, including their contact details and length of service. Only police officers with longer than six months in the role were considered for inclusion. Although anonymity was not possible during the registration process for the study, all interview audio recordings were anonymised from the outset and deleted once they were transcribed. The survey data, transcripts, and recordings were all password-protected and only the researchers had access.

DATA GATHERING

Data were gathered using semi-structured interviews with a planned duration of 60–90 minutes. However, three interviews lasted for approximately two hours, providing a deep exploration of the research topic. Due to the constraints of Coronavirus, the planned face-to-face interviews were replaced by video interviews, with participants located in their own homes or a secure workspace.

The semi-structured interview procedure, as outlined by Smith,⁸⁷ involved the construction of an interview schedule several weeks in advance of the interview dates. Given the sensitivity of the research topic, this allowed time to consider question-wording and how difficulties might be handled. Open-ended questions were used to avoid leading participants. Potential prompts were prepared should they struggle to answer. The questions were formulated based on previous research and the key themes to emerge from the analysis of 10 interviews with RAF Reaper crew.⁸⁸ During the interviews, the questions were flexibly adapted to context, facilitating each participant's narrative.

DATA ANALYSIS

Verbatim transcripts served as the raw data with the analytic process as follows. The first of the three transcripts was read repeatedly and closely, allowing two researchers to become as familiar as possible with the account. Preliminary annotations were made in the left-hand margin of the transcript. At this stage, comments were guided by similarities and differences in the narrative, reiterations, emphasis, and contradictions. Next, the researchers revisited the transcript together, using the right-hand margin to document emerging theme headings, where the initial notes were transformed into concise phrases.

Capturing the essential quality of the text in this way demanded concentrated engagement and regular liaison, moving the narrative to a higher level of abstraction that sometimes embraced psychological theory. Similar themes emerged as the transcript was parsed, and were allocated the same overarching theme heading. A table was created and populated with both the emergent themes and the text that supported each theme. Connections between themes were noted, discussed and reordered accordingly. Primary themes were identified based on clusters of subthemes. During the review process, several themes were dropped: those which were peripheral to the emerging structure, or which did not have rich supporting evidence within the transcript. Both researchers discussed the transcript, specific meanings and related theory throughout the iterative stages of the analyses.

REFLEXIVITY

Researchers (MD & KT) kept notes and reflected on their personal experiences and involvement in the interpretation of the investigators' lived experiences. Both are psychologists, one with a counselling background and one with a cognitive behavioural therapy background. These frameworks and training helped shape the interpretation of the transcripts and their meaning. Due to the nature of the interviews, it was paramount not to skew the interview towards a clinical assessment. Both researchers agree that this did not occur.

FINDINGS

Primary Theme	Subtheme
Impact of organisational role and environment	Psychological review and professional support Responsibility and agency over role Positive aspects of role Workplace environment
Influences of role on identity	Identity Morality and moral injury Searching for meaning and detachment Heightened empathy and compassion fatigue
Mechanisms to manage distress	Peer and familial support Adaptive and maladaptive coping Breaking point and burnout
Influences of trauma on personality, self, and wellbeing	Two worlds: Balancing darkness and light Personality traits and post-traumatic depreciation Trauma and effects Parent and family role

Table 1. Showing the four primary themes and 15 subthemes

As table 1 shows, analysis of the data gave rise to 15 subthemes contained within four primary themes:

1. Impact of organisational role and environment
2. Influences of investigative role on identity
3. Mechanisms to manage distress
4. Influences of trauma on personality, self, and wellbeing

These categories represented the participants' overarching concerns, hence they needed to be authentically captured in the findings. The findings are presented according to the IPA validation principles established by Smith and colleagues.⁸⁹ Qualitative research, especially phenomenological processes such as IPA, is expected to meet certain criteria. Validation and reliability, according to Smith and Osborn,⁹⁰ therefore depends on presenting an authentic account of the participants' narrative. This is achieved by

ensuring interpretation is based directly on those words spoken by them. Therefore, the findings are illustrated using direct excerpts from the interviews.

IMPACT OF ORGANISATIONAL ROLE AND ENVIRONMENT

Within this primary theme, four subthemes emerged relating to occupational issues of the role. These included:

- Psychological review and professional support
- Responsibility and agency over role
- Positive aspects of role
- Workplace environment

Together these themes reflect the overarching environment experienced by online investigators.

PSYCHOLOGICAL REVIEW AND PROFESSIONAL SUPPORT

Psychological review and professional support are needed to monitor and ensure the psychological wellbeing of all staff. This is particularly important for online investigators due to the level of trauma exposure they experience. However, a consistent finding across the transcripts was the inadequacy of generic psychological screening and therapeutic support, with frequent reporting that it was a ‘tick-box exercise’:

“...[A]bout 80 per cent of us go in, and tick those boxes, and walk back out, because we just don’t find it [...] fit for purpose at all” (MI7541).

Moreover, there were fears about the confidentiality and consequences of engaging with the review. The majority of the small sample believed it would have consequences for career progression, making the service appear unsafe and a potential risk-factor rather than support mechanism:

“I also don’t completely believe or trust that it wouldn’t [...] come back to haunt you [...] in the future if you went for promotion or another high-risk stressful role” (866MI).

This was coupled with the fear of social consequences or mental health stigma for engaging with professional support:

“I think it could affect peoples’ [...] opinion of me in terms of my professionalism and how good a detective I am.” (1391MI).

The participants explained that the psychological review and professional support could helpfully provide a more tailored support mechanism where their trauma could be explored in more depth.

RESPONSIBILITY AND AGENCY OVER JOB

All individuals were keenly motivated by the level of agency they had over the job. However, this conflicted

with the frustration at being unable to act when cases progressed to court:

“Often we’re dealing with images, and those children are unknown to us and we’ll never be able to identify them or it’s unlikely that we will” (MI391).

The overwhelming nature of the task was consistently observed:

“Out there, there are thousands, if not millions, more that we still can’t get hold of” (MI183).

The size of the task may have played a role in an overwhelming sense of personal responsibility that was clinically unhealthy and may provide vulnerability to the obsessive compulsive disorder articulated as a concern by two of the participants. Several worried about:

“a case failing and a...a guilty person walking free, because of some, err, omission or inaccuracy on my part” (MI022).

Among the participants, three found it difficult to isolate their contribution to the outcome of a case, whether positive or negative. This suggested their professional work self-esteem is contingent on areas outside of their control. Being able to isolate and reflect on the contribution individuals made, rather than the overall outcome, would be a helpful strategy as part of constructive feedback by line managers.

POSITIVE ASPECTS OF ROLE

Positive aspects of working as an online investigator were articulated. The social status within policing was a common observation:

“I’ve heard, you know, lots of other police officers that I speak to [...] who say [...] oh I couldn’t do your job, and it makes you feel, yeah, quite proud, actually” (MI7541).

Another key element was the keen sense of achievement when a prosecution succeeded.

The satisfaction of conducting a role appraised as having a high societal and moral importance; that other

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colleagues felt unable to do and, which had observable outcomes, provided a source of personal pride and esteem for online investigators:

“[Y]eah, we get something out of it, we get a satisfaction, we get the professional satisfaction, there’s the moral satisfaction” (MI866).

WORKPLACE ENVIRONMENT

Alongside exposure to traumatic media, difficulties facing online investigators related to the workplace environment included staffing, time-related targets, and workload:

“We have six weeks in which to review the data and that’s not only doing the grading of the images, but it’s reviewing the chat logs, the web history, all the technical data that’s been extracted as well.” (MI183).

The workplace environment varied considerably with experiences of both supportive and unsupportive management. Positive attempts at supporting staff were well received:

“[T]he manager [...] kind of, understands, [...]because he tells... when you’re going in a low and they will offer you [...] a different job for a bit or go for a walk or do this, they will interact with you, they won’t just let you go down the rabbit hole” (MI036).

