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“Little Red Sandals”: Female Police Officers’ Lived Experience of Investigating Sexual Violence

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'Little Red Sandals': Female Police Officers' Lived Experience of Investigating Sexual Violence

Keywords

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Abstract

Purpose

Against a background of increasing workload and external criticism, this paper exposes the indelible memories impressed on female police officers dedicated to investigating allegations of rape and sexual violence.

Design

Participants (n=15) were female police officers working in a specialist sexual offences investigation unit in a large English Metropolitan Police Force. A semi-structured interview was employed to elicit their experiences as an example of 'extreme' police work. Interpretative Phenomenological Analysis (IPA) was used to develop themes elucidating psychological and physical impacts on officers and their coping strategies.

Findings

Personal consequences were framed within the conceptualisation of secondary trauma. Emergent findings revealed profound and lasting vicarious traumatisation. Participants reported feelings of depression, anxiety, suicidal ideation, intrusive imagery, altered beliefs and cognitions as well as disrupted intimacy with partners. Coping adaptations included sensory shutdown, avoidance, dissociation and a reduction in victim care.

Practical implications

The findings support the need to consider occupational interventions to address risk factors associated with caseload, tenure, personal experience of neglect (e.g. in childhood), and the permeability of work and family boundaries for such exceptional policing tasks.

Originality/value

The paper contributes to a nascent literature on stress in 'extreme' police work. Our theoretical contribution is the focus on the emotional and physical aspects of vicarious trauma, which have been less well understood than cognitive aspects. Our practice implications stress the need for targeted support activities given the profound psychological consequences of prolonged exposure to distressing material.

Introduction

Stress in police officers has been much researched over the last thirty years (Brown and Campbell, 1994; Brough et al, 2018), owing to increasing recognition that resulting physical and/or psychological impairment erodes **personal well-being** and compromises work performance. Hesketh and Tehrani (2019) identified three at-risk police cohorts: first responders, those involved in major disasters, and specialists (e.g. those dealing with rape and sexual violence). Regarding the organisational context, Turnbull and Wass (2015) outlined how austerity measures have made policing more complex and 'extreme', particularly regarding administrative responsibilities. Against this contemporary background of increasing demand, decreasing resources and greater performance scrutiny (Hesketh and Tehrani, 2019), challenging policing roles deserve fresh attention.

This paper focuses on high-risk sexual violence investigations and their impact on investigating officers. As the interviewing of complainants is the likely province of female officers (Rich and Seffrin, 2014) we seek to understand their lived experience. The potential collateral damage may have implications for organisations and complainants alike as **psychological fitness is crucial to effective investigations, yet theoretical understanding appears underdeveloped. Despite the importance of sexual offences investigation officers, McMillan (2015, p.623) observes that 'the topic has received remarkably little attention in policing, criminal justice and criminological literature'. The following sections set out why sexual offence investigations are maligned in public view yet inherently stressful due to their psychological impact in terms of vicarious trauma (VT) and increased likelihood of post-traumatic stress. We argue that the individual experiences and sense-making of officers are ill-understood.**

The critical context of sexual offences investigations

The present study is framed by the extent of rape complaints, media scrutiny, the distress experienced by complainants and police investigators, and

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3 **organisational responsibility for worker well-being.** The number of rapes
4 reported to the police has increased threefold between 2017/18 and 2018/19 in
5 the UK as the rate of successful convictions has declined by a similar proportion
6
7 In 2019 fewer than 35% of rape cases resulted in a charge, compared with 56%
8 in 2017 (HMICFRS, 2019). The UK's House of Commons Home Affairs Select
9 Committee (2018) observed that the recorded number of child sex abuse cases
10 had increased by 178% between 2007 and 2017. The police service's handling
11 of such cases has been severely criticised for serious systemic shortcomings,
12 lack of leadership and failure to take complainants seriously (Jay, 2014; Casey,
13 2016; Drew, 2016). Findings unveiled missed investigative opportunities and
14 complainants being encouraged to withdraw allegations to improve
15 performance statistics.
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26 *Working with sexual violence in the police*

