University of Dundee

DOCTOR OF PHILOSOPHY

An exploration into the experiences of police officers who investigate child protection cases and secondary traumatic stress

MacEachern, Alison

Award date:
2011

Link to publication

An exploration into the experiences of police officers who investigate child protection cases and secondary traumatic stress

Alison MacEachern

2011

University of Dundee

An exploration into the experiences of Police Officers who investigate child protection cases and Secondary Traumatic Stress

Alison MacEachern

PhD in Social Work

School of Education, Social Work

and Community Education

University of Dundee

February 2011

Table of Contents

References

Appendices

List of Tables

List of Figures

Acknowledgements

Declaration

I hereby declare that the candidate, Alison MacEachern is the author of the thesis presented herein; that, unless otherwise stated, all references cited have been consulted by the candidate; that the work of which the thesis is a record has been done by the candidate, and that it has not been previously accepted for a higher degree.

Signature:

All conditions stated within the Ordinance and Regulations of the University of Dundee have been strictly adhered to and fulfilled by the candidate, Alison MacEachern.

Supervisor's Signature:

Abstract

Child protection is an area of Police work that has grown in the last decade, involving Police Officers working in departments that specialise in the investigation of cases of child abuse. Although Police Officers in this field may be at greater risk of experiencing Secondary Traumatic Stress (STS), there remains a paucity of research in this area of policing. Analogies can be drawn to existing research in policing and with social service workers involved in child protection.

A mixed methodology was used to conduct the study and involved a self-completion postal questionnaire, followed up by a longitudinal case study of three of the trainee Detective Officers. The questionnaire sample consisted of 63 Detective Officers involved in the investigation of child abuse within the host Police Force, including Detective Constables, Sergeants and Inspectors.

The Study found that 51% of the respondents experienced a degree of STS, findings that are suggestive that STS is being experienced by a significant portion of Detective Officers who, as part of their daily duties, investigate child protection cases. The longitudinal case study found that 2 out of the 3 cases indicated that their views and experiences of the symptoms of STS changed mid way through their training.

The implications for Police Forces to provide safe working environments and appropriate counselling for employees as a tool to manage stress, to inform practice and from which the basis of reasonable precautions, risk assessments, monitoring and appropriate interventions will be discussed.

Key Words: child protection, Secondary Traumatic Stress, Police

Chapter 1

Introduction

In 1984 a documentary named 'Madam X' was broadcast on British television. The documentary followed Police Officers within Thames Valley Police as they investigated an alleged rape of a woman. The documentary caused a public outcry at the way the female victim was treated and the lack of respect shown to her while being interviewed by the Police. Following the screening of the documentary the number of women reporting being raped and or sexually assaulted to the Police dropped dramatically, symptomatic of a lack of public confidence in the Police's involvement with victims of sexual violence. As a direct consequence of the situation existing in English Forces, the majority of Scottish Forces including the host Police Force (the Police Force in which the study was conducted), introduced specialist units to specifically tackle the issue.

1.1 History of the Family Protection Unit

In 1984 the [1]'Female and Child Units' (FPU) were introduced in the host Force. The units had the sole remit of investigating reports of sexual assault and cases of child protection. Ultimately the objective of the unit was to increase public confidence and encourage vulnerable women and children to report sexual crimes to the Police. For the remainder of the thesis, all references to the host Police Force will refer to the one Scottish Police Force in which the study was conducted and does not include any data from the remaining seven Scottish Police Forces.

---

1 The Family Protection Unit (FPU) consists of three sections, Domestic Abuse Unit, Offender Management Unit and Female and Child Units (FACU). When referring to FPU in the thesis this will represent the officer only conducting child protection/FACU duties.

At the inception of FPUs, the units were staffed only with female Police Officers. Anecdotally, the post of FPU Officer was advertised within divisions, but often the advertisements led to few applications, resulting in staff having to be appointed (in the absence of willing applicants). The practice of appointing mainly female Officers into the department resulted in many Officers, young in service (some just out of their probation period of 2 years training) finding themselves investigating serious crimes and offences that would be reported to the High Court of Judiciary (Petition). Officers received a two-week training course; the aims and objective of which were to specifically train Police Officers to investigate crimes perpetrated against women, children and vulnerable adults.

The crimes and offences that Officers were responsible for investigating and reporting were:

- Child Protection (Sexual abuse, Physical Abuse, Physical Neglect, Non-Organic Failure to thrive, and Emotional Abuse).
- Rape
- Assault With Intent to Ravish
- Clandestine Injury to Women
- Indecent Assault
- Incest
- Sodomy, Homosexual Offences
- Cot Death (Sudden Unexplained Death in Infancy)
- Missing Persons

Although the crimes and offences were linked to the remit of the Criminal Investigation Department (CID), Officers were initially uniformed personnel and were attached to a shift under the auspices of the shift Inspector. By 1992, the Female and Child Units (FACUs) were being overseen by the CID and to assist in permitting complainers/victims to feel comfortable in their dealings with the Police, Officers worked in plain clothes rather in uniform. In 1994, the host Force was the first Scottish Force to appoint a male Officer to work within the FPU, a change from the unit traditionally being staffed by female personnel (due to the host Force not recording historical data on the FPU, the information is from the knowledge of the researcher who has consulted with her counterparts in the remainder of the Scottish Forces).

Unlike other departments within the Police, Officers within the FPU worked without direct supervision with no first line managers responsible for overseeing the work. There was disparity between divisions within the Force, with some units being 'lucky' to have a Detective Inspector who was interested enough to take the unit 'under his wing'. It was not until 1996 that Detective Sergeants were appointed to the units to take up a supervisory role and not until 2002 that a dedicated Detective Inspector was appointed to oversee the department.

In January 2002, the then Chief Constable of the host Force introduced the first major change to FPUs since their inception in 1984, by renaming the unit to 'Family Protection Units' (FPU), thereafter integrating three areas of the Criminal Investigation Department (C.I.D) into the FPU, namely:

- **Offender Assessment Units** (Sex Offenders)
- **Domestic Abuse Liaison Officer** (Domestic Abuse)

- **Female and Child Unit Officer**. (Child Protection and Sexual Offences).

In this study, the research was conducted only with members of the FPU. For the remainder of the thesis, the group of Detective Officers will be referred to by the contemporary acronym of FPU. However, only those Officers investigating child protection enquiries were surveyed. The FPU has been in operation for eight years and the role that Officers play, now receives many accolades and recognition for the work that is undertaken.

1.2 Scottish Legal System

Scotland's legal system has developed independently over many centuries and significant differences are found when compared with England, Wales and Northern Ireland. The Law in Scotland is covered by both Common law (laws which have been in existence since time immemorial) and Statutory Law (laws, legislation and regulations which are altered and updated by legislative/parliamentary process), contained and delineated in the Scottish Criminal Law Manual.

The responsibility for policing in Scotland is strictly separated from the responsibility for proceedings in Court. Having reported an offender, Police Officers have no part in the decision to prosecute that person nor do they take any part other than as witnesses, if a prosecution should take place. The functions and jurisdiction of all Police Officers are governed by the Police Scotland Act 1967 (Section 17). Section 17 (b), stipulates 'Where an offence has been committed (whether within or outwith the Police area for which the Police force is maintained) the Police shall take all such lawful measures and

to make such reports to the appropriate prosecutor, as may be necessary for the purposes of bringing the offender with all due speed to justice'. (Police Information Network System).

As with Officers engaged on uniformed beat and mobile patrol duties, all Officers within the Force, including those Officers involved in Criminal Investigation Department duties (with specific remits for child protection), have the same functions and jurisdictions, with minor changes being concurrent to their roles, responsibilities and job descriptions.

1.3 Current Practices in Child Protection

Throughout the United Kingdom and Scotland, children and young people are high on the agendas of the British Government and Scottish Government (formerly Scottish Executive) and policing priorities. The Scottish Executive (2005) stated 'Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community. This is one of the first commitments in the Scottish Executive's vision for children and young people in Scotland and reflects the priority we give to keeping them safe and improving their protection' (p5).

In Scotland, Police Forces, NHS Boards and local authorities are the key agencies with responsibility for working together to identify and commission child protection activities. Each organisation has a statutory duty to develop effective safeguarding measures with robust systems, policies, procedures, protocols, inter-agency procedures, structures, resources and personnel. Each is vital to the child protection process and ensures the care and protection of children and young people (Scottish Executive, 2005). Decisions whether or not criminal proceedings should be initiated are based on

three main factors (following consultation with the Procurators Fiscal or Scottish Children's Reporter Authority), whether or not a criminal prosecution is in the best interests of the child, in the best interests of the public and sufficiency of evidence. Only after careful consideration of all three factors will the Crown Office decide to proceed with a case against an accused person.

1.4 Host Force Police Area

The host Police Force area is divided into Police territorial divisions working in partnership with Local Authorities. The Local Government in Scotland Act 2003 placed a statutory duty on the Chief Officer and Joint Police Boards, together with other public bodies, to engage with the voluntary and private sectors to participate in the community planning process. As a consequence of Local Government electoral reform in May 2007, the former individual member electoral ward boundaries were dissolved and replaced by multi-member wards. This led to the local community planning partnership geographic boundaries being amended to reflect the external boundaries of clusters of those new multi-member wards to achieve coterminousity. In a bid to maximise the opportunities that the new partnership arrangements offer, the Chief Constable directed that the existing divisional and sub-divisional boundaries be altered to achieve coterminosity with Police partner agencies. Consequently, division/sub-division model within the Force was replaced by fewer division/sub-division models, coterminous with the local community planning partnerships and, in combination, the divisions achieve coterminosity with the area model for all other partners.

The host Police area comprises of many diverse communities living in the rural remoteness of the Islands to heavily populated urban cities. At present Police Officers

and Members of Police Staff serve nearly 2.2 million residents, responding to numerous calls for Police assistance throughout the area including child protection. For the period between March 2005 - March 2006, the Force received 1,042,872 calls for Police assistance. Table1.1 illustrates the number of recorded crimes and offences between 2000 to 2006.

Table 1.1 Recorded crimes and offences between 2000 to 2006

Year	No. of Recorded Crimes/Offences	No. of Crimes of Indecency
2000-2001	435,906	2,477
2001-2002	449,214	2,279
2002-2003	436,425	2,419
2003-2004	445,410	2,310
2004-2005	467,734	2,601
2005-2006	427,895	2,541

(Host Force Police Statistical Supplements 2001 – 2006)

It could be argued that the increases in levels of sexual/child protection crimes are due to a greater willingness by victims/survivors to report such incidents following highly publicised media campaigns and Scottish Government sponsored television advertisement campaigns, awareness raising in schools, society's\unwillingness to keep child abuse hidden or the Police's and court's pro-active approach to child protection and the adoption of the nationwide Crime Recording Standards (clearly delineating the circumstances under which reported crimes are formally recorded). Child protection is at the forefront of the majority of Scottish and English Police Forces, current policing agendas and continues to be a key aspect of the majority of Scottish Police Forces Control Strategies in addition to divisional control strategies.

As stated earlier, in 2007, the United Kingdom was subject to further change with the

number of electoral wards being reduced in number, this further impacted on the host Force, resulting in the loss of an entire Police division, thus reducing the number of family protection units from nine to eight, but retaining the same staff numbers.

The literature review highlighted that Police Officers consider child protection/family protection enquires, amongst others, to be areas of policing identified as representing traumatic incidents. As part of their CID Foundation training course, Officers selected to perform the role, are provided education and learning on trauma and stress and the role/availability of Critical Incident Stress Debriefing (C.I.S.D) and how to engage the services available to them either as a group or an individual.

1.5 Critical Incident Stress De-briefing

Since its introduction in 1994, the Occupational Health Unit has provided CISD services to Officers within the Force. Due to the very nature of the topography of the Force area, Officers are required to respond to a diverse number of incidents and circumstances on a daily basis ranging from, major incidents such as plane crashes, loss of life at sea, to the death of a child in unexplained circumstances. Such services are available to Police Officers in addition to facilities of the Employee Wellbeing Programme.

Statistics in relation to the number of individuals/groups of persons attending the Occupational Health Unit for CISD has only formally been recorded since the mid 2000s, with more in-depth analysis and statistical information in relation to gender, Police department, age, service and numbers per group being unavailable and not having been subject of record keeping. Table 1.2 shows the number of Debriefs conducted for by the host Force between 2004 to 2007.

Table 1.2 Critical Incident Stress Debriefs conducted between 2004 - 2007

Year	No. Of Debriefs
2004	20
2005	27
2006	29
2007	24

(Statistics provided by host Force Occupational Health Unit)

The statistics suggest that Police Officers and Police support staff use the services of critical incident stress debriefing but can not provide further in-depth analysis or give an insight into whether Officers of the FPU are regularly using this facility as a support mechanism following child protection investigations which they considered especially traumatic. In addition to critical incident stress debriefing, the host Force has offered the confidential services of the Employee Well-being Programme where an employee may self refer for advice and counselling.

1.6 Cot Death/Sudden Unexpected Death in Infancy

The investigation of deaths in Scotland, are subject of Police enquiries, where suspicion surrounds the circumstances of a person's death. This can include occasions where the family GP fails to issue a death certificate, the person dies outdoors or alone and there has been no previous medical conditions which may cause the death, or death may have been caused by another person, then the Police are duty bound to investigate the circumstances and report the matter to the Procurator's Fiscal department.

The CID has a remit to investigate all suspicious deaths. The death of an infant (up to 14 months) falls into the category of Cot Death/Sudden Unexpected Death in Infancy (SUDI) and as such will be investigated by the CID/FPU.

1.6.1 Definition of Cot Death

In the United Kingdom the general public almost always uses the term 'Cot Death' for the sudden unexplained infant deaths of babies and toddlers up to the age of 14 months. Other names used when referring to such deaths have included Sudden Infant Death and Sudden Unexplained Death in Infancy.

The Scottish Cot Death Trust (2010) defines a cot death as 'the sudden unexpected death of a baby who was previously well or suffering from an apparently minor ailment such as a cold or a gastric upset'. If, after a thorough Police investigation and post mortem examination, no adequate cause of death is found the death will be certified in one of the following ways: Sudden Infant Death Syndrome, Sudden Unexpected Death in Infancy, Unascertained or Undetermined. Different pathologists use different terminology but all such deaths have been classified in the annual Report of the Registrar General as Sudden Infant Death Syndrome' (SIDS). Throughout the thesis the term Sudden Unexpected Death in Infancy (SUDI) will be used.

1.6.2 Incidence of SUDI

Since the late 1980s, there has been a striking decrease in the incidence of SUDI, from a rate of 2.5 per 1,000 live births in 1989 to a current rate of around 0.4 per 1,000 live births. Despite this decline SUDI still accounts for more deaths of children over one week of age in the first year of life than any other single cause (Scottish Cot Death Trust, 2010). Figure 1.1 displays the incidence of Cot Death in Scotland between 2001-2009 (Statistic provided by express permission of the Scottish Cot Death Trust).
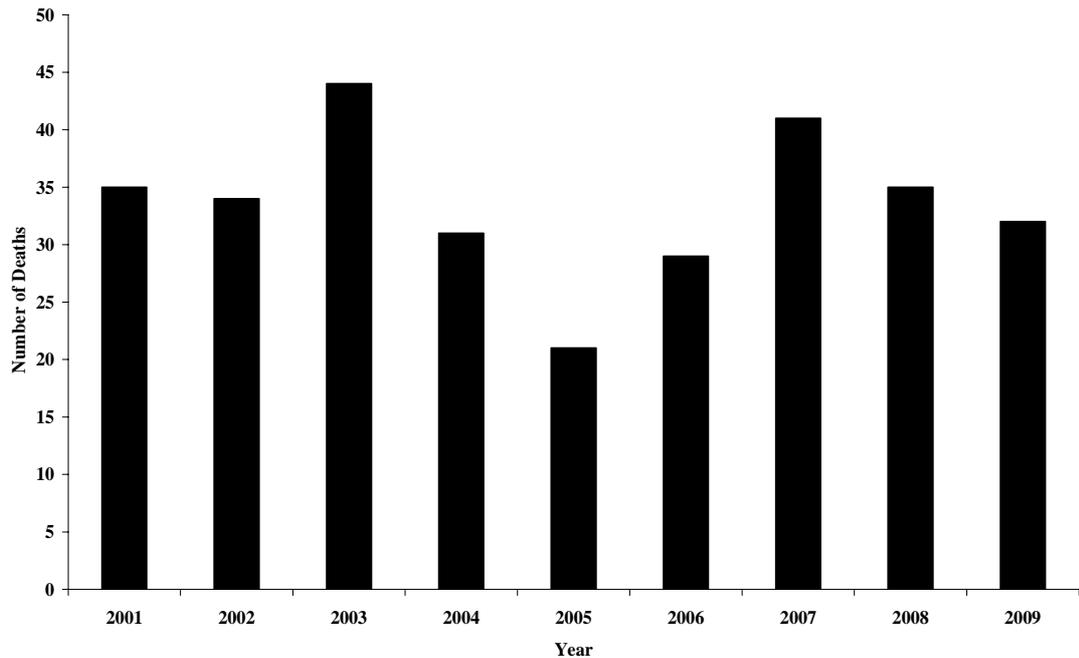
Figure 1.1: Incidence of Cot Death in Scotland 2001-2009 (Scottish
            Cot Death Trust)

1.7 Background of the Study

As an Officer who has personally been involved in the investigation of child protection and sexual offences for a large portion of 20 years Police service, I consider capturing the views and experiences of Officers conducting the role of FPU to be key. The literature search identified a dearth of research on the subject matter of Police Officers and the investigation of child protection cases (MacEachern, Jindal-Snape & Jackson, 2010). By listening to Officers involved in child protection, Forces could tailor their procedures to ensure that Officers are adequately and appropriately supported and that policies and practices are appropriate, current and fit for purpose.

Having been relatively young in terms of policing service and experience when taking up my post in the then FPU, I have witnessed significant changes to the way the units are now run and managed. I have often contemplated about the work and my

experiences and how they have shaped me as a Police Officer. Although at times overworked, under great pressure and working without supervision during most of my three and a half year secondment. I still enjoyed my time in the unit. Although I was deeply affected by some cases, I cherished the friendships made with my colleagues. However, only on becoming a mother myself, did the significance of the work fall into place and make me realise how skewed at times my view of the world is, and in particular with the opposite gender. Conversations with colleagues and ex-FPU members identified similar views and feelings. It was the quest to put a name to what I was experiencing that lead to my research proposal on Police Officers and STS and now forms the basis of my PhD.

1.7.1 Benefits of Conducting the Research

It has been written that 'law enforcement is considered to be one of the most stressful careers. Constant exposure to horrific scenes of death, tragedy, and human suffering may result in debilitating and, ultimately, life-threatening psychological illnesses'(Levenson, 2007, par 1); the assumption being that Police Officers find their work distressing and traumatic. This view has been voiced by Police Officers when referring to personnel performing the role of a FPU Detective Officer. Often Officers have to conduct their enquiries over extended periods of time; with tenure of service for the post being 2- 3 years.

To date little research has been conducted regarding Detective Officers whose role it is to conduct enquiries into cases of child protection. The literature search revealed one study in Australia looking at how Officers cope with daily work challenges in respect of child protection. As such the effects of conducting such enquiries on the Officers'

physical or psychological well-being, their ability to do their job, and organisational service delivery and policy is unknown. The work of the FPU Officer has never been critically examined in relation to how Officers performing this role personally consider their long term involvement with investigating such crimes/offences to have affected them and whether or not they consider themselves to be suffering from secondary trauma. Analysis of Police environments has often focused on 'the system' and the completion of paperwork. However, more recent Scottish Government and Police strategies have focused on ensuring better outcomes for the children who report being abused.

1.8 Aims and Objectives

The overall aim of this study is to examine and explore the experiences of Police Officers who investigate child protection cases and STS. There are in addition a number of research objectives, namely:

- To establish and determine the occurrence of Secondary Traumatic Stress (STS) amongst FPU Detective Officers investigating child protection cases

- To establish any links with gender and having/not having dependents, as influencing factors in Detective Officers' experiences

- To establish what emotions, behaviours and coping mechanisms FPU Detective Officers consider to be at play while performing their role

- To determine the views and experiences of Officers in relation to support mechanisms available to them within the organisation

- To establish the potential impact on practice by Officers reporting to be experiencing secondary trauma

- To make recommendations based on the findings in relation to any additional support mechanisms, and training needs that may be considered appropriate

with a view to contributing to the well-being of the children and their families by ensuring they get the best possible service from the investigating Officers who can remain impartial and able to perform their role. The literature was reviewed to identify gaps and weaknesses in similar previously conducted studies, in order to clearly establish the background and rationale for this study.

Chapter 2

Literature Review

2.1 Literature Search

A literature search was undertaken providing information on the current state of knowledge on the existence of Secondary Traumatic Stress (STS) and Vicarious Trauma (VT). Information was obtained from a wide variety of sources and the search was extended internationally in order to access all available literature on the subject matter. An extensive computerised search of online journals was conducted and librarian staff at the Force Training Centre, the Central Police Training and Development Authority and University of Dundee provided invaluable assistance. The search criteria used to select articles and published text focused on the key words child abuse, STS and Police. Further enquiries were conducted to trace any local and national Police policy documents of relevance. The search highlighted journals, policy documents and publications and ensured access to the most up-to-date literature, allowing the sifting of information from the selected publications/articles. Published studies on STS and VT experienced by social workers, health professional and Police personnel on an international and national basis gave an insight into similar studies carried out in this field.

Subsequently, a thorough review of the relevant literature helped refine the study's aims and provided a foundation on which to base new knowledge. The literature review covered previous studies conducted pertaining to STS and Post Traumatic Stress Disorder (PTSD).

It was the intention of the study to ascertain if STS affected the Officers responsible for

the investigation of child protection.

2.2 Trauma

Traumatic events or incidents can happen to anyone at any given time throughout the world. What one person may consider 'traumatic' may have no bearing on another human being (Duckworth, 1991). Duckworth (1991) further espouses that trauma may be experienced differently by individuals; what may be considered horrifying or intensely frightening to a person may not be perceived the same by a different person. Traumatic events are often the subject of tabloid, and broad sheet front pages and have included events such as fires, motor vehicle crashes, plane crashes, natural disasters (floods, earthquakes, hurricanes and tornadoes) and criminal acts of assault, robbery, abduction, murder, rape, sexual assault and high profile child abuse/protection cases. However, this list is not exhaustive. Such events are increasingly seen to be the focus of the world's media attentions, as technology and the ability to travel swiftly around the globe has permitted journalists to be quickly on hand at incidents, enabling the graphic televising of events in real time as they unfold such as Hillsborough Football Stadium Disaster (1989); 9/11, New York; the London bombings (7/7/2005); and Glasgow Airport attack (2007).

The psychological consequences of experiencing such 'traumatic' events have increasingly been the focus of trauma researchers who aim to provide an insight into the nature and dynamics of traumatic stress (Wilson and Raphael, 1993).

Figley (1999) asserts that up until the late 1990's, publications focused on the individuals who had directly been traumatised as a result of their personal experiences, with little focus being directed to persons experiencing the trauma second hand.

Goleman (1996) affirms that many or most of those persons experiencing such disasters or traumatic events, manage to live through the event but are left with various degrees of 'emotional wounding that leaves its imprint on the brain' (p202). Figley (1995) further argues that not only do the individuals directly experiencing the traumatic event suffer as a result of their experience but also there is mounting empirical evidence to suggest that the effects of traumatic events 'extend beyond those directly affected' (p1).

Increasingly, organisations and public services are called upon to provide appropriate counselling and support to persons directly and indirectly experiencing trauma, in the aftermath of the events with legislative enactments i.e. Health and Safety at Work etc Act 1974, being brought into force to ensure compliance. Miletich (1990) highlights that public service personnel, such as paramedics, fire fighters and the Police traditionally have to respond to the same traumatic incidents and their aftermath. Beaton and Murphy (1995), on conducting an exhaustive review of available professional literature, espouse that emergency service personnel or first responders/crisis workers absorb the traumatic stress of those they help and by doing so, they are at the risk of suffering from a phenomenon associated with caring for others in emotional pain (Figley, 1982).

In more recent times, the evolving field of Traumatology has recognised a phenomenon which has resulted in a number of terms being used to refer to the observation that those who come into close contact with victims/survivors of trauma, including service professionals, may experience emotional disruption and may as a consequence, become indirect victims of the trauma (Figley, 1995). In the literature the phenomenon and its constructs are referred to by a number of terms namely:

- Burnout (Prines and Maslach, 1978)

- Secondary victimisation (Figley, 1982)

- Traumatic Countertransference (Herman, 1992)

- Secondary Traumatic Stress (Figley, 1985, 1989, 1993; Stamm, 1995, 1997)

- Vicarious Traumatisation (McCann and Pearlman, 1990; Pearlman and Saakvitne, 1995)

- Secondary Survivor (Remer and Elliott, 1988)

- Compassion Fatigue (Figley, 1995, 2002; Joinson, 1992)

Only in the last decade have researchers delved more deeply into how humans cope with trauma, and how it affects/impacts on the lives of survivors/victims and the professionals who work with traumatised populations.

This thesis will concentrate on the views and experiences of Police Officers that interact with the victims/survivors of child abuse and the cumulative affects (if any) such investigations have had on them.

2.2.1 Understanding Trauma

To provide an overview of secondary trauma and its effects on professionals who work with trauma survivors/victims, with a view to using the above as a keystone to inform and underpin understanding, the thesis intends to firstly explore:

- What trauma is; its definition

- The links between trauma, human emotions and its impact on cognitive schemas

- The effects of trauma and associated post traumatic stress disorders

2.2.2 Defining Trauma

The term 'trauma' will be referred to throughout the thesis in addition to the effects trauma has on individuals who experience traumatic events. It is therefore central to the study to have an understanding of the definition of 'trauma'.

The word 'trauma' is derived from the Greek word for 'wound' and in a surgical context refers to an injury to living tissue caused by an object (Wikipedia). Examples of physical trauma are broken bones, bullet wounds and bruising. By analogy Duckworth (1991) refers to psychological trauma as the 'severe emotional and mental disruption that can follow the experience of certain kinds of extreme events - including those where there is no physical injury' (p35). Cardwell (2003) defines trauma as 'a psychological injury caused by an emotional event' (p 255). The Compact Oxford English Dictionary defines 'trauma' as 'a deeply distressing experience', 'emotional shock following a stressful event' or 'an emotional shock that may have long lasting effects' (p923). Classen and Koopman (1993) articulate trauma to be 'an abrupt physical disruption in an individual's ordinary daily experience that causes a loss of control over the body, and may be perceived as objectification of the body's experiences of human induced or natural disasters, may lead to physiological and psychological experiential discontinuities, with traumatised individuals becoming helpless because they consider the world to be unpredictable, threatening and assaulting, which impacts fundamentally on the individual's sense of self' (p178). Classen and Koopman further assert that traumatic events may be outside of the norm of experiences of the individual

that the 'mind has little immediate resources but to distort the event or to banish it from consciousness' (p178). Tosone and Bialkin (2003) espouse that symptoms/reactions to traumatic events can manifest themselves in the 'physiological, emotional, cognitive schemata and behavioural reactions' (p1). The definition of trauma as outlined in the Compact Oxford English, will be the definition adopted throughout the remainder of the thesis.

2.2.3 Physiological Reactions

Neuroscientists have been researching and studying the effects of trauma on survivors of war, aeroplane crashes; abduction; rapes and mass murders such as Dunblane Primary School; Breslin School siege, and 9/11; and how vivid terrifying moments become 'emblazoned' in the emotional circuitry of people. Cardwell (2003) espouses that a distinct pattern of symptoms develop in people as a result of suffering from a traumatic event, now known as Post Traumatic Stress Disorder (PTSD). Goleman (1996) argues that such traumatic memories become 'mental hair triggers', a phenomenon widely recognised as a characteristic of emotional trauma including repeated abuse in childhood (p202).

Research conducted with Vietnam War veterans found evidence of a series of changes in the brain thought to underline post traumatic stress symptoms as a result of trauma, such as anxiety; fear; hyper vigilance; being easily upset and aroused; re-experiencing the event (dreams, nightmares and flashbacks); permanent indoctrination of powerful emotional memories and avoidance (Morgan, Grillon, Southwick, Nagy, Davis, Krystal and Charney, 1995).

Pitman (1990) on conducting research with war veterans suffering from combat related PTSD found further symptomatic evidence of anhedonia (inability to feel pleasure), emotional numbness (reduced responsiveness); indifference to people feelings; a feeling of being cut off from the world; a lack of empathy; disassociation and selected memory loss.

2.2.4 Human Emotions and Trauma

The term 'emotion' is difficult to define resulting in its meaning being argued over by psychologists and philosophers for more than a century (Goleman, 1996). The Collins English Dictionary (1990) defines 'emotion' as a 'mental agitation or excited state of feeling, as joy, fear e.t.c... (p175), whereas Goleman (1996) defines emotion as a 'feeling and its distinctive thoughts, psychological and biological states, and a range of propensities to act' (p289). Cardwell (2003) espouses emotions to be 'multi-faceted responses that involve interaction between subjective feelings and objective experiences' or 'how humans feel' (p88).

Goleman (1995) notes there are many variances in relation to emotions that are considered 'primary' emotions (what is felt first) such as:

- **'Anger** (fury, outrage, resentment, wrath, exasperation, indignation, vexation, acrimony, animosity, annoyance, irritability, hostility, hatred and violence)

- **Sadness** (grief, sorrow, cheerlessness, gloom, melancholy, self-pity, loneliness, dejection, despair and depression)

- **Fear** (anxiety, apprehension, nervousness, concern, consternation, misgiving, wariness, qualm, edginess, dread, fright, terror, phobia and panic)

- **Enjoyment** (Happiness, joy, relief, contentment, bliss, delight, amusement, pride, sensual pleasure, thrill, rapture, gratification, satisfaction, euphoria, ecstasy and mania)

- **Love** (acceptance, friendliness, trust, kindness, affinity, devotion, adoration, infatuation and agape)

- **Disgust** (contempt, disdain, scorn, abhorrence, aversion, distaste, revulsion)

- **Shame** (guilt, embarrassment, remorse, humiliation, regret, mortification and contrition)

- **Surprise** (shock, astonishment, amazement and wonder)' (p289-290).

With primary emotions being the initial set of feelings, it then follows that 'secondary emotions' are what comes next. The above list is not exhaustive, with researchers such as Ekman and Davidson (1994) debating the precise biological signature of each emotion arguing that there is substantial overlap amongst emotions than there is difference and that at present the ability to measure the different types of emotions is still in its infancy to distinguish amongst them reliably.

Cardwell (2003, p88) espouses that emotions give rise to affective experiences (an external experience or a thought or image), cognitive processes (appraising of an experience resulting in it being labelled); physiological adjustments (bodily changes to assist in dealing with the situation and then return the body to a state of equilibrium),

behaviour which is goal directed and adaptive (were the mind and body attempt to deal effectively with the situation being experienced, i.e. fight or flight). Such emotions equip human beings to respond to experiences and situations, helping them to be able react in an appropriate manner.

2.2.5 Trauma and Cognitive Schema

Studies conducted with survivors of trauma have identified a series of trauma-induced changes in people, in particular their perception of the world or people, personal beliefs and how individuals' process events i.e. their cognitive schemas (Trippany, White Kress and Wilcoxon, 2004). According to Reber and Reber (2001) a 'schema is a plan, structure, or programme that assists in the analysis and arrangement of knowledge within the brain' (p649). Piaget and Inhelder (1969) used the term schema to mean the more concrete kinds of cognitive structures that are formed consciously, allowing people to form impressions, affecting how they perceive, notice and interpret information they come across. Stein and Trabasso (1982) assert that cognitive schema is a hypothetical mental structure for representing generic concepts stored in memory, being created through experience with people, objects and events in the world, being used as a framework for understanding incoming information. They further argue that a person's schema remains relatively the same. However, Driscoll (1994) argues that, on the contrary, a person's schema is an evolving process that changes over time with experiences (p4, par 9). Pearlman and Saakvitne (1995), on conducting studies with trauma survivors, found that there were 'significant disruptions to a person's sense of meaning, connection, identity, and world view', in addition to 'effect on tolerance, psychological needs, beliefs about self and others, interpersonal relationships, and sensory memory' (p151). Saakvitne and Pearlman (1996) suggest that VT can lead to a

number of changes in self and professional identity; views of the world; spirituality; self-capacities and abilities; psychological needs and beliefs relating to safety, trust, esteem, intimacy and control. Baird and Jenkins (2003) emphasise there is growing clinical and research evidence that supports the theory that professionals who work with traumatised clients may develop reactions specific to the nature of the clients' experiences.

2.2.6 Behavioural Reactions

Alterations in behaviour may develop as a result of trauma adaptation Dutton (1992) notes that people may develop feelings that the world is unsafe, became uncomfortable at being alone or going certain places. Dutton further asserts that how people normally function can be altered, how they cope, go about their work and their ability to be intimate in personal relationships can at times be affected, in addition to a marked decrease in their independence.

2.3 Defining STS and VT

Since the 1990's there is increasing empirical data that supports the theory that the effects of traumatic events not only have an impact on persons directly experiencing the event but also extends to personnel investigating the circumstances and to those that provide therapy and support in its aftermath (Figley, 1995). Both the terms STS and VT have been considered to refer to the same occurrence, but it is important to understand the concepts encapsulating both phenomenon and the terminology used to define their meaning.

2.3.1 STS

Figley (1995a) asserts STS to be a natural behaviour and or emotion caused due to knowing about a traumatising event which has happened to a 'significant other', considering this form of stress is a result of 'helping or wanting to help a traumatised or suffering person' (p7). Stamm (1995) proposes that STS is a more general term, acknowledging that traumatic stress results simply from helping or wanting to help someone who is suffering. Baker (2003) explains STS to be a sense of trauma that happens to people who are close to victims of trauma such as members of the family, professionals or witnesses to the traumatic events.

Overall, it appears that VT and STS are similar in concept, however, from reviewing the literature it would appear that a consensus has not yet been reached by researchers in the field of traumatology. Therefore, for the purposes of this thesis, the definition of STS will be the foundation on which the study will be based. Police Officers are not trained trauma therapists, psychologists or professional counsellors; as such the definition of VT does not satisfactorily correspond to their role, qualifications or training. A study conducted by Bride (2007) with social workers engaged in child protection work in the United States of America referred to STS as opposed to VT when researching the effects on social workers working with traumatised clients. Bride (2006) asserts 'I see STS and VT as the same phenomenon just that they focus on different aspects of the experience. STS seems to be easier to operationalise than VT and is not reliant on a particular theoretical framework - which may or may not be valid. I also tend to see the symptoms experienced from the perspective of STS as more disabling in the short-term and perhaps easier to remedy'. (Personal Communication, June 2006).

2.3.2 VT

De Ridder (1997) espouses VT to be the name psychologists and professionals of psychology give to the phenomenon of becoming traumatised by extended or intense exposure to the trauma of others, with Pearlman and Saakvitne (1995) asserting that VT is 'cumulative' with a 'transformative effect' upon trauma therapists working with survivors of traumatic events. They further assert VT to be 'a process through which the therapists inner experience is negatively transformed through empathetic engagement with clients' trauma material' (p31). Saakvitne, Gamble, Pearlman and Lev (2000), further described VT to be an inevitable process for those engaged in trauma work as a consequence of the helpers' sense of responsibility or commitment to help.

2.3.3 Burnout and Compassion Fatigue

Maslach (1982) asserts burnout to be a 'syndrome of emotional exhaustion, depersonalisation and reduce accomplishment' that can occur amongst people who work with other people (p3), with Cherniss (1980) adding that burnout occurs because of excessive and prolonged levels of job stress. Figley (1995) asserts the condition of Compassion Fatigue as a 'stress' resulting from professionals 'helping or wanting to help a traumatised or suffering person' (p7). (It should be noted Compassion Fatigue is also referred to as STS) Although 'Burnout' and 'Compassion Fatigue' are similar, Conrad and Keller-Guenther (2006) assert that burnout is the progression of a 'previously committed professional' to becoming 'disengaged from their work in response to stress and strain of the job' (p1073) over a period of time. Whereas Figley (1995) states that Compassion Fatigue in contrast can happen abruptly and unexpectedly as a result of a single exposure to a traumatic incident. It has further been argued that compassion fatigue if untreated may contribute to burnout (Cherniss, 1980).

Due to the similarities in the role conducted by the Police and social work, the remainder of the thesis will refer to STS when examining the affects of the phenomenon on Police Officers who engage with child victims of abuse. The phenomenon of STS was preferred as opposed to VT in respect of the study, due to looking at the short term effects of the work on Officers as opposed to the longer term i.e. burnout.

2.4 Prevalence of STS

The availability of precise statistics in relation to the prevalence of secondary trauma is relatively hard to determine due to the phenomenon only becoming the focus of research since the 1990s and the absence of world wide and national methods of accurately recording the extent of populations and sub populations experiencing traumatic events. In the United States of America, studies conducted in relation to the prevalence of exposure to traumatic events have found it to range from forty percent to eighty one percent of the general population (Breslau, Davis, Peterson and Schultz, 1997; Kessler, Sonnega, Bromet and Nelson, 1995; Stein, Walker, Hazen, Forde and Ready, 1997). Table 2.1 shows the percentages of exposure to traumatic events in men and women.

Table 2.1: Percentages of exposure to traumatic events in men and women

	% Exposed to 1 or more trauma	% Exposed to 3 or more trauma
Women	51.2	11.4
Men	60.7	19.7

(Adapted from Bride, 2007, p3).

The limitations of the above studies i.e. differences in measurement techniques, assessment tools used, sample size and demographics should not be ignored when

considering the generalisability of the finding to the general population around the globe.

It is recognised that a large percentage of the general population have experienced or been exposed to traumatic events. However, when looking at the population of people who receive therapy, counselling and or support (Table 2.2), i.e. psychiatric, mental health patients, substance misusers and homeless/mentally ill women, it can be seen that percentage of victims of childhood and adult abuse is even higher. Table 2.2 refers to the percentage of sub populations reporting experiencing exposure to traumatic events.

Table 2.2 Percentage of sub populations in the USA who reported experiencing exposure to traumatic events

Sub-population	% Experiencing traumatic events
Psychiatric Inpatients	84 - 1 event 45 - 3 or more
Mental Health Outpatients	82 to 94
Substance Abusers (treatment seeking)	60 to 90 (history of physical/physical abuse)
Homeless Mentally Ill Women	87 to 97 (childhood & adult abuse)

(Adapted from Bride, 2007, p3)

As earlier stated, the limitations of the above studies, assessment tools and sample sizes should not be overlooked, when considering the generalisability of the finding to populations around the world. Other research studies investigating the percentage of young adults self reporting experience of traumatic events and cross generational groups are displayed in Table 2.3.

Table 2.3 studies investigating the percentage of young adults self-reporting experience of traumatic events and cross-generational groups

Research study	Prevalence level for exposure to traumatic events (%)
Breslau; Davis; Andreski, Peterson, (1991)	39
Norris (1992)	69
Giaconia; Reinherz & Silverman, Bilge Pakiz, Frost, and Cohen (1995)	43
Kessler; Sonnega; Bromet; Hughes; Neilson, (1995)	56
Vrana & Lauterbach, (1994)	82
McDonald & Flett (1996)	64

(Adapted from Buchan, Stephens & Long, 2001)

In the above studies the prevalence levels for exposure to any traumatic events ranged from 39% to 82%. The findings of such studies provide empirical evidence that a large section of the young adult sub populations in addition to cross-generational community samples are exposed to trauma. However, the data should not be taken as being solely representative of all communities around the world and the limitations of such studies should be recognised and taken cognisance of. Differences in sample sizes, age, gender, ethnic background, military experience, personal history and employment status to name a few variables, may all affect how participants cope with trauma and ultimately respond while taking part in research. Differences in measurement techniques and methodologies adopted by researchers further compound the issue of data comparison as different researchers use distinct and varying trauma measurement scales to collate data.

According to Herman (1992), professionals employed in the field of psychosocial services are very likely to encounter persons who have experienced one or more

traumatic events. While the data from studies conducted are not without limitations, the results have been shown to demonstrate that service professionals are increasingly called upon to work with growing numbers of traumatised individuals as part of their remit and as a direct consequence, secondary traumatic stress is often viewed as 'an occupational hazard of providing direct services to traumatised populations' (Bride, Robinson, Yegidis and Figley, 2004, p27).

2.4.1 STS and Service Professionals

Since the 1990s, the number of published studies in relation to secondary traumatic stress experienced by service providers has been increasing (Stamm, 1999). Studies conducted in the 1990's mainly focused on the professional providers of psychosocial services, more recently in the millennium researchers such as Bride, Jones and MacMaster (2007) have focused on STS in child protective service workers and STS amongst social workers (Pryce, Shackleford and Pryce, 2007) and research on secondary traumatic stress in substance abuse counsellors (Bride, Smith Hatcher and Humble, 2009).

Steed and Downing (1998) note that although STS has been studied theoretically and clinically, there is a paucity of empirical research investigating the exposure to traumatic clinical materials on professionals working with trauma survivors. Freme and Fagan (2002) assert that being subjected to trauma is at times a terrible experience that, may have powerful and perilous consequences for the professional. They further note that the emotional impact the caregiver experiences as a result of the terror and anguish can produce a unique set of symptoms such as helplessness, rage, anger, depression, isolation, paranoia and hypervigilance. Research has suggested that such feelings are

psychological responses due to identification with victims. According to Hermann (1992), psychosocial service providers supporting and providing therapy to traumatised individuals, often must share the emotional burden of the trauma, bearing witness to damaging or cruel circumstances that individuals have experienced and have to acknowledge the existence of terrible and traumatic events in the world. McCann and Pearlman (1990), and Figley (1995a, 1995b) affirm that effective interventions with survivors of trauma involves assisting individuals to work through the traumatic event(s)/experience, involving the survivor recounting the circumstances of the event with the service professional in order to bring about closure. McCann and Pearlman, (1990) and Figley (1995a, 1995b) further assert that as a direct consequence of the process, service providers are repeatedly encountering traumatic events through vivid and detailed descriptions of what the survivor has directly experienced, which may result in the emergence of secondary traumatic stress symptoms similar to the indicators of post traumatic stress disorder. As far back as 1980s, Janoffoff-Bulman (1985) was espousing that service providers, who had to confront realities and events in the course of their work, may result in the destruction of assumptions such as personal invulnerability, meaningfulness of the world, and positive self-perception.

Saakvitne (1998) asserts that working with traumatised people changes a person profoundly. Further commenting that health workers, whose work involves empathetic connection with individuals that have experienced traumatic life experiences, suffer a significantly adverse impact on their personal well-being. Such workers often feel less grounded, find it difficult to maintain an inner sense of balance reporting a negative impact on their self-concept because of the trauma they experience.

McCann and Pearlman (1990) assert that although health care workers are qualified and trained, including supervision in the treatment of victims, they are not immune to the painful images, thoughts, and feelings associated with exposure to their clients' traumatic memories. Figley (1995a) concurs with McCann and Pearlman, asserting "there is cost for caring...professionals who listen to clients' stories of fear, pain and suffering may feel similar fear, pain and suffering because they care" (p1).

Levert, Lucas and Ortlepp (2000) assert that nurses form the largest group of health care workers around the world, providing the main connection with patients, acting as patient advocates with other care providers. They have the most direct one to one contact with patients, give physical care and give emotional support to the not only the patients but often to their families (Leiter, Harvie and Frizzell, 1998). The rigorous care provided by nurses' can lead to the experience of VT; it can cause a long-term alteration in nurses' own cognitive schemas, beliefs, expectations and assumptions about the self and others. The highly demanding nature of caring for others and the physical and emotionally taxing nature of nursing contribute to nursing being identified as a high risk occupation for burnout (Allen and Mellor, 2002; and Sabin-Farrell and Turpin, 2003).

In addition to the above symptomlogy, Chrestman (1999) notes that clinicians who reported experiencing STS have described symptoms similar to those who directly experienced the traumatic event including intrusive imagery, avoidant responses, physiological arousal, distressing emotions and functional impairment.

Studies conducted by Pearlman and Saakvitne (1995) in relation to ST have found the consequences of providing services to traumatised individuals to include the 'significant disruption to a person's sense of meaning, connection; identity, view of the world, as

well as affect tolerance, psychological needs, beliefs about the self and other, interpersonal relationships and sensory memory' (p151).

Although literature in relation to STS has recently mushroomed, the limitations of studies should not be overlooked. Kassam-Adams (1999) asserted that a large percentage of the literature is theoretically, hypothetical or anecdotally based. Kassam-Adams (1999) further argues that empirical studies conducted in relation to STS amongst service professional are limited in the extent to which existing measures were sufficiently able to detect changes in professionals be subjected to exposure of secondary trauma. Bride (2004) notes that the methodologies and instruments designed to research STS were primarily designed to examine the symptoms displayed amongst trauma survivors rather than those that experience the phenomenon second hand. As such, methods still require to be validated or normed on samples of people who have been indirectly exposed to trauma, and that limitations of study findings should be considered by researchers.

On conducting a review of the empirical literature available relative to STS in psychosocial services to traumatised individuals/populations, Bride (2004) identified seventeen articles associated with fifteen independent quantitative studies by conducing an electronic search of the PsycInfo and PILOTS (Published International Literature on Traumatic Stress) databases. The identified studies focused primarily on the symptoms of trauma, disrupted cognitive schema and psychological distress. Five of the identified studies sampled a variety of professionals from the psychosocial services including therapists, licensed psychologists, marriage and family therapists, voluntary counsellors and therapists working with sex offenders. The studies found the severity of trauma

symptoms varied in the studies, ranging from mild to not within a clinic range. Chrestman (1999) found that on comparing therapists, who reported secondary exposure to trauma with those who did not report secondary exposure, that therapists with secondary exposure reported higher levels of symptoms such as intrusion, avoidance, disassociation and sleep disturbances and that female therapists treating sexual abuse survivors were predisposed to displaying more trauma symptoms. During the 1990s, Schauben and Frazier (1995) conducted a qualitative study looking at 148 female therapists working with sexual abuse and assault victims. The results revealed that the higher the case load of sexual violence, the higher the correlation with more disrupted beliefs, more symptoms of post traumatic stress disorder and more self reported VT. The studies referred to are not without their limitations; some had all female respondents, poor response rates and different measurement scales, all of which make comparisons difficult.

In comparison to the above studies that found low or mild levels of symptoms of secondary trauma, investigations conducted by other researchers have found high levels of traumatic stress amongst psychosocial service providers. In a study conducted by Kassam-Adams (1999) which looked at 100 psychotherapists (response rate of 37%) and the treatment of survivors of sexual trauma within outpatient agencies, using the Personal Strain Questionnaire and the Impact of Event Scale, it was noted that almost half of those taking part in the study reported high levels of STS symptoms, indicating a need for clinical intervention. A further study with mental health workers that responded to the Oklahoma City Bombings, conducted by Wee and Myers (2002), looked at 34 disaster mental health workers (response rate of 45.9%). The study used the Compassion Fatigue Self-Test for Helpers, Frederick Reaction Index-A, and

Symptom checklist 90-Revised. The study found that 20.6% of respondents had moderate to severe levels of STS and 53.5% were at moderate to extremely high risk of suffering compassion fatigue. Becker (2002) asserts that the psychological risks for professionals who attend the scene of a traumatic event can exceed those of the actual victims. In the aftermath of the Oklahoma City bombings in 1995, the rate of posttraumatic stress symptoms amongst helping professionals was three times that recorded by survivors. In comparison to the Oklahoma City Bombing, Beaton, Murphy, Johnson and Nemuth (2001), looked at the STS responses in fire service personnel in the aftermath of 9/11, 2001. The study consisted of a sample of 261 professional fire fighters from fire departments in the Pacific Northwest, with data being gathered over a three-year period. The majority of participants were Caucasian (89%) and male (91%). The study used the Impact of Events Scale to collect data, measuring the presence of self-reported frequency of STS symptoms (Horowits, Wilner and Alvarez, 1979). Table 2.4 displays the dates surveys were completed by separate temporal cohorts of fire fighters (before and after 9/11).

Table 2.4 Fire Fighters cohorts' survey dates and sample sizes

Date of Survey	Number of Respondents completing the Survey
September 10, 2001 (day before)	24
September 12 and 13, 2001	52
September 18, 2001	93
September 25, 2001 (2 weeks after)	21
October 11, 2001 (1 month after)	54

(Adapted from Beaton, Murphy, Johnson & Nemuth, 2001)

 The Impact of Event Scale was used to measure the presence of and self reported

frequency of STS. Respondents used a likert scale format to rate their experiences (0 = not at all, 1=rarely, 3=sometimes and 5=often). A total score of 26 indicated that respondents met the criteria for STS. On collating the data from the survey, it was found that the cohort group from the day before 9/11 and the two-week post event cohort group results did not differ significantly. The results from the sample group one-week post event 'spiked' significantly. The study concluded that ' in the absence of any other plausible historical event and a relatively stable pre-event baseline, it would seem that a 'reasonable inference' would be that the significant elevations on the IES scale at one week post –event in the fire-fighter sample represented a symptomatic reaction to 9/11' (Beaton, Murphy, Johnson and Nemuth, 2001, p5)

On critiquing the study, it could be argued that the majority of fire fighters; rescue service workers and members of the public around the world were to a certain degree, likely to be traumatised as a result of watching the live play of events unfolding on the televisions around the world. Like the study findings, it could be reasonably inferred that a 'post event spike' in trauma would have been found if societies around the world had been similarly surveyed, due to magnitude of the event and the far reaching and lasting implications of terrorist attacks. Palm, Polusny and Follette (2004) assert that technological advances have resulted in extensive media coverage of natural disasters and terrorist attacks, which it could be argued had resulted in many becoming traumatised indirectly as a result of watching the misery and suffering towards others (p74). Further to this, respondents' previous experiences of traumatic events either as adults or children may have had an effect on how respondents coped with events and ultimately responded during the research.

Pearlman and Saakvitne (1995) identified two major factors that can contribute to a

person's susceptibility to trauma namely aspects of a person's work and individual aspects, intrinsic to the person. Pearlman and Saakvitne further add that aspects of work including the type of clientele, specific characteristics of the traumatic event, organisational contextual factors, and social and cultural issues may all have an impact on service personnel. They further assert that an individual's characteristics at times can form intricate exchanges with many life experiences influencing outcomes and which can be instrumental in determining how individuals experience trauma, i.e. their personality, personal history, current/past personal circumstances and the level of professional development.

An increasing number of authors have theorised that professionals with a prior personal history of traumatisation may be more vulnerable to traumatic stress. They argue that such stress is due to the potential reactivation of traumatic memories and elicitation of intense empathic responses (Figley, 1995a; McCann & Pearlman, 1990 and Pearlman & Saakvitne, 1995).

The results of studies were inconclusive, with two studies conducted by Follette, Polusny and Milbeck (1994), and Ortlepp and Friedman (2001) failing to find a relationship between previous personal history and the various indicators of ST while other studies conducted by Ghahramanlou and Brodbeck (2000) found evidence of higher ST symptoms in sexual trauma counsellors with a personal history of trauma. Further research by Kassam-Adams (1999) found that previous trauma history of childhood trauma in psychotherapists was strongly associated with ST symptoms, similarly Nelson-Gardell and Harris (2003), on conducting a study of child welfare workers found that prior experience of childhood trauma, of any type, was significantly

correlated with ST symptoms. This area of study remains relatively under researched and warrants further in-depth examination and longitudinal investigation.

2.5 Child Protection Personnel and STS

In the United States of America and the United Kingdom of Great Britain, two major organisations that are responsible for investigating child abuse and child protection issues are the Police and social work services. However, it has only been recently that research has begun to focus on child welfare workers and the effects of STS (Dane, 2000).

Most victims of trauma and crime seek support from their family and friends. However, a small percentage seek professional assistance and help for physical and emotional recovery (Ahrens and Campbell, 2000; Campbell, 2002). Victims often attend hospital accident and emergency departments, rape crisis centres, domestic abuse shelters/Woman's Aid, Police offices, community mental health centres or other social service organisations (Clemans, 2004).

2.5.1 The Child Protection Process

Throughout an increasing number of countries around the globe, statutory agencies with responsibility for child protection have developed guidelines and inter-agency protocols to direct child protection processes. According to Hammond, Lanning, Promisel, Shepherd and Walsh (2001) child abuse is problem for communities, asserting that no 'single agency has the ability, resources, or legal mandate' to ensure effective interventions in child abuses cases (p2). They argue that all organisations have an important part to play when dealing with abused children, 'the ideal set of events is that

doctors treat the injuries, therapists counsel the child, social services work with the family, police arrest the offender, and prosecutors prosecute the case' (p2).

Effective community intervention involves the formation of a child protection team. A team that includes professionals from medicine, criminal justice, police, social work and education; who understand and appreciate the different roles, responsibilities, strengths and weaknesses of the other team members but co-operate and co-ordinate their efforts, while understanding that each person's skills are different but equally important to protect the child. Examples of such inter-disciplinary working can be found in many countries around the world. In Scotland, the police, social work and NHS staff hold tripartite (3 way) discussions in respect of all child protection investigations (ensuring the children's needs are assessed) and that all professions involved in the investigation of child protection enquiries understand each others roles an share information appropriately (Scottish Executive, 2000 and 2007).

The part that clinicians, psychological services, acute and primary health care providers (NHS), therapists and voluntary services play in child protection should not be ignored and are touched upon in the thesis but is not the main focus of the research. However, including these professional groups assists in evidencing ST experienced by workers providing services to sexual abuse/assault victims.

Reviewing traumatology literature revealed there to have been few empirical studies looking at the effects of ST on professionals providing services to victims of child abuse and sexual assault, in total three studies were identified which looked at the issue within nursing and caregivers.

2.5.2 Nursing/Caregivers and STS

Riba and Reches (2002) conducted research to investigate the experiences of nurses caring for survivors of sexual abuse/assault related trauma. Respondents highlighted they felt anxious and afraid of what they were going to see and that inexperienced nurses were worried that they would be unable to perform their job properly. The findings of the study concluded that the trauma nurses experienced was vicarious/secondary traumatisation with symptoms identified as depression and panic attacks, resulting in alcohol abuse and in more serious cases suicidal tendencies.

In Western Cape, South Africa, the Infant Mental Health Promotion Project conducted a workshop during 2003 that concentrated on providing support to practitioners whose role was to work with young children in high-risk families. During the workshop it was noted that practitioners were, on an almost daily basis, faced with serious situations involving high-risk families with young children. The practitioners involved in the workshop commented that they felt helpless, hopeless and unsuccessful, on occasions experiencing anxiety, anger withdrawal and felt burnout. Ultimately the role of workers is to ensure the safety and well-being of the infant(s) and their parents, if symptoms of secondary trauma are not addressed, the end result may be that highly trained practitioners withdraw from the field of employment or remain in the field but become ineffective. Similarly, Oliveri and Waterman (1993) conducted a study looking at 21 therapists who had previously been involved in the treatment of sexually abused children in pre-school facilities. The study found that respondents experienced symptoms similar to PTSD as a result of treating children in their care. Again the study was not without its limitations; the relatively small size of the study cannot be taken to be representative of the wider therapist community and would require a larger study to

be conducted to allow comparisons and conclusions to be drawn. Previous experiences of the respondents as children and adults should not be ignored in determining how therapists coped with their role and any secondary trauma experienced as a result of their work.

Regeher (2003) commented that the group of practitioners showing the highest number of symptoms and degree of traumatic stress was fire-fighters, paramedics and child protection workers, concluding that child protection workers have to make use of the empathy technique and bring change within families, yet they lack specific training or support for dealing with traumatic stress during training.

2.5.6 Social Workers and STS

There was a dearth of studies in relation to the prevalence of STS amongst social workers, despite the fact that social workers directly work with and provide support and therapy to traumatised populations including survivors of child abuse. One of the few studies includes Bride (2007), in which 600 male and female masters level social workers were randomly selected from 2,886 social workers in the Southern United States of America and sent questionnaires via the postal service. Of these 294 questionnaires were returned (7 were excluded) resulting in a response rate of 47%. In total, 97% of the social workers who took part in the research stated that their clients had experienced trauma and 88.9% indicated that their work addressed issues associated with the clients' trauma, confirming that social workers are indirectly exposed to trauma as a result of their role.

The Secondary Traumatic Stress Scale (STSS) (Bride, Robinson, Yegidis and Figley,

2004), a 17 item self-report instrument that assesses the frequency of intrusion, avoidance and arousal symptoms associated with STS was used to collate data, with respondents indicating how frequently (never to very often) each item was experienced in the previous seven days. The study found that 70.2% of respondents reported experiencing at least one symptom in the previous seven days. Fifty five percent met the criteria for one of the core symptom clusters and 15% met the criteria for a diagnosis of PTSD. The study found that intrusive thoughts were the symptom most often reported, with avoidance of reminders of clients and numbing responses following closely. The least reported symptoms were distressing dreams and a feeling that they were reliving the client's trauma. The study concluded that social work practitioners, engaged in frontline practice, were highly likely to be 'secondarily exposed to traumatic events through their work with traumatised populations' (p13). Bride (2007) comments that independent of any other trauma that social workers may directly experience, the rate of social workers experiencing PTSD is twice that of the general population which is estimated as being 7.8%, which can be put down to indirect exposure to client's trauma. Again the study's limitations should not be over looked. It could be argued that with a response rate of 47%, persons who were suffering from STS may not have been inclined to respond as it may have added to their stress or alternatively were more likely to respond due to the subject matter being of importance to them. In addition, as the research only took part in one state it cannot be taken as representative of the wider community in the USA or around the world.

2.5.7 Feelings of being undervalued

According to McLenachan (2006), social workers and social care workers are undervalued in today's society with the negative image of social work remaining a

'major stumbling block' to addressing recruitment problems. McLenachan (2006) further argues that the 'professional status of the social work role is less valued and respected'. Clemans (2004) asserts that VT and STS are phenomena that may affect social workers differently. Factors including, gender and victimisation history contribute to each unique set of circumstances, which Clemens (2004) argues distinguishes it from countertransference. VT/STS is further pervasive in nature, affecting all areas of workers' lives, from emotions, views of the world and relationships within and outwith the working environment. Pearlman and Saakvitne (1995) concur with Clemens stating that work in the field of trauma may cause the 'existential transformations' to develop due to emotional and interpersonal stress through the daily interactions with traumatised clients. Clemens (2004) further espouses that social workers through the exposure to traumatised clients, run the risk of becoming 'jaded, cynical and angry'. They may begin to feel helpless and unable to make a difference in the lives of their clients. Over time, previously optimistic and compassionate workers may view the world through 'sceptical and distrustful' eyes, creating intense feelings of anger, resentment and isolation in workers, which ultimately may interfere with a workers' ability to genuinely empathise with their clients and make appropriate decisions, with Figley (1999) and Rosenbloom, Pratt and Pearlman (1999) asserting that STS may impair the ability of social workers to effectively help the clients who require their services.

According to Clemens (2004) 'there are rich emotional, psychological and spiritual rewards for social workers engaged with survivors of rape, incest, violence and abuse. Having the opportunity to help a client through a traumatic, terrifying life event can foster feelings of purpose and personal satisfaction in workers. However, without self-

care and an attuned agency and profession, the benefits of the work may soon dissipate for workers and in turn clients' (p3).

Similarly, Levert, Lucas and Ortlepp (2000) argue that to a large extent the contribution nursing staff make to the hospital system largely goes unrecognised and unacknowledged, leading to overwhelming numbers of nurses feeling 'a lack of personal accomplishment' often feeling they play an inferior role, have inferior status in society and receive inferior remuneration for the work they undertake. They further assert that as a direct consequence of such conditions, nurses and psychiatric nurses are often characterised as being unmotivated and insensitive towards patients, are less likely to provide optimal patient care and ultimately it leads to lower efficacy (Greenglass, Burke and Fiksenbaum, 2001). According to McCann and Pearlman (1990), helpers such as nursing staff who work with victims of random violence may experience a heightened sense of vulnerability and an enhanced awareness of the fragility of life, and that exposure to the victims traumatic experiences may be hazardous to the mental health of people close to the victim including helpers involved in the healing process. Counter transference usually follows whereby nurses can incorporate the traumatic feeling, images and thoughts associated with working with the survivors of trauma. McCann and Pearlman (1990) further assert that without having an opportunity to express these emotions, they may respond with pervasive and unsettling sense of uneasiness. Briere (1989) argues that continual and restricted work with victims may twist helper's perceptions, resulting in views of relationships being adversarial and the world being intrinsically unsafe. With a lack of support and a need for recognition of their work, nurses may experience emotional fatigue, which may negatively impact on patients and the health service.

In the UK and Scotland, vacancies exist within social work services in particular children and young families, which directors of social work are unable to fill. As early as September 2001, David Batty (reporter for the Guardian newspaper), reported that The Association of Directors of Social Services (ADSS) were warning of a crisis in child protection services in England, with the service almost reaching breaking point due to staff shortages of more than 2000. Batty further asserted 14.7% of the established field social workers posts in child protection in England were unfilled, with social workers stating that they were leaving for 'more attractive' jobs in other areas of child care which permitted 'greater opportunity for direct work with children and families, without the responsibility for carrying risks associated with child protection cases' (par 3). However, in 2011 the current physical climate is advocating public sector cuts, this may again have a negative impact on the social services in particular children and families jobs.

On 17 March 2010, the British Government announced reforms to the Social Work Services, setting out a number of key measures that ordered employers of social workers in England to conduct a 'health check' of the support they offer employees and further pledged £23m to support improvements in child protection arrangements to reduce pressure on frontline social workers (Mahadevan, 2010 a, par 1).

The then Children's Secretary Ed Balls said, '… new funding and reform package will help to relieve pressure on frontline social workers. It demonstrates our commitment to this important profession, whose contribution to society is often undervalued' (Mahadevan, 2010 a, par 5), with Helga Pile (Unison National Officer for social workers) stating 'Health Checks are vital to bridge the gap between managers and staff

…Unless they can get together with staff…to examine the full extent of the problems they face, they have no hope of finding a solution' (Mahadevan, 2010b, par 2)

2.6 Police Personnel and STS

Police Officers have been shown to have a highly stressful and demanding occupation (Heiman, 1975; Kroes, 1976; Bonifacio, 1991). Most of the published literature in connection with Police Officers focuses on the psychological effects of Police work and the stresses connected with the job. A growing number of publications have often focused on the negative aspects of policing namely Traumatic Stressors (Violanti and Aron, 1995); Organisational stressors (Anson and Bloom, 1998) and individual factors, i.e. personality and coping (Hart, Wearing and Headley, 1995), arguing that all or any of the above variables can have an impact on Police Officers and experience of vicarious trauma.

2.6.1 Traumatic Stressors/Incidents

Police work is varied and multifaceted with each day requiring the Police to attend and deal with a varied range of incidents and events. Due to diverse nature of policing, compiling a comprehensive list of Police job stressors that can be universally referred to by researchers around the world is unrealistic and as a result no collective definition of a traumatic incident exists. For the purposes of this thesis the description of traumatic incidents conceptualised by Mitchell and Resnick (1981) will be referred to, namely 'any situation faced by emergency personnel that causes them to experience strong emotional reactions which have a potential to interfere with their ability to function either at the scene or later' (p3).

Numerous researchers studying the exposure of Police Officers to traumatic incidents, (PTSD, STS and VT) have used differing traumatic incidents and developed scales and surveys for this purpose. Speilberger, Westbery, Grier and Greenfield (1981) developed a 60-item survey in which they list 60 incidents considered traumatic by Police Officers were listed. Other studies conducted by Sewell (1983), Coman and Evans (1991) have concentrated on firearms incidents and their impact on Officers. According to Violanti and Aron (1994), Police Officers rank situations such as battered children, high speed car chases, use of force and aggressive crowds as amongst the most stressful situations attended.

In a study of 233 Police Officers in the USA, Patterson (2001) chose six items/areas of policing (five from Speilberger, Westbery, Grier and Greenfield, 1981 survey and one from Coman and Evans, 1991) identified as representing potentially dangerous situations in which there existed a high probability that either the Officer or another individual can be seriously injured or killed. Traumatic events included ranged from confronting someone with a firearm; high speed car chases through city streets; confronting aggressive crowds; situations involving the use of force; child protection (handling a child abuse/neglect situations) and domestic incidents. Participants in the study were from various ethnic backgrounds, both genders, and varied in experience, educational attainment, rank and role. The study found that the most frequently occurring traumatic incidents for Police Officers in the sample were occasions in which family members and children were involved, followed by situations in which Officers or others were at risk of being seriously injured or killed in primarily non-familial related situations.

In a 2000 study conducted by Mitchell, Stevenson and Poole, 612 Police Officers from Strathclyde Police (response rate of 49.1%), 768 Royal Ulster Constabulary (response rate of 46.5%) and 41 chief constables from the 55 constabularies in the UK (response rate of 73%) looking at the management of post incident reactions in the Police service were surveyed in relation to what they considered made a memorable incident critical. Incidents included murders, suicides and accidental deaths, road traffic deaths, Lockerbie disaster (Bombing of Pan AM flight 103, December 21 1988), the RAF Chinook helicopter disaster, threatening and dangerous situations, and abuse and cruelty. However, the limitations of both studies should not be overlooked should the findings be taken as being wholly representative of all Police Officers around the world and warrants longitudinal research on a national and inter-national basis. The issue of Police Officers and their exposure to trauma and experience of secondary trauma is further complicated, as not all Police Officers will be affected in the same manner following exposure to traumatic incidents. Stratton, Parker and Snibble (1984) on conducting research on Police Officers and their exposure to traumatic incidents found that 35% of the Officers in their sample involved in a firearms (shooting) incident, described not being affected at all either psychologically or physically, while 33% of Officers described moderate effects and 30% reported being very affected the incident. Whereas Violanti (1996), asserts that many Police Officers experience symptoms of posttraumatic stress disorder following incidents they have attended. Stephen, Long and Miller (199) on conducting a study of 527 New Zealand Police Officers correlated with scores.

Moran and Britton (1994) found that Police Officers accumulating incidents attended over the years of service, experience a 'stair step' (p578) phenomenon in which

unresolved previous trauma builds on itself. Highlighted by Pearlman and Saakvitne the personal history of professionals including Police Officers should not be overlooked by researchers. Research conducted by Buchanan, Stephens and Long (2001) investigated traumatic event experiences of 187 Police recruits (probationers) and 177 serving (confirmed in the rank) Officers; both groups consisted of both male and female Officers. Using the Traumatic Stress Schedule (Norris, 1992), the respondents recorded the frequency of trauma experienced prior to and since joining the Police, in relation to ten categories. The categories covered included incidences of robbery, assault (common assault and serious assault), sexual assault, tragic deaths, fires, disasters, hazards, vehicle crashes/motor accidents and other events. The experienced Officers reported more lifetime events and significantly more lifetime exposure to assaults, disasters, hazards and motor vehicle accidents. Male recruits reported significant more lifetime assaults than females, and females reported high lifetime levels of sexual assaults. Both male and female recruits recorded similar lifetime levels of other events. According to Buchanan, Stephens and Long (2001), the number of traumatic events experienced as young adults is an important variable in determining vulnerability to developing psychological symptoms if exposed to future trauma. Bonifacio (1991) asserts that Police Officers although aware of the dangers associated with Police work take the job to contribute something worthwhile to society. It could be argued that one such area where Police Officers may be repeatedly exposed to 'traumatic incidents' is the field of child protection, where Officers' core business is that of investigating cases of child abuse.

2.6.2 Organisational Stressors

Although not directly the focus of this current study, the stress put upon Police Officers

by their organisation should be not be overlooked and has been the stimulus for many researchers. Kores (1985) and Anson and Bloom (1988), assert that expectations of Officers to progress through the ranks, excel in further education, have impeccable sickness records and to continually perform to the highest degree, retaining high standards both while on duty and in their personal lives are significant stressors to Police Officers. A study by Storch and Panzarella (1996), again found that the majority of negative stressors were organisational factors. Results from the study found that in general, stress experienced by Police Officers involved administration matters and adapting to change in their work; including work schedules. A previous study of the 58 persons who resigned from the Police in Memphis, USA, feelings of 'stagnation' and 'little hope of job advancement' rather that dissatisfaction with the work itself Previous research has, in addition to the above issues, highlighted inadequate training, unfair policies and lack of support as being common sources of Police work stress (Brown and Campbell, 1994; Violanti and Aron, 1993). O'Toole, Vitello and Palmer (2003) on conducting a study to examine stress within a nationwide sample of Police agencies, noted the types of common stressors and measured levels of stress, using the Police Stress Survey (Spielberger, Westberry, Grier and Greenfield, 1981). On questioning respondents on why they had left the organisation, the study found three distinct themes; namely, physical threats while on duty, a general lack of support and pressures caused by the organisation. On examining the lack of support stressors, respondents commented on inadequate support by supervisors and by the department, in addition to regulations and the perceived ineffectiveness of the judicial system. The Police Stress Survey was used to gather reasons from Officers who had decided to leave the Force. The results indicated a number of stressors as being instrumental in their decision to resign, namely inadequate supervisory support, inadequate support by the department,

political pressure from within the department, poor or inadequate supervision, inadequate salary, difficulty getting on with supervisors and excessive paperwork. O'Toole, Vitello and Palmer (2003) conclude that although Police work can be dangerous more often than not, it is organisational issues that cause the greatest stress and give grounds for Officer to leave the Force. The studies suggest that organisational stressors as opposed to the daily rigours of actual Police work are more influential in determining Officer's psychological health and well-being.

Duckworth (1991) asserts that people tend to think that the initial event is the factor when attempting to comprehend a person's post-incident reaction. A reaction to an extreme event can be greatly exacerbated and/or added to by the reactions to other post –incident situations such as injuries sustained; subsequent treatment by colleagues and senior Officers; due legal process and behaviours and attitudes of the general public and the media. A National Institute of Justice Report (2000) summarised the causes and effects of job related stress in law enforcement. Not only did the sources of stress included Officer's experiences of violence, suffering and death but many Officers viewed the Judiciary as being too lenient on sentencing of offenders and the public's opinion of the Police and their performance to be critical and unfavourable.

More recently, the United States of America and the United Kingdom have seen increasing public interest and media attention being drawn to the circumstances leading to the high profile deaths of children such as Megan Kanka (New Jersey) and My Ly Nghiem (New York) in the USA and Kennedy McFarlane (Child Protection Inquiry, Dr H Drummond, 2000), Victoria Climbe (The Victoria Climbe Inquiry, Lord Lamming, 2002) and Caleb Ness (Report of the Caleb Ness Inquiry, S O'Brien QC, 2003), Maria

Colwell (1976), Sukina Hammond, Heidi Koseda, Simon Peacock, Charlene Salt, Chanel Hedman and Louisa McDade (2003) in the UK.

Highly publicised events surrounding the abduction and murder of Sarah Payne in Sussex (2000) and Holly Wells and Jessica Chapman in Soham (2002) by sex offenders and the resultant media frenzy concerning both cases has further drawn the issue of child protection to the fore but also onto the majority of Police forces priorities and control strategies. However, even in the wake of such enquiry findings and recommendations, there still remains a paucity of empirical research on tangible material in relation to Police Officers and their work with trauma survivors and in particular child.

Martin, McKean and Veltkamp (1986) looked at the impact of working with survivors of sexual assault on Police Officers and found that post traumatic stress disorder symptoms was significantly more prevalent amongst Police Officers dealing with rape survivors than those Police Officers who dealt with routine crimes and offences. Follette, Polusny and Milbeck (1994) on examining the impact of providing services to sexual abuse survivors also found that such work was significant to Police Officers. A review of the empirical literature found one study undertaken across three Australian states by Wright, Powell and Ridge (2006) that explored Police Officer's perceptions of the daily challenges involved in child abuse investigations. The study examined how Officers considered such enquires affected their ability to undertake their role and the management of identified challenges. The study employed a qualitative methodology, consisting of in-depth interviews of a diverse sample of 25 Police Officers working in child abuse units. The study found that heavy caseloads and collaboration with other

professional groups to be the two key sources of 'negative work stress' frequently associated with child abuse investigations.

2.7 Potential Impact on Police Practice

Reviewing the literature on professional groups employed in fields that support, treat and investigate survivors of trauma and victims of crime has shown that such professionals are at a heightened risk of suffering. It is recognised however that not all employees who are exposed to such pressures in their work develop negative trauma (Cornille, Woodward and Myres, 1999). Stamm (2002) asserts that as opposed to experiencing Compassion Fatigue, people working with victims or witnesses to traumatic events, gain positive benefits from working with traumatised people, a construct described by Stamm as Compassion Satisfaction (2009). Stamm believes that compassion satisfaction protects and buffers workers from the negative aspects which they may experience when listening to the details of others' suffering and the positives aspects of feeling that they may have made a difference or have helped in some way.

For personnel who develop trauma symptomlogy, there are potential implications for practice and ultimately to service users. Figure 2.1 (adapted from MacEachern, Jindal-Snape & Jackson, in press) displays the potential events linked to Officers investigating child protection cases.
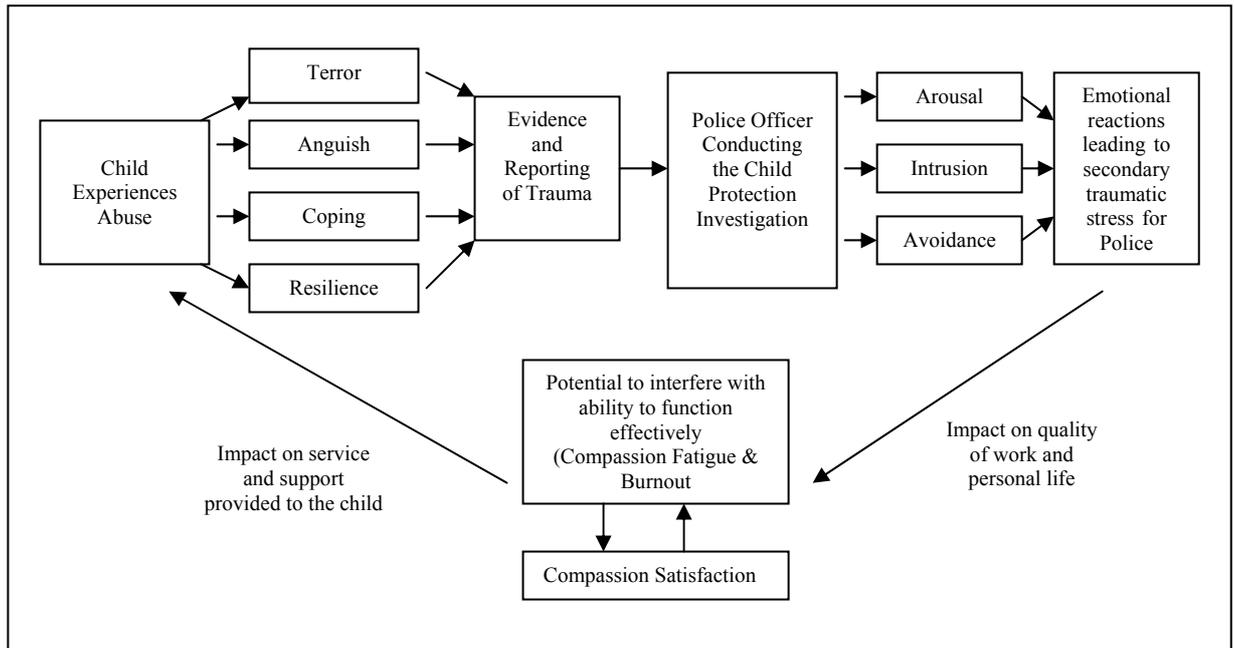
Figure 2.1 Child Protection Investigations and potential events for Police
experiencing STS

The implications of stress and secondary trauma for organisations has been brought into sharp focus in recent years by a number of high profile legal rulings and an increasing recognition that employers are responsible for the psychological, as well as the physical welfare of their employees (Health and Safety at Work etc Act, 1974). According to Bride (2007) professionals experiencing STS may be one reason why many human service professional, including social workers, leave their profession early or opt for less stressful positions within organisations.

In the last decade, psychiatric injury claims against organisations have been initiated for 'failing to take reasonable precautions' to reduce psychiatric injuries amongst employees who are exposed to traumatic incidents. Duckworth (1991) argues that that post traumatic reactions can be varied and complex in nature and as such counselling services should be set up with great care and with the correct professional advice and

trained personnel and not by 'well meaning, non-directive counsellors' who add to the phenomenon resulting in 'iatrogenic disorder' (intended treatments creating additional or worse problems).

In a study conducted by Alexander, Walker, Innes and Irving (1993), 1000 Police Officers from Grampian Police were surveyed in relation to Police Stress at Work, (response rate of 76%). The survey found that negative effects of stress fell into the following areas: stressed Officers can become ill or negatively affected which led to increased sickness and absence from duty, poor work performance and job dissatisfaction may lead to a reduction in motivation and the impairment of ability to perform complex tasks and to cope with the levels of stress, depression or anxiety, maladaptive coping mechanisms may be adopted, over indulgence in alcohol, under eating/over eating and smoking leading to raised levels of aggression and irritability leading to complaints against the Police. Alexander, Walker and Irvine (1993) assert that any one or all of the above may have a knock on effect in terms of efficiency and effectiveness. When Police Officers respond to stress and trauma with raised levels of irritability and aggression when dealing with the public then they may become an immediate danger to the reputation of the organisation and more importantly provide a reduced service to the public which they serve; leading to members of the public being traumatised by their experiences of the Police and additional damage being caused (Alexander, Walker, Innes and Irvine, 1993).

Griggs (cited in Gallow, 2005) argues that 'elevated stress creates a deadly continuum that begins by undermining our emotional stability and paves the way the way to a variety of inappropriate coping mechanisms. An Officer's abuse of alcohol, drugs or his

own family members is part of this deadly and dangerous cycle' (p 36-40) and further argues that 'teaching Officers how to cope with stress of the job is as important as teaching the Police defensive tactics and providing them with body armour and protective equipment'.

The Health and Safety Executive on conducting numerous studies on the effects of stress in the work place have estimated that half a million people experience work related anxiety at 'significantly serious levels to make them ill'. In the year 1995/96, the Health and Safety Executive calculated stress related problems to cost the public and organisations at least £3.7 billion each year (HSE, 2002). In recent times, there has been an increase in litigation relating to negligently inflicted psychiatric damage, around the globe (Scottish Law Commission, 2002).

In Australia, a Police Officer was awarded $750,000 in compensation for mental injury after being diagnosed as suffering Post Traumatic Stress Disorder (cited in Wright, Powell and Ridge, 2006) following investigations into crimes against children. Similarly the Police Federation of Northern Ireland brought a class action for Police Officers from the Royal Ulster Constabulary, for compensation for Officers who suffered post-traumatic stress disorder. Gillian (2005) espoused that exposure to traumatic incidents was not the basis on which the class action was taken, the Police Federation press release pointed out that the Police Officers knew and accepted the risks of working as Police Officers in Northern Ireland but were not adequately equipped to deal with the psychiatric and psychological consequences of some incidents (BBC News, 7 November 2005). Consequently, it was suggested that the Royal Ulster Constabulary should have conducted systematic risk assessments that would have assisted its employees to deal with the psychological hazards involved in fighting a

counterinsurgency war.

In England, Police attending operationally challenging incidents such as Hillsborough (1989) and the Bradford Fire (1985) have resulted in Officers and survivors claiming for damages due to traumatic injury. In Scotland, operationally challenging incidents such as Lockerbie; Dunblane Primary School Massacre (multiple murder of 16 children and their teacher, 13 March 1996) and the Mull of Kintyre Chinook Helicopter crash, has not resulted in Police personnel claiming damages as a result of their attendance and investigations of such incidents. Many Police departments throughout the world have recognised the negative consequences associated with work-related stress, with organisation administrators developing strategies, procedures and policies to help assist Officers and their families, as such organisations can help reduce the negative consequences of Officers stress and trauma for not only the Officers and their families but also the communities that the Police serve Kirschman (2003).

McFarlane and Bryant (2007) assert that PTSD has had a substantial impact on employer liability for workplace psychological injury and argue the emergency services are a 'high–risk' workforce that demands 'clear policies' within an organisation, aimed at minimising the injury to individuals and reducing the cost to organisations by the use of preventative strategies. They further argue that the most appropriate means for employers to consider this would be to take into account any evidence currently available to them namely, focusing on individuals who have displayed high risk factors, prior psychiatric history, repeated exposure to death, traumatic events, drop/deficiencies in performance or increased personal difficulties. They further argue that 'Organisations

need to anticipate the possible traumatic exposures that may affect the workforce and have strategies to deal with the effects in the workplace…' (p404).

Linked with Britain's legal system's unwillingness to acknowledge the existence of STS and the affects on Police Officers, there has been little impetus in the past for Forces to acknowledge the effect of STS on its employees, specifically those tasked with investigating child abuse/child protection cases. With an increasing acknowledgement of the existence of STS in the field of Traumatology and its effects on the professionals that work with traumatised individuals, including social workers and Police Officers, Police Forces and the legal bodies charged with protecting Chief Constables interests/vicarious liability, will need to ensure that clear policies outlining preventative strategies are in place to minimise the risks of STS.

Given the legal obligation of organisations (including Police Forces) to ensure safe working environments under the Health and Safety at Work etc Act 1974 and Health and Safety at Work Regulations 1999, it is increasingly recognised that employers are responsible for the psychological and physical well-being of their employees. Scottish Police Forces Operating Procedures affirm that it is a responsibility of all managers and supervisors to demonstrate their commitment to health and safety through their actions in support of Force policy. In this regard the majority of Scottish, English, Welsh Forces and the Police Service of Northern Ireland (PSNI) have in place Critical Incident Management and Support services to assist staff cope with stress, namely Occupational Health departments offering Critical Incident Stress Debriefing and independent services of ICAS in the form of Employee Well-being Programmes.

2.8 Police and Organisational Culture

Research has acknowledged the existence of a unique occupational culture that has a persuasive influence on Police Officers and their conduct (Coman, 1993). Wood (2004) maintains that Police culture includes features that are exclusive to the Police occupation. Howard, Tuffin, and Stephens (2000) assert that Police have certain rules about the display of emotions, with Pogrebin and Poole (1991) arguing that the expression of personal feelings and emotions are frowned upon in Police culture. It has been further implied by Lumb and Breazeale (2002) when joining the Police Force and embracing the Police culture, Officers condone the 'code of silence' and the 'closing of ranks' that exist that serves as a means of 'self-preservation' (p244). It has been suggested by Hughes (1971) that Police culture encourages specific type of behaviours and as a consequence a particular type of Police speak. Hutter and Lloyd-Bostock (1990) assert that Police Officers use the distance strategy of 'black humour' to lessen the impact of traumatic events that they have dealt with, adding that what may appear to the civilian bystander as unprofessional and or unsympathetic talk, can in fact be a coping strategy, functioning as a means to 'enhanced solidarity' amongst colleagues and possibly masquerade 'the real horror of the situation' (p418). Reece (1991) supports Hutter and Lloyd Bostock assertions commenting on the Police's use of 'image armour... the need to look strong, competent and in control' (p293).

An increasing number of studies propose that the organisational culture prevalent in Police Forces can be detrimental to both psychological health and effective policing in addition to job related stressors. The prevalent organisational culture in addition to traumatic experiences on Police Officer's psychological and physical health are of increasing concern to many Police Forces (Violanti, 1996).

2.9 Supervision and Support

2.9.1 Supervisory Support

It has been argued by Kalimo, Pahkin, Mutanen and Toppinen-Tanner (2003) that supervisory support is important in Police Forces to ensure tenure and job fulfilment. According to Landsman (2001), the supervisor performs a unique role in mentoring and supporting staff and may be pivotal and a key element in the retention of staff. Dickson and Perry (2002) further argue that the more workers consider their supervisors to be concerned about them and their subsequent welfare and provide appropriate support, the more workers are likely to remain working in child welfare.

Kadushin (1995) considers that when supervising staff whose work involves traumatic situations, it is imperative for supervisors to have positive supportive relationships with all workers to enable trust and the sharing of thoughts and feelings. Schwartz (1976, cited in Pryce, Shackelford and Pryce, 2007)) asserts that child protection supervisors must develop the skill of 'tuning in' to the needs of workers, with the added ability to listen and know when to refer and issue onwards to the appropriate organisational support mechanism (p83). The referral of workers is a crucial part of the process that ensures that the blurring of boundaries are minimised between the supervisor and worker to ensure that the supervisor does not become too personally involved in the worker's personal issues or act as unofficial counsellor (Schulman, 1993).

Bernotavicz (1997) considers the role of the supervisor in the child welfare agency as crucial, providing conditions in which practitioners can conduct their work or they can exacerbate working conditions by assigning work unfairly and failing to help set priorities, further arguing that not only should supervisors have a knowledge base in

child protection and issues which place children at risk from harm, but should also possess a skill set including as assessment, conflict resolution, problem solving, communication, group work, teaching, time management, administration, negotiating, motivational skills in addition to interviewing, law, ethics, policy, procedures and multi/ inter-agency working. Pryce, Shackelford and Pryce (2007) assert that specialist training is beneficial to supervisors if the training is specifically aimed at supervision in the child welfare setting, based on specific models incorporating education, skills training and supervision pertaining to trauma.

2.9.2 Peer Group Support

In Wright, Powell and Ridge's (2006) Australian based study, it was found that despite the provision of organisational strategies in place aimed at reducing work stressors, Police Officers tended to rely predominately on informal coping mechanisms such as peer support and humour. Pogrebin and Poole (1998) assert that strategies such as work-based social support within the Police Force encourage a feeling of group cohesion and morale within the team is helpful. Some countries have taken the idea further by introducing Peer Support Teams (PST) to assist child welfare workers. Howe and McDonald (as cited in Pryce, Shackleford and Pryce, 2007) conducted a study of stressors in Toronto child welfare workers and the use of PST, surveying 175 child welfare staff and 20 interview subjects. The PST comprised of a team of 14 child welfare staff trained in CISD, who offer their services in the event of traumatic stress events in the agency. The service is detached from internal and external review, voluntary and offered timeously with Howe and McDonald describing the service as being 'encouraged' by the organisation and 'user friendly' (p4). In the first 3 years of the PSTs being in operation, they had responded to 189 staff who had experienced a

work related traumatic incident. Almost 90% of the staff offered the services of the PST accepted. The staff that had accepted included front line protection workers (62%), child and youth workers (19%) and management (10%). The PST was found to be a constructive and supportive answer to addressing traumatic events in the work place.

2.10 Organisational Support Mechanisms

2.10.1 Critical Incident Stress Management

The Association of Chief Police Officers in Scotland (ACPOS, 2009) is determined that the Scottish Police Service is 'committed to providing support to staff exposed to critical incidents' further recommending that Forces utilise 'a system of Critical Incident Management' designed to provide a 'supportive framework' for staff who have attended, or been involved in the critical incidents (p1).

The intention of the Critical Incident Stress Management process (CISM) is aimed to diminish the adverse psychological influence of stressful work related incidents. CISM can comprise of one to three phases depending on the situation, namely 'Defusing' 'Debriefing' and/or counselling.

Defusing

Defusing is the term used to describe the informal discussion normally held amongst those persons involved in the incident shortly after their immediate involvement in the incident has finished. This process that permits an initial assessment of the affects of the incident to be gathered and gives staff the opportunity to summarise their roles and reactions. This process can help managers make an assessment of the seriousness of incident, possible repercussions and any additional support that may be required.

Debriefing

Debriefing is a more formal and structured process facilitated by trained debriefers, which often involves the group of persons involved in the incident. The debrief may be organised within a short period of time after the incident. Many British Forces have entrenched in their CISM processes Critical Incident Stress Debriefing (CISD).

Critical Incident De-briefing

Psychological debriefing or Critical Incident Stress Debriefing (CISD) was developed in the early 1980's 'specifically designed to prevent or mitigate the development of post-traumatic stress amongst emergency services professions and other high risk disciplines' (Mitchell and Everly, 1995, as cited in Ormerod, (2002) Small, Lumley; Donohue; Potter and Walderstrom (2002) broadly define psychological debriefing 'as a set of procedures including counselling and the giving of information aimed at preventing the psychological morbidity and aiding recovery after a traumatic event' (p1032). Not only have the emergency services adopted CISD but in recent years such psychological debriefing have become increasingly popular amongst companies involved in banking, supermarket chains and retailing following disasters or distressing incidents.

Police work may occasionally involve some Police Officers and members of Police staff being exposed to operationally challenging incidents that may have the potential to adversely affect their physical and emotional well-being. Since the late 1990s the majority of Police organisations throughout the United Kingdom have made use of a variety of post incident debriefing and critical incident stress management methods, in addition to formally recognising that the Police service must demonstrate a 'duty of care' to Police Officers and force support staff. In a survey conducted by Mitchell,

Stevenson and Poole (2000), all 55 United Kingdom Police Forces were surveyed by means of a postal questionnaire to ascertain details about the various practices in relation to critical incident stress debriefing/post incident care. Fifty-five questionnaires were distributed, 41 were returned giving a response rate of 71%. The majority of forces had clearly delineated definitions of what they considered to be a 'critical incident' for the purposes of stress management. Definitions ranged from 'A traumatic incident is any situation faced by an individual that causes them to experience unusually strong reactions which interfere with their life or work…' to 'Serious injury, death of Police Officer or death of a civilian resulting from Police operation; 'All incidents with serious physical/psychological threat or involving a child. An incident in which the circumstances are so unusual, sights/sounds so distressing to produce a high level of immediate or delayed emotional reaction that surpass the normal coping level of Police personnel' (p61).

The majority of Police organisations have such definitions of critical incidents now entrenched in their policy statements and standard operating procedures. ACPOS define a critical incident as being 'an incident in which the experiences of being involved may surpass the perceived normal coping mechanisms of those involved whether directly or indirectly' (ACPOS, 2009, p1)

In 1994 the host Force in conjunction with a Scottish University initiated the critical incident de-briefing programme under the auspices of the then Occupational Health and Welfare Unit (Occupation Health), introduced by Andrew Tait (Metropolitan Police, Director of Studies, Bramshill). The programme established mechanisms to address situations in which Police Officers and force support Officers may have been affected.

In a bid to lessen the impact of such incidents on staff, Scottish Police Forces actively promote the health and welfare of all staff by providing a range of services including Critical Incident Stress De-briefing (CISD) and the Employee Well-being Programme.

Within the majority of Scottish Forces, CISD is entirely voluntary. Line managers and supervisors with a duty of care to the welfare of their staff should offer CISD to Officers involved in major or operationally challenging incidents and incidents of a distressing nature. Officers can opt to be referred by line managers or can self refer by contacting the occupational health unit for one to one counselling. Reese (1991) asserts that the occupational group of Police Officers tends to resist CISD and that seeking help is 'frowned upon' and seen as a 'sign of weakness' (p293). This view is further supported by Miller (1991) who asserts that Police Officers often consider the accepting of psychotherapy, mental health services or seeking such support mechanisms as implying 'weakness, cowardice, and lack of ability to do the job' (par 39), with Stephens (1997) asserting that Officers who had participated in CISD indicating that they preferred to speak with their colleagues and resented mandatory debriefing.

CISD services have been relatively under used, with Police Officers considering that showing signs of perceived weaknesses such as stress or not coping or handling distressing incidents to their colleagues to leave them with a stigma which may adversely or negatively impact on their vocation, affecting their chances of future promotion or likelihood of being accepted into a department. As a result of such opinions, the welfare aspect of confidential counselling or advice is now offered by the Employee Well-being Programme (EWP) and Officers can phone and speak to an independent non-Police employee.

The company Cubiks (2003) on conducting a study with 450 HR professionals from the business community found that susceptibility to stress is considered 'a weakness that employees cannot afford to highlight without fear of repercussions' (par 1). Such repercussions included 76% of participants reporting that complaining of stress would damage their career prospects. 79% percent of managers confirmed that they would be less likely to promote an existing employee if they had difficulties handling stress (par 4). However, it should be noted that a growing body of literature indicates that Police Officers resist mandatory CISD and the empirical evidence which supports its effectiveness on Officers well-being is inconclusive. Bohl (1991) and Reese (1991) advocate the use of CISD in Police Forces.

Ormerod (2002) asserts that debriefing has generally been viewed as positive by its recipients and this has lead to anecdotal reports of its effectiveness. However, there has been little empirical evidence to demonstrate the effectiveness of psychological CISD in the acceleration of the normal recovery processes following trauma counselling, (Rose, 2000, Kenardy, 2000). To date there has been acknowledgement that controlled, experimental designs have not as yet been used to assess the efficacy of CISD (Mitchell and Everly, as cited in Ormerod, 2002). There is a growing tide of feeling that psychological debriefing, may do more harm than good and may even hold back recovery. (Hutt, 2000, Hazell; Carter, Kenardy, Webster, Lewin, and Carr, (1996); Bisson, Jenkins, Alexander and Bannister, (1997) as cited in Ormerod, 2002.

Conclusion

The studies cited provide empirical evidence on the effects of STS on service professionals such as the health, social work, Police, fire and rescue, throughout the

world, in addition to a growing number of private sector organisations such as banking, supermarket chains and retailing companies. However, further in-depth studies of vicarious trauma and secondary traumatic stress as a result of specific roles in specific populations are still necessary and warranted. Limitations of studies based on theoretically, hypothetical or anecdotal evidence should not be overlooked in addition to recognising that methodologies and instruments designed and utilised in researching secondary traumatisation were primarily designed to examine the symptoms of trauma survivors, as opposed to those persons experiencing the phenomenon second hand. STS requires further validation and to be normed on samples of people who have been indirectly exposed to trauma.

The literature review has identified a gap in the literature in relation to research on secondary/vicarious trauma and the Police, with much of the existing literature mainly focusing on investigating the impact of road crashes, firearm incidents or major incidents on Police Officers. As such there remains a dearth of research on child protection investigations and the affects of STS, the potential for such trauma to impact on Detective Officers responsible for investigating child abuse and child protection issues, the effectiveness of their practice and the implications for child protection policies.

There was an abundance of anecdotal evidence from Officers seconded to the FPU and from Officers who had previously served within the unit, who talked about experiencing 'flashback' like phenomena to cases they had investigated or being over cautious or seeing bad in everyone/distorted views of their environment. Having conducted a systematic review of the available literature on the subject of STS in relation to

emergency service personnel and professionals with a child protection remit, it was apparent that there existed a growing body of evidence that supported the existence of STS in relation to experiences of service professionals who deal with trauma and trauma victims, either as investigators or from a therapeutic/care standpoint. As a consequence of the unearthed literature on the subject, the question arose as to whether Police Officers involved in child protection investigations may also experience the symptoms of STS and be affected in some way as a result of their work. It was further contemplated that if there was evidence that Officers were experiencing STS, then this may impact on their service delivery and their physical and psychological health and well-being.

The following chapter will outline the methodology and research methods used to conduct the study. The data collection methods will be delineated and discussed.

Chapter 3

Methodology

Introduction

This chapter outlines the methodology, research methods, data collection methods and sampling system used to conduct the main study and the subsequent longitudinal case study. Reliability and validity will also be discussed.

3.1 Research Methodology

The study adopted a mixed methods approach, using both qualitative and quantitative methods, focusing on the experiences, views and observations of the participants.

At the outset of the study, it was decided to obtain the views of the host Force employees only. This was influenced by the previous area of the researcher's expertise, previous studies as well as the feasibility of working full time, child care and the self funding nature of the programme of study.

3.2 Research Methods

It was considered appropriate to use a mixed methods approach when conducting the study. Given that respondents were to be asked to reflect and consider aspects about their work, in addition to rating how often they may have experienced symptoms associated with STS, it was decided to divide the research into two areas, using two different research methods. The research methods identified as being most appropriate to conduct the study was an initial survey of all respondents and thereafter a more in-depth longitudinal study of newly appointed aides ('cases') who would be performing the role of FPU Detective and who would be responsible for conducting child protection

enquiries. (Aides to the CID are appointed every 6 months, resulting in candidates attending at the force training centre for a two week Foundation Course for CID). Therefore, progressive focussing was undertaken. Surveys were used to gather the wider picture and look for trends. Subsequently Case Studies were undertaken for more in-depth and longitudinal study of the phenomena itself.

3.2.1 Survey

Having carefully considered the most common forms of surveys which researchers often use to conduct studies, i.e. internet surveys, face to face interviews, focus groups, telephone interviews and postal questionnaires the two most suitable forms of conducting the survey were identified, namely the questionnaire and focus groups. Thereafter, permission was sought from the Assistant Chief Constable. On requesting authorisation from the Assistant Chief Constable for Crime (Operations) to conduct the research, authorisation was received, albeit conditional. Limitations were placed on the data collection method stating that 'given recent inspections i.e. Criminality Review and National Working Parties', he did not wish 'further time taken away from his Officers' duties' and therefore the request for permission to conduct focus groups was not supported.

The practicalities of organising focus groups and face-to-face interviews within a Force area the size of the host Force was also deliberated over. If such groups/ interviews were to be conducted, locating an appropriate setting, an independent person to host the event and providing a counselling service/support for those participants who may have required support following the session, was impractical to manage in the timescales, in addition to the cost implications. Telephone interviews were also considered. However,

operational pressures on child protection Detective Officers meant that it was not feasible to have Officers sitting in an office answering questions on a phone when calls for assistance may have been outstanding. Attempting to arrange appointments for Officers to answer questions via the phone was also deemed unrealistic, as policing is spontaneous and unpredictable, with arising situations influencing Officer's duties. Issues regarding Officers being unnecessarily abstracted/removed from their duties and the impracticalities of conducting focus groups, face to face interviews or telephone interviews, consequently influenced the decision to opt for a self-completion questionnaire as the preferred method to survey potential respondents. A further factor, which influenced the decision to opt for a self-completion questionnaire, was that issues of confidentiality and anonymity were considered a priority. Respondents were not required to personally identify themselves on their questionnaires. Ensuring anonymity was especially important as respondents were being asked to reflect on the organisational practices, policies, standards of supervision and their own personal experiences. It was considered more likely that respondents would be willing to state their views, opinions and feelings openly in questionnaire as opposed to in a group setting, where strong feelings, views or criticisms may not be aired in fear of being relayed back to the Division/Supervisor. Within the Police Force the hierarchy of rank and culture still very much prevails and respondents may well have felt reticent about stating their views in an open forum (especially if seen to be critical of supervisors or Force policy). Giving respondents the opportunity to write their opinions freely and which could not be identified was considered essential.

As stated earlier, Police personnel may indeed be survivors of Child Abuse. In an attempt to eliminate harm and risk to respondents of being identified, a guarantee of

anonymity was given. Safety was considered an important issue to address. Researchers are often unaware of people's backgrounds and what they are currently experiencing at home. It was important to acknowledge that child abuse is traumatic for those experiencing it and may have left survivors more vulnerable. Being alert and sensitive to participants possibly being traumatised by participating in the research study was at the forefront when conducting the study and was embedded into the design of the questionnaire.

The limitations of using a questionnaire were also taken into consideration. The possibilities of a low response rate, respondents failing to answer certain questions/complete certain sections or by failing to return questionnaires were considered, resulting in the study not giving an account of a sufficiently representative sample. However, the advantages of this method outweighed the disadvantages and seemed the most appropriate data collection method. The issue that respondents may have been survivors of abuse or experienced trauma was also considered, with respondents being provided with support groups and organisation's contact numbers. If face to face interviews had been permitted, the researcher could have ensured that those who were showing signs of trauma as a result of taking part in the researcher, could have been referred directly to the support organisations.

Type of Questionnaires

Reviewing the literature highlighted two types of questionnaires worthy of consideration in the study. The self-completion questionnaire (respondents fill in and return) and the face to face questionnaire (interviewer reads the question to respondents and records response on the questionnaire) (Hibberd and Bennett, 1990). The self-

completion questionnaire was considered more appropriate as it guaranteed the anonymity of respondents taking part in the research.

Questions were drafted taking cognisance of Denscombe's (2007) five basic principles of wording questions, namely:

- Questions which would 'not be considered irritating or annoying',

- Respondents would have 'information, knowledge, experience or opinion on subject matter',

- The proposed questions are 'suited to the target group',

- Questions would require respondents to only 'answer about themselves on matters of fact', and

- The questions 'were on a topic and of a kind which respondents would be willing to answer' (p163)

Over and above Denscombe's guidance on the basics of wording questions, consideration was given to ensuring that leading questions were not included, wording was not unambiguous, plain English was adopted, vague questions were avoided and the same question was not posed twice.

Question Types

Combinations of closed and opened questions were used in the questionnaire design. Throughout the questionnaire, open questions were posed, requiring respondents to provide written text answers. This gave respondents the freedom to express their personal views in their own words. Cognisance was given to posing open questions, as the analysis of free narrative text could be more time consuming in addition to choosing appropriate groupings/themes into which respondent's statements/responses could be

placed. Closed questions were based on fixed choice, dictomonious (questions with two possible responses, i.e. Yes/No) and Likert Response Scales. A substantial part of the questionnaire was composed of fixed-choice questions. Using fixed-choice questions had the added advantage in that responses would be easily transformed into numerical codes that would make statistical analysis easier.

Assessment Tools

Reviewing the literature identified over fifteen assessment instruments as being amongst the most commonly used in research connected with STS and its constructs. Following careful consideration, nine assessment tools were carefully gauged, selected and input into a matrix, devised to record contemporaneous notes and account for the decision making process in relation to which tools best met the study's aims and objectives (Appendix 7). The matrix further assisted in recording the limits and merits of each assessment tool, ethical issues and any unforeseen circumstances which may have impacted on the decision to select the appropriate methodology best suited to the study. Costs associated with obtaining and using the assessment tools and associated paperwork were also taken into account due to budgetary constraints.

Pilot

Before finalising the questions to be put to respondents, a draft of the questionnaire was issued to four Officers (a Constable, two Sergeants and an Inspector) who had previously been members of FPU. Feedback was received which was rich and constructive. Comments about questions that the pilot group found confusing and or, ambiguous/ hard to interpret on the first reading were collated along with suggestions for improving the wording/questions. The questionnaire was re-drafted and thereafter

went through rigorous scrutiny at the University Ethics Board, the host organisation's Senior Personnel Administrator and supervisors to finalise the final version of the questionnaire.

The pilot group testing the draft questionnaire highlighted that they found fixed-choice questions simple, quick and easy, as they only had to tick or choose a predetermined response, which was not considered to be time consuming. Any questions considered ambiguous or confusing were altered or omitted from the questionnaire.

Study Site, Population, Sampling Strategy and Sample Size

The research study site concentrated on the host Force's area only as opposed to all 8 Scottish Police Forces. Limiting the study to one Force was as a result of limited time, monetary and issues with access on the part of the researcher, and having to carefully balance the reality of working full time, having a young family and conducting a self funded PhD.

Sampling Strategy

The host Force comprises of a number of territorial divisions, each with their own Family Protection Unit serving their local communities. With the study focusing on child protection enquires, the population was restricted to the FPUs which was considered to give a sufficiently representative sample. Details of the sample and background population are discussed further in Chapter 4.

FPUs are staffed primarily by practitioners (Detective Constables), with first line management/supervisory responsibility being over seen by Detective Sergeants. Overall

responsibility of the Department lies with the Detective Inspector. It was considered imperative to not only obtain the views of practitioners but also to include supervisors as potential respondents to take part in the research.

Initial considerations of the researcher were to make use of the internal e-mail system to contact potential respondents. However, following discussions with a senior Administration Officer (the organisation's gatekeeper, i.e. a person in charge of information, with whom access to information, data or people has to be negotiated, Denscombe, 2007, p71) and discussions over the Force's electronic communications policy, it was considered not appropriate to contact potential respondents by this means. To avoid any personal bias on the part of the researcher, breaching the Data Protection Act 1998, misuse of the host Force computer e-mail system and ultimately to ensure that potential respondents were currently conducting or were about to commence the role of FPU Officer with the Family Protection Unit, it was further negotiated that the gatekeeper would conduct a search of the S.C.O.P.E (System to Co-ordinate Personnel and Equipment) and identified Officers within the organisation who currently held the FPU specialism. The system is searchable and details of Officers with specialist roles/training within the organisation can readily be identified. The initial search identified 80 Officers with the specialist skills. As with any database, the currency of information contained in the data base is only as good as the person ensuring its accuracy during inputting, an issue was identified in that Officers performing the role of FPU Officer were not always identified on S.C.O.P.E as such but were recorded as a member of the FPU with their individual skills not being specified. A further advanced search identified a further twenty Officers with the specialism, resulting in total 100 potential respondents being identified.

As stated earlier the study used two research methods. The first half of the study surveyed both practitioners and supervisors (i.e. 63 Detective Constables, Detective Sergeants and Detective Inspectors). The data from the questionnaires was then collated and analysed. The second part of the study was then undertaken, using a longitudinal case study method to gather the data.

3.2.2 Longitudinal Study –Case Studies

Having earlier considered the most appropriate research method for conducting the main study, careful consideration was given to which method would best suit the second half of the study. The various methods were considered in terms of what the researcher was trying to find out, the amount of control the researcher had over the behavioural events and the focus of the phenomena under investigation.

Yin (2009, p2) asserts that case studies are the favoured method when 'how or why questions are being asked, the investigator has little control over the events and the focus is on a contemporary phenomenon within a real life context'. Yin further asserts that questions which deal with 'operational links ', which require to traced over time rather than 'frequency or incidence' are suited to the case study (p9).

Yin (2009, p18) defines the case study research method as an 'empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident'.

With regards to design of the case study, the 'longitudinal case' was measured to be the most appropriate. Yin (2009) argues the rationale for opting for longitudinal case

studies is that this type of method permits the studying of the same single case(s) at 2 or more different points in time' and asserts the premise being that the topic of interest would identify 'how certain conditions change over time' (p49).

It was contemplated that if respondents were reporting to be experiencing the symptoms of Secondary Traumatic Stress, then this must occur at some point during respondent's secondment to the unit. To ascertain at what point in time the symptoms of STS were being experienced, the research method considered most appropriate to capture any changes in views over a time period i.e. over the year of training to be a FPU Detective Constable in respect of the phenomenon of STS, was the longitudinal case study. Further, it was important to isolate that the STS was due to work in FPU rather than being carried over from other work or personal life experiences.

However, the limitation of using the case study method should not be overlooked. Stake (1995) argues that the cases study method usually involves a limited number of individuals and therefore cannot be representative of the general group or population. He further argues that the method relies on descriptive information provided by those taking part in the study and significant facts or details may be disregarded or omitted. Opponents of the case study method consider that the study of a small number of cases can offer no grounds for establishing reliability or generality of findings, with other critics feeling that close contact with the case(s) could bias the findings.

Longitudinal Case Study Sample

The second part of the study followed on from the initial survey. When commencing the main part of the study in June 2008, respondents were asked to indicate if they were trainee Detectives appointed to work within the FPU and if they would be willing to

take part in an additional longitudinal study following them throughout their training. Respondents indicated their willingness to take part by signing and returning the Consent Form (Appendix 2) and stated their preferred method of being contacted.

The rationale for choosing multiple (longitudinal) case studies, was that this research method would permit the study of the same 'cases' at three different points in time, thus ascertaining if opinions about work experiences and levels of STS changed throughout the time spent in the first year of working in the FPU. In the study the three time points identified resulted in the 'cases' being surveyed during the first quarter (0-4 months) of their time within the FPU (as an aide/trainee and being mentored), mid point (4-8 months) and at the end of their traineeship (8-12 months). Also it helped establish a baseline against which any change in STS could be measured.

Initially seven respondents indicated that they would be willing to take part in a more in-depth study. However, due to work commitments and tenure in post (moving roles), four of the original seven respondents opted out of further participation. Reasons for not participating were given as 'insufficient time' and a failure to read the form properly (supervisor as opposed to a trainee FPU Officer). It was also noted that some potential respondents chose not to respond to the e-mails. As a consequence of the foregoing, the final sample consisted of the three respondents who indicated they would be willing to take part in the longitudinal study.

In line with published literature on case study research and methodology, Ragin and Becker (1992, p29) assert that it is important at the outset of the study to identify the 'unit of analysis' and define what a 'case' is. In this regard, each 'case' referred to in the chapter will represent an individual person. The cases on giving their permission on the

Consent Forms and returning the forms by internal mail were able to be contacted via the organisation's e-mail systems, reducing the time taken in internal mail delivery and maintaining confidentiality as only the e-mail account holder would be able to open any e-mail(s) and attachments sent by the researcher.

The cases were asked to complete a small survey consisting of a questionnaire and secondly to keep a reflective log giving an account of the enquiries they considered significant during a 4-month period. This process was repeated, with the 3 Detective Constables being requested to complete a further survey, questionnaire, and maintain a log of the incidents they considered significant. The longitudinal case study thus captured the views of the 3 trainee Detective Constables at 3 points in their year of training. The 3 cases replied by e-mail returning their questionnaires and completed reflective logs via e-mail to the researcher by the due date of return.

3.3 Access and Ethics Approval

It was crucial that questionable practices such as deception, coercion to take part in the research and misrepresentation of respondent's views were avoided. All ethical issues including the protection of participant's identities, feelings and rights were carefully considered when designing the questionnaires.

Unlike many public sector organisations such as NHS, the host Force does not currently have an ethics board which prospective researchers have to submit their research proposals to for consideration. The host Force as an organisation does not have an ethics board per say to which completed documentation has to be submitted for ethics approval. To address ethical and access issues a 'subject report' (letter laying out the

details of the proposed area and subject of study) was forwarded for the attention and endorsement of the Superintendent in charge of the Division. On the subject sheet receiving local approval, the document was then forwarded for the attention of the Assistant Chief Constable Crime (Operations), seeking formal approval to conduct the research (Appendix 1).

Authorisation was received on the 21 March 2006 giving the permissions required to commence the research (Appendix 1). The permission received was conditional with limitations being placed on the research method (the issuing of questionnaires being permissible). As mentioned earlier, the decision was reached to undertake a longitudinal study. To obtain qualitative data and to ensure that the study met with the standards expected of a PhD, reflective logs were also issued to the 3 cases to capture their experiences during the study.

On receiving consent from the ACC Crime to conduct the research, the researcher as a prerequisite, was requested to liase with a senior Member of Police Staff within the personnel department to negotiate the access to potential respondents. Following negotiations and approval of the gatekeeper the researcher requested access to potential respondents within the organisation. The researcher also considered that safety protocols needed to be developed, including a thorough evaluation of length, content of questions and how possible answers may endanger or offend participants. Having tight controls in place in relation to where the questionnaires were distributed and completed was addressed in the methodology paradigm. If respondents had indicated or raised personal issues regarding Child Protection issues having taken part in the research, systems were put in place to refer respondents to the Occupational Health Unit, at a

Scottish University, or the Employee Well-being Programme, who provide an independent, private and confidential counselling service for the host Force employees.

In addition to liasing with the organisation's gatekeeper, a further condition of being permitted to conduct the research was the submission of the research proposal and relevant paperwork (informed consent letter and questionnaires/supporting paper work) to the University Research Ethics Committee (UREC) for consideration and approval. On the 13 March 2008, all documentation was forwarded for ethical approval to the Research Ethics Committee at the University and for the attention of the gatekeeper, Personnel Department. On the 26 March 2008, comments were received from the personnel department in relation to the Informed Consent form, Participant Information Sheet and the questionnaire, resulting in appropriate amendments being made. On the 30 April 2008, full ethics approval was received from the University and the documents finalised and made ready for printing.

(http://www.dundee.ac.uk/eswce/research/ethics.htm)

Issues surrounding consent, risk/harm as a result of taking part in the study, respondents' anonymity, privacy and confidentiality were carefully measured and taken into account in addition to data protection and the dissemination of the findings of the study. The issues outlined above where delineated in the Participant Information Sheet for possible respondents who wished to volunteer to take part in the research, to read and take into consideration.

Informed Consent and Voluntary Participation

All potential participants were issued with a covering letter outlining the nature of the study, this was undertaken by the Personnel Department, Force Head Quarters, who

obtained a list of potential respondents and thereafter forwarded to each of the potential 100 respondents a Consent Letter 1. The letter highlighted and informed participants that by completing and returning the Consent Letter and the questionnaire, they were giving their informed consent to participate in the research. The Consent letter explained that participants were free to participate or withdraw their consent at anytime during the research study (Appendix 4).

Due to the disciplined nature of the Police service it was especially important to ensure that participants did not feel coerced or compelled into taking part in the research study. It was deemed important to steer clear of using incentives to encourage participation thus avoiding any further amelioration of potential participants. Ensuring respondents were informed of the reasons for the research being conducted; that no deception took place and that participants were provided with sufficient information to permit them to make informed decisions were key aspects in conducting the research. The letter incorporated confidentiality issues stressing that any involvement was on a voluntary basis and that the research was to meet the fulfilment of the PhD in Child Protection Studies at the University. The issue of data protection was key when conducting the study. Participants were informed that the information they provided would form part of a thesis and the ownership of the thesis lies with the University. However, full access to the findings, conclusions and fully bound dissertation would be made widely available including public display within the host Force Library.

Aides (trainees) to the FPU were asked to indicate if they were willing to take part in a longitudinal study, in which the researcher would follow respondents throughout their secondment to the department. The respondents were then asked to indicate their

preferred means by which the researcher could contact them (with a view to forwarding questionnaires for them to complete during the year).

3.4 Procedures

3.4.1 Initial Instructions

Potential respondents of the questionnaires were issued with a Participant Information Sheet, which outlined the instructions for respondents to follow in addition to a self-addressed return envelope. The Information Sheet provided further information in relation to whom to contact should further assistance be required in completing the questionnaire, how to complete the questionnaire, the return date, where the questionnaire should be returned to and whom to contact should respondents require support as a result of taking part in the research.

Aides to the FPU who agreed to take part in the longitudinal study, on being forwarded the second and third questionnaires to complete, were issued with an information sheet outlining the date of return and how to complete their reflective logs. This was completed via e-mail to work e-mail accounts, to ensure privacy and due to the cases earlier identified e-mail as their preferred method of contact.

3.4.2 Dissemination of Questionnaire

Having received ethics approval from the ACC and assistance of the organisation's gatekeeper (the senior Administration Officer), 100 self-addressed labels, questionnaires, informed consent letters and participant information sheets were delivered to personnel department on 6 May 2008. With the assistance of members of the personnel department, the self-addressed labels were applied (with respondents'

names and divisions) to 200 envelopes. Questionnaires were then dispatched via the internal mail to potential respondents on 9 May 2008, with questionnaires expected to arrive at divisional FPU personnel by 12 May 2008.

3.5 Data Collection and Analysis

The remainder of the chapter will outline the process by which the data was collected and analysed. Statistical tests were applied to quantitative data and thematic data and analysis was undertaken for qualitative data. The chapter will also discuss validity, reliability and bias in the production of a rigorous and systematic study.

3.5.1 Data Collection

On 6 June 2008, 60 questionnaires had been returned. A reminder by e-mail was sent to the 8 FPU supervisors requesting that any respondents wishing to take part in the survey should return questionnaires by the 30 June 2008. This resulted in a further 3 questionnaires being returned, giving a final response rate of 63% (an acceptable return rate in terms of research to allow conclusions to be drawn and recommendations to be made). The questionnaires were given a sequential number, 1-63, to assist in the management and processing of data and analysis.

3.5.2 Data Analysis

The survey used a mixed method approach gathering both quantitative and qualitative data. The data collected required both statistical analysis and the development of common/reoccurring or new themes.

Quantitative Data

To assist in the analysis of quantitative data, the statistical application SPSS was used and followed as outlined by Pallant (2007). A SPSS codebook was prepared to define, label the variables and assign numbering for possible responses to questions. Responses were each assigned a numerical code. An SPSS data file was then created and the information (formatted) obtained from the study was then entered. Raw data was manipulated into forms (i.e. the reversal of negatively worded items in scales) that permitted analysis. Descriptive statistics including frequencies and summary statistics (means and standard deviations) were then obtained. Statistical techniques to explore the relationship amongst variables and differences between groups were then considered to decide on the most suitable technique applicable to the questions being asked and the nature of the data collected. Statistical tests included both parametric and non-parametric, Chi-Square tests, and Independent Samples T tests. The level of probability throughout the study was p=0.05.

Qualitative Data

To permit the process of qualitative data analysis, five stages were followed as espoused by Denscombe (2007) namely:

- data preparation,
- familiarity with the data,
- data interpretation (development of categories/themes and concepts),
- data verification,
- presenting the data.

relevant to both quantitative and qualitative research

3.5.3 Data Preparation and Familiarity

In the survey, qualitative data was provided by way of free narrative text in response to open questions, which then gave respondents the opportunity to expand their answers. The responses were first transposed into Microsoft Word, grouped as they appeared in the questionnaire, under the question number and in file order (the gender, service and role of respondents was also included to assist with later analysis), augmenting the familiarity of the response data.

3.5.4 Data Interpretation

This above process led to the interpretation of responses transposed onto the Word document and thereafter further examination of the data. Each question was looked at in turn and reoccurring statements/answers were grouped and categorised. The groupings of statements led naturally to the identification of the key themes and any relationships between the categories. The final stages of the analysis involved the development of general conclusions based on the relationships, patterns and themes identified in the data, which would be subject of in-depth discussion in Chapter 5.

3.5.5 Longitudinal Case Studies - data collection

In addition to the original questionnaires that were disseminated to all respondents (including the cases) in the main study in June 2008, two secondary questionnaires (Appendix 5) were e-mailed independently to the cases in September 2008 with a return date of December 2008 and the final questionnaire e-mailed in January 2009 with a return date of April 2009. A 4 month period was considered a suitable time interval to permit the cases to investigate and report enquires from beginning to end. In addition to the questionnaires, the cases were asked to keep a reflective log of their experiences in

the time periods between September to December 2008 and January to April 2009. By requesting the cases to keep reflective logs within the time periods identified, meant that they had time to settle into their role and gain some experience before being asked to reflect on in-depth and complicated petition cases (cases sent to the Sheriff and Jury Courts, and High Courts), which prior to being seconded to the FPU, they may have had limited experience of.

An aspect of the longitudinal case study which had to be carefully considered was the issue of anonymity of the 3 Detective Officers (cases) who had elected to take part. By the very fact that the 3 cases had identified themselves to the researcher to allow for future communication, the researcher had to ensure that the identity of the cases was protected. Each of the cases was allocated an individual number identifier. This identifier was thereafter applied to all the questionnaires and reflective logs forwarded to the individual cases.

On completing their questionnaires and reflective logs, the cases were able to e-mail the document back to the researcher, which helped maintained confidentiality and anonymity. Due to holiday periods, the cases were permitted 2 weeks leeway to complete and return their completed documents before a further e-mail was sent requesting their return.

Two aspects of the original questionnaire were repeated at S2 and S3, i.e. views in relation to work experience statements and their experience of the symptoms of Secondary Traumatic Stress, in addition to completing the new aspect of the reflective logs.

Case Study Questionnaire

The questionnaires used in the case study followed the same format as the initial study. The cases were asked to consider their experiences as they became more experienced in the role as an FPU Detective. The questionnaire would collect data on respondents' views/experiences in relation to work experiences and symptoms of STS.

The cases were asked to rate to what extent they agreed with the 18 work experience statements using the likert-type response format 'strongly agree', 'disagree', 'agree', 'strongly agree' and 'don't know'. All 18 statements were included in a table format included in the first questionnaire sent out to all respondents and replicated in the second and third questionnaires (Appendix 5). As such the views of the individual cases could be ascertained at the given three points in time over the year as a trainee, thus permitting the researcher to determine the time period at which any changes in views/opinions might have occurred. Throughout the chapter the period during which the data was recorded will be referred to as:

- Survey 1 (June 2008) = **S1**,

- Data Collection 2 (December 2008) = **S2**

- Data Collection 3 (April 2009) = **S3**

As with the work experience statements, the cases were asked to indicate to what extent (if at all) they experienced any of the symptoms, using a 5 point likert-type response format of 'never', 'rarely', 'occasionally', 'frequently' and 'most of the time'. (As in the first questionnaire, statements were seen to have been endorsed if given a rating of 'agree' or 'strongly agree'). The 17 STS symptoms were similarly presented in table format (Appendix 4) in all three questionnaires forwarded to the 'cases', allowing the

views of the individual cases to be ascertained at the three given points in time over the year they spent as a trainee, thus permitting the researcher to determine the time period at which changes in their experience of the symptoms of STS occurred.

Reflective Logs

The final aspect of the longitudinal study asked the cases to each keep a reflective log of their experiences within the FPU from September 2008 until December 2008 and from January 2009 until April 2009 in a bid to gain a perspective of the types of enquiries the cases were investigating during their initial year as an aide to the FPU. The cases were asked to reflect on the type of case they had dealt with, provide a brief synopsis (maintaining anonymity of the complainers[2]), and how they felt during and after the investigation, taking into account supervision and support.

3.6 Data Presentation

Information from the questionnaires and longitudinal case studies about the sample and variables was then presented visually using tables, histograms, bar graphs and line graphs for quantitative data. The majority of the qualitative data was scanned and grouped into themes/categories and quotes from respondents considered to be representative of the majority of the group were reproduced in the body of the text. Where individual respondents made comment on issues or subjects not representative of the group, these were also included/quoted. This was to ensure objectivity, to keep an open mind and to consider alternative views that might not be in keeping with the researcher's personal opinions, and reduce bias.

3.7 Data Verification

---

[2] A complainer is a person who reports to the police that a crime of offence has occurred of which they are the victims.

To ensure verification of the study design and the reduction in bias it was vital to ensure the quality of the research by covering the bases as outlined in Denscombe (2007):

- Validity (credibility)

- Reliability

- Generalisability (transferability)

- Objectivity

3.7.1 Validity

Denscombe (2007) asserts that in the wider meaning, validity means that the 'data and the methods are right'. Denscombe asserts that 'the idea of validity hinges around the extent to which research data and the methods for obtaining data are deemed accurate, honest and on target' (p335). The way the study was composed and selection of potential respondents identified by an independent member of the personnel department, utilising S.C.O.P.E computer application to select Officers with a current FPU skill/specialism recorded on their personnel record ensured that the sample were knowledgeable on the study. The system ensured total anonymity of respondents and lack of bias on the part of the researcher. When opting for the preferred methodology and methods to conduct the survey, careful consideration was given to the dangers of designing a questionnaire that would only gather information, which would support or disprove the research question and selectively choosing data to support the hypothesis. To ensure the validity of the research, deliberations took place over how best to have respondents freely express their views and answer questions honestly. It was felt this could be achieved by the anonymous nature of the questionnaire.

In respect of triangulation, Denscombe (2007) maintains that the process involves

looking at the topic under research from different viewpoints, thus providing the researcher with a better understanding of the issue. Methodological triangulation (between- methods) was used in the study, comparing qualitative data with quantitative data, in both the main study and in the longitudinal case study. The questionnaire used in the main study and later in the case studies, in addition to the reflective logs kept by the 3 cases, allowed the subject being studied to be seen from a different perspective thus allowing the validity of the findings to be checked by using different sources of information.

The STSS (Bride, Robinson, Yegidis and Figley, 2004) is a 17-item, self report instrument designed to assess the frequency of intrusion, avoidance and arousal symptoms associated with Secondary Traumatic Stress as a result of working with groups of traumatised persons. Respondents indicate how frequently they experience each of the symptoms using a five point likert scale. The scale is made up of three subscales, Intrusion; Avoidance and Arousal symptoms and the sum of all 17 items provide an overall score (17-85 possible scores). The STSS has evidenced factorial validity and high levels of internal consistency (Ting, Jacobson, Sanderson, Bride and Harrington, 2005). The use of STS Scale in the study is used in similar circumstances as in a study conducted by Bride (2004) 'Prevalence of Secondary Traumatic Stress Amongst Social Workers'. The scale was considered the most suitable for use in the current study exploring experiences of child protection Detective Officers, reporting to be experiencing STS, due to similarities and responsibilities in the investigation of child abuse by Police and social workers.

The inclusion of primary data in the thesis analysis chapter allows the reader to see the basis upon which themes; key concepts and conclusions were formulated. The

researcher wrote accurately, ensuring consistency, proper grammar and spelling throughout the thesis as inaccuracy could jeopardise the validity of a good study (Wolcott, 1990).

3.7.2 Reliability

To ensure reliability and to meet the aims and objectives of the study the researcher defined the phenomenon of STS and attempted to link the phenomenon to the emergency service personnel, including the Police and those in the care professions (nurses and social work).

The same questionnaire was issued to all potential respondents and the researcher was the sole data collector, this ensured consistency in the handling of all aspects of the research. During the data analysis phase, quotations were extracted from the free narrative test in response to open questions. However, due to the anonymous nature of the study respondents were not able to verify the transcribed data or retract any. The researcher ensured that the quotes from questionnaires were made available to the first and second supervisor (University supervisors) for checking.

Denscombe (2007) asserts that researchers need to feel certain that the data obtained are not affected by the research instrument being used to collect the data. Good levels of reliability in respect of the instrument used, would tend to produce similar data on each occasion it was used, and as such any variation it could be concluded was as a result of the item being measured and not as a result of the 'volatile nature of the research instrument', (p334). The questionnaire was not only used in the main study but was used in the longitudinal case study, thus there was consistency in its use, and any

changes in respondents' views was not down to the questionnaire. Reliability was further ensured by familiarisation of the questionnaires, data preparation and analysis.

3.7.3 Generalisability (transferability)

As the study was relatively small scale (less than 100 respondents), as asserted by Linclon and Guba (1985), 'transferability' was more in keeping with a study of this size. As the study was based on questionnaires returned by 63 Police Officers responsible for the investigating child protection cases in a large Scottish Police Force, it is entirely possible to speculate how the findings might apply to Police Officers in another Force area or to a similar sample of children and families social workers within area teams. Therefore, the results of this study may not be generalisable to the broader population of Officers in FPUs investigating child protection cases in other parts of the Scotland, the UK or in other countries. The possibility remains that inclusion of any Officers from these areas may have led to different results.

3.7.4 Objectivity

Objectivity was maintained to ensure that personal views had no influence on the questionnaire design and responses by respondents; this was further achieved, as the researcher had no part in the selection of possible respondents. As espoused by Denscombe (2007) 'no research is ever free from the influence of those who conducted it' (p300). Qualitative data contained in returned questionnaires was subject of interpretation by the researcher and as such had consequences for the prospect of objectivity, as the researcher 'self' was involved in the interpretation process. The ability to keep an opened mind and willingness to consider alternative and contra explanations of the data was at the forefront of the researcher's methods. Denscombe

(2007) further asserts that qualitative researchers can 'deal with the involvement of the self by acknowledging …identity, values and beliefs play a role….researchers should be on their guard to distance themselves from their normal, everyday beliefs and to suspend judgements on social issues for the duration of the research' (p300).

When conducting research, it is important to be aware of oneself, personal biases, background, experiences and to have the ability to self-question and reflect on any actions taken during the study, thus employing the process of critical consciousness. This reflective process assisted in the ability to see past pre-supposed assumptions and frameworks (Cuncliffe and Jun, 2002) and permitted the exploration of alternative explanations. Finally, ensuring that any data that did not neatly fit into the analysis was not neglected/omitted or 'transformed/mathematically modified' and that any explanation for 'outliers' was investigated to ascertain if there was any genuine significance in the data (Pallant, 2007, p87).

Chapter 4 (A)

Survey Results

4.1 Sample Characteristics

4.1.1 Demographics

Analysis of demographic information revealed that the number of respondents taking part in the research was almost an equal ratio of male to female respondents, with just over half of the respondents being female (n=34, 54%) in comparison to (n=29, 46 %) male. At the time of conducting the research, the FPU background population consisted of 38 male and 67 female Officers. To ensure that the sample of respondents was representative of the FPU population being surveyed, the sample would have to have consisted of 21 male and 35 females. The actual sample consisted of 29 males and 34 females, which met the criteria to achieve a 95% confidence level and was therefore representative of the FPU population in that Force.

The findings suggest that gender bias no longer appears to be an issue in respect of the make up of the department or that being 'female' is considered a pre-requisite to performing the role. In considering the gender composition of the host Force between 2007 and 2009, it can be seen that the majority of Police Officers were male (n=5638) in comparison to females (n=1768) (approximately 3 male to 1 female). However, this gender ratio was not replicated within the FPU, where female respondents still outnumbered male, but to a lesser degree than in previous decades. The lack of available historical data on gender composition of FPUs will be deliberated in the discussion chapter.

Table 4.1 summarises respondents' field of investigation; in the main respondents (n=39, 63%), were full time members of the FPU. Nine respondents (15%) were conducting a year's training within the department. Of the respondents indicating they were supervisors (n=7, 11%), the majority were male (n=6, 86%). It is significant that more male respondents were holding promoted posts within the FPU than females; however the findings were representative of Scottish Police Forces in general where the majority of supervisors were male (n=1300) and females were a minority (n=221) (Host Force, 2007-2008).

Table 4.1: Breakdown of Respondents' Field of Investigation

	Field of Investigation					
Gender	**Aide to FPU**	**CID**	**FPU Secondment**	**Full Time FPU**	**FPU Supervisor**	**Other**
	n (%)	n (%)	n (%)	n (%	n (%)	n (%)
Male	4 (6.5)	2 (3.2)	0 (0)	16 (25.8)	6 (9.7)	1 (1.6)
Female	5 (8.1)	2 (3.2)	1 (1.6)	23 (37.1)	1 (1.6)	1 (1.6)
Total	9 (14.6)	4 (6.4)	1 (1.6)	39 (62.9)	7 (11.3)	2 (3.2)

(Percentages expressed as a total of the 62 respondents answering the question)

Figure 4.1 presents a summary of the age range of respondents. The data revealed that all the respondents taking part were twenty-six years or over. Overall, of the eleven male respondents (38%) were slightly older than their female counterparts, aged between forty six to fifty years of age, with just under a third of female respondents (n=10, 29%) being between thirty one to thirty five years of age. It was of note that no respondents were within the youngest age range (18-25 years). This could be reflective of an older more experienced work force opting for the FPU role or of Forces extending

the age limit for recruitment. Having some life experience before performing the role may assist Officers with coping and resilience mechanisms. Skills, which may be less well established in younger, less experienced Officers.
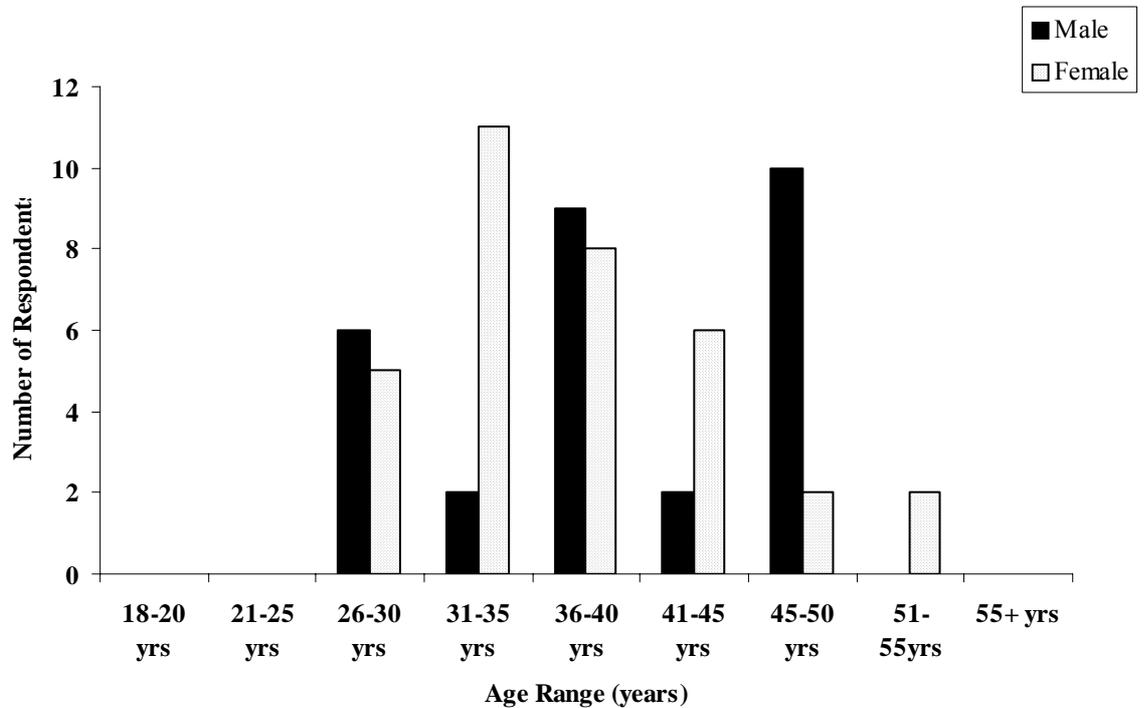
Figure 4.1: Analysis of Respondents by Gender and Age Range

Of the 61 respondents who chose to answer the question, just under half of the respondents (n=30, 49%) did not have any dependents. Figure 4.2 shows that 59% of female respondents (n=19) did not have any dependents in contrast to 41% of male respondents (n=11). Of those respondents who did have dependents, more male respondents (n=16, 59%) had dependents in comparison to female respondents (n=15, 44%). The findings would tend to suggest that there was no real significant difference between female and male respondents performing child protection investigations in respect of having/not have dependents.

Taken in conjunction with the age range of respondents it was evident that 'younger' (26 – 30 years) female respondents without dependents were more likely to be in the FPU in comparison to 'older' male respondents (46 – 50 years).
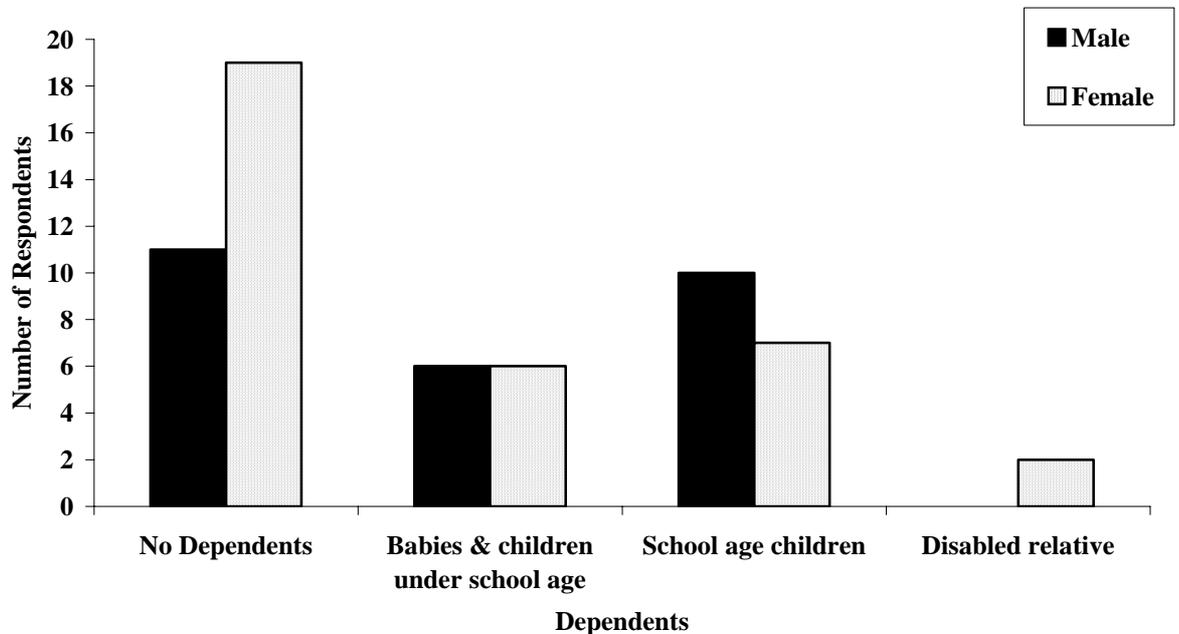
Figure 4.2: Breakdown of Respondents in Relation to Dependents

The range of service of respondents (number of years employed as Police Officers) was distributed over 4 – 30 years (Figure 4.3). Twelve respondents (i.e. 6 male and 6 female), n=12, 19% indicated that they had between four to seven years experience. Over a third of respondents (n=29, 49%) fell within the 8 to 25 years service bracket. It was of note that nine male respondents (14 %) were highly experienced with between twenty-six and thirty years service. On investigating the data of supervisory respondents, it was noted that half of the male supervisors (n=3) fell into the highly experienced Police Officers group.
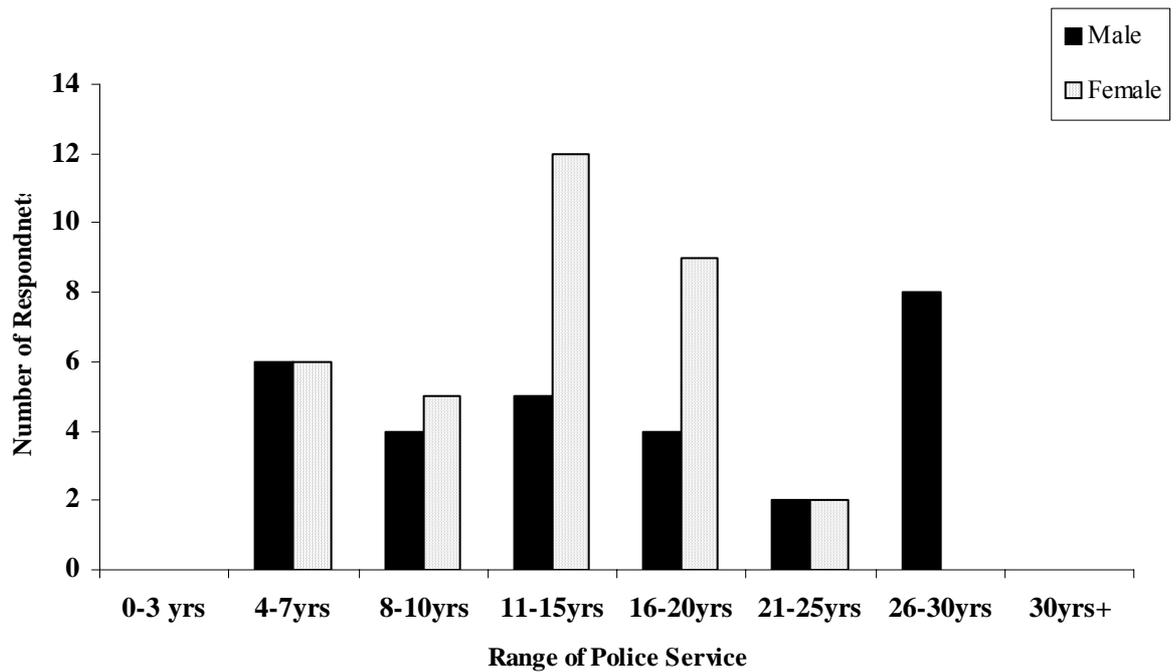
Figure 4.3: Respondents Range of Police Service

4.1.2 Time Spent In FPU Posting

Figure 4.4 revealed the tenure (length of time) respondents had indicated that they had worked within their current posting. A total of 9 female respondents (28 %) indicated that they had worked within the FPU for 2 to 3 years. An almost equal number of male respondents (n=8, 27.5%) had between 7 months to 1 year's experience and 2 to 3 years service. In the over 2 years experience bracket more female respondents (n=17, 27%) in comparison to male respondents (n=13, 20.6%) were likely to work within the FPU. In the over 4 years experience bracket, it was seen that this group of respondents was composed of mainly female respondents as opposed to male respondents. Male respondents seemed to be more likely to work in the FPU during their initial year of training and thereafter leave or move to a new role/department in comparison to female respondents who were more likely to remain in post following their training. The

findings based on this data suggest that male respondents with policing experience opt

to work in the field of child protection at the latter part of their service or placed in the

department as supervisor.
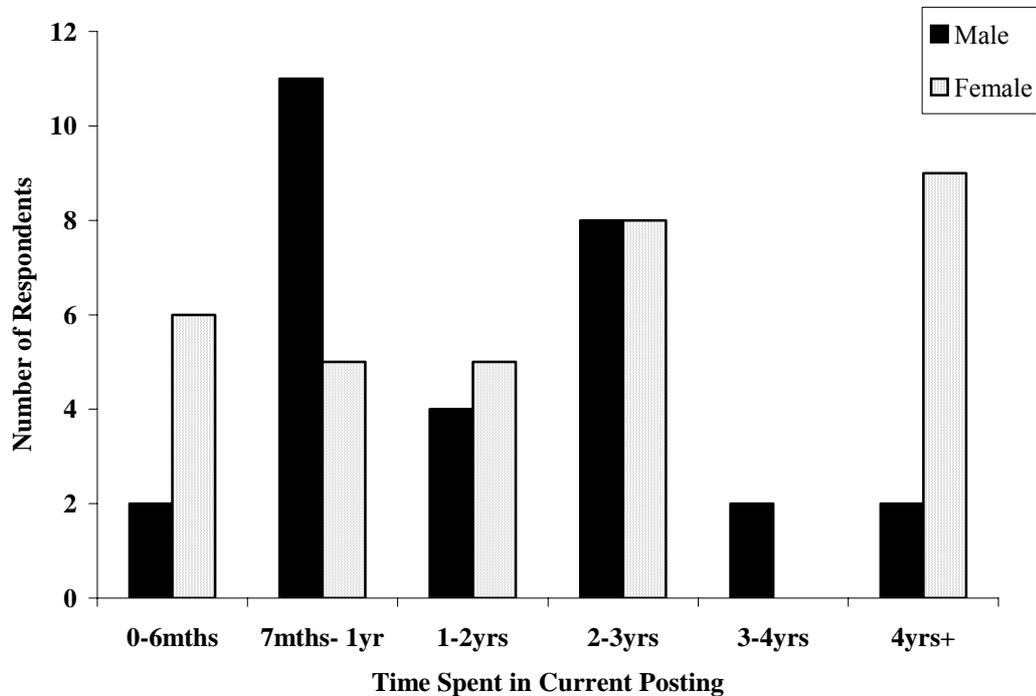
Figure 4.4: Time Spent in Current Posting (experience within FPU)

4.1.3 Witness/Complainer/Clients and STS

To gauge the views of respondents in relation to how traumatised they considered the

persons with whom they come into contact with during child protection investigations

(i.e. complainer/victims/clients using the services of the FPU), respondents were asked

to indicate the percentage ranging from 0 –100%. Figure 4.5 presents the extent that

respondents considered service user populations to be suffering from trauma. This was

based on Duckworth's (1991) definition:

> 'severe emotional and mental disruption, which can follow the experience of
>
> certain kinds of extreme events - including those where there is no physical
>
> injury' (p35).
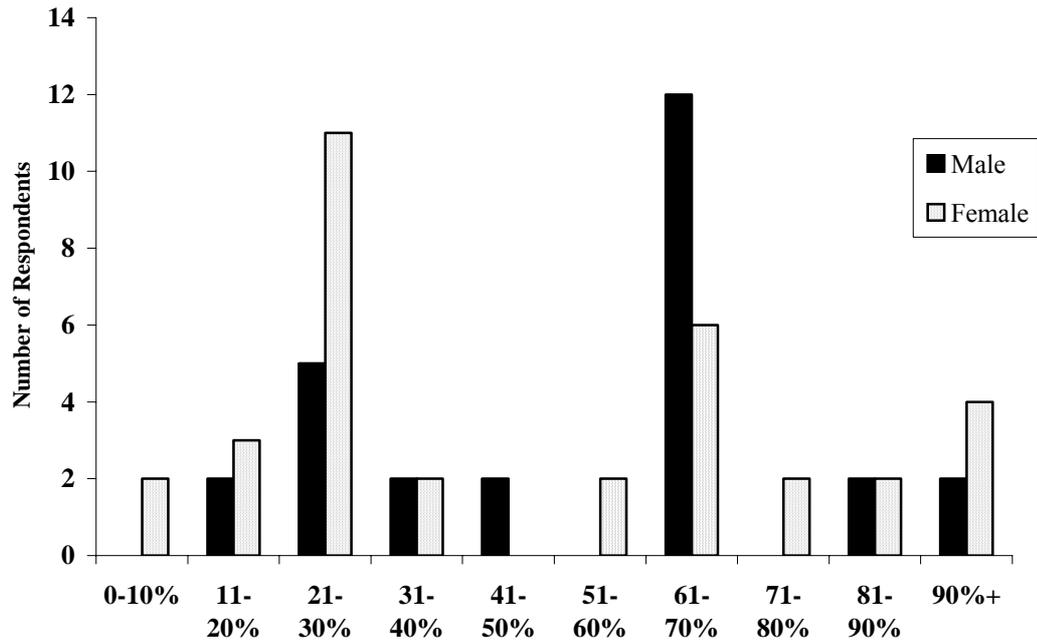
Figure 4.5: Percentage of Complainers/Witnesses/Clients Considered to be Suffering Trauma

Under a third of male respondents (n=12, 44.4%) considered that between 61-70% of their service users were traumatised in comparison to female respondents (n=11, 33%), a third of female respondnets who considered the percentage to be as low as 21- 30%. To determine whether the gender of respondents had an impact on the extent to which they considered service users to be traumatised, an independent samples t-test was conducted to compare trauma response scores by gender.

The null hypothesis anticipated that there would be no significant difference between male and female respondents with respect to how traumatised they considered services users to be. On conducting the test on the respondents' data, the findings suggested that there was no significant difference in scores for males (M = 5.88, SD = 2.39) and females (M = 5.20, SD = 2.91); t (59) =0.983, p=0.32 (two tailed) with the magnitude in the means being a very small effect.

The extent to which the work of the FPU was considered to address issues related to complainer and witness trauma/stress is presented in Figure 4.6.
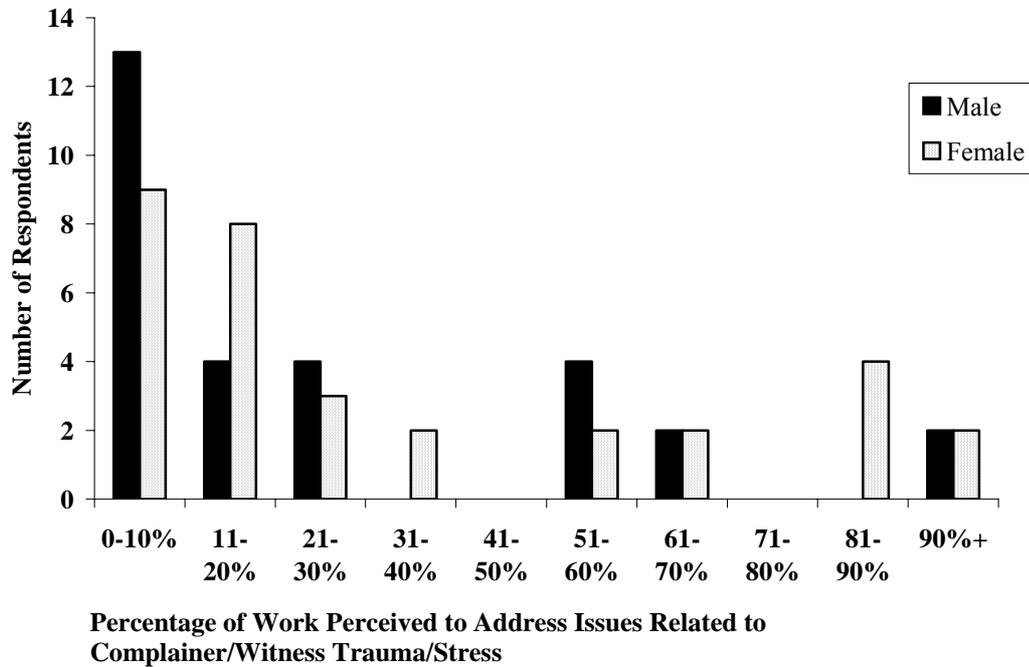
Figure 4.6: Percentage of Work Perceived to Address Issues Related to Complainer/Witness Trauma/Stress

In rating the extent to which respondents reported that their work addressed witness/complainer trauma/stress issues, a total of thirteen male (45%) and nine female respondents (28%) considered that FPU work addressed as little as between 0 −10% of witness/complainer trauma/stress issues. To determine whether the gender of respondents had an impact on the extent to which they considered the work of the FPU addresses issues related to complainer and or witness's trauma and stress, an independence samples t-test was conducted to compare the response scores by gender. The null hypothesis being there is no difference between male and female respondents with respect to the percentage of FPU work, which they considered to address issues related to witnesses and or clients' trauma/stress. On conducting the test on the data it

could be concluded that there was no significant difference in scores for male (M = 3.13, SD = 2.81) and female (M = 3.87, SD = 3.18); t (59) = -0.995, p= 0.34 (two tailed).

4.1.4 Work Experience Statements

Table 4.2 presents a summary of the frequency with which respondents supported specific work related experience statements. A statement was considered to be supported if respondents indicated that they 'agreed' or 'strongly agreed' with the statement. Statements were not supported if respondents indicated that they 'disagreed' or 'strongly disagreed'.

Table 4.2: Frequency of Work Related Experiences Reported by Child Protection Police Officers

Work Related Experiences	Gender of Respondents	Range of Work Related Experiences								
		Strongly Disagree		Disagree		Don't Know		Agree		Strongly Agree	
		%	(n)	%	(n)	%	(n)	%	(n)	%	(n)
1 In my area of work, I am involved in decisions that affect members of the public	Male **Female**	0 **0**	(0) **(0)**	0 **0**	(0) **(0)**	0 **0**	(0) **(0)**	27.6 **17.6**	(8) **(6)**	72.4 **82.4**	(21) **(28)**
2 My work is interesting and varied	Male **Female**	0 **0**	(0) **(0)**	6.9 **0**	(2) **(0)**	0 **0**	(0) **(0)**	27.6 **38.2**	(8) **(13)**	65.5 **61.8**	(19) **(21)**
3 I am satisfied with the overall quality of my working life	Male **Female**	0 **0**	(0) **(0)**	0 **0**	(0) **(0)**	13.8 **11.8**	(4) **(4)**	62.1 **67.6**	(18) **(23)**	24.1 **20.6**	(7) **(7)**
4 I am able to achieve a healthy balance between my work and home life	Male **Female**	6.9 **5.9**	(2) **(2)**	6.9 **23.5**	(2) **(8)**	0 **0**	(0) **(0)**	34.5 **47.1**	(10) **(16)**	51.7 **23.5**	(15) **(8)**
5 I feel motivated to do my best in my current job	Male **Female**	0 **0**	(0) **(0)**	6.9 **5.9**	(2) **(2)**	0 **0**	(0) **(0)**	20.7 **38.2**	(6) **(13)**	72.4 **55.9**	(21) **(19)**
6 I enjoy my work	Male **Female**	0 **0**	(0) **(0)**	0 **0**	(0) **(0)**	6.9 **0**	(2) **(0)**	20.7 **61.8**	(6) **(21)**	72.4 **38.2**	(21) **(13)**
7 I get a sense of achievement from doing my job	Male **Female**	0 **0**	(0) **(0)**	6.9 **2.9**	(2) **(1)**	6.9 **0**	(2) **(0)**	27.6 **41.2**	(8) **(14)**	58.6 **55.9**	(17) **(19)**
8 I feel that I have performed well in my job	Male **Female**	0 **0**	(0) **(0)**	0 **0**	(0) **(0)**	0 **0**	(0) **(0)**	24.1 **64.7**	(7) **(22)**	6.9 **35.3**	(2) **(12)**
9 I consider my working conditions satisfactory	Male **Female**	27.6 **5.9**	(8) **(2)**	13.8 **17.6**	(4) **(6)**	0 **5.9**	(0) **(2)**	44.4 **64.7**	(12) **(22)**	17.2 **5.9**	(5) **(2)**
10 If my work gets difficult I can rely on my colleagues or Employee Well-being Programme to help me	Male **Female**	6.9 **5.9**	(2) **(2)**	6.9 **11.8**	(2) **(4)**	0 5.9	(0) (2)	62.1 **64.7**	(18) **(22)**	24.1 **11.8**	(7) **(4)**
11 I have a choice in deciding how I personally perform my duties	Male **Female**	0 **0**	(0) **(0)**	6.9 **11.8**	(2) **(4)**	**0** **11.8**	**(0)** **(4)**	72.4 **76.5**	(21) **(26)**	20.7 **0**	(6) **(0)**
12 I enjoy the pace of the unit I work in	Male **Female**	0 **5.9**	(0) **(2)**	13.8 **11.8**	(4) **(4)**	0 **0**	(0) **(0)**	72.4 **82.4**	(21) **(28)**	13.8 **0**	(4) **(0)**
13 I feel supported through emotionally challenging cases	Male **Female**	0 **0**	(0) **(0)**	17.2 **50.0**	(5) **(17)**	20.7 **0**	(6) **(0)**	48.3 **38.2**	(14) **(13)**	13.8 **11.8**	(4) **(4)**
14 I am confident to voice my opinion about work issues	Male **Female**	0 **0**	(0) **(0)**	0 **17.6**	(0) **(6)**	0 **0**	(0) **(0)**	27.6 **44.1**	(8) **(15)**	72.4 **38.2**	(21) **(13)**
15 I am happy with the training I received to enable me to perform my present posting	Male **Female**	0 **0**	(0) **(0)**	6.9 **5.9**	(2) **(2)**	0 **0**	(0) **(0)**	44.8 **61.8**	(13) **(21)**	44.8 **32.4**	(13) **(11)**
16 Female and Child Unit work can be stressful at times, but on the whole I enjoy it	Male **Female**	6.9 **0**	(2) **(0)**	0 **0**	(0) **(0)**	0 **0**	(0) **(0)**	44.4 **61.8**	(12) **(21)**	51.7 **38.2**	(15) **(13)**
17 I applied for the role as it is an area of policing I am interested in	Male **Female**	0 **5.9**	(0) **(2)**	31.0 **5.9**	(9) **(2)**	6.9 **0**	(2) **(0)**	34.5 **44.1**	(10) **(15)**	24.1 **44.1**	(7) **(15)**
18 At times the work is frustrating	Male **Female**	0 **0**	(0) **(0)**	6.9 **0**	(2) **(0)**	0 **0**	(0) **(0)**	58.6 **47.1**	(17) **(16)**	34.5 **52.9**	(10) **(18)**

(Percentages expressed as total of male and female respondents)

The statements which were supported the most by respondents were statements 1, 2, 5, 6, 7, 14, 15, 16 and 18 (refer to Table 4.2 for full list of statements), with statements being supported by between 90% to 100% of respondents. Statement 1, 'In my area of work, I am involved in decisions that affect members of the public' returned the highest

rating with all 63 (100% of both male and female) respondents indicating support. The next most frequently supported statements were: statement 16, 'Female and Child Unit work can be stressful at times, but on the whole I enjoy it' (93.1% of male and 100% of female respondents); statement 6,'I enjoy my work' (93.1% of male and 100% of female respondents); statement 2, 'My work is interesting and varied' (93.1% of male and 100% of female respondents); statement 18, 'At times the work is frustrating' (93.1% of male and 100% of female respondents); statement 5, 'I feel motivated to do my best in my current job' (93.1% of male and 94.1% of female respondents); statement 15, 'I am happy with the training I received to enable me to perform my present posting' (89.7% of male and 94.1% of female respondents); statement 7, 'I get a sense of achievement from doing my job' (86.2% of male and 100% of female respondents) and statement 14, 'I am confident to voice my opinion about work issues' (100% of male and 82.4% female) respectively.

Statements number 3, 10, 11 and 12, were the next most strongly supported, with statements being supported by between 80% to 87% of respondents. Statement number 3, 'I am satisfied with the overall quality of my working life' returned a rating of 86.2% of males and 88.2% of female respondents, 55 respondents indicating support. Statement 12, 'I enjoy the pace of the unit I work in', statement 11, 'I have a choice in deciding how I personally perform my duties' and statement 10, 'If my work gets difficult I can rely on my colleagues or Employee Assistance Programme to help me' were the next most frequently supported statements, with 86.2% males and 82.4% females; 93.1% of males and 76.5% of females and 86.2% of males and 76.5% females respectively.

Statements number 4 and 17 were supported by between 74.5% to 77.5% of respondents. Statement number 4, 'I am able to achieve a healthy balance between my working life and home' was supported by 86.2% of males and 82.8% female respondents and statement 17, 'I applied for the role as it is an area of policing I am interested in' being supported by 58.6% male and 88.2% of female respondents.

Statement 8 'I feel that I have performed well in my job' was supported by 31% of male and 94.1% of female respondents while statement 9 was supported by 58.6% of males and 70.6% of female respondents. The least supported statement by respondents was statement number 13, 'I feel supported through emotionally challenging cases' with just over half of the respondents 62.1% of male and 50% of female respondents indicating support and 37.9% of male and 50% of female respondents not supporting the statement.

Responses were examined further to ascertain if the frequency of respondents not supporting statements was influenced by gender. Statements 9, 10, 12, 13, 14, and 17 returned 'not supported' ('strongly disagree' and 'disagree') ratings by respondents. It was noted that more female respondents (n=17, 50%) considered that they were not sufficiently supported (Statement 13) through the emotionally challenging cases in comparison with their male (n=5, 17.2%) colleagues. To determine if gender had an effect on respondents' views in respect of feeling supported through emotionally challenging cases, an independent samples t test was conducted on the data set. The null hypothesis being that there would be no significant difference between gender groups in respect of feeling supported. On conducting the independent t-test however, there was no statistically significant difference between the scores for males and females (M =

3.58, SD = 0.94) and female (M = 3.11, SD = 1.17); t (61) = 1.72, p=0.09 (two tailed).
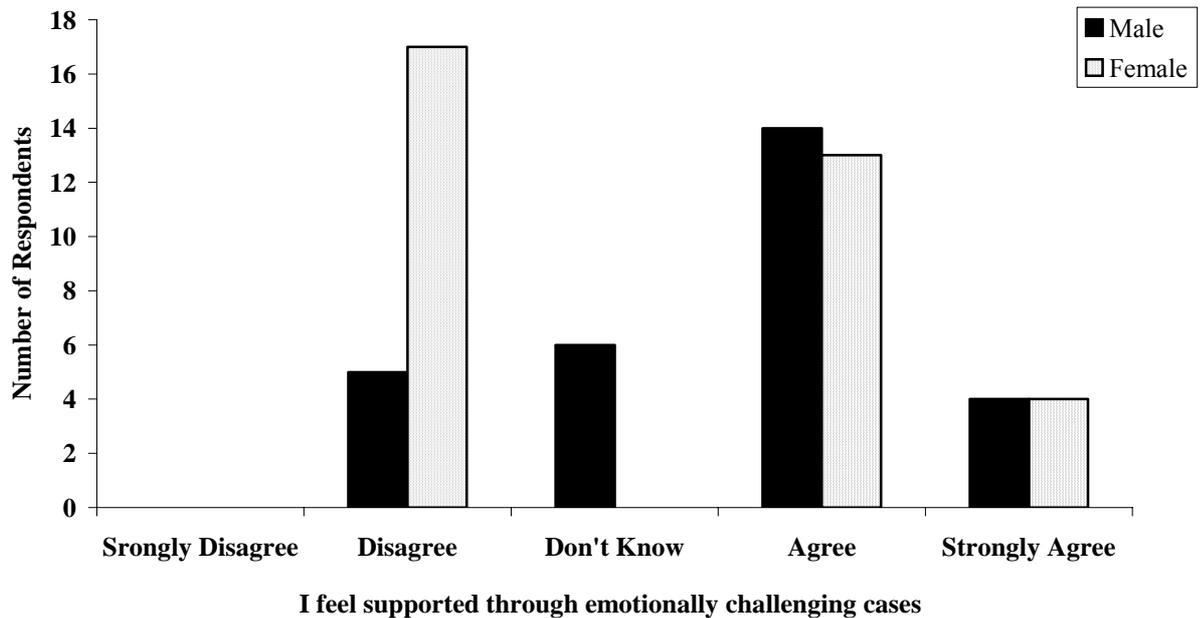
Figure 4.7: Respondents Rating of Statement 13

On analysis of statement 9, 'I consider my working conditions satisfactory', 41.4% o males and 23.5% of female respondents did not support the statement. More male respondents (n=12, 41.4%%) considered their working condition inadequate in comparison to female respondents (n=24, 70.6%) who in the main found their working conditions satisfactory. To determine whether the gender of respondents had an impact on the extent to which they considered their working conditions satisfactory, an independent sample t-test was conducted to 'views on working conditions' response scores by gender. The null hypothesis being that there would be no significant difference between male and female respondents with respect to their views on working conditions. On conducting the t-test on the data, it could be concluded that there was no significant difference in mean scores between males (M = 3.06, SD =1.55) and females (M = 3.47, SD = 1.05); t (61) = -1.21, p=0.229 (two tailed).

Statements 17, 12 and 10, 'I applied for the role as it is an area of policing I am interested in', 'I enjoy the pace of the unit I work in', 'If my work gets difficult I can rely on my colleagues or Employee Well-being Programme to help me', returned frequencies of 58.6% of males and 88.2% of female respondents, 86.2% of male and 82.4% of female and 86.2% of male and 76.5% of female respondents respectively, indicating that they did not support the statements respectively. However, again the differences between gender groups were not found to be statistically significant.

Statement number 14, 'I am confident to voice my opinion about work issues', was the only statement to return a statistically significant difference in relation to gender groups, where it was noted that only female respondents (n=6, 20.7%) did not support the statement. To determine whether the gender of respondents had an impact on confidence to voice opinions about work issues, an independent sample t-test was conducted. On conducting the independent t-test on the data, comparing the mean scores for male (M = 3.72, SD =0.45) and female (M = 3.02, SD = 0.72); t (61) =3.31, p= 0.002 (two tailed), it could therefore be concluded that there were statistically significant differences in the mean scores for gender, rejecting the null hypothesis by accepting the difference that female respondents were less happy to voice their opinions about their work in comparison to male respondents.
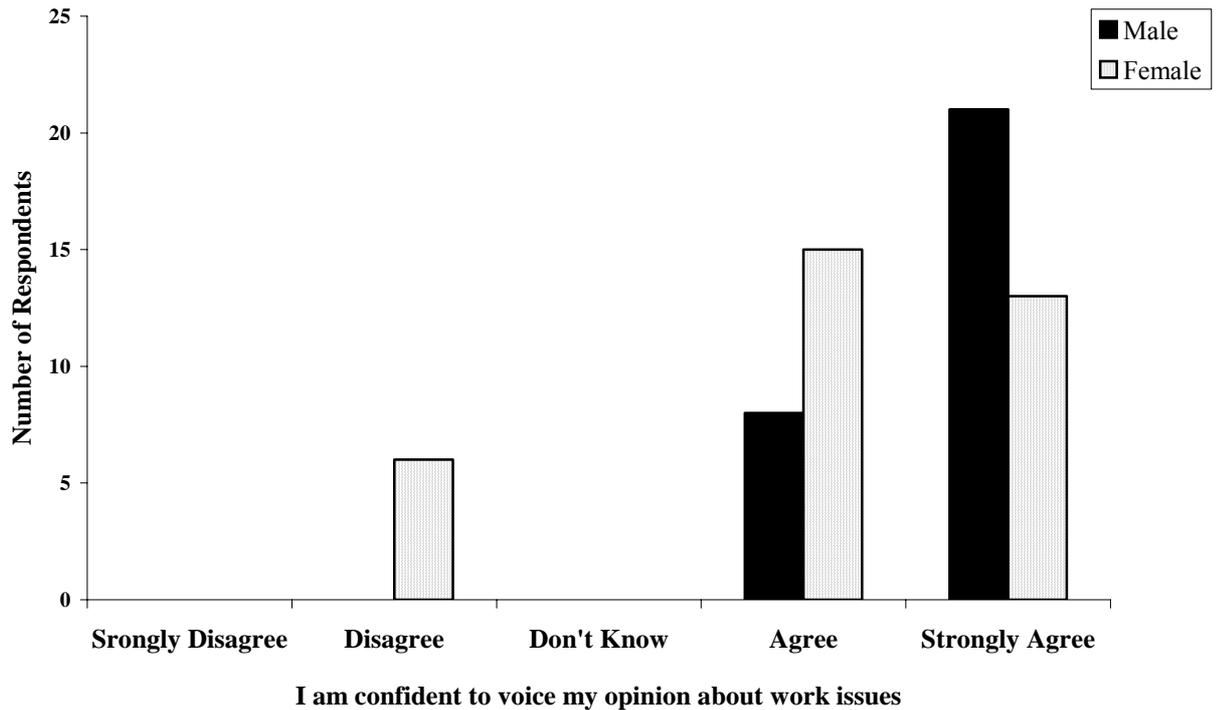
Figure 4.8: Respondents' Rating of Statement 14

Overall respondents appeared to have had positive experiences of working with the FPU with only two areas being highlighted as problematic, namely working conditions and the provision of emotional support.

4.2 Individual Symptoms of Secondary Traumatic Stress

Tables 4.3, 4.4 and 4.5 present a summary of the frequency with which respondents (male and female) indicated the range of experience of specific secondary traumatic stress symptoms. The seventeen symptoms were categorised under Intrusion Symptoms, Avoidance Symptoms and Arousal Symptoms. A symptom was considered to be present on respondents indicating 'occasionally', 'frequently' or 'most of the time'.

Table 4.3: Frequency of Intrusion Symptoms Reported by Police Investigating
Child Protection

Intrusion	Gender of Respondents	Range of Experience of STS				
		Never	Rarely	Occasionally	Frequently	Most of Time
		% (n)	% (n)	% (n)	% (n)	% (n)
1 Intrusive thoughts about victim /complainers/ suspects, without intending to	Males **Females**	44.8 (13) **41.2 (14)**	20.7 (6) **23.5 (8)**	27.6 (8) **17.6 (6)**	6.9 (2) **17.6 (6)**	0 (0) **0 (0)**
2 Reliving the complainer's trauma without intending to	Males **Females**	72.4 (21) **58.8 (20)**	17.2 (5) **23.5 (8)**	13.8 (4) **11.8 (4)**	0 (0) **5.9 (2)**	0 (0) **0 (0)**
3 Cued psychological distress (objects, people, situations that remind you of something and causes you some suffering when remembering)	Males **Females**	72.4 (21) **70.6 (24)**	13.8 (4) **11.8 (4)**	13.8 (4) **11.8 (4)**	0 (0) **5.9 (2)**	0 (0) **0 (0)**
4 Physiological reaction in response to reminders of your work with complainers/witnesses/suspects, without intending to	Males **Females**	65.5 (19) **52.9 (18)**	27.6 (8) **23.5 (8)**	6.9 (2) **23.5 (8)**	0 (0) **0 (0)**	0 (0) **0 (0)**
5 Disturbing dreams about witnesses/ complainers/suspects	Males **Females**	93.1 (27) **88.2 (30)**	3.45 (1) **8.8 (3)**	3.45 (1) **3 (1)**	0 (0) **0 (0)**	0 (0) **0 (0)**

(Percentages expressed as total of male and female respondents)

Responses in relation to Intrusion symptoms (symptoms 1 – 5) contained the least and most frequently experienced symptoms. The most frequently reported symptom was intrusive thoughts about victims, complainers and suspects with 31% of males and 35.3% of female respondents indicating that they thought about their work without intending to. Experiencing cued psychological distress in response to reminders of work, a sense of reliving the complainer's trauma and physiological reaction to reminders of work, were the next most frequently reported, with 13.8% of males and 17.6% of female, 13.8% male and 17.6% of female and 6.9% of males and 23.5% of female respondents respectively. The remaining intrusion symptom was reported less frequently, with 3.4% of male and 2.9% of female% of respondents reporting distressing dreams.

Endorsement of the seven avoidance symptoms (symptoms 6 – 12), ranged from 65.5% of male and 64.7% of female respondents for emotional numbing (the most frequently

reported symptom of the seventeen symptoms), 13.8% of male and 41.2% of female respondents diminished activity level, 27.6% of male and 23.5% of female respondents experience inability to recall information, 13.8% of male and 35.3% of female respondents experience detachment from others, 13.8% of male and 5.9% of female respondents foreshortened future, 13.8% of male and 0% of female respondents experience avoidance of complainers, witnesses and suspects and the symptom not reported at all was avoidance of people, places or things serving as a reminder of work (0%).

Table 4.4: Frequency of Avoidance Symptoms Reported by Police Investigating Child Protection

Avoidance	Gender of Respondents	Range of Experience of STS				
		Never	Rarely	Occasionally	Frequently	Most of Time
		% (n)	% (n)	% (n)	% (n)	% (n)
6 Avoiding complainers/witnesses /suspects	Males	62.1 (18)	24.1 (7)	13.8 (4)	0 (0)	0 (0)
	Females	**67.6 (23)**	**32.4 (11)**	**0 (0)**	**0 (0)**	**0 (0)**
7 Avoidance of people, places, things that serve as a reminder of your work with traumatised complainer's/witnesses or suspects	Males	93.1 (27)	6.9 (2)	0 (0)	0 (0)	0 (0)
	Females	**76.5 (26)**	**23.5 (8)**	**0 (0)**	**0 (0)**	**0 (0)**
8 Inability to recall complainers/witnesses /suspects information	Males	34.5 (6)	44.8 (13)	27.6 (8)	0 (0)	0 (0)
	Females	**44.1 (15)**	**29.4 (10)**	**17.6 (6)**	**5.9 (2)**	**0 (0)**
9 Diminished activity level or interest or participation in Activities/sports	Males	79.3 (23)	6.9 (2)	13.8 (4)	0 (0)	0 (0)
	Females	**55.9 (18)**	**0 (0)**	**35.3 (12)**	**5.9 (2)**	**0 (0)**
10 Detachment from loved ones, family members or colleagues	Males	65.5 (19)	20.7 (6)	6.9 (2)	6.9 (2)	0 (0)
	Females	**58.8 (20)**	**17.6 (6)**	**17.6 (6)**	**17.6 (6)**	**0 (0)**
11 Emotional numbing/hardened to the work and to complainers/ Witnesses and suspects	Males	27.6 (8)	6.9 (2)	20.7 (6)	37.9 (11)	6.9 (2)
	Females	**26.4 (9)**	**5.9 (2)**	**32.4 (11)**	**23.5 (8)**	**11.8 (4)**
12 Foreshortened future (thoughts about your mortality)	Males	65.5 (19)	20.7 (6)	13.8 (4)	0 (0)	0 (0)
	Females	**76.5 (26)**	**17.6 (6)**	**5.9 (2)**	**0 (0)**	**0 (0)**

(Percentages expressed as total of male and female respondents)

Rates for endorsement of the remaining arousal symptoms (symptoms 13 - 17) were as follows, hypervigilance 44.8% of male and 58.8% of female respondents (second highest experienced symptom), irritability 41.4% of male and 47.1% of female respondents and difficulty concentrating 41.4% of male and 29.4% of female

respondents. Experiencing exaggerated startle reflex was the least frequently reported avoidance symptom by 13.8% of male and 11.8% of female respondents. To ascertain if gender had an effect on the level of endorsement of 'Intrusion', 'Avoidance' and 'Arousal' Symptoms, where the null hypothesis was there is no difference amongst gender groups with respect to the level of endorsement of 'Intrusion', 'Avoidance' and 'Arousal' Symptoms. Independent sample t-tests were conducted on all the symptoms, comparing the mean scores between male and female gender groups. Only symptom 9, 'diminished activity level or interest or participation in activities/sports', showed a statistically significant difference between the mean scores on the dependent variable for gender. Where male (M = 1.34, SD = 0.72) and female (M = 1.93, SD = 1.10); t (59) = -2.45, p= 0.017 (two tailed) the null hypothesis is rejected, thus determining that the females respondents were less likely to undertake exercise than their male counterparts.

Table 4.5: Frequency of Arousal Symptoms Reported by Police Investigating Child Protection

Arousal	Gender of Respondents	Range of Experience of STS				
		Never	Rarely	Occasionally	Frequently	Most of Time
		% (n)	% (n)	% (n)	% (n)	% (n)
13 Difficulty Sleeping	Males	58.5 (17)	13.8 (4)	27.6 (8)	0 (0)	0 (0)
	Females	**47.1 (16)**	**29.4 (10)**	**11.8 (4)**	**5.9 (2)**	**5.9 (2)**
14 Irritability (I find myself easily annoyed)	Males	37.9 (11)	20.7 (6)	27.6 (8)	13.8 (4)	0 (0)
	Females	**38.2 (13)**	**14.7 (5)**	**35.3 (12)**	**5.9 (2)**	**5.9 (2)**
15 Difficulty concentrating	Males	37.9 (11)	20.7 (6)	27.6 (8)	13.8 (4)	0 (0)
	Females	**41.2 (14)**	**29.4 (10)**	**17.6 (6)**	**11.8 (4)**	**0 (0)**
16 Hyper vigilance (I find myself to be more watchful/ cautious and suspicious)	Males	34.5 (10)	20.7 (6)	17.2 (5)	27.6 (8)	0 (0)
	Females	**29.4 (10)**	**11.8 (4)**	**23.5 (8)**	**29.4 (10)**	**5.9 (2)**
17 Easily startled (exaggerated startle reflex)	Males	79.3 (23)	6.9 (2)	13.8 (4)	0 (0)	0 (0)
	Females	**58.8 (20)**	**29.4 (10)**	**0 (0)**	**11.8 (4)**	**0 (0)**

(Percentages expressed as total of male and female respondents)

4.2.1 Symptom Severity

Table 4.6 below, presents the frequency of respondents' scores on the STS Scale. Just under half of respondents (n=31, 49.2%) experience little or no secondary traumatic

stress. Mild to moderate rates of STS were experienced by 15 (24%) and 10 respondents (16%) respectively. Three respondents (5%) were found to be experiencing 'high' levels of STS while four respondents (6%) fell within the 'severe' category. It was of note that over half of the respondents (51%) taking part in the study were seen to experiencing the symptoms associated with STS. The results were in stark contrast to what was initially anticipated, where it was thought that there would be evidence of respondents experiencing the symptoms, but not to the degree that the study has found. This will be discussed further on pages 196 and 231.

Table 4.6: Frequency and Level of Secondary Traumatic Stress Experienced by Police investigating Child Protection

Category (based on percentile)	Level of STS Experienced	n	%
50th - less than 29	Little or No	31	49.2
75th – between 29 -34	Mild	15	23.8
90th - between 35 -42	Moderate	10	15.9
95th - between 43 - 49	High	3	4.8
Above 95th – 50+	Severe	4	6.3

The levels of STS as indicated by respondents in Table 4.6 will be discussed in Chapter 5.

4.3 Incidents Considered Significant

Table 4.7 represents a summary of the frequency with which respondents identified incidents they considered as having a significant impact on them. The incidents were then grouped into common themes. The main themes identified fell into four categories: Sudden Unexpected Death in Infancy (SUDI/Cot deaths), cases of Child Sexual Abuse, Historical Sexual Abuse and Sexual Abuse of the Disabled, and to a lesser degree

specific aspects about incidents being highlighted. The data was considered in terms of gender and dependents to ascertain if such variables were influencing factors in respondents indicating incidents to be of significance.

Table 4.7: Incidents considered significant by Child Protection Detectives

Identified Themes of Significant Incidents	No Dependents		Babies/ Children Under School Age		School Age Children		Disabled Relative		Other	
	Males % (n)	Female % (n)	Males % (n)	Female % (n)	Males % (n)	Female % (n)	Males % (n)	Female % (n)	Males % (n)	Female % (n)
S.U.D.I	11.1 (7)	7.9 (5)	3.1 (2)	4.7 (3)	4.7 (3)	3.1 (2)	0 (0)	0 (0)	0 (0)	0 (0)
Child Sexual Abuse	0 (0)	6.3 (4)	3.1 (2)	1.5 (1)	6.3 (4)	1.5 (1)	0 (0)	0 (0)	0 (0)	0 (0)
Historical Sexual Abuse	0 (0)	0 (0)	3.1 (2)	0 (0)	0 (0)	3.1 (2)	0 (0	3.1 (2)	0 (0)	0 (0)
Sexual Abuse Disabled	0 (0)	1.5 (1)	0 (0)	1.5 (1)	0 (0)	1.5 (1)	0 (0	0 (0)	0 (0)	0 (0)
Not stated	6.3 (4)	14.2(9)	0 (0)	3.1 (2)	4.7 (3)	1.5 (1)	0 (0	3.1 (2)	3.1 (2)	0 (0)
Total	17.4 (11)	29.9(19)	9.3 (6)	10.8(7)	15.7(10)	10.7 (7)	0 (0	6.2 (4)	3.1 (4)	0 (0)

(Percentages expressed as total of the 63 respondents)

4.3.1 Sudden Unexpected Death in Infancy

The most frequently reported incident considered significant by respondents was the investigation of Sudden Unexpected Death in Infancy (Cot Deaths) with a response rate of 11% for males (without dependents) and 8% for females (without dependents). The data was examined further to determine the numbers of male respondents with dependents in comparison to female respondents with dependents, which considered SUDI as a significant incident. Interestingly, the male and female groups with children, less frequently considered SUDI as a significant incident, 3%, 5% and 5% and 3% respectively. The comments made by respondents were collated and quote(s) considered to be representative of respondents with similar views were chosen in addition to any comments that reflected atypical experiences.

As one respondent stated:

'Baby deaths.... intensely difficult to deal with and are personally distressing. These incidents always leave me emotionally and physically drained. The question above 'avoiding witnesses' did happen to me when I dealt with a cot death. I was pregnant at the time. Following the procedures, when it came to returning productions to the mother (baby clothes, soft toys etc.) I could not face it, to the point the mother threatened to complain. In the end I returned the clothing, productions and acted appropriately towards the family, but I was very emotional afterwards (on my own!).' (Respondent 7, female, no dependents, 21-25 years service, full time FPU)

It was evident from the following respondent's comments that having dependents was a contributing factor when investigating SUDI:

'I have dealt with cot deaths and they are always difficult to deal with. The family's grief, also as I have young children myself. The post mortem of a baby is a difficult memory to shake off.' (Respondent 8, male, has dependents, 16-20 years service, full time FPU)

Another specifically mentioned the trauma/grief of the parents and highlighted the fact that being a parent had a direct bearing on her reactions:

'Cot death of 12 week old child. The raw grief of the parents was harrowing. The sight of the dead baby who can only be described as 'doll like' is an image I'm unlikely to forget. The whole sad incident is imprinted on my brain for life, however without sounding cold, it didn't affect me so emotionally that I cried or was affected adversely. I believe that it is probably as I am now a mother myself that I can now relate to the tragic event and appreciate to a certain extent (never

experienced cot death personally, thankfully) how devastated they were.'
(Respondent 29, female, 16-20 years service, has dependents)

The investigation of Sudden Unexpected Death in Infancy (SUDI/Cot Deaths) was a re-occurring theme mentioned throughout the study.

4.3.2 Coping Mechanisms

Further analysis of comments relating to SUDI identified three respondents who mentioned coping mechanisms following the investigation of SUDI:

> *'I have attended 3 baby deaths within a 4 month period and I was unaffected by these incidents. It is only afterwards that I have questioned my own unresponsive reaction but I feel that it is obviously a coping mechanism allowing me to deal with traumatic and tragic incidents.'* (Respondent 15, female, 8-10 years service, full time FPU)

Another respondent mentioned how being positive assisted them to cope:

> *'I took a positive approach and made sure I was better mentally prepared to deal with the next incident better.'* (Respondent 16, male, 8-10 years service, full time FPU)

while another respondent considered the opposite to apply to him:

> *'The level of abuse…makes me feel I have had to harden myself to this style of Police work.'* (Respondent 10, male, 11-15 years service full time FPU)

4.3.3 Child Sexual Abuse

Child sexual abuse was the second most frequently reported significant incident, with 5% of female respondents (no dependents) and male respondents (school age children)

indicating such incidents significant to them. The investigation of child sexual abuse was identified as another recurring theme that had a significant impact on respondents; the following comments were selected from responses made by ten respondents on the subject of Child Sexual Abuse, in particular the subject of Familial Abuse by family members. A respondent mentioned issues surrounding multi-agency working and the importance of team working:

> *'A three year old child abused by step mother, team work led to prosecution and other agencies involved ignored the plight of the child. I learned how important Police involvement is and the difference it can make.'* (Respondent 12, male, 26-30 years service, Supervisor)

Further comments were noted by respondents on the theme of child sexual abuse, which summarised the respondents' feelings:

> *'After interviewing a 10 year old child re sexual abuse, I had to view a video recording previously made which contained images of the abuse. I supported the family throughout the enquiry and was present during the sentencing. The conclusion was positive for me as I saw the reaction of the family as the perpetrator received a custodial sentence.'* (Respondent 13, female, 4-7 years service, full time FPU)

It was evident that respondents were affected not only by younger child victims but also by the abuse of teenagers. One respondent commented:

> *'A 15 year old girl had been abused by her father for a number of years, the last being the morning she reported the matter. The interview with her was traumatic for her but the sense of relief after she made the disclosure was immense.'* (Respondent 14, male, 26-30 years service, full time FPU)

Respondents highlighted a variety of issues that they considered worthy of comment; one respondent mentioned the use of sexually explicit language:

> *'A five year old daughter abused by father...the language used (by the child) to describe a rape upset me.'* (Respondent 39, female, 11-15 years service, full time FPU)

4.3.4 Criminal Justice System

Respondents not only indicated empathy in relation to their work but also commented on their exasperation with the criminal justice system. A particular respondent stated:

> *'Lack of sufficient evidence to prosecute a person in position of trust who allegedly involved a 5 year old female child to perform oral sex on him. Despite having limited forensic evidence it was insufficient for the Procurators Fiscal to proceed which was extremely disappointing and caused frustration in the Unit.'* (Respondent 28, female, 11-15 years service, Full time FPU)

Two respondents made mention of the positive effects of achieving a satisfactory court result to have had a significant impact on them. One of the respondents stated:

> *'Rather than being affected by individual incidents, I have found that positive court results are more significant and recognition of a full enquiry/investigation.'* (Respondent 6, female, 11-15 years service, full time FPU)

4.3.5 Historical Sexual Abuse

Historical sexual abuse was the third most frequently reported incident considered significant, with 3% of male respondents (with babies and children under school age)

and female respondents (with school age children) considering incidents significant to them. A respondent commented:

> *'A recent historical sexual abuse enquiry involving two sisters abused by their father. From my time in the FACU the abuse was the most horrific and degrading that I have dealt with and being the first person both sisters had told in detail I felt a real sense of 'wanting to get justice for them', while not showing my disgust of what they had been through.'* (Respondent 11, female, 11-15 year service, full time FPU)

4.3.6 Sexual Abuse of Persons with Disabilities

The least reported incident considered significant was sexual abuse of the disabled with 2 female respondents with children considering such incidents significant to them. The following comments are illustrative of their views:

> *'The rape of a 15 year old deaf female which was partially witnessed by a 16 year old deaf female with cerebral palsy had a significant impact on me.'* (Respondent 18, female, 4-7 years service, Aide to FPU)

The issue of physical disability was further referred to by a respondent who commented:

> *'A befriender of a handicapped male, sexually abused him (the suspect was working for the SW dept) he laughed all the way through the interview, was conceited and knew there was nothing we could do. He had chosen one of the most vulnerable in our community to abuse, he really sickened me.'* (Respondent 33, female, 16-20 years service, full time FPU)

It was of note that early on in the research; respondents began to comment on the issue of openly acknowledging the effect that the work of FPU may have had on them and its implications. However, a comment from the following respondent appeared to hold the view that by 'admitting' that he considered certain incidents 'significant' or 'operationally challenging' would be seen as a sign of being unprofessional or weakness on his part. Such views were raised further on another occasion during the research by respondents who thought acknowledging personal issues may be perceived as a sign of weakness:

> *'I have not dealt with an incident that has had a significant impact on me; I detach myself from incidents and deal with them in a professional manner, rather than allow them to affect me personally.'* (Respondent 5, male, 8-10 years service, Aide to FPU)

4.4 Quality of Working Life

4.4.1 FPU Work

The majority of respondents (n=39, 62%) indicated that they looked forward to going to work with twenty three respondents (36.5%) indicating they felt supported 'most of the time'. Only one respondent (2%) indicated that he 'did not' look forward to going to work (Male, 4-7 years service, Aide to FPU). Respondents were given the opportunity to expand on their response if they so chose; some respondents gave a more comprehensive response. From the collated responses there appeared to be two main themes recurring, namely the volume of cases/heavy workload and the sense of making a difference.

Work Load

A total of seven respondents commented on work related issues and the heavy volume of cases and the workload stating:

> *'In general there is always too much needing my attention and this continues to increase all of the time. There aren't enough hours in the day.'* (Respondent 2, male, 26-30 years service, Supervisor)

This was further reiterated by another supervisor who commented:

> *'the volume and demands placed on you are overwhelming.'* (Respondent 19, female, 16-20 years service, Supervisor)

A respondent stated:

> *'Most of the time… but I feel at times the work was not allocated fairly at times, resulting in some Officers having a bigger case load than others. The management of the unit can cause problems, not the work.'* (Respondent 63, female, 16-20 years service, Aide to FPU)

Making a Difference

A total of thirteen respondents made mention of how they felt a sense of achievement and making a difference by undertaking the work of the unit. One respondent stated:

> *'… although not in the unit by choice, I am happy in my role and look forward to making a difference along with my colleagues in any way we can.'* (Respondent 4, male, 11-15 years service, Supervisor)

Respondents felt that by doing their work, they may have been instrumental in achieving a positive outcome for some of the survivors of child abuse, and they considered this to be important service. A respondent stated:

> *' because whether or not there is a positive outcome i.e. a conviction, the*
>
> *child is sometimes happy that they have shared the trauma and that*
>
> *someone has listened to them.'* (Respondent 13, female, 4-7 years service, full
> time FPU)

Similarly a respondent asserted:

> *'... knowing that my investigations will influence the quality of life, or*
>
> *remove them from a fearful or harmful environment, any child, makes*
>
> *going to work worthwhile.'* (Respondent 57, male, 26-30 years service,
> Supervisor)

Draining Effect of Work

The majority of respondents (n=46, 73%) stated that they did feel drained as a result of
the work. Respondents were given the opportunity to expand their answers to elaborate
on their feeling and the comments were thereafter collated to ascertain if there were any
emerging themes. In particular ten respondents made mention of the issues surrounding
the noting of witness statements, with twenty reiterating the topic of the volume of work
which had been earlier identified as being a concern.

Witness Statements

 A respondent on discussing statements stated:

> *'... particularly at the end of a long historical abuse statement where the*
>
> *witness wanted to keep going, the abuse was horrific and at the end I felt*
>
> *physically and emotionally drained.'* (Respondent 11, female, 11-15 years
> service, full time FPU)

Another respondent identified issues surrounding noting child witness statements:

'... some children are happier than others to interview and it is

mentally draining to constantly think of the right questions to ask

without leading the child.' (Respondent 43, female, 4-7 years service, full time

FPU)

Heavy Work Load

Again the issues surrounding the volume of work/heavy workload which respondents in the FPU were experiencing was emphasised. A respondent stated:

'Basically just too busy and get little to no assistance from anyone

else. The work just keeps piling on.' (Respondent 2, male, 26-30

years service, Supervisor)

This view was expressed by another respondent who indicated:

'Drained' as in... usually enquiries are dealt with in a time critical

way, leading to cramming in a lot of work into a short space of

time, therefore very demanding.' (Respondent 4, male, 11-15 years service,

Supervisor)

Respondents were noted to comment further on the subject mentioning feeling physically exhausted, one supervisor indicated:

'I regularly feel drained. I start the week refreshed but as the

week goes on, I feel really drained, this occurs on a weekly

basis <u>not</u> just every now and again.' (Respondent 19, female, 16-20 years

service, Supervisor)

An issue raised by two respondents at this juncture and later discussed in greater depth in the chapter, was the subject of supervisory support or lack of it. A respondent commented of feeling drained:

'…on numerous occasions, mostly due to lack of supervisory support.'

(Respondent 26, female, 16-20 years service, full time FPU).

This was reiterated by another respondent who stated:

'at times I feel that the work is not allocated evenly meaning that the person who works a certain shift gets all the enquiries that week, it can be overwhelming.' (Respondent 3, female, 16- 20 years service, full time FPU)

Following on from respondents being asked to consider if they had ever felt drained as a result of their work, respondents were asked to consider if they felt 'burnt out' as a result of their work.

4.4.2 Burnout

Table 5.8 presents a summary of the frequency with which respondents indicated they experienced burnout. The majority of respondents (n=37, 71.4% of male and 52% of female respondents%) indicated that did not experience burn out in comparison to 21 (25% of male and 42% of female respondents) respondents who did indicate they had experienced the symptoms of burnout.

Table 4.8: Frequency of Respondents Experiencing Burnout

Gender	Have You Ever Felt Burnt Out As A Result of FPU Work		
	Yes n %	No n %	Sometimes n %
Male	7 25	20 71.4	1 3.6
Female	14 42.	17 51.5	2 6.1

(Percentages expressed as total of male and female respondents)

A Chi-square test for independence was used to test any association between gender and burn out. The null hypothesis is that the gender of respondents is not a factor in

someone feeling 'burnt out' as a result of FPU work. On conducting the Chi-square test for independence (with Cramer's V) a medium effect =0.28 between gender and burn out, χ_2 (1, n=61) = 0.20, p=0.28 was noted and thus the null hypothesis was rejected, indicating that burn out affects the two genders to significantly different extents. From the probability values, it is further fair to conclude that females are almost twice as likely to feel burnt out than their male counterparts. Respondents were given the opportunity to explain their views in relation to burnout and their comments were collated and grouped into emerging themes of tenure of service; loss of enthusiasm; feeling of inadequacy and sense of achievement. A respondent indicated:

> ' *just tired and stressed which leads to slowness of mind and easy confusion*
>
> *when dealing with an incident that requires attention to detail, heavy limits.'*
>
> (Respondent 48, female, 4-7 years service, Aide to FPU)

Tenure of Service

A supervisor voiced the issue of tenure within the department and the time period spent working within the FPU, commenting:

> *'I feel burned out a lot especially now I near 3 years in the dept. the nature of*
>
> *the work, the volume of the work, the demands placed on a supervisor, 10+*
>
> *members of staff to look after, constant calls from social work, working long*
>
> *hours to complete your work but never actually getting everything done.'*
>
> (Respondent 19, female, 16-20 years service, Supervisor)

Loss of Enthusiasm

Not only was the feeling of being burnt out expressed by respondents but also a feeling of the loss of enthusiasm for the post. Two respondents voiced their views in this

regard. One respondent commented:

> *'I feel tired, emotionally and somewhat irritable. Loss of enthusiasm for the*
>
> *post.'* (Respondent 26, female, 6-20 years service, other)

Another respondent stated:

> *'I am now looking forward to doing something different, you get very cynical*
>
> *and begin to lose your enthusiasm dealing with child abuse day in day out.'*
>
> (Respondent 8, male, 16-20 years service, full time FPU)

As opposed to a loss of enthusiasm a supervisor commented on the feelings of frustration:

> *'Mentally and physically drained and completely frustrated. The work load,*
>
> *competing with capacity concern regarding quality of service to partner*
>
> *agencies and outcomes for children.'* (Respondent 27, male, 26-30 years
>
> service, Supervisor)

Feelings of Inadequacy

A total of eleven respondents indicated that they did not feel 'burnt out' but associated admitting such symptoms with being considered inadequate, a view earlier remarked upon by some respondents. A respondent mentioned:

> *'Not really burnt out, because then I would feel that I was not doing my job*
>
> *properly, maybe just being 'ready' for my annual leave (holidays) so I could*
>
> *come back refreshed.'* (Respondent 11, female, 11-15 years service full time
>
> FPU)

and

'If you were to admit that you felt burnt out, your supervisor might think you were not coping and this could have an impact on your career, it is something I would keep to myself.' (Respondent 63, female, 16-20 years service, full time FPU)

Not all respondents considered 'burn out' to have a negative effect but considered the opposite to be true at times, a view expressed by Kirkham (1994, cited in Bonifacio, 1991) who asserts that Police Officers although aware of the dangers associated with Police work join the job to:

'Experience a sense of satisfaction over his contribution to society....

Somehow the feeling seems to make everything worth while...' (p74)

Sense of Achievement

Two respondents commented on the sense of achievement, one respondent indicated:

'Some enquiries can be difficult and can be exhausting, but to achieve as satisfactory conclusion can be energising.' (Respondent 14, male, 26-30 years service, full time FPU)

Another respondent stated:

'yes it is a difficult and at times tiring job, but obtaining a custodial sentence for an accused gives you a real sense of satisfaction and the feeling of doing a good job.' (Respondent 29, female, 16-30 years service, not stated)

Due to the 'operationally challenging' nature of child protection enquiries and heavy volume of work, respondents were asked to reflect on their ability to sleep and if they felt that it was being disturbed as a result of the child protection enquiries.

4.4.3 Sleeping Difficulties

Table 4.9 presents a summary of the frequency with which respondents indicated whether they had difficulty sleeping as a result of their work. The majority of respondents (n=39, 66.7% of male and 65.6% of female respondents%) indicated that they did not have difficulty sleeping in comparison to 20 (33.3% of male and 43.4% of female) of respondents who indicated that they did experience difficulty sleeping due. The data was analysed further in relation to gender and any associations with difficulty sleeping. A chi square test for independence (with Yates continuity correction) indicated no significant association between gender and difficulty sleeping, χ_2 (1, n=59) =1, p=1.0, phi= -0.011, accepting the null hypothesis.

Table 4.9: Frequency of Respondents Experiencing Difficulty Sleeping

| Gender | Difficulty Sleeping | | | |
| | Yes | | No | |
	n	%	n	%
Male	9	33.3	18	66.7
Female	11	34.4	21	65.6

(Percentages expressed as total of male and female respondents)

The respondents were given the opportunity to develop further the issue and the comments were collated. A respondent indicated previous issues with sleep but stated:

'*I suffer from difficulty sleeping, I have always done, however with my brain*

being so active in my current role, I find insomnia has been exacerbated and if I

do not fall asleep quickly my thoughts often become that of current or past

work.' (Respondent 1, female, 11-15 years service, full time FPU)

Other respondents indicated thoughts remaining at the forefront of their minds:

'... coming off a back shift, everything goes through your mind, have you done

everything you could have. If there is sufficient evidence you think, if the

suspect goes on to re-offend, it could be your fault, well it feels like that.'

*(*Respondent 3, female 16-20 years service, full time FPU)

A similar experience was highlighted by one respondent in relation to the viewing of child abuse footage:

'this was the case regarding the video recording of the child being abused which

I had to view, especially as I had personally interviewed the child previously.'

(Respondent 43, female, 4-7 years service, full time FPU)

To ascertain if respondents considered that they had altered emotional responses to their work as a result of undertaking child protection enquiries, respondents were asked to reflect on the question posed.

4.4.4 Altered Emotional Response to Work

Table 4.10 presents the distribution of responses in relation to altered emotional response. Over half of the respondents (n=33, 50% male and 55.9% female) indicated that they had not experienced altered emotional responses since commencing their work within the FPU in comparison to 29 (50% male and 44.1% female%) respondents who did experience alterations to their emotional responses. A Chi square test for

independence (with Yates Continuity Correction) indicated no significant association between gender and altered emotional responses, χ_2 (1, n=62) =0.04, p=0.83, phi = 0.05.

Table 4.10: Frequency of Respondents Experiencing altered Emotional Response

Gender	Altered Emotional Response since Commencing FPU Role			
	Yes		No	
	n	%	n	%
Male	14	50	14	50
Female	15	44.1	19	55.9

(Percentages expressed as total of male and female respondents)

Respondents were given the opportunity to make comments relative to altered emotional responses since working within the department. One respondent indicated an initial reaction to the work of department stating:

> *'I cried my eyes out frequently in the first week of my posting, at the end I was more hardened to the abuse suffered, you get used to such horrible work and hearing harrowing stories.'* (Respondent 63, female, 16-20 years service, Full Time FPU)

Other respondents mentioned their personal views and emotions had been affected outwith work also, again the issue of children was discussed commenting:

> *'I am hard on my children when they complain about trivial matters and frequently say to them 'you don't know how lucky you are because...'*
> (Respondent 7, female, 21-25 years service, full time FPU)

Emotional Coping Mechanisms

A change in respondents' emotions was also was evident with thirteen respondents indicating coping mechanisms being used:

> *'I have become harder and get less upset by what I see/hear, incidents no longer surprise or shock me'* (Respondent 19, female 16-20 years service, full time FPU)

A further theme that emerged was that of distancing as a coping mechanism. One respondent indicated:

> *'I have always dealt with enquiries in a professional manner and have managed to be emotionally detached.' (Respondent 6, female, 11-15 years service, full time FPU)*

This view was further expressed by a respondent who commented:

> *'... personally I feel that it is extremely important to 'distance' yourself emotionally.'* (Respondent 29, female, 16-20 years service, not stated)

To gain an appreciation of whether respondents considered that they had changed their ability to empathise with members of the public who were reporting incidents of child protection, respondents were asked if they wished to make further comments by way of free narrative**.**

4.4.5 Empathy Shown To Complainers/Witnesses

Over half of the respondents (n=38, 60.7% male and 61.8% female) considered that they were more empathetic as a result of their work. Eleven respondents (17.9% male and 17.6% female) considered they were less empathetic and eight respondents (13%)

considered their level of empathy to have not changed. A Chi-square test for independence testing the association between gender and empathy (with Cramer's V) indicated a large size effect =0.33 between gender and empathy shown by respondents, χ^2 (1, n=61) = 0.33, p=0.072, however the p value indicates the proportion of males displaying more or less empathy towards complainers and witnesses is not significantly different from the proportion of females and how empathetic they are, thus the results support the null hypothesis that gender has no impact on how empathetic respondents are.

Table 4.11: Frequency of Respondents Experiencing Altered levels of Empathy

	More or Less Empathetic to Complainers and Witnesses Due to FPU Work							
	More		**Less**		**About the Same**		**Altered form of Empathy**	
Gender	n	%	n	%	n	%	n	%
Male	17	60.7	5	17.9	6	21.4	0	0
Female	21	61.8	6	17.6	2	5.9	5	14.7

(Percentages expressed as total of male and female respondents)

The majority of respondents were aware of how their ability to empathise had increased as a result of their role. A respondent stated:

> *'I understand the power of empathy and its usefulness as an investigatory aid. I would say working with the FACU (FPU) has increased my awareness and I now make more use of empathy.'* (Respondent 62, male, 26-30 years service, Supervisor)

Another respondent sought to explain further and in greater detail, her use of empathy stating:

'Although if possible it is a more detached form of empathy expressed more through a desire to see the enquiry through, rather than expressing sympathy or other emotions with victims.' (Respondent 18, female, 4-7 years service, Aide to FPU)

Not all respondents stated that their empathy was improving. A respondent mentioned her awareness of her own ability to empathise between different clients/victims and that of people outside of the job:

'I use most of my 'empathy bank' for clients. I'm much more short tempered and much less tolerant with people who are personally important to me. In short I'm positive that they see me as sometimes as a 'Granite- Hearted Bitch.'
(Respondent 7, female, 21-25 years service, full time FPU)

Detached Empathy

Some respondents divulged remoteness to their use of empathy using the skill in an impersonal manner and adopting an aloof approach to their work:

'... I have gained the ability to be outwardly empathetic but detached.'
(Respondent 11, female, 11-15 years service, full time Female and Child Unit)

This was further mentioned by another respondent who asserted that:

'It is a front you put on to make people feel better able to talk to you.'
(Respondent 12, male, 26-30 years service, Supervisor)

4.5 Working Life and Health

Analysis of quality of working life and health revealed that the majority of respondents (n=61, 97%) considered that their work and role did not impact on their absence rate.

Respondents were provided with a series of common ailments to select from, with the option of adding any additional ailments not previously listed. High blood pressure, weight gain and eye tics were the most common ailment experienced by respondents, with four respondents (6%) experiencing each ailment. Two respondents (3%) indicated they had increased alcohol consumption, a substantially lower percentage than what was anticipated by the researcher. One repondent considered that their appetite had reduced due to their role and work. Six respondents (10%) chose not to answer the question. Forty-one respondents chose the response 'other' health issues quoting eyestrain and headaches (n=4, 6%) with one respondent citing muscle pains.

4.5.1 Interaction with Colleagues

Table 4.12 summarises the frequency by which respondents indicated their endorsement of the work of the FPU having a positive or negative impact or interaction with their colleagues. A larger number of respondents (n=40, 69% male and 71.5% female%) indicated that the work positively impacted on their colleagues, in comparison to 11 (31% male and 7.1% female%) respondents who considered the work to have had a 'negative' impact on their colleagues.

Table 4.12: Frequency of Respondents Experiencing Positive/Negative Effects on Colleagues

Gender	Positive/Negative Impact/Interaction with Colleagues			
	Positive	Negative	N/A	Neither
	n %	n %	n %	n %
Male	20 69	9 31.0	0 0	0 0
Female	20 71.5	2 7.1	2 7.1	4 14.3

(Percentages expressed as total of male and female respondents)

Respondents were encouraged to expand on their answer and emerging themes were closely examined and thereafter grouped into negative and positive themes.

4.5.2 Team Work/Camaraderie

A total of ten respondents commented on the camaraderie and positive effects of working closely with their colleagues and how this made the role more manageable. One respondent commented:

> *'I would say that the FACU in our division is a good group of Officers who get on well. We work as a unit and do what has to be done under sometimes difficult conditions.'* (Respondent 16, male, 8-10 years service, full time FPU)

Another respondent commented:

> *'It is a very good team within the unit and my colleagues can be relied upon for support.'* (Respondent 55, female, 11-15 years service, full time FPU)

4.5.3 Improved Performance

In addition to camaraderie, four respondents commented on how they felt their performance had improved namely:

> *'Positive impact, as it has improved my self confidence, skills and ability to perform my job to a high standard.'* (Respondent 8, male, 16-20 years service, full time FPU)

4.5.4 Negative Influence

Although the majority of comments were positive and highlight the good work, camaraderie between colleagues and the team spirit; there were however five respondents who expressed negative views mentioning cynicism and frustration at the

perceived lack of understanding by Officers from other departments and those that were 'not pulling their weight'. One respondent commented:

'You become less tolerant of your colleagues if you feel they are not pulling their weight, you are not afraid of being more assertive especially with managers and senior Officers and with the social work.' (Respondent 63, female, 16-20 years service, full time FPU)

Another respondent asserted:

'Colleagues who have never worked within the FACU/FPU have little perspective of the work involved and are sometimes dismissive of the department which can have a negative impact.' (Respondent 27, male, 26-30 years service, Supervisor)

While another respondent mentioned:

'Many colleagues fail to appreciate the stressful nature of the FACU and volume of workload- need to educate them.' (Respondent 56, female, 16-20 years service, full time Female and Child Unit).

A supervisor within the department made observations about his colleagues within the CID, stating:

'...a lot of... detectives, have no idea of the reality of working within the FPU, nor are they inclined to find out.' (Respondent 32, male, 26-30 years service, CID, Supervisor)

4.5.5 Impact on Personal Relationships

Over half of the respondents (n=36, 57%) considered child protection work to have had an impact on their family, partner or spouse in comparison to 25 (40%) of respondents

who thought there was no impact. A Chi-square test for independence testing the association between gender and impact of child protection work on partners, spouses or family (with Cramer's V) indicated a medium size effect $=0.26$, χ^2 $(1, n=63) = 0.26$, $p=0.11$, indicating overall that gender was of no significance when considering the impact of child protection work on partners. With 57% of respondents considering that the work did impact on their family, some respondents commented that they felt supported by spouses while others felt that due to the nature of the work it could not be discussed or spouses or partners did not want to know details. Comments were collated into themes relating to connections with children and the negative impact on partner spouses.

4.5.6 Impact on Partner/Spouse

A respondent on discussing the impact on her spouse commented:

> *'… less inclined towards a sexual relationship – you see men differently and think everything is linked to sex, it puts you off – you can become more introverted.'* (Respondent 33, female, 16-20 years service, full time FPU)

Another respondent stated:

> *'Without doubt.. I never finish work on time. Get home too late and too tired to do anything meaningful with my partner.'* (Respondent 2, male, 26-30 years service, Supervisor)

Other respondents mentioned the positive effects of discussing details with their spouse namely:

> *'… upsetting cases are discussed with husband to try to release/let go'* (Respondent 20, female 8-10 years service, full time FPU)

while other respondents mentioned how they intentionally did not discuss their work
with partners or spouses:

> *'Very little, often long day, I may have less patience with partner or have a need
> to burden him with what I did that day.'* (Respondent 48, female, 4-7 years
> service, Aide to FPU)

Another respondent stated:

> *'... my wife doesn't like the type of work as I don't talk much about it. It's too
> disgusting to her.'* (Respondent 10, male, 11-15 years service, full time FPU)

This view was similarly voiced by a further respondent who commented:

> *'My partner and family do not want to hear about my working life as they find it
> very traumatic, even family who are Police Officers do not want to know about
> my day to day activities.'* (Respondent 15, female, 8-10 years service, full time
> FPU)

4.5.7 Impact on Family/Children

The subject of respondent's children/dependents was also a re-occurring theme
discussed by respondents ranging from being protective, less trusting and spoiling their
children or being irritable. A respondent made the following comment:

> *'... I am extremely protective/paranoid of my 2 young children. Less trusting
> of others. Although most days I go home and spoil my kids.'* (Respondent 11,
> female, 11-15years service, full time FPU)

This was further expressed by another respondent who stated:

> *'I hug my daughters tighter.'* (Respondent 23, male, 4-7 years service, CID)

As opposed to being nurturing, caring and overly protective, other respondents appeared
to express the opposite view stating:

'I am more tired stressed and irritable with my family. Things which never used to bother me now irritate me. I am angry/short tempered which has even been commented on by my spouse and children.' (Respondent 19, female, 16-20 years service, Supervisor)

The issue of dependents/children was further expressed by a respondent who did not have children of their own however the impact of the job was still felt:

'I found it more difficult to deal with child victims after the birth of my niece in that found enquiries impacting on me emotionally.' (Respondent 26, female, 16-20 years service, other)

The final topic in relation to Working Life and Health asked respondents to consider their exercise regime (if they had one) and to reflect on whether the work of the FPU was having an impact on their willingness to take leisure activities after completing their tour of duty.

4.5.8 Willingness to Undertake Exercise/Sporting/Leisure Activities

Over half of respondents (n=39, 62%) considered that they took exercise and this had remained unchanged as a result of their role. Fourteen respondents (22%) considered themselves 'less willing' to take exercise in comparison to six respondents (9.5%) considered that they were now 'more willing' to take exercise.

4.6 Support Mechanisms at Work

To ascertain if respondents were routinely using the support mechanisms made available to them through their employment with the Police, respondents were asked to

appraise the support mechanisms and their experiences. The data was collated and the results are presented below.

4.6.1 Experience of Using Support Service(s)

It was of note that the majority of respondents (n=51, 81 %) had never used any of the support services available to Police employees. Two respondents (3%) stated that they had been offered the services but did 'not accept' them. A minority of respondents (n=6, 9.5%) stated that they had used the services of Critical Incident Stress Debriefing.

The following comments were given by respondents in relation to the available support mechanisms within the Police Force for use by employees. A respondent commented:

> *'Well meant, but 'formulaic, I've heard that some Officers are given leave to utilise Castlebrae, which I think would be more use, but that has not happened in our division.'* (Respondent 7, female, 21-25 years service, full time FPU)

Another respondent stated that they had used the services of Critical Incident Stress Debriefing following a Sudden Unexpected Infant Death incident,

> *'I found it worth while.'* (Respondent 57, male, 26-30 years service, Supervisor)

Two respondents indicated they were offered the service but '*did not take up the offer'* giving no rationalisation as to why they decided not to take up the offer of support; both respondents were female (Respondents, female, 8-10 years service, full time FPU and female, 21-25 years service)

Respondents wrote about the more informal forms of support available. Two main themes emerged, namely peer and supervisory support.

4.6.2 Peer Group Support

A total of nineteen respondents taking part in the research were unanimous in their acknowledgement of how regularly peer support was being made use of and how effective it was. A respondent stated:

'almost every case you discuss with your colleagues. It helps you decide if you are getting it right and did the right things. My first case involved a head teacher and her daughter. I cried and could not sleep and had a disagreement with the Detective Sergeant who was not interested in assisting, I got up during the night and phoned another Officer in another part of ... who was on night shift she gave me reassurance.' (Respondent 3, female, 16-20 years service, full time FPU)

Four respondents mentioned peer support in the form of 'informal de-briefing', one respondent commented:

'Quite often we will discuss in a group like informal debriefing to see what could have been done better, what we are happy/ unhappy about, etc.' (Respondent 34, male, 11-15 years service, Supervisor)

Five respondents mentioned the venue which informal debriefing/peer support took place, one respondent commented:

'Following an enquiry into a sudden unexpected infant death as a group attended nearby public house and discussed the day's events tactfully. This was unusual and not the norm but beneficial.' (Respondent 57, male, 26-30 years service, Supervisor)

A further respondent stated:

'Regular discussions with colleagues always helps as do social events, days out etc, we had a day out to 'Go Ape', Aberfoyle, which was good.' (Respondent 8, male, 16-20 years service, full time FPU)

Overall forty respondents (63%) indicated that they had experienced an incident which they had considered had had a significant impact on them, however, 51 respondents (81%) had never used the formal support mechanisms on offer by the organisation or not accepted the support, instead favouring the use of peer group support. Respondents were then asked to reflect on their experiences of support from their first line managers and senior Police managers with overall responsibility for the work of the department.

4.6.3 Supervisory Support

Respondents' views ranged from those who considered they were well supported, looked after and cared for to those who considered supervisory support to be negligible. The views outlined, ranged from Detective Constables to Detective Sergeants.

4.6.4 Constructive Supervisory Support

Of those respondents who considered their experience of supervisory support to be constructive, one respondent stated:

'In particular one Detective Inspector was particularly aware of the pressures suffered by personnel within the department and was on hand to assist.' (Respondent 56, female, 16-20 years service, other)

The comment from a first line manager in relation to his senior manager was positive in relation to defending and sustaining the decision making of the department:

'I have received support of a good Detective Inspector when looking for backing in my decision making.' (Respondent 12, male, 26-30 years service, Supervisor)

With similar comments being made in relation to the ranks of Detective Sergeants:

'I was supported by my detective Sergeant following a cot death, this was helpful.' (Respondent 20, female, 8-10 years service, full time FPU)

Another respondent stated:

'our supervisors are there for support if we need them and very flexible to help and assist in all enquiries and if you need to change a shift.' (Respondent 25, female, 11-15 years service, full time FPU)

4.6.5 Lack of Supervisory Support

Not all remarks were positive; seven respondents' comments expressed a perceived lack of support from management/line managers. A respondent commented:

'I have tried to arrange for the department to go on a break to Castlebrae, where they offer organised relaxation breaks aimed at family protection unit staff or family liaison Officers. During the breaks you are provided with inputs and advice on stress and relaxation, it also helps team building and reduces absences. The Officers were willing to pay for the break themselves having dealt with a number of cot deaths that year however it was not authorised by senior management.' (Respondent 19, female, 16-20 years service, Supervisor)

This view was further expressed by a respondent who stated:

'My Line manager is very aware of the need for support.., senior managers are indifferent at best.' (Respondent 37, female, 21-25 years service, full time FPU)

The issue of supervisors within the department and their support and supervision from senior management was also raised. A supervisor commented:

'Supervisors give me minimal support. You are basically left to get on with it. The only time you interact with them is when they want you to do something, and it is exceptional cases when you ask for them. But generally they leave it to you.' (Respondent 2, male, 26-30 years service, Supervisor)

Four respondents had indicated that they had sought or tried to seek support, one respondent commented on the difficulties she experienced when asking for support:

'The majority of my supervisors are very approachable and helpful, however I had a bad experience with one who refused to listen when I told them that I was finding it difficult coping with the volume of workload.' (Respondent 13, female, 4-7 years service, full time FPU)

While a further respondent commented that:

'My line managers have never approached me personally after dealing with a particular stressful incident as they accept that it is just part of dealing with a demanding role. I'm sure support would have been offered if I approached them.' (Respondent 34, female, 21-25 years service, full time FPU)

4.6.6 Perceived Implications of Seeking Support

A respondent commented on the use of supervisory support highlighting concerns they had for asking for this form of support and how it might be perceived by the organisation and the perceived ramifications for them in the future. This issue had been expressed throughout the research and has been identified as a genuine concern for many Officers performing duties within the FPU. A respondent commented:

'None, mainly because this would be seen as a weakness.' (Respondent 11, female, 11-15 years service, full time FPU)

Again comments mirroring the views of respondents earlier in the research.

4.7 Impact on Practice

The final aspect of the research concentrated on ascertaining if respondents considered the work had influenced/impacted on them as Police Officers, their work and that of the organisation's policies and procedures and finally to consider if there was anything that they felt should or could be done to address any negative aspects of the work of the FPU. Respondents were given the opportunity to reflect on aspects of their practice and were thereafter asked to make comment.

The responses collated, indicated that the role had both a positive and negative impact on respondent's practice within the FPU.

4.7.1 Improved Performance

Respondents commented on how they felt they had improved and were all round better Police Officers and investigators. A respondent commented:

> '*I feel much more confident and skilled. We deal with very serious crimes and offences and the fact that I am able to do that competently reflects on me personally.*' (Respondent 29, female, 16-20 years service, not further described)

A particular respondent commented on the child (primary victim) and outcomes for children:

> '*I feel that you can be positive about most issues in the Police, when dealing with children particularly, you work with 'real' victims, who deserve a truly professional service and you have to be positive for them.*' (Respondent 46, male, 8-10 years service, full time FPU)

4.7.2 Change in Personal Perceptions

Previously, respondents had referred to 'educating colleagues' in relation to the role of the FPU Officer and the department. A respondent indicated a change in his personal attitude following experience of the work of the unit:

> *'I never really knew what happened in the department however having worked here for three months I believe it to be one of the busiest departments in the force, I have changed my views as an Officer.'* (Respondent 35, male, 8-10 years service, Aide to FPU)

Not all comments were positive, with some respondents expressing experiencing negative aspects influencing their practice. One respondent remarked:

> *'the lack of staff within the department, the volume of work and the lack of support from senior management have a negative impact.'* (Respondent 19, female, 16-20 years service, Supervisor),

while another respondent cited complications and bureaucracy as a result of the criminal justice system experienced when reporting cases of child protection:

> *'...frustration in getting cases to court due to the standards of evidence'* (Respondent 4, male, 11-15 years service, Supervisor)

4.7.3 Impact on Personal Performance

As with most public service organisations, the drive for achieving best value and delivering a high quality of service is foremost for senior managers. However, the work of the FPU is somewhat different with the impetus of the department being firmly placed in the interests of the child, this being of paramount importance. Respondents were asked to reflect on what they considered to have impacted on them in a positive or

negative way in relation to their performance. Over half of responses (n=40, 63%) were positive, with comments ranging from the experience of multi-agency working to the enjoyment of working with a close team. A respondent stated:

> *'Being involved in partner agencies and growing and developing with them has been positive, learning the new processes and skills....trying to protect the most vulnerable in our society.'* (Respondent 2, male, 26-30 years service, Supervisor)

With another supervisor commenting:

> *' the dedication, team work by the Officers within the unit, the great relationships with social work colleagues have a positive impact.'* (Respondent 19, female, 16-20 years service, Supervisor)

Again the feeling of the importance of camaraderie and peer group support was highlighted by many respondents, one respondent commented:

> *'the colleagues I have worked with have had a positive impact on me in addition to seeing a perpetrator convicted, I would also say that the lack of support from senior managers and their indifference made me more determined to fight the great fight for the department'* (Respondent 33, female, 16-20 years service, full time FPU)

The education and learning (both single agency and multi-agency training) that Officers took part in to enable them to perform their role was also discussed by respondents. One respondent commented:

> *'The training is very good... this has affected me positively'*. (Respondent 45, female, 8-10 years service, full time FPU)

Not all comments however were positive in nature, with six respondents commenting on the reoccurring issues of the heavy workload and lack of support from other

departments and senior managers being revisited. One respondent commented that they felt they were:

> *'overworked and unable to progress enquiries timeously.'* (Respondent 17, male, 4-7 years service, Aide to FPU),

While a further respondent commented:

> *'The constant messages from senior managers that somehow our work is 'less important' or 'not real Police work', this pisses me of BIG TIME.'* (Respondent 7, female, 21-25 years service, full time FPU)

Respondents were asked to reflect on whether they considered their emotions to have had an impact on influencing the practices and procedures of the organisation.

4.7.4 Emotional Impact on Organisational Practice and Procedures

The majority of respondents (n=59, 78%) considered that the emotions that they felt had a positive impact on the organisation's policies and procedures as opposed to two respondents (3%) who felt emotions had a negative effect. Respondents were given the opportunity to further express their views. The majority of responses expressed were constructive, however, some views expressed were critical and as previously alluded to. A respondent observed that:

> *'I would say this is an area that needs some work. Anything we do, I would say is positive as we are trying to do our best to protect and prevent, prior to detection...when there are emotions involved then whatever they are should be considered and built into practice as needs be.'* (Respondent 2, male, 26-30 years service, Supervisor)

It was of note that the following respondent indicated that procedures were reviewed following a particular case and how it was dealt with by the respondent:

'The experiences of myself and staff during sudden unexpected infant deaths have caused us to look at our protocols in dealing with same and to increase awareness amongst staff and request same of the Procurators Fiscal Office.'
(Respondent 27, male, 26-30 years service, Supervisor)

A respondent commented on how she had experienced mixed emotions and the impact of such on her practice:

'Most of the emotions I felt were negative, self doubt especially, but because of this you tend to work harder as you know if you make a mistake you'll be letting a child down. The negative emotions come from the court process when people are found not proven and the family is given the child back, you feel you have let them down terribly.' (Respondent 3, female, 16-20 years service, full time FPU)

Again issues linked to the Criminal Justice System were raised, feelings of helplessness and annoyance and resultant perceived failure to protect children was expressed by another respondent:

'I feel annoyed when having removed a child to a place of safety for the child to be returned home to danger on another three occasions.' (Respondent 56, female, 16-20 years service, full time FPU)

As previously alluded to, the feeling that the department and the personnel are seen to be doing a somewhat less important job than that of the other departments comprising the CID was reiterated by many respondents. A respondent felt strongly that the department was under funded and undervalued within the organisation, stating:

'Once all the dinosaurs become extinct and there is a general awareness of our work amongst non –FPU personnel, the organisation will not only put our work on 'big bits of cardboard as Very High Priority', but will also fund and support

the work appropriately.' (Respondent 7, female, 21-25 years service, full time

FPU)

The penultimate area of the research asked respondents to reflect on their own performance and how they considered any emotions to have impacted on their performance.

4.7.5 Emotional Impact on Personal Performance

A third of the respondents (n=21, 42%) considered their emotions did impact on their personal performance in comparison to fifteen, (30%) of respondents who felt that there was no effect. Respondents were then given the opportunity to extrapolate on the subject matter. The family was a recurring theme was referred to, a respondent commented:

'If I have troubles outside work, this can impact by me not feeling as enthusiastic about work as I normally do.' (Respondent 35, female, 11-15 years service, full time FPU)

This was further developed by a respondent who stated:

'... Depends what's happening with your family life especially having returned to new role- FPU after maternity leave.' (Respondent 50, female, 8-10 years service, full time FPU)

Respondents were aware of the effects of emotions on their performance and factored this into how they dealt with arising issues. A respondent stated:

'... I try and approach every referral with equal level of open mindedness. Emotional involvement can have an impact on my performance and I wouldn't

do my job professionally.' (Respondent 16, Male, 8-10 years service, full time FPU),

Another respondent was aware of their own personal involvement with complainers and commented:

> *'Sometimes certain enquiries affect you more than others and you feel you have to take a step back so as not to get too close to the child and their family.'* (Respondent 13, female, 4-7 years service, Full time FPU)

The final area under consideration gave respondents the opportunity to freely voice their opinions in relation to the department and what if anything they thought could be done to address any negative aspects of the role and child protection work.

4.8 Responding To Affects of FPU Work

Free narrative comments were collated and grouped into emerging themes. In the main, two themes were identified, namely stress breaks and counselling.

4.8.1 Stress Breaks

The issue of 'away days or stress breaks' was an area that a large percentage of respondents felt strongly about as a method, which should be used to assist Officers undertaking child protection work. A respondent commented:

> *'Consideration of 'away days' with colleagues, additional annual leave days. It would be beneficial not to be tied to a specific annual leave period....'* (Respondent 1, female, 11-15 years service, full time FPU)

Another respondent commented:

'I believe that the Employee Assistance Programme is a step in the right direction, using Castlebrae for team building/time out/ stress relieving activities.' (Respondent 54, female, 11-15 years service, full time FPU)

Four respondents made mention of the services of the Scottish Convalescence Home for the Police Service based at Castlebrae and how it could be utilised for FPU staff. A respondent commented:

'I feel that the FPU Officers should be offered the opportunity to attend Castlebrae for a couple of days a year to de stress, other departments seem to promote the use of this facility. The workload can be very demanding with serious and complex enquiries being mainly dealt with by an individual office... FPU Officers deal with this daily with very little support.' (Respondent 15, female, 8-10 years service, full time FPU)

4.8.2 Counselling

Respondents also mentioned the use of counselling for Officers performing the role and undertaking child protection enquiries. A respondent stated:

'at the moment I feel it is left to the individual Officer to seek assistance... I think it would be better if periodically services should be made available more readily if required. ... Family Liaison Officers are given annual debriefs and something similar should be done for FACU Officers.' (Respondent 43, female, 4-7 years service, full time FPU)

A respondent who in addition to undertaking child protection enquiries also conducted the role of Family Liaison Officer commented:

'I am a Family Liaison and I get to meet a psychologist through ICAS annually to establish the effects of the role on me. I feel this is beneficial and could be used as a support mechanism.' (Respondent 16, male, 8-10 years service, full time FPU)

A further respondent commented on how asking for assistance may be perceived by senior management as a weakness and have implication for the Officer:

'... the assessment given to Family Liaison Officers could be offered to FACU Officers... I am aware of other staff who have been seriously affected but reluctant to seek help due to fear of being sent out of the department.' (Respondent 22, male, 4-7 years service, full time FPU)

A supervisor in the department commented:

'...I think there is a need for closer supervision of FPU Officers and that they should be constantly assessed for professional competency which should be recognised and accredited and included into salary. The types of incidents FPU Officers investigate are very serious and 'time critical'... it's high time it was taken seriously and not just paid lip service. It's on the control strategy but I do not see any more help on the horizon....' (Respondent 2, male, 26-30 years service, supervisor)

Conclusion

A total of 63 respondents took part in the study (n=29 male and n=34 female) aged between 26 and 50 years of age. Respondents performed a variety of roles from that of a trainee to unit supervisor, with policing experience ranging between 4 – 30 years and FPU departmental experience ranging between 7 months to 4+ years; however on completion of training male respondents left to take on a new role. The majority of

respondents (99%) expressed positive experiences of working within the unit. Two main areas (confidence about voicing opinions about work and how supported respondents felt during difficult enquiries) were highlighted as an issue with gender possibly having an influence. The majority of respondents did not score highly on the STSS, however, a total of ten respondents were found to have scored 'moderate' while seven respondents were found to have 'high' to 'severe' scores on the STSS. Having dependents appeared to be an influencing factor for females with less females with dependents working in the FPU in comparison to their male colleagues.

On analysis of the data, having dependents also appeared to influence respondents views on what type of incident they considered significant, with male respondents without dependents considering the investigation of SUDI as significant and female with dependents considering historical sexual abuse significant. It would appear that although respondents were dealing with significant incidents, they did not accept or seek support from the formal support mechanism made available by the organisation but instead opted for more informal mechanisms in the form of peer group/collegial support or that of their line managers. However, many commented that support of line managers was at times minimal, this was also commented on by first line managers and the support they received while managing the FPU. It was of note that many respondents later commented that counselling services similar to that provided for Family Liaison Officers could be introduced in addition to stress breaks and better use of the Convalescence Home and acknowledgement of the work of the department in addition to proper funding.

The second half of the chapter will look at the results of the longitudinal case study, in which three of the trainee Detective Officers from the main study took part in an additional further in-depth study throughout their training. The 3 individual respondents' data being represented as case studies.

Chapter 4 (B)

Longitudinal Case Studies of

3 Trainees FPU Detective Constables

Due to the small number of cases taking part in the longitudinal study, it was considered appropriate to present the findings/experiences of each case on an individual basis. The chapter will outline the 3 case studies in depth.

4.10 Case Studies

4.10.1 Case Study 1 (CS1)

Detective Officer CS1 was female, aged between 26 and 30 years, with 4 to 7 years Police Service, having joined the host Force in 2002. She did not have any dependents. At the commencement of the study she was working as a Trainee Detective Constable within the FPU, specialising in Child Protection Investigations. She had been in post for between 0 to 6 months.

Work Experience Statements

On comparing the views of CS1 over the time period in relation to statements concerning her experiences at work, it could be seen that her opinion of her experiences changed in nine out of the eighteen statements. CS1's views were seen to shift over the time period from first rating her views in S1 (3-4 months into her training) to rating her views in S2 (6-9 months into her training). Over the final data collection period S3 (9-12 months), CS1's ratings of her work experience statements remained unaltered from the mid way point in the study to returning the third questionnaire. Table 4.12 displays CS1's ratings of the work experience statements.

Table 4.12: CS1's ratings of the work experience statements

Statement	Survey 1	Data Collection 2	Data Collection 3
1 In my area of work, I am involved in decisions that affect members of the public	Strongly Agree	Strongly Agree	Strongly Agree
2 My work is interesting and varied	Strongly Agree	Agree	Agree
3 I am satisfied with the overall quality of my working life	Strongly Agree	Don't Know	Don't Know
4 I am able to achieve a healthy balance between my work and home life	Agree	Don't Know	Don't Know
5 I feel motivated to do my best in my current job	Strongly Agree	Strongly Agree	Strongly Agree
6 I enjoy my work	Agree	Agree	Agree
7 I get a sense of achievement from doing my job	Strongly Agree	Agree	Agree
8 I feel that I have performed well in my job	Agree	Agree	Agree
9 I consider my working conditions satisfactory	Agree	Don't Know	Don't Know
10 If my work gets difficult I can rely on my colleagues or Employee Assistance Programme to help me	Agree	Agree	Agree
11 I have a choice in deciding how I personally perform my duties	Agree	Strongly Agree	Strongly Agree
12 I enjoy the pace of the unit I work in	Agree	Agree	Agree
13 I feel supported through emotionally challenging cases	Agree	Agree	Agree
14 I am confident to voice my opinion about work issues	Disagree	Agree	Agree
15 I am happy with the training I received to enable me to perform my present posting	Agree	Disagree	Disagree
16 Female and Child Unit work can be stressful at times, but on the whole I enjoy it	Agree	Agree	Agree
17 I applied for the role as it is an area of policing I am interested in	Agree	Strongly Agree	Strongly Agree
18 At times the work is frustrating	Strongly Agree	Strongly Agree	Strongly Agree

Statements 11 and 17 'I have a choice in deciding how I personally perform my duties' and 'I applied for the role as it is an area of policing I am interested in' were seen to change from initially being 'agreed' with at S1 to being 'strongly agreed' with at S2 and S3, while Statement 14 'I am confident to voice my opinion about work issues' having initially being rated as 'disagree' at S1 was seen to change to being 'agree' with at S2

and S3. Statements 2 and 7, 'my work is interesting and varied' and 'I get a sense of achievement from doing my job' changed from being rated as being 'strongly agree' at S1 to being 'agree' at S2 and S3, which could be argued displayed a reduction in the Officer's sense of achievement.

CS1's rating of Statements 4 and 9, 'I am able to achieve a healthy balance between my work and home life' and 'I consider my working conditions satisfactory' altered from initially being 'agreed' with at S1, to changing to 'don't know' at S2 and S3. As earlier, the change in going from being 'positive' towards a 'don't know' could indicate a display of being unsure on the part of the Officer and her generally being less positive to the statement after gaining some experience in post. Statement 3 'I am satisfied with the overall quality of my working life' initially having been rated as 'strongly agree' was amended to being 'don't know' at S2 and S3, again at the mid point of her training, which would suggest that her views had altered, leaving her undecided and not as convinced as she had been earlier in her secondment.

Only one statement was not positively endorsed i.e. Statement 15, 'I am happy with the training I received to enable me to perform my present posting'. This statement was seen to change from initially being rated as 'agree' with at S1 to being rated as 'disagree' with at S2 and S3. Again, this would indicate that at the mid way point and having some experience behind her, she no longer considered her initial training to have been adequate or hitting the mark.

Symptoms of STS

CS1 was asked to indicate the extent to which she endorsed each of the specific secondary traumatic stress symptoms as outlined in Table 4.13. The activity was repeated at the 3 time periods as earlier indicated. As in the main study, a symptom was considered endorsed if the case indicated that the symptom was experienced 'occasionally', 'frequently' and 'most of the time'.

Table 4.13: CS1's experiences of STS symptoms during the study

Symptoms	Survey 1	Survey 2	Survey 3
1 Intrusive thoughts about victim/complainers, (thoughts about your work with traumatised complainers/witnesses /suspects), without intending to	Rarely	Rarely	Rarely
2 Reliving the complainer's trauma without intending to	Never	Never	Never
3 Cued psychological distress (objects, people, situations that remind you of something and causes you some suffering when remembering)	Never	Never	Never
4 Physiological reaction in response to reminders of your work with complainers/witnesses /suspects, without intending to	Never	Never	Never
5 Disturbing Dreams	Never	Never	Never
6 Avoiding complainers/witnesses /suspects	Never	Rarely	Rarely
7 Avoidance of people, places, things that serve as a reminder of your work with traumatised complainer's/witnesses or suspects	Never	Never	Never
8 Inability to recall complainers/witnesses /suspects information	Rarely	Occasionally	Occasionally
9 Diminished activity level or interest or participation in Activities/sports	Never	Rarely	Rarely
10 Detachment from loved ones, family members or colleagues	Rarely	Rarely	Rarely
11 Emotional numbing/hardened to the work and to complainers/ Witnesses and suspects	Frequently	Frequently	Frequently
12 Foreshortened future (thoughts about your mortality)	Never	Never	Never
13 Difficulty Sleeping	Rarely	Rarely	Rarely
14 Irritability (I find myself easily annoyed)	Occasionally	Rarely	Rarely
15 Difficulty concentrating	Never	Rarely	Rarely
16 Hyper vigilance (I find myself to be more watchful; cautious and suspicious)	Never	Rarely	Rarely
17 Easily startled (exaggerated startle reflex)	Never	Never	Never

Table 4.14 represents a summary of CS1's levels of STS over the course of the study at the specific data collection period(s). Responses in relation to Intrusion symptoms (Symptoms 1 – 5) were not endorsed by CS1 at any of the survey points in the longitudinal study. The seven avoidance symptoms (Symptoms 6 – 12) were analysed and the rate of endorsement of each symptom recorded. As with the intrusion symptoms, the majority of symptoms were not endorsed. CS1 indicated that she only endorsed two Symptoms, the first being 'Inability to recall complainers/witnesses and suspects information' which appeared to manifest itself at the mid point of her training at S2 and remained so at the end of her training S3. The second, 'Emotional numbing/hardened to the work and to complainers/witnesses and suspects' was endorsed right from the start of her training and throughout the study. Analysis of the endorsement rates for the remaining arousal symptoms (Symptoms 13 - 17) showed that initially, only one symptom was endorsed, 'Irritability, I find myself easily annoyed'; however, at S2 and S3, CS1 had indicated that this was no longer her view and this symptom was no longer endorsed.

Over the time period from when first starting working in the FPU, it can be seen that CS1 experienced little or no (tangible) levels of STS. However, at the mid point and end of her training, CS1 reported to be experiencing mild levels of STS.

Table 4.14: CS1 Levels of STS during the study

Data Collection Points	STS Score on STS Scale	Level of STS Experienced
S1 – June 2008	28	Little/No
S2 – Dec 2008	30	Mild
S3 – April 2009	30	Mild

On obtaining CS1's STS scores from the main study and the longitudinal case study, the researcher forwarded by restricted e-mail, the results to CS1, in addition to the quotes which were to be used in the study. The research reiterated the support mechanisms available to CS1 and the contact numbers of the Employee Well-being Programme and Occupational Health Unit. This provided reinforcement of the support available but also obtained permission from CS1 that she was happy with the content of the Chapter outlining her results.

Reflective Log

As with the main study, common themes re-occurring throughout the longitudinal study were looked for in CS1's log. This was completed for both logs kept at data collection point S2 and S3.

Sudden Unexpected Death in Infancy

In July of 2008, CS1 had her first experience of investigating a Sudden Unexpected Death in Infancy (SUDI). She commented:

> *'First time seeing a dead baby ... 6 weeks old.... Emotional detachment very strong.... find empathy very difficult to communicate...back at office... a laugh and joke with colleagues...breaks tension...still think about dead baby today at odd moments but don't really feel anything.'*

In April 2009, CS1 commented that:

> *'in one week dealt with a SUDI, a rape...within half an hour...before days off, and the assault of a child... resulted in interview of mother, who then went into early labour. Although I thought I was emotionally ok, showed physiological*

symptoms, including mouth ulcers, which I tend to get when stressed.... told by

partner and close friends that my mood is normal but I seem drained over days

off.'

Child Sexual Abuse

The investigation of child sexual abuse was commented upon in CS1's log during July 2008:

'Interview suspect for raping his children ...3 and 4 years.... Pretty sure he is guilty but insufficient evidence to charge...'

In October 2008, CS1 commented on another sexual abuse case:

'view pornographic images of 15 year old girl giving...blow job and performing sexually explicit acts on web cam...feel disgusted and find that it affects my own sexual relationship with partner.... feel very turned off and can't explain why, this makes him confused and causes tension in relationship...coping mechanism used...cognitive reasoning....'

In February 2009, CS1 had occasion to again reflect about a child sexual abuse case and her own life. She commented:

'Investigate lewd and Lib of three boys who were victims to an older boy. Find it hard... victims and suspects are getting younger...find myself questioning whether I would ever bring children into this world. Try to rationalise that I don't have a normal job and this is not the reality or norm of the world.'

Emotional Hardening

In July 2008, CS1 initially commented on the seriousness of the role she was performing:

> *'... events surrounding incidents are covered in many colours of grey with extenuating circumstances that mitigate an adults actions...nothing clear cut...find it scary that I make decisions regarding lives I barely know...huge responsibility.'*

In August 2008, following conducting Joint Investigative Interviews with children, CS1 commented that she was feeling:

> *'confident about my competency and accuracy.'*

and later that same month on conducting a Non Accidental Injury investigation, she commented that she was feeling:

> *'Positive about position within the FPU.'*

and that she was:

> *'taking enquiries in direction I want them to...more aggressive about when I want to get things done.'*

By January 2009, CS1 made mention of her feelings of continually conducting child abuse investigations, stating:

> *'Constantly carrying out routine procedures involving child*
>
> *protection...becoming second nature and feel that I think of victims less*
>
> *and details of enquiry more.'*

indicating a change to being more process focused and displaying a degree of hardening, and later that same month commented that:

'feel development and confidence greatly improved... emotional hardening has increased slightly... still feel empathy for kids and victims of crime.'

Within two months (March 2009) nearing the end of her training, CS1 made more profound comments on her feelings of conducting child protection investigations:

'Investigate crime involving a teacher and students... have developed strong opinions on the rights of children and how crimes should be investigated...I feel this has begun to influence my investigations.'

Feelings of Anger and Frustration

CS1 made comments throughout the log quoting feelings of Anger and Frustration.

In July 2008, relatively early on in her training, CS1 commented following a child protection investigation of feeling:

'Very angry and frustrated...feel guilty I can not do more for complainers.'

Later the same month CS1 reflected on the relationship between the General CID and Detective performing child protection investigations:

'... feel that not many DCs attitudes are favourable towards FPU...believe FPU work is not real detective work...most don't know what half our remit is... this causes tension between me and CID colleagues.'

By December 2008, CS1 comments that:

'realise that I have adopted the general attitude within FPU of rivalry with CID.'

In October 2008, CS1 comments on the frustration of the criminal Justice system:

> '...trace suspect... feel could be charged with a lot more and sent to prison for much longer...I feel angry and frustrated by this...I realise that in order to live in an imperfect world...sacrifices have to be made by the criminal justice system...it's the most vulnerable...that are asked to make this sacrifice.'

Supervisory Support

By January 2009, CS1 commented that she was working on her own or with another Trainee Detective Constable, stating:

> 'feel decision making skills have improved and can handle the pressure of making decisions without supervisory support and subsequent consequences.'

Conclusion

CS1 volunteered to take part in the longitudinal study, which sought her views at three junctures throughout her training as a trainee Detective Officer. She kept a chronological log of incidents that she investigated between September 2008 and April 2009. From the results it could be seen that CS1's views about her work appeared to alter at the mid point of her training (September – December), with these views remaining unaltered in the final months of her training.

From analysis of the data collected, it can be concluded that CS1 was experiencing very few of the systems of STS, where she did indicate a change again was seen to occur at the mid point of her training (September –December). From CS1's initial data it can be concluded that she was experiencing little to no levels STS, however, by mid way and at the end of her training she had reported to be experiencing mild levels of STS. CS1

voiced frustration and anger at the system/ in addition to other CID Officers, less than 6 months into her training. She also wrote of emotional hardening and quickly gaining confidence in the area of child protection including her skills of investigation. CS1 like her colleagues in the initial study mentioned Sudden Unexpected Death in Infancy and child sexual abuse as areas she considered significant for her to investigate and recognised the impact the work was having on her relationship with her partner and on her personally as an investigator.

4.10.2 Case Study 2 (CS2)

Detective Officer CS2 is female, aged between 31 and 35 years, with 4 to 7 years Police Service, having joined the Host Force in 2003. She did not have any dependents. She volunteered additional information that she had previously been employed with Social Work Services working with children. She further stated that she was a trained Family Liaison Officer 'FLO' with the Force. CS2 was contacted via e-mail to obtain her permission to include this information in the thesis, permission being given and the information was thereafter incorporated. At the commencement of the study she had been working as a Trainee Detective Constable within the Family Protection Unit, specialising in FPU/Child Protection Investigations. She had been in post for between 0 to 6 months.

Work Experience Statements

On comparing the views of CS2 over the time period in relation to statements concerning her experiences at work, it could be seen that her opinion of the experiences changed in eight out of the eighteen statements. (See Table 4.15)

CS2's views on 8 Statements were seen to shift over the time period from first rating her views in S1 to rating her views mid way in her training at S2 and over the final period at S3.

CS2's rating of Statements 2, 5, 6 and 13, 'My work is interesting and varied', 'I feel motivated to do my best in my current job', 'I enjoy my work' and 'I feel supported through emotionally challenging cases' were initially endorsed as being 'agree' with at S1. However, by the end of S2, CS2 changed her rating of the statements to being 'strongly agree' with and remained unaltered in the period S3, nearing the final 4 months of her training.

Table 4.15: CS2's ratings of work experience statements

Statement	Survey 1	Data Collection 2	Data Collection 3
1 In my area of work, I am involved in decisions that affect members of the public	Strongly Agree	Strongly Agree	Strongly Agree
2 My work is interesting and varied	Agree	Strongly Agree	Strongly Agree
3 I am satisfied with the overall quality of my working life	Agree	Agree	Agree
4 I am able to achieve a healthy balance between my work and home life	Agree	Agree	Agree
5 I feel motivated to do my best in my current job	Agree	Strongly Agree	Strongly Agree
6 I enjoy my work	Agree	Strongly Agree	Strongly Agree
7 I get a sense of achievement from doing my job	Strongly Agree	Strongly Agree	Agree
8 I feel that I have performed well in my job	Agree	Agree	Agree
9 I consider my working conditions satisfactory	Agree	Agree	Agree
10 If my work gets difficult I can rely on my colleagues or Employee Assistance Programme to help me	Agree	Agree	Agree
11 I have a choice in deciding how I personally perform my duties	Agree	Agree	Agree
12 I enjoy the pace of the unit I work in	Agree	Agree	Agree
13 I feel supported through emotionally challenging cases	Agree	Strongly Agree	Strongly Agree
14 I am confident to voice my opinion about work issues	Agree	Agree	Agree
15 I am happy with the training I received to enable me to perform my present posting	Disagree	Agree	Agree
16 Female and Child Unit work can be stressful at times, but on the whole I enjoy it	Agree	Agree	Agree
17 I applied for the role as it is an area of policing I am interested in	Agree	Strongly Agree	Agree
18 At times the work is frustrating	Agree	Agree	Agree

Statement 17, 'I applied for the role as it is an area of policing I am interested in'
although initially rated as 'agree' at S1 was seen to be rated as 'strongly agree' with at
the mid point, S2 period. However, at the final period S3, CS2 changed her rating to
again reflect a rating of 'agree'.

With Statement 15, 'I am happy with the training I received to enable me to perform my present posting', CS2's rating changed from initially being 'disagree' with at S1 to being positively endorsed with a rating of 'agree' with at S2 and remaining unaltered at the final data collection S3. This was the only statement she 'disagreed' with at the first point the study.

Statement 18, 'at times the work is frustrating' was initially rated as being 'agree' at S1, this rating was seen to remain unchanged at the second period S2. However, by S3, CS2 had changed her rating to 'disagree' indicating that she no longer found the work frustrating.

It was of note that Statement 7, 'I get a sense of achievement from doing my job' having initially at S1 and at the second period S2, rated as being 'strongly agree' with, had changed to being 'agree' with by S3. However, overall, the statement was still positively endorsed but to a lesser degree.

Symptoms of STS

CS2 was asked to indicate the extent to which she endorsed each of the specific STS symptoms as outlined in Table 4.16.

Table 4.16: CS2's ratings of experiences of symptoms of STS

Symptoms	Survey 1	Data Collection 2	Data Collection 3
1 Intrusive thoughts about victim/complainers, (thoughts about your work with traumatised complainers/witnesses /suspects), without intending to	Never	Rarely	Never
2 Reliving the complainer's trauma without intending to	Never	Never	Never
3 Cued psychological distress (objects, people, situations that remind you of something and causes you some suffering when remembering)	Never	Never	Never
4 Physiological reaction in response to reminders of your work with complainers/witnesses /suspects, without intending to	Never	Never	Never
5 Disturbing Dreams	Never	Never	Never
6 Avoiding complainers/witnesses /suspects	Rarely	Never	Never
7 Avoidance of people, places, things that serve as a reminder of your work with traumatised complainer's/witnesses or suspects	Never	Never	Never
8 Inability to recall complainers/witnesses /suspects information	Never	Rarely	Never
9 Diminished activity level or interest or participation in Activities/sports	Never	Never	Rarely
10 Detachment from loved ones, family members or colleagues	Never	Never	Rarely
11 Emotional numbing/hardened to the work and to complainers/ Witnesses and suspects	Never	Never	Never
12 Foreshortened future (thoughts about your mortality)	Never	Never	Never
13 Difficulty Sleeping	Never	Never	Never
14 Irritability (I find myself easily annoyed)	Never	Never	Never
15 Difficulty concentrating	Never	Never	Never
16 Hyper vigilance (I find myself to be more watchful; cautious and suspicious)	Occasionally	Rarely	Rarely
17 Easily startled (exaggerated startle reflex)	Rarely	Never	Never

The activity was repeated at the 3 time periods as indicated earlier. Table 4.16 represents a summary of CS2's levels of STS over the course of the study at the specific data collection point(s).

From analysis of the responses in relation to intrusion symptoms (Symptoms 1 – 5) and the seven avoidance symptoms (Symptoms 6 – 12), it can be seen that CS2 did not

endorse any of these symptoms throughout the study periods. CS2 initially endorsed one symptom from the remaining arousal symptoms (Symptoms 13 - 17), 'hyper vigilance (I find myself to be more watchful, cautious and suspicious)'. However, by the second and third data collection points, CS2 no longer endorsed the symptom. CS2 experienced levels of little or no STS during her training. This level remained relative constant but as she progressed to mid point in her training the level was seen to reduce slightly.

Table 4.17: CS2's levels of STS

Data Collection Points	STS Score on STS Scale	Level of STS Experienced
S1 – June 2008	21	Little/No
S2 – Dec 2008	20	Little/No
S3 – April 2009	20	Little/No

On obtaining CS2's STS scores from the main study and the longitudinal case study, the researcher forwarded by restricted e-mail, the results to CS2, in addition to the quotes which were to be used in the study. The research reiterated the support mechanisms available to CS2 and the contact numbers of the Employee Well-being Programme and Occupational Health Unit. CS2 responded, giving consent for the contents to be presented in the thesis and thanks for the information on the support mechanisms available to her.

Reflective Log

As with CS1 and the main research, common themes re-occurring throughout the longitudinal study were looked for in CS2's log.

Sudden Unexpected Death in Infancy

In the early part of her training in August 2008 and two months later in October 2008, CS2 was involved in the investigation of two cases of SUDI. She commented that:

> *'...young child found lying lifeless within her carry cot...attended PM (Post Mortem) at hospital...I volunteered to do this as this meant my first one would be on my terms and engaged family throughout the investigation...I do not have children or any young children in my immediate family...I am unsure if this means I could remove myself from the situation a bit as I could not compare it to nieces or nephews... first child PM involved in.'*

In October 2008, she commented of her experiences being deployed in her capacity as a Family Liaison Officer:

> *'involved in another SUDI involving a 2 week old child who died as a result of meningitis...there was a houseful of family who all had questions...asking what had happened...sought clearance from the PF (Procurators Fiscal) for the parents to attend at the hospital...to hold their baby. After having explained the procedures to the family their request was permitted...walking into the mortuary and seeing the child in the moses basket was quite upsetting.'*

She added further:

> *'I had cause to go back to the mortuary to pick up hand and footprints...technicians told me what to expect... attended the funeral as a matter of respect...I knew it would be a small white coffin however seeing it brought it home...reading out a passage from Winnie the Pooh...Winnie the Pooh is one of my favourite things...'*

CS2 commented in respect of both SUDI investigation that:

'Both of these had a significant impact and in particular attending a child's funeral...the verses...songs and outfits chosen...in order to cope with this and situations...I played certain music to relax and spoke with peers'

Child Sexual Abuse

In February 2009, CS2 was involved in the investigation of a 15-year-old Romanian girl who had been married twice by the time of the investigation and possibly involved in human trafficking. She stated:

'married for the second time...the first being when she was 12 years old... she had already given birth to a daughter ...currently pregnant with second child... it involved a lot of information gathering with Social Work, Health, Education and Immigration... looking up... information on Romanian gypsy travellers and their customs...using an interpreter...one of the translators ...provided by the Social Work, looked down their nose at the female... has now been taken off their list'

A month later, March 2009, CS2 was involved in the investigation of possibly inappropriate sexual behaviour by a male in a position of trust within a religious organisation. She commented:

'...various children spoken to however no disclosures made...liaised with various organisations with regard to suspect involved...I had never had an enquiry as sensitive as this before... this enquiry was dealt with almost as if an internal enquiry...I found this very frustrating and it felt like the male had a hold over the children due to his position and they could not speak out...'

Conclusion

From the results it could be seen that CS2's views on her work remained relatively unaltered. However, where her views of her work experiences did alter, this occurred at the mid point of her training (September – December).

Initially, CS2 had reported to have experienced little to no levels of STS, this level remain relatively unchanged, reducing slightly from the mid point of her training. As with the work experience statements, CS2's experiencing the symptoms of STS were relatively constant, but where changes did occur this was seen to happen at the mid way point of the training. CS2 like her counterparts in the study voiced feelings of anger and frustration mainly with her fellow Detective Officers in the CID and at the 'system', making comments of feeling 'undervalued'.

CS2 like her colleagues in the longitudinal study and the main study mentioned Sudden Unexpected Death in Infancy and child sexual abuse as areas she considered significant for her to investigate and at times upsetting. It was also of interest that the theme of child abuse linked to people trafficking had emerged, as this had not been commented upon in the main study.

4.10.3 Case Study 3 (CS3)

Detective Officer CS3 is male, aged between 36 to 40 years, with 9 years Police Service, having joined the Host Force in 2000. He did not have any dependents. At the commencement of the study he was working as a Trainee Detective Constable within the Family Protection Unit, specialising in Female and Child Unit/Child Protection Investigations. He had been in post for between 0 to 6 months.

Work Experience Statements

Table 4.18 outlines CS3's views on the work experience statements over the survey periods.

Table 4.18: CS3's ratings of the work experience statements

Statement	Survey 1	Data Collection 2	Data Collection 3
1 In my area of work, I am involved in decisions that affect members of the public	Strongly Agree	Strongly Agree	Strongly Agree
2 My work is interesting and varied	Disagree	Agree	Agree
3 I am satisfied with the overall quality of my working life	Strongly Disagree	Agree	Agree
4 I am able to achieve a healthy balance between my work and home life	Disagree	Agree	Agree
5 I feel motivated to do my best in my current job	Disagree	Agree	Agree
6 I enjoy my work	Don't Know	Agree	Agree
7 I get a sense of achievement from doing my job	Agree	Agree	Agree
8 I feel that I have performed well in my job	Agree	Agree	Agree
9 I consider my working conditions satisfactory	Agree	Don't Know	Don't Know
10 If my work gets difficult I can rely on my colleagues or Employee Assistance Programme to help me	Agree	Strongly Agree	Strongly Agree
11 I have a choice in deciding how I personally perform my duties	Disagree	Agree	Agree
12 I enjoy the pace of the unit I work in	Disagree	Agree	Agree
13 I feel supported through emotionally challenging cases	Agree	Agree	Agree
14 I am confident to voice my opinion about work issues	Agree	Agree	Agree
15 I am happy with the training I received to enable me to perform my present posting	Agree	Disagree	Disagree
16 Female and Child Unit work can be stressful at times, but on the whole I enjoy it	Strongly Disagree	Agree	Agree
17 I applied for the role as it is an area of policing I am interested in	Disagree	Agree	Agree
18 At times the work is frustrating	Agree	Strongly Agree	Strongly Agree

CS3's views were seen to alter in thirteen out of the eighteen Statements. The main changes were seen to have occurred between S1 and S2, with CS3's ratings remaining unaltered between the S2 and S3.

In Statements 2, 4, 5, 11, 12 and 17, 'My work is interesting and varied', 'I am able to achieve a healthy balance between my work and home life', 'I feel motivated to do my best in my current job', 'I have a choice in deciding how I personally perform my duties', 'I enjoy the pace of the unit I work in' and 'I applied for the role as it is an area of policing I am interested in', were initially rated at S1 as 'disagree' with. However, at S2, CS3's rating for the statements had changed to being 'agree' with and remained unaltered at S3.

Statements 3 and 16, 'I am satisfied with the overall quality of my working life' and 'Female and Child Unit work can be stressful at times, but on the whole I enjoy it', both were initially at S1 rated as being 'strongly disagree' with, however at S2 and S3 periods, his rating of the statement had changed to being 'agreed' with.

In relation to Statements 10 and 18, 'If my work gets difficult I can rely on my colleagues or Employee Well-being Programme to help me' and 'at times the work is frustrating', CS3 initially rated the statements at S1 as being 'agree' with. By S2, the statements were more positively endorsed with the ratings changed to being 'strongly agree' with remaining unchanged at S3.

In Statement 6, 'I enjoy my work' CS3 initially graded the statement at S1 as 'don't know'. However, as he moved to S2 he had changed his rating of the statement to being 'agree'. This remained unchanged at S3.

Only two statements, Statements 9 and 15, 'I consider my working conditions satisfactory' and 'I am happy with the training I received to enable me to perform my present posting', were changed by CS3 from initially being rated as 'agreed' at S1, to

being rated at S2 and S3 as 'don't know' (again showing a degree of uncertainty after gaining some experience) and 'disagree' respectively. This would indicate CS3's growing discontent as he gained more experience in post.

Symptoms of STS

CS3 was asked to indicate the extent to which he endorsed each of the specific secondary traumatic stress symptoms as outlined in Table 4.19. The activity was repeated at the 3 time periods as earlier indicated. Table represents a summary of CS3's levels of STS over the course of the study.

Table 4.19: CS3's experiences of STS symptoms during the study

Symptoms	Survey 1	Data Collection 2	Data Collection 3
1 Intrusive thoughts about victim/complainers, (thoughts about your work with traumatised complainers/witnesses /suspects), without intending to	Rarely	Rarely	Occasionally
2 Reliving the complainer's trauma without intending to	Never	Never	Rarely
3 Cued psychological distress (objects, people, situations that remind you of something and causes you some suffering when remembering)	Never	Rarely	Rarely
4 Physiological reaction in response to reminders of your work with complainers/witnesses /suspects, without intending to	Never	Occasionally	Occasionally
5 Disturbing Dreams	Never	Never	Never
6 Avoiding complainers/witnesses /suspects	Never	Never	Never
7 Avoidance of people, places, things that serve as a reminder of your work with traumatised complainer's/witnesses or suspects	Never	Never	Never
8 Inability to recall complainers/witnesses /suspects information	Occasionally	Occasionally	Occasionally
9 Diminished activity level or interest or participation in Activities/sports	Occasionally	Rarely	Rarely
10 Detachment from loved ones, family members or colleagues	Never	Rarely	Occasionally
11 Emotional numbing/hardened to the work and to complainers/ Witnesses and suspects	Frequently	Frequently	Occasionally
12 Foreshortened future (thoughts about your mortality)	Never	Never	Never
13 Difficulty Sleeping	Never	Rarely	Frequently
14 Irritability (I find myself easily annoyed)	Frequently	Rarely	Frequently
15 Difficulty concentrating	Frequently	Rarely	Rarely
16 Hyper vigilance (I find myself to be more watchful; cautious and suspicious)	Rarely	Never	Occasionally
17 Easily startled (exaggerated startle reflex)	Never	Never	Never

On analysis of CS3's responses in relation to intrusion symptoms (Symptoms 1 – 5), it was of note that at S1 no symptoms had been endorsed. By S2, symptom 'physiological reactions in response to reminders of work with complainers/witnesses and suspects without intending to' was endorsed by CS3 and remained so until the end of his training. Only one other intrusion symptom was endorsed by CS3, 'intrusive thoughts about victims/complainers (thoughts about your work with traumatised

complainer/witnesses and suspects) without intending to'. It was noted that this symptom was only endorsed at the third survey point.

Of the seven avoidance symptoms (Symptoms 6 – 12), it could be seen that CS3 failed to endorse the symptoms, 'avoiding complainers/witnesses and suspects', 'avoidance of people, places, things that serve as a reminder of work with traumatised complainers/witnesses or suspects' and 'foreshortened future (thoughts about mortality)', these symptoms remained non endorsed throughout the study. Only the avoidance symptom 'diminished activity level or interest or participation in activities/sports' was seen to change from initially at S1 being endorsed to thereafter not being endorsed. CS3 further indicated that he had initially not endorsed the symptom 'detachment from loved ones, family members or colleagues', but by S3 near the end of his training, he had endorsed this symptom, which would indicate an increase in detachment by this point in his training. Two avoidance symptoms remained endorsed throughout the study, namely symptoms 'inability to recall complainers/witnesses or suspects' and 'emotional numbing/hardening to the work and to complainer/witnesses and suspects'.

In relation to the endorsement of the remaining arousal symptoms (Symptoms 13 - 17), CS3 views were mixed. Only one of the arousal symptoms 'easily startled (exaggerated startle reflex) remained non-endorsed throughout the longitudinal study. The symptoms 'difficulty sleeping' and 'hypervigilence' (I find myself to be more watchful; cautious and suspicious') which CS3 initially and at the S2 considered the symptoms to not be endorsed changed at the end of the S3 to being endorsed. CS3 views on experiencing the symptom 'irritability (I find myself easily annoyed) changed from initially being

endorsed as 'frequently' to not being endorsed at S2 and returning to being endorsed as 'frequently' at S3. The remaining arousal symptom ' difficulty concentrating' was seen to drop from initially being endorsed to be considered as being non endorsed at S2 and S3.

From Table 4.20 it can be seen that CS3 was experiencing mild levels of STS at the beginning and at the mid point of his training within the FPU. However, at the end of the training he was experiencing moderate levels of STS.

Table 4.20: CS3 Levels of STS during the study

Data Collection	STS Score on STS Scale	Level of STS Experienced
S1 – June 2008	33	Mild
S2 – Dec 2008	31	Mild
S3 – April 2009	37	Moderate

On obtaining CS3's STS scores from the main study and the longitudinal case study, as with CS1 and CS2, the researcher forwarded by restricted e-mail, the results to CS3, in addition to the quotes which were to be used in the study. The research reiterated the support mechanisms available to CS3 and the contact numbers of the Employee Well-being Programme and Occupational Health Unit. CS3 responded via e-mail, thanking for the support information but commented that he too was appointed as a FLO and that he felt very supported in this regard. He was also supportive of the content of this Chapter to be used in the thesis.

Reflective Log

Again, CS3 was asked to keep a reflective log of events throughout his training, as in the main study, common themes re-occurring throughout the longitudinal study were identified.

Sudden Unexpected Death in Infancy

In August 2008, CS3 was within the FPU when a SUDI occurred he stated:

> '...issues of identifying who will deal with the enquiry...as there are colleagues who have young children the supervisors were looking for volunteers...I volunteered...dealing with these enquiries does distress me however my mindset is that I owe it to the child to investigate their death to the best of my ability...'

Supervisory/Peer /Familial Support

In respect of the earlier SUDI, CS3 made comment about not only supervisory support but collegial support also:

> ' I was given support from my colleagues and supervisors...I get plenty of support from my wife which to be honest has been crucial to me'

Feelings of Anger and Frustration

In September 2008, he voiced his feelings of anger and frustration when investigating a case that involved another partner agency he stated:

> '...enquiry involved a social work mess...children were historically subjected to abuse ...in care...these enquires give rise to a great feeling of anger and frustration from myself as the children had a difficult life prior to being taken into care...anger is generally my initial feeling...the only answer I have personally to dealing with anger is exercise...this gets rid of the frustration too'

He further added:

> 'Police way of working can be so frustrating...I want things done as soon as possible...with efficiency...some of our partners are slow, inefficient and expect the Police to baby sit them...drive things forward all the time...I would really appreciate other agencies taking the initiative'

Similar feelings of frustration were mooted by CS3 in relation to the Procurators Fiscal Office and a case in September 2008. He stated:

> '...after a 19 month enquiry where foster carers had been abusing a young female from the age of about 6...child's hair falling out and showing signs of forms of distress...PF (Procurators Fiscal) not willing to proceed...obviously upset the complainer who is now 15...this was so frustrating'

In September 2008, CS3 had occasion to deal with another SUDI where both parents were drug misusers, he commented:

> 'The Post Mortem (PM) was inconclusive...the baby was the victim of poor parenting... what really frustrates me is that there is little or nothing that I can do to address the issue which makes me powerless.... being trained as a Police Officer this goes against the grain and is so frustrating'

Again, on a medical theme, in October and November 2008, CS3 made mention of partner agencies causing issues for him as an investigator, he stated:

> 'enquiry into an non accidental injury of a 2 year old child...presented at hospital...9 separate facial bruises including linear bruising on her cheek...Doctors...medical experts would not commit themselves to the child being assaulted...the enquiry was finalised as no crime established.'

He stated:

> '...what frustrates me is that the medical profession generally will not commit to these injuries...they have concerns about going to court...there is so much

frustration as there are times you are positive the child is being abuse…medical evidence is so inconclusive.'

In February 2009, CS3 was again experiencing medical experts not committing to an opinion he stated:

'baby presented at hospital with NAI (Non Accidental Injury)… medical experts would not commit to how injury would be caused…not consistent with parents version of events…my issue is medical experts…not making a decision and on occasion backtracking due to fear of going to court proceedings.'

In March 2009, as opposed to feeling frustrated by an outside agency, CS3 found problems and frustrations within the Police family, due to volumes of work and productions (items that are part of an enquiry) in cases not getting examined quickly enough, which then had a knock on effect. He stated:

'…allocated an enquiry…indecent images of children downloaded to a computer…computer equipment seized… boy within the home…time scale for computer interrogation …up to 2 years…there was a 10 year old boy in the home…this creates issues with child protection as a true risk assessment for the child cannot be carried out.'

Conclusion

CS3's views in relation to his work and his experiencing of the symptoms of STS altered throughout the longitudinal study, with his views altering at the mid point or at the end of his training. However, at times the change in views or rating of the frequency

of experiencing the symptoms of STS did not alter until the final stages of his training at S3.

It can be concluded that CS3 at the start of the study, was seen to have experienced mild levels of STS with similar levels being seen at S2. By S3, it could be concluded that CS3 was experiencing moderate levels of STS, which indicated he was experiencing the symptoms of STS more frequently than when he had begun his secondment. He expressed feelings of anger and frustration at partner agencies, such as the Crown Office and Procurators Fiscal Service, Social Work Services and with the internal departments. Like his fellow case studies, he commented on the investigations of SUDI and discussed the support received from his colleagues, supervisor and spouse.

4.11 Discussion of Case Studies

On following the 3 cases over the course of their training, it was observed that two out of the three cases were seen to be affected by the role at the mid way point of their training (September – December). The result was an alteration in their views of work experiences and the occurrence of experiencing the symptoms of STS, with these changes remaining relatively unaltered in the final stages of their training. Only one of the cases, the male Detective Officer, was seen to again alter his views both at the midway point and on occasions again altering his views about his work and the occurrence which he experienced the symptoms of STS in the final stages of his training (January - April).

What was evident from the longitudinal case study was that two out of the three cases were seen to have experienced mounting levels of the symptoms of STS as they neared

the end of their year's training. Figure 4.9 displays the 3 case studies STS scores on the STS scale throughout the study.
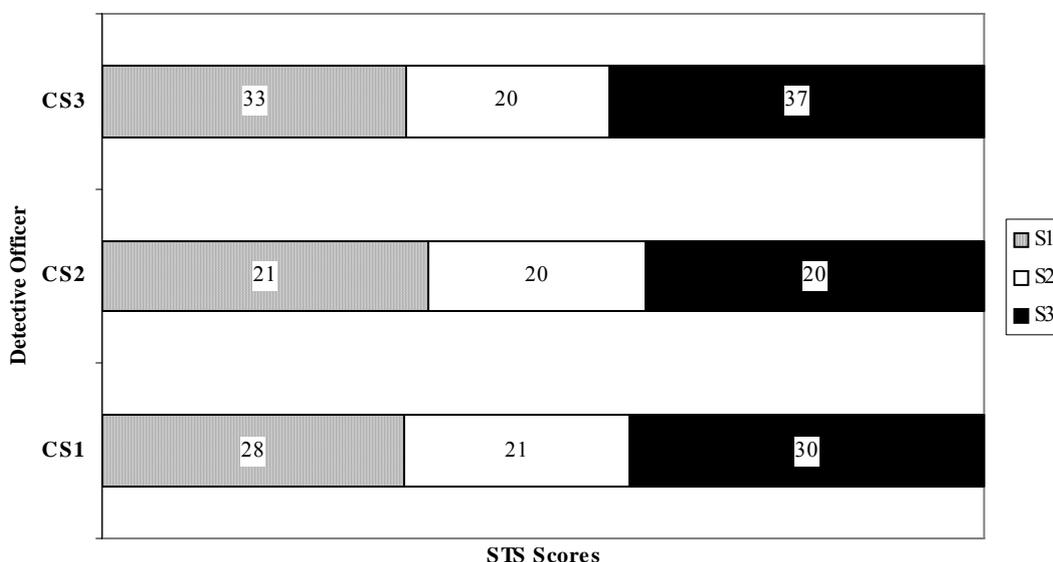
Figure 4.9: Longitudinal Case Study STS Scores on STS Scale

Only one of the cases, CS2, reported to have experienced levels of little to no STS. Could it be that CS2 did not experience mounting levels of STS as a result of her previous role as a group worker with children in Social Work Services or as a consequence of being trained as a Family Liaison Officer. However, it could also be argued that previous life experiences and or trauma that the Officers may have experienced prior to joining the Police Force could have had an affected on how susceptible they were to STS (Stephens, Long, and Flett, 1999, Pearlman & Saakvitne, 1995).

Similar themes had emerged from the reflective logs as was observed in the main study. The themes included SUDI, child sexual abuse, anger and frustration at the system/partner agencies and support from colleagues. A new theme surrounding people

trafficking/child abuse linked to migration from people from the European continent emerged. This had not been discussed by anyone in the main study but was mentioned in one reflective log. Given the recent migration of people from Europe to Britain and in particular Scotland, it was not surprising to see this relatively new crime trend emerging in the reflective logs of the cases (it suggests that the Child Protection Course at the Scottish Police College should include an input on the subject of people trafficking).

The longitudinal study indicated that changes in the Detective Officers' views/schemas were occurring quite early on in the study supporting the assertions of Saakvitne and Pearlman (1996) and Baird and Jenkins (2003) that disruptions can occur to beliefs, sense of meaning and views of the world, psychological needs and in interpersonal relationships. This appeared the case in the reflective narrations of CS1 whose data supported Dutton's (1992) assertions that alterations in behaviour may occur as a result of trauma adaptations in particular a change in a person's ability to be intimate with spouses or partners. At the final data collection point two of the cases were experiencing mild and moderate levels of STS with this escalation in the occurrence in which the symptoms were being experienced, happening around the mid point of their secondment to the FPU. This alteration to the Detective's schemas so early on in a secondment to the FPU should be an area that supervisors should be are aware of; to enable them to accurately monitor, supervise and support their staff, and where appropriate referring staff to Occupational Health or to Employee Well-being Programme. Supervisors, by setting times to review how their Officers are getting on at appropriate junctures through out their training (i.e. every 3 – 4 months or sooner if deemed necessary), would reinforce that personnel are important, that the roles they

perform are vital, that their supervisors care, that they are listened to and what they have to say matters.

As earlier stated in Chapter 2, the British Government have commenced implementing key measures in England to conduct health checks for social workers, to ensure support for employees and to effect improvements in child protection arrangements, to reduce the pressures on frontline social workers (Mahadevan, 2010).

The role of the FPU Officer often involves multi-agency working and close partnerships with their colleagues in children and families, social services. However, it could be argued that there has been a historical lack of acknowledgement of the work undertaken by the FPU. There is a lack of recognition or association with the similar pressures on front line social workers. Could it be that, as earlier stated, the prevailing organisational culture existent in the Police service, adds to Officers apparent unwillingness to engage the support mechanisms available to them or speak openly about the rigors of conducting FPU enquiries?

Conclusion

Following the three cases over the course of the longitudinal study (June 2008 – April 2009) has provided some empirical evidence of the time at which individual Detective Officers learning how to investigate child protection cases, begin to adapt to their role, altering at times their views (personal cognitive schemas) and their behaviours and start utilising personal coping mechanisms such as hardening, and distancing. The study has further provided evidence of a time line at which Detective Officer's levels of STS

begin to increase, albeit slightly. This area would be worthy, in its own merit, of being the topic of further and future research.

It should be noted that all 3 cases did not have any children and therefore the findings cannot be taken as being representative of the general population and of the initial sample of respondents. It would also be of interest to ascertain if this was an influencing factor in the decision to participate in the longitudinal case study.

An area of further interest was the fact that the case with the lowest reported level of STS was a trained Family Liaison Officer with the host Force and indicated that while investigating two cases of SUDI, she was deployed in her capacity as FPU Officer and FLO. Did the fact that this Officer was trained as a FLO, have an impact on her resilience and therefore did not appear to cause alterations to her cognitive schema? This too would be worthy of further in-depth research.

To address the welfare of the three cases, in particular the 2 cases that were seen to be experiencing mild to moderate levels of STS, all 3 were forwarded their individual section and results based on the information they had provided. They were given the opportunity to add or make comments and were again provided with the contact numbers for the Occupation Health Unit and the Employee Well-being Programme. This gave the cases the option to address privately and confidentially any concerns that they may have had as a result of taking part in the study and from learning of their individual STS score.

Chapter 5

Discussion

5.1 The Main Study

The main aim of the research was to examine and explore the experiences of Police Officers that investigate child protection cases. Respondents were very responsive, open and willing to fully engage in the study, providing rich and in-depth qualitative data of their opinions and experiences. Overall, the study has contributed to knowledge generation in respect of the phenomenon STS, in particular, in respect of Police Officers and the investigation of child abuse. The contribution, to an area of policing previously under researched, will be highlighted throughout the chapter.

Respondents gave comprehensive information about their work, working conditions, experiences of supervision and available support mechanisms and the cases they found significant. They provided information on aspects about their role which was insightful, including the difficulties of multi-agency working with partner agencies and organisational stressors, which they considered to have impacted on them. Respondents further proffered details of their private home lives and how undertaking child protection enquires impacted on their work life balance, including partners/spouses and children, in addition to their general health. As such the study met the main aim of exploring the experiences of Police Officers that investigate child protection cases, gathering invaluable information and data on a department where little research has been conducted since its inception in the early 1980s.

The study, further aimed to examine if FPU Detectives were experiencing the phenomenon of STS as a result of the role they were performing; and to establish what

emotions, behaviours and coping mechanisms Officers were utilising to assist them manage the challenges they faced. The findings quite clearly indicated that 24% of Detective Officers conducting child protection enquires were experiencing 'mild' levels of STS, 16% experiencing moderate levels, with a minority experiencing 'high'(N=3, 5%) to (n=4, 6%) 'severe' levels. In total, over half of the samples of respondents, 51%, were experiencing some degree of STS. STS was expected but the levels found were not anticipated and had not been previously identified by research in the context of Child Protection Investigations. If left un-addressed for prolonged periods, Chermiss (1980) argues this could result in burnout, resulting in unnecessary levels of job stress, emotional exhaustion, reduced accomplishment and depersonalisation.

There was further evidence provided that Detective Officers were using 'distancing' to help them cope with the daily rigours and minutiae of their work. Additionally, the study aimed to establish the potential impact on the practice of Officers conducting child protection investigations who may be experiencing STS.

5.1.1 Demographics

One of the most notable results from the research was the difference in gender numbers when comparing the gender balance of the FPU in 1995 with the sample of respondents in 2008/2009. In contrast to 1995 when there was only one male Officer working within the department (it should be noted that this data is anecdotal and based on the knowledge of the researcher, in absence of available/retained historical demographic information regarding FPU Officers held by the Police Force), there would seem to have been a major shift in the selection of Officers considered for the role, with male Officers now increasingly being appointed to a department which was once staffed

predominately by female Officers. With almost half of the respondents being male, it is important that the host Police Force have embraced gender equality and acted positively to recruit male Officers who were once particularly under represented in this area of Police work.

It was anticipated that the majority of respondents would be practitioners holding full time positions in addition to Trainee Detectives (Aides) and this was supported by the results. What was evident was the difference in the gender of supervisors, with six out of the seven being male. It could be argued that the gender difference mirrored the number of male and females holding promoted posts in the host Force currently standing at 5 to1. There has for some time been an under representation of female Officers applying for general CID posts, with female Officers formerly opting for FPU roles. It could be argued that due to the unpredictability of the hours and the current shift pattern (working seven days as opposed to Variable Shift working patterns which alternate between days on duty and days off) and family commitments, anecdotally, CID work has been traditionally, less attractive to women Officers with children. However, this is not reflected in the FPU. An Officer in the FPU, at present, still works seven days and appears to attract almost equal numbers of both genders. With general CID still being predominately male, it could be argued that the majority of supervisors, have previously worked within the general CID. As the pool of Officers available for promotion are mainly male, this has an impact on the gender balance of suitably qualified Officers from whom FPU supervisors may be selected. However, as opposed to the nature of FPU work being less attractive to male Officers with children, the findings have shown this not to be the case. Less female respondents with children were seen to work in the department in comparison to their male counter parts.

In comparison to the early 1990s, where Officers tended to be relatively young when seconded to work in the FPU, in terms of both age and service (early 20s and with just over 2 years service. Again due to the host Force having no available historical data, the information is anecdotal), the findings were in stark contrast indicating that Officers presently performing FPU duties were now older (in the age range of 26 and 55 years). It could be suggested that the FPU is now seen as a more complex department with kudos, and considered more of a priority than it was in the preceding decades.

It would seem that Officers are now being given the option to apply for the role as opposed to being singled out by management; which in turn has given Officers the opportunity to remain longer in front line policing posts before deciding to specialise into more demanding roles in terms of investigating and reporting Petition (High Court or Solemn procedure/Sheriff and Jury) cases. This was reflected in the range of service of respondents, with officers falling within the ranges of 8 to 25 years service brackets as opposed to 0 to 4 years. It was of note that male respondents were more experienced in terms of service; in particular half of the male supervisors (n=3) were nearing the age where service retirals are permitted within the Police Force (service range 26-30 years). It could be argued that the role of FPU supervisor could be seen as being less demanding than that of 'on the book' (responsible for the investigation of daily crimes and offences) general CID supervisors and as such more suitable to an Officer nearing the end of his service. However, in reality the role requires a knowledgeable and experienced supervisor, both in terms of the supervision of his/her Officers and the core functions of managing a FPU, i.e. conducting risk assessments, supervision of cases and case loads, accurate recording of inter-agency referral meetings/child protection case conferences and liaison between the Crown Office and Procurators Fiscal Service (COPFs). Pryce, Shackelford and Pryce (2007) highlighted how specialist training for

the child welfare supervisor was 'appropriate', 'conducive' if based on specific models incorporating education, skills training and supervision pertaining to trauma. The issue of supervision remains an area that would merit further and more in-depth research, on a larger scale than the present study allowed for.

In considering the time respondents had spent in their current role, it was of note that in the main, female respondents were content to remain in post for up to 4 years and over. However, the same was not reflected in male respondents who completed their one year training and then moved posts. It could be argued that by selecting respondents who had applied for the post rather than being required to fulfil the role, the right people are in the right post and therefore, happier to remain due to job satisfaction. In the research sample, it was evident that male respondents, following their training, were more likely to refrain from taking up full time FPU positions.

It was of note that more male than female respondents (although no statistical significance difference) considered the number of persons using the FPU services to be traumatised as a result of the initial traumatic event, approximately three times higher than their female counter parts. Anecdotal evidence from working with male Police Officers would suggest that male Officers tend to consider child abuse and sexual assault to be more abhorrent crimes in comparison to their female colleagues. However, at present there exists a dearth of empirical research relative to gender responses in the investigation of child abuse and law enforcement, warranting further research on a larger scale.

On deliberating the work of the FPU, both male and female respondents indicated that they considered their work addressed as little as between 0-40% of issues related to traumatic stress. Wright, Powell and Ridge (2006) assert that the 'client group' do not feature predominately in discussions about work-related challenges, implying 'emotional numbing/distancing' on the part of Police Officers working in this area (p502). Previous studies conducted by Bride (2007) found that social workers considered that over half of their work often addressed issues related to trauma. However, it could be argued that although the training undertaken by the Police and social worker (at times multi-agency) focuses on child protection issues and the gathering of evidence; the end reasons for evidence gathering can be for very different purposes. Social workers have a more therapeutic and long-term involvement with not just the child victim(s) but with the whole family. At times, that may include work with the alleged offender following proceedings or non-prosecution cases disposals. In comparison, the Police have a remit of bringing offenders to Justice and acting as agents of the Crown, to present all relevant evidence before the courts to allow for the consideration of a prosecution. It could be argued that the Police by manually noting detailed verbatim statements are able to take a step back from the minutiae, to focus on the process of writing and accurate recording. This focus on Police processes may account for the Police at times being considered as 'emotionally numb' to what is being narrated.

5.1.2 Work Experience Statements

Respondents in the main, felt motivated, well trained, supported by their colleagues and evidenced a strong sense of achievement from performing their role. In the study, only one respondent appeared despondent, indicating he did not apply for the post and was

generally unhappy in his current duties. For the most part, respondents had applied for their posting as opposed to a compulsory transfer. This is a major turnaround from the 1990s, when Officers were at times not given a choice. In relation to the 3 case studies, it was of note that CS3 either disagreed or strongly disagreed with 9 out of his 18 work experience statements. He initially indicated he was unsure if he enjoyed the role, commenting further that he had not applied for the role.

The findings of the current study parallel those of the study conducted by Wright, Powell and Ridge (2006), looking at how Police Officers perceive and cope with daily work challenges associated with child abuse investigation. In this study, the content of children's statements in which disclosures were made, were not perceived as a source of negative stress. Respondents mentioned 'desensitivity' with the exception of abuse resulting in death, with a task focused approach assisting in 'emotional distancing' from witnesses.

It was ascertained that contrary to everyday perceptions that the work of the department (child abuse/sexual assault/Sudden Unexpected Death in Infancy) was what was traumatic for respondents to investigate, it was organisational stressors such as the perceived 'lack of support' from supervisors that respondents considered to have caused great consternation. There was no evidence to suggest that any perceived lack of support was down to the particular gender of the first line manager and interestingly, nobody raised the gender of the supervisor as having any relation to the support provided by supervisors.

Supervision was not the only organisational stressor considered to be an issue. Over half of the respondents (27% women and 19% male) alluded to inadequacies in their working conditions to have added to issues in their work. However, voicing opinion about shifts or the physical surroundings/conditions would be less likely to be considered as a sign of 'not coping' by senior organisational managers as opposed to voicing concerns that they personally found aspects of the work distressing. Interestingly, a minority of female respondents disagreed and felt they were not confident in voicing their opinions about work issues. As such gender differences were evident although, not significant which would tend to indicate that further appropriate support mechanisms would be beneficial to for both male and female FPU personnel encouraging both genders to feel confident in seeking support and to feel adequately supported when dealing with difficult cases.

5.2 Secondary Traumatic Stress

The study also intended to ascertain if FPU Detective Officers investigating child protection enquiries were reporting to be experiencing the symptoms associated with STS and in this study 32 respondents (51%) were found to be experiencing a degree of STS.

5.2.1 Individual Symptoms of Secondary Trauma

When considering the seventeen symptoms of the Secondary Traumatic Stress Scale (sub divided into Intrusion, Avoidance and Arousal symptoms), just over a third of the respondents (n=22) indicated that they thought about their work without intending to. Out of the five intrusion symptoms this was the most frequently supported symptom. Given the nature of the work and the intimate details respondents frequently have to

listen and note statements about, it was not surprising that everyday objects and places were acting as reminders, instigating 'flash back' like memories to interviews with suspects and the recalling of details of abuse provided by complainers. Although, anticipated that 'intrusive thoughts' would be considered a frequent symptom experienced by respondents, it was of interest that the rate of endorsement of the symptom was relatively low. It could be argued that this is a result of Police Officers ability to use 'emotional numbing' and or 'detachment' techniques to help them cope with the work they undertake. Out of all the symptoms, 'emotional numbing' was the most frequently endorsed. This was not surprising and was to be expected given that many of the respondents had been performing the role for a number of years and would have become accustomed to recording the intimate details of children's disclosures. Although not always intentional, it could be argued that emotional numbing is an involuntary process born as a result of over familiarity with the subject matter, with issues being dealt with in 'a matter of fact way' or adopted as a defence mechanism. As with Wright, Powell and Ridge (2006) this was not reflective of respondents dealing with SUDI where strong emotions were still felt by respondents who had to investigate sudden unexplained baby deaths. It was also of note that just under a third (n= 18) of the respondents indicated a diminished activity level, in particular women being less likely to undertake sporting activities. However, it could be argued that as opposed to being a result of the content of the work it could be a result of the working conditions; shifts, workload and perceived lack of support/supervision.

The arousal symptom hyper vigilance was the second most endorsed statement, with 51.5% of respondents indicating that they were hyper vigilant (anxious, watchful and attentive). Again, it was anticipated that this statement would return a high

endorsement rate. With the continual daily dealings with sex offenders and the intimate details of their 'modus operandi' (graphic details of how they commit their crimes), it is no wonder that people in this field of investigation acknowledge being over watchful and apprehensive about situations. Anecdotally, FPU Detective Officers (with and without children) have talked of being wary and suspicious when seeing males on their own with children even when there are no reasonable grounds for their suspicions (Statements made to researcher prior to commencement of the study during a training course). To ascertain if such anxieties and at times unfounded hyper-vigilance is somehow connected with the role of Police child protection investigator, this area would merit further in-depth research.

5.2.2 Symptom Severity

Over half (n=32) were experiencing levels of 'mild' through to 'severe' Secondary Traumatic Stress. Although in the minority, three respondents were experiencing 'high' levels of STS, while four respondents were experiencing 'severe' levels of STS. It was noted that just under half of the respondents (n=31) were experiencing levels of 'little' or 'no' STS. Initially, it was anticipated that this number might have been higher.

The study would tend to indicate that for more than half of the respondents performing the role of child protection investigator, aspects of the job taken into conjunction with the perceived lack of supervisory support, working conditions, shifts, lack of recognition for the role and possible prior personal histories, may build and accumulate causing some personnel to experience the phenomenon of STS. It was of note that respondents who had gone to supervisors for help and had felt rebuffed, were more likely to experience 'high' to 'severe' STS than those who had indicated they had had a

positive experience when seeking supervisory support. There also appeared to be a slight correlation with those Officers who had investigated SUDI reporting having experienced higher levels of STS than those that had no experience of a cot death. The results are a stark reminder for Police Forces and Officers tasked with supervising staff to ensure that all personnel are protected from risks of the pervasive short terms effects of STS and more damaging effects of PTSD. On considering the 3 case studies, it was evident that in 2 out of the 3 cases, a change was noted in their views at the mid point of their training (S2) with their views remaining relatively unchanged throughout the remainder of the training period (S3).

5.3 Incidents Considered Significant

The study aimed further to establish what emotions, behaviours and coping mechanisms (if any) Officers consider to be at play while performing their role. What became evident on collating the respondents' data was that 22 respondents commented on the investigation of SUDI and the emotional impact and affects such investigations had on them. Out of the five categories of child abuse and offences/types of incidents that respondents had to deal with frequently, the investigation of SUDI was the incident considered the most significant. Respondents were given the opportunity to use free text to record their views in relation to incidents they considered significant to them, as such the researcher had no control on the answers given. What was not anticipated was the breadth and depth of feeling of respondents to cot deaths. Male respondents without children, considered the investigation of SUDI highly significant. This was in contrast to the thoughts of the researcher who had thought that female respondents with young children or babies would have been the group of respondents that may have found SUDI difficult to investigate due to their own personal circumstances. What was evident from

the findings was that this was an area of the work which respondents were emotionally affected by and which respondents were less likely to be hardened to or able to be emotionally numbed towards, and which respondents were less likely to block out quickly. This was further evidenced in the reflective logs of the 3 case studies, where all three cases had experienced having to investigate a SUDI (or a number of child deaths) during the study. The 3 cases also found SUDIs difficult and emotional to deal with and not easy to become hardened to. It was evident that this type of investigation was different from other incidents considered significant such as child/teenage sexual abuse, historical sexual abuse, the use of sexually explicit language, issues with the Scottish Criminal Justice System and sexual abuse of persons with disabilities. This sensitive area of policing would benefit from further research, to ascertain the underlying reason for Officers' reactions to such baby deaths, whether caused by feelings of helplessness in failure to prosecute parents or in fact due to sympathising with parents. It could further be argued that Officers may be reacting normally to bereavement. The findings tend to support that of a study by Regehr, Chau, Leslie and Howe (2002) that examined the impact of enquiries into the deaths of children in care on child welfare workers and their organisation. They found that child deaths are the most distressing occurrence in child welfare work. Although, the current Detective training courses based at the Scottish Police College and local in-force training courses incorporate into their programmes the investigation of SUDI, drawing on the expert knowledge of Paediatric Pathologists, it would appear that the current training is not preparing Officers sufficiently or emotionally for the reality of dealing with SUDIs.

Specialists teaching on child protection courses tend to focus on the 'task' (investigation), diagnostic and symptomlogy presented at the time of death. In the main it is the criminal investigation techniques that are the focal point of discussion and

learning. Representatives from the Scottish Cot Death Trust, Yorkhill Sick Children's Hospital, not only focus on the Police investigative processes but discuss the impact of the death of a child on the family, their welfare and how Police Officers can make a difference by showing empathy and tact while conducting their investigations. However, from the number of comments made in respect of SUDIs it could be suggested that this too is not helping Officers to cope with SUDIs and specific bereavement support and training may be more suitable to meet their needs.

The other incidents considered significant by respondents were somewhat different than the investigation of SUDI in that respondents seemed more able to use a coping strategy. Strategies such as 'emotional numbing' or 'hardening' and 'distancing' to the crimes and offences commonly investigated by respondents has helped build 'emotional immunity' to the distressing elements of such crimes/offences. However, if left as is, could this be a time bomb ticking to Officers experiencing severe STS in the future and or burnout?

What was surprising was that in dealing with sexual abuse of children, teenagers and or historical events, it was not the actual acts themselves that caused the greatest distress but the explicit language used by the victims or the outcomes of the criminal justice system. Respondents acknowledged feeling that people had been 'let down' by the very system which was set to protect the vulnerable in society, and perceived that this was somehow reflective of the Police in whom they had placed their trust.

It could be argued that the symptoms associated with 'Compassion Fatigue' (Stamm, 2002) could be easily anticipated as symptoms that Police Officers conducting child protection investigations may experience. However, the results of the study appear not

to support this theory. As opposed to Compassion Fatigue, it would appear that the views of respondents give support to Stamm's (2002) 'Compassion Satisfaction' theory, whereby persons working with traumatised individuals experience positive benefits as opposed to negative effects. Compassion Satisfaction theory may account for why, despite the work of the FPU being reported to be unpleasant, so many individuals continue in the field of child protection investigations. Stamm (2002) asserts that Compassion Satisfaction safeguards workers by acting as a buffer, protecting them from the negative feelings or reactions that they experience when they witness the suffering of others. Stamm further argues that workers can experience the different feelings associated with each phenomenon (Compassion Fatigue and Compassion Satisfaction), in that they can experience both the negative aspects of having listened to traumatic events but also the positive effects of their work by getting a sense of having helped or having made some sort of a difference.

Respondents commented on issues of openly acknowledging that certain crimes or offences were upsetting, distressing or could have an emotional impact. They reported that the implicit message being given out by supervisors and managers, some colleagues and/or the organisation was that by admitting that certain incidents were challenging could be misconstrued as being 'unprofessional' or 'a sign of weakness'. Traditionally Police personnel have shied away from admitting that certain incidents were upsetting, with the perpetuating stance being that people knew what they were getting into when they joined the Police Force and being expected to show a 'stiff upper lip'. Pryce, Shackelford and Pryce (2007) assert that when supervisors and colleagues inform co-workers that they 'just have to get used to it all' (p82), and subsequently avoid discussions about cases and any associated affects of trauma on workers, it shows

'maladaptive coping' behaviour on the part of the supervisor which may impact on workers and may harm positive supervisor/worker relationship (if the supervisor is unwilling or does not pay adequate attention to helping workers cope with their experiences in child protection). It would also seem in this study that, at times, not all first line managers have acted on staff's requests for assistance or picked up on the non-verbal signs given by their staff openly or inadvertently asking for support. As a consequence respondents have felt let down or unable to re-seek the appropriate help or support due to poor initial experiences.

5.4 Quality of Working Life

As with Wright, Powell and Ridge study (2006), the findings of the present study found that respondents involved in child abuse investigations on the whole look forward to going to their work and felt adequately supported. Again, it was not the minutiae of the cases themselves which were perceived to be the major sources of stress to the participants and the onset/feelings of 'burnout' amongst over half of the respondents; but issues of heavy workloads, the perceived unfair allocation of work and the draining effects of noting long and laborious statements. As opposed to respondents being concerned for their own well-being, it was evident that respondents felt that the quality of their work was in effect being impeded due to enquiries being dealt with in a 'time critical' manner. The 'cramming' in of a lot of work in a short space of time could not only have the potential to compromise the quality of their investigations (although no respondents indicated that their work had been compromised) but also created feelings in the FPU of inadequacy and being under-valued. The findings in relation to heavy work/caseloads are consistent with past research by Aarons, Powell and Browne (2004), Bull and Milne (2004) and Anderson (2000) and give further cause for unease that staff

concerns may not be getting picked up on. The feelings of being undervalued and being thought of less by their counterparts in the general CID was mentioned by 2 out of the 3 case studies, with Officers indicating a degree of feeling aggrieved at this attitude and lack of understanding.

Respondents highlighted issues relating to 'tenure' (time spent in the department) and decreased job satisfaction coupled with a loss of enthusiasm for the post (reduced longevity in the department as opposed to a dislike of the work) coupled with feelings of inadequacy. However, it was heartening to note that even with issues surrounding organisational stressors, i.e. heavy workloads, feelings of inadequacy, undervalued and burnout, 58 respondents commented on the sense of achievement and of making a difference to the lives of children making going to work 'worthwhile'. This was further evidence by 2 out of the 3 case studies, where both female cases selected either 'agree' or 'strongly agree' that they feel a sense of achievement from carrying out the role.

The work of the department did not appear to have adverse affects on the ability of 2/3 of respondents to fall asleep. Interestingly, the causal factors were not put down to the content of disclosures but were associated with the heavy workloads, concentration and being concerned that everything that should have been completed before going off duty had been completed. Only one respondent stated that viewing a video of a child being abused had caused her difficulty in sleeping due to having had direct contact with the child and visualising what she had observed happening to the child. Another respondent commented that the lack of sufficient evidence to submit a report on a suspect had caused her sleepless nights, leading to feelings of guilt, being at fault and for allowing

the suspect the opportunity to re-offend. However, these experiences were a rarity rather than the norm in the group of respondents surveyed.

5.4.1 Altered Emotional Responses to Work

Interestingly, over half of the respondents indicated that they had not experienced altered emotional responses since commencing work in the department. Of the 46.8% of respondents who indicated that their response to the work had altered, there was no gender significance identified. Not only had this group's views altered within the work environment but there was also a change within their home environment and towards their families. Respondents made reference to coping mechanisms/stress minimising strategies that they used to help them deal with the daily rigours of the department from, such as 'hardening', 'emotional detachment' and 'distancing' themselves from the work of the unit, complainers, witnesses and offenders.

Over half of the respondents (n=38) indicated that they were now more empathetic towards the people they came into contact with as a result of the work. There was also evidence of male respondents having learned the skill of how to empathise, more so than their female counterparts. Theory on gender differences and the ability to empathise remains controversial with research indicating gender differences do exist while other papers refute such claims basing gender empathy differences on motivational differences (Ickes, 1997). What was noteworthy was the acknowledgement by respondents that they used empathy as a skill or 'investigatory aid/tool' in their investigations and when obtaining statements, details of offences. This gives credence to Ickes' views on motivational issues. A respondent took this theory one step further by indicating the use of empathy was to help them to 'see the enquiry through' in addition

to expressing sympathy and being emotive towards victims. However, other respondents pointed out that they had gained the ability to outwardly present as if showing empathy but in reality were able to turn on and off this skill when required. The findings have revealed added dimensions to an Officer's ability to distance themselves, in particular from the witnesses and complainers they have to interact with. Such aloofness, indifference and formal mechanisms employed by respondents in their daily dealings with members of the public was not anticipated, and has to the knowledge of the researcher, not previously been commented upon within the literature.

5.5 Working Life and Health

It was of interest that being involved in the investigation and reporting of child protection cases did not appear to have had an impact on the reported absence rates of respondents, even though the feelings of burnout and heavy workloads had been expressed earlier.

As opposed to experiencing the symptoms associated with Compassion Fatigue, it could be argued that its antonym Compassion Satisfaction (Stamm, 2002) was what respondents were reporting. Instead of being negatively affected by the work some felt great satisfaction from conducting the work. Respondents expressed a sense of having helped or having made some sort of a difference. This somehow buffered and protected them from negative feelings, reactions and experiences which in other roles, may have negatively impacted on their health.

5.5.1 Interactions with Colleagues

As has been found in Wright, Powell and Ridge's (2005) study, the present study found that the participants clearly articulated the benefits of collegial support and interactions with their colleagues in the FPU. In the main, respondents considered the interaction with their colleagues in the unit to have been a positive experience, highlighting comradery and teamwork, helping in the management of caseloads, practical support and advice. They also considered closeness in the team to help increase their self-confidence, skills and ability. Respondents expressed that having their decision making confirmed and endorsed by their colleagues who had dealt with similar cases, was one of the major positive aspects of working within the FPU. However, not all respondents found working with their colleagues in the unit to be a positive experience. Again, this was inextricably linked to case and workloads, with respondents feeling aggrieved if colleagues were seen as not to be '*pulling their weight*' or if the work was being allocated disproportionately to respondents. However, it was of note that as opposed to respondents having substantial negative interactions and experiences of their unit colleagues, negative comments were received in relation to Officers from other departments. This included comments about their own host department of the C.I.D. and from those uniformed colleagues who have never worked within the FPU. Respondents said that they felt that there was a '*lack of appreciation*', colleagues being '*dismissive*' and generally an air of indifference. Respondents considered such attitudes towards the FPU to have an overall negative impact.

5.5.2 Impact on Personal Relationships

Respondents acknowledged as a consequence of working in child protection, there had been some influence on their family, partner or spouse. The perceived negative effects

on respondent's spouses or partners was an overall sense of distancing or aloofness; resulting from remaining on duty, getting home later than normal, being tired to do meaningful activities with partner, (including sexual relations) and a lack of patience. Respondents described feeling that their family or partners did not want to hear about their work and as such was not mentioned. A small number of respondents, however, did feel they were able to confide in their partner or spouse and received comfort and support that enabled them to loosen up. One of the case studies, CS1 indicated that she felt 'turned off' and that one case had affected her sexual relationship with her partner, resulting in tensions in their relationship. In relation to their children, respondents perceived themselves to be at times paranoid, extremely protective, less trusting, irritable and hard on their own children.

5.6 Support Mechanisms at Work

Respondents acknowledged the availability of the support services and strategies that had been implemented by Police Forces to tackle work related stressors and cope with operationally challenging incidents. However, two decades on from the creation of the department few respondents had sought the professional assistance of psychological counselling provided by either Employee Well-being Programme or Occupational Health Unit (which rely on Officers self referring or be referred by a supervisor as opposed to being mandatory). Such services have been relatively under used by FPU Officers. Respondents considered that showing signs of perceived weaknesses such as stress or not coping or not being able to handle distressing incidents to their colleagues may leave them with a stigma. They also considered that by asking for support may adversely or negatively impact on their vocation, affecting their chances of future promotion or likelihood of being accepted into a department. The case studies indicated

that they began to experience certain affects of the symptoms associated with STS, especially emotional numbing and hardening 3 to 4 months into their training. As such, it could be argued that support should be made available relatively early on in an Officers secondment as opposed to a de-brief when leaving the department. Support should be an ongoing aspect of the job as opposed to service provided at the end of a secondment.

The findings of the study support that of Wright, Powell and Ridge (2005) who found that the Officers were fearful of the repercussions of having included on their personnel record that they had received psychological counselling, even though the provision of the services was confidential. As with the above study, few respondents had made use of the services, with some respondents who had been offered the service declining it. In considering the psychological services provision to the host Force, several respondents acknowledged having used the services, giving mixed reviews of their usefulness; whereas some respondents found the services worthwhile, others found the services *'mechanical and perfunctory'*. As opposed to using the formal strategies of CISD and the Employee Well-being Programme, respondents acknowledged they were more inclined to use peer support as their preferred means of debriefing. Research conducted by the company Cubiks (2003) indicated that if staff in an HR company informed managers they were experiencing the symptoms of stress, this might be considered a 'weakness' by the supervisor and 'potentially damage their career prospects'. Over half of the managers in Cubiks' study stated they would be less likely to promote an existing employee if they had difficulties handling stress, sentiments that could be argued, may be existent in some Police Forces. However, it has been suggested by Pogrebin and Poole (1998) that work-based strategies such as social support within organisations,

encourage feelings of group cohesion and morale within Police teams. The apparent benefits of this form of support for the respondents in the study was a 'less threatening' form of guidance. Such strategies would provide reassurance, advice and verification from Officers with similar experiences, and would not reflect on their ability to do their job or be on their personnel file. By keeping the insecurities of performance and reinforcement of decision making within the group, a unique bond appears to be formed which develops and assists respondents not only to cope with the disclosures of child protection investigations but also with the heavy workloads and distancing from complainers/witnesses and the impact on their partners/spouses and families. Conrad and Keller-Guenther (2006) propose that access to social support and having the chance to process traumatic aspects of the 'day to day' work may be a pivotal factor in helping workers cope with stressful aspects of child protection work.

Over and above the cost of psychiatric injury claims to Police Forces, Cotton and Hart (2003) assert that it is not only important to deal with work related stressors to ensure the well-being of employees, but is key to the overall operation and competence of Police Forces. Brown and Leigh (1996) assert that where workers perceive their organisational climate to be positive, they feel personally and professionally empowered; with Glisson (2000) further asserting that in such organisational climates workers consider the work they do as 'valued', which is essential to the performance of the organisation and ultimately the service workers provide to the public.

A system to address such concerns needs to be implemented where personnel can freely express their views, feel their views are listened to and their contribution is valued. At present this support is provided in the less threatening and informal guise of collegial

support. However, it could be argued that the Police Force cannot rely on Officer's colleagues to provide support that should be provided by the organisation. By permitting the continued use of informal support mechanisms at times when Officers are experiencing increased levels of STS, could blame be laid on the organisation?

5.6.1 Supervision and Support

Respondents recounted varied experiences in relation to the quality of supervision received from their first line managers and senior managers. All 3 of the case studies indicated that they felt supported by their line manager. One of the 3 Officers indicated that she felt she was strongly supported by her supervisor. However, it was evident from the main study that not all respondents had experienced positive or supportive supervisors/supervision. It should also be recognised that line managers themselves require not only peer group support but recognition and time set aside by middle managers to permit child protection supervisors to meet, discuss difficult cases, supervisory issues and practice over and above policy discussions or administrative management meetings.

The appropriate supervision of staff, fair allocation of work and the recognition of difficult cases in conjunction with the correct balance between care, understanding and being attentive to staff's needs are the skills inherent to being a Police supervisor. It could be argued, that unlike in Social Work Services, where Pryce, Shackelford and Pryce (2007) assert supervisors are promoted from the position of practicing child welfare worker, Family Protection Unit supervisors are promoted from a variety of policing backgrounds (mainly general CID) to perform the supervisory role and may have had little to no practical experience of working in a FPU or having conducted in-

depth child protection enquiries. Pryce, Shackelford and Pryce (2007) further argue that social work child welfare supervisors do not receive any specialist training for the job of supervisor or if training is provided it is based on procedures and the organisation's administration functions, with little or no mentoring being structured into the training. From the account of child protection 'practitioners' and supervisors who took part in the study this appears to be a similar situation in FPUs. Supervisor training is based on the First Line Managers Course at the Scottish Police College or Sergeant's course at in-force Training Centres, where child protection issues may be touched upon but not specifically targeted to the depth required by specialist supervisors within FPUs.

Taken into consideration with respondents' views on heavy workloads, supervision of case investigations and the allocation of work to respondents and that a number of respondents feel that they will be disadvantaged in term of their future career or seen as weak if seeking support, the role of a supervisor cannot be over emphasised. Given the role of a supervisor in the Police Force is to 'guide, direct, supervise and support' (host force job description of a Sergeant), it is equally important that all four aspects are consistently applied, whether on the recommendations of the line manager or at the request of the staff members.

The issue of supervision and support is intrinsically linked to the training provided by the organisation to supervisors to enable them to do their job. Supervision in child protection necessitates a plethora of skills and aptitudes in addition to an in-depth knowledge of child protection practices, procedures, policy and law. Consequently, it could be argued that the Police supervisor tasked with ensuring Officers within FPUs are suitably guided, directed, supervised and supported, should have role specific

training to ensure they are able to properly perform their job as a supervisor. All of the above questions warrant further research to be undertaken in FPUs in Scottish Police Forces in addition to Law Enforcement agencies on an international basis.

5.7 Training

5.7.1 Front Line Practitioner Training

The Child Protection course (Scottish Police College) and Foundation course for CID (In-force Training) and Detective Training course (Scottish Police College) incorporate the subjects of stress management and recognition of the signs and symptoms of stress. However, the subject of STS, burnout and compassion fatigue, evidenced in the literature to be associated with workers who deal with traumatised populations, are not part of the curriculum and should be woven into any training, in addition to teaching strategies to deal with such stressors associated with Child Protection work.

All 3 case studies gave their views on training they had received in relation to their role and 2 out of the 3 cases indicated by the mid point of their training, that they were no longer happy with the training that they had received to perform their role. Both of the cases had initially been happy with their training finding it appropriate to the role they were performing or the role they thought they were performing.

5.7.2 Supervisory Training

Both the Scottish Police College (SPC) in-force training courses are primarily aimed at the rank of constable (front line workers) as opposed to supervisors. However, in absence of any current dedicated FPU supervisors' courses being available in the Force or nationally, supervisors can attend these courses to enhance their education and

learning on child protection issues, practices and procedures. Supervisors on being promoted to the rank of Sergeant attend a 2-week First Line Managers course at the SPC and a Sergeants course in-force. These courses touch on child protection issues but again this is an overview of procedures as opposed to in-depth specialised training in child protection issues. Inspectors are required to attend a one-week Leadership and Management Development course at the SPC, aimed at addressing issues that Inspectors would be expected to make decisions on. Detective Inspectors and above attend a Senior Investigating Officers (SIO) course aimed at addressing issues which SIOs are likely to encounter while managing a Major Incident (i.e. murder, child death etc). However, the course currently available is general in nature and not specific to the nuances of managing a FPU and in particular issues associated with child protection or STS. (It should be noted, that STS is the topic of a one day seminar on the Continuous Professional Development Programme, looking at the phenomenon in terms of general Policing duties).

More research is also necessary in relation to the supervision of Police Officers investigating child protection cases and what effect (if any) quality supervision may have on tenure, job satisfaction and in mitigating the effects of STS. A wider study incorporating all 8 Scottish Forces, would add to the findings of the current study.

5.8 Impact on Practice

The study finally aimed to establish the potential impact on practice of Officers conducting child protection inquiries who may be experiencing STS. Participants in the study acknowledged that child protection work had influenced them positively in relation to their personal practice, improvements in performance, confidence,

investigatory skills and, partnership working. They also recognised that there were negative influences. Interestingly, the negativity emanated from organisational related stressors such as feelings of being overworked, lack of time to progress enquiries timeously, the criminal justice process of getting cases to court and standards of evidence. There was also a perception that the field of child protection was under funded, seen as 'less worthy' or 'not real Police work' which was implicit in the actions and messages by senior managers and associated with multi-agency/partnership working mainly with the Social Work Services. This negativity was acknowledged as emanating from external influences for which respondents had no control as opposed to their own personal practices.

5.8.1 Responding to Affects of FPU Work

Respondents acknowledged throughout the study the effects of heavy workloads, allocation of work, the emotional impact of some investigations i.e. SUDI and the perceived issues surrounding inadequate supervision and support. Respondents further articulated their reluctance to make use of formal psychological counselling services available to the organisation preferring to use informal collegial support. Respondents identified a number of strategies they perceived might be more effective in managing the main stressors identified when working in FPUs. Interestingly, respondents supported the use of psychologists on a formal basis to de-brief staff in contrast to the present optional self-referral and supervisory based referral processes. Respondents felt mandatory counselling would be seen as less unfavourable and less likely to have implications on their role or reflective on their ability to cope. If everyone had to attend mandatory counselling then no individual would be identified or singled out as being incapable of handling work related pressures. However, previous studies have found

that Police Officers resist mandatory CISD (Wright, Powell and Ridge (2006), although, this should not affect a Force's decision to advocate such a move.

Similarly group stress breaks to Police convalescence homes were considered a mechanism which could provide a well-earned interlude aimed at addressing work related pressures and stressors and to provide problem solving strategies to handle such stressors. Respondents indicated they felt able to cope with the disclosures associated with child protection investigations while their personal lives are in order and by using techniques such as distancing. They further acknowledged the links between personal life and their performance expressing their resilience and ability to cope with child protection work being strengthened if family life was stable, settled and robust.

When discussing the findings, the study's limitations should be considered, including issues of bias, sample size, generalisability, reliability and validity. Each of the identified limitations undoubtedly could impact on the research and the findings of the study.

5.9 Limitations of the Study

5.9.1 Issues of Bias

The researcher had been a practitioner in the FPU for four years, experiencing similar situations to that which many of the respondents wrote about. It could be said that the desire to conduct the study lay in these experiences and the real probability that she too may have been affected by STS as a result of that work. As a consequence of these experiences, the personal bias introduced by the researcher cannot be ignored. On a number of occasions the researcher had to be reminded by supervisors to be aware of

personal bias, to remove words which may have been considered leading based on the researcher's assumptions and to separate personal views from that of the respondents, which could have ultimately influence the study.

5.9.2 Sample Size

When it was initially decided to sample only Detective Officers within the host Police Force (for practical and logistical reasons it was not feasible to include child protection Officers from the other 8 Scottish Police Forces), the sample was therefore biased. In a bid to refrain from biasing the sample of respondents, an independent member of the Force's personnel department identified potential further respondents using the computer application S.C.O.P.E; as such the researcher had no say in which FPU members were surveyed. However, this in itself could have caused a source of bias as one person had influence over which Officers were chosen to survey. Given issues uncovered about the accurate recording of Officer's current role on S.C.O.P.E, then only those Officers who had FPU on their records could be surveyed. However, some Officers were recorded as being a member of the FPU as opposed to identifying their individual role in the FPU (i.e. Offender Management, Domestic Abuse or Female and Child Unit). Due to the specific nature of the study and the area of specialism being explored, bias of the sample of participants could not be avoided (only Detective Officers investigate specialist child abuse cases). However, the numbers of FPU Detective Officers making up the sample and limiting it to Officers who were currently performing the role, undoubtedly has an impact on the findings. In any subsequent studies, a larger sample consisting of child protection Detective Officers from the other Scottish Forces would be desirable and would be more representative of Scotland as a whole rather than one particular area of Scotland and Scottish Force. The study could

have been further limited by the small number of 'cases' followed in the longitudinal case studies, and it could be argued, that a larger sample may have provided entirely different results. The 3 people who chose to take part may have had an agenda or other reasons for wanting to be involved and their personal biases may have skewed the results. It was also of note that all 3 of the cases did not have children, which was not representative of the FPU population. The same tables from the questionnaire were used with the cases at points S2 and S3. By using the same tables, this may have encouraged Officers to copy and paste the results from S2 onto the S3 tables, to save time. However, the responses at the different data collection points did at times change, so this might not be the case.

A further bias in the study was invariably caused by non-response/decision of respondents not to return their questionnaires. A total of 100 questionnaires were originally disseminated with 63 being returned. This begs the question about the 37 people who chose not to return their questionnaires and any underlying reasons behind the 63 who chose to take part. The views of any person, who failed to take part or return questionnaires, have not been represented in the results of the study and as such may cause a further bias to any findings reported at the conclusion of the survey.

The lack of retained historical data on FPU demographics, resulting in the reliance on anecdotal evidence by the researcher who was in post as a practitioner in the 1990s, inevitably has an impact on the validity and reliability of the comparative data. However, in absence of other available source to refer to, this was unavoidable.

5.9.3 Generalisability (transferability)

Due to the study focusing on one Scottish Force alone, the results cannot be considered as being totally representative of child protection Detective Officers on a national basis. However, transferability of the findings could be considered. As previously alluded to, Lincoln and Guba (1985), suggest using the alternative means of taking information from a study to assist in making a judgement to what extent the information may apply to other analogous circumstances. Therefore from this study, the findings are suggestive that if a similar study with a similar sample size and demographics were to be conducted within the remaining 7 Scottish Police Forces, similar findings may be anticipated.

5.9.4 Issues of Validity and Reliability

Having researched thoroughly the assessment tools/instruments in existence, which are frequently used to assess whether people are experiencing the various stress related constructs, Bride's (2004) STS Scale was deemed the most suitable for the study to capture data in connection with the study's aims. Sabo (2006) argues that although Bride's STS Scale provides a fast and simple assessment tool to gauge the presence of STS, its limitation should not go unmentioned. She asserts that as with many of the trauma instruments, the target population is a specific group of health care professionals and/or social workers, which she suggests indicates a 'lack of adaptability to accommodate a variety of STS exposures' (p139), and suggests that further studies are required before the instrument and scale can be considered reliable. However, having conversed personally with the instrument's author, Brian Bride, the STS Scale was considered the instrument that could be used to ascertain if Police Officers were experiencing STS. Given the similarities in post and the ability of the researcher to alter

certain words in Bride's instrument to suit the group of persons being surveyed without affecting the instrument, out of all the assessment instruments/tools, this one was considered the most appropriate to survey child protection Police investigators.

5.9.5 Survey Design

When designing the questionnaire and writing the questions, being aware of the dangers of personal biases, prejudices and blind-spots (Trochim, 2002) was important to guard against such bias from affecting the wording of questions. Ensuring personal values were not obvious in the questionnaire design and wording was important to ensure that only responses that supported the researcher's theories were not elicited. Trochim (2002) states that respondents generally want to look 'good' and prefer to answer a question positively rather than negatively. If a respondent picks up from a question that the researcher supports a certain statement or option, then the respondent tends to select that option too, resulting in the research work being almost inevitably influenced by the researcher's views and personal value base. Being aware of personal biases and prejudices was not an easy task. Acknowledging personal attitudes that may have 'tainted' the questionnaire design and later analysis and interpretation of the data was important. However, it is acknowledged that the researcher may inevitably have influenced or biased in the design of any study and data collection; the goal is to reduce this to a minimum. Rigorous checks conducted by the research supervisors at the University, ensured that bias in the design of the questionnaire and case studies were eliminated.

Conclusion

The study aimed to examine and explore the experiences of Police Officers who investigate child protection cases, in addition to examining whether Officers were experiencing the symptoms of STS and investigating coping mechanisms that Officers may utilise to assist them in the course of their duties. The study suggests that Detectives performing child protection investigation do experience STS to varying degrees. However, this appears to be linked to organisational stressors as opposed to being the by-product of constantly listening to/noting witness statements recounting the intimate details of child abuse. The study further provided evidence of Officers using coping strategies of distancing and emotional numbing. At other times, Officers felt inadequately supported by their supervisors and the additional support services of Occupational Health Unit and Employee Well-being Programmes (often considered by some Officers not to be hitting the mark). Officers further expressed feelings of the kudos of the role being minimised, leaving them feeling undervalued in comparison to their colleagues in the Criminal Investigation Departments. There may be implications for Forces who overlook the growing body of evidence, which supports the existence of STS and its affects on its personnel. This may include staff being left with inappropriate support services, training which does not take cognisance of the phenomenon and therefore does not include appropriate strategies for staff to utilise to help them cope with STS. Alexander, Walker, Innes and Irving (1993) asserted that the harmful effects of stress may negatively impact on Officers' resilience and manifest itself in maladaptive coping mechanisms and/or lead to health complications (physical in addition to psychological) resulting in an increase in staff absence. The possible negative impact on how effective Officers are in post should not be omitted, with Officers potentially falling short in their service provision to the victims of crime. Poor

work performance and job dissatisfaction may lead to a reduction in motivation and the impairment of ability to perform complex tasks. It may further manifest itself in a potential reduction in the standards of investigations and submission of cases, evidence to the Crown Office and Procurators Fiscal Service, potentially providing a reduced service to victims and survivors. This could result in offenders failing to be brought to justice and opportunities to continue their offending habits. Alexander, Walker, Innes and Irving (1993) further argue the potential of work related stress to lead to an increase in complaints about the Police. Given the legal obligation of organisations (including Police Forces) to ensure safe working environments under the Health and Safety Act 1974 and Health and Safety at Work Regulations 1999, it is increasingly recognised that employers are responsible for the psychological and physical well-being of their employees. The majority of Forces in the UK affirm that it is a responsibility of all managers and supervisors to demonstrate their commitment to health and safety through their actions in line with their individual Force policy. Ultimately, the lack of Police Forces' acknowledgement of such phenomena may impact on the personnel and resources of the organisation, the personal effectiveness of Officers to do their job and potentially impact on the overall effectiveness of the organisation.

The final chapter will conclude the study and will outline recommendations that could inform future policy, practices and subsequent child protection training, supervision, support and research. This will further form a foundation on which appropriate interventions and support services targeting the specific need of child protection Officers can be built.

Chapter 6

Conclusion and Recommendations

The absence of research in Police FPUs remains, with a crucial need for research in this occupational group of Police Officers. The study found that over 50% of the respondents experienced some degree of STS. Respondents expressed experiencing emotional hardening, detachment and distancing as methods to assist coping with the work. The results raised a number of questions about current practice, policy, procedures and the services provided to staff conducting child protection investigations. All of the study's objectives were achieved, providing rich data on previously unknown details about the phenomenon of STS and its presence amongst Police Officers investigating child protection cases. The implications for the host Forces practices will be discussed.

6.1 Training

In relation to the current training courses available to FPU first line managers and front line FPU personnel, courses appear to be task focused and process driven, concentrating on the details of conducting investigations. Officers had indicated that they were not happy with the training they had received, this being further supported by 2 out of the 3 case studies. Some of the courses currently available are general in nature and not specific to the nuances of managing a FPU and in particular issues associated with child protection and the supervision and support of unit members.

Recommendation 1

Dedicated training workshops should be delivered on STS and associated constructs, aimed at providing Detective Officers engaged in child protection investigations with the tools which could be utilised to help them cope with and recognise the symptoms of

STS. This could assist Officers to recognise when more formalised interventions may be required.

Recommendation 2

A dedicated FPU supervisors' course should be considered, designed and made mandatory for such supervisors to attend. To educate supervisors on the minutiae of being a FPU supervisor, the implications of STS and its associated constructs and the potential impact on staff. Such a course could provide supervisors with the tools to give appropriate support, guidance, direction and supervision to their staff and recognise when appropriate intervention may be required to provide more formalised support from the services already available to Forces through the Employee Well-being Programme or Occupational Health Unit.

Recommendation 3

A review of the existing Child Protection training courses should be undertaken to ensure currency and appropriateness of the education and learning, surveying the views of persons who have been in post and conducting child protection enquiries a year on from their training. A review would assist in ascertaining if the training meets students' needs and if not, then which areas could or should be addressed in any subsequent education and learning courses. What appears not to be adequately covered in the training is the emotional affect of having to investigate SUDI and what strategies individuals could consider adopting to assist them manage emotionally challenging incidents.

6.2 Organisational Support Mechanisms

Organisations should take cognisance of what their employees are saying about what works and what does not work. The data from the 3 case studies have indicated that the

Officers' views, experiences and how they cope with the daily rigours associated with investigating child protection, changes to a degree approximately 3 to 4 months into performing the role of FPU Officer.

The present study has provided evidence that child protection Officers do not consider that the present services provided by the Occupational Health Unit and Employee Well-being Programmes meet their needs in their current format. The study provides evidence of the existence of STS amongst Detective Officers investigating child protection cases. Police procedures may require to be amended to make the attendance at health assessments (similar to what FLOs attend) mandatory or that services needs to be tailored to meet the needs of individual departments. Respondents did not consider the actual day-to-day work (including listening to victims accounts of abuse/sexual assault) to be the main stressors (with the exception of SUDI, where issues appeared to transcend natural resilience of coping mechanisms). However, their experiences of supervision, working conditions, shift patterns, interaction with external partner agencies (NHS, COPFS, Social Work Services) were considered problematic. Respondents also made it quite clear that they felt there was a stigma attached to accepting the current help available, or that in accepting the services it could be seen as a sign of weakness or not coping. A system that addresses such concerns needs to be implemented, whereby personnel can freely express their views and feel they were listened to and that their contribution is valued. As such it is recommended that the organisations should consider implementing a more formalised process that makes psychological debriefing mandatory for all staff members thus removing the perceived stigma attached to using the support services.

Recommendation 4

In line with the FLO training and de-briefing processes, it is recommended that a study be commissioned on the feasibility of providing FPU Officers with similar formal mandatory health assessments and psychological de-briefing service(s) which are currently available to FLOs. The provision of psychological counselling services is accepted by FLOs as part of the process without a stigma being attached.

Recommendation 5

Respondents further commented that 'away days' and 'stress breaks' at the Scottish Police Convalescence Home, Auchterarder, were available to some of their colleagues in FPUs. They stated how valuable such breaks were to them.

It is further recommended that consideration be given to the wider use of the Scottish Police Convalescence Home (Auchterarder) for FPU Officers to attend at appropriate times to be provided respite from work related stressors. Given that 50% of respondents indicated experiencing levels of STS, it would be prudent for the Police Force to acknowledge the existence of STS and take steps to reduce the effects on the personnel conducting child protection and consider the commission of similar research in other areas of policing.

6.3 Working Conditions

The current work pattern was one of the organisational stressors respondents considered had an affect on them in addition to the heavy workloads. Scottish Forces and an increasing number of departments are moving away from the traditional 7 days on/3 shifts (night, late and early shift, it should be noted that the FPU Officers in the host Force no longer perform a full night shift) due to the detrimental affects to health. Is it

therefore still acceptable for FPU Detective to be on duty for 7 days before having days off?

Recommendation 6

Consideration should be given to reviewing the current shift pattern worked by the FPU and CID, looking at the feasibility of introducing a version of the variable shift agreement which might suit both the organisation and provide a better work life balance to FPU personnel. (Since the conclusion of the study, the host Force commenced a trial of a new Corporate CID shift pattern based on 6 days on and 2 off, during March 2010. On completion of the trial, the results will be considered before a decision is made on whether it is a feasible option for introduction throughout the host Force)

6.4 Implications for Profession and Policy Makers

There is growing empirical evidence of the existence of STS and the effects of the phenomenon on the professionals who work with people who are traumatised. The current study suggests that Detective Officers conducting child protection enquiries are no less immune to the affects of STS than their counterparts in health or social work services.

Organisations need to take cognisance of what employees are saying about what works and what does not work. Respondents' lack of willingness to use the support mechanisms of Occupational Health Unit and Employee Well-being Programmes tends to suggest that the services in their current format are not considered by many, fit for purpose and have been described as *'mechanical and perfunctory'*. Respondents acknowledge present strategies are not working, only a minority of the respondents investigating child protection cases are utilising the services, begging the question, does

this indicate that the current service provision is not adequately meeting the needs of the organisation's employees and that services need to be tailored to meet the needs of individual departments? Further, what are the implications of providing certain employees such as FLO with annual mandatory health assessments, while omitting to provide a similar service to the staff of the FPUs? Respondents made it quite clear that they felt there was a stigma attached to accepting the current help available through Employee Well-being Programme or Occupational Health Unit, or that accepting the services would be seen as a weakness or not coping and may impact on their ability to progress within the organisation and acknowledgement by respondents that they find the support available to be perfunctory at times. Respondents clearly evidenced a lack of uptake of the services made available by the organisation. Given the comments made by respondents who had investigated cases of Sudden Unexpected Death in Infancy and the persuasive nature of these enquiries to affect their ability to use coping strategies and thus impact on their resilience, is it acceptable for Officers to opt out of using available support services?

Police Forces need to ensure that staff within the FPU, are appropriately supported and de-briefed in a bid to minimise the potential risk of psychiatric injury incurred by Forces failing to take 'adequate precautions' to minimise such risks. In light of a recent psychiatric injury claim in Australia (New South Wales v. Seedsman, 2000) resulting in an Officer being paid damages for psychiatric injury, is it is still legitimate for UK Police Forces to rely on Alcock v. Chief Constable of South Yorkshire Police (1992) decision, that perpetuates the British courts' unwillingness to recognise the affects of secondary exposure to traumatic incidents and the affects on Police Officers. At present decisions by the Law Lords, serve to control the definition and class of persons who can

recover damages for psychiatric harm in tort (an injurious, harmful act through which civil action can be brought, Pocket English Dictionary, 2001, p462). Such decisions minimise the fear of the floodgates opening and thus serve to narrow the range and reduce the number of actions brought against Chief Officers by potential secondary victims. As mentioned earlier, it is important for Forces to address the well-being of personnel, to deal effectively with work related stressors, to ensure the effectiveness of operations and competency of Police Forces. This can result in Officers feeling valued and empowered, and enhances the performance of the organisation and the service provided to the public, thereby making a case for clearer policies.

6.5 Implications for Future Research

Due to constraints of time and the doctorate study being self funded, the study was limited in what could be realistically achieved. A number of areas were touched upon, but would merit further time and study. The issue of gender balance within FPU investigating child protection cases, in addition to the apparent gender imbalance when considering the role of FPU supervisor, although being referred to, was not further expanded upon. The study interestingly broached the subject of gender of Officers and whether having children appeared to have an affect on persons applying to perform the role or preferring to refrain from investigating child protection cases, further touching on issues of gender and the Criminal Investigation Departments being unappealing/underrepresented by female Officers. The whole area surrounding gender and the practitioner role of FPU, CID, trainees taking up full time postings and supervisory roles remains an area worthy of further exploration.

Another area touched on but not further expanded upon was the age and service of respondents and the decision to apply for child protection postings. However, this area would warrant further in-depth research on a national basis to explore further policing trends and any underlying reasons between age and decision to apply or be deployed in FPUs.

SUDI was not only widely discussed in the main study but also in the three longitudinal case studies and in particular the reflective logs. Out of all the incidents dealt with by FPU Detective Officers it would appear that such investigations appear to diminish an Officer's natural resistance/resilience and ability to use coping mechanisms including emotional numbing or hardening and that the supervisory support afforded to practitioners plays a pivotal role for both male and female Officers. This remains an area that would warrant both national and international research on the subject matter, as it is clearly a major, significant and pervasive occurrence for Officers tasked with its investigation.

The study has raised questions about what it is about child protection work that impacts on the ability of the individuals performing this role to persevere even at times of intense pressure and heavy workloads. This raises further questions over supervision and support and the significance of child protection work in the Force's priorities. Although, high on the Scottish Government and the host Force priorities and Control Strategy, respondents still perceive their work to be less important and minimised in the 'bigger picture' of policing priorities, with lack of staff, under funding and working conditions exacerbating the situation. To what extent are such perceptions linked to managers and senior Officers not having had first hand experience of being a

practitioner within FPUs? Are there any underlying reasons precluding FPU practitioners from being readily identified for promotion and placed in supervisory roles within the department, where their knowledge and experience may influence practice and quality of supervision to practitioners? Therefore, this area too warrants research into any causal factors affecting promotion of Female FPU Officers.

The suggested findings from this study and previously published studies on STS should be taken into consideration and form the foundation on which to inform and build future Police child protection education and learning, supervisory support, practices and policy where necessary and in the provision of appropriate organisational support services. Finally, further empirical studies are required to be undertaken on the affects of STS on Police Officers who conduct child protection enquiries, both from a national and international perspective.

6.6 Provision of Support to Respondents Experiencing Symptoms of STS.

As earlier stated, the study found that 32 respondents were experiencing the symptoms associated with STS, from 'mild' levels to 'severe', in total 51% of the sample.

Although the researcher had been a practitioner in the FPU with in-depth experience of child protection investigations, the results of the study was not anticipated to the degree found. At the start of the study and prior to completing questionnaires and the longitudinal case studies, respondents were provided with the contact numbers of the Occupational Health Unit and that of the Employee Well-being Programme (the organisational support mechanisms). However, respondents had also indicated that on the whole, they did not tend to use the services.

To address the overwhelming results of the study and large number of Officers experiencing the symptoms of STS, the researcher contacted the Occupational Health Unit requesting that additional posters, leaflets and literature on the services of the unit and benefits to personnel, to be provided for FPU departmental office boards and within the CID. The researcher asked that the information be circulated to the Detective Sergeants in charge of the FPUs. The researcher also contacted the Employee Well-being Scheme and requested additional literature and pockets aides to be forwarded to FPU supervisors for personal issue to FPU Officers. If unwilling to be seen to be using the services while on duty, Officers may feel more inclined to contact the Occupational Health Unit or Employee Well-being Programme while off duty, as such a personal issue of the contact details may be beneficial to Officers.

The researcher also contacted the current FPU supervisors by group e-mail, providing a brief summary of the study's findings and asked that, on receiving the posters and leaflets, could they be displayed in a prominent position in the CID/FPU. As the researcher had no knowledge of who had taken part in the study, there was no issue of confidentiality being breached.

The three longitudinal case studies were personally e-mailed their findings. Each of the 3 case studies were provided with the contact details of the Occupational Health Unit and Employee Well-being Programme and informed of the support mechanisms available to them if they felt in any way affected by taking part in the study. As stated, all 3 cases indicated their thanks for the support offered.

The researcher was aware that as part of her moral and professional duty, in addition to supporting the Force Organisational goals and key priorities (Public Protection/Child

Protection being high on the Force's agenda), that there was a need to ensure the results of the study would be brought to the attention of senior management in the organisation and Occupational Health Unit and Employee Well-being Programme. Discussions are presently underway with a Senior Police Manager within HR, to have the results of the study brought to the attention of the Head of Human Resources and ACC in Charge of Crime (Operations) who authorised the study to be conducted.

The study findings are suggestive, but not conclusive of STS being experienced by a significant portion of Detective Officers who, as part of their daily duties, investigate child protection cases. Limitations not withstanding, this study augments the existent literature, by illustrating the likelihood of STS being experienced by FPU Detective Officers. The findings suggest that this group of Police Officers may need and benefit from specific supervision and support to address the potential vulnerability to this relatively new phenomenon. If left unresolved, there may be future implications not only for the Officers, but also for the Police Force and the public that they serve.

Finally, the research has contributed to new knowledge creation, informing future practice and the Policing profession, in the area of child protection investigations that has not been previously studied. As a result of the findings, FPU supervisors can take positive steps to supporting their personnel, in terms of their psychological and physical well-being and in respect of their own supervisory skills.

References

Aarons, N., Powell, M., & Browne, J. (2004). Police perceptions of interviewing children with intellectual disabilities: a qualitative inquiry. *Policing and Society,* 14(3), 269-278.

ACPOS. (2009). *Report prepared for ACPOS Organisational Health and Welfare Safety Sub-Committee: Critical Incident Stress Management Policy*. ACPOS Personnel & Training Standing Committee. (Accessed April 2010) http://www.acpos.police.uk/document/policies/P&T_CISM.Policy

Ahrens, C., & Campbell, R. (2000). Assisting rape victims as they recover from rape: The impact on friends. *Journal of Interpersonal Violence*, 15(9), 959-986.

Allen, J., & Mellor, D. (2002). Work context, personal control and burnout amongst nurses. *Western Journal of Nursing Research*, 24(8), 905-917.

Alexander, D. A., Walker, L.G., Innes, G., & Irving, B. L. (1993). Police Stress at Work. *The Police Foundation Series*, 15(38), 74-77.

Anderson, D. (2000). Coping strategies and burnout amongst veteran child protection workers. *Child Abuse & Neglect,* 24(6), 339-348.

Anson, R., & Bloom, M. (1988). Police Stress in Organizational Context. *Journal of Police Science and Administration*, 16(12), 229-235.

Baird, S., & Jenkins, R. (2003). Vicarious traumatisation, secondary traumatic stress and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18(1), 71-85.

Baker, R. (2003). *The social work dictionary*. Washington, DC: NASW Press.

Batty, D. (2001). *Child protection in crisis, social services directors warn*. (Accessed August 2010) http://www.guardian.co.uk/society/2001/sep/24/childrenservices.childprotection

BBC News, 7 November 2005.

Beaton, R.D., & Murphy, S. A. (1995). *Working with people in crisis: Research Implications*. In C. R. Figley (Ed.) *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised*, (51-81). New York, Brunner/Mazel.

Beaton. R.D., Murphy. S, Clark Johnson. L., & Nemuth, M. (2001). *Secondary traumatic Stress in Fire Fighters in the Aftermath of 9/11/2001*. http://www.son.washington.edu/portals/bioterror/SecondaryTraumaticStressResponse.doc.htm (Accessed October 2006).

Becker, S. (2001). Meeting the threat of weapons of mass destruction terrorism: toward a broader conception of consequence management. *Mil Med*. 166(12) 13–16.

Bennet, R. (1983). *Police at Work: Policy Issues and Analysis*. Thousand Oaks, California: Sage Publications.

Bernotavicz, F. (1997). *Retention of child welfare caseworkers: A report*. (Accessed October 2009) http://muskie.usm.maine.ed/helpkids/pubstext/retention.html

Bohl, N. (1991). *The effectiveness of brief psychological interventions in Police Officers after critical incidents*. In Reese, J., Horn, J. & Dunning, C. (eds). *Critical incidents in policing,* (51-61). Washington DC: Government Printing Office.

Bonifacio, P. (1991). *The Psychological Effects of Police Work. A Psychodynamic Approach*. New York: Plenum Press.

Brady, J., Guy, J., Poelstra, P., & Brokaw, B. (1999). Vicarious traumatisation, spirituality and treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice*, 30, 386-393.

Breslau, N., Davis, C., Andreski, P., & Peterson, E. (1991). Traumatic events and posttraumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry*, 48, 216-222.

Breslau, N., Davis, G., Peterson, E., & Schultz, L. (1997) Psychiatric sequelae of posttraumatic stress disorder in women. *Achieves of General Psychiatry*, 54, 81-87.

Bride, B. (2004). The Impact of providing Psychological Services to Traumatised Populations. *Stress Trauma and Crisis.* Brunner-Routledge, 7, 29-46.

Bride, B. (2007). Prevalence of Secondary Traumatic Stress Amongst Social Workers. *Social Work*, 52(1), 63-70.

Bride, B., Jones, J., & MacMaster, S. (2005). Correlates of Secondary Traumatic Stress in Child Protective Services Workers. *Journal of Evidenced- Based Social Work Practice*, 4, 69-80.

Bride, B., Robinson, M., Yegidis, B., & Figley, C. (2004). The Development and Validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practic*e, 14(1), 27-35.

Bride, B., Smith Hatcher, S., & Humble, M. (2009). Trauma Training, Trauma practices and Secondary Traumatic Stress amongst Substance Abuse Counsellors. *Traumatology*, 15(2), 96-105.

Briere, J. (1989). *Therapy for adults molested as children.* New York: Springer.

Brown, S., & Leigh, T. (1996). A new look at psychological climate and its relationship to job involvement, effort and performance. *Journal of Applied Psychology*, 81(4), 358-368.

Brown, J., & Campbell, E. (1994). *Stress and Policing*. New York: Wiley

Bisson, J.L., Jenkins, P.L, Alexander, J., & Bannister, C. (1997). Randomised control trail of psychological debriefings for acute burn trauma. In J. Ormerod. *Psychological Debriefing: Professional Practice Board Working Practice, Current Research into the Effectiveness of Debriefing*, (8-15). The British Psychological Society.

Buchanan, G., Stephens, C., & Long, N. (2001). Traumatic Experiences of New Recruits and Serving Police. *The Australian Journal of Disaster and Trauma Studies*, 2, 2001. http://www.massey.ac.nz/~trauma/issues/2001-2/buchanan.htm

Bull, R., & Milne, B. (2004). *Attempts to improve the police interviewing of suspects*. in Lassiter, G.D (ed.) *Interrogations, Confessions and Entrapment,* (182-196). New York: Plenum Publishers.

Campbell, R. (2002). *Emotionally involved: The impact on researching rape*. New York: Routledge.

Cardwell, M. (2003). *Complete A-Z Psychology Handbook*. London: Hodder & Stoughton.

Cherniss, C. (1980). *Staff burnout job stress in human services*. New York: Praeger.

Chrestman, K. (1999). *Secondary exposure to trauma and self reported distress amongst therapists*. In B. H. Stamm (Ed.). *Secondary traumatic stress: self-care issues for clinicians, researchers and educators* (2nd edition) Lutherville, MD: Sedan Press.

Classen, C., & Koopman, C. (1993). Trauma and dissociation. *Bulletin of Menninger Clinic*, 57(2), 179-195.

Clemans, S. (2004). Understanding Vicarious Traumatisation- Strategies for Social Workers. *Social Work Today,* 4(2), 13-17.

Collins Gem English Dictionary. (1990). Glasgow: Collins Sons & Co.

Coman, J. (1993). *Trauma, Stress and Coping of Police Officers: An Australian Police Survey*. Paper presented at the Stress and Trauma in the Workplace Conference, Adelaide.

Coman, G., & Evans, B. (1991). Stressors facing Australian Police in the 1990s. *Police Studies*, 14, 153-165.

Compact Oxford English Dictionary.

http://www.oxforddictionaries.com/page/askoxfordredirect

Conrad, D., & Keller-Guenther, Y. (2006). Compassion fatigue, burnout, compassion satisfaction amongst Colorado child protection workers. *Child Abuse & Neglect*, 30, 1071-1080.

Cornille, T., & Woodard Meyers, T. (1999). Secondary traumatic stress amongst child protection service workers: prevalence, severity and predictive factors. *Traumatology*, 5(1), 2, 1–17.

Cotton, P., & Hart, P. (2003). Occupational Wellbeing and performance: a review of organisational health research. *Australian Psychologist*, 38(2), 118-127.

Courts, R. (2001). *Wider Still and Wider? The History of the Law of psychiatric damage, and options for reform*. http://www.courts.fsnet.co.uk/widerstill.htm (Accessed March 2007)

Cubiks. (2003). *Hot under the collar: how stress is impacting on the 21st century business environment*.

http://www.cubiks.com/aspx/document.aspx?documentid=295 (Accessed July 2009)

Cunliffe, A., & Jun, J. (2002). *'Reflexivity as intellectual and social practice', Paper prepared for the annual meeting of the Public Administration Theory Network*, May 29-31, 2002, Cleveland, Ohio. http://www.pat-net.org/Ann.html

Dane, B. (2000). Child Welfare workers: An innovative approach for interacting with secondary trauma. *Journal of Social Work Education*, 36(1), 27-38.

Denscombe, M. (2007). *The Good Research Guide for small-scale social research projects*. McGraw Hill. Open University Press. Poland.

De Ridder, T. (1997). The Trauma of Testifying. Track Two, 6, 30-33.

Dickson, N., & Perry, R. (2002). Actors influencing the retention of specially educated public child welfare workers. *Journal of Health and Social Policy*, 15(3/40), 89-103.

Driscoll, M. (1994). *Psychology of Learning for Instruction*. Boston: Allyn and Bacon.

Duckworth, D. (1991) *The Nature and Effects of Incident which induce Trauma in Police Officers*. Central Advisory Facility on Organisational Health and Welfare.

Dutton, M. A. (1992). *Empowering and healing the battered woman: A model of Assessment and Intervention*. New York. Springer Publishing Co.

Ekman, P., & Davidson, R. (1994). *Fundamental Questions About Emotions*. New York: Oxford University Press.

Figley, C. (1982). *Traumatisation and comfort: Close relationships may be hazardous to your health*. Keynote presentation at the Conference, Families and close relationships: Individuals in Social Interaction, Texas Tech University, Lubbock, Texas.

Figley, C. (1985). The Family as victim: Mental health implications. *Psychiatry*, 6, 283-291.

Figley, C. (1989). *Helping Traumatised Families*. New York: Brunner/Mazel.

Figley, C. (1993). *Compassion Stress: Toward its measurement and management*. Family Therapy News (January).

Figley, C. (1995a). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised.* New York: Brunner/Mazel.

Figley, C. (1995b). *Compassion fatigue as secondary traumatic stress disorder: An Overview*. In C.R. Figley (ed.), *Compassion fatigue*, (1-20) New York: Brunner/Mazel.

Figley, C. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B.H Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators* (2nd ed.), (3-28). Lutherville, MD: Sidran Press.

Figley, C. (2003). *Treating Compassion Fatigue*. New York: Brunner-Routledge.

Finn, P. (2000). On the job stress: Reducing it and Preventing it. *National Institute of Justice Journal*, 18-24.

Follette, V., Polunsy, M., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact on providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice*, 25, 75-282.

Freme, K., & Fagan, N. (2002). The dark side of feeling others pain. *Nursing Spectrum*. http://www.google.com

Gallow, G. (2005). Family Affair. Police: *The Law Enforcement Magazine,* 29(2), 36-40. http://www.policemag.com/Channel/Patrol/Articles/2005/02/Police-Domestic-Violence-Job-related-stress-is-the-root-of-dysfunctional-behavior-in-cops.aspx

Ghahramanlou, M., & Brodbeck, C. (2000). Predictors of secondary trauma in sexual assault trauma counsellors. *International Journal of emergency Mental Health*, 2, 229-240.

Giaconia, M., Reinherz, Z., & Silverman, B., Bilge Pakiz, A., Frost, K., & Cohen, E. (1995). Trauma and posttraumatic stress disorder in a community population of older adolexce3nts. *Journal of The American Academy of Child and Adolescent Psychiatry*, 34, 1369-1380

Gilligan, C. (2005). *What was it all for*?. http://www.spiked-online.com/Article10 Article 10 November 2005.

Gleitman, H. (1981). *Psychology*. London, W.W. Norton & Company Ltd.

Glisson, C. (2000). *Organisational climate and culture*. In Pryce, J., Shackelford, K., & Pryce, D. (2007). *Secondary Traumatic Stress And The Child Welfare Professional*. Chicago, Illinois. Lyceum Books Inc.

Goleman, D. (1996). *Emotional Intelligence. Why It Can Matter More Than IQ*. London: Bloomsbury Publishing Plc.

Greenglass, E., Burke, R., & Fiksenbaum, L. (2001). Workload and burnout in nurses. *Journal of Community and Applied Psychology*, 11, 211-215.

Hammarberg, M. (1992). Penn Inventory of PTSD: Psychometric properties. *Psychology Association*, 4, 67-76.

Hammond, H., DR. (2000). *Child Protection Enquiry: into the circumstances surrounding the death of Kennedy McFarlane*. http://www.fassit.co.uk/kennedy_mcfarlane.htm

Hammond, C., Lanning, K., Promisel, W., Shepherd, J., & Walsh, B. (2001). *Law Enforcement Response to Child Abuse. Portable Guides to Investigating Child Abuse*. http://www.ncjrs.org/txfiles/162425.txt

Hart, P., Wearing, A., & Headley, B. (1995). Police stress and well-being: integrating personality, coping and daily work experiences. *Journal of Organisational Psychology*, 68, 133-156.

Health and Safety Executive. (2002). PR24. Review of the existing supporting

knowledge to underpin standards of good practice for key work related stressors –

Phase 1. *Institute for Employment Studies*. (Accessed March 2010)

www.hse.gov.uk/research/rrpdf/rr024.pdf

Health and Safety at Work etc Act (1974).

The Management of Health and Safety at Work Regulations. (1999).

Heiman, M., F. (1975). Police Suicide. *Journal of Police Science Administration*, 3,

267-273.

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Hibberd, M., & Bennett, M. (1990). *Questionnaire and interview surveys: a manual for*

Police Officers. London: Police Foundation.

Horowits, M., Wilner, N., & Alvarez, W. (1979). The Impact of Events Scale: A

measure of subjective stress. *Psychosomatic Medicine*, 41, 209-218.

Howard, C., Tuffin, K., & Stephens, C. (2000). Unspeakable emotion: A discursive

analysis of Police talk about reactions to trauma. *Journal of Language and Social*

Psychology, 19, 295-314.

Howe, P., & McDonald, C. (2001). Traumatic stress, turnover and peer support in child

welfare. Presented at the 2001 Finding better Ways conference, *Child Welfare*

League of America.

http://www.cwla.org/programs/trieschman/2001fbwPhilHowe.htm (Accessed

April 2010)

Hughes, E. (1971). *The Sociological Eye: Selected Papers*. Aldine Atherton, Chicago,

IL/New York.

Hutt, M. (1999). In A., Avery, R, Bretherton & R, Orner. Deconstructing Psychological Debriefing & Emergency Calls for Evidenced based practice. ESTSS Bulletin, 6(2), 7-11.

Hutter, B., & Lloyd-Bostock, S. (1990). The power of accidents: the Social and psychological impact of accidents and the enforcement of safety regulations. *British Journal of Criminology*, 30(4), 409-422.

Ickes, W. (1997). *Empathic accuracy*. New York: The Guilford Press.

Janoffoff-Bulman, R. (1985). The Aftermath of victimisation: Rebuilding shattered assumptions. In C.R. Figley (Ed.), *Trauma and it's wake: The study and treatment of post-traumatic stress disorder*, (15-35). New York: Brunner/Mazel.

Joinson, C. (1992). Coping with compassion fatigue. *Nursing*, 22(4), 116-122.

Kadushin, A. (1985). *Supervision in social work* (2nd .ed.) New York: Columbia University Press.

Kalimo, R., Pahkin, K., Mutanen, P., & Toppinen-Tanner, S. (2003). Staying well or burning out at work: work characteristics & personal resources as long-term predictors. *Work and Stress,* 17, 109-122.

Kassam-Adams, N. (1999). The risks of treating sexual trauma: stress and secondary trauma in psychotherapists. In B.H. (Ed.), *Secondary traumatic stress: Self -care issues for clinicians, researchers and educators* (2nd edition). Lutherville, MD: Sidran Press.

Kenardy, J. (2000). The Current state of psychological debriefing. *British Medical Journal*, 321, 1032 – 1033.

Kenardy, J. A., Webster, R. A., Lewin, T. J., Carr, V. J., Hazzell, P. L., & Carter, G, L. (1996). Stress debriefing as patterns of recovery following a natural disaster. *Journal of Traumatic Stress*, 9 (1), 37-49.

Kessler, R., Sonnega, A., Bromet, E., & Nelson, C. (1995). Posttraumatic stress disorder in the National Comorbidity Study. *Archives of General Psychiatry*, 52, 1048-1060.

Kirschman, E. (2003). Preparing Families for the Hazards of Police Work. *The Police Chief*, 70(10). Alexandria. http://www.policechiefmagazine.org/magazine/index

Kores, W. H. (1985). *Society's victims*: The Police. 2nd Edition. Springfield, IL; Charles C. Thomas.

Kroes, W. H. (1976). *The Policeman – An Analysis of Job stress in Policing*. Springfield, IL; Charles C. Thomas.

Krystal, J. H., McDougle, C. J., Woods, S. W., Price, L. H., Heninger, G. R., & Charney, D. S. (1992). Dose–response relationship for oral idazoxan effects in healthy human subjects: comparison with oral yohimbine. Psychopharmacology, 108, 313–319.

Lamming, Lord (2002). *Victoria Climbe Enquiry Report*. Online Publications. Every Child Matters: Change for Children.
http://www..uk/default.aspx?publication.everychildmatters.ov

Landsman, M. (2001). Commitment in public child welfare. *Social Services Review*, 75(30), 386-419.

Leiter, M., Harvie, P., & Frizzell, C. (1998). The correspondence of patient satisfaction and nurse burnout. *Social Science Medicine*, 47(10), 1611-1617.

Levenson, R., L. (2007). Pretension of traumatic stress in law enforcement personnel: a cursory look at the role of peer support and critical incident stress management Officer.
http://www.findarticles.com/p/articles.mi_go1613/is_3_16/ai_n29371104/

Levert. T., Lucas, M., & Ortlepp, K. (2000). Burnout in psychiatric nurses: contributions of the work environment and a sense of coherence. *South African Journal of Psychology*, 30(2), 36-43.

Liberman, M. (2002). Routine occupational stress and psychological distress in Police. Policing: *An International Journal of Police Strategies and management*, 25(2), 421-439

Linclon, Y., & Guba, E. (1985). *Naturalistic Enquiry*. Newbury Park, CA: Sage.

Lumb, R., & Breazeale, R. (2002). Police Officers attitudes and community policing implementation: Developing strategies for durable organisational change. *Policing & Society*, 13(1), 99-106.

MacEachern, A. D., Jindal-Snape, D., & Jackson, S. (In Press). Child Abuse Investigation: Police Officers and Secondary Traumatic Stress. (Accepted for publication, 6/7/2010). *The International Journal of Occupational Safety and Ergonomics (JOSE).*

McDonald, N., & Flett, R. (1996). Frequency and Impact of different traumatic events: A New Zealand community Study. Poster presented at 12th annual conference. International Society of traumatic Stress Studies. San Francisco.

Mahadevan, J. (2010a). Social Work Reform: Social Work Reform: Government pledges £23m to improve child protection. *Children and Young People Now*. www.cypnow.co.uk/bulletins/Daily-Bulletin/news/990908/?DCMP=EMC-DailyBulletin

Mahadevan, J. (2010b). Social Work Reform: Government orders 'health check' on employers support for social workers. *Children and Young People Now*. www.cypnow.co.uk/bulletins/Daily-Bulletin/news/991002/?DCMP=EMC-DailyBulletin

Martin, C., McKean,. H., & Veltkamp, L. (1986). Post-traumatic stress disorder in Police working with victims. A pilot study. *Journal of Police Science and Administration*, 14, 98-101.

Maslach, C. (1982). *Burnout- the cost of caring*. Englewood Cliffs, NJ: Prentice-Hall.

McCann, I., & Pearlman, L. (1990). Vicarious Traumatisation: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(2), 131-149.

McFarlane, A., & Bryant, R. (2007). Post traumatic Stress disorder in Occupational settings: Anticipating and Managing Risk. *Oxford Journals. Medicine, occupational medicine*, 57(6), 404-410.

http://www.occmed.oxfordjournals.org/cgi/content/abstract/57/6/404

McLenachan, J. (2006). *Facing up to a recruitment cri*sis. (27 November 2006) http://www.societyguardian.co.uk/

Miletich, J. (1990). *Police, Fire Fighter and Paramedic Stress*. An Annotated Bibliography. London: Greenwood Press.

Miller, L. (1999). Law Enforcement Traumatic Stress: Clinical Syndromes and Intervention Strategies. http://www.aaets.org/article73.htm (Accessed August 2010)

Mitchell, J., & Everly, G. S. (1995). Prevention of work-related posttraumatic stress: The critical incident stress debriefing process. In Murphy, L. (Ed.). *Job Stress Interventions*. 173-183. New York: Plenum Press.

Mitchell, T., & Resnick, T. (1981). *Emergency response to a crisis intervention guide P.O.S.T for emergency service personnel*. Bowie, MD: Robert J. Brady.

Mitchell. M, Stevenson. K, & Poole, D. (2000), *Managing post incident reactions in the police service*. Police Research Unit.

Moran, C., & Britton, N. R. (1994). Emergency work experience and reactions to traumatic incidents. *Journal of Traumatic Stress*, 7, 575-85.

Morgan, C. A., Grillon, C., Southwick, S. M., Nagy, L. M., Davis, M., Krystal, J. H., & Charney, D. S. (1995). Yohimbine facilitated asccoustic startle in combat vetrans with post-traumatic stress disorder. *Psychopharmacology*, 117(4), 466-471.

Munroe, J., Shay, J., Fisher, l., Makary, C., Rapperport, K., & Zimering, R. (1995). Preventing compassion fatigue: treatment team model. In C.R. Figley (ed), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatise*d, 209-231. New York: Brunner/Mazel.
National Justice Report (2000).

Nelson-Gardell, D., & Harris, D. (2003). Childhood Abuse History: Secondary Traumatic Stress and Child Welfare Workers. *Child Welfare,* 28(1), 5-26.

Norris, H. (1992). Screen for traumatic stress: A scale for use in the general population. *Journal of Applied Social Psychology*, 20, 408-418.

O'Brien, S. (2003). *Report of the Caleb Ness Inquiry.* http://www.edinburgh.gov.uk.internet/attachments/internet/council/council_business/council_publications

Oliveri, M., & Waterman, J. (1993). *Impact on therapists*. In J Waterman, R. Kelly, M.K. Oliveri & McCord, (Eds.) *Behind playground walls: Sexual abuse in preschools*, (190-202). New York: Guilford Press.

Ormerod, J. (2002), Current Research into the Effectiveness of Debriefing: In British Psychological Society Guidance, (8 −17). Leicester: The British Psychological Society.

Ortlepp, K., & Friedman, M. (2001). The relationship between sense of coherence and indicators of secondary traumatic stress in non-professional trauma counsellors. *South African Journal of Psychology*, 31, 38-46.

Ortlepp, K., & Friedman, M. (2002). Prevalence and correlates of secondary traumatic stress in workplace lay trauma counsellors. *Journal of Traumatic Stress*, 15, 213-222.

O'Toole, S., Vitello, C., & Palmer, S. (2003). *Stress and Law Enforcement.* http://www.virginiacops.org/Articles/Stress/LeOstress.htm (Accessed March 2010).

Oxford English Dictionary. (1994). London, Harper Collins.

Pallant, J. (2007). *SPSS Survival Manual*. McGraw Hill, Glasgow.

Palm, K., M, Polusny, M., A., & Follette, V., M. (2004). *Vicarious Traumatisation: Potential Hazards for Disaster and Trauma Workers.* http://www.kidscenter.org/images/VicariousTraumatizationPotentialHazardsandInterventionsforDisasterandTraumaWorkers.pdf (Accessed August 2010)

Patterson, G. (2001). *Reconceptulising Traumatic Incidents Experienced by Law Enforcement Personnel.* (Accessed September 2009) http://www.massey.ac.nz/~trauma/issues/2001-2/patterson1.htm

Pearlman, L. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatisation. In B.H. Stamm (Ed.), Secondary traumatic stress: Self-care issues for clinicians, researchers, & educators (2nd Ed), (51-64). Lutherville, MD: Sidran Press.

Pearlman. L., & MacIan, P. (1995). Vicarious traumatisation. An empirical study of the effects of trauma therapists. *Professional Practitioner: Research and Professional Practice*, 26(6), 558-568.

Pearlman. L., & Saakvitne, K. (1996). *Trauma and the therapist – counter-transference and vicarious traumatisation in psychotherapy with incest survivors*. New York: W.W. Norton and Co.

Piaget, J., & Inhelder, B. (1969). *The psychology of the child*. New York: Basic Books.

Pitman, R. (1990). Naloxone – Reversible Analgesic Response to Combat related Stimuli in Posttraumatic Stress Disorder. In Goleman, D. (1996). *Emotional Intelligence. Why It Can Matter More Than IQ*. London, Bloomsbury Publishing Plc.

Pocket English Dictionary (2001). London: Covent Garden Books.

Pogrebin, M., & Poole, E. (1991). Police and tragic events: the management of emotions. *Journal of Criminal Justice*, 19, 395-403

Pogrebin, M., & Poole, E. (1998). Humour in the briefing room: a study of strategic uses of humour amongst Police. *Journal of Contemporary Ethnography*, 17(2), 183-210.

Police Information Network System.

Positional Paper of the Infant Mental Health Promotion Project on Vicarious Trauma in the Workplace (2004). *Supporting Practitioners effectiveness with young children in high Risk Families*.

Prines, A., & Maslach, C. (1978). Characteristics of staff burnout in a mental health setting. *Hospital Community Psychiatry*, 29, 233-237.

Pryce. J., Shackelford, K., & Pryce, D. (2007). *Secondary Traumatic Stress And The Child Welfare Professiona*l. Chicago, Illinois: Lyceum Books Inc.

Ragin, C., & Becker, H. (Eds). (1992). What is a case? *Exploring the foundations of social inquir*y. New York: Cambridge University Press.

Reber, A. S., & Reber, E. (2001). *The Penguin Dictionary of Psychology* (3rd ed.). London: Penguin Books Ltd. England. Untitled.

Reese, J. (1991). Justifications for mandating critical incident aftercare. In Resse, J., Horn, J. & Dunning, C. (Eds.), *Critical incidents in policing*, (289-295). Washington DC: Government Printing Office.

http://www.archive.org/stream/clinicalincident019110mbp - page/n305/mode/1up

Regeher, C. (2003). *Vicarious trauma in working with high risk children*. In Positional Paper of the Infant Mental Health Promotion Project on Vicarious Trauma in the Workplace (2004). Supporting Practitioners effectiveness with young children in high Risk Families. http://www.sickkis.ca/pdfs/IMP/11745-PositionPaper.pdf

Regeher, C., Chau, S., Leslie, B., & Howe, P. (2002). Inquiries into deaths of children in care: The impact on child welfare workers and their organisation. *Children and Youth Services Review*, 24(11), 641-658.

Remer, R., & Elliot, J. (1988). Characteristics of Secondary Victims of Sexual Assault. *International Journal of Family Psychiatry*, 9(4), 373-387.

Riba, S., & Reches, H. (2002). When terror is routine: How Israeli nurses cope with multi casual terror. 2002 online *Journal of Issues in Nursing*.

Rose, S. (2000). Evidence-Based Practice Will Affect the Way We Work Counselling. *BAC Journal*, 12(1), 18-20.

Rosenbloom, D., Pratt, A., & Pearlman, L. (1999). Helpers' response to trauma work: Understanding and intervening in an organisation. In B.H Stamm (Eds.), *Secondary traumatic stress: self-care issues for clinicians, researchers and educators* (2nd Ed.) Lutherville, MD: Sidran Press.

Saakvitne, W., Gamble, S. J., Pearlman, L A., & Lev, B.T. (2000). *Risking Connection; A Training Curriculum for Working with Survivors of Childhood Abuse*.

Baltimore. MD: Sidran Institute Press.

Saakvitne, W. (1998). *Vicarious traumatisation*. (Accessed December 2006)

http://www.pacificsites.com

Saakvitine, K. W., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatisation.* New York: W.W. Norton

Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatisation: implications for the mental health of health workers? *Clinical Psychology Review*, 23, 449-480.

Sabo, B. M. (2006). Compassion fatigue and nursing work: Can we accurately capture the consequences of caring work. *International Journal of Nursing Practice*, 12, 136-142.

Schauben, L., & Frazier, P. (1995). Vicarious trauma: the effects on female counsellors working with sexual violence survivors. *Psychology of Women Quarterly*, 19, 49-64.

Schulman, L. (1993). *Interactional supervision*. Washington, DC: NASW Press.

Schwartz, W. (1976). *Between client and system: The mediating function*. In Pryce. J., Shackleford. K., & Pryce, D. (2007). *Secondary Traumatic Stress and the Child Welfare Professiona*l. Chicago, Illinois: Lyceum Books Inc.

Scottish Cot Death Trust (2010). (Accessed April 2010)

http://www.sidscotland.org.uk/support_professionals.htm

Scottish Executive. (2005). *Protecting Children and Young People: Child Protection Committees.* Safer Scotland. Scottish Executive. (2000). *Protecting Children: A Shared Responsibility – Guidance for Health Professionals in Scotland*.

Scottish Executive. (2007). *Getting it Right for Every Child.* Scottish Law Commission. (2002). *Discussion Paper on Damages for Psychiatric Injury*. http://www.scotlawcom.gov.uk/downloads/dp120_psychiatric_injury.pdf

Sewell, J. (1983). The development of a critical life events scale for law enforcement. *Journal of Police Science and Administration*, 11, 109-16.

Small, R., Lumley, J., Donohue, L., Potter, A., & Waldenstrom, U. (2000). Randomised controlled trial of midwife led debriefing to reduce maternal and depression after operative childbirth. *British Medical Journal (clinical research ed.),* 321(7268), 1043 - 1047.

Spiegelberg, H. (1965). The phenomological movement. The Hague: Martinus Nijhoff. In Boeree, C., G. (2000). *Phenomenological Existentialism.* www.webspace.ship.edu/cgboer/phenandexist.html

Spielberger, C., Westberry, L., Grier, K., & Greenfield, G. (1981). *The Police Stress Survey: Sources of stress in law enforcement. Monograph Series* 3(6), Tampa, FL: Human Resources Institute, University of South Florida. http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=80993

Stamm, B. H. (Eds) (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators*. Luthervile, MD: Sidran Press

Stamm, B. H. (1997). Work related secondary Traumatic Stress. PTSD *Research Quarterly*, 8(2), Spring. http://www.dartmouth.edu/dms/ptsd/RQ_spring_1997.html

Stamm, B. H. (1999). *Secondary Traumatic Stress: Self-care issues for clinician, researcher; and educators* (2nd Ed). Lutherville, MD. Sidran Press.

Stamm, B., H. (2009). Professional Quality of Life. http://www.isu.edu/~bhstamm (Accessed August 2010)

Stake, R. E. (1995). *The art of case study research.* Thousand Oaks, CA: Sage.

Steed, G., & Downing, R. (1998). A phenomenological study of vicarious traumatisation amongst psychology and professional counsellors working in the field of sexual abuse, assault. *The Australian Journal of Trauma studies*, 2. http://www.massey.ac.nz/~trauma/issues/1998-2/steed.htm (Accessed July 2009)

Steed, L., & Bicknell, J. (2001). Trauma and the therapist: The experience of therapists working with the perpetrators of sexual abuse. *Australian Journal of Disaster and Trauma Studies*, 2001-1(3). http://www.massey.ac.nz/~trauma/issues/2001-1/steed.htm (accessed January 2010)

Stein, N., & Trabasso, T. (1982). Good and Poor Readers Comprehension of Story Structure Across different Input and Output Modalities. *Reading Research Quarter,* 20(2), 1985, 219-232.

Stein, M., Walker, J., Hazen, A., Forde, A., & Ready, D. (1997). Full and partial posttraumatic stress disorder: Findings from a community survey. *Journal of American Psychiatry*, 154, 114-119.

Stephens, C., Long, N., & Miller, I. (1997). The impact of trauma and social support on post-traumatic stress disorder in New Zealand Police Officers. *Journal of Criminal Justice*, 25, 303-314.

Stephens, C., Long, N., & Flett, R. (1999). Vulnerability to psychological disorder: Previous trauma in police recruits. In J.M. Violanti & D. Paton (Eds.), *Police trauma: Psychological aftermath of Civilian Combat,* (66-77). Charles C. Thomson, Springfield, Illinois.

Storch, E., & Panzarella, R. (1996). Police Stress: State-Trait Anxiety in Relation to Occupational Stress and Personal Stressors. *Journal of Criminal Justice*, 24 (2), 99-107.

Stratton, G., Parker, A., & Snibble, R. (1984). Post-traumatic Stress: Study of police

    Officers involved in shootings. *Psychological Reports*, 55, 127-131.

Ting, L., Jacobson, J., Sanders, S., Bride, B., & Harrington, D. (2005). Confirmatory

    Factor Analyses with a National Sample of Mental Health Social Workers.

    Journal of Human Behaviour in the Social Environment, 11, 177-194.

Tosone. C., & Bialkin, L. (2003). *Shared Trauma in the Therapeutic Encounter:*

    Opportunities for Therapist Growth. www.nyu.educ/socialwork/clinbrief-ctosone

Treece, E., & Treece, Jr., J. (1986). *Elements of Research in Nursing. Missouri.* The

    C.V Mosby Company.

Trippany, R., White Kress, R., & Wilcoxon, A. (2004). Preventing vicarious trauma:

    What counsellors should know when working with trauma survivors. *Journal of*

    Counselling & Development, 82, 31-37.

Trochim, W. (2002). *Qualitative Approaches.* (Accessed April 2010)

    http://www.socialresearchmethods.net/kb/

University of Dundee. (accessed September 2010)

    (http://www.dundee.ac.uk/eswce/research/ethics.htm)

Violanti, M., & Aron, F. (1993). Sources of police stressors, job attitudes and

    psychological distress. *Psychological Reports*, 72, 899-904.

Violanti, M., & Aron, F. (1994). Ranking Police Stressors. *Psychological Reports*, 75,

    824-826.

Violanti, M. (1996). *Trauma stress and police work.* In Paton, D., & Violanti (eds.),

    Traumatic Stress in Critical Occupations: Recognition, Consequences and

    Treatment. Charles C. Thomson, Springfield, Illinois.

Vrana, S., & Lauterbach, D. (1994). Prevalence of traumatic events and posttraumatic psychological symptoms in a non clinical sample of college students. *Journal of Traumatic Stress*, 7, 289-302.

Wee. D., & Myers, D. (2002*). Stress Response of mental health workers following disaster: The Oklahoma City Bombing*. In C.R. Figley (eds.) *Treating Compassion Fatigue*, (57-84), New York: Brunner-Routledge.

Wearing, P., & Headley, B. (1995). Police Stress and Wellbeing: Integrating personality, coping and daily work experiences. *Journal of Occupational and Organisational Psychology*, 68, 133-156.

Wikipedia. http://www.en.wikipdeia.or/wiki/trauma

Wilson, J., & Raphael, B. (Eds.) (1993). *International Handbook of Traumatic Stress Syndromes*. New York: Plenum.

Wolcott, H. (1990). *Writing up qualitative research*. Newbury Park: Sage Publications.

Wood, J. (2004). Cultural change in the governance security. *Policing & Society*, 14(1), 31-48.

Wright, R., Powell, M., & Ridge, D. (2006). Child abuse investigation: An in-depth analysis of how police Officers perceive and cope with daily work challenges. Policing: *An International Journal of Police Strategies and Managemen*t, 29(3), 498-512.

Yin, R. K. (2009). *Case study research: Design and methods.* Newbury Park, CA: Sage.

Appendix 1 - Permission to Conduct Research

Appendix 2 - Questionnaire

Appendix 3 - Questionnaire Instructions

Appendix 4 - Consent Form

Appendix 5 -Longitudinal Questionnaire

Appendix 6 - Reflective Log

Appendix 7 - Decision Making Matrix