However, in the context of seeking professional support, some managers were unsupportive and openly hostile:

“[I]t’s supposed to be an hour-long session and one of my colleagues was in [...] his session for 45 minutes and my immediate line manager [...] was very confrontational to him and he said [...] what did you have that you had to take 45 minutes to speak about?” (MI022).

This may contribute to existing difficulties with archetypal masculinity and mental health stigma. Similar archetypal masculine values and attitudes were observed throughout:

“Police officers who are good police officers, who...who really want to do their job properly [...] they deal with things on their own, they make decisions on their own, they don’t want to appear to be vulnerable or incompetent, or whatever, they don’t open up” (MI183)

Many contributing organisational factors appear to compound the difficulties surrounding the investigator role beyond the immediate exposure to traumatic media, chat logs, and anxieties related to interviewing suspects. Key among these are engrained cultural attitudes to mental health in policing, which are exacerbated by archetypal masculine values in relation to honour.

INFLUENCES OF INVESTIGATIVE ROLE ON IDENTITY

The role of ICAT officer appeared to have a considerable influence on the identity of investigators and their sense of self. This was reflected in four subthemes including:

- Identity
- Searching for meaning and detachment
- Morality and moral injury
- Heightened empathy and compassion fatigue

IDENTITY

The exposure to the traumatic images, video, and chat logs were sometimes accompanied by an interviewing role where befriending or ‘grooming the groomers’ took place. This role had a substantial impact on the investigators’ personal views of themselves. Some found it helpful to use exercise as a buffering time between work and home life:

“When I’m doing a workout, [I] kind of refocus myself, get my own identity back, before I go home.” (MI7541).

Detaching one’s professional identity a home identity (e.g. Partner, Family member, Father/Mother) was quite difficult for the majority of the investigators.

This suggests some difficulties with detachment from the investigator role, alongside establishing and maintaining boundaries between identities:

“I can be a bit bolshie sometimes [...] you’re dealing with somebody and you’re using authority, erm, but then when you come home, you’re not a police officer anymore, you’re dad, erm, and...and you have to change...change the way that you’re communicating and that doesn’t always happen to, erm, but I consciously try and change that now and...and leave it at the door “(MI391).

Identity incongruence is a key factor in psychological distress, according to person-centred psychotherapy,⁹¹ and linked with post-traumatic depreciation.⁹² When engaging socially, investigators reported hypervigilance based on professional experience, demonstrating the difficulties with boundaries:

“If you are looking at every new male that [...] you meet in a social environment and you’re starting to assess them on a professional level, that’s exhausting, you’re never switching off” (MI866).

This incongruence is exacerbated by the investigative techniques of ‘grooming the groomers’ in which the objective is:

“trying to almost befriend the person so that they [...] almost trust you and the technique of putting the arm around them” (MI866).

In adopting a similar approach that paedophiles use to groom children, investigators find themselves acting like a perpetrator. Within complex trauma theory, this fits the drama triangle⁹³ and may place those who have a developmental trauma history at greater risk of psychological distress.⁹⁴ Moreover, acting incongruently with how they truly feel about the individual may further destabilise views of self, their self-esteem, and competency.

SEARCHING FOR MEANING AND DETACHMENT

Part of the attraction to the role of being an online investigator was making a difference to society and protecting others:

“I’ve always been driven by helping, by... by being able to improve, being able to, you know, what I do is...is not for nothing” (MI036).

Being the protector/rescuer in this role was difficult when faced with the practicalities of grading indecent images. Some investigators found detachment relatively easy:

“So it’s just little kids, fine, whatever, err, I just tend to say it’s little kids, whatever, not...there’s nothing...to me, I just forget about it, it’s not sexual, it’s just little kids, fine, whatever” (MI036).

Some individuals found it easier to pretend it was just “people on a computer screen”. However, one investigator was also angry at the perpetrator using this same strategy:

“I had a 26-year-old lad tell me, with a 24-year-old girlfriend and a six-month-old baby, in his flat, they’re just people in a computer.” (MI866).

While the latter quote demonstrated the same strategy, the justification and rationale behind it were markedly different. Other investigators over-identified with some material that they viewed. This projection of personal meaning seemed to be associated with personal attachment, adding further psychological distress:

“I’ve got [two young relatives] who are the ages that, erm, of the children I see being abused in these images, erm, so that, you know, that...I look at it and I think, well, that could be my [two young relatives]” (MI866).

For Ehlers and Clarke, attaching personal meanings to a traumatic event or the associated symptoms are a key cognitive factor in maintaining traumatic symptoms.⁹⁵

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Thus, allocating personal meaning may be a key cognitive factor for investigators and their psychological wellbeing. This may be further exacerbated by having children as close family members to project onto the images. It may also constitute retriggering of distressing memories if trauma had been experienced before the current role.

MORALITY AND MORAL INJURY

Internalised moral values are important to establish a sense of normality and socially acceptable thoughts and actions. Moral values were seen by some investigators as a protective tool that shielded them from the traumatic content they were exposed to:

“Your morals are...the walls of your castle... you build up these walls and you build up your defences, so you can keep away the bad things” (MI866).

However, personal attitudes also seemed to result in difficult and distressing emotional consequences:

“I have a moral compass, and what is being done to these children is abhorrent, it’s disgusting and it’s illegal and these people should be held accountable for it.” (MI866).

However, it was difficult for some ICAT investigators to differentiate between the law and personal moral frameworks and values:

“I have a good understanding of what is legal and illegal and, therefore, a good understanding of what is morally acceptable and not acceptable” (MI183)

This suggests that moral frameworks are not clear and fixed. For example, one investigator described a particularly distressing morally injurious example that exceeded the legal capacity to address the issue and demonstrated a clash between personal moral beliefs and some religious practices and culture:

“I watched a video of a young boy who was being circumcised, and he was in this country[...] So, although that doesn’t sit right with me, having a boy circumcised on his dining table, when it went to the

[management] they said, ‘oh, religious beliefs, they didn’t really want to touch it.’” (MI7541).

The excerpt highlights some potential ethical difficulties for investigators and avenues for psychological distress. Similarly, when personal meaning is attached it can provoke moral confusion resulting in feelings of anger and psychological distress:

“T[hey] laugh...they laugh about it and that insults me. They...or they laugh about it, oh yeah, I’ll do this to your daughter, I’ve done this daughter and then they’re talking about contact offences and how they’re, you know, luring people in and how they lure people in and how they get away with it, it’s just, oh my God, it just drives me...no, it was too much, it was too much. Too much.” (MI036).

The quote emphasises the importance of attaching personal meaning to traumatic media and how this may influence psychological wellbeing.

HEIGHTENED EMPATHY AND COMPASSION FATIGUE

It was observed that empathising with victims was very difficult in the long term. Some investigators adopted a practical solution; switching off the audio to aid detachment:

“Sometimes there’s audio and that can be the most harrowing thing if there’s... if there’s sounds to it. [...] it’s little things like that that can make that whole[...]video worse if there’s something that triggers, like[...] a voice or a screen, or something like that, that makes it that much worse” (MI391).

A broader discussion of this can be found under the heading ‘Adaptive and maladaptive coping’. Conversely, there were also examples of compassion towards perpetrators that may have been misplaced, with descriptions of them as being “quite meek, quite mild” (MI391):

“...[At] the end of the day, they are a human being, even if they’ve got these feelings [...] some of the people that you meet have

been just wanting you to come to the door, they don't want to be the way they are" (MI1391).

This reaction could result from the incongruence experienced through the 'grooming the groomers', investigative technique. Evidence suggested that the trust needed to enable perpetrator disclosure compromised personal boundaries, leaving police officers feeling that their moral identity had been sullied. This was also observed in an excerpt relating the difficulties ICAT officers faced when maintaining the façade of friendship with perpetrators:

"I've driven [the perpetrator] home and my colleague's been chatting to them in the car, [...] as if they're, [...] a nice human being and I've kept quiet because I've almost... not that I didn't trust myself, but I didn't want it coming out in my tone and undoing the good work we'd done by obtaining that account, building that relationship and the grooming[...]for my tone to then leave them with the thought of, well, they don't actually care" (MI866).

There are many factors which contribute to the psychological distress of online investigators beyond exposure to traumatic images. Moreover, the methods used to attempt to cope with these experiences can further exacerbate these difficulties.

MECHANISMS TO MANAGE DISTRESS

This primary theme was populated by three subthemes:

- Peer and familial support
- Adaptive and maladaptive coping
- Breaking point and burnout

A wide range of coping and support mechanisms were utilised to manage the psychological distress of the role and its consequences.

PEER AND FAMILIAL SUPPORT

Family support was observed to be a crucial but unrecognised coping mechanism for online

investigators even though the data suggested it to be a substantial buffer for psychological distress:

"I've been with my...my [partner] for sixteen years and [they are] a...a tremendously supportive part of my life, [they are] probably my...my principle support mechanism" (MI022).

Although this support mechanism is crucial, and may, in some circumstances provide the help that is needed, training and education as to the impact of moral injury on partners may go some way towards ensuring their wellbeing and offer early insights into symptoms.

Peer support was also identified as fundamental to the participants' psychological wellbeing, mainly because colleagues alone understood the contextual impact of the role:

"If there's like a certain part of a video that's extreme, I think if I spoke about that part of the video [...] then it's, it's kind of over, it's out there, and it's not just with me." (MI7541).

This fits with the social cognitive processing theory of Lepore and his work with cancer patients, which suggested that positive and supportive environments can help individuals to manage distress, whereas negative and closed environments can compound that distress.⁹⁶

ADAPTIVE AND MALADAPTIVE COPING

The most common form of effective coping was exercise and physical activity:

"... to relieve myself from[...] work burdens [...] I go out hillwalking and cycling all the time, just because I enjoy it, but I do find that the isolation of those pastimes very, erm, very therapeutic" (MI022).

Exercise is a form of behavioural activation intervention that relieves stress and primes feelings of achievement and enjoyment. Some of the activities may also perpetuate feelings of loneliness through isolating oneself. This chimes with prior research about the cognitive triad of trauma,⁹⁷ where others are viewed as

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'dangerous' or 'threatening' and being alone exhibits a temporary feeling of safety. Yet it can also perpetuate negative beliefs, along with feelings of loneliness, low mood, and not challenging negative automatic thoughts. A dark 'gallows' humour was noted in some instances that helped bond investigators in their mutual understanding of the difficult role they shared:

"I've probably got a very dark sense of humour, which helps in these situations. And the people around me [...] say, if you don't laugh, you'll cry" (MI7541).

Other tactics for coping with the distress of processing videos included the practice, developed by some investigators, of keeping the audio off. This was due to the severity of distress that accompanied listening to children's audible suffering:

"There's something in my head, which allows me to look at a video[...]I can look at it and [...] because I'm not hearing the audio, I can try and view that in a...in a relatively dispassionate way" (MI022).

This phenomenon may be due to naturally evolved attachment and survival responsive systems. Crying is a form of showing distress that is primed to illicit proximity from a caring or nurturing adult.⁹⁸ Pain cries result in more immediate caregiver action.

Functional magnetic resonance imaging studies to map and measure brain activity also demonstrate an activation of the threat response system and production of cortisol,⁹⁹ a primal response to stress triggered to fight or flee. This personal practice may be an attempt at regulating physiological stress responses. Not all coping mechanisms were adaptive or helpful. Some participants described turning to alcohol to manage their distress:

"... [A] really crap day [...] I'm just going to sit and get gassed tonight and, you know, I don't really want to talk about it and just... that's just what I'm going to do" (MI022).

Using alcohol to suppress psychological distress is a common maladaptive coping mechanism, characterised by experiential avoidance and frequently enacted as emotional suppression among the participants.¹⁰⁰

Cognitive avoidance is a deliberate strategy to avoid thinking distressing thoughts. The consequence of this tactic, however, presented as intrusive thoughts and images which reflected the content observed at work:

"I'll see a child and their face looks exactly the same as the face of a child I've been seeing, you know, being raped and you can't help but make those comparisons" (MI391).

Flashbacks and other re-experiencing symptoms can be seen as unsuccessful attempts at processing distressing or traumatic memories.¹⁰¹ These forms of intrusive thoughts and images formed the basis of many difficulties for investigators. Shutting off emotion and empathy through detachment resulted in difficulties with emotional regulation. Moreover, inappropriate emotional flooding happened when some participants engaged with positive feelings and people:

"I can become very emotional about [laughs] fairly...fairly ordinary and stupid things and I find myself sometimes sitting in floods of tears and, at the same time, laughing at myself for crying at such a ridiculous thing [laughs]. [...] like, the Pride of Britain TV show,[...] I sit and blub like a child" (MI022).

The use of avoidance in these contexts can compound psychological distress. However, this distress is understandable with current models of both PTSD and complex PTSD.

BREAKING POINT AND BURNOUT

Many participants had similar negative thoughts that reflected the cognitive triad of trauma where a) the future was perceived as bleak or hopeless, b) a negative evaluation of self was made, and c) the world was evaluated as a dangerous place where people could not be trusted.

Several of the participants believed they would not be able to cope with what they saw in the future. This was not, for them, a question of "if" but "when" this psychological break would occur and often triggered by specific images. Moreover, some individuals experienced the consequences of chronic stress when they had rest days:

“When I’m on one of my rest days or annual leave, I become ill [...] my body relaxes and I end up getting a cold or [...] I suffer with mouth ulcers... when I’m stressed, but it’s all the while I’m [...] busy, busy, busy, busy, I’m fine” (MI022).

This investigator kept so busy that they did not have time to contemplate the distressing content they regularly viewed. Consequently, exposure to trauma and chronic stress were expressed psychosomatically. Among the participants, five of the six interviewees also saw their role as requiring a time limit due to the distress that accompanied it:

“It’s something ...I can do for the time being and then I’ll have to...I’ll have to change jobs, it will come to a point where I’ll have another one of these and I think I’ll be incapacitated again” (MI036).

Foreboding was exacerbated by tales of others with much more experience who could not cope with the distress of the role:

“Just before I arrived, there was a guy... he’s been doing it for about 20 or 30 years, he saw one thing, just one thing, after doing all this every day and went, not a chance, I am done. Stood up, literally, left the office, didn’t come back, gone” (MI036).

This theme has explored some methods of coping and support, and how breaking point and burnout is expressed when coping ultimately fails. The findings add context to those from The College of Policing, bringing into sharp focus how viewing thousands of images ultimately erodes even the most robust coping strategies, leaving either empty or fractured shells where burnout and secondary trauma are inevitable.¹⁰²

INFLUENCES OF TRAUMA ON PERSONALITY, SELF, AND WELLBEING

The influences of trauma on areas of personality and wellbeing were considerable and were reflected in the following four subthemes:

- Two worlds: Balancing darkness and light
- Personality traits and post-traumatic depreciation
- Trauma and effects
- Parent and family role

TWO WORLDS: BALANCING DARKNESS AND LIGHT

The theme described two worlds conceptualised by the participants. One world was ‘normal’ or ‘clean’, reflecting the ICAT officers’ lives before taking up their current role. This world contained family and friends and evoked feelings of safety and normality. Comparably, the other dark world was filled with the extremes of humanity:

“I live in a rather...well, I work, I should say, in a warped world. [...] the norm for me now is [...] if I’m going to find indecent images [...] I would expect to find children from maybe seven or eight up to the 16-mark being abused orally, vaginally, anally.” (MI866).

By grading indecent images, exploring child abuse related chat logs and interviewing suspects, many investigators feared that they were contaminated by this dark world and voiced concerns about its potential effects on their relationships with friends, partners and families, by stating:

“it’s like a virus” (MI183).

This was particularly the case for those who talked through their difficulties with their partners, fearing the impact on them:

“You [partner] don’t need to know, because once I describe it to you, you will not unhear that description...that’s not her world, that’s my world” (MI866).

One investigator described this concern as safeguarding normality, fearing the potential consequences of contaminating their partner. One reason why they need their partners to remain untarnished is that the investigators need their partners as immaculate ‘oases’ on which to lay their troubles:

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“If there was anything bothering me, then I would rather speak to the people in work, than speak to my [partner] about it, because [she/he] doesn’t [...] really know the details of what I look at, and I don’t really want [them] to have to think about it. Because if I start struggling, I would need [them] to support me, so I’d rather [they] just didn’t know anything about it.”(MI7541).

Such automatic dissociative techniques, conducted by many investigators, may prove to be supportive strategies if conducted in a helpful problem-focused manner. For example, one participant described how they transitioned from work to home by changing out of their uniform, a symbolic act that drew a line between the two worlds:

“I still see the shirt and tie as a uniform and by taking that off, it just draws a line under the end of the day” (MI866).

This approach could be meaningfully utilised as a therapeutic technique to complement interventional support using an approach known as the box technique. People visualise a box into which they metaphorically place their concerns, enabling them to be explored when the individual feels able.

PERSONALITY TRAITS AND POST-TRAUMATIC DEPRECIATION

Some individuals believed they had become more cynical in their attitudes towards other people and the world, reflective of the cognitive triad of trauma.¹⁰³ Some feared the impact on their beliefs about others and how skewed their view of humanity had become:

“[I]f I spend, you know, half of my waking day looking at an ugly side of people and [...] society, do I become cynical? Am I inclined to look at people and, without any evidence, judge them by my experiences” (MI0122).

Significant changes to their outlook on the world and fear of identity change were observed:

“I can feel it making a difference on my ... view of the world and I can feel it making

a ball in my stomach...And my wife can see it and I know that eventually...I’m going to either drop everything and walk out...or I’m just going to collapse and...be like...no more” (MI036).

These changes in belief are similar to those observed in research on moral injury, post-traumatic depreciation,¹⁰⁴ complex trauma, and personality change.¹⁰⁵ Most saliently, given the interests of this report, such findings strongly resonated with those from the authors’ previous study of Reaper Drone operators.¹⁰⁶

TRAUMA AND EFFECTS

Developmental trauma, before assuming the investigator role, was observed in three of the six individuals, including severe physical abuse and neglect, emotional abuse, sexual abuse, and domestic violence:

“My dad just beat me [...] One particular case [...] we were packing away a tent and he just came out the car and knocked me flying [...] those things were [...] normal though. I have scars on my fingers ...where my mother sliced it open with a knife, because I tried to take a sandwich, so that kind of stuff was normal” (MI036).

The excerpt highlights that individuals do not arrive in this role as blank slates and may have had a series of traumatic experiences that increase their vulnerability to psychological distress in line with the diathesis-stress model (Ingram & Luxton, 2005 (107)).¹⁰⁷

The nature of the trauma exposure and inadequate processing of the traumatic memories and meanings can result in being haunted by the graphic images:

“...[T]here are images which I’ve seen, both from within this role and also from within my ordinary policing role, that I will remember ...I suspect all of my life.” (MI022).

Several underlying, yet clinically relevant psychological processes, were identified. These include intrusive thoughts and images; inflated responsibility; experiential avoidance; trauma triggers and memories;

rumination and worry; hypervigilance; negative self-beliefs and low self-esteem; negative beliefs of the world; and some evidence of personality change and post-traumatic depreciation.¹⁰⁸ The distress related to such conditions can present in several ways, such as insomnia, psychosomatic issues (e.g. stomach pain) or panic attacks, as exemplified by one participant:

“I think probably the things you’d associate with a panic attack [...] I feel tension across my shoulders, my neck feels very tight, almost...that someone is stood on your chest, sort of a feeling, which I get rarely, but...but I do get it sometimes. Like a... like a weight” (MI391).

“[A]t the same time, it's opened my eyes in a good way, for having my own kids. Because they will never be left alone in a room with anything that connects to the internet, until they're at least 16 [laughing]” (MI7541).

This theme has summarised the impact of the traumatic exposure on personality, thoughts, and behaviours relating to social and family life and highlighted the importance of recognising trauma exposure in investigators and being aware of its complex expression in relation to psychological distress and underlying clinical processes.

PARENT AND FAMILY ROLE

The role had a considerable impact on being a parent and family member. Many participants believed they had brought work home at times, not sufficiently detaching before entering the ‘normal’ world:

“...it happens all the time and my wife is very good at telling me, you know, you know, I think you need to have five minutes to yourself and then...and then we’ll start again” (MI391).

This was particularly difficult for new parents. One interviewee reported how the difficulties of processing indecent images became more pronounced following the birth of their children:

“I just feel myself kind of being a bit more disturbed when the images come up in front of me [...] particularly seeing just, little girls’ genitalia. I think, before, when I didn’t have my own kids, I could just do the task at hand, and get through them, and didn’t really think about them too much, because I didn’t deal with, I didn’t see those things in my house.” (MI022).

Understandably, exposure to the horrors of child abuse appeared to push parents into ‘better safe than sorry’ practices to protect their children from potentially being exploited:

DISCUSSION

The aim of this research was to understand moral injury in investigators of online child sexual exploitation through an in-depth exploration of their lived experience. From this interpretative phenomenological analysis, four primary themes emerged from the data:

1. Impact of organisational role and environment
2. Influences of investigative role on identity
3. Mechanisms to manage distress
4. Influences of trauma on personality, self, and wellbeing

There are clearly multiple difficulties associated with this role. Several of the key considerations are discussed below.

IMPACT OF ORGANISATIONAL ROLE AND ENVIRONMENT

Exposure to distressing images of child exploitation and other extreme content played a role in the degradation of staff mental health. Staff views of professional services were poor, possibly due to the generic model applied throughout the organisation. This suggested a much more targeted response for online investigators is required in terms of ongoing screening, support and intervention.

Rather than disorder-specific screening, longitudinal measures associated with factors of complex trauma and their consequences i.e. emotional dysregulation, dissociation, use of maladaptive coping strategies, isolation, and personality change would provide a baseline against which progression or deterioration could be compared. This would also provide insightful data about how time in the role and regular exposure to graphic images affected wellbeing.

There was a vacuum of psychological training in managing distress which the researchers felt was needed. Cognitive behavioural therapy-based interventions regularly include psychoeducation components to aid others, not only with understanding the links between thoughts, feelings, emotions, and

physiology but also the connection with trauma.

The investigator role involves continuous exposure to traumatic content. Therefore, learning how to manage and deal with these experiences from an evidence-based perspective could be an effective, mandatory training priority. Cognitive behavioural-based interventions offer one potential model, such as psychoeducation programmes aimed at understanding the cognitive and affective experiences connected to trauma and how to manage these. Content for future trialling could be enhanced by drawing from experiences in other professional domains. For example, the development of a model for dealing with secondary traumatic stress in mental health workers in Rwanda included preventive, evaluative, and curative strategies to manage trauma-related symptoms at individual, societal, and organisational levels, and could inform and educate within the current context.¹⁰⁹

INFLUENCES OF INVESTIGATIVE ROLE ON IDENTITY

This primary theme included the compromising effect of archetypal masculine values on disclosure of mental health difficulties. The data highlights that for men, admitting to or even acknowledging a need for mental health support is constrained by cultural ideals linked to their gender.

This finding is important to the current role, as mental health stigma promotes isolation, low mood, loneliness, stress, and depression and reduces team coherence and communication.¹¹⁰

More widely, archetypal masculine culture is suggested to play a strong role in the sex differences in completed suicides.¹¹¹ Acknowledging this concern can be important in shaping organisational attitudes towards mental health in environments where archetypal masculine culture dominates, even when men and women are present. This is significant because if the organisational environment is negative and unsupportive, as suggested by Lepore, employees

may feel abandoned by their employers who, by default, have responsibility for their welfare.¹¹² Hence, a positive attitude to mental health and ready access to support can be crucial to the wellbeing of ICAT investigators.

The impact of archetypal masculine roles, or attitudes towards roles, was also in evidence in findings from Phase 1 of this project, suggesting a degree of cultural crossover between the experiences of RAF Reaper drone operators and ICAT investigators.

For the former, macho attitudes about role identity, exacerbated performance anxiety where individuals felt compromised by the prospect of underperforming compared to personal expectations. Such perceptions also inhibited disclosure about mental health difficulties since the military persona was commonly associated with archetypal masculinity, echoing experiences within ICAT. Hence, addressing cultural and organisational attitudes to mental health emerges as a priority.

MECHANISMS TO MANAGE DISTRESS

Several key findings emerged in this third primary theme, including the importance of supportive partners and families, a range of coping strategies, and crucial beliefs about future ability to cope. Evidence suggested that staff were not successfully processing their most difficult exposures to the graphic, violent and traumatic content e.g. chat logs and videos. This was observed as experiential avoidance, resulting in substantial distress, including intrusive memories, which could be understood as unsuccessful attempts at processing traumatic memories.¹¹³

Participants exhibited a range of experiential avoidant strategies. These included cognitive, behavioural and affective strategies, which compounded distress by preventing the memory from being processed effectively. In line with current models of PTSD, these tactics suggested that investigators placed themselves at risk of developing a range of psychological disorders as a result of not adequately processing the traumatic content they were exposed to. Similar findings occurred among Reaper drone operators, many of whom used identical, dysfunctional coping mechanisms,

reinforcing the requirement for educational and therapeutic responses to target individual needs.

Social cognitive processing theory¹¹⁴ may offer a possible solution to processing traumatic content more effectively within the workplace. Lepore's research with cancer survivors highlighted the importance of positive and supportive peer networks to enhance cognitive and emotional processing by enabling individuals to contemplate and discuss trauma-related thoughts and feelings.¹¹⁵

Positive social responses may permit the consolidation of trauma memories, thereby reducing the need for processing and attempts to find meaning. Negative environments that are not open to discussion can compound this psychological distress by increasing loneliness and vulnerability to depression. Moreover, evidence-based therapists who work clinically with trauma, regularly utilise clinical supervision for their own practical and emotional support to combat compassion fatigue.¹¹⁶

Use of this approach suggests that social processing supervision groups may provide a safe space to facilitate ICAT investigators' processing of traumatic memories. By enabling exploration of thoughts, feelings and meanings about the most distressing content, skewed views of self, others and the world, as reflected in the cognitive triad of trauma, could be rebalanced. However, the viability of staff working in this field for extended periods is questionable, and limits may be required to safeguard their mental health.

INFLUENCES OF TRAUMA ON PERSONALITY, SELF, AND WELLBEING

This final primary theme highlighted the important issue of two separate and contrasting worlds experienced, a previously unreported phenomenon. Used as a dissociative technique, it appeared to be conducted unconsciously as a protective distancing measure to protect family, friends, and others within the 'light realm' from being contaminated by the 'dark realm' of child exploitation. Dissociation is a natural consequence of trauma and is an attempt to cope with overwhelming emotions or stimuli.¹¹⁷

DISCUSSION

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Dissociation is regularly associated with complex trauma and difficulties with self-identity.¹¹⁸ This naturally occurring survival response to trauma may have both advantages and disadvantages.

The advantages included feeling safe, secure, and comforted when ICAT investigators were at home or with their partners, and detached from work. It also aided detachment from empathy and identification with survivors of online exploitation investigations.

The disadvantages included an overbearing sense of responsibility, loneliness, hypervigilance, difficulties in processing emotions, incongruence with their self-identity, and emotional dysregulation.

The results of problematic levels of empathy and affect avoidance were observed in some participants. Impacts included emotional numbing, feeling overwhelmed, and detachment from situations outside of work that may have negatively contributed to the investigators' home-life experiences.

A key observation within this primary theme was that three of the six participants experienced developmental trauma before beginning their investigator role. While the psychological review already includes screening for developmental trauma, it does not yet include the current impact or lasting effects of these experiences on the role they undertake.

Those who experience developmental trauma are not inevitably linked to poor mental health in their lives as they may have had a significant level of buffering through moderating factors such as psychological therapy or increased social and attachment support following trauma.

However, psychological literature has consistently demonstrated links between childhood trauma and a range of psychological disorders including depression, anxiety, PTSD complex PTSD, and personality disorders.¹¹⁹ Childhood trauma also constitutes a consistently observed risk factor for future psychological disorder. Moreover, these individuals may be subclinical along psychometric measures before conducting a role involving further trauma.¹²⁰

In other words, while their condition is not severe enough to present definite or readily observable

symptoms, viewing images of abuse to children may retrigger childhood trauma memories that have not been adequately processed.

Moreover, re-victimisation research places these individuals at greater risk for PTSD and dissociation.¹²¹

As part of future recruitment strategies, in-depth screening for traumatic experiences including underlying cognitive, behavioural, and affective consequences, alongside screening for psychological disorders including OCD, PTSD, and complex PTSD, could have long-term benefits for online child exploitation teams.

However, it would be an organisational policy decision whether or not to exclude potentially successful investigators from ICAT roles as a result of previous trauma that is identified through a screening process. More practically, if screening raised awareness of the increased potential for triggering previous trauma in an investigator, appropriate monitoring and support could be put in place from the outset, rather than them being excluded from a professionally fulfilling role.

This may reduce the likelihood of vulnerable individuals conducting a role which may constitute a trigger for psychological disorder.

CONCLUSION AND RECOMMENDATIONS

The main aim of this project was to explore moral injury in police ICAT investigators. In Phase 1, a review of moral injury literature highlighted key characteristics and indicators of moral injury. In pursuing that main aim, there was a supporting aim of understanding RAF Reaper drone crew members' experiences of moral injury in relation to their work.

Reaper crews conduct operations, including surveillance and lethal missile and bomb strikes, via screens far from operational theatres. Their regular viewing of potentially harmful events and video footage is the most obvious shared link with ICAT officers who spend extended periods viewing, categorising, and investigating exploitation images and video.

This report describes and brings greater appreciation to how and why ICAT investigators experience their role, the effect on their psychological and physiological wellbeing, and consideration as to what is required to support their needs. As such it contributes both to our understanding of the organisational and cultural context of the work and insight into how existing, generic support systems might be modified to afford interventional strategies, specifically tailored to complex trauma and moral injury.

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It has highlighted the risk of developing moral injury and in turn, the potential for recurrent and complex psychological conditions such as PTSD, complex PTSD, and complex trauma. This is important as it provides an opportunity for the introduction of personalised interventions that would not only safeguard the wellbeing of the ICAT investigators but potentially also improve performance and longevity in the role. A focus on mental-health through this compassionate lens would also contribute to a cultural framework for good practice throughout constabularies.

Empirically, the analysis suggests that personal and professional identity are destabilised because of the role, often leaving investigators unable to reconcile their experiences with existing belief systems, a situation which triggers substantial distress and symptoms of moral injury. This begins to outline a need for more nuanced and sophisticated practice development where education and training raise awareness around effective support.

The research has highlighted the potentially devastating impact of the role of ICAT investigators on their psychological and physiological wellbeing and the various coping mechanisms, including dysfunctional tactics, used to manage these. Essential support is provided by family members and peers, offering the potential for a social processing model.

An important and unanticipated finding has been investigators' conception of their identity as existing within two worlds, dark and light, delineating good from bad. The repercussions of this posed significant challenges, leaving officers feeling contaminated and isolated by the work they do. Identification of this dimension has important implications for the future management of strategic interventions and support systems.

Taken together, the evidence and insights related to these contributions provide the key components for a meaningful framework of good practice. This concept is concerned with understanding how features of specific findings and the broader outcomes will inform recommendations that are responsive to the needs of ICAT investigators directly and negatively affected by their role.

Success depends on a whole systems approach, predicated on inclusion. Progressing the findings and recommendations for further research will rely on workshops with multiple stakeholders that bring together policymakers, wellbeing representatives, senior police managers and end-users, to enable discussion about how new knowledge can be

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meaningfully utilised and to design effective interventions.

Consequently, it appears that devising strategies and tactics for managing and mitigating the negative moral injury impacts of investigating online child abuse would benefit from further research. Focused, empirical studies that develop the existing research would provide a greater understanding of how detailed elements of trauma – e.g. the prevalence and severity of mental health difficulties, personality change, mental health stigma, behavioural and cognitive avoidance – specifically influence wellbeing among ICAT investigators. Such knowledge gleaned from an expanded study would underpin wider relevance and applicability.

Equally important, however, is to elucidate how moral injury and trauma present across a range of other situations and settings beyond policing where screen-mediated investigations occur. This could include researching related organisational contexts such as social work, social media, clinical practice, and the justice system, to contribute to the design of transferable interventions.

SIMILARITIES AND DIFFERENCES IN RAF REAPER CREW AND ICAT EXPERIENCES OF MORAL INJURY

In the course of the project, several similarities and differences emerged in RAF Reaper crew and ICAT experiences of moral injury. These spanned both individual responses and organisational contexts:

1. Home/ work dichotomy. Individuals in both research groups experienced significant disjunctures between their home lives and work lives. While spouses, partners, and other close relationships could provide the basis of psychological support, both police investigators and Reaper personnel were often worried about ‘contaminating’ their home environment by sharing their work experiences.
2. Protective instincts. The police and RAF subjects shared a desire to protect others. For ICAT investigators this was primarily the exploited children whose images they view and whose cases they investigate. For Reaper crews, their desire to protect extended to civilians and friendly forces on the ground in operational theatres. Being unable to act on these protective instincts was, for some, morally distressing and even injurious.
3. Rumination, anticipatory, and post-event processing. Members of both research groups exhibited dysfunctional coping strategies. These included extended post-event ruminating over events that were potentially – or actually – morally injurious, without healthy processing of the experiences. Alternatively, anticipating harmful future events was another form of rumination concerning events that had not been processed in a psychologically healthy way.
4. Organisational support and operational culture. Both police and RAF personnel had mixed experiences of seeking – or not – support for mental health concerns. Elements or traits associated with toxic masculinity – notably a need to cope, succeed, and not show weakness – could be found in the experiences of the ICAT investigators and the Reaper crews. It was frequently important to avoid being seen as ‘weak’. Positive experiences of seeking help for mental health concerns were most likely to occur where specialist psychological support was available and undertaken. Generic, organisation-wide support was commonly seen as inadequate to deal with the severity of the participants’ experiences. Potential career harm was also commonly associated with acknowledging mental health difficulties.
5. Operational context. Reaper crews have been – and are – required to deploy missiles and bombs in lethal strikes as part of the operations they undertake. If collateral damage from a Reaper strike occurs in the form of harm or death of civilians, the crew will have been proactive in making that happen. In contrast, ICAT investigators are not personally implicated in the same way with the harms done to the exploited children they investigate.
6. Professional fulfilment. For the Reaper personnel, the immediacy of the operational effect they could bring to bear on events on the ground – for

example, in the fight against ISIS – was highly professionally fulfilling. Similarly, professional fulfilment was strong in the ICAT investigators. Both groups shared a willingness to endure significant moral injury and other psychological harms in the course of their work. This was often seen as a price worth paying given the importance and satisfaction of their roles. Both roles were also often seen as time-limited.

RECOMMENDATIONS FOR FUTURE ICAT-RELATED RESEARCH

The findings from this research have given rise to key areas for future research, which includes:

1. A quantitative, pilot study of ICAT investigators across police forces within the UK to explore the frequency and severity of the main concerns articulated by the participants in the current study i.e. developmental trauma, moral injury, behavioural and cognitive coping strategies, the impact of the workplace environment on wellbeing, complex trauma and secondary trauma, and cultural attitudes including archetypal masculinity.
2. Designing and trialling of a psychoeducation training programme for managers and peers to facilitate early identification of trauma-related symptoms and enablement of early intervention.
3. Evaluation of diverse support interventions such as CBT, person-centred interventions, and compassionate mind-based therapies to understand which is best suited to respond to the needs of ICAT investigators in the context of their role.
4. A qualitative investigation into the effects of trauma and moral injury on ICAT officers in retirement.

ENDNOTES

- 1 McQuerrey Tuttle, B., Stancel, K., Russo, C., Koskelainen, M. and Papazoglou, K. (2019). Police Moral Injury, Compassion Fatigue, and Compassion Satisfaction: A Brief Report, *Salus Journal*, 7(1), 42-45.
- 2 McCreary, D. R., Fong, I., and Groll, D. L. (2017). Measuring policing stress meaningfully: Establishing norms and cut-off values for the operational and organizational police stress questionnaires. *Police Practice and Research: An International Journal*, 18(6), 612-623.
- 3 Bartol, C. R., and Bartol, A. M. (2004). Introduction to forensic psychology. Thousand Oaks, CA: Sage.
- 4 McCormak, L and Riley, L. (2016). Medical Discharge From the “Family,” Moral Injury, and a Diagnosis of PTSD: Is Psychological Growth Possible in the Aftermath of Policing Trauma? *Traumatology* 22(1), 19 –28.
- 5 College of Policing. (2018) Responding to trauma in policing. (April 12). <https://www.college.police.uk/What-we-do/Support/Health-safety/Documents/Responding-to-trauma-in-policing.pdf>.
- 6 Shay, J. and Munroe, J. (1998). "Group and milieu therapy for veterans with complex posttraumatic stress disorder." In P. A. Saigh and J. D. Bremner (eds.). *Posttraumatic stress disorder: A comprehensive text*. Boston: Allyn and Bacon. 391–413.
- 7 Shay, J. (2002). *Odysseus in America: Combat trauma and the trials of homecoming*. New York: Scribner.
- 8 Shay, J. (2010). *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. Simon and Schuster.
- 9 Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2), 184.
- 10 Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C., and Maguen, S. (2009). ‘Moral injury and moral repair in war veterans: A preliminary model and intervention strategy’. *Clinical Psychology Review*, 29 (8), 695–706.
- 11 Litz, B. T., and Kerig, P. K. (2019). Introduction to the special issue on moral injury: conceptual challenges, methodological issues, and clinical applications. *Journal of Traumatic Stress*, 32, 341–349.
- 12 Litz et al. Moral injury and moral repair in war veterans, 697.
- 13 Nash, W. P. (2019). Commentary on the special issue on moral injury: unpacking two models for understanding moral injury. *Journal of Traumatic Stress*, 32, 465–470.
- 14 Papazoglou, K., Blumberg, D., Briones-Chiongbian, V., Russo, C. and Koskelainen, M. (2019). Exploring the Roles of Moral Injury and Personality in Police Traumatization, Crisis, Stress and Human Resilience: *An International Journal*, 1(1), 31-59.
- 15 Currier, J.M., Holland, J.M., and Malott, J. (2015). Moral injury, meaning making, and mental health in returning veterans. *Journal of Clinical Psychology* 71(3), 229-40.
- 16 Keane, T. M., Fairbank, J. A., Caddell, J. M., Zimergin, R. T., and Bender, M. E. (1985). A behavioral approach to assessing and treating post-traumatic stress disorder in Vietnam veterans. In C. R. Figley (Ed.), *Trauma and its wake: The study and treatment of post-traumatic stress disorder*, 1, 257–294. New York: Brunner/Mazel.

- 17 Barnes, H. A., Hurley, R. A., and Taber, K. H. (2019). Moral injury and PTSD: Often co-occurring yet mechanistically different. *Journal of Neuropsychiatry and Clinical Neuroscience*, 31(2), A4–103.
- 18 Shay. Achilles in Vietnam.
- 19 Drescher, K.D., Foy, D.W., Kelly, C., Leshner, A., Schutz, K., and Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology*, 17, 8–13.
- 20 Stein, N.R., Mills, M.A., Arditte, K., Mendoza, C., Borah, A.M., Rezick, P.A. and Litz, B.L. (2012). STRONG STAR Consortium: A scheme for categorizing traumatic military events. *Behavioral Modifications*, 36(6), 787–807.
- 21 Drescher et al. An exploration of the viability and usefulness of the construct of moral injury in war veterans.
- 22 Smith, J.A. and Osborn, M. (2008). Interpretative phenomenological analysis. In Smith, J.A. (2008). *Qualitative psychology: a practical guide to research methods*. London: Sage. 53-80.
- 23 Paul, K. I., and Moser, K. (2006). Incongruence as an explanation for the negative mental health effects of unemployment: Meta analytic evidence. *Journal of Occupational and Organizational Psychology*, 79(4), 595-621.
- 24 Lepore, S. J. (2001). 'A social–cognitive processing model of emotional adjustment to cancer'. In A. Baum and B. L. Andersen (Eds.), *Psychosocial interventions for cancer*. 99–116. American Psychological Association.
- 25 Kloess, J.A., Woodhams, J., Whittle, H., Grant, T., and Hamilton-Giachritsis, C.E. (2019). The challenges of identifying and classifying child sex abuse material. *Sexual Abuse*, 31(2), 175.
- 26 Litz et al. Moral injury and moral repair in war veterans, 696.
- 27 Shay and Munroe. Group and milieu therapy for veterans with complex posttraumatic stress disorder.
- 28 Shay. Odysseus in America.
- 29 Shay. Achilles in Vietnam.
- 30 Shay. Moral injury.
- 31 Shay. Moral injury, 184.
- 32 Litz et al. Moral injury and moral repair in war veterans.
- 33 Litz and Kerig. Introduction to the special issue on moral injury.
- 34 Litz et al. Moral injury and moral repair in war veterans, 697.
- 35 Litz and Kerig. Introduction to the special issue on moral injury.
- 36 Nash. Commentary on the special issue on moral injury: unpacking two models for understanding moral injury.
- 37 Currier, Holland and Malott. Moral injury, meaning making, and mental health in returning veterans.
- 38 Keane et al. A behavioral approach to assessing and treating post-traumatic stress disorder in Vietnam veterans.
- 39 Barnes, Hurley and Taber. Moral injury and PTSD: Often co-occurring yet mechanistically different.
- 40 McQuerrey et al. Police Moral Injury, Compassion Fatigue, and Compassion Satisfaction.
- 41 Shay. Moral injury.
- 42 Bartol and Bartol. Introduction to forensic psychology.

ENDNOTES

Understanding Moral Injury in Police Online Child Sex Crime Investigators

- 43 Griffin, B.J., Purcell, N., Burkman, K., Litz, B.T., Bryan, C.J., Schmitz, M., Villierme, C., Walsh, J and Maguen, S. (2019). Moral injury: an integrative review. *Journal of Traumatic Stress*, 32, 350-362.
- 44 Drescher et al. An exploration of the viability and usefulness of the construct of moral injury in war veterans.
- 45 Ehlers, A., and Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319–345.
- 46 Ehlers and Clark. A cognitive model of posttraumatic stress disorder.
- 47 Fenney, D. (2019). Tackling poor health outcomes: the role of trauma informed care. 14 November. Available at: <https://www.kingsfund.org.uk/blog/2019/11/trauma-informed-care#:~:text=Individual%20trauma%20results%20from%20an,%2C%20or%20spiritual%20well%2Dbeing>. (Accessed: 23 September 2020).
- 48 Stein et al. A scheme for categorizing traumatic military events.
- 49 Lepore. A social–cognitive processing model of emotional adjustment to cancer.
- 50 Burns, C.M., Morley, J., Bradshaw, R. and Domene, J. (2008). The emotional impact on and coping strategies employed by police teams investigating internet child exploitation. *Traumatology*, 14(2), 20-31.
- 51 College of Policing. Responding to trauma in policing.
- 52 Papazoglou et al. ‘Exploring the Roles of Moral Injury and Personality in Police Traumatization, Crisis, Stress and Human Resilience’.
- 53 College of Policing. Responding to trauma in policing.
- 54 Bourke, M.L., and Craun, S.W. (2014). Coping with secondary traumatic stress: Differences between U.K. and U.S. child exploitation personnel. *Traumatology: An International Journal*, 20(1), 57–64.
- 55 Kamkar, K., Edwards, G., Hesketh, I., McFee, D., Papazoglou, K., Pedersen, P., Sanders, K., Stamatakis, T., and Thompson, G. (2019) Dialogue Highlights from the LEPH2019 Panel on Police Mental Health and Well-Being. *Journal of Community Safety*. (October). Law Enforcement and Public Health (LEPH) Conference in Edinburgh, Scotland, October 2019. 2-27.
- 56 Jones, D. N., and Paulhus, D. L. (2014). Introducing the short dark triad (SD3): A brief measure of dark personality traits. *Assessment*, 21(1), 28-41.
- 57 Bourke and Craun. Coping with secondary traumatic stress.
- 58 Burns et al. The emotional impact on and coping strategies employed by police teams investigating internet child exploitation.
- 59 Papazoglou et al. Exploring the Roles of Moral Injury and Personality in Police Traumatization, Crisis, Stress and Human Resilience.
- 60 Farnsworth J.K., Drescher K.D., Nieuwsma J.A., Walser R.B., and Currier J.M. (2014). ‘The role of moral emotions in military trauma: implications for the study and treatment of moral injury’. *Rev Gen Psychol*, 18(4), 249.
- 61 Williamson, V., Sharon A.M., Greenberg, S. and Greenberg, N. (2018). Occupational moral injury and mental health: systematic review and meta-analysis. *The British Journal of Psychiatry*, 212, 339-346.
- 62 Komarovskaya, I., Maguen, S., McCaslin, S.E., Metzler, T.J., Madan, A., Brown, A.D., et al. (2011). The impact of killing and injuring others on mental health symptoms among police officers. *Journal of Psychiatric Research*, 45, 1332–6.

- 63 Farnsworth et al. The role of moral emotions in military trauma: implications for the study and treatment of moral injury.
- 64 Williamson et al. Occupational moral injury and mental health: systematic review and meta-analysis.
- 65 Glomb, T.M. and Tews, M.J. (2004), Emotional labor: a conceptualization and scale development, *Journal of Vocational Behavior*, 64(1), 17.
- 66 Powell, M.B., Guadagno, B.L., and Cassematis, P. (2013). Workplace stressors for investigative interviewers of child-abuse victims, *Policing: An International Journal of Police Strategies & Management*, 36(3), 1-24.
- 67 SHIFT Wellness (2016) Our Mission. 29 December. Available at: <http://shiftwellness.net/> (Accessed: 19 November 2019).
- 68 Bourke and Craun. Coping with secondary traumatic stress: Differences between U.K. and U.S. child exploitation personnel.
- 69 Hart, P.M. and Cotton, P. (2002), Conventional wisdom is often misleading: police stress within an organisational health framework. In Dollard, M.F. and Winefield, H.R. (Eds) *Occupational Stress in Service Professions*. Taylor & Francis, London. 103-139.
- 70 McCreary, D.R. and Thompson, M.M. (2006). Development of two reliable and valid measures of stressors in policing: the operational and organizational police stress questionnaires, *International Journal of Stress Management*, 13(4), 494-518.
- 71 Shane, J.M. (2010). Organizational stressors and police performance. *Journal of Criminal Justice*, 38(4), 807-818.
- 72 Arnetz, B.B., Lucas, T., and Arnetz, J. (2011). Organizational climate, occupational stress, and employee mental health: Mediating effects of organizational efficiency. *Journal of Occupational and Environmental Medicine*, 53(1), 34-42.
- 73 Carr, J.Z., Schmidt, A.M., Ford, K. and DeShon, R.P. (2003). Climate perceptions matter: a meta analytic path analysis relating molar climate, cognitive and affective states, and individual work outcomes, *Journal of Applied Psychology*, 88(4), 605-619.
- 74 Bakker, A.B., and Demerouti, E. (2007). The Job-Demands Resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309-328. DOI: <https://doi.org/10.1108/02683940710733115>
- 75 Crawford, E.R., LePine, J.A. and Rich, B.L. (2010), 'Linking job demands and resources to employee engagement and burnout: a theoretical extension and meta analytic test'. *Journal of Applied Psychology*, 95 (5), 834-848.
- 76 Burke, R. J., and Mikkelsen, A. (2006). Burnout among Norwegian police officers: Potential antecedents and consequences. *International Journal of Stress Management*, 13(1), 64-83.
- 77 Kamkar et al. Dialogue Highlights from the LEPH2019 Panel on Police Mental Health and Well-Being.
- 78 Kirschman, E. (2007). *I love a Cop: What Police Families Need to Know*. 2nd edn. New York: The Guilford Press.
- 79 Karaffa, K. M. and Tochkov, K. (2013). Attitudes toward Seeking Mental Health Treatment among Law Enforcement Officers. *Applied Psychology in Criminal Justice*, 9(2), 75-99.
- 80 Bell, S. and Eski, Y. (2015). Break a Leg—It's all in the mind: Police officers' attitudes towards colleagues with mental health Issues. *Policing*, 10(2), 95.
- 81 The Police Federation. (2020). Hear 'Man Up', Think 'Man Down'. Available at: <https://www.polfed.org/campaigns/hear-man-up-think-man-down/hear-man-up-think-man-down-blog-by-belinda-goodwin/> (Accessed: 28 May 2020).

ENDNOTES

Understanding Moral Injury in Police Online Child Sex Crime Investigators

- 82 College of Policing. Responding to trauma in policing.
- 83 College of Policing. Responding to trauma in policing.
- 84 Smith and Osborn. Interpretative phenomenological analysis, 54.
- 85 Smith and Osborn. Interpretative phenomenological analysis, 53.
- 86 Shay. Moral injury.
- 87 Smith, J.A. (1995). Semi-structured interviewing and qualitative analysis. In J.A. Smith, R.Harré, R. and L. van Lagenhove (eds) *Rethinking Methods in Psychology*. London: Sage. 9-26.
- 88 Lee, P. (2018). *Reaper Force: Inside Britain's Drone Wars*. London: John Blake.
- 89 Smith, J. A., Flowers, P., and Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, UK: Sage.
- 90 Smith and Osborn. Interpretative phenomenological analysis.
- 91 Griffin et al. Moral injury: an integrative review.
- 92 Zięba, M., Wiecheć, K., Biegańska-Banaś, J., and Mieszczzenko-Kowszewicz, W. (2019). Coexistence of post-traumatic growth and post-traumatic depreciation in the aftermath of trauma: Qualitative and quantitative narrative analysis. *Frontiers in psychology*, 10, 687.
- 93 Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*, 7(26), 39-43.
- 94 Liotti, G. (2004). Trauma, dissociation, and disorganized attachment: Three strands of a single braid. *Psychotherapy: Theory, research, practice, training*, 41(4), 472.
- 95 Ehlers and Clark. A cognitive model of posttraumatic stress disorder.
- 96 Lepore. A social–cognitive processing model of emotional adjustment to cancer.
- 97 Center for Substance Abuse Treatment (2014). Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series, No. 57. Chapter 3, Understanding the Impact of Trauma. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207191/>.
- 98 Zeifman, D. M. (2001). An ethological analysis of human infant crying: answering Tinbergen's four questions. *Developmental Psychobiology: The Journal of the International Society for Developmental Psychobiology*, 39(4), 265-285.
- 99 Stallings, J., Fleming, A. S., Corter, C., Worthman, C., and Steiner, M. (2001). The effects of infant cries and odors on sympathy, cortisol, and autonomic responses in new mothers and nonpostpartum women. *Parenting*, 1(1-2), 71-100.
- 100 Shay. *Odysseus in America*.
- 101 Ehlers and Clark. A cognitive model of posttraumatic stress disorder.
- 102 College of Policing. Responding to trauma in policing.
- 103 Shay. *Odysseus in America*.
- 104 Paul and Moser. Incongruence as an explanation for the negative mental health effects of unemployment.
- 105 Luyten, P., Campbell, C., and Fonagy, P. (2020). Borderline personality disorder, complex trauma, and problems with self and identity: A social communicative approach. *Journal of Personality*, 88(1), 88-105.
- 106 Tapson, K., M., Doyle, Karagiannopoulos, V, and Lee, P. (2020). Understanding Moral injury in Police Online Child Sex Crime Investigators.

- 107 Ingram, R. E., and Luxton, D. D. (2005). Vulnerability-stress models. In Hankin, B. L. and Abela, J. R. Z. (eds) *Development of psychopathology: A vulnerability-stress perspective*. London: Sage. 32-46.
- 108 Paul and Moser. Incongruence as an explanation for the negative mental health effects of unemployment.
- 109 Iyamuremye, J.D., and Brysiewicz, P. (2015). The development of a model for dealing with secondary traumatic stress in mental health workers in Rwanda. *Health SA Gesonheid*, 20(1), 59-65.
- 110 Papazoglou, K. (2013). Conceptualizing police complex spiral trauma and its applications in the police field. *Traumatology*, 19(3), 196-209.
- 111 Oliffe, J. L., and Phillips, M. J. (2008). Men, depression and masculinities: A review and recommendations. *Journal of Men's Health*, 5(3), 194-202.
- 112 Lepore. A social–cognitive processing model of emotional adjustment to cancer.
- 113 Litz et al. Moral injury and moral repair in war veterans.
- 114 Drescher et al. An exploration of the viability and usefulness of the construct of moral injury in war veterans.
- 115 Lepore. A social–cognitive processing model of emotional adjustment to cancer.
- 116 Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. WW Norton & Co.
- 117 Shay and Munroe. Group and milieu therapy for veterans with complex posttraumatic stress disorder.
- 118 Litz and Kerig. Introduction to the special issue on moral injury.
- 119 Suliman, S., Mkabile, S. G., Fincham, D. S., Ahmed, R., Stein, D. J., and Seedat, S. (2009). Cumulative effect of multiple trauma on symptoms of posttraumatic stress disorder, anxiety, and depression in adolescents. *Comprehensive psychiatry*, 50(2), 121-127.
- 120 Grover, K. E., Carpenter, L. L., Price, L. H., Gagne, G. G., Mello, A. F., Mello, M. F., and Tyrka, A. R. (2007). The relationship between childhood abuse and adult personality disorder symptoms. *Journal of personality disorders*, 21(4), 442-447.
- 121 Arata, C. M. (2002). Child sexual abuse and sexual revictimization. *Clinical psychology: Science and practice*, 9(2), 135-164.

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