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**The impact, prevalence and factors associated with secondary trauma in police officers investigating child sexual abuse
a systematic review**

Key, Rebecca

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Volume I

SYSTEMATIC LITERATURE REVIEW & EMPIRICAL RESEARCH PROJECT

Rebecca Key

Thesis submitted in partial fulfilment of the degree of
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King's College London, Institute of Psychiatry, Psychology &
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Department of Psychology

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Systematic Literature Review

**The impact, prevalence and factors associated with
secondary trauma in police officers investigating child
sexual abuse: a systematic review**

**Supervised by Prof. Gail Gilchrist, Dr Rachel Falk and Dr
Danielle Jackson**

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Abstract

Background: Research indicates that indirect exposure to trauma can have a detrimental impact on professionals working within law enforcement, including the experience of secondary trauma. Police officers investigating child sexual abuse (CSA) are in regular contact with traumatic material, and therefore may be at an increased risk of experiencing this. This present review aimed to synthesise studies that have examined the impact of this type of work on police officers, including exploring levels of secondary trauma and associated risks and protective factors.

Method: A comprehensive search of Embase, Medline, Applied Social Sciences Index (ASSIA), The Published International Literature on Traumatic Stress (PILOTS), Criminal Justice database, PsycInfo and Web of Science was undertaken systematically to identify existing research exploring the impact of investigating CSA for police officers. Studies were assessed for eligibility and risk of bias according to established criteria.

Results: Of 2,590 titles, abstracts and full-texts assessed, 20 studies met the inclusion criteria. The majority of the included studies were of medium quality, and explored a range of psychological, social and physical consequences of investigating CSA. The level of secondary trauma in police officers ranged from none identified, to high, demonstrating that the evidence is far from conclusive. Associated factors of secondary trauma fed into several broad themes, these included: gender; personal history of trauma; years in profession; organisational support and stressors; coping strategies; exposure to CSA material and; personality.

Conclusions: It is essential that officers' psychological wellbeing is understood and supported so that the cumulative impact of listening to and witnessing traumatic information does not do lasting damage to their wellbeing. Although the results of this review would suggest that experiences of secondary traumatisation are a likely cost of caring for police officers investigating CSA, the question of how much and in what way appear far from answered. Conflicting findings from previous research suggest that a more nuanced and exploratory approach may help us to understand the experiences of police officers who are involved in CSA investigations. Clinical implications and future research recommendations are discussed.

1. Introduction

1.1 Police investigating CSA

Policing is not a homogeneous organisation and consists of a number of different ranks and roles. Working in specialist team's, investigative CSA is said to be one of the most psychologically challenging roles within policing (College of Policing, 2018). These teams frequently have contact with traumatised individuals and distressing situations. They conduct investigative interviews, which is a process used to help determine whether CSA has occurred, and also elicits detail in a manner that is suitable for court (Bonach & Heckert, 2012). It is also an area of policing that has experienced huge expansion over the last decade due to the growth of the internet and online CSA (Gray & Rydon-Grange, 2020). Within the UK, there has been five times more CSA offences reported to the police in the past five years, with an average of 200 per day now being reported (NSPCC, 2021). There are a number of factors which have been identified as potential drivers of this rise, including: greater awareness of CSA leading to increased reporting, improvements to recording processes and the rising use of the internet making it easier for potential sexual offenders to meet abused children (NSPCC, 2021). Since the outbreak of the COVID-19 pandemic, organisations have also been warning of the heightened risk of CSA (Children's Commissioner, 2020; UNICEF, 2020) and the NSPCC has reported an increase of CSA concerns in their Childline counselling sessions (NSPCC, 2020). There has been an increasing number of studies exploring the impact of investigating CSA, and the subsequent trauma police officers are exposed to in this role (MacEachern, Jindal-Snape and Jackson, 2011).

1.2 Trauma exposure and post-traumatic stress disorder

A traumatic event is defined as something that poses a threat of serious injury or death to oneself or others, and elicits feelings of intense fear, helplessness, or horror (National Institute of Mental Health [NIMH], 2020). Approximately 70% of people will experience at least one traumatic event in their lifetime (NIMH, 2017). It is thought that about 20% of these people will go on to develop post-traumatic stress 'disorder' (PTSD). PTSD is a condition triggered by exposure to stressful, frightening or distressing events. It can also be understood as a normal reaction to an abnormal event. PTSD is characterised by symptoms of re-experiencing, negative thoughts/feelings, avoidance and/or hyperarousal (American Psychiatric Association [APA], 2013). Estimates for incidence and prevalence of PTSD vary between countries, however for the UK it is

thought to affect approximately 3% of the adult population (Greenberg, Brooks & Dunn, 2015).

Following a traumatic event, the fact that only a small minority go on to develop PTSD raises questions about individual differences in psychological vulnerability. A number of factors have been found to increase the likelihood of PTSD, including gender (e.g. women are significantly more likely to develop PTSD than men; Olff et al, 2007), age (e.g. risk is highest during childhood to adolescence and sixty-five plus; Kessler et al., 2017), trauma type (e.g. highest PTSD risk thought to occur after traumas involving interpersonal violence; Liu et al., 2017) and cognitive factors (e.g. individuals who hold more negative beliefs prior to the trauma may be at a greater risk of developing persistent PTSD, due to the risk of beliefs being confirmed by the trauma; Foa et al., 1993).

1.3 Secondary trauma: an overview

In addition to direct exposure, it is now recognised that PTSD can develop in individuals who experience secondary (i.e. indirect) exposure to traumatic events. For example, by bearing witness to extreme and/or repeated aversive details of the trauma (Sage, Brooks & Greenberg, 2018). There are several key concepts that have been developed to describe the psychological effects that can be experienced by those in these circumstances, with the four most commonly recognised being compassion fatigue, secondary traumatic stress (STS), burnout and vicarious trauma.

1.3.1 Compassion fatigue

Compassion fatigue is a term that is used to describe the emotional impact of working with individuals who have been traumatised, including secondary trauma and burnout (Figley, 2002). Joinson (1992) first used the term compassion fatigue to describe a prevalent experience among professional caregivers such as nurses, physicians and mental health counsellors. The psychosocial and physiological symptoms of compassion fatigue are thought to parallel those of the traumatised individual the caregiver is working with. This can include avoiding reminders of the trauma, heightened irritability, sleep disturbances, quick temper, sadness, withdrawal, and task avoidance (Figley, 2002).

1.3.2 Secondary traumatic stress (STS)

STS (Figley, 1983) refers to the development of PTS(D) symptoms in a person close to the victim, and is caused by indirect exposure to traumatic material and subsequent identifying and empathising with the victim. STS symptoms include heightened states of arousal, intrusive thoughts or images, helplessness, loss of a sense of personal control and avoidance of thoughts or reminders of the person's traumatic experiences (Figley, 1995). Unlike compassion fatigue and burnout, secondary trauma is specific to individuals who treat traumatised populations. Rather than the cognitive changes described as occurring with vicarious traumatisation, characteristics of secondary trauma mirror those of PTSD (Bride, 2004).

1.3.3 Burnout

Burnout is the response that occurs as a result of prolonged exposure to demanding interpersonal situations (Maslach et al., 2001). Burnout is characterised by emotional and physical exhaustion, depersonalisation, and reduced personal accomplishment (Maslach et al., 2001). Recently, this syndrome has been recognised as an 'occupational disease' by being included in the International Classification of Diseases (ICD-11) of the World Health Organisation. Burnout can occur as a result of any occupational stress and is therefore not limited to occupations affected by indirect trauma (Sage, Brooks & Greenberg, 2018). The main distinguishing feature of burnout, is the emphasis on environmental and organisational stressors. This is opposed to psychological and emotional processes within the individual resulting from interactions with another (Turgoose & Maddox, 2017). Burnout is considered a symptom of STS, but STS is not a symptom of job burnout (Hensel et al, 2015).

1.3.4 Vicarious trauma

The concept of vicarious traumatisation was first introduced by McCann & Pearlman (1990). Vicarious traumatisation refers to the psychological changes - such as changes in cognitions, beliefs and assumptions about the self and others - that occur as a result of empathising with a traumatised individual (McCann & Pearlman, 1990). Theorists differentiate vicarious trauma from other processes related to professional's experiences of their client's trauma (e.g., compassion fatigue, secondary traumatic stress) in that vicarious trauma is characterised by a shift in intrapersonal processes (i.e., changes in trust, feelings of control, issues of intimacy, safety concerns, and intrusive imagery). In this sense, vicarious trauma is similar to STS, but individuals with vicarious trauma display only one subtype characteristic of PTSD, negative changes in beliefs and feelings (Hensel et al, 2015).

1.3.5 Secondary trauma: an umbrella term

Although there are some differences between concepts, there is also a potentially significant area of crossover, particularly between vicarious trauma, compassion fatigue and STS. These terms have to some degree become interchangeable (Perez et al., 2010; Shoji et al., 2015) and relate to what Figley (1995) described as the ‘cost of caring’, which he depicted as how an individual may absorb the emotional distress of the primary trauma survivor, and experience symptoms of a similar nature as a result of caring. Therefore, to ensure all literature exploring the psychological effects of observing trauma was captured, all concepts were included in the searches for this review. ‘Secondary trauma’ will be used as an umbrella term to describe all symptoms including STS, compassion fatigue, vicarious trauma and burnout.

It also feels important to note that, although indirect exposure to trauma is now explicitly accepted as a possibility to meet PTSD criteria, the literature available on the difference between direct and indirect trauma exposure is limited, in addition to the potential relevance of these categorisations and underlying processes involved (Zimering, 2006). These terms, however, have been increasingly adopted in studies involving police officers, particularly due to the accepted use of this language in a policing context (Seigfried-Spellar, 2018). These categorisations will therefore be referenced throughout.

1.4 Secondary trauma in police officers

Previous research has identified the presence of secondary trauma in several occupational groups who work regularly with victims of trauma. This has included clinicians such as doctors and nurses (Roden-Foreman et al., 2017; Mottaghi, Poursheikhali & Shameli, 2020), therapists and counsellors (Knight, 2004; Conrad and Kellar-Guenther, 2006), and social workers (Armes et al., 2020; Gil & Weinberg, 2015). Another occupational group that has received increasing scholarly interest in relation to secondary trauma experiences are police officers. Police officers are considered to be among the workers most exposed to acute and chronic stressful events (Maran, Zito & Colombo, 2020). There is also a high likelihood that police officers will experience repeated traumatic exposure in their role, which has been associated with an increased risk of developing mental health problems and represents a substantial public health concern (Syed et al, 2020). The prevalence of PTSD in police officers is reported to exceed twice that of the general population (20% vs 7%-9%) (Ménard & Arter, 2014), and is linked to outcomes such as poorer quality of life, cardiac deaths, substance misuse and suicide (Syed et al, 2020).

An increasing number of studies have explored secondary trauma experiences in professionals such as police officers. Greinacher et al (2019), for example, conducted a systematic review exploring prevalence rates and protective and risk factors of secondary traumatisation in first responders, including police officers. They discovered low levels of secondary traumatisation in first responders, with studies reporting levels between 4% and 13%. They also identified several protective and risk factors for secondary traumatisation. These included gender (e.g. female first responders showed higher STS symptoms than males), social support (e.g. lack of social support increased symptoms of STS), and exposure (e.g. increased exposure to traumatic material increased STS and CF). Sage, Brooks & Greenburg (2017) also conducted a systematic review identifying risk and protective factors for secondary trauma in employees working with children, including police officers. Unlike Greinacher et al (2019), they found no association between exposure to trauma and risk of STS. Possible reasons for this difference include the study designs included in the reviews, the definition of “trauma exposure” and the types of professional roles included. Similar to Greinacher et al (2019), Sage, Brooks & Greenburg (2017) found that younger employees and women were at increased risk of developing STS compared with older employees and men. They also identified personality factors such as disturbances of relational capacity and a sense of being out of control as associated with a higher risk of developing STS (Sage, Brooks & Greenburg, 2017).

Foley, Hassat & Williams (2021) recently undertook a review of secondary trauma and PTSD in policing within the UK. They included studies involving police officers who work in terrorist incidents, mass disasters, general policing duties and those working in rape and child abuse investigations. They found that the studies relating to secondary trauma had results which appeared lower than the authors expected, with only four studies showing signs of psychological trauma (Brewin et al., 2020; Brown et al., 1999; Hurrell et al., 2018; Parkes et al., 2018). They argued that the impact of police culture, which may still struggle to accept expressions of distress from its employees, explains their findings. Foley, Hassat & Williams (2021) also identified the following factors as important to mediate the impact of trauma; humour within the role, being mentally prepared through raising awareness, education or training and the positive aspects of the role. They concluded that the prevalence and experience of secondary trauma in UK policing is still not well understood, and that the stigma associated with officers seeking help was a huge factor impacting help-seeking behaviours. They also highlighted the need to look further afield than UK research, as this may help to provide valuable insight into trauma in policing.

There is a growing body of literature that has provided insight into the challenges of police officers investigating CSA and the potential for a police officer involved in these investigations to experience secondary trauma (MacEachern, Jindal-Snape and Jackson, 2011). Several studies have highlighted cognitive, behavioural and affective changes for police officers in these positions. These range from desensitisation to hypervigilance and changes in relationships with others (Bourke and Craun, 2014; Burns et al., 2008; Burruss et al., 2018; Krause, 2009; Parkes, Graham-Kevan and Bryce, 2019). Studies have also identified a range of potential associated factors e.g. gender (Brady, 2016) organisational support (Fortune, Rooney & Kirwan, 2018) and tenure (Tehrani (2018). Findings, however, have been mixed and often shown lower than expected levels of secondary trauma experiences.

1.5 Rationale

Secondary trauma can be significantly associated with the wellbeing of the helping professional (Lizano, 2015; Verheyden et al., 2021). On an organisational and societal level, it can also lead to increased staff turnover, reduced effectiveness, reduced care and poorer client outcomes (Bride Jones, & MacMaster 2007; Meyers & Cornille, 2002). Police officers investigating CSA offences may be one group of professionals who are at increased risk of experiencing secondary trauma and other aversive effects as a result of their work (MacEachern, Jindal-Snape and Jackson, 2011). The increasing number of police officers employed in these roles, the level of trauma that this profession may be exposed to and the potential impact this could have, justify the need to provide a comprehensive overview of the impact, associated risks and implications.

This review aimed to increase understanding of the experiences and coping strategies of police officers investigating CSA, to help inform future practice and support officers to manage the impact of trauma and mitigate distress at work.

1.6 Aims of review

The aim of this review was to explore the impact, prevalence and factors associated with secondary trauma among police officers investigating CSA within a global context. The review explored the following questions:

1. What is the potential impact (physical, psychological or social) on police officers investigating CSA?
2. What is the prevalence of secondary trauma present in police officers investigating CSA?
3. What are the factors (risk and protective) associated with secondary trauma for police officers investigating CSA?

2. Method

A systematic search of primary research studies was conducted according to the PRISMA guidelines (the Preferred Reporting Items for Systematic Reviews and Meta-Analyses; Moher, Liberati, Tetzlaff, Altman, & The Prisma Group, 2009). The review protocol was registered with the International Prospective Register of Systematic Reviews (CRD42020188578).

2.1 Search strategy

The following seven databases were searched for relevant studies published in English from January 1990 to June 2020: Embase, Medline, Applied Social Sciences Index (ASSIA), The Published International Literature on Traumatic Stress (PILOTS), Criminal Justice database, PsycInfo and Web of Science. Search strategies were developed comprising keywords related to:

1. Police (including “law enforce*”, “detective”, “investigator*”, “officer”) AND
2. Child sexual abuse (including “indecent images of child*”, “child pornography”, “child exploitation”, “child sex* violence*”) AND
3. Impact (including “secondary trauma*”, “vicarious trauma*”, “PTSD”, “compassion fatigue”, “burnout”, “mental health”, “wellbeing”)

A full search strategy is presented in Appendix 1. The reference lists of retrieved manuscripts were then forward and backward searched to identify any additional studies, which were in turn retrieved and screened according to the inclusion criteria.

2.2 Eligibility

2.2.1 Inclusion criteria

Primary studies were included in the review if they met the following criteria:

- Studies explored the impact (including secondary trauma) of investigating CSA for police personnel
- The sample were police personnel, or data were presented separately for police
- Studies published during 1990-2019 (the terms ‘vicarious trauma’ and secondary trauma’ were first coined in the early 1990)

- Qualitative studies, randomised controlled trials, quasi-randomised controlled trials, non-randomised controlled trials, prospective cohort studies, retrospective cohort studies or case-control studies
- English language publications
- Peer-reviewed publications

2.2.2 Exclusion criteria

Grey literature (e.g. book chapters, presentations or thesis) and reviews were excluded.

2.3 Study selection

After removing duplicates, titles and abstracts were assessed against the inclusion criteria. RK and GG independently screened titles and abstracts of all studies against the inclusion criteria. A 'strong' level of agreement was found between the two reviewers ($\kappa = .855$, $p < 0.001$). Any discrepancies were resolved through discussion.

RK and KW then independently assessed all potentially eligible full-text manuscripts against eligibility criteria. Cohen's κ was performed and a 'strong' level of agreement was found ($\kappa = .792$, $p < 0.001$). Disagreements were resolved through consensus and/or discussion with a third reviewer (GG).

2.4 Data extraction

Data were extracted from each study using an excel spreadsheet including the following information: the author's names, publication date, location of study, study design, sample size, sample characteristics, description of aims and main findings. Data extraction was conducted by RK, and a sample of four manuscripts were reviewed by KW.

2.5 Methodological quality of included studies

The quality of the selected studies was assessed independently by RK using the Mixed Methods Appraisal Tool (MMAT) version 2018 (Hong et al, 2018). A subset of four

manuscripts were also independently assessed by GG and responses compared. Any discrepancies among quality ratings were discussed and resolved.

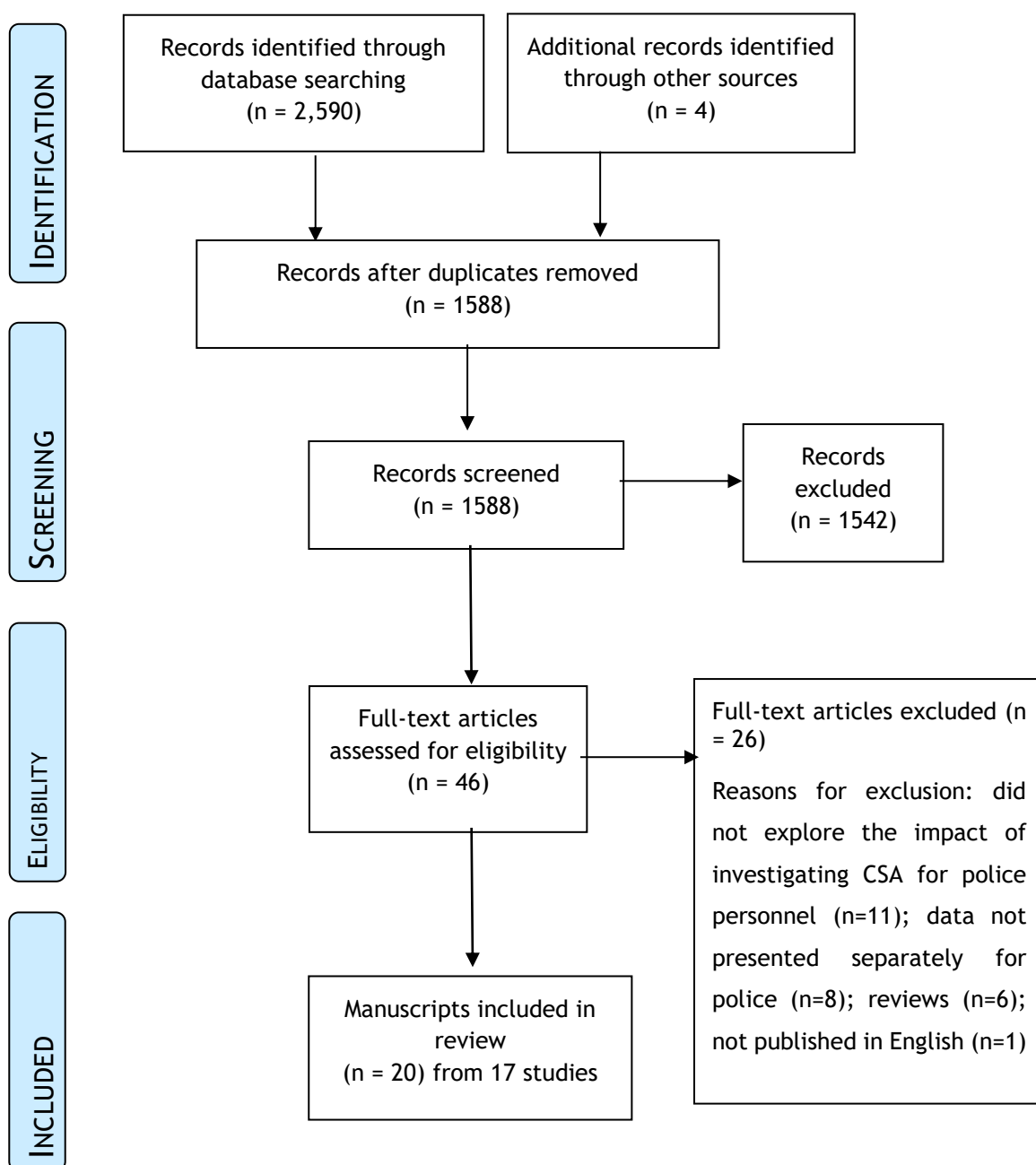
The MMAT was developed to evaluate the quality of qualitative, quantitative (randomised controlled, non-randomised and quantitative descriptive), and mixed-method studies using two screening questions and four methodological criteria. The tool assesses the appropriateness of the aim of the study, adequacy and methodology, study design, participant recruitment, data collection, data analysis, presentation of findings, authors' discussions, and conclusions. In the revised MMAT (2018), the authors discourage the use of an overall numerical score to reflect the quality of the studies. Instead, they proposed that a detailed presentation of the ratings of the criteria should be provided, to reflect the quality of the included studies (Hong et al, 2018). The assessment is made against five criteria, scored as either 'Yes,' 'No' or 'Can't tell' (i.e. there is insufficient information in the paper). For ease of discussion, in this review the studies were ranked as either high (all criteria met), medium (four out of five criteria met) or low (three or less criteria met) (Wong, Mavondo & Fisher, 2020).

3. Results

3.1 Overview

The electronic search yielded 2,590 records. Once duplicates were removed, 1,588 records remained for initial screening of title and abstract. A further four manuscripts were identified through hand screening the reference lists of eligible manuscripts (Figure 1). In total, 1,542 abstracts were excluded as they did not meet eligibility criteria and 46 abstracts were selected for full-text assessment against the eligibility criteria. Twenty-six manuscripts were excluded as they 1) were reviews (n=6), 2) did not present findings separately for police personnel (n=8), 3) did not explore the impact of investigating CSA for police personnel (n=11) and were not published in English language (n=1). A total of 20 manuscripts, representing 17 studies, were included in the review.

Figure 1: PRISMA Flow diagram of study selection



3.2 Study characteristics

The studies were published between 1994 and 2018. Twelve studies used a descriptive cross-sectional design (Bourke & Craun, 2014; Brady, 2017; Burruss, Holt & Wall-Parker, 2018; Craun & Bourke, 2015; Craun, Bourke & Coulso, 2015; Follette, Polusny, & Milbeck, 1994; Hurrell, Draycott & Andrews, 2018; Lane et al., 2010; Powell & Tomin, 2011; Seigfried-Spella, 2018; Tehrani, 2016; Tehrani, 2018), six studies used qualitative methods (Burns et al., 2008; Fortune, Rooney & Kirwan, 2018; Wright, Powell & Ridge, 2006; Powell et al., 2014a; Powell et al., 2014b; Powell et al., 2015) and two studies used an analytic cross-sectional design (Bourke & Craun, 2014b; Tomin et al., 2015).

The majority of studies were conducted in the USA ($n = 9$). The remaining studies were conducted in Australia ($n = 6$), the UK ($n = 3$), Ireland ($n = 1$) and Canada ($n = 1$). One study was also conducted internationally in both the UK and the USA (Bourke & Craun, 2014b). A total of 5,343 participants were included in the included studies, with qualitative study samples ranging from 5 - 32 and quantitative samples ranging from 28 - 2,289. The mean age of participants was 45.3 years and there were proportionately more male participants than females. Although not explicitly stated, there appeared to be two samples that were used multiple times to investigate different data across the publications. Therefore, although 20 manuscripts were included, the present review is founded on 17 studies. Two studies also involved other participants in addition to police personnel (Follete, Polusny, and Milbeck, 1994 & Tomin et al., 2015). The sample descriptions in Table 1 present data from police personnel participants only.