27 Documented stressors in police work include operational job demands,
28 conflictual contact with the general public and structural aspects such as
29 gendered and politicised occupational culture, team dysfunctions and poor
30 managerial practices (Brown and Campbell, 1994). The masculine culture of
31 the police has resulted in a potentially hostile climate for women officers and a
32 belief that they are better suited to roles dealing with children and women
33 (Brown et al, 1999; Jordan, 2002; Rich and Saffrin, 2014). **McMillan (2015)**
34 **implicates the police culture in the extent to which both police officers and**
35 **supervisors undervalue the role of sexual offences investigators.**
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45 Whilst investigations into sexual offences have drawn criticism, limited attention
46 has been paid to the impact on frontline officers. In her review, Angiolini (2015)
47 **declared that some rape investigation officers suffered both burnout and**
48 **compassion fatigue, and the lack of occupational health support left them**
49 **susceptible to VT. Sickness was perceived as a weakness, compelling officers**
50 **to hide it.**
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56 Working on sexual offences brings specific demands as officers must overcome
57 natural human responses to distressing material and balance investigative
58 objectivity with compassion for victims (Carney, 2004; Parkes et al, 2019a).
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3 Brown et al. (1999) reported for a sample of UK police officers that dealing with
4 sexual assaults was amongst the top three factors leading to psychological
5 distress, with female officers more adversely affected than male colleagues.
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7 Heavy caseloads also negatively affect police officers working on sexual
8 offences (Wright et al, 2006).
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13 *Psychological impact*

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15 Craun and Bourke (2015) surveyed 600 members of an Internet Crimes
16 against Children taskforce and reported the occurrence of secondary
17 traumatic stress (STS) and that a higher STS score was a significant predictor
18 of discomfort in expressing intimacy with the respondent's own children.
19
20 Turgoose et al. (2017) also found that 26% of police officers investigating
21 rapes had moderate, high or severe STS. Similarly, specialised sexual assault
22 nurses reported levels of cognitive disruption similar to those caused by
23 personally experiencing a sexual violation (Raunick et al., 2015).
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31 STS, VT and compassion fatigue (Figley, 1995) derive from Post-Traumatic
32 Stress Disorder (PTSD) symptoms experienced by those in helping
33 professions exposed to the trauma of others, such as intrusive thoughts,
34 hyperarousal and avoidance. STS is stress resulting from exposure to victim-
35 presented trauma while burnout is associated with working with difficult
36 populations (Kanno and Giddings, 2017). Burnout progresses gradually from
37 cumulative wear and tear, excessive work-related demands and a lack of
38 organisational support but does not have the trauma-related symptoms of
39 STS and VT (Jaffe et al, 2006; Trippany et al, 2004; Maslach and Leiter,
40 1997; Large, 2013). Typical symptoms of STS include depression and
41 maladaptive coping behaviours (Basinska et al., 2014), which are particularly
42 prevalent where there is a lack of equity in the relationship between
43 professionals and those served by them – as is the case for police officers
44 working with victims of sexual violence.
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56 A qualitative study of officers investigating child sex abuse (Burns et al., 2008)
57 found that constant exposure to suffering led to a breakdown in normal coping
58 mechanisms, placing officers at higher risk of developing STS. Parkes et al.
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(2019a) found VT symptoms such as intrusive and unwanted thoughts and disruption to personal life in police staff who viewed online sexual offence material. VT refers to traumatisation observed in professionals who engage in cumulative, repeated work with individuals affected by trauma (Versola-Russo, 2006; Lerias and Byrne, 2003). VT has a cumulative manifestation compared to STS, which can occur as an immediate and sudden reaction to working with traumatised clients. In the first UK study examining STS in police officers investigating child sexual abuse, 34.6% had symptoms indicative of PTSD (Hurrell et al, 2018). By contrast, a qualitative study of police officers working on child abuse in Australia found no evidence of distressing traumatic effects (Wright et al, 2006) and encouraged future research to explore whether these findings, at odds with previous studies on injury resulting from trauma exposure, might reflect an inability for officers to accurately identify and report on sources of stress. While quantitative studies elucidate prevalence rates, qualitative approaches are warranted to investigate in depth the actual experiences of police officers involved in this area of work: this is the first qualitative study of its kind in the UK.