Table 1: Study characteristics

Author(s) & Date	Country	Study design	Sample Characteristics				Measures	Description of aims	Main Findings	Quality rating
			Population and Total N	Mean Age (SD), Age range	Gender (%)	Ethnicity (%)				
Follette, Polusny, and Milbeck (1994)	USA	DCS	87 PO's	40 (6.81), NR	M = 89 F = 11	NR	*TSC-40 *LERQ	Assessed past trauma experiences, exposure to traumatic client material	The LE group differed to the therapist group in their reports of and STS symptoms. There was some evidence that LE professionals with a history of child abuse reported significantly higher levels of symptoms of STS	Medium
Wright, Powell & Ridge (2006)	Australia	Interview-based qualitative	25 PO's	NR (NR), NR	M = 56 F = 44	NR	-	Explored PO's perceptions of the daily challenges involved in child abuse investigation	Heavy caseload and collaboration with other professional groups were two key sources of negative work stress. Officers tended to rely on informal coping mechanisms rather than organisational strategies	Medium
Burns et al. (2008)	Canada	Interview-based qualitative	14 ICE team members	40.07 (8.65), 25 - 52	M= 74 F = 26	NR	-	Explored how ICE investigators described the impact of their work and what helps and hinders coping	Organizational/personal strategies that help ICE investigators included supervision, humour and compartmentalisation. Intrusive thoughts/images were associated with ICE work	Low

Author(s) & Date	Country	Study design	Sample Characteristics				Measures	Description of aims	Main Findings	Quality rating
			Population and Total N	Mean Age (SD), Age range	Gender (%)	Ethnicity (%)				
Lane, Lating, Lowry & Martino (2010)	USA	DCS	47 detectives	37.7 (7.5), 27 - 60	M = 66 F = 34	Caucasian = 85 African-American = 9 Hispanic = 4 Other = 2	*PCL *ProQOL *BHM-20 *POAMS-LF	Explored the effects of CF, probable PTSD symptoms, and relationship satisfaction variables investigating CSA	Probable PTSD symptoms were related to both higher burnout and fatigue scores; however, only two participants scored above the suggested cut-off total score.	Low
Powell & Tomin (2011)	Australia	DCS	214 PO's	NR (NR), NR	M = 40 F = 60	NR	-	Explored levels of life satisfaction amongst CSA investigators	Mean life satisfaction score of PO's was within the expected adult normative range. The overall incidence of low life satisfaction (1.9%) was not significantly different from the general population (4.3 per cent).	Medium
Bourke & Craun (2014a)	USA & UK	ACS	UK: 288 ICAC investigators USA: 677 ICAC investigators	UK NR (NR), NR USA NR (NR), NR	UK M = 66 F = 44 USA M = 73 F = 27	UK NR USA White/Caucasian = 80.1 Latino/Hispanic = 4.1% African American = 1.7 Asian = 0.7	*STSS *COPE	Explored how attempts to cope with STS vary between investigators in the USA and their counterparts in the UK	Personnel working child exploitation cases in the UK had lower STS than those in the USA. Coping through denial and an increase in alcohol use in the previous year were associated with higher STS scores in both U.K. and U.S. personnel.	Low

Author(s) & Date	Country	Study design	Sample Characteristics				Measures	Description of aims	Main Findings	Quality rating
			Population and Total N	Mean Age (SD), Age range	Gender (%)	Ethnicity (%)				
Bourke & Craun (2014b)	USA	DCS	677 ICAC investigators	NR (NR), NR	M = 73 F = 27	White/Caucasian = 80.1 Latino/Hispanic = 4.1% African American = 1.7 Asian = 0.7	*STSS *COPE *IPAQ *MC-SDS (SF)	Investigate risk and coping strategies for STS among ICAC personnel.	The majority of ICAC personnel were categorized at mild severity of STS or lower. 15.3% of respondents scored in the severe range of STS.	Low
Powell et al (2014a)	Australia	Interview-based qualitative	32 PO's	NR (NR), NR	M = 59 F = 31	NR	-	Explored the lived experience of ICE investigators with a focus on coping-related strategies.	Participants reported to be coping with ICE investigation. 30 indicated that ICE work was not currently having a negative impact on their mental health.	Medium
Powell et al (2014b)	Australia	Interview-based qualitative	32 PO's	NR (NR), NR	M = 59 F = 31	NR	-	Explored PO's perceptions of the challenges and work stressors of working in ICE investigation.	Viewing ICE material was not perceived to be a major stressor of ICE investigation. Rather, the challenges related to three areas; work relationships, workload and resources and the physical environment	Medium

Author(s) & Date	Country	Study design	Sample Characteristics				Measures	Description of aims	Main Findings	Quality rating
			Population and Total N	Mean Age (SD), Age range	Gender (%)	Ethnicity (%)				
Craun & Bourke (2015)	USA	DCS	350 ICAC investigators	NR (NR), NR	M = 73 F = 37	White = 74	*STSS *COPE *MC-SDS (SF) *Four-point Likert scale measuring frequency of types of humour	Explored how three types of humour relate to STS	Humour at the expense of victims was rarely used, but when it was, it was indicative of higher STS. There were no relationships between STS and the use of humour at the expense of offenders or humour containing sexual innuendo.	Low
Craun, Bourke & Coulson (2015)	USA	DCS	677 ICAC investigators	NR (NR), NR	M = 66 F = 25	White/Caucasian = 80.1 Latino/Hispanic = 4.1% African American = 1.7 Asian = 0.7	*STSS *COPE *MC-SDS (SF)	Explored how ICAC personnel described the impact of their work on their families and how these self-reports were tied to STS scores	Those who described their job as positively affecting their relationships had lower STS scores than those who did not. Those who reported marital difficulties, and withdrawing from friends/family had significantly higher levels of STS.	Low
Powell et al (2015)	Australia	Interview-based qualitative	32 PO's	NR (NR), NR	M = 59 F = 31	NR	-	Exploring ICE investigators' perceptions of, and reactions to, viewing CEM	Results revealed that ICE investigators experience salient emotional, cognitive, social and behavioural consequences due to viewing ICE material and their reactions can be short and long term.	Medium

Author(s) & Date	Country	Study design	Sample Characteristics				Measures	Description of aims	Main Findings	Quality rating
			Population and Total N	Mean Age (SD), Age range	Gender (%)	Ethnicity (%)				
*Tomyn et al (2015)	Australia	ACS	139 ICE investigators	38 (7.49), 24 - 58	M = 62 F = 37	NR	*PWI	Examined the subjective wellbeing of ICE investigators by comparing them to both non-ICE police officers and a mainstream adult sample	Results indicated that ICE investigators are coping well with the challenges they face in their daily work.	Medium
Tehrani, N. (2016)	UK	DCS	126 ICAI	NR (NR), NR	M = 60 F = 40	NR	*ProQOL *IES *EPQ (SF)	Examined the role of gender and personality on the development of STS responses in ICAIs	Higher incidences of STS were found in investigators who were female (7%) than men (4%), and those who scored as introverted and neurotic. Women were more than twice as likely to experience anxiety and depression compared with male colleagues.	Low
Brady (2017)	USA	DCS	433 ICA personnel	NR (NR), NR	M = 72 F = 28	White = 92 Non-White = 9	*ProQOL	Exploring the impact of individual and work-related factors associated with the risk of STS, burnout, and compassion satisfaction in ICAC personnel	Nearly one in four exhibited low compassion satisfaction and high levels of STS and burnout. Work-related risk factors such as frequent indirect exposure to disturbing materials and low organisational support were associated with higher STS and burnout	Medium

Author(s) & Date	Country	Study design	Sample Characteristics				Measures	Description of aims	Main Findings	Quality rating
			Population and Total N	Mean Age (SD), Age range	Gender (%)	Ethnicity (%)				
Burruss, Holt & Wall-Parker (2018)	USA	DCS	360 LE	NR (NR), NR	M = NR F = NR	NR	*STSS *MBI	Examined the experiences of VT and coping behaviours of digital forensic examiners.	More exposure to materials involving CAC increased reported levels of ST and coping behaviours through ST.	Low
Fortune, Rooney & Kirwan (2018)	Ireland/ international	Interview-based qualitative	5 LE	NR (NR, 38 - 54	M = 80 F = 20	NR	-	Explored key stressors associated with individuals who are exposed to CEM	Investigators experienced stress to varying extents. Over time, stress in response to exposure to the material reduced for all participants	Medium
Hurrell, Draycott & Andrews (2018)	UK	DCS	101 CAIU PO's	41.5 (NR), NR	M = 42 F = 58	White British = 96 White Irish = 1 White Gypsy = 1 White other = 1 Australian = 1	*STSS *HADS *COPE	Exploring STS in police officers investigating CSA	34.6% of the sample were meeting criteria for STS, with 8.9% falling in the "severe" range. 11.9% met criterion for anxiety and 5.9% met "caseness" for depression	Low
*Seigfried-Spella (2018)	USA	DCS	129 LE	41.5 (7.9), 25 - 54	M = 81 F = 19	White = 89 Hispanic = 7 Black = 2 Asian = 2	*PCL-C	Compared, amongst other factors, the psychological wellbeing, of individuals working as either digital forensic examiners and/or investigators of	Individuals performing both duties scored significantly higher on STS, higher on feelings of worthlessness, and lower on concentration compared to digital forensic examiners-only	Low

Author(s) & Date	Country	Study design	Sample Characteristics				Measures	Description of aims	Main Findings	Quality rating
			Population and Total N	Mean Age (SD), Age range	Gender (%)	Ethnicity (%)				
								child pornography cases		
Tehrani, N. (2018)	UK	DCS	2289 CAI's	39 (NR), NR	F = 56 M = 44	NR	*GADS *ProQoL *IES	Explored the effects of certain factors (e.g. tenure, and gender) on symptoms of anxiety, depression and primary/secondary trauma in CAIs.	A statistically significant relationship was found between anxiety, depression and STS and workability, between time in role and primary trauma and between anxiety, depression, primary trauma and workability and ACE scored.	High

Abbreviations: ACE, adverse childhood experiences; DCS, descriptive cross-sectional; Child abuse investigators; LE, law enforcement; NR, not reported; CEM, child exploitation material; ICAIs, Internet child abuse investigators; STS, secondary traumatic stress; STSD, secondary traumatic stress disorder; ICAC, internet crimes against child; ICE, Internet child exploitation; LERQ, Law Enforcement Response Questionnaire; TSC-40, Trauma Symptom Checklist-40; NA, not applicable; PLC, the PTSD checklist; ProQOL, Professional Quality of Life; BHM-20, Behavioural Health Measure; POAMS-LF, Psychotherapy Outcome Assessment and Monitoring System Life Functioning Subscale; STSS, Secondary Traumatic Stress Scale; MBI-GS, Maslach Burnout Inventory - General Survey; IPAQ, International Physical Activity Questionnaire; MC-SDS (SF), Marlowe-Crowne Social Desirability Scale - short form; IES, Impact of Events Scale-E; EPQ (SF), Eysenck Personality Questionnaire - short form; MBI, Maslach Burnout Inventory; HADS, Hospital anxiety and depression scale; PCL-C, PTSD Checklist-Civilian Version; GADS, Goldberg Anxiety and Depression Scale

3.3 Quality assessment

All manuscripts met criteria for quality assessment (n=20). For a summary of the quality of each included study by each criterion of the MMAT, see Table 1, Table 2, and Table 3.

Only one qualitative study received a low rating (Burns et al., 2008), due to only providing a small number of supporting quotes and not attributing these to any participants. The other five qualitative studies received a medium rating (Wright, Powell & Ridge, 2006; Powell et al., 2014a; Powell et al., 2014b; Powell et al., 2015; Fortune, Rooney & Kirwan, 2018;). The most common limitation of these studies was that they did not attribute quotes to their participants, and therefore it was not possible to tell if the findings were adequately derived from the data.

Ten quantitative studies received a low rating (Bourke & Craune, 2014a; Bourke & Craune, 2014b; Brady, 2017; Craun & Bourke, 2015; Craun, Bourke & Coulso, 2015; Burruss, Holt & Wall-Parker, 2017; Tehrani, 2016; Lane et al., 2010; Seigfried-Spella, 2018; Hurrell, Draycott & Andrews, 2018), three received a medium rating (Follette, Polusny & Milbeck, 1994; Powell & Tomin, 2011; Tomin et al., 2015) and just one received a high rating (Tehrani., 2018). The most common limitation of the quantitative studies was that they did not report the following: response rates, why eligible individuals choose not to take part in the study and whether respondents and non-respondents differed on variables of interest (e.g. age, ethnicity, length of service etc.) It was therefore not possible to determine if the sample was representative of the target population, or if the risk of non-response bias was low. It is also worth noting that all quantitative studies were cross-sectional in design, and therefore were not able to capture any change over time.

Table 2: Quality assessment for qualitative studies

	<u>Qualitative Studies</u>				
First author, Year	Is the qualitative approach appropriate to answer the research question?	Are the qualitative data collection methods adequate to address the research question?	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?	Is there coherence between qualitative data sources, collection, analysis and interpretation?
Fortune (2018)	Yes	No	Yes	Yes	Yes
Burns (2008)	Yes	Yes	Can't tell	No	Yes
Wright (2006)	Yes	Yes	Can't tell	Yes	Yes
Powell (2014a)	Yes	Yes	Can't tell	Yes	Yes
Powell (2014b)	Yes	Yes	Can't tell	Yes	Yes
Powell (2015)	Yes	Yes	Can't tell	Yes	Yes

Table 3: Quality assessment for quantitative descriptive studies

	<u>Quantitative Descriptive Studies</u>				
First Author, Year	Is the sampling strategy relevant to address the research question?	Is the sample representative of the target population?	Are the measurements appropriate?	Is the risk of nonresponse bias low?	Is the statistical analysis appropriate to answer the research question?
Bourke (2014a)	Yes	Can't tell	Yes	Can't tell	Yes
Follette (1994)	Yes	Can't tell	Yes	Yes	Yes
Powell (2011)	Yes	Can't tell	Yes	Yes	Yes
Brady (2017)	Yes	Can't tell	Yes	Can't tell	Yes
Craun (2015)	Yes	Can't tell	Yes	Can't tell	Yes
Craun (2015)	Yes	Can't tell	Yes	Can't tell	Yes
Burruss (2017)	Yes	Can't tell	Yes	Can't tell	Yes
Tehrani (2018)	Yes	Yes	Yes	Yes	Yes
Tehrani (2016)	Yes	Can't tell	Yes	Can't tell	Yes
Lane (2010)	Yes	Can't tell	Yes	Can't tell	Yes
Siegfried-speller (2018)	Yes	Can't tell	Yes	Can't tell	Yes
Hurrell (2018)	Yes	No	Yes	Can't tell	No

Table 4: Quality assessment for non-randomised studies

	<u>Non-Randomised Studies</u>				
First Author, Year	Are the participants representative of the target population?	Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Are there complete outcome data?	Are the confounders accounted for in the design and analysis?	During the study period, is the intervention administered (or exposure occurred) as intended?
Bourke (2014b)	Yes	Can't tell	Yes	Can't tell	Yes
Tomyn (2015)	Can't tell	Yes	Yes	Yes	Yes

3.4 Analysis

Heterogeneity in study methodology and populations precluded formal meta-analysis. Therefore, a narrative synthesis of the potential impact, extent and factors associated with secondary trauma in police officers investigating CSA will be presented (Popay et al., 2006). Included studies were coded and then organised into themes formed through research question similarities.

3.5 Summary of findings

Findings have been organised into three themes; The impact of investigating CSA on police officers; Prevalence of secondary trauma and; Risk and protective factors for secondary trauma, and fourteen subthemes (Table 5).

Table 5: Themes and subthemes

Themes	Subthemes
The impact of investigating CSA on police officers	Social wellbeing
	Physical wellbeing
	Psychological wellbeing
Prevalence of secondary trauma	STS
	Vicarious trauma
	Burnout
	Compassion fatigue
Risk and protective factors for secondary trauma	Gender
	Personal history of trauma
	Years in profession
	Organisational support and stressors
	Coping strategies
	Exposure to CSA material
	Personality

3.5.1 Theme 1. the impact of investigating CSA on police officers

All twenty-one studies explored the potential impact of investigating CSA on police officers. The perceived outcomes and magnitude of this impact varied considerably between studies.

3.5.1.1 Social wellbeing

Four studies explored the association between investigating CSA and the social wellbeing of police officers (Burns et al, 2008; Craun, Bourke & Coulson, 2015; Powell et al, 2015; Lane et al., 2010). These studies produced conflicting findings. While three studies (Burns et al., 2008; Powell et al, 2015; Lane et al., 2010) reported increased difficulties in relationships with others, feelings of increased isolation/withdrawal, increased protectiveness towards children, reduced interest in intimacy, reduced sexual enjoyment and increased irritability; Craun, Bourke & Coulson (2015) reported that the most frequent response from participants was that they perceived there to be no impact on their relationships. Interestingly, 35% of their sample left this open-ended

question blank, suggesting that the true number of participants experiencing an impact on their relationships may be higher.

3.5.1.2 Psychological wellbeing

Seven studies referred to the association between police officers' mental and emotional wellbeing and investigating CSA offences (Powell et al., 2014a; Fortune, Rooney & Kirwan, 2018; Bourke & Craun, 2014a; Hurrell et al., 2018; Tehrani et al, 2016; Tomy et al., 2015; Powell et al, 2015). Again, these studies produced conflicting findings. Participants identified emotions such as initial shock, anger and frustration at the content of their work, with some also reporting experiences of intrusive thoughts and flashbacks (Fortune, Rooney & Kirwan, 2018; Powell et al, 2015). Several studies also made reference to participants' changes in beliefs regarding themselves, others and the world, for example, increased cynicism, greater distrust of others and viewing the world as dangerous (Fortune, Rooney & Kirwan, 2018; Bourke & Craun, 2014a; Hurrell et al., 2018; Tehrani et al, 2016).

In spite of these findings, Powell et al (2014a) reported that of the 32 participants in their sample, 30 indicated that internet child exploitation (ICE) work was not currently having a negative impact on their mental health. In further analysis from the same study, Powell et al (2015) also concluded that the majority of their participants reported that ICE investigation did not pose any greater risk of harm compared to policing in general. Tomy et al. (2015) also found that the mean subjective wellbeing for the sample of ICE investigators was higher than the Australian adult normative range. They concluded that police officers who work in ICE investigations have a higher-than normative level of subjective wellbeing.

The extent to which participants met criterion for psychological diagnoses was mixed. Hurrell et al. (2018) found 35% of police officers in their sample meet the criteria for PTSD, with 12% meeting the criteria for anxiety and 6% meeting the criteria for depression. Lane et al (2010), however, found that only two officers in their sample (4%) reported a level of symptoms that would meet criteria for PTSD. Tehrani et al (2016) found similarly low levels of PTSD symptoms (0% for males, 4% for females). One reason for the difference in levels of PTSD may be the type of police personnel who were recruited. For example, Tehrani et al (2016) recruited from police forces that had specifically introduced mandatory psychological screening and support for their teams, which may have improved participant's experiences at work and therefore lessened the impact of second-hand trauma exposure. Lane et al (2010) recruited from a conference where detectives were away from their daily occupational stressors, perhaps decreasing the level of impact felt by participants. It may also be that the

type of officer who attends a conference may not be representative of all officers. On the other hand, Hurrell et al. (2018) recruited from multiple police forces across the UK, and therefore may have achieved a more accurate representation of the psychological impact of investigating CSA on police officers.

A number of studies also measured levels of secondary trauma (including STS, vicarious trauma, compassion fatigue and burnout) however these will be explored in theme 2.

3.5.1.3 Physical wellbeing

Only two studies referred to the association between the physical wellbeing of police officers and investigating CSA (Fortune, Rooney & Kirwan, 2018; Burns et al, 2008). Physical symptoms they attributed to distress from conducting CSA investigations included headaches, extreme fatigue and vomiting. One study (Burns et al., 2008) reported that these reactions often prevented officers from engaging in their normal activities outside of work. It also left some feeling that they were unable to fulfil their responsibilities to friends and family.

3.5.1.4 Summary

Interestingly, although most studies identified some level of association between this type of work and police officers wellbeing, several concluded that this was low level and mostly related to work pressures and lack of resources, rather than the impact of trauma related work (Powell et al, 2014a; Powell et al, 2015; Tehrani et al, 2016; Lane et al, 2010; Tomin et al., 2015).

There are a number of possible reasons why studies produced varying results. These studies were conducted across several countries, and therefore it may be possible that cultural and geographical factors influence the way in which police personnel experience their job. It is also possible that quality of studies impacted the conclusions drawn. When comparing study quality, however, there does not appear to be a pattern with regard to studies that identified physical, social and psychological changes in police officers investigating CSA, compared to those studies that did not. Samples also varied greatly in regard to size, organisational support, demographics and policing job role, which may all have an impact. For example, the studies that identified low or no association between investigating CSA and police officer wellbeing (Powell et al.a, 2014; Powell et al., 2015; Tomin et al., 2015) had samples consisting mainly of digital forensic examiners. Although further research is needed to develop our understanding of the differences between direct and indirect trauma exposure, indirect exposure, as defined by the research (i.e. investigative interviewers), were found to associated with

higher levels of distress compared to indirect exposure (Brady, 2017; Seigfried-Spellar, 2018).

3.5.2 Theme 2. Prevalence of secondary trauma

Thirteen studies included information concerning the level of secondary trauma (STS, vicarious trauma, burnout and compassion fatigue) experienced by police officers investigating CSA (Hurrell, Draycott & Andrews, 2018; Brady, 2017; Seigfried-Spellar, 2018; Bourke & Craun, 2014a; Craun, Bourke & Coulson, 2015; Bourke & Craun, 2014b; Tehrani, 2016; Craun & Bourke, 2015; Tehrani, 2018; Burruss, Holt & Wall-Parker, 2018; Follette et al., 1994; Lane et al., 2010; Wright et al., 2006). Irrespective of the definition, all but one study found evidence of secondary trauma amongst their samples, although the level of this varied considerably. Whilst the majority of these studies measured levels of STS (n=12), two studies measured levels of burnout (Tehrani, 2016; Lane et al., 2010), one measured levels of vicarious trauma (Lane et al., 2010) and one measured levels of compassion fatigue (Wright et al., 2006).

3.5.2 1 Secondary traumatic stress

The way in which STS scores were measured and recorded differed between studies and therefore statistical comparisons of the data were not possible. For example, measurements included the Secondary Traumatic Stress Scale (STSS) (Bride et al., 2004), the Professional Quality of Life scale (ProQoL) (Stamm, 2010) and the Trauma Symptom Checklist-40 (TSC-40) (Elliot & Briere, 1992). Studies also differed in the way in which they presented the results, for example through mean summed scores, mean question scores and overall percentages.

For studies that reported percentages, the level of STS ranged considerably from 4% to 76.3%. Brady (2017) found that 24.8% and 51.5% were at high or moderate risk respectively of STS in their sample of 443 child exploitation investigators. Similarly, Hurrell, Draycott & Andrews (2018) found that 34.6% of their sample of 101 police officers investigating CSA were experiencing STS. Within this, they identified 9% of their sample as experiencing “severe” STS. Seigfried-Spellar (2018) compared the wellbeing of Law Enforcement Investigators and Digital Forensic Examiners of Child Pornography Investigations. Of the 38 individuals performing both duties, 16 (42%) classified as “positive” for PTSD/STS, compared to 16 (22%) for the investigators-only and 6 (30%) for the examiners-only, suggesting that those who undertake both roles are more at risk of secondary trauma symptoms. Bourke & Craun, (2014a) and Craun, Bourke & Coulson (2015) found that 15.3% of respondents scored in the severe range

for STS in their sample of 677 Internet Crimes Against Children Task Force (ICAC) personnel. 9.8% scored in the high range and 18.6% in the moderate range. Bourke & Craun (2014b) appeared to use the same sample to conduct their research comparing rates of STS between UK and USA police personnel investigating child exploitation. Comparing their data to that of 288 UK officers, they found that personnel working child exploitation cases in the UK had lower STS (10.4% experiencing severe STS) than those in the United States. The authors concluded the underlying construct or reasoning behind this difference is not understood, and further work is needed to determine if findings can be replicated and clarified.

Tehrani (2016) found the lowest percentage levels of STS amongst studies, with only 4% of men and 7% of women reporting clinical levels of STS. One reason for this difference may be where participants were recruited from. For example, in Hurrell, Draycott & Andrews (2018) study, the study was advertised to all 43 police forces in the UK and participants agreed to participate from 12 of these. In Tehrani's (2016) study, participants were recruited from two UK police forces that had introduced mandatory psychological screening and organisational support for their child abuse investigation teams. This may therefore have increased participants occupational wellbeing and brought down STS scores amongst participants.

The remaining studies recorded levels of STS in slightly different ways and mostly found relatively low levels in their samples. For example, Craun & Bourke (2015) reported a mean question score of 2.21 in their sample of 350 internet crimes against children (ICAC) investigators, which suggests that STS symptoms "rarely occur". Tehrani (2018) only reported the mean and standard deviation STS scores in their sample of child abuse investigators and did these separately for males ($M = 9.13$, $SD = 6.56$) and females ($M = 9.94$, $SD = 6.72$), which indicate low levels of secondary trauma. Burruss, Holt & Wall-Parker (2018) measured STS as a summed index and also found low levels of trauma in their sample of digital forensic examiners, with a mean score of $= 23.83$ ($SD = 5.635$). Follette et al. (1994), on the other hand, found a high prevalence rate of secondary trauma. In their sample of 46 law enforcement professionals, they found significantly higher levels of STS ($M = 28.24$; $SD = 18.83$) than 225 mental health professionals ($M = 13.84$; $SD = 11.14$).

There are a number of possible reasons why the level of STS varied across studies, including the tools used to measure STS, variations in sample sizes, variations in sample characteristics and roles of PO in relation to CSA investigations, and cultural differences. For example, mental health stigma may exist in varying ways across countries, and therefore may have had an impact on either the existence of STS or the

extent to which officers felt able to share their experiences. A further reason may be because of the type of role police personnel were employed in. Specifically, more studies found higher rates of STS in police officers investigating CSA as opposed to police officers working exclusively with indecent images of children. One reason for this may be that officers viewing indecent images are experiencing direct exposure to trauma, and therefore may experience higher levels of PTSD as opposed to STS. Finally, it is possible that the quality of studies impacts the conclusions drawn. As with theme 1, however, when comparing study quality there does not appear to be a pattern with regard to studies that identified high levels of STS, compared to those studies that did not.

3.5.2.2 Burnout

As with STS, results for the level of burnout in police officers investigating CSA were mixed. Tehrani (2016) found that no males reported clinical levels of burnout and only 2% of females. Lane et al (2010) also found a low level of burnout in their sample ($M = 20.53$, $SD = 5.23$). On the other hand, Brady (2017) found that 24.2% of their sample were at high risk of burnout and 49.8% at moderate risk of burnout in their sample of 47 child exploitation investigators.

As with STS, samples varied considerably in their size, participant demographics, quality and the type of policing role participants were involved in. These reasons may contribute to some of the variation identified in burnout scores. As with the previous themes, however, there does not appear to be an association between levels of burnout identified and study quality.

3.5.2.3 Compassion fatigue

Only one study measured the level of compassion fatigue in police officers investigating CSA. In their sample of 47 CSA investigators, Lane et al (2010) found a mean compassion fatigue score of 13.89 ($SD = 7.82$). This score suggests a “low” level of compassion fatigue.

3.5.2.4 Vicarious trauma

Wright et al (2006) was the only qualitative study that drew conclusions relating to levels of secondary trauma using in depth interviews. With a sample of 25 child abuse police officers, they explored the challenges of their work and argued that as participants did not identify the content of their work as a source of distress, no vicarious trauma was present. No other studies measured or drew conclusions relating

specifically to vicarious trauma, as opposed to other forms of secondary trauma, in police officers investigating CSA.

3.5.2.5 Summary

Results for the level of secondary trauma in police officers investigating CSA are mixed. Although some studies identified moderate to high levels in their samples, the majority found either low or no evidence of secondary trauma. This is an interesting finding, given the evidence that this type of work is both stressful and highly traumatic (College of Policing, 2018). This finding is also in contrast to studies involving other professionals who work with CSA, where a strong association has been found between exposure to CSA and trauma-related symptoms (Cornille and Woodard Meyers, 1999; Violanti and Gehrke, 2004). It is possible, therefore, that there is a genuinely lower rate of secondary trauma in this specific profession. On the other hand, it feels important to hold in mind the potential impact of a policing culture that may be reluctant to endorse the negative impact of investigating CSA. It is also possible that the impact of secondary trauma could lead to under-reporting, as a key component of both VT and STS is avoidance (Way et al, 2004).

3.5.3 Theme 3. risk and protective factors for secondary trauma

Across the studies within this review, there has been attention paid to several risk and protective factors that may impact the development of secondary trauma in police officers investigating CSA. Gender, years in profession, exposure to CSA material, organisational support, social network, personal history of trauma and reported coping strategies are all thought to be associated with the development of secondary trauma.

3.5.3.1 Gender

Gender as a factor associated with secondary trauma has brought mixed results across studies. For example, being female was associated with higher levels of STS, PTSD, and depression in Tehrani's (2016) study. Brady (2017) and Tehrani (2018) also found statistically significant differences of STS between males and females, with women demonstrating higher mean scores than men. In Bourke & Craun's (2014b) study comparing US and UK samples, only in the USA was being female related to higher STS scores. Although higher scores for females could reflect their experience of more distress, it could also be a reflection of gender norms and existing within a society where males find it harder to share expressions of distress (Wester, Hammer & Downing-Matibag, 2014).

On the other hand, Bourke & Craun (2014a), Hurrell, Draycott & Andrews (2018) and Burruss, Holt & Wall-Parker (2018) found no significant association between secondary trauma and demographic variables, including gender. Similarly, Lane et al. (2010) found that male and female detectives did not differ from each other with regard to probable PTSD symptoms or burnout, although they did find differences for other outcomes (e.g. females reported less overall wellbeing than male detectives). Brady (2017) also found no statistically significant differences between gender for burnout.

3.5.3.2 Personal history of trauma

Personal history of trauma (including CSA) was an important factor in four of the included studies, often hypothesising that a history of trauma would make police officers more susceptible to developing secondary trauma. Upon examination of these studies the evidence is mixed. Some support for a history of trauma having an increased likelihood on the professional experiencing secondary trauma was found (Follette et al, 1994; Brady, 2017), however this was conflicting with other accounts suggesting a personal history of trauma has no association to development of secondary trauma (Tehrani, 2018; Hurrell, Draycott & Andrews, 2018). Interestingly, those studies that did find a relationship were conducted in the USA, whereas those that did not were conducted in the UK. One possible explanation as to why a personal history of trauma was not found to be associated could be that officers working on investigations with children exposed to similar events could re-trigger responses to their own unresolved childhood traumas, rather than create a secondary trauma response.

3.5.3.3 Years in profession

The length of time that a police officer had been working in the CSA arena was explored in three of the included studies. All studies concluded that time working in this arena has no significant association to levels of STS (Bourke & Craun, 2014a; Hurrell, Draycott & Andrews, 2018; Tehrani, 2018), although Tehrani (2018) did find that tenure was positively correlated to primary trauma. One explanation could be that those who experienced the highest levels of secondary trauma go on to leave the profession and would therefore not be included within the samples of these studies.

3.5.3.4 Organisational support and stressors

Organisational response and structures in place for managing the potential impact of investigating CSA was seen as an important factor in many of the studies. Several studies highlighted significant stressors such as poor management, high workloads, limited resources and a lack of understanding from management about the impact of this type of work (Fortune, Rooney & Kirwan, 2018; Wright, Powell & Ridge, 2006;

Burns et al, 2008). Seigfried-Speller (2018) found that only 16% of the respondents reported that counselling and/or treatment was a mandatory requirement for police personnel working in CSA and Brady (2017) found that work-related factors, such as frequently feeling overwhelmed and low organisational support were associated with higher STS and burnout scores.

Powell et al (2014a; 2014b) highlighted that even when organisational structures were in place, the majority of participants had disregarded formal debriefing strategies, voicing that this felt tokenistic and expressed worries about the lack of confidentiality when using these services. These findings highlight important beliefs regarding help-seeking, stigma and a policing culture that may minimise the impact of trauma.

Notwithstanding, organisational factors were not perceived as negative in all the studies in this review. Tehrani (2016), for example, considered that a possible reason for the participants having lower levels of traumatic stress symptoms than expected, was the supportive organisational culture that had introduced mandatory psychological screening and support for the teams, including pre-deployment screening, six monthly screening and an hour of individual support. This allowed for individual concerns to be highlighted early, leading to officers feeling supported and forming closely. Bourke & Craun (2014a) also identified the role of positive supervisory support as the strongest variables associated with lower STS.

3.5.3.6 Coping strategies

Coping strategies in policing have been widely studied with poor coping skills being seen as an important factor in how someone deals with the impact of stress and trauma (Can and Hendy, 2014). Several studies in this review found a number of coping mechanisms (both positive and maladaptive) that were used to protect against the traumatic nature of their work, including; peer support (Powell et al, 2014a; Brady, 2017; Wright, Powell & Ridge, 2006; Craun, Bourke & Coulson, 2015), alcohol (Bourke & Craun. 2014a; 2014b), hobbies (Wright, Powell & Ridge, 2006), frequent use of humour (Powell et al, 2014b; Craun & Bourke, 2015; Wright, Powell & Ridge, 2006), denial (Bourke & Craun, 2014a; 2014b), desensitisation and compartmentalisation (Burns et al, 2008).

One of the most important coping mechanisms which was highlighted was the association of both peer and social support, which has been widely studied with a number of researchers highlighting its importance in reducing levels of secondary trauma after a traumatic event (Brewin et al., 2000; Graf, 1986; Ozer et al., 2003).

3.5.3.7 Exposure to CSA material

The number and type of CSA cases seen was considered by six of the reviewed studies. Four studies (Hurrell, Draycott & Andrews; 2018; Burruss, Holt & Wall-Parker, 2018; Bourke & Craun, 2014a; Bourke & Craun, 2014b) found a relationship between higher frequency of interviews and/or greater exposure to crimes against children materials and greater levels of STS. Brady (2017), on the other hand, found no association between the number of weekly hours spent working ICE cases or the frequency of direct exposure and levels of STS. What their study did find, however, was that frequent indirect exposure to crimes against children (CAC) were associated with higher STS scores. Indirect exposure, as defined in these studies, includes conducting investigative interviews, reading case files and hearing testimonies in court.

Seigfried-Spellar (2018) was the only study to explore levels of STS in different types of CSA, namely digital forensic examiners and investigators or CSA. They found that officers involved in both roles reported significantly higher scores on STS and feelings of worthlessness/guilt than those doing one role. They also found that investigators reported higher scores on feelings of worthlessness/guilt, and lower scores on concentration compared to digital forensic examiners.

3.5.3.8 Personality

Only one study explored the links between personality and secondary trauma in police officers investigating CSA. Tehrani, N. (2016) found that individuals scoring higher on scales purporting to measure introversion and neuroticism were associated with higher levels of trauma-related symptoms, including STS and burnout.

4. Discussion

4.1 Overview of results

The aim of this review was to systematically explore the association between investigating CSA on police personnel's wellbeing, and to critically examine the prevalence of secondary trauma and associated risk and protective factors. Twenty papers, comprising of 17 studies, met inclusion criteria, with the majority examining STS and proportionately few examining compassion fatigue, burnout and vicarious trauma.

From the studies relating to the wider impact on police officers, there were several social, psychological and physical associations identified within the literature including, but not limited to experiences of; increased isolation, withdrawal, irritation, anger, changes in beliefs about themselves, others and the world, increased cynicism, PTSD, anxiety and depression. Interestingly, although several studies identified some level of potential impact that this type of work can have on police officers, several studies concluded that this was low level and mostly related to work pressures (e.g. high caseload) and a lack of resources, rather than the impact of trauma related work. The studies relating to prevalence of secondary trauma also produced varying results, with many studies identifying moderate to low levels of secondary trauma in their samples. The authors of these studies gave various reasons why there were little or no signs of secondary trauma present. This included the introduction of formal organisational support structures, supportive social networks and a policing culture that may inhibit or discourage police officers to self-disclose or endorse a psychological impact, because this may be perceived as character weakness. Another reason why levels may have been lower than expected is because a key symptom of secondary trauma is avoidance (Gil & Weinberg, 2015). It may be possible that those who were experiencing higher levels did not participate in studies due to avoidance, and therefore their data was not captured. Similarly, for those who did participate, avoidance may still have played a role in the information they decided to share with researchers.

One interesting finding is that many studies that identified little or no association between investigating CSA and wellbeing (including secondary trauma) had samples consisting mostly, or exclusively of officers involved in, as defined by these studies, direct exposure to child abuse (e.g. digital forensic handlers involved in reviewing indecent images of children). On the other hand, most studies that had samples made up of officers involved in both direct and indirect exposure, or exclusively indirect

exposure (e.g. investigative interviewers and CSA investigators, as defined in these studies) had, on average, higher levels of secondary trauma and other adverse associations. Two studies also identified increased indirect exposure to CSA as a risk factor for secondary trauma (Brady, 2017; Seigfried-Spellar, 2018). There are a number of possible hypothesis as to why this is the case. Firstly, officers viewing indecent images of children experience direct exposure to trauma, and therefore may experience higher levels of PTSD as opposed to STS. Secondly, the frequency of direct exposure may not be as relevant due to the varying viewing techniques investigators develop to decrease their risk of psychological harm via exposure. For example, qualitative studies have noted that investigators cope with viewing child pornography by taking frequent breaks, dissociating, and/or maintaining an emotional distance by focusing on the evidence and remaining analytical (Burns et al. 2008; Powell et al. 2015). Another hypothesis is the potential wider impact of CSA investigations. Police personnel who work indirectly with CSA are often those who are investigating offences. Research has shown that investigative interviewers can experience unique stressors due to the nature of their work (Perron and Hiltz, 2006). For example, they tend to interview victims of CSA during the first step of investigations, they act as investigators to verify the legitimacy of CSA allegations and they are regularly exposed to traumatic accounts of crimes against children (Perron and Hiltz, 2006; Bonach & Heckert, 2012). In addition to this, investigators are understood to experience heavy caseloads, short deadlines and high turnover rates (Anderson, 2000; Graef & Hill, 2000), all factors that may increase the likelihood of secondary trauma. Whilst these hypotheses should be held in mind, it is also important to reiterate that categorising trauma exposure into direct and indirect categories is not clear cut, and that further research is required to determine potential relevance of these categorisations and the underlying processes involved.

Synthesis of studies in this review revealed potential risk and protective factors of secondary trauma across personal, organisational and role-based domains. These included age, gender, CSA job role, peer support, organisational support and coping strategies employed. Being female, a personal history of trauma, greater time investigating CSA, higher frequency of investigative interviews/exposure to CSA images and scoring high on scales purporting to measure introversion and neuroticism have all been found to be associated with higher levels of secondary trauma in some studies, but not all. These are similar to risk factors identified in first responders (Greiacher et al, 2019) and child protection workers (Sage, Brooks & Greenburg, 2017). There were several studies in this review that also found no association between these domains

and levels of secondary trauma and therefore further research is needed to fully understand the relationship between these.

One factor that most studies drew similar conclusions on, was the extent and quality of organisational response and structures in place for police officers. The majority of studies suggested that this can be a key protective factor, however the extent to which this is, again, varied, depending on the type and quality of support offered. Powell et al (2014a), for example, found that police personnel viewed organisational support as tokenistic and expressed worries about the lack of confidentiality afforded when using these services. Siegfried-Speller (2018) also found that over half of their sample were either “indifferent” or against attending counselling/treatment sessions if/when offered. These findings highlight potentially important beliefs regarding help-seeking, stigma and a policing culture that may minimise the impact of trauma.

Other studies highlighted positive supervisory support as a key variable associated with lower levels of secondary trauma (Brady, 2017). Tehrani et al (2016), also found positive organisational support and mandatory psychological screening as a potentially defining feature in why they observed low levels of STS in their sample. In what is understood to be the only longitudinal study considering STS in police officers from across different departments (not specific to CSA), Craun et al (2014) also found that having healthy supervisory support, in addition to refraining from using denial to cope with stressors, appeared to be most important coping strategy to minimise the potential impact of secondary trauma. These findings also support previous research that has found associations between the levels of secondary trauma and the type and quality of organisational support offered in other professions, for example social workers (Dalton, 2001), domestic violence advocates (Slattery and Goodman, 2009) and therapists (Knight, 2004).

4.2 Implications for practice

This review examined the potential impact and nature of secondary trauma in police officers investigating CSA offences. CSA is a heinous crime and it is understandable that police officers are negatively impacted during investigations. The findings of this review may have important clinical and research implications when supporting and treating police officers who are involved in these investigations.

While levels of secondary trauma were found to be predominantly in the mild to moderate ranges, it remains the case that police officers investigating CSA are

vulnerable to the development of these difficulties due to the inherently challenging nature of their work (Powell et al., 2015). There is a need for police and crime commissioners to implement policies and practices that address the high risk of secondary trauma and wellbeing in police forces by ensuring staff are screened, educated and supported in developing resilience (Tehrani, 2016).

As trauma and police work are intrinsically entwined, the focus should not be placed solely on supporting officers to do this difficult work. A number of studies have identified the working environment as the most important factor in protecting against secondary trauma. It can therefore be argued that organisation changes, underpinned by care and compassion for their staff, may help to reduce the impact of the trauma experienced. Stress may be reduced by providing a supportive environment, including high-quality training, appropriate resourcing, regular supervision spaces and psychological support, as well as facilitating the use of coping strategies. Clinical interventions at an organisational level could involve psychoeducation for police personnel regarding the impact of chronic work distress, with a particular focus on breaking down cultural barriers and attitudes towards mental health difficulties and help seeking. A recent pilot offering trauma informed training and supervision, highlighted the importance of clinical interventions at an organisational level. Grove & O'Connor (2020) found that police officers from a singular basic command unit experienced both a reduction in work-related stress and in burnout levels after engaging in trauma training and having access to a regular space for reflection and processing (Grove & O'Connor, 2020).

4.3 Strengths and limitations

The studies in this review were systematically obtained using clearly defined criteria to minimise selection bias. Rigorous methods for data extraction were also employed, including two independent raters from the initial search stages through to reading titles, abstracts and full texts. Furthermore, seven databases were used for the initial search process as well as systematic hand and reference list screening, which minimised the risk of not identifying possible relevant studies.

There are, however, a number of limitations that warrant caution in interpreting the findings. Grey literature was not systematically searched and only papers in English were included. Consequently, culturally-specific factors which could further help to inform the impact of CSA investigations in police officer populations may not have been fully identified. Additionally, several studies were determined to have low quality

(Burns et al., 2008; Bourke & Craune, 2014a; Bourke & Craune, 2014b; Brady, 2017; Craun & Bourke, 2015; Craun, Bourke & Coulso, 2015; Burruss, Holt & Wall-Parker, 2017; Tehrani, 2016; Lane et al., 2010; Seigfried-Spella, 2018; Hurrell, Draycott & Andrews, 2018) and therefore the validity and generalisability of the research findings and our ability to reach comprehensive conclusions about secondary trauma in police officers investigating CSA are limited. In particular, most of the studies employed cross-sectional survey designs and therefore it is not possible to determine causal relationships or understand the stability of secondary trauma over time. In addition, all study participants were police officers who were currently working in the field of CSA investigations. Although important to gather data from these officers, valuable information may be missing regarding the potential negative impacts of working on CSA investigations from those who have left the field. Similarly, to this, addressing and understanding the experiences of officers who do not respond to study requests would be of importance. Without addressing the issue of low attrition rates, or collecting information on those who do not respond as well as those that leave the profession, it is impossible to gain a clear picture of the experience of police officers who investigate CSA offences.

There are also more general limitations in relation to the challenges of making sense of diverse data across settings, type of police officer role, sample characteristics and with varying degrees of methodological quality. For example, the studies in this review were conducted with varying types of CSA police officers, including both direct and indirect exposure to CSA. Additionally, the studies used a range of measures and constructs to examine secondary trauma, meaning that only general conclusions regarding prevalence and associated factors could be made. All of the studies in this review also measured associations and levels of secondary trauma in the form of self-report questionnaires and interviews. Self-report measures do have limitations in terms of response biases, and it is possible that factors may have limited or amended participant responses unknown to the research. Also, none of the studies attempted to corroborate what was reported through interview or data collection from friends, peers or family of the participant, something that may be particularly useful given that a key symptom of secondary trauma is avoidance.

4.4 Areas for future research

As the traumatic nature of CSA policing is still unclear, there needs to be a better understanding of this trauma, both in order to support officers, but also in order to break any stigma and cultural issues associated with asking for help. Due to conflicting

findings, exploratory approaches using qualitative methods may help us to understand the experiences of police personnel who are involved in CSA investigations. It may also be important to capture the experiences of police officers who have left the field. Studies using longitudinal designs would also enable understanding of how levels of secondary trauma change over time. This being particularly relevant for length of service in CSA policing. It would also be helpful to understand if policing is unique in the way that officers respond and deal with trauma.

The included studies were heterogeneous in terms of the populations studied, the research aims, the conceptualisations of secondary trauma, and the methodology used to answer the research questions. Findings have therefore often not united on a single issue, and are at times contradictory, somewhat limiting the answers that can be given. Few of the studies also quantified how traumatised they believed police personnel to be. The reported results range from no secondary trauma present (Wright et al, 2006) to 76.3% in the clinical range (Brady, 2016). With qualitative study designs it is obviously difficult to quantify, however there were no control groups in any of the studies investigating secondary trauma, and only one control group in the studies exploring the general psychological impact (Powell & Tomin, 2011). It is therefore difficult to establish what would be considered to be “normal” levels of secondary trauma and what may be understood as “high”.

4.4 Conclusion

To the author’s knowledge, this systematic review is the first to date to assess studies exploring the potential impact and nature of secondary trauma in police officers investigating CSA on a global scale. It is essential that officers’ psychological wellbeing is understood and supported so that the cumulative impact of listening to, and witnessing traumatic information does not do lasting damage to their physical and psychological wellbeing. This is also essential as secondary trauma has been found to be associated how officers approach their work, and subsequently affect client experience and outcomes. In the studies included in this review, levels of secondary trauma ranged from none to high, indicating a need for further research to understand the impact. A number of risk and protective factors were also found to be associated with secondary trauma, ranging across personal, organisation and role-based domains. Although the results of this review suggest that symptoms of secondary traumatisation are a cost of caring for police officers investigating CSA, the question of how much, and in what way, appear to be far from answered. There still remains only a small amount of research in the area, and the research that has been conducted has produced varying results. Conflicting findings from previous research, suggest that a

more nuanced and exploratory approach may help us to understand the experiences of police personnel who are involved in CSA investigations. Given protective and risk factors of secondary trauma appear to exist within both individual, and organisational domains, it is recommended that clinical interventions target both.

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6. Appendices

Appendix 1: Search strategy

Police	Child Sex Abuse	Impact
Police* law enforce* internet crimes against children task force personnel ICAC task force personnel Internet child exploitation team* ICE team* civil guard Detective* Investigator* Officer* First responder* Sheriff* Crime investigator* Detention officer* Constable* CIA FBI Secret service*	child sex* abuse indecent images of children IIOC child pornography child sex* offence* child exploitation child sex* violence Child sex* assault child abuse sex* offen* interpersonal abuse sex* abuse sex crime	Impact secondary trauma* STS vicarious trauma* VT Type II Trauma* PTSD post-traumatic stress disorder PTSS post-traumatic stress syndrome Compassion fatigue Burnout psychological symptoms psychological imp* Physical imp* Social imp* emotional imp* sick leave employment relationship mental health depression anxiety hopeless* intrusive thought* intrusive image* physical health stress* Sleep fatigue Wellbeing

EMPIRICAL RESEARCH PROJECT

Professional's experience of conducting investigative interviews with children and young people who disclose child sexual abuse: a qualitative study

Supervised by Prof. Gail Gilchrist, Dr Rachel Falk and Dr Danielle Jackson

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Abstract

Background: Investigative interviewers are key to child sexual abuse investigations in the UK. Rigorous, protocolised and detailed processes exposes investigate interviewers to potentially traumatising events and material. Working with traumatised children has been shown to increase the likelihood of empathy-based stress such as vicarious trauma, secondary traumatic stress and compassion fatigue. High levels of child abuse and investigative interviews in the UK highlight the prevalence of workers currently at risk of experiencing this. The current study sought to qualitatively explore investigative interviewers' experiences in undertaking this role, from a range of disciplines and services across the UK. The aim was to consider the emotional toll and impact of the work they do, and to identify individual, interpersonal, and organisational factors that they perceive as either protecting or contributing to this.

Method: Sixteen investigative interviewers from across different services participated in individual semi-structured interviews. Interviews were transcribed verbatim and analysed using reflexive thematic analysis.

Results: Five themes were generated from the data capturing how participants experienced interviewing 1) *"The trauma has to go somewhere"*: The impact of interviews on professional's wellbeing; 2) *"No space to breathe"*: The challenges faced; 3) *"It's why I do what I do"*: Role fulfilment; 4) *"Making space"*: Coping with the challenges; and 5) *"Sharing the load"*: Forms of organisational and interpersonal support.

Conclusions: The study contributes to a growing literature base on examinations of wellbeing in investigative interviewers of CSA and provides a detailed understanding of the individual impact. The themes generated emphasise the emotional impact of investigative interviewing, highlighting organisational, cultural and role-based factors that appear to mitigate or aggravate distress and help-seeking. The results are examined alongside current theoretical perspectives and research. Clinical and organisational implications are outlined, in addition to recommendations for future research.

1. Introduction

1.1 Investigating child sexual abuse

Child sexual abuse (CSA) can include, but is not limited to, the inducement or coercion of children to engage in any unlawful sexual activity, the exploitative use of children in prostitution or other unlawful sexual practices, and the exploitative use of children in the production of indecent performances and materials (WHO, 2003). There were 73,510 CSA offences recorded to the police in 2019/20 in the United Kingdom (UK). This is an average of over 200 per day; a fivefold increase since 2014/15 (NSPCC, 2020).

CSA is widely recognised as a serious problem (NSPCC, 2020), and appropriately, much research has considered the impact of CSA on the victim (Ullman & Townsend, 2008; Paolucci, Genuis & Violato, 2010; O’Leary, Coohy & Easton, 2010). Far lesser research considers the personal and professional impact on the professionals who work with victims (Ahern et al, 2016). One professional group who work with suspected victims of CSA are those who conduct investigative interviews. In cases of suspected CSA, investigative interviewers are commonly utilised to interview children who have potentially been victimised. The investigative interview is a process used to help determine whether CSA has occurred, and also elicits detail in a manner that is suitable for court. This helps to either confirm or deny allegations of abuse among child victims and witnesses (Bonach & Heckert, 2012). In the UK, investigative interviews are carried out using the Achieving Best Evidence (ABE) guidance, which aims to enable vulnerable and intimidated witnesses to give their best evidence in criminal proceedings (Ministry of Justice, 2011). Investigative interviewers are specially trained to employ developmentally sensitive and noncoercive investigative techniques. This role not only requires sensitivity but also the ability to elicit information in a way that conforms to appropriate legal standards (Anderson et al, 2010).

There have been significant changes in how investigative interviews with children and young people who disclose CSA are conducted over recent years. A 2015 review commissioned by NHS England identified several problems with the investigative interviewing process, and concluded that the interviews could have negative impacts on the child’s wellbeing, the quality of their testimony, and the evidential value of the interview (Goddard, Harewood and Brennan, 2015). This review also explored models identified as best practice internationally, including the Child House (Barnahus) in Iceland and the Child Advocacy Centre (CAC) in United States (US). A pilot service, which adopts aspects of international best practice taken from the Barnhaus model, is

currently being trialled in the UK. These models were developed out of recognition that the criminal justice, medical and social care systems being used to help children following CSA, were actually causing them harm. They subsequently redesigned their systems placing the child at the centre. Investigative interviews have typically been led by police officers in the UK, however in more recent years can also be led by professionals such as Social Workers and Clinical Psychologists.

1.2 Psychological impact of exposure to trauma

A traumatic event is defined as something that poses a threat of serious injury or death to oneself or others, and elicits feelings of intense fear, helplessness, or horror (National Institute of Mental Health [NIMH], 2020). The impact of trauma on a person is well documented (Grégoire, Gosselin & Blanchette, 2017), and can result in individuals experiencing flashbacks and nightmares about a traumatic event, they may dissociate, or experience a pervasive numb feeling, which can have a significant impact on their interpersonal relationships (McFarlane & Bookless, 2010; Beck, 2009). Some people may experience increased irritability, angry outbursts, or difficulty concentrating or remembering, which can perpetuate feelings of low mood and anxiety (Gupta, 2013). Some may also experience symptoms that become normalised into their routine, such as using alcohol or other substances (Jacobsen et al., 2001). It is now widely understood that trauma exposure does not need to be directly experienced in order to experience a trauma reaction, including the development of Post-Traumatic Stress Disorder (PTSD). The Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5; American Psychiatric Association, 2013) states that PTSD can also be triggered by experiencing repeated or extreme exposure to aversive details of a traumatic event.

1.3 Psychological impact of working with traumatised individuals

One way in which people can be exposed to details of trauma is in the workplace, for example as a psychologist, police officer, social worker or medical professional (Meadors et al., 2009; Ortlepp & Friedman, 2002; Bride, Jones & MacMaster, 2007; MacEachern et al., 2018). There is a growing scholarly interest in the potential impact and emotional demand that human service professionals, who are exposed to aversive details of traumatic events, may experience (Bonach and Heckert, 2012; Lambert, Hogan, Barton-Bellessa, and Jiang, 2012). Being exposed to the reality of trauma can increase the potential for both short and long term emotional and physical costs to professionals (Bride, 2007). It is now widely understood that indirect exposure to trauma in the workplace involves an inherent risk of significant emotional, cognitive,

and behavioural changes. It is estimated that close to 7% of professionals who work with traumatised individuals exhibit emotional reactions that are similar to symptoms of PTSD (Thomas & Wilson, 2004), for example, sleep disturbances, low mood, substance misuse and difficulties trusting others (Bride, 2007).

A variety of different terms have been used to describe this psychological impact of working with traumatised individuals, including: compassion fatigue (Bride, Radey, & Figley, 2007; Stamm, 2005), burnout (MasMaslach, Schaufeli, & Leiter, 2001), vicarious trauma (McCann & Pearlman, 1990) and secondary traumatic stress (STS) (Figley, 1995). These terms are often used interchangeably in the literature. Although overlapping in terminology, their theoretical foundations are quite distinct, resulting in nuanced differences (Baird & Kracen, 2006; Chouliara et al., 2009).

MacCann and Pearlman (1990) coined the term vicarious traumatising to describe the observed trauma-related symptoms they noticed in therapists who worked with traumatised individuals. Specifically, McCann and Pearlman (1990) suggested that therapists working with traumatised individuals may experience changes in their cognitions, beliefs and assumptions about themselves, others, and the world. STS was a term similarly used by Figley (1995) when describing the changes he identified in therapists working with people experiencing PTSD. Rather than the cognitive changes described by McCann and Pearlman (1990), however, Figley (1995) was interested in observable symptoms such as avoidance, heightened sense of arousal and intrusive thoughts. STS is thought to occur as an accumulative effect of hearing a large amount of traumatic material over time, rather than being related to a specific event (which is often the case in PTSD).

Related to STS and vicarious trauma is compassion fatigue. Joinson (1992) first used the term compassion fatigue to describe a prevalent experience among professional caregivers such as nurses, physicians and mental health counsellors. Compassion fatigue is considered to be an over-arching term used to describe the emotional impact of working with traumatised individuals. Symptoms are thought to parallel those of the traumatised individual the caregiver is working with. This can include avoiding reminders of the trauma, heightened irritability and withdrawal (Figley, 2002). Burnout is thought to be another form of compassion fatigue, which can be characterised by emotional exhaustion, depersonalisation and reduced feelings of personal accomplishment (Maslach, 1982).

1.4 Empathy-based stress model

In recent research, it has been suggested that constructs such as compassion fatigue, secondary traumatic stress, and vicarious traumatization can be grouped under the term empathy-based stress (Rauvola et al., 2019). Empathy-based stress is described as a process of trauma exposure (i.e., a stressor) combined with the experience of empathy (i.e., an individually and contextually-driven affective reaction) that results in empathy-based strain, adverse occupational health reactions, and other work-relevant outcomes (Rauvola et al., 2019). This process is demonstrated in Figure 1.

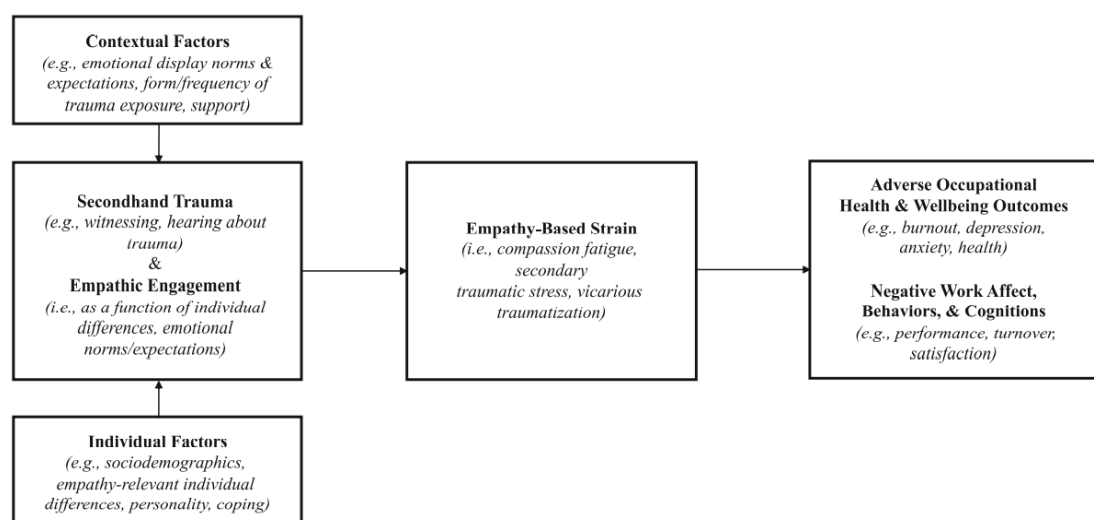


Fig. 1: Model of empathy-based stress (Rauvola et al., 2019)

Rauvola and colleagues (2019) argue that burnout may be an additional outcome of the general empathy-based stressor-strain process, wherein trauma exposure and empathic engagement increase the likelihood of empathy-based strain and other adverse outcomes (e.g. burnout). They conclude that burnout in particular, may result as an additional adverse outcome when individuals are repeatedly exposed to trauma and/or trauma/empathy demands (Rauvola et al, 2019).

Substantial rates of compassion fatigue, vicarious trauma, secondary traumatic stress and burnout have been found in a number of human service professionals, including clinicians (Marriage & Marriage, 2005), criminal justice staff (Jaffe, 2003), emergency personnel (Greinacher et al., 2019) and child service workers (Perez et al, 2010). Although widely researched, trauma-related reactions (like those demonstrated in the empathy-based stress model), are believed to be more prevalent in human service professionals than currently recognised (Sage, Brooks & Greenberg, 2018).

1.5 Psychological impact of investigating CSA

DSM-V (APA, 2013) suggests acts that are interpersonal in nature can potentially be more traumatising and lead to an increased risk of developing PTSD. Given that CSA is generally regarded as the most heinous of crimes, it can be argued that those working with this group of individuals warrants specific attention (Hurrell, Draycott & Andrews, 2018).

Investigative interviewers can experience unique stressors due to the nature of their work (Perron and Hiltz, 2006). They generally interview victims of CSA during the first step of investigations. They also act as investigators to verify the legitimacy of CSA allegations. As a result, investigative interviewers are regularly exposed to traumatic accounts of crimes against children, both directly and indirectly, and are regularly witness to victims' trauma responses (Perron and Hiltz, 2006; Bonach & Heckert, 2012). Due to frequent exposure to graphic details of crimes against children, as well as other stressors accompanying this type of work (i.e., heavy caseloads, short deadlines, and high turnover rates) (Anderson, 2000; Graef & Hill, 2000), investigative interviewers are particularly susceptible to numerous social and emotional issues stemming from the nature of their work. CSA offences are also reported to take the longest amount of time of any sexual offences to move through the Criminal Justice System (CJS), with a median of 1809 days in the UK (Office for National Statistics [ONS], 2018).

Despite the exposure to these unique stressors, only a small body of research has examined the effect of these interviews on the interviewers themselves (Starcher & Stolzenberg, 2020) and this has predominantly taken place in the US. Some studies have found that investigative interviewers experience an increased risk of empathy-based stress and burnout related to their repeated exposure to cases of CSA, however findings are mixed. For example, Hurrell et al. (2018) found that 34.6% of police officers in their sample meet the criterion for STS, Tehrani et al (2016), however, found that only 4% of males and 7% of females in their sample were experiencing STS. These differences may be the results of very different samples included within the study. For example, Hurrell et al. (2018) recruited from a number of police forces across the UK, whereas Tehrani et al. (2016) recruited from one singular police force that had introduced specific organisational support such as mandatory psychological screening.

Other research has found some evidence to suggest higher levels of empathy-based stress in investigative interviews. For example, Perron and Hiltz (2006) conducted surveys with investigative interviewers working at child advocacy centres. They found that burnout was common amongst interviewers. Although organisational satisfaction

was inversely correlated with burnout, they found that neither the number of conducted interviews, nor the length of employment, affected burnout or secondary trauma (Perron & Hiltz, 2006). Fansher, Zedaker & Brady (2019) also found high levels of burnout among interviewers, primarily driven by work-related factors including: frequently feeling overwhelmed with job-related duties, inadequate organisational support, and indirect exposure to crimes against children.

Bonach and Heckert (2012) also conducted a survey with investigative interviewers working at child advocacy centres in the US. They found that not having support from within the workforce was the most important predictor of increased STS. Starcher & Stolzenberg (2020) examined the association between burnout, STS and organisational stressors on a sample of investigative interviewers, again, working at child advocacy centres in the US. They identified burnout as a common experience and found that approximately 18% of respondents met all of the diagnostic criteria for STS. They found that decreased job support, increased funding constraints and heavy agency caseloads predicted burnout. They also found that decreased job support was a predictor of STS.

1.6 Study rationale

Working with traumatised children has been shown to increase the likelihood of empathy-based stress such as vicarious trauma, STS and compassion fatigue. High levels of child abuse and investigative interviews in the UK highlight the prevalence of workers currently at risk of experiencing this (NSCPCC, 2020). To date, the evidence examining reported experiences of investigative interviewers has been mostly of a quantitative nature and predominantly based within the US. Findings have also produced mixed results, suggesting further research is required to fully understand their experiences. No study has used an interview methodology, across disciplines and agencies, in a UK context. Gaining a more in-depth and rich understanding of the potential impact of this type of work may help to inform practice across disciplines and agencies, and enable more targeted support to those working in this area. Improving the experiences of investigative interviewers, will likely increase their ability to provide needed care and support for vulnerable children and their families. Creating a supported workforce could also increase savings to organisations, by reducing staff turnover and sick days and increasing staff satisfaction.

1.7 Study aims

The present study explores and compares how professionals, from a range of disciplines and services, experienced conducting investigative interviews with children and young people, who have been sexually abused. The aim is to consider the emotional toll and impact of the work they do, and to identify individual, interpersonal, and organisational factors that they perceive as either protecting or contributing to this.

2. Methods

2.1 Study design

This was an interview-based, qualitative study. The systematic review conducted (Chapter 1) highlighted the lack of qualitative studies in this area. It was hoped by undertaking an in-depth study of the experiences of investigative interviewers would enhance an understanding of the impact of the role, by affording participants the opportunity to share their stories in a way that goes ‘beyond the objective and quantifiable’ (Sabo, 2011).

2.2 Theoretical & philosophical framework

This study used reflexive thematic analysis (TA) Braun and Clarke (2019) to analyse the data. Despite not having inbuilt theory, Braun & Clarke (2020) highlight that you cannot enter a ‘theoretical vacuum’ when taking this approach. They state that researchers should always specify the philosophical and theoretical assumptions underpinning their use of reflexive TA.

In this study, a constructionist epistemological stance was adopted, thereby adopting an interpretive ontological and epistemological research philosophy (Orlikowski & Baroudi, 1991). This approach acknowledges the role that both researcher and participant bring to the study in co-creating the data through their interactions. This approach is also congruent with the analytic methods employed in this study, as discussed by Braun and Clarke (2019).

Analysis was also informed by the Empathy-Based Stress model (Rauvola et al., 2019). This framework was used because of its consideration of several constructs related to experiencing second-hand trauma, and its inclusion of adverse occupational health reactions and other work-relevant outcomes. Other theories were also considered in the development of this study (e.g. Constructivist Self-Development Theory, Saakvitne & Pearlman, 1996; Dual Representation Theory, Brewin, 2001) however these originated to explain primary trauma responses, and therefore do not lend themselves directly (or operationally) to work behaviours and outcomes (Ravoula et al., 2019).

2.3 Study approval

The study proposal was initially approved by the Doctorate in Clinical Psychology course staff at King's College London. King's College London (KCL) Research Ethics Committee approval was granted in March 2020 (Appendix 1) and The NHS Health Research Authority approved the study in January 2021 (Appendix 2).

2.4 Setting

Participants were recruited from both NHS sites and non-NHS sites throughout the UK between August 2020 and April 2021. For the NHS sites, participants were recruited from two specialist centres working with those who have experienced CSA. For non-NHS sites, participants were recruited via the following: an independent organisation specialising in working with children and young people, social media, police forces and through identified trainers for investigative interviewers. Attempts were also made to recruit through local authorities; however, this was unsuccessful. It feels important to note that at the time of recruitment, the COVID-19 pandemic had recently begun in the UK, and it is highly likely that this impacted on organisations within policing and social care sectors' capacity to participate in research requests.

2.5 Sample

Guest, Bunce and Johnson (2006) suggest that a minimum of 12 interviews is enough for saturation to occur. Given the restricted nature of the study, the notion of 'theoretical sufficiency' was used over 'theoretical saturation' (Dey, 1999). This signifies the point at which the themes captured key experiences of the participants well enough, rather than the continual generation of new codes until there were no new codes. The following inclusion and exclusion criteria were used:

2.5.1 Inclusion criteria

- Participants must have completed training in the UK in investigative interviewing with children and young people
- Participants must have either currently, or previously, been involved in investigative interviews with children and young people who had disclosed sexual violence, or where there were strong indicators to suggest that this may have occurred, in line with Achieving Best Evidence (ABE) guidelines

2.5.2 Exclusion criteria

- Those who had not completed training in the UK in investigative interviewing with children and young people
- Those who were not currently/previously involved in investigative interviews with children and young people who had disclosed sexual violence, or where there were strong indicators to suggest that this may have occurred, in line with ABE guidelines
- Staff who were members of the supervisory team for the study

2.6 Recruitment

Attempts were made to recruit from a range of services, however the study received no response from research requests sent to local authorities. It was therefore not possible to use purposive sampling and an opportunistic sampling approach was employed. Despite difficulties, attempts were made to recruit participants from a range of professions and with a range of interviewing experience to theoretically broaden the sample. Recruitment from multiple sites helped to ensure that participants with a wide variety of experiences were included.

Initially, identified gatekeepers from these organisations were asked to email staff members who had completed training in the UK in investigative interviewing with children and young people. This email contained the Participant Information Sheet and invited staff who were interested in hearing more about the study to contact the primary researcher (Appendix 3).

To increase sample size, the primary researcher submitted a modification request to KCL Research Ethics Committee in October 2020, to advertise the study via social media (Appendix 4). Once approval was granted, the study was advertised via Twitter, Instagram and Facebook. This included a short description of the study and inclusion criteria. It invited anybody who was interested in hearing more to contact the primary researcher via email. Eligibility was determined by the primary researcher before participation was confirmed. The aim of recruiting professionals from multiple sites was to maximise the possibility of recruiting a heterogeneous sample of investigative interviewers. Each participant read a Participant Information Sheet (Appendix 5 & 6) and gave written consent (Appendix 7 & 8), via email before the interview.

2.7 Semi-structured interview

In-depth semi-structured interviews were conducted by the primary researcher using an interview topic guide (see Appendix 9). The topic guide was designed following a review of the relevant literature and in-depth discussions with the supervisory team. The series of broad open-ended questions were designed to explore participants' experiences of conducting investigative interviews, and to encourage narrative details about the lived experience of doing this type of work. As interviews progressed, participants were asked questions influenced by the ongoing analysis (Morse, 2007).

Interviews ranged in duration from 31 to 89 minutes ($M = 63$ minutes), and were conducted between the months of August 2020 and April 2021. Due to COVID-19 restrictions preventing face-to-face contact, participants were given the choice to engage in the interview via video call or telephone; 10 interviews were conducted via video call and 6 via telephone. All interviews were audio recorded and transcribed verbatim.

2.8 Data analysis

Individual one-off interviews were analysed using Braun and Clark's (2019) reflexive thematic analysis (TA). This approach focuses on researcher subjectivity, the recursive coding process and the importance of reflection whilst engaging with the data and generating themes. This was identified as the most appropriate analysis for this study because of its flexibility and adaptability to many theoretical frameworks and its primary focus on the experiences of individuals (Braun & Clark, 2006; Braun & Clark, 2020).

The analysis was carried out using both an inductive and deductive approach. This is where coding and theme development are both data-driven whilst also being influenced by an existing theoretical framework (Braun & Clarke, 2006). Accordingly, both a latent and semantic approach to coding was adopted, where codes identify explicit meanings of the data, and also report concepts and assumptions that underpin the data (Braun & Clarke, 2006).

Reflexive TA requires six phases of analysis of the data which extracts the main themes and the subthemes, as detailed in Table 1. A recursive analytic style was used throughout this process of analysis, moving back and forth as necessary between stages (Braun & Clarke, 2006).

Table 1: Phases of reflexive thematic analysis

Step 1:	The primary researcher familiarised themselves with the data by listening to the recordings, conducting multiple readings of the transcripts, and making notes of preliminary ideas.
Step 2:	Interview transcripts were loaded into NVivo and coded by the primary researcher across the whole data-set, to capture important features of the data (see Appendix 10 for an example). The data was then reviewed line-by-line and segments of text relating to each topic of interest were attached to the relevant codes. Coding begun with the creation of deductive codes, based on questions and topics raised by the primary researcher and supervisory team in Step 1. These were then supplemented with inductive codes, derived more creatively from topics generated from the data.
Step 3	Codes generated in step 2 were collated and a tentative list of themes in each interview was established. The relationships between different themes were also considered (e.g. themes vs sub-themes) and initial thematic maps were created.
Step 4:	Review and refinement of the initial themes was undertaken, to assess consistency and ensure that the themes were appropriate and representative.
Step 5:	Detailed analyses were conducted and written for each theme, and the researcher explored how the story of each theme “linked” with the next. Names for themes were considered to accurately reflect the data and capture the overall picture.
Step 6:	The analytic narrative and thematic map were finalised. This included representative quotations from participants to demonstrate and “bring to life” the thematic content. In order to protect victim anonymity, if participants spoke about a CSA case example in detail, some words in quotes were replaced with neutral words.

2.9 Quality checks

2.9.1 Rigour

This study adhered to the 15-point checklist criteria provided by Braun and Clarke (2006) for quality in TA (see Appendix 11 for checklist). These criteria cover the processes of transcription, coding, analysis and creation of the written study. Some of the relevant practices include ensuring that data have been transcribed with an

appropriate level of detail and that audio recordings have been checked for accuracy. The supervisory team collectively reviewed a sample of five transcripts during data collection, to ensure enough detail had been captured and to feedback to the primary researcher on interview style¹. Three transcripts were also coded by two people (the primary researcher and a member of the supervisory team). In reflexive TA, coding is open and organic, with no use of any coding framework or inter-rater reliability (Braune & Clarke, 2020). The purpose of double coding a subset of transcripts, therefore, was to generate further discussion and thought regarding the themes generated. Other practices to increase rigour included checking that all data have been considered equally, confirming that all coded items have been collated, all themes have been checked against the original data set and addressing researcher assumptions and approaches to TA, as outlined below (Braun & Clarke, 2006, 2013).

2.9.2 Reflexivity

As reflexive TA inherently involves researcher subjectivity, it feels particularly important to follow the guideline of addressing researcher views and “owning” one’s perspective. All interviews and data analysis were carried out by the primary researcher currently studying for a Doctorate in Clinical Psychology. These frameworks and training undoubtedly shaped the interpretation of the transcripts and their meaning. The primary researcher is a White British female in her late twenties. Her clinical experience is predominately in NHS primary and secondary care community mental health settings working with adults. She has also worked in policing contexts as a researcher, which included interviewing police officers on their experiences of suspect suicide. Because of these prior experiences, and from conducting a systematic review in a similar area, the researcher held some assumptions about the impact of investigative interviewing on professionals, which may have influenced her interpretations of the data. These included having some knowledge about the impact of hearing traumatic events second hand, whilst also having a preconception about how different professionals may respond to this. In order to mitigate the impact of these experiences, the researcher completed three bracketing interviews (Rolls & Rolf, 2006) with a colleague, to identify and explore pre-existing assumptions (Appendix 12). These were undertaken just before, during, and immediately after recruitment took

¹ This included suggestions for 1) fewer leading questions; 2) more direct questioning in response to participant statements; and 3) more open questions.

place. A reflective research diary (Appendix 13) was also kept throughout the research process, providing an insight into the researcher's processes (Watt, 2007).

3. Results

3.1 Sample Characteristics

Sixteen participants consented to take part in this study; nine current or retired police officers (PO) and seven mental health and social care staff (MHSC). Twelve participants were recruited through organisations, two were recruited through an Investigative Interviewing trainer and a further two were recruited via social media.

Table 1 gives a summary of participant characteristics. In order to protect their anonymity, participants have been assigned a numerical reference and only certain information (profession, current/previous interviewer status and gender) have been attributed to individual participants. A summary of the other sample characteristics has been provided below.

3.1.1 Summary of sample characteristics

The majority of participants were aged 41 - 50 years (n=9). The remaining participants were aged 31 - 40 (n=3), 51 - 60 (n=3) and 18 - 30 (n=1) years. Participants predominantly identified their ethnicity as White British (n=13), with the remaining identifying as Asian (n=1), Black British (n=1) and Black African Caribbean and White English (n=1). For PO participants, approximate time since training ranged from less than six years to 18 years and approximate number of interviews conducted ranged from 20+ to 200+. For MHSC participants, approximate time since training ranged from less than one year to 25 years and approximate number of interviews conducted ranged from 4 to >200.

Table 2: Participant characteristics 10

Participant number	Profession	Gender	Current/previous investigative interviewer
1	MHSC	Female	Current
2	MHSC	Female	Current
3	PO	Female	Current
4	MHSC	Female	Current
5	PO	Female	Current
6	PO	Male	Previous
7	MHSC	Female	Current
8	PO	Female	Previous
9	MHSC	Female	Current
10	MHSC	Female	Current
11	PO	Female	Previous
12	PO	Female	Previous
13	PO	Male	Previous
14	PO	Female	Previous
15	PO	Male	Previous
16	MHSC	Female	Current

3.2 Results of qualitative analysis

Data analysis resulted in 52 focused codes, 17 subthemes, and 5 overall themes. The five themes that emerged from the data were 1) *“The trauma has to go somewhere”*: The impact of interviews on professional’s wellbeing; 2) *“No space to breathe”*: The challenges faced; 3) *“It’s why I do what I do”*: Role fulfilment; 4) *“Making space”*: Coping with the challenges; and 5) *“Sharing the load”*: Forms of organisational and interpersonal support. These themes and related subthemes are explored in more detail in the following sections (Table 2).

A table of the focused codes, subthemes, themes and supporting quotes can be found in Appendix 14. A thematic map of the themes and subthemes is demonstrated in Figure 2. As an aim of this study was to understand the similarities and differences in experiences between professional groups, the subthemes have been colour coded to illustrate this. A green box signifies that findings from both PO and MHSC participants equally contributed to the subtheme, a red box signifies that mostly findings from PO

participants contributed to the subtheme and a yellow box signifies that mostly findings from MHSC participants contributed to the subtheme. A blue box signifies the main themes. Interestingly, as Figure 2 demonstrates, most subthemes were shared by professions. The individual codes were where most of the differences lay. This will be discussed further below.

Table 3: Themes and subthemes

Themes	Subthemes
<i>“The trauma has to go somewhere”</i> : The impact of interviews on professional’s wellbeing	I’m alone Distressing thoughts, images and memories Seeing the world through a different lens Desensitisation
<i>“No space to breathe”</i> : The challenges faced	Keep going, going, going The horror of what we do Existing within a difficult system
<i>“It’s why I do what I do”</i> : Role fulfilment	Protecting people Allowing stories to be heard Post-traumatic growth
<i>“Making space”</i> : Individual coping strategies to manage the challenges	Putting on a different hat Acceptance Remembering the good side of life Coming up for air
<i>“Sharing the load”</i> : Forms of organisational and interpersonal support	Organisational support The role as specialised Being part of a team

Figure 2: Thematic map



3.2.1 “The trauma has to go somewhere”: the impact of interviews on professional’s wellbeing

This theme explores the different ways in which investigative interviewing impacted participants’ wellbeing. Although almost all participants described an impact, the source and magnitude of this varied. Some participants seemed to struggle more with the intensity of their job overall, and the demands they felt from a variety of sources, including victims, victims’ families and the organisation in which they worked. Other participants appeared to link their struggles directly to the second-hand trauma they experienced in interviews, in addition to the system within which they were existing. Notwithstanding the source of the impact, most participants described some level of adverse psychological effects of investigations on their wellbeing.

3.2.1.1 “I’m alone”

The majority of participants spoke about how isolating their job could feel outside of their professional world. One way in which participants made sense of this isolation was by considering how nobody was able to truly understand the role and the

significance of investigative interviews, except from those who were working within the same profession:

“No one can understand what you or someone who does your job, has to see and hear and go through on a daily basis” [Participant 1, MHSC, Female]

“Something about feeling like other people just wouldn’t really understand. Because I think even if you say what you’re working on, what client group you’re working on, people do kind of give you a bit of a funny look like, why are you doing that?” [Participant 10, MHSC, Female]

Participants also spoke about the nature of their job, and the fear of contaminating others with the horrific details of what they do:

“I have really, really good friends, but many of the times I certainly don’t talk to my friends about the work ‘cause it’s almost like, what’s the word, when you are sort of injecting something into somebody else? Sort of I just, I would never have, I, I wouldn’t talk about my work very much anyway, but yeah, so you sort of hold onto a lot” - [Participant 9, MHSC, Female]

There was a sense from some participants that this isolation and fear of contaminating others meant that they were often left holding on to the difficulties of their work, including the trauma itself. One participant reflected that this was even present in the research interview itself:

“I’m conscious of that as I speak... I’m even sort of choosing my words carefully telling you about that experience because, because I don’t want to upset you, because I don’t judge you as being someone who will have experienced that, so I don’t... so I choose my words carefully” - [Participant 13, PO, Male]

Participants also mentioned how their work impacted negatively on their personal relationships out of work, including increased feelings of isolation that impacted on how they both made, and maintained, social connections. Some participants also made reference to the emotional and cognitive toll on personal relationships and life outside of work, such as being distracted, being unable to “switch off”, choosing to isolate themselves, or becoming easily irritated:

“I suppose I probably did feel it off duty, I guess, where you start to be a bit less patient and maybe, have a bit of a shorter temper, that kind of thing” [Participant 14, PO, Female]

“Apparently, I used to come home after a long day and be completely stressed out and like almost on the ceiling and not quite... not bolshie but just not - apparently on edge. I used to be on edge the whole time” - [Participant 12, PO, Female]

“Like if you’ve been talking or thinking about a very inopportune moment, it can be quite difficult to explain what’s happening for you” [Participant 10, MHSC, Female]

3.2.1.2 Distressing thoughts, images and memories

Many participants spoke about experiencing distressing and intrusive thoughts, images and memories from the interviews:

“The images of this child stayed with me for weeks afterwards” [Participant 12, PO, Female]

“I was then having more of those intrusive images, maybe in the first few months” [Participant 10, MHSC, Female]

For some participants, it was one or two discreet cases that seemed to have remained in their minds. For others, it appeared to be more of an accumulative process. Some of these intrusions were related to worrying about victims, prioritisation of workload or other general work stressors. In several cases there were specific references to experiencing intrusive images of the sexual material they had seen or heard. This was particularly the case for MHSC participants. For example, for these participants, seeing certain objects in their life outside of work would bring the images of abuse to the forefront of their mind:

“Even some of their experiences might be related to you know, certain objects or certain things, and then that obviously will come back to you if you see something, you will think ‘oh... that child’” [Participant 1, MHSC, Female]

“It’s weird because I hadn’t been thinking about that ABE you know, consciously, but there was something like quite visceral... and you know the idea that I might look at this [chocolate bar] and it would be that [chocolate bar] that we talked about... that had so much significance to this young person in terms of the abuse, you know I felt really, like disturbed by it” [Participant 7, MHSC, Female]

Certain factors appeared to make this more likely to happen, such as when the victim’s family did not believe the victims story, or where the victim or circumstances of the offence had resonated with the participants own life:

“I’ve got a nephew... and sometimes I’d start thinking ‘Oh God no, you remind me of that little lad who I interviewed about this’” [Participant 5, PO, Female]

In addition to intrusive thoughts and images, some participants gave accounts of cases they had investigated years, even decades before, which they felt they would never be able to forget. This was particularly the case for PO participants:

“You carry it... you carry it for years and years and years, because there’s times now, I mean I just mentioned before didn’t I, that boy who was raped gosh that happened, let me just think now, that must have been 2000 and... lets say 2009 when that happened, and I can remember it like it were yesterday”
[Participant 3, PO, Female]

Some participants recalled the case so vividly that it resulted in a level of distress that they found difficult to regulate for an extended portion of the interview. This illustrates the pervasive nature of the potential impact of working as an investigative interviewer.

3.2.1.3 Seeing the world through a different lens

Some participants indicated that their general worldview had become more cynical, or that they were more suspicious about the behaviour or motives of others. These beliefs had been altered in the participants as a consequence of being exposed to the darker drives and behaviours of human beings:

“The exposure to that level of trauma and distress and violence and sexual violence, the impacts are I’ve definitely become more anxious about walking down the street at night... I’ve definitely become more worried about that stuff” [Participant 7, MHSC, Female]

“I think it just makes you aware of how horrific humans can be” [Participant 1, MHSC]

“There’s so much risk out there...” [Participant 3, PO, Female]

This had subsequently impacted on some participants behaviour’s outside of their work:

“[If I’m] going somewhere unusual, I would have to research it now, ‘cus I know what could happen. Anyone else might think it’s an adventure to go somewhere and I used to do, somewhere new, but now I would think oh, right, so I’m going somewhere new, what does that involve, who will be there? What could happen to me? Cus I know what’s happened to somebody else when they did something similar” [Participant 3, PO, Female]

Suspiciousness and cynicism regarding people’s intent to commit child sexual offences had increased for some participants, not just in terms of strangers and acquaintances, but in the context of family members too:

“I am very... hypervigilant about what goes on and, and like I say, when people say ‘horrible job that but it’s a one off, you know it doesn’t really happen that often’... well it does. When you are interviewing a kid three times a week, not the same one, about different bits, it happens all the time” [Participant 3, PO, Female]

“I was looking around the hall thinking who’s safe when they go home at night? And I, you know... I think the shock of sexual abuse within the family, which is most of what we see, I know we know it rationally, theoretically, but just thinking are all, are these children going home safe at the moment?”
[Participant 9, MHSC, Female]

Cynicism in the context of society’s ability to look after children was also apparent from some participants:

“If a child’s account isn’t even taken to court like what was the point in kind of going through that process sometimes, that’s what I think” [Participant 10, MHSC, Female]

3.2.1.4 Desensitisation

One consequence of exposure to trauma was an increasing desensitisation towards CSA, particularly for PO participants:

“I remember picking up the phone and a social worker said ‘oh you know we’ve got a referral, rape of a child’ and you say ‘oh right yeah what’s their name?’ And I sort of remember reflecting on that and you think, if someone rung up and I spoke to you about the rape of a child you’d be like ‘oh my god that’s horrendous’, but it was’ oh yeah, what’s that’...it, it just didn’t hit a nerve”
[Participant 6, PO, Male]

Amongst participants, there was a genuine conflict about the costs and benefits of desensitisation in the context of CSA investigations. Some participants suggested it was a necessary reaction to a very abnormal and shocking event:

“You’ve just got to park it, you’ve gotta switch yourself off” [Participant 6, PO, Male]

For others, it was a consequence that only covered up their true feelings for a short period of time:

“I think it’s better to feel if I’m honest. I’m probably far more empathetic with my family and my friends and my relationships are probably better compared to what they were when I was in the force” [Participant 2, MHSC, Female]

3.2.2 “No space to breathe”: the challenges faced

This theme explores the challenges participants identified in working as an investigative interviewer. These ranged from challenges specific to the role, to others that were more generic.

3.2.2.1 Keep going, going, going

This subtheme was predominantly dominated by PO participants, as demonstrated in Figure 2. The reality for almost every PO participant in the sample was large active caseloads, some maintaining over 30 cases at a time. This was starkly different to MHSC participants, where investigative interviews appeared to make up a far more discrete part of their job role.

Many PO's spoke candidly about the expectation to "keep calm and carry on" with investigations, no matter what the circumstance. This appeared to be closely linked to the idea that PO's working in CSA must be resilient and, as one participant described himself, "a tough nut". Some participants suggested that being anything other than resilient meant that they may not be perceived to be capable of doing their job professionally. This experience also appeared to be intensified amongst male participants:

"Obviously... police officers, you know, you go into the job knowing that you're going to be dealing with such cases, you know, you're going to be dealing with a lot of trauma and death and you know, it's just, you, you get on with it, that's the mind-set police officers have" [Participant 15, PO, Male]

"You've gotta kind of deal with that. Because otherwise you wouldn't be able to do your job professionally if you were like having a complete meltdown every time. So you know, I think you've gotta have a bit of erm you know, that thicker skin" [Participant 5, PO, Female]

PO participant's also spoke about this sense of being pushed to the extreme and reaching a "crisis point" before recognising that support may be needed:

"It almost feels like you've gotta have gone off the edge of a cliff before - do you know what I mean?" [Participant 5, PO, Female]

"I think because you push it aside for so long and you keep going, going, going, eventually, your body says, 'You're not listening enough'" [Participant 12, PO, Female]

This subtheme appeared underpinned by an organisational policing culture of invincibility that normalised overworking and focused on "just getting on with the job":

"I think that goes back to that police culture, not a deliberate conscious culture but sometimes a necessary culture of being resilient, being tough, dealing with it, because it is the job, it's the job you do, you choose to experience what I think is fascinating and remarkable things but which are also horribly troubling things" [Participant 13, PO, Male]

3.2.2.2 The horror of what we do

Many participants referred to the distress of seeing and hearing accounts of CSA second-hand, which would bring result in difficult feelings for them including disgust, shock, anger and sadness:

“You are diving into something really difficult and really horrible” [Participant 7, MHSC, Female]

“It’s absolutely soul-destroying... I know I was in tears at one stage because I could not understand or believe what I was seeing and why this woman would do this to her child” [Participant 12, PO, Female]

There were a few participants, however, who did not see the child abuse as a particularly challenging aspect of their job, and therefore did not identify it as a challenge of being an investigative interviewer:

“I have spoken very little about actually abused children and how they react and my reflection on them, and it’s not the case that I don’t reflect on them and I don’t care about them, but I’m just being honest to you, that the significant impact on me was not that, it was more the feeling of responsibility for it than actually engaging with their evident, significant distress” [Participant 13, PO, Male]

For this participant, the greatest challenge appeared to be the responsibility of achieving conviction justice for their victims.

3.2.2.3 Existing within a difficult system

All participants spoke, in one way or another, about difficulties operating within the legal system. For both MHSC and PO participants, there was a sense of “unbelievable pressure” that came with investigating CSA offences. For MHSC participants, this pressure appeared to stem more from the need to collect very high levels of detail about the crimes from victims, which often felt abusive but necessary:

“To go into so much detail, you see how their bodies kind of change in the room, and sometimes they become very visibly distressed so when you’re usually trying to do most of the things that you can to try and lessen that distress... sometimes in the interview it feels like you’re going towards it and pushing them towards that distress” [Participant 10, MHSC, Female]

“Maybe there is something about the level of detail... there’s always the potential in this kind of work to re-enact in some way the dynamics of the abuse, to feel like an abuser, to feel like you’re doing something to the child, you know you’re being too intrusive, you are sort of penetrating something in some way that feels too much, unwanted, they feel out of control” [Participant 7, MHSC, Female]

For PO participants, this pressure appeared to be more linked to the sheer volume of cases they were working on and the pressure from managers to get convictions, although this appeared to be intensified by the content and seriousness of the crime:

“You get the pressure of victims, not so much victims, but their parents, you know wanting a result and wanting to, you know, get their case going through quickly and, and get results and then you're getting pressure from just the job role itself, where you've got lots of jobs to deal with, and then there's more everyday coming in, so it's just constant, like, revolving door of jobs coming in and then there's pressure from the CPS... it's a lot of pressure from a lot of different areas” [Participant 14, PO, Female]

“What happens if we don't catch that burglar?... In the general scheme of the world and harm and selfishly, me, it's not the end of the world is it? It's not good, we've kind of failed, but at the end of the day that's not a disaster, whereas if you kind of fail in your role at investigating or protecting children that's... that really is particularly serious” [Participant 13, PO, Male]

A shared experience between participants was a sense of significant responsibility they felt towards the victims and families:

“What happens is as well, once the child opens up and tells me what's happened... their life will never be the same” [Participant 3, PO, Female]

“You can feel guilty, you feel tracked, you can feel like yeah, really responsible” [Participant 10, MHSC, Female]

Within this, a level of self-sacrifice was evident from many participants, with some directly referring to the need to do the job simply because they felt they could:

“There aren't many people that can interview a child and listen to the trauma that they have without walking away having nightmares. So I feel like, we don't have a choice but we have to know about these things, so if I can handle it, whilst still looking after my own mental health, I want to be able to fulfil that job role. So, when I left the police force I felt like I was doing society a disservice” [Participant 2, MHSC, Female]

The competing needs of the victim and the investigation brought up a range of difficult emotions for both MHSC and PO participants, including anger, sadness, hopelessness and feeling helpless:

“It's the continued frustration to know that the system doesn't seem to have changed, it still fails children” [Participant 6, PO, Male]

“I think the biggest challenge is like having hope and feeling like you are doing something useful in the face of a system which feels often incredibly oppressive in terms of the way that children are understood and related to” [Participant 7, MHSC, Female]

Many commented on the tensions in balancing the needs of the interviewee with the information gathering aims of the interview; juggling building rapport and establishing empathy, whilst also maintaining appropriate boundaries. Many participants spoke about having to “switch off” their emotions in interviews to adhere to the processes within the legal system:

“Emotion is pointless in an interview... that doesn’t service anything, that’s not being impartial, and then it causes you difficulties later down the line in court doesn’t it” [Participant 6, PO, Male]

More MHSC participants expressed struggling with this concept of “switch[ing] off” in the interviews, although there were PO participants who also expressed challenges within this. Many MHSC participants described it as inauthentic and against their instincts:

“I think that was what was very difficult at the beginning, just thinking how do I find my and stay true to my therapeutic self? [Participant 9, MHSC, Female]

“It makes me feel a bit enraged that I’m sort of being positioned in a way that isn’t really right” [Participant 10, MHSC, Female]

Although often viewed as a necessary part of an investigative interview, acting contrary to their own moral codes appeared to raise levels of distress for some. Some MHSC participants described ways in which they attempt to remain authentic and empathic within investigative interviews, despite the limitations described. As demonstrated in the quote below, this included communicating their understanding and sense of safety to the victims through their body language:

“It’s becoming much more tuned in to your body and the body of the child and having to say things with your own body, and tone ... you see a very traumatised child in front of you, you know, you want to be with the child, so it demands that of you but you can’t do that so, I mean there’s bits, there’s moments where you’re cutting off, where you’re more sort of very cognitively engaged, like what do I need to do next, this is my line of enquiry ... once you’ve kind of worked out what you’re saying, you are then also having to just kind of be there with them and use your body” [Participant 7, MHSC, Female]

3.2.3 “It’s why I do what I do”: role fulfilment

This subtheme explores participants’ experiences of the emotionally fulfilling aspects of investigative interviewing. Despite inherent challenges, it was clear that many participants gained considerable job satisfaction from investigative interviewing.

Participants spontaneously described a number of reasons behind taking the role and subsequently staying in the role.

3.2.3.1 Protecting people

Participants spoke about the value in feeling able to protect victims and keep them safe, not just from perpetrators, but also from the court system:

“I mean if you stop one child being raped, how amazing is that?” [Participant 6, PO, Male]

“If I can prevent a three-and-a-half-year-old, like I did two years ago, prevent a three-and-a-half-year-old from having to be cross examined in a court room then I’ve done my job. And so I’m really, really passionate ... I’m really passionate about the subject matter” [Participant 4, MHSC, Female]

PO participants also spoke about the fulfilment they experienced from feeling able to protect society in general:

“Most people who go into that role I think go into it for the right reasons, you know to catch the baddies as much as protect the children on equal levels... I think in child abuse investigation it’s not just ‘catch the people that commit crime’ but it’s also ‘protect the victims and society at the same time’ and they’re usually in equal measures” [Participant 11, PO, Female]

3.2.3.2 Allowing stories to be heard

MHSC Participants reflected on the privilege and power of allowing a child or young person to tell their story and be heard:

“We give a message to children, I hope, that we can bear the most unbearable things they’re bringing to us and there’s something quite helpful, I think, that it’s a standalone intervention” [Participant 9, MHSC, Female]

“I was just aware of that sense of silence and stigma and, and people carrying these experiences for many years and, and it, so it felt like in terms of this role it felt, yeah, it felt like an important role to be able to work with the young people and support them” [Participant 16, MHSC, Female]

3.2.3.3 Post-traumatic growth

There were a few participants who also referred to positive psychological changes they had experienced in themselves as a result of being an investigative interviewer. This included an increased ability to relate to others, an appreciation of the people in their lives, and new personal skills:

“I think it’s made me...more tolerant, more understanding” [Participant 11, PO, Female]

“I just appreciate those around me more” [Participant 2, MHSC, Female]

3.2.4 “Making space”: coping with the challenges

Participants described a number of coping strategies they employed to make space between themselves and the traumatic content they witnessed as part of their job. The way in which participants made this space varied considerably.

3.2.4.1 Putting on a different hat

Most participants described variations of “*putting on a different hat*” to manage the impact of their work. For some, this involved compartmentalising or rationalising the traumatic content of their work to avoid engaging on an emotional level. A few participants described this act as building a barrier between themselves and the trauma:

“I’m, I’m not an actor but they go in and they act. So, I go in, I do all, I show all the signs that I am there, and I am 100% in the room but when I leave I’ve got, like a switch, that I can switch off” [Participant 2, MHSC, Female]

“I know this may not be the most beneficial way of dealing with things but I can put that in a box, you know, because it’s not me, it’s not my loved ones... I can deal with that, this thing has happened anyway, someone else did that, I didn’t do it, so I’m able to rationalise those things... perhaps only to a degree” [Participant 13, PO, Male]

Although some participants described this as a natural and necessary action to take to cope, a few participants highlighted how this had been detrimental to their health and wellbeing and not sustainable in the long run:

“I think... I’ve masked it for years. I think, I’ve carried on regardless... and then I got into, I would say a rut, of not speaking about it, just ignoring it, when I shouldn’t of done” [Participant 3, PO, Female]

“When I watch something like Long Lost Family I’m not just having a little cry, I’m having a proper howl. And it’s a box of tissues job where I’m sobbing, I’m a complete mess and I’ve thought about that quite a lot. That I don’t actually think I’m just crying at a programme. I think I’ve got all this emotion in me... Not that I’m massively thinking of all the cases or feeling stressed or anything like that, but I just find an emotional outlet and so when I can cry I let all that - all that secondary trauma has to go somewhere. I can’t keep it in me. So you know, I will sob” [Participant 8, PO, Female]

MHSC Participants also spoke about separating between work and personal life to regulate their emotions. This felt subtly different to descriptions of

compartmentalising, and appeared to be more of a symbolic and deliberate act to end the working day and move away from the stressors and trauma:

“Maybe I’ll do a walk home, I can do part of my journey as a walk home, I can walk through the park, I might do some movement, I might do something quite, just grounding and settling” [Participant 16, MHSC, Female]

“So I cycle. So I would cycle to an ABE and cycle home up a big hill and that’s really helpful... Just getting rid of the day, I think, just the physical transition which I’ve really missed working from home actually more” [Participant 9, MHSC, Female]

This last quote also highlights the impact of Covid-19 on participant’s usual methods of coping.

3.2.4.2 Remembering the good side of life

Another way participants coped with investigative interviews was by trying to remember the ‘good side of life’. This appeared to be particularly important considering the pervasive and traumatic nature of their work and, as one participant summarised, the fact that, *“there is no good news in our job” [Participant 5, PO, Female]*

“I need to be able to feel like I was more than just my work, more than just things like horrendous stories that I was working with and dealing with” [Participant 10, MHSC, Female]

The way in which participants achieved this included engaging in meaningful hobbies, practicing self-care and using humour. Using humour as a way of coping was an almost unanimous experience amongst PO participants. In particular, PO participants referred to using *“black humour”* to manage the distressing nature of their job:

“In the police is the kind of, the police humour and very black humour and, and talking, talking cases through with the team in the office... start to talk it through and, and you know and joke about you know, just silly things... I think that’s probably a big coping mechanism for all police officers” [participant 14, PO, Female]

As one PO participant described it, this humour helped them keep the terrible things they witnessed *“in their box”* and in that respect, potentially let go of some of the trauma they encountered.

3.2.4.3 Acceptance

A shared experience between some participants was categorised under the code 'I'm human'. A handful of participants reflected on the importance of identifying the human toll of working with such extremes of trauma over time:

"When you look at what you've dealt with in the past, and what you've seen... you actually realise that you, you're not, you're not this kind of piece of rock, you know? You're a human being and you can, you can and you will break"
[Participant 12, PO, Female]

"I give myself permission to do those things, I might feel guilty but I give myself some permission to have some distance. Because otherwise it's all you think about and I'm more than just my job, and the children are more than just their experiences of sexual abuse" [Participant 10, MHSC, Female]

This identification appeared to help participants to accept the emotions and reactions they might experience in their work, increasing their self-compassion, and consequently mediating their distress.

3.2.4.4 Coming up for air

For some PO participants, there was a recognition that the demands of investigative interviewing meant that it was only once they had made space between themselves and the work, that they felt able to process their emotions and experiences. This was particularly pertinent for officers who had retired or left CSA units, who spoke about only being able to see the true impact of working in this field after they had left the force:

"I've not been doing it for about a year and I do feel emotionally in a much better place, more relaxed and I certainly don't feel any feelings of, kind of anxiety that are particularly impactful or anything like that... for example, so I sleep much better, I feel much more relaxed, less irritable, clearer in my thoughts, able to focus on other things in life" [Participant 13, PO, Female]

"it's only when you step out of that, you know you're like oh, I get this, I can breathe now" [Participant 14, PO, Female]

One similarity between MHSC and PO participants was the belief that this type of work might require a "shelf life" to be sustainable. Participants voiced worries over spending too long in this area of work, with a large number suggesting that the impact on their health and wellbeing would be too significant to continue for any length of time:

"You've dealt with so... so much evil, I would say, and, and trauma of other people, that the impact is that it does transfer onto the interviewing officer,

it has too. So whether there is a, or whether there should be a shelf life, in conducting these interviews, I think so” [Participant 3, PO, Female]

“There are people who I’m sure will make a whole lengthy career about it, but it, it’s not me. I don’t think I can because I think the impact of the constant stories, and not knowing what happens next and the weight of court for those cases that might go to court” [Participant 9, MHSC, Female]

There were participants, however, who felt that more time spent conducting investigative interviews actually decreased feeling of distress, because of the experience and increased confidence they gained as they moved through their career:

“As you get more experienced, the pressure, in some ways, becomes less, you know where you’re going, you know how to approach it, you know how to manage these things” [Participant 6, PO, Male]

3.2.5 “Sharing the load”: Forms of organisational and interpersonal support

This theme captures participants thoughts and feelings about organisational and interpersonal support, including supervision and training.

3.2.5.1 Being a team

Having a supportive working environment, where participants felt their wellbeing was actively considered, was crucial in managing the potential impact of investigative interviews. For PO officers, a supportive team also appeared to alleviate some of the “*just get on with it*” culture they had experienced within their workplace. Many PO participants spoke highly of their colleagues, with some referring to them as a “*family*” that created a safe space in which to share and validate traumatic experiences:

“I think I only coped because I worked with really good colleagues” [Participant 8, PO, Female]

“Especially within the team because they all understand and they’ve all dealt with horrible cases and similar cases and, and maybe even worse cases so, it’s absolutely a free forum and a safe forum to be able to talk about these things that you’re not really able to talk to with, like friends, friends and family outside of the organization. And that is really priceless, really. You know having those people to talk to who really understand” [Participant 14, PO, Female]

MHSC participants also spoke about the importance of feeling part of a team to manage the experience of investigative interviewing. In particular, the team experience appeared to help participants manage and normalise the pressure and responsibility experienced whilst doing investigations:

“I probably would say the best thing is the support you get around it, being able to have, have the support of the trainer beforehand... being able to work as a team on the day ... you're not just keeping it all in mind yourself, they're also helping you to keep it in mind as well, there keeping things in mind as well, so that you know that it's not a total responsibility, it's a shared responsibility that you're doing the interview” [Participant 16, MHSC, Female]

“I think there is a feeling of like needing to come out for air or like consulting with the team... you do really need your team because your own ability to think, I think it's that you get sort of tunnel vision, you know, you have a plan, you go in there, you are holding so much in your mind, you know there really is that sense of needing other minds with you” [Participant 7, MHSC, Female]

3.2.5.2 Organisational support

Participant's perceptions of the support available within their roles varied considerably. MHSC participants referred far more to relying on organisational support structures, such as reflective practice spaces and supervision, than PO participants:

“I do feel supported. I have a lot of peer support, the supervision” [Participant 9, MHSC, Female]

“I don't think, you know I don't think our emotional wellbeing was even, was on the radar... it's something we managed ourselves” [Participant 6, PO, Male]

MHSC participants also spoke more about the importance of these structures in managing their role, and appeared to lay greater emphasis on this support than the sense of being a team:

“How can you possibly deal with all of this stuff and not like the vicarious trauma stuff you've got to take that somewhere but people don't and I... my logic is if you're dealing with all of this crap you need somewhere to, as a really good psychologist once said to me, 'emotionally vomit'” [Participant 4, MHSC, Female]

PO's experience of support from their organisation appeared to be more mixed and collectively they appeared to rely on this far less than they relied on their colleagues. Some PO participants referred to feeling supported by their organisation:

“I said to my boss, 'I'm just, I'm a bit broken,' and he said to me, 'No,' he said. 'You're not,' he said. 'You're just like a McLaren that's going in to be tested. You can be fixed,' he says. 'You'll be fine,' and that, that was amazing, because I knew then that I could have some time out and I could go back to work” [Participant 12, PO, Female]

This participant's story highlights the power of feeling heard and experiencing permission to rest. Others, however, spoke about a lack of support that they felt was offered:

“Obviously they [psychometrics] are looking at, and I get it, and rightly so... are you depressed, or one of the big things is are you going to harm yourself but I, I get that we’ve got to do that but you, you, it’s as though you want like a free, you know, any other business at the end when they say, have you dealt with anything recently that you really want to talk about? And then, that would be the best bit, when you say well yeah I’ve just been dealing with a little girl, and bless her she’s this, that and the other and this is what’s happened and... it would just make you feel better as nobody ever has that conversation with you, about what you just done” [Participant 3, PO, Female]

“I think it’s on an annual basis you’ll be asked to do a questionnaire... the joke is normally that this always comes back with... something along the lines of ‘the work that you are dealing with is having, you know, is having a significant impact upon you emotionally but you’re ok so get on with it’ [laughs]” [Participant 13, PO, Male]

When organisational support was offered to PO participants, again the experience of this was varied. Some referred to finding the support worthwhile and important:

“That’s [support] changed massively, and of course with that change to becoming more professional, they realised that they needed to support those professionals more, so then of course, um, we have a department now, um a counselling department, which you can access” [Participant 6, PO, Male]

Whilst other PO participants expressed dissatisfaction and resentment towards the level of support and understanding offered to them:

“I remember towards the end when everyone was absolutely, just we were on our knees... there was a lot of sickness, a high rate of sickness on the unit with stress. And you know, we were almost sitting, rocking in the corner talking to her [counsellor] and she would spout off the same stuff, ‘Okay make sure you have time for yourself, eat some fruit’... and you just think you’ve got no idea the workload that we’re carrying... towards the end, when this lady didn’t come out to see us anymore we just got sent a questionnaire, like a tick box... we get all this trauma that we’re listening to or we’re investigating and we’re carrying that, and that’s as much as you can do, send us out a questionnaire?” [Participant 8, PO, Female]

3.2.5.3 The role as specialised

All participants described the complexity of the role and the skills required. Many spoke about the difficulty in engaging interviewees, having to develop and hone skills to build trust and encourage vulnerable people to share information. Both PO and MHSC shared frustrations with how their role may be viewed by other colleagues, organisations and society in general, and the lack of understanding of how specialised it is:

“You wouldn’t give a firearm to a police officer and say we haven’t got time to train you, just see how you get on” [Participant 4, MHSC, Female]

“Just when they say [supervisors], ‘Can you just go and get a quick ABE [Achieving Best Evidence] with that child?’ and you just think there’s nothing quick about an ABE” [Participant 5, PO, Female]

These frustrations tended to be expressed within discussions about training. Although many participants referred to high quality training experiences that left them feeling equipped to get started, participants pointed out that the training really only taught them the “mechanics”:

“I think the way the training is structured, there is an element whereby the training is ongoing, in terms of the supervision, I don’t think you can, I don’t think you necessarily just do the training, I’d say it’s almost like some kind of apprenticeship, that’s my sense of it, I don’t think you can just do the training and then feel fully competent” [Participant 16, MHSC, Female]

“It’s, bit like learning to drive a car, you know, in your driving lessons, you learn how to drive mechanically, but you don’t properly start learning until you’re, you’re out there on the road doing it yourself” [Participant 14, PO, Female]

Participants also described their concerns relating to a lack of continued and systematic training and supervision, as people’s careers progressed:

“I think it’s really dangerous to not have a formal [training]... the fact that the course is not nationally accredited is, I think, is really frightening.” [Participant 4, MHSC, Female]

Some PO participants also spoke about the lack of continued training throughout their careers as investigative interviewers, which appeared to link with how much participants felt supported:

“As well as having training it’s who checks on you when you’re out there? And why is there no refresher training? That’s a big thing” [Participant 8, PO, Female]

“I had no refresher training. So... in that time you see other people and you can pick up bad habits, you get bad habits yourself erm that should’ve been reviewed. You should have somebody to quality control your work” [Participant 11, PO, Female]

4. Discussion

4.1 Summary of findings

The current study aimed to explore professionals' experiences of conducting investigative interviews across multiple agencies and disciplines. Semi-structured interviews were undertaken with 16 participants and analysed using reflexive thematic analysis. Five themes and 17 subthemes were elicited from the data which captured how participants experienced interviewing in relation to: the general impact of the role; the challenges faced; their sense of fulfilment in the role; individual coping strategies employed; and forms of organisational and interpersonal support.

4.1.1 Impact on wellbeing

Working with often severely traumatised children and young people, most of the participants in this study described some level of impact on their wellbeing as an investigative interviewer, as highlighted in Theme 1 "The trauma has to go somewhere". Descriptions included impairments in participants physical and/or emotional wellbeing, including sleeplessness, rumination, increased tearfulness, changes to internal schemas and changes to interpersonal relationships. Findings conveyed interviewers' helplessness when bearing witness to the impact of sustained trauma on victims of crime, and many described feelings that can be considered consistent with empathy-based strains such as STS, vicarious trauma, compassion fatigue and burnout responses (Rauvola et al., 2019). This is akin to experiences reported in other police roles (e.g. Houdmont, 2013; Turgoose et al., 2017) and in other therapeutic roles (Killen, 2008; Iliffe & Steed, 2000; Pearlman & Mac Ian, 1995). This also supports research that has found associations between frequent indirect exposure to crimes against children and STS (Brady, 2006).

There were some observed differences in the way in which different disciplines described this impact. For example, descriptions of intrusive thoughts and flashbacks were particularly pertinent for MHSC interviewers, whereas descriptions of memories that "last forever" and exhaustion were far more common from PO participants. There are a number of possible reasons for these differences. One reason may be that participants were describing the same experience simply in differing ways. MHSC participants may be more familiar with the clinical and theoretical implications of listening to trauma second-hand, as part of their wider role, and therefore may feel more able to communicate this. Another potential reason may be that less stigma was felt amongst MHSC participants to talk explicitly about trauma responses, as this is

something that is taught in their training and may be more normalised within conversations amongst their supervisors and peers.

Many participants, both MHSC and PO, expressed feelings about this role requiring a “shelf-life” due to the pervasive traumatic and demanding nature of the work. This finding contradicts existing research, that has generally found a weak or non-existent association between length of time in the role and experiences of secondary trauma or reduced psychological wellbeing (Perron & Hiltz, 2006). One possible reason for why this study differed in its findings is that, unlike other studies, several participants were no longer involved in investigative interviewing. Participants who were no longer in the role also highlighted that it was only once they had stepped out of the environment, that they have been able to fully acknowledge the extent of the impact their job had on their wellbeing. This could be understood as avoidance, a key symptom of secondary traumatic stress and vicarious trauma. Similar findings have also been found for veterans (Rioli & Savicki, 2010), where the true effects of witnessing sustained and pervasive traumatic events were only noticeable once leaving the army.

4.1.2 Challenges of the role

Participants expressed a number of challenges they faced working as an investigative interviewer, as demonstrated in Theme 2 “*No space to breathe*”. One challenge that participants across disciplines shared was the experience of overwhelming responsibility and self-sacrifice. Most participants emphasised how integral investigative interviews are to successful prosecution, describing fear of getting interviews ‘wrong’ and collapsing a case, affecting not just judicial process and perceptions of investigative interviewers, but failing victims wanting justice. This appeared to be particularly pertinent against the backdrop of low conviction rates for CSA in the UK. Increased self-sacrifice has also been found to link with increased risk of empathy-based stress in other professions, for example nursing (Ciezar-Andersen & King-Shier). The amount of abuse that is witnessed vicariously by investigative interviewers, and the practical impossibility of bringing all those responsible to justice, is likely to impact upon participant’s sense of control and self-efficacy. This is important to consider, given decreased self-efficacy has been found to be associated with higher levels of secondary trauma and burnout in professionals working with traumatised individuals (Perron & Hiltz, 2006; Mackonienè & Norvilé, 2012).

A challenge unique to PO participants was the experience of huge caseloads, balancing multiple demands of the investigation and operating within a policing culture that normalises overworking and discourages emotional distress in response to the work. This finding echoes the substantial evidence of a culture of emotional suppression

within policing (e.g. Bell & Eski, 2016; Van Gelderen et al., 2011; Velazquez & Hernandez, 2019), and its adverse consequences for psychological wellbeing. This finding may also provide some explanation as to why PO participants expressed far greater experiences similar to those of burnout, for example long-term emotional exhaustion, and desensitisation (Maslach et al., 2001). PO participants also spoke of being involved in every aspect of a case, often describing conflicting and overwhelming responsibilities. The MHSC participants, on the other hand, were ‘only’ involved in the investigative interviews themselves, in relation to the investigation. In some ways, this appeared to bring its own unique challenges (e.g. greater sense of lack of control) however the benefits of this appeared to outweigh the challenges in terms of empathy-based stress experiences. Similarly to this study, Seigfried-Spellar (2018) found that police officers involved in multiple roles in investigations (e.g. digital forensic examiners and investigative interviewers) reported significantly higher scores of secondary traumatic stress and feelings of worthlessness/guilt than those doing one role.

A unique challenge for MHSC participants was the concept of “switching off” emotions in the interview. Although both groups of participants raised challenges with this, MHSC demonstrated far greater distress and difficulties with managing this experience. They also described more difficulties relating to the competing needs of the investigation and the child. One possible reason for this may be the way in which different disciplines centre themselves in their work, with MHSC interviewers’ centring more on the child’s experience, and the impact of this. For PO participants’, they may centre more on the legal investigation. This may have therefore led MHSC participants to feeling increased hopelessness in the context of their role as investigative interviewer. In the context of the empathy-based stress model (Rauvola et al., 2019) this may also increase levels of empathetic engagement, which could in turn increase levels of empathy-based strain or adverse occupational health and wellbeing outcomes.

4.1.3 Benefits of the role

In addition to the challenges faced, a number of participants spoke about the fulfilling nature of the role and the satisfaction they derived from being an investigative interviewer, although specific reasons for this varied between disciplines. This topic was demonstrated in Theme 3 *“It’s why I do what I do”*. A shared experience for participants was that of post traumatic growth, including a greater appreciation for the value of life and increased gratitude and empathy for others around them. This aligns with other literature that suggests that there can be positive symptoms associated with doing this type of work (Perez et al. 2010; Rhee, Ko & Han, 2006). For

MHSC participants, benefits were also derived from experiencing the privilege of helping children and young people to tell their stories, and to feel heard. For PO participants, it appeared more related to protecting victims and society in general from further criminal activity. These observed differences may be a product of the different roles, values and expectations of different disciplines. For example, as described by the then Home Secretary Theresa May (2010), the primary role of policing can be perceived to be to “cut crime, no more no less”. On the other hand, the primary role of MHSC workers, particularly Psychologists, is to help people to make sense of, and to manage, difficulties experienced. Further attention could be warranted to understand the overlapping of these values and roles in an investigative interviewing context, how this impacts on the interviewer’s sense of self and wellbeing and in turn, how this impacts the quality of the investigative interview.

Interestingly, positive factors and/or outcomes of this type of work (e.g. resilience and post-traumatic growth) are not currently considered in the empathy-based stress model (Rauvola et al., 2019). The results of this study highlight the potential merit in incorporating these factors into such a model, to allow further consideration on the influence of and interaction of these factors.

4.1.4 Coping strategies employed to manage impact

There were a number of individual coping strategies that participants employed to manage the psychological effects of investigative interviewing, as highlighted in Theme 4 “*Making space*”. These included compartmentalisation, acceptance, dissociation and avoidance. These strategies are mirrored frequently within studies of other professionals exposed to trauma (Avraham et al., 2014; Severson & Pettus-Davis’s, 2013; Wies & Coy, 2013). These responses to trauma may have both advantages and disadvantages. The advantages appeared to include helping participants to feel safe, secure, and comforted when they were at home or with their families, and detached from their work. It also aided detachment from empathy and identification with victims and their families. The disadvantages included difficulties in processing emotions, loneliness, and emotional dysregulation. This suggests that while detachment and avoidance-based strategies may help the interviewers during the exposure to trauma itself, they may be less useful in managing the effects of exposure outside of this direct contact with trauma material. This is supported by Dunkley and Whelan (2006), who found counsellors using non-productive coping strategies, such as withdrawing from others, substance use and other avoidance-based strategies, had

higher rates of vicarious traumatisation in comparison to those using adaptive strategies.

One coping strategy that appeared to bring a sense of acceptance and increase self-compassion for participants was when participants experienced internal normalising and validation of the impact of investigative interviews on wellbeing. This appeared to be crucial from both the interviewer themselves and supervisors. This finding highlights the importance of supervisory support and increased organisational knowledge of bearing witness to repeated trauma to aid personal coping strategies. Turgoose et al (2017) also found that police officers derived great benefit in being able to recognise, understand and ‘give a name’ to what they were experiencing in relation to trauma responses. This finding also supports previous research that suggests “active coping” is a productive response to therapists managing second-hand trauma experiences (Lee, 2017). Active coping refers to having an awareness of the stressor followed by making attempts to reduce negative outcomes (Zeidner and Endler, 1996). In this sense, to actively cope, interviewers first need to be aware that engaging with victim’s trauma stories could produce a negative emotional change, and therefore subsequent self-care steps are required to reduce the likelihood of such changes. Acknowledging the potential impact of hearing trauma stories and accepting human vulnerabilities may therefore be understood as the first step to active coping.

4.1.5 Organisational and interpersonal support

In addition to individual coping strategies, organisational and interpersonal support was a critical factor in participants feeling able to cope with the interviews, again highlighting the significance of contextual factors in mediating levels of empathy-based strain (Rauvola et al., 2019). This was demonstrated in Theme 5 “*Sharing the load*”. Participant’s accounts support previous research that has highlighted the critical importance of on-the-job-support for individuals engaged in work with trauma victims to process painful emotions (Collins and Long, 2003). They also support existing research exploring the association between organisational structure and investigative interviewing wellbeing. Perron & Hiltz (2006), for example, explored the factors associated with secondary trauma and burnout in a group of investigative interviewers in the US, and found that organisation satisfaction was the strongest relationship. Bourke & Craun (2014a) also found that supervisory support was the strongest variable associated with lower levels of secondary traumatic stress in their sample of police officers investigating CSA.

Feeling part of a team and having peer support was a crucial and universal experience for both PO and MHSC participants in managing the demands and responsibility of

investigative interviewing. The training experience also appeared crucial to some participants in feeling supported in their role, although there were frustrations expressed by some about a lack of specialised and formal training procedures. Participants from multiple disciplines referred to the training feeling like they were “learning to drive a car” but that it was only once they began working as an interviewer that the “real” training started. Some PO participants also spoke about the lack of continued training throughout their careers in regard to investigative interviewing, often noting that the responsibility to engage in any further training lay with the officer themselves. Training and supervision is a key aspect of managing psychological wellbeing at work (Hamig, 2017) and may therefore account for some of the psychological distress that PO participants expressed.

The experience of organisational support was mixed. Most MHSC participants expressed feeling supported by their organisation and having access to supervision and debriefing spaces to process traumatic events, which appeared to alleviate feelings of distress. This supports previous research, which has found significant correlations between supervisory alliance and lower disruptions in cognitive beliefs (Dunkley and Whelan, 2006), decreased somatic symptoms (Adams et al., 2001), reduced feelings of isolation and anxiety (Harrison and Westwood, 2009) and increases self-efficacy and confidence (Christensen & Kline, 2000). PO participants, on the other hand, differed far more on their experiences of organisational support. Some PO participants, particularly those that had left the field, expressed dissatisfaction with the level of support they received and experienced disregard towards their wellbeing from supervisors. Some also highlighted that even when organisational structures were in place, they and their colleagues had often disregarded formal debriefing strategies, voicing that this felt tokenistic and expressed worries about the lack of confidentiality when using these services. These findings highlight the potentially poor quality support that may have been offered to participants. It is also possible that this highlights important beliefs regarding help-seeking, stigma and a policing culture that may minimise the impact of trauma (Powell et al., 2014; Fortune, Rooney & Kirwan 2018; Perez et al. 2010; Wright, Powell & Ridge, 2006; Burns et al, 2008). Some participants were also keen to make clear that they did not feel in need of support from their organisation, despite conceding distress and implying cultural stigma that perpetuates emotional suppression.

In what is understood to be the only longitudinal study considering STS in police officers from across different departments (not specific to CSA), Craun et al (2014) found that coping strategies involving social support (e.g. peer support or familial support) appeared to be helpful in reducing STS in the immediate sense, but the long-term

impact was questionable. On the other hand, having healthy supervisory support reduced the impact of STS both in the short-term and in the long-term. These findings highlight the critical importance of organisational support to maintain wellbeing in investigative interviewers over time.

4.2 Clinical and Research Implications

The findings of this study illustrate the potentially profound and lasting impact investigative interviews can have on professionals, and highlights areas for future research and clinical interventions.

Given that many of the themes drawn from the data highlighted the multifaceted pressures on investigative interviewers from the organisation, the victims/families they work with and professionals at court, it is important that responsibility in managing the impact of their role is not placed solely on investigative interviewers. Exposure to trauma experienced by investigative interviewers is not a discrete trauma event, rather it is persistent and pervasive in nature. As described in the empathy-based stress model, additional adverse outcomes such as burnout may be more likely when individuals are repeatedly exposed to trauma and empathy demands. (Rauvola et al, 2019). A range of methods for facilitating and encouraging exploration of thoughts, feelings, and experiences, therefore, need to be established. It is recommended this should include regular clinical supervision, peer support sessions, ongoing training and opportunities to debrief. Previous research has demonstrated decreased levels of empathy-based stress (e.g. STS and compassion fatigue) for other professionals when receiving organisational support sessions and training (Delaney, 2018). As highlighted by Pearlman and Maclan (1995), to be able to employ active coping strategies, the person needs to be first and foremost aware of the stressor they are facing. It is therefore suggested that opportunities to increase theoretical understanding about the impact of trauma work and wellbeing more generally, should be offered to increase feelings of psychological safety amongst investigative interviewers.

It is evident from this study that there is still a policing culture that inhibits some investigative interviewers from being honest about the impact of their work. It is also evident that experiences of normalising mental health and trauma responses was crucial in managing wellbeing across disciplines. Organisations and supervisors in particular, have a significant part to play therefore in creating environments where interviewers can discuss and share their feelings openly and freely, without concerns regarding stigma, a breach of confidentiality or losing their job. Since some

participants reported interventions as unhelpful, organisations should consult investigative interviewers about their needs, further legitimising support seeking.

Finally, as several interviewers' spoke about the pervasive nature of the role and the belief that this type of work does not feel sustainable, particularly without continued and specialised training, more support is needed to review tenure and training procedures. Particular attention should be paid to reducing caseloads, offering shorter or fixed terms roles and to providing continuous training opportunities. Dedicating more resources to this area of work is expected to have a positive impact on victim care and on current concerns about the low number of reported CSA cases being prosecuted.

Continued research is needed to expand our understanding of the associations and impact of investigative interviewing, including predictor variables and measures of changes over time, for example through the use of longitudinal study designs. Whilst participants in this study identified varying coping strategies they employ to manage their role, further in-depth exploration of these may inform organisations on how best to support investigative interviewers. Further research should also be undertaken to measure organisational strategies implemented to reduce levels of empathy-based strain.

4.3 Strengths and limitations

The current study is believed to be the first national study exploring the experiences of investigative interviews across agencies and disciplines. The findings highlight the potential impact that doing this type of work can have on professionals, regardless of discipline. Findings also highlight inherent organisational challenges and provide recommendations for enhancing support to mitigate and manage the negative impact of the role. Employing a qualitative approach enabled exploration of this individual impact to be rich and detailed. Participants were recruited from across the UK, including both urban and rural areas, and consisted of both current interviewers and those that had left the field, something that has not yet been studied. This allowed for diverse voices of investigative interviews to be heard at differing levels and stages in their careers.

This study is not without limitations, however, which are important to hold in mind when drawing conclusions. Firstly, although it felt important to include voices of those who had left the field, the majority of police officers involved in the sample were those who were no longer working in this role. It is possible, therefore, that the conclusions drawn do not reflect the voices of police officers currently conducting

investigative interviews. The sample also had a higher proportion of females (81%) than the national data for officers working in police forces in England and Wales (32.4%).

Secondly, in addition to investigative interviews, participants engaged in a number of other tasks as part of work roles. It is therefore possible that their reflections were influenced by these wide-ranging experiences, despite attempts to direct participants focus onto their particular roles as investigative interviewers during the research interviews. Thirdly, due to the opportunistic sampling strategy used, it is possible that investigative interviewers feeling particularly distressed by their role may not have elected to take part, and therefore their voices were not captured. It is also possible that participants did not feel comfortable to disclose the full extent of their personal experiences in the research interview. It may be that offering repeated interviews may have enabled participants to feel more comfortable with sharing their experiences and subsequently more forthcoming with information. This study was also cross-sectional in nature, therefore participant experience was not able to be explored and understood over time. Fourthly, this research study was undertaken at the time of the COVID-19 pandemic within the UK. It is therefore likely that participants were experiencing additional occupational stressors due to this which may have impacted the results.

Lastly, whilst qualitative research provides rich and detailed accounts of individual experiences, it is important to hold in mind that it is the perspectives of just 16 individuals and that reflexive thematic analysis is an extremely subjective and necessarily personal process to the primary researcher. This can be a strength, because the researcher brings their own knowledge and background to the study. In the case of the primary researcher, this was experience with clinical psychology and a theoretical knowledge of the impact of trauma. A different researcher may have arrived at different personal interpretations. To mitigate single interpretation, the coding framework was developed through discussions with the supervisory team, which included Clinical Psychologists who worked in trauma and investigative interviewing, and an addictions researcher.

4.4 Conclusions

Investigative interviewers are an ever-growing specialised field of practice and the needs of this unique professional group are still not fully understood and sparsely studied to date, yet these individuals provide a critical service to children and their families. The study contributes to a growing literature base on examinations of wellbeing in investigative interviewers of CSA and provides a detailed understanding of individual experience. Framing participant's responses into an empathy-based stress

model (Rauvola et al., 2019) highlights the many contextual and individual factors that, combined with second-hand trauma and empathetic engagement, can cause huge implications for professional's health and wellbeing, in turn causing impact on organisational turnover, satisfaction and sickness and ultimately affecting victims of crime and their families. Findings also suggest that incorporating factors related to resilience and post-traumatic growth may be important to consider when exploring empathy-based stressors, to allow further consideration on the influence of and interaction of these factors to an individual's experience.

Although negative psychological experiences as a result of investigative interviewing may be experienced by all professionals, there are a number of factors that may decrease the likelihood of empathy-based strain, and increase the ability to employ adaptive coping strategies. These include: access to regular supervision and debriefing space, ongoing specialised training, only being involved in one area of the investigation (i.e. the investigative interview) and experiencing less stigma surrounding mental health and help-seeking. The findings suggest that for all investigative interviewers to feel safe and able to access support, cultural and organisational changes are required.

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6. Appendices

Appendix 1: KCL REC Approval letter

Research Ethics
Office

Franklin-Wilkins Building
100 Waterloo Bridge Wing
Waterloo Road
London SE1 9PU
Telephone 020 7848 4920/4070/4077
e-mail: ethics@kcl.ac.uk



Rebecca Key

9 March 2020

Dear Rebecca,

Project Title: The experience of professionals involved in Investigative Interviews: Reflections on their roles
Project Reference: HR-19/20-14656

I am pleased to inform you that full approval for your project has been granted by the PNM Research Ethics Subcommittee.

For your information, ethical approval has been granted for 3 years from 9 March 2020. If you need approval beyond this point, you will need to apply for an extension at least two weeks before this. You will be required to explain the reasons for the extension. However, you will not need to submit a full re-application unless the protocol has changed.

Ethical approval is required to cover the data-collection phase of the study. This will be until the date specified in this letter. However, you do not need ethical approval to cover subsequent data analysis or publication of the results. For secondary data-analysis, ethical approval is applicable to the data that is sensitive or identifies participants.

Please ensure that you follow the guidelines for good research practice as laid out in UKRIO's Code of Practice for research: <https://www.kcl.ac.uk/research/support/integrity-good-conduct/index.aspx>

Please note you are required to adhere to all research data/records management and storage procedures agreed to as part of your application. This will be expected even after the completion of the study.

If you do not start the project within three months of this letter, please contact the Research Ethics Office.

Please note that you will be required to obtain approval to modify the study. This also encompasses extensions to periods of approval. Please refer to the URL below for further guidance about the process:

<https://internal.kcl.ac.uk/innovation/research/ethics/applications/modifications.aspx>

Please would you also note that we may, for the purposes of audit, contact you from time to time to ascertain the status of your research.

If you have any query about any aspect of this ethical approval, please contact the Research Ethics Office:

<https://internal.kcl.ac.uk/innovation/research/ethics/contact.aspx>

We wish you every success with this work.

Yours sincerely,

Mr James Patterson
Senior Research Ethics Officer

For and on behalf of the PNM Research Ethics Subcommittee

Appendix 2: HRA Approval Letter



Professor Gail Gilchrist
National Addiction Centre
Institute of Psychiatry, Psychology and Neuroscience
King's College London
SE5 8AF

Email: approvals@hra.nhs.uk

22 December 2020

Dear Professor Gilchrist

**HRA and Health and Care
Research Wales (HCRW)
Approval Letter**

Study title:	The experience of professionals involved in investigative interviews: Reflections on their roles
IRAS project ID:	272969
REC reference:	20/HRA/5785
Sponsor	Kings College Hospital NHS Foundation Trust

I am pleased to confirm that [HRA and Health and Care Research Wales \(HCRW\) Approval](#) has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?

HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see [IRAS Help](#) for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?

HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to [obtain local agreement](#) in accordance with their procedures.

What are my notification responsibilities during the study?

The "[After HRA Approval – guidance for sponsors and investigators](#)" document on the HRA website gives detailed guidance on reporting expectations for studies with HRA and HCRW Approval, including:

- Registration of Research
- Notifying amendments
- Notifying the end of the study

The [HRA website](#) also provides guidance on these topics and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?

Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is 272969. Please quote this on all correspondence.

Yours sincerely,
Rebecca Evans
Approval Specialist

Email: approvals@hra.nhs.uk

Copy to: *Prof. Reza Razavi*

Appendix 3: Email from gatekeepers

Dear xxxx

--

Invitation to participate in a study about investigative interviewing in children and young people who disclose sexual violence

We are looking for professionals to take part in our research, which aims to explore the experiences and impact of being involved in Investigative Interviews. The study is being undertaken as part of a Clinical Doctorate in Psychology by Rebecca Key at Kings College London. It has been approved by the [*Health Research Authority (IRAS number: 272969)/ Kings College London University research ethics committee (Ref: HR-19/20-14656)*].

What is the purpose: The purpose of the study is to gain a richer understanding of the experiences and impact of taking part in investigative interviews with children and young people who disclose sexual violence, within a UK context. Your contribution may help to inform practice across disciplines and contribute to service development.

What are the inclusion criteria: To participate in the study you must have:

- Completed training in the UK in investigative interviewing with children and young people
- Either currently or, previously, be involved in investigative interviews with children and young people who have disclosed sexual violence, or where there are strong indicators to suggest that this may have occurred, in line with ABE guidelines

What happens if you take part: If you agree to take part, you will be asked to participate in a one-off semi-structured interview (via video call/telephone) that will take up to one hour. Your data will be anonymous and stored securely.

What to do next: If you are interested in hearing more about the research and/or wish to take part, we would love to hear from you. Please contact the researcher Rebecca directly via email at:

Rebecca.Key@kcl.ac.uk

Further information on the study is attached. Please do not hesitate to contact Rebecca if you have any questions.

Best wishes,

xxx

Appendix 4: Modification request approval

Research Ethics
Office

Franklin-Wilkins Hall (F4)
5-5 Waterloo Bridge Wing
Waterloo Hotel
London SE1 6PU
Telephone 020 7848 9326/020 7848 9327
reo@kcl.ac.uk



07/10/2020

Dear Rebecca,

Reference Number: RESCM-19/20-14656

Study Title: The experience of professionals involved in investigative interviews: Reflections on their roles

Modification Review Outcome: Full Approval

Thank you for submitting a modification request for the above study. This is a letter to confirm that your request has now been granted Full Approval.

If you have any questions regarding your application please contact the Research Ethics Office at reo@kcl.ac.uk.

Kind regards

Mr James Patterson

Senior Research Ethics Officer

on behalf of

PNM Research Ethics Subcommittee

Appendix 5: Participant Information Sheet (Non-NHS participants - KCL REC approved)

INFORMATION SHEET FOR PARTICIPANTS



This study has been reviewed and approved by: Kings College London

Ethical Clearance Reference Number: HR-19/20-14656

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of study

The experience of professionals involved in investigative interviews: Reflections on their roles

Invitation Paragraph

I would like to invite you to participate in this research project which forms part of my Doctorate in Clinical Psychology research. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The purpose of the study is to gain a richer understanding of the experiences of taking part in investigative interviews with children and young people who disclose sexual violence, including female genital mutilation, within a UK context.

Why have I been invited to take part?

You are being invited to participate in this study because:

- Participants must have completed training in the UK in investigative interviewing with children and young people
- Participants must either currently or, previously, be involved in investigative interviews with children and young people who have disclosed sexual violence, or where there are strong indicators to suggest that this may have occurred, in line with ABE guidelines

What will happen if I take part?

If you choose to take part in the study, you will be asked to participate in a one-off semi-structured interview exploring your experience of conducting investigative interviews with young people who have disclosed sexual violence. Participation will take place via telephone/video call at a time convenient to you. The interview will last around 60 minutes. With your consent, interviews will be audio recorded. As part of participation you will be asked to provide details of your experience of conducting investigative interviews with children and young people and your thoughts and

feelings on any impact they may have had on you. You will not be asked to provide specific details on the content of these interviews.

Do I have to take part?

Participation is completely voluntary. Your employment will not be affected by your decision as to whether or not you participate. You should only take part if you want to and choosing not to take part will not disadvantage you in anyway

Once you have read the information sheet, please contact us if you have any questions that will help you make a decision about taking part. If you decide to take part we will ask you to sign a consent form and you will be given a copy of this consent form to keep.

What are the possible risks of taking part?

Given the nature of this study, it is highly unlikely that you will suffer harm by taking part. If you do become uncomfortable within the interview you can stop at any point. The researcher will also provide contact details of appropriate support services for participants to access if required.

If there are concerns about your or someone else's safety, the research team may deem it necessary to share information with the relevant services.

What are the possible benefits of taking part?

You will have the opportunity to contribute to this research and play a key role in understanding the impact that human service professionals, like those involved in investigative interviewing, may experience. Your contribution may help to inform practice across disciplines and contribute to service development. It is also hoped that this research will help to increase staff support/retention, ultimately building better services for vulnerable children.

Data handling and confidentiality

Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR). Anonymous quotations from the interview may be used in reports, presentations and publications, however every step will be taken to ensure you will be unidentifiable and your confidentiality upheld. Data collected from the interviews will only be shared within the research team and, with your consent, a transcription service. A data transfer agreement will be in place for this which will ensure that data continues to be held in compliance with UK data protection standards (GDPR).

All research data stored electronically will be encrypted. When data are downloaded to a secure file, your contact details will be kept separate from your interview transcriptions and you will be identified by a participant number. The transcript and audio recording will be stored on a secure computer. As soon as the audio file has been checked on the secure computer, it will be deleted from the recording device. Your personal data will be retained for the length of the study (until September 2021) and will then be deleted. Audio recordings and transcripts will be kept securely for 7 years after publication of the findings and then destroyed. The data will be kept on a computer and will be stored separately from your contact details.

Data Protection Statement

The data controller for this project will be King's College London. The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest' You can provide your consent for the use of your personal data in this study by completing the consent form that has been provided to you.

You have the right to access information held about you. Your right of access can be exercised in accordance with the General Data Protection Regulation. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments and requests about your personal data can also be sent to the King's College London Data Protection Officer Mr Albert Chan info-compliance@kcl.ac.uk. If you wish to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk.

What if I change my mind about taking part?

You are free to withdraw at any point of the study, without having to give a reason. Withdrawing from the study will not affect you in any way. You can withdraw your data from the project up until the time of the results of the study are written up for publication (31st March 2021), after which withdrawal of your data will no longer be possible. If you choose to withdraw from the study, we will not retain the information you have given thus far.

What will happen to the results of the study?

The results of the study will be summarised in a thesis for my Doctorate in Clinical Psychology. The results will also be used for academic publications and presentations, but all data will be anonymised.

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Rebecca Key

Kings College London

PO78, Institute of Psychiatry, Psychology & Neuroscience

De Crespigny Park, Denmark Hill

London, SE5 8AF

Rebecca.Key@kcl.ac.uk

What if I have further questions, or if something goes wrong?

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact King's College London using the details below for further advice and information:

Gail Gilchrist, Ph.D.

Professor in Addictions Healthcare Research

King's College London

Institute of Psychiatry, Psychology and Neuroscience

National Addiction Centre

London, SE5 8BB

gail.gilchrist@kcl.ac.uk

Dr Gill Dale,

Director of Research Quality; Head, Joint R&D Office of South London and Maudsley NHS Foundation Trust and Institute of Psychiatry, Psychology & Neuroscience (IoPPN), P005, Institute of Psychiatry, Psychology & Neuroscience (IoPPN), King's College London, De Crespigny Park, London SE5 8AF.

Thank you for reading this information sheet and for considering taking part in this research.

Appendix 6: Participant Information Sheet (NHS Participants - HRA approved)

INFORMATION SHEET FOR PARTICIPANTS



This study has been reviewed and approved by: The Health Research Authority

IRAS Number: 272969

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of study

The experience of professionals involved in investigative interviews: Reflections on their roles

Invitation Paragraph

I would like to invite you to participate in this research project which forms part of my Doctorate in Clinical Psychology research. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The purpose of the study is to gain a richer understanding of the experiences of taking part in investigative interviews with children and young people who disclose sexual violence, including female genital mutilation, within a UK context.

Why have I been invited to take part?

You are being invited to participate in this study because:

- Participants must have completed training in the UK in investigative interviewing with children and young people
- Participants must either currently or, previously, be involved in investigative interviews with children and young people who have disclosed sexual violence, or where there are strong indicators to suggest that this may have occurred, in line with ABE guidelines

What will happen if I take part?

If you choose to take part in the study, you will be asked to participate in a one-off semi-structured interview exploring your experience of conducting investigative interviews with young people who have disclosed sexual violence. Participation will take place via telephone/video call at a time convenient to you. The interview will last around 60 minutes. With your consent, interviews will be audio recorded. As part of participation you will be asked to provide details of your experience of conducting investigative interviews with children and young people and your thoughts and

feelings on any impact they may have had on you. You will not be asked to provide specific details on the content of these interviews.

Do I have to take part?

Participation is completely voluntary. Your employment will not be affected by your decision as to whether or not you participate. You should only take part if you want to and choosing not to take part will not disadvantage you in anyway

Once you have read the information sheet, please contact us if you have any questions that will help you make a decision about taking part. If you decide to take part we will ask you to sign a consent form and you will be given a copy of this consent form to keep.

What are the possible risks of taking part?

Given the nature of this study, it is highly unlikely that you will suffer harm by taking part. If you do become uncomfortable within the interview you can stop at any point. The researcher will also provide contact details of appropriate support services for participants to access if required.

If there are concerns about your or someone else's safety, the research team may deem it necessary to share information with the relevant services.

What are the possible benefits of taking part?

You will have the opportunity to contribute to this research and play a key role in understanding the impact that human service professionals, like those involved in investigative interviewing, may experience. Your contribution may help to inform practice across disciplines and contribute to service development. It is also hoped that this research will help to increase staff support/retention, ultimately building better services for vulnerable children.

Data handling and confidentiality

Your data will be processed in accordance with the General Data Protection Regulation 2018(GDPR).

- We will need to use information from you in this project. This information will include your name and contact details, so we are able to get in touch with you about the study.
- All information that you give as part of the research will be kept safe and secure and will only be accessed by the researchers and, with your consent, a transcription service. A data transfer agreement will be in place for this which will ensure that data continues to be held in compliance with UK data protection standards (GDPR).
- People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.
- Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. Anonymous quotations from the interview may be used in reports, presentations and publications, however every step will be taken to ensure you will be unidentifiable and your confidentiality upheld.

Data Protection Statement

Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR). If you would like more information about how your data will be processed in accordance with GDPR please visit the link below:

<https://www.kcl.ac.uk/research/support/research-ethics/kings-college-london-statement-on-use-ofpersonal-data-in-research>

If you would like a printed version of the above, please contact the researcher.

Where can you find out more about how your information is used?

You can find out more about how we use your information:

- on the Health Research Authority website www.hra.nhs.uk/information-about-patients/
- in a leaflet called: HowWeWillUseYourData KCH V1 (21-11-19) – available from the study team
- at our website <https://www.kch.nhs.uk/about/corporate/data-protection>
- by emailing our Data Protection Officer on kch-tr.dpo@nhs.net

What if I change my mind about taking part?

You are free to withdraw at any point of the study, without having to give a reason. If you choose to withdraw, we will keep information about you that we already have. Withdrawing from the study will not affect you in any way.

What will happen to the results of the study?

The results of the study will be summarised in a thesis for my Doctorate in Clinical Psychology. The results will also be used for academic publications and presentations, but all data will be anonymised.

Who is organising and funding this study?

The researcher in charge of this study is Professor Gail Gilchrist. The study is funded and sponsored by King's College London.

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Rebecca Key

Kings College London

PO78, Institute of Psychiatry, Psychology & Neuroscience

De Crespigny Park, Denmark Hill

London, SE5 8AF

Rebecca.Key@kcl.ac.uk

What if I have further questions, or if something goes wrong?

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact King's College London using the details below for further advice and information:

Gail Gilchrist, Ph.D.

Professor in Addictions Healthcare Research

King's College London

Institute of Psychiatry, Psychology and Neuroscience

National Addiction Centre

London, SE5 8BB

gail.gilchrist@kcl.ac.uk

Dr Gill Dale,

Director of Research Quality; Head, Joint R&D Office of South London and Maudsley NHS Foundation Trust and Institute of Psychiatry, Psychology & Neuroscience (IoPPN), P005, Institute of Psychiatry, Psychology & Neuroscience (IoPPN), King's College London, De Crespigny Park, London SE5 8AF.

Thank you for reading this information sheet and for considering taking part in this research.

CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.



Title of Study: The experience of professionals involved in investigative interviews related to child sexual violence: Reflections on their roles

King's College Research Ethics Committee Ref: HR-19/20-14656

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Please tick or initial

I confirm that I understand that by ticking/initialling each box I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study.

☐

Please tick or initial

1. I confirm that I have read and understood the information sheet dated 24.02.20 v3 for the above study. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction.

☐

2. I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason, up until 31st March 2021.

☐

3. I consent to the processing of my personal information for the purposes explained to me in the Information Sheet. I understand that such information will be handled in accordance with the terms of the General Data Protection Regulation.

☐

4. I understand that my information may be subject to review by responsible individuals from the College for monitoring and audit purposes.

☐

5. I understand that anonymous quotes may be included in reports, presentations and publications from this research

☐

6. I understand that every step will be taken to ensure confidentiality and anonymity.

☐

7. I consent to my interview being audio recorded. ☐
8. The procedures regarding confidentiality have been clearly explained to me. ☐
9. I understand that the audio recording of the interview will be securely emailed to a transcription company who will listen to the recording and type it out word for word, for the purpose of the analysis. Before the audio recording is sent, the transcription company will sign a confidentiality agreement and data processing agreement. ☐
10. I understand that my personal data will be retained for the length of the study (until September 2021) and will then be deleted. Audio recordings and transcripts will be kept securely for 7 years after publication of the findings and then destroyed. ☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Researcher	Date	Signature

CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.



The Health Research Authority: IRAS number 272969

Title of Study: The experience of professionals involved in investigative interviews related to child sexual violence: Reflections on their roles

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Please tick or initial

I confirm that I understand that by initialling each box I am consenting to this element of the study. I understand that it will be assumed that by not initialling boxes, I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study.

☐

Please tick or initial

1. I confirm that I have read and understood the information sheet dated 07.12.20 v2 for the above study. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction.

☐

2. I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason, but the information already collected will be retained.

☐

3. I consent to the processing of my personal information for the purposes explained to me in the Information Sheet. I understand that such information will be handled in accordance with the terms of the General Data Protection Regulation (2018).

☐

4. I understand that my information may be subject to review by responsible individuals from the College for monitoring and audit purposes.

☐

5. I understand that anonymous quotes may be included in reports, presentations and publications from this research

☐

6. I understand that every step will be taken to ensure confidentiality and anonymity.

☐

7. I consent to my interview being audio recorded.

☐

8. The procedures regarding confidentiality have been clearly explained to me.

☐

9. I understand that the audio recording of the interview will be securely emailed to a transcription company who will listen to the recording and type it out word for word, for the purpose of the analysis. Before the audio recording is sent, the transcription company will sign a confidentiality agreement and data processing agreement.

☐

10. I understand that my personal data will be retained for the length of the study (until September 2021) and between 3 – 6 months after this, after which it will be deleted. Audio recordings and transcripts will be kept securely for 7 years after publication of the findings and then destroyed.

☐

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Appendix 9: Interview Topic Guide

Interview Topic Guide

Introduction

- ❖ Thank the participant for agreeing to take part and researcher to introduce themselves
- ❖ Provide participants with participant information sheet, give brief background information on rationale for study (as outlined in PIS) and reiterate approximate length of interview
- ❖ Check that participant ok for interview to be recorded
- ❖ Provide information about confidentiality
- ❖ Ask them if they have any questions before the interview begins
- ❖ Gain informed consent

Background/demographic information on interviewee:

- ❖ Gender
- ❖ Ethnicity
- ❖ Age range: 18 – 30, 31 – 40, 41 – 50, 51 – 60, 60+
- ❖ Professional group/role
- ❖ Years since qualifying
- ❖ Years in current role
- ❖ Number of investigative interviews undertaken
- ❖ Date of last investigative interview

General topics

- ❖ Investigative interviews
 - Why did you take on this role? (e.g. training in investigative interviewing in line with ABE guidance)
 - Can you tell me how interviews are usually conducted?
 - At what point do you meet the child or young person? Who introduces you to them?
 - How long do interviews typically last? Do you meet the child on more than one occasion?
 - How many such interviews would you conduct typically in a week/month?
- ❖ Training
 - What training have you received in conducting interviews with children and young people? When?
 - Do you feel training prepared you for this role?

- Have you received any subsequent refresher training or do you receive regular briefings?
- ❖ Support
 - Do you get support internally/externally for this role?
 - What support do you receive after conducting interviews?
 - do you receive regular individual supervision?
 - Are you able to debrief/share experiences with colleagues?
 - Do you feel supported in conducting this work? If no, why not and how would you like to be supported? If yes, what support mechanisms are in place (if not already mentioned)?
 - What personal strategies do you have to manage the impact of conducting these interviews?
 - What/how
- ❖ Impact
 - How would you say the interviews impact you?
 - Do you find yourself thinking about the children and young people you have interviewed in subsequent days?
 - Can you give an example?
 - To what extent do you feel able to talk about the impact within your organisation?

Ending the interview

- ❖ Anything else that the interviewee feels has been missed and anything that they did not get a chance to discuss fully
- ❖ Is there anything you would like to ask me?
- ❖ End of interview – thank you

Appendix 10: Example of Transcript Segment with Initial Coding

Interview Transcript (Participant 12)	Initial Codes
R: Oh really? P12: because she, I went in, I couldn't speak again. I still had, you know, I'd been signed off sick at work. R: Had you? P12: I just felt absolutely - you know, what am I doing, because I had so many cases that I still needed to investigate. So half of me was like I'm letting, I can't be off sick. I'm letting my victims down.' R: Oh, so you were still... P12: Right? And the other half was 'What do you mean I need a speech therapist? There's, there must be more to it than that,' and this lovely lady, she got me to read some verse, or chapter, or something and I could hardly speak, and she said to me, 'You are absolutely on your knees, you are stressed to the hilt'. I think because you push it aside for so long and you keep going, going, going, eventually, your body says, 'You're not listening enough,' and that's what she said to me. She said, 'I'm signing you off' she said, 'for a couple of months,' but again, I was feeling stressed because I had victims that I needed to look after and investigate their cases. R: Okay, yeah... and did you manage to have a period off sick? P12: I did, I did. I was off for two months but I was having calls from work because they don't know your jobs and you do, you build a report. so I felt, I felt a real sense of pressure but I also knew - luckily, [X] was with me [<i>laughter</i>] and said, 'You need to give yourself this time out,' and that's what the doctor said as well.	Reaching crisis point A lot of work Responsibility and self-sacrifice A lot of work Reaching crisis point Responsibility/self-sacrifice A lot of work Organisational culture Pressure

Appendix 11: 15-point checklist for criteria for good thematic analysis (Braun & Clarke, 2006).

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for “accuracy”.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed - interpreted, made sense of - rather than just paraphrased or described.
	8	Analysis and data match each other - the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organised story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written Report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done - i.e., described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as active in the research process; themes do not just “emerge”.

Appendix 12: Assumptions Identified through Bracketing Interview

1. Psychologists will have more opportunities for supervision spaces than police officers, and therefore the impact of investigative interviews will be less
2. The experiences of professionals will differ greatly, depending on job role
3. Participants may only portray a positive view of the interview
4. Interviewees may feel less able to open up, as interviews will be conducted remotely
5. The number of years since qualifying may have an impact on the ability to manage trauma narratives

Appendix 13: Sample Extracts from Research Reflective Diary

Reflections from the 6th Interview

- I found this interview difficult to manage. There were lengthy descriptions about child sexual abuse cases, in addition to a high level of emotion from the participant, that I found myself feeling some distress. After the interview I took time to process our conversation however I was struck by my desire to “block” the stories out and move on. It has made me think about how participants have described the pull to just keep on moving, and the psychological defences that may be involved in these behaviours. It’s also made me consider how this is only a snippet of what the participants experience, and how privileged I am to have support structures in place (e.g. bracketing interviews, supervision) to process my emotions.

Reflections from the 13th Interview

- I noticed that when I demonstrated empathy to the participant distress, he appeared to close up and replied that I did not need to worry about his wellbeing. It made me think about how he was receiving my empathy, and why this felt potentially unbearable. I wondered how this translated into the participants occupational life and how much this links with organisational culture. It also reminded me that I need to balance my response to distress in a way that does not put participants off from opening up. This interview was another reminder that I need to remain in my role as a researcher, rather than provide emotional support in my role as a Trainee Clinical Psychologist.

Appendix 14: Themes, subthemes, codes and supporting quotes

<u>Themes</u>	<u>Subthemes</u>	<u>Codes</u>	<u>Quote examples</u>
The trauma has to go somewhere	I'm alone	No one understands	<i>"No one can understand what you or someone who does your job, has to see and hear and go through on a daily basis"</i> [Participant 1, MHSC] <i>"You don't really want the conversation to go round to child abuse. It's not really the best topic is it?"</i> [Participant 8, PO] <i>"Something about feeling like other people just wouldn't really understand. Because I think even if you say what you're working on, what client group you're working on, people do kind of give you a bit of a funny look like, why are you doing that?"</i> [Participant 10, MHSC]
		Contaminating	<i>"I have really, really good friends, but many of the times I certainly don't talk to my friends about the work 'cause it's almost like, what's the word, when you are sort of injecting something into somebody else?... So you sort of hold onto a lot"</i> [Participant 10, MHSC] <i>"I didn't speak to my family about jobs that I dealt with... because, yeah it would be upsetting and it's not very nice to speak about"</i> [Participant 14, PO] <i>"Knowing that you can't really go back and talk to anyone about it because like, you don't want them to know what you've been listening to... you don't even want to give them a sense of what you've heard. So it can feel a little bit isolating because you're a bit like worked up"</i> [Participant 10, MHSC]
		Relationships	<i>"I used to come home after a long day and be completely stressed out and like almost on the ceiling and not quite... not bolshie but just not - apparently on edge. I used to be on edge the whole time"</i> [Participant 12, PO]

			<i>"I'm probably far more empathetic with my family and my friends and my relationships are probably better compared to what they were when I was in the force. As much as I hate to admit it" [Participant 2, MHSC]</i> <i>"I suppose I probably, did feel it off duty, I guess, where you start to be a bit less patient and maybe a bit, have a bit of a shorter temper, that kind of thing" [Participant 14, PO]</i>
	Distressing thoughts, images and memories	Intrusive thoughts	<i>"Some of their experiences might be related to you know, certain objects or certain things, and then that's obviously um will come back to you if you see something, you will think "oh that child"</i> [Participant 1, MHSC] <i>"I've got a nephew... and sometimes I'd start thinking 'Oh God no, you remind me of that little lad who I interviewed about this'" [Participant 5, PO, Female]</i> <i>"I think the impact was I had quite a lot of intrusive thoughts at the beginning" [Participant 9, MHSC, Female]</i>
		Intrusive images	<i>"The images of this child stayed with me for weeks afterwards"</i> [Participant 12, PO, Female] <i>"In my own intimate relationship, I used to sometimes have images, which were hard to get rid of, if that makes sense? So it was challenging in a way that I've never been challenged" [Participant 9, MHSC, Female]</i> <i>"It's weird because I hadn't been thinking about that ABE you know, consciously, but there was something like quite visceral... and you know the idea that I might look at this [chocolate bar] and it would be that [chocolate bar] that we talked about... that had so much significance to this young person in terms of the abuse, you know I felt really, like disturbed by it" [Participant 7, MHSC, Female]</i>
		Memories that last for years	<i>"You carry it... you carry it for years and years and years, because there's times now, I mean I just mentioned before didn't I, that boy who was raped gosh that happened, let me just think now, that must have been 2000 and... lets say 2009 when that happened, and I can remember it like it were yesterday"</i> [Participant 3, PO, Female]

			<i>"You know, you know that example I've given there, that was years ago and it still haunts me now" [Participant 6, PO, Male]</i> <i>"You see some horrible things and they don't go away" [Participant 11, PO, Female]</i>
	Seeing the world through a less safe lens	The world is dangerous	<i>"It's a shop that you and the child are familiar with, you know the neighbourhood and you are happy with it. Now, I would say that's a normal thing... for me now it's not... If I was in your house, I would be saying to you, are you sure about that? Because I've dealt with that 13 year old boy, who's gone to the shop, who's been raped by a stranger" [Participant 3, PO, Female]</i> <i>"I was looking around the hall thinking who's safe when they go home at night? And I, you know... I think the shock of sexual abuse within the family, which is most of what we see, I know we know it rationally, theoretically, but just thinking are all, are these children going home safe at the moment?" [Participant 9, MHSC, Female]</i> <i>"You're quite often hearing about the negative aspects of human nature, and the negative aspects of interpersonal relationships and how people may, you know, misuse their power, their position, their role, so that may be... how that may... impact on ones view of the world, I guess" [Participant 16, MHSC, Female]</i> <i>"I think it just makes you aware of how horrific humans can be" [Participant 1, MHSC]</i>
		Hypervigilance	<i>"Anyone else might think it's an adventure to go somewhere and I used to do, somewhere new, but now I would think oh, right, so I'm going somewhere new, what does that involve, who will be there? What could happen to me? Cus I know what's happened to somebody else when they did something similar. And I think because you've dealt with so... so much evil, I would say, and trauma of other people, that the impact is that it does transfer onto the interviewing officer, it has too" [Participant 3, PO, Female]</i> <i>"The exposure to that level of trauma and distress and violence and sexual violence, the impacts are I've definitely become more anxious about walking down the street at night... I've definitely become more worried about that stuff" [Participant 7, MHSC, Female]</i>

			<i>"I am very... hypervigilant about what goes on and, and like I say, when people say 'horrible job that but it's a one off, you know it doesn't really happen that often'... well it does. When you are interviewing a kid three times a week, not the same one, about different bits, it happens all the time" [Participant 3, PO, Female]</i>
		Cynicism	<i>"if a child's account isn't even taken to court like what was the point in kind of going through that process sometimes, that's what I think but yeah" [Participant 6, PO, Male]</i> <i>"It's just, It's just sad that it's just something like that has happened in, and no doubt probably happens... It does still happen with other children all the time" [Participant 15, PO, Male]</i>
		Desensitisation	
		Costs	<i>"I think it's better to feel if I'm honest. I'm probably far more empathetic with my family and my friends and my relationships are probably better compared to what they were when I was in the force" [Participant 2, MHSC, Female]</i> <i>"A lot of it, just it just goes straight over me, it doesn't really impact me, but, that's not to say if I ever finished working with the police and, you know... you have time, you have time to think about what you have experienced that perhaps you may, you may have an impact from it" [Participant 15, PO, Male]</i>
		Benefits	<i>"You know, the amount of things that I've heard now, er, they don't, it's not that they're not distressing, they just don't stick in my mind in the same way. I just think I've heard so many things so it just doesn't, er, it's not as shocking" [Participant 6, PO, Male]</i> <i>"I, I didn't have any sleepless nights, I didn't have any flashbacks, there was nothing like that. It doesn't, it didn't affect me like that, cause they say you just become a bit desensitized really" [Participant 14, PO, Female]</i>
		Explicit CSA language within the interview	<i>"You know, you imagine beating a child and anally, or vaginally, or orally raping them" [Participant 13, PO, Male]</i>

			<i>"And [laughs] and he would say, and so he would be in the lounge when his sister was being raped and so I said what could you hear and he said well I could hear screaming next door in the bedroom" [Participant 6, PO, Male]</i>
No space to breathe	Keep going, going, going	A lot of work	<i>"It's just the volume, it's constant volume of work all the time. There was, there's no kind of let of" [Participant 14, PO, Female]</i> <i>"The policy world that we work in, it's just working at 100 miles an hour most of the time" [Participant 15, PO, Male]</i> <i>"You wouldn't routinely discuss every – we as staff don't have time, we're doing that many. And sergeants you know, they've got referrals coming in all the time during the day, so they're busy as well" [Participant 5, PO, Female]</i>
		Reaching crisis point	<i>"It almost feels like you've gotta have gone off the edge of a cliff before – do you know what I mean?" [Participant 5, PO, Female]</i> <i>"I think you've gotta, you've got a well, you've got a well inside you of, of tolerance, of patience, of, of just will power to keep going and once that's empty, you've got to move on... and mine was empty" [Participant 6, PO, Male]</i>
		Organisational culture	<i>"You've gotta kind of deal with that, because otherwise you wouldn't be able to do your job professionally if you were like having a complete meltdown every time. So you know, I think you've gotta have a bit of you know, that thicker skin." [Participant 5, PO, Female]</i> <i>"Obviously... police officers, you know, you go into the job knowing that you're going to be dealing with such cases, you know, you're going to be dealing with a lot of trauma and death and you know, it's just, you, you get on with it, that's the mind-set police officers have" [Participant 15, PO, Male]</i> <i>I just think if I'd have broken, again, if I'd have broken an arm or a leg, I wouldn't have a problem telling them but because I had to tell them that I was diagnosed with stress, you feel guilty" [Participant 12, PO, Female]</i>
		Gender norms	<i>"It's almost like the girls had an... a, a get out clause. We could cry, right? [Participant 12, PO, Female]</i>

			<i>"There's certain interviews that I've done that you know, I've come out and you know, not too manly, and you're quite tearful" [Participant 6, Male]</i>
		Racism	<i>"Maybe compared to my white colleagues, I might be criticised more if I was asked to go and be a witness, or to testify in court or something so I did start to get kind of nervous about that the more I learned about the process" [Participant 10, MHSC, Female]</i>
	The horror of what we do	Horror	<i>"It's just so horrifying" [Participant 7, MHSC, Female]</i> <i>"It's just being on the receiving end of such horrific accounts of sexual abuse in very young children and teenagers" [Participant 9, MHSC, Female]</i> <i>"I just think sometimes you're just sat in that moment of you know, listening completely to this child talking to you about the most horrific thing that you never, ever imagine you would ever support a child through and I think just certainly that the woman or little boy, I just found myself and I hadn't even realised that this little tear was coming down my face and I just thought, 'God'" [Participant 5, PO, Female]</i>
		Sadness	<i>"In a way they're all just so sad. You know, it's not a nice – there's never any nice interviews" [Participant 5, PO, Female]</i> <i>"It's absolutely soul-destroying... I know I was in tears at one stage because I could not understand or believe what I was seeing and why this woman would do this to her child" [Participant 12, PO, Female]</i>
	Existing within a difficult framework	Getting the detail – child vs the investigation	<i>"When I look at a child and think about the sort of things that I have to ask them, I forget, it feels like I'm having to do something horrible to them, like I'm hurting them in some way" [Participant 10, MHSC, Female]</i> <i>"Maybe there is something about the level of detail... there's always the potential in this kind of work to re-enact in some way the dynamics of the abuse, to feel like an abuser, to feel like you're doing something to the child, you know you're being too intrusive, you are sort of penetrating something in some way that feels too much, unwanted, they feel out of control" [Participant 7, MHSC, Female]</i>
		Responsibility and self-sacrifice	<i>"There aren't many people that can interview a child and listen to the trauma that they have without walking away having nightmares. So I feel like, we don't have a choice but we have to know about these things, so if I can handle it, whilst still looking after my own</i>

			<i>mental health, I want to be able to fulfil that job role. So, when I left the police force I felt like I was doing society a disservice”</i> [Participant 2, MHSC, Female] <i>“I’m letting - I can’t be off sick. I’m letting my victims down”</i> [Participant 12, PO, Female] <i>“What happens is as well, once the child opens up and tells me what’s happened... their life will never be the same”</i> [Participant 3, PO, Female] <i>“You can feel guilty, you feel tracked, you can feel like yeah, really responsible”</i> [Participant 10, MHSC, Female]
		Emotion in the interview	<i>“You’re sitting with a child in front of you that are telling you the most horrific things, and all you want to do is go up to them and give them a big hug and tell them that it will be ok, um, and of course you can’t do that, you’ve got to be bland, you can’t show emotion, you can’t cry, you can’t get upset, get angry, you know, its got to be bland, you know totally bland, tell me about that, how did that happen, you know, and that’s really difficult”</i> [Participant 6, PO, Male] <i>“I think that was what was very difficult at the beginning, just thinking how do I find my and stay true to my therapeutic self?”</i> [Participant 9, MHSC, Female] <i>“It [less emotion] makes me feel a bit enraged that I’m sort of being positioned in a way that isn’t really right”</i> [Participant 10, MHSC, Female]
		Anger	<i>“It’s the continued frustration to know that the system doesn’t seem to have changed, it still fails children”</i> [Participant 6, PO, Male] <i>“You think, everything I’ve done, after everything that we did, we prosecuted them, we put all that support in and it just... it just didn’t do enough, and that’s the biggest thing, you know”</i> [Participant 5, PO, Female]
		Hopelessness	<i>“The truth is very few of our cases, between all of us, have gone to court... and occasionally at the back of your mind and I, it’s like, ‘All this for what?’</i> [MHSC, Participant 9, Female]

			<i>"The loss of control over the process, the loss of control what happened, about to see her next. And I think just seeing all the sides of what's, being part of a process and wanting to support but feeling absolutely disabled"</i> [MHSC, Participant 10, Female] <i>"We are asking investigators to exist within a framework that is just so, so difficult, and getting more difficult by the years"</i> [Participant 6, PO, Male] <i>"Working within the court system, which has... in terms of sexual violence and sexual assault... there is a very low conviction and charging rate so that can feel, that unpredictability and uncertainty around that"</i> [Participant 16, MHSC, Female]
		Pressure	<i>"You get the pressure of victims, not so much victims, but their parents, you know wanting a result and wanting to, you know, get their case going through quickly and, and get results and then you're getting pressure from just the job role itself, where you've got lots of jobs to deal with, and then there's more everyday coming in, so it's just constant, like, revolving door of jobs coming in and then there's pressure from the CPS... it's a lot of pressure from a lot of different areas"</i> [Participant 14, PO, Female] <i>"What happens if we don't catch that burglar?... In the general scheme of the world and harm and selfishly, me, it's not the end of the world is it? It's not good, we've kind of failed, but at the end of the day that's not a disaster, whereas if you kind of fail in your role at investigating or protecting children that's... that really is particularly serious"</i> [Participant 13, PO, Male]
It's why I do what I do	Protecting people	Protecting the victim	<i>"I mean if you stop one child being raped, how amazing is that?"</i> [Participant 6, PO, Male] <i>"If I can prevent a three-and-a-half-year-old, like I did two years ago, prevent a three-and-a-half-year-old from having to be cross examined in a court room then I've done my job. And so I'm really, really passionate ... I'm really passionate about the subject matter"</i> [Participant 4, MHSC, Female] <i>"You can just support them to communicate what has happened in a safe space and hopefully that will support them down the line a bit more"</i> [Participant 1, MHSC, Female]

		Making society a better place	<i>"Most people who go into that role I think go into it for the right reasons, you know to catch the baddies as much as protect the children on equal levels... I think in child abuse investigation it's not just 'catch the people that commit crime' but it's also 'protect the victims and society at the same time' and they're usually in equal measures" [Participant 11, PO, Female]</i> <i>"I think what I liked is I want to try and make – this may sound corny – can I make a difference? Can I make a difference to society?" [Participant 8, PO, Female]</i>
	Allowing stories to be heard	Giving a child a voice	<i>"We give a message to children, I hope, that we can bear the most unbearable things they're bringing to us and there's something quite helpful, I think, that it's a standalone intervention" [Participant 9, MHSC, Female]</i> <i>"I was just aware of that sense of silence and stigma and, and people carrying these experiences for many years and, and it, so it felt like in terms of this role it felt, yeah, it felt like an important role to be able to work with the young people and support them" [Participant 16, MHSC, Female]</i>
		Feeling privileged	<i>"It's a mixed feeling because I think a part of me is like really privileged to actually be able to have supported a child through something that feels so difficult" [Participant 10, MHSC, Female]</i>
	Post-traumatic growth	New personal skills	<i>"I think it's made me...more tolerant, more understanding" [Participant 11, PO, Female]</i> <i>"I'm not afraid to ask about certain things and I feel like my questioning or like curiosity and my skills around just yeah assessment have been enhanced by having the opportunity to go into so much detail, er, in the interview. So I think that's been a sort of positive side effect if you will" [Participant 9, MHSC, Female]</i>
		Appreciation of others in my life	<i>"I just appreciate those around me more" [Participant 2, MHSC, Female]</i> <i>"I now have an understanding of why some children behave the way they do" [Participant 11, PO, Female]</i>
Making space	Putting on a different hat	Compartmentalisation and dissociation	<i>"I'm, I'm not an actor but they go in and they act. So, I go in, I do all, I show all the signs that I am there, and I am 100% in the room but when I leave I've got, like a switch, that I can switch off" [Participant 2, MHSC, Female]</i>

			<i>"I know this may not be the most beneficial way of dealing with things but I can put that in a box, you know, because it's not me, it's not my loved ones... I can deal with that, this thing has happened anyway, someone else did that, I didn't do it, so I'm able to rationalise those things... perhaps only to a degree" [Participant 13, PO, Male]</i> <i>"it's almost like a screen comes up and you are going to deal with this, even though it makes you feel sick" [Participant 12, PO, Female]</i>
		Separating/boundaries	<i>"Maybe I'll do a walk home, I can do part of my journey as a walk home, I can walk through the park, I might do some movement, I might do something quite, just grounding and settling" [Participant 16, MHSC, Female]</i> <i>"So I cycle. So I would cycle to an ABE and cycle home up a big hill and that's really helpful... Just getting rid of the day, I think, just the physical transition which I've really missed working from home actually more" [Participant 9, MHSC, Female]</i> <i>"Particularly after an ABE I like literally, wash... like before the pandemic I used to like swimming outside, like just literally, and I mean people who've experienced sexual abuse talk about that, they will find themselves washing to like get rid of it, there is a feeling of like needing to wash it off" [Participant 7, MHSC, Female]</i> <i>"I would like have work clothes and I would always come home and I would always have a shower, it's just, it's just a strategy. So, I don't feel like I carry stuff" [Participant 4, MHSC, Female]</i>
	Remembering the good side of life	Hobbies/self-care	<i>"How can I manage my stress? I can do a bit of yoga, I can some do some breathing, I can exercise, I can go for country walks" [Participant 6, PO, Male]</i> <i>"There's just something so horribly normalised when you're in the interview cos you're trying to go, 'Okay, and then what happened?' that you almost need the frivolousness of looking in the shop windows, and that I think is probably where that comes from, it's just like normalising the fact that these children are unusual and what's happened to them is shitty" [Participant 4, MHSC, Female]</i>

			<i>"I need to be able to feel like I was more than just my work, more than just things like horrendous stories that I was working with and dealing with" [Participant 10, MHSC, Female]</i>
		Black humour	<i>It's almost like we have this sick sense of humour and there's, we'll just be like, 'What the fuck?' Excuse me. 'What the fuck is going on here?'</i> [Laughter]" [Participant 12, PO, Female] <i>"In the police is the kind of, the police humour and very black humour and, and talking, talking cases through with the team in the office... start to talk it through and, and you know and joke about you know, just silly things... I think that's probably a big coping mechanism for all police officers"</i> [Participant 14, PO, Female] <i>"We will go back to the office and then you'll start, you'll actually make jokes about that which is like awful but it's not... it's a means of coping with such a terrible thing and I guess it's a way of keeping it in that box [Participant 13, PO, Male]</i>
		Acceptance	I'm human <i>"It's acknowledging that you can be a little bit broken and not beating yourself up about it"</i> [Participant 1, MHSC, Female] <i>"When you look at what you've dealt with in the past, and what you've seen... you actually realise that you, you're not, you're not this kind of piece of rock, you know, you're a human being and you can, you can and you will break"</i> [Participant 12, PO, Female] <i>"I give myself permission to do those things, I might feel guilty but I give myself some permission to have some distance. Because otherwise it's all you think about and I'm more than just my job, and the children are more than just their experiences of sexual abuse"</i> [Participant 10, MHSC, Female]
	Coming up for air	I can only see this now	<i>"It's only when you step out of that, you know you're like oh, I get this, I can breathe now"</i> [Participant 14, PO, Female] <i>"I'm not doing the job now, which I think is much easier for me to talk about"</i> [Participant 13, PO, Male]

		Shelf-life	<i>"There are people who I'm sure will make a whole lengthy career out of it, but it, it's not me. I don't think I can because I think the impact of the constant stories, and not knowing what happens next and the weight of court for those cases that might go to court"</i> [Participant 9, MHSC, Female] <i>"You've dealt with so... so much evil, I would say, and, and trauma of other people, that the impact is that it does transfer onto the interviewing officer, it has too. So whether there is a, or whether there should be a shelf life, in conducting these interviews, I think so"</i> [Participant 3, PO, Female] <i>"I guess there's something about, you know, on some deeper level thinking what's the effect of this on my body in the long term, like is this really good for me, like I certainly could never do this full time, I would never be able to"</i> [Participant 7, MHSC, Female]
		The longer the better	<i>"Just building you up every time you go and deal with them. It's kind of adding a layer of, you know, being able to cope"</i> [Participant 14, PO, Female] <i>"you get more experienced, the pressure, in some ways, becomes less, you know where you're going, you know how to approach it, you know how to manage these things"</i> [Participant 6, PO, Male]
Sharing the load	Being a team	Supporting each other – being a family	<i>"I think I only coped because I worked with really good colleagues"</i> [Participant 8, PO, Female] <i>"One of my biggest strategies is we just, lovely relationships, connecting with people and having joy and times of laughter as well even in this context"</i> [Participant 9, MHSC, Female] <i>"We were like a family"</i> [Participant 12, PO, Female] <i>"If I felt I wanted to talk to somebody and I knew there was a colleague that would then we would talk, but that was more, less of an organismal thing, it was more of a one to one"</i> [Participant 11, PO, Female]
		Easing the responsibility	<i>"I probably would say the best thing is the support you get around it, being able to have, have the support of the trainer beforehand... being able to work as a team on the day ... you're not just keeping it all in mind yourself, they're also helping you to keep it in mind as well, there keeping things in mind as well, so that you know that it's not a total</i>

			responsibility, it's a shared responsibility that you're doing the interview" [Participant 16, MHSC, Female] "I think there is a feeling of like needing to come out for air or like consulting with the team... you do really need your team because your own ability to think, I think it's that you get sort of tunnel vision, you know, you have a plan, you go in there, you are holding so much in your mind, you know there really is that sense of needing other minds with you" [Participant 7, MHSC, Female]
		They understand	"Especially within the team because they all understand and they've all dealt with horrible cases and similar cases and, and maybe even worse cases so, it's absolutely a free forum and a safe forum to be able to talk about these things that you're not really able to talk to with, like friends, friends and family outside of the organization. And that is really priceless, really. You know having those people to talk to who really understand? It is just, just that is really helpful" [Participant 14, PO, Female] "In that space it can be useful to hear about other people's experiences and that in turn might reinforce something about what I'm struggling with, let me know that that's kind of a universal thing or someone else is going through that" [Participant 10, MHSC, Female]
	Organisational support	Support feels sufficient	"That's [support] changed massively, and of course with that change to becoming more professional, they realised that they needed to support those professionals more, so then of course, um, we have a department now, um a counselling department, which you can access" [Participant 6, PO, Male] "I do feel supported. I have a lot of peer support, the supervision" [Participant 9, MHSC, Female] "I said to my boss, 'I'm just, I'm a bit broken,' and he said to me, 'No,' he said. 'You're not,' he said. 'You're just like a McLaren that's going in to be tested. You can be fixed,' he says. 'You'll be fine,' and that, that was amazing, because I knew then that I could have some time out and I could go back to work" [Participant 12, PO, Female] "I would say very well supported, I would say, kind of methodical" [Participant 16, MHSC, Female]

		Not enough support	<i>"We can talk about mental health but then they don't back it up with the services. They're cancelling services. There's a massive waiting list" [Participant 12, PO, Female]</i> <i>"There was no coping strategies given to us. There was no proper counselling, unless you probably had to go off sick with stress" [Participant 8, PO, Female]</i> <i>"I don't think, you know I don't think our emotional wellbeing was even, was on the radar... it's something we managed ourselves" [Participant 6, PO, Male]</i>
		Supervision	<i>"My logic is if you're dealing with all of this crap, you need somewhere to, as a really good psychologist once said to me, 'emotionally vomit'" [Participant 4, MHSC, Female]</i> <i>"We've got supervision spaces and I think they can be really helpful. That's probably the only time that we do come together as like a team... it's also an opportunity to like learn new skills or like understand stuff that I might not be as confident in and try and build on that. So that's probably the main source of support" [Participant 10, MHSC, Female]</i> <i>"When I moved over to [MHSC] and they did supervision I was like what the hell is this!... So I know now how important it is to talk about something, rather than just burying it, and hoping you won't have flashbacks or dream about that at any other time" [Participant 2, MHSC, Female]</i>
	The role as specialised	How the role is viewed by others	<i>"You wouldn't give a firearm to a police officer and say we haven't got time to train you, just see how you get on" [Participant 4, MHSC, Female]</i> <i>"Just when they say [supervisors], 'Can you just go and get a quick ABE [Achieving Best Evidence] with that child?' and you just think there's nothing quick about an ABE" [Participant 5, PO, Female]</i>
		Training as a starting point	<i>"I think the way the training is structured, there is an element whereby the training is ongoing, in terms of the supervision, I don't think you can, I don't think you necessarily just do the training, I'd say it's almost like some kind of apprenticeship, that's my sense of it, I don't think you can just do the training and then feel fully competent" [Participant 16, MHSC, Female]</i>

			<i>"I think that's a really good foundation for like understanding the kind of world that you're going into, commit sort of thing, er, an investigative interviewer. Er, but I think a lot of the training is actually doing them, er, and getting feedback afterward" [Participant 10, MHSC, Female]</i> <i>"It's, bit like learning to drive a car, you know, in your driving lessons, you learn how to drive mechanically, but you don't properly start learning until you're, you're out there on the road doing it yourself" [Participant 14, PO, Female]</i>
		No continued training	<i>"You wouldn't give a firearm to a police officer and say we haven't got time to train you, just see how you get on" [Participant 4, MHSC, Female]</i> <i>"I think it's really dangerous to not have a formal, the fact that the course is not nationally accredited is, I think, is really frightening." [Participant 4, MHSC, Female]</i> <i>"As well as having training it's who checks on you when you're out there? And why is there no refresher training? That's a big thing" [Participant 8, PO, Female]</i> <i>"I had no refresher training. So... in that time you see other people and you can pick up bad habits, you get bad habits yourself erm that should've been reviewed. You should have somebody to quality control your work" [Participant 11, PO, Female]</i>