Studies on helping professionals show how corporeal expressions (e.g. feeling bodily dispersed, dislocated, and fragmented) play a role in professionals relating to the lived experiences of their patients (Lawler, 1997; Robinson, 2011). This sensory, empathetic exchange between professionals and others is referred to as 'corporeography' (Robinson, 2011). Cadwallader (2016) discusses the trauma of rape in the wider context of 'wounding', where medical and judicial approaches attempt to silence and erase the memories of victims. The investigation of sexual offences is a 'scene of wounding' where the corporeality of rape is categorised, displaced and reintegrated, leading to conflicted relationships with victims but also officers' own experience of 'wounding'.

Interventions

Reporting on police officers dealing with child sex abuse, Turgoose et al (2017) commented on the potential benefits for their participants of being able to recognise and understand compassion fatigue, and to obtain further support

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3 from their organisations to help them cope. Yet MacEachern et al (2011, p.334)
4 observe that 'there has been little impetus in the past for forces to acknowledge
5 the effect of STS on its employees, specifically those tasked with investigating
6 child abuse/child protection cases'. They conclude that there are harmful effects
7 of stress affecting not only officers' resilience but also operational effectiveness.
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11
12 McMillan (2015) draws attention to the poor management of sexual offences
13 investigating officers, the multiple demands being placed upon them and the
14 lack of shared understanding of the role at supervisory level. Brough et al (2016)
15 suggest that effective management of occupational stress requires a thorough
16 understanding of job specific stressors to meet the needs of police officers.
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19 They note that interventions (e.g. resilience training) often neglect managerial
20 and organisational shortcomings and place the burden of maintaining wellbeing
21 on individual officers.
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27 *Rationale for the present study*

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29 There is an urgent need to better understand how their duties in sexual offence
30 units impact female police officers, given their higher exposure to rape
31 complainants and greater propensity to experiencing psychological distress
32 (Turgoose and Maddox, 2017). Although all police work carries inherent risks,
33 this extreme policing work deserves particular attention because of its likely
34 psychological impact due to working with distressing material and contentious
35 cases yet in an impoverished support environment. A more nuanced approach
36 to personal impacts can provide not only enhanced theoretical understanding
37 of the nature of such work, but also offer a better basis for designing and
38 implementing supportive interventions.
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48 We adopted an idiographic approach, which commences with specific,
49 individual cases to elucidate how individuals make sense of their experiences,
50 professionally and personally. The following research questions guided our
51 study:
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- 54 i. How do policewomen working on sexual offences experience and
55 make sense of their work?
- 56 ii. How do they experience and make sense of the influence that
57 their work roles have on their lives on the job and beyond?
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Method

Interpretative Phenomenological Analysis (IPA)

This study is original in its methodological choice as a deeply phenomenological perspective captures the interaction between lived states and the disruption of cognitive schemas in VT. Previous VT phenomenological research on other populations (e.g. Iliffe & Steed, 2000 on domestic violence counsellors) highlighted discrepancies in findings generated by qualitative vs. quantitative studies on VT, indicating that qualitative studies on VT are essential for advancing understanding in this area.

IPA focuses on the individual lived experience through case-by-case analysis (Smith et al, 2009) and is committed to understanding unique experiences involving heightened emotions and cognitions/sense-making (Smith, 2019). IPA captures the way in which participants interpret their experiential world and encourages the researcher to be an active participant through empathetic interpretative engagements with the participant's account (Smith et al, 2009; Smith, 2008). One of us (AB) undertook the fieldwork and addressed this through reflective diaries and regular debriefing (with AM) of her own sense-making and reactions to working with the interview material. JB's role was in framing the analysis and providing more detail of the policing background.

To safeguard the idiographic perspective, we analysed individual transcripts line-by-line following procedural guidelines by Smith et al. (2009) and coded them as distinct units first, before progressing to the next one. Exploratory descriptive, linguistic and conceptual comments were noted but attention was given so that the first level of coding remained close to the participants' words and experiences. Based on exploratory data we developed a table of superordinate and constituent themes for each participant using the template in Smith et al (2009). We summarised patterns and divergences across cases in a master table of themes using detailed examples from particular cases.

Our engagement with the material had 'residual' effects (reported by Drozdowski, 2015) which manifested as recurrent imagery and emotive reactions during the analytical process. Parkes et al (2019a) found instances of 'indelible' images recalled by their respondents when dealing with graphic sexual materials. We experienced this with the 'red sandals' image (given later in the text) of the paper's title as having particular powerful resonance. In turn, this made us more sensitive to the participants' own accounts (Campbell, 2013). Our attending to these residual 'echoes' (Goldspink and Engward, 2019) resulting from the visceral and physical imagery continued to resonate over a period of some months which prompted a deeper engagement with our participants' experiences.

Participants

We sent an open invitation to take part in the research to sexual offences teams, which resulted in fifteen female police officers (9 detectives and 6 non-detective) with current or recent (less than a year ago) experience of working on sexual offences in a large Metropolitan Police Force in England being recruited. Following initial contact, all interviewees were emailed an information sheet and informed consent forms. The age range was 24 to 51 years (average 38). Their involvement in rape investigations ranged from 8 months to 29 years (average 5 years). Contextualised demographic information is given in *Table 1*.

Table 1: *Participants' demographics*

Pseudonym	Age	Years working in rape investigations	Rank/Position	Role
D1	37	10 years	PC*	Victim support
D2	43	13 years	DS**	Detective
D3	24	8 months	PC	Victim support
D4	43	9 years	DC	Detective
D5	44	10 years	PC	Victim support
D6	46	7 years	DC	Detective
D7	49	29 years	DC	Detective
D8	42	4 years	PC	Victim support
D9	31	2 years	PC	Victim support

D10	43	15 months	DC	Detective
D11	26	1 year	DC	Detective
D12	32	7 months	DC	Detective
D13	31	8 months	DC	Detective
D14	51	6 years	PC	Victim support
D15	33	8 years	DC	Detective

*PC = Police Constable, **DS = Detective Sergeant, ***DC = Detective Constable¹

Data Collection

We commenced the in-depth semi-structured schedule with rapport building icebreakers (general questions on career in the police) to frame questions about involvement in rape investigation (e.g. 'Can you tell me more about how you experience your work in this context?', 'How do you feel when you talk about it?', 'On a day-to-day basis, how do you deal with the nature of your work?' or 'How does your work affect your everyday life?'). Interviews lasted between 35 and 110 minutes, audio-recorded for accurate transcription. The first researcher transcribed each interview to protect the participants' anonymity and the sensitivity of data but also limit the impact of traumatic content on transcriptionists (Dickson-Swift et al, 2008).

Ethical Considerations

The study received ethical approval from the host research institution and permission to access participants from the participating police service. The first researcher (AB) collected all data and positioned herself as a researcher external to the organisation drawing on her policing knowledge (being involved in leadership training) to build rapport. We took several additional steps alongside standard ethical procedures to minimise risk of harm to participants: e.g. we asked no direct questions about specific rape incidents, informed participants about support and counselling facilities and undertook detailed debriefings at the end of interviews.

¹ In the context of sexual offences, a DC is the officer responsible for the investigation, while a PC deals with victim care and support. A DS is a rank above DC and has supervisory responsibilities for several DCs. DS is often the investigative lead for complex or sensitive cases.

Findings

We outline the findings according to superordinate and constituent themes and illustrated with particularly pertinent quotations from individual participants in Table 2.

Table 2: Superordinate themes and constituent themes

Superordinate themes	Constituent themes
<p>1. Relating to victims</p> <p><i>'You're connected, there's no breaking that connection, and when they want you or need you, you can't shut the door on them' (D1, 254)</i></p>	<ul style="list-style-type: none"> • Intimacy • Weariness • Responsibility and fear • Disillusionment
<p>2. The ailing self</p> <p><i>'I had been ill for a long time, my body had been telling me' (D2, 271)</i></p>	<ul style="list-style-type: none"> • Symptoms • Sexuality • Parenthood
<p>3. Coping with the job</p> <p><i>'It's like I've been branded with some bloody iron and no matter how much you try and hide they'll find you' (D1, 1260)</i></p>	<ul style="list-style-type: none"> • Retreat • Hardening up • Shutting down

1. Relating to victims

This theme captured the intensity of the connection between officers and complainants, including contradictory emotions of intimacy, weariness, disillusionment, fear and responsibility.

1.1 Intimacy

Officers developed intimacy through the sharing of details of sexual experiences or personal anatomy otherwise only known to the victims' sexual partners. Sometimes the victims reminded them of people close to them, such as a younger sibling or family member, or of previous personal experiences. In D1's account, there is a palpable undertone of unconditional love with language invoking caring and the notion of an unbreakable bond with each victim.

I remember all my girls, and my boys, and the boys and girls I've worked for and cared for and looked after. I love them all very much in my own little way, because

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3 although you have a professional boundary, when you're sharing an intimate
4 experience - especially sexual experiences - and you ask people about their body
5 parts and what happened to them...And some people have medical conditions,
6 they have a bad smell or an injury down there, or something they're not very proud
7 of because they may have excessive hair, or something happens to them when
8 they have sexual intercourse with their partners, they tell you this in the interview,
9 they tell you in confidence so when they've shared that with you, nobody else
10 probably knows apart from someone that's been to that part of their body or laid
11 with them. You're connected, there's no breaking that connection, and when they
12 want you or need you, you can't shut the door on them (D1, 244-254)
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21 1.2 *Weariness*

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23 Yet such intimacy was intertwined with feelings of weariness where personal
24 and professional boundaries were weakened as 'needy' victims required
25 constant care and attention during prolonged contact. D1 described her sense
26 of emptiness after completing interviews with victims
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31 ...by the time you come out of that interview and it's all finished it's such a relief it's
32 like being unplugged and you feel like you want to collapse into a bag, it's like
33 you're a skeleton with no bones by the time you finish because you're completely
34 down and you just need to go and rest but of course there is no rest (D1, 352-355)
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39 The strength of the images captured the relentlessness of sacrificing vitality and
40 of transferring life energy reserves to the victim, leaving the officers with no
41 structure and residual feelings of lifelessness, hollowness and vacancy. The
42 interaction with the victim resulted in her collapsing into a bag, which evoked
43 the image of a body-bag and her figurative death. D9 also described the
44 experience of listening to victims as a process of sucking life out of her as the
45 slow destruction of her life-sustaining force became noticeable to others around
46 them:
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54 I feel that it's zapped every bit of energy from me, mentally and physically because
55 it's a lot of stress and it's a lot of tension (124-126). I've got friends and even my
56 boyfriend said 'you're not the person that you were, you were really bubbly when
57 you first started there and it's just zapped the life out of you' (178-180)
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1.3 Responsibility

Participants repeatedly spoke about their experience of feeling overwhelmed with responsibility towards victims and fear of further harm as a constant burden. D6 described the harrowing realisation that she had made a mistake in her investigation of a brutal rape.

I went into the evidence box and admitted I made a mistake but I came out of it absolutely hysterical, thinking 'oh my God, this whole case just rests on me now and I've completely messed it up!' ...I remember thinking to myself: if this guy gets off with it I'll never get this out of my head and I'm going to have to bang my head against a brick wall to get this stuff out of my head because I can't allow this to happen (D6, 180-186).

D6's torment and inner battle affected her whole person. It is literally embodied in her visceral account of wanting to hurt herself, describing the pain associated with the consequences of her actions which dominated her thoughts.

1.4 Disillusionment

Work was also experienced as grinding and frustrating due to the perception of victims' dishonesty. D6 recounted the enthusiasm of her first few years at work but over time, **dishonest allegations** strained her ability to work on 'real' cases. This resulted in a sense of ingratitude and even dislike of victims, who did not appear to appreciate the demands placed on officers.

It just comes down to the fact that victims don't tell the truth to be honest with you, and you're dealing with a crime that you know in the nicest possible way is a load of nonsense and I wouldn't say that, this is my example, if you had ten jobs you'd probably have two which were top quality jobs, and two where they had lied, and the rest in the middle would be a mixture of half-truths, truths, he-said-she-said kind of stuff and that starts to grind you down, it truly does (D6, 82-87).

Her sense-making implied that establishing the truth was essential to an investigator and that **vague reports** tarnished the very meaning of rape as a crime, leading to wider disillusionment with the job.

2. *The ailing self*

All participants vividly chartered their gradual experience of mental and physical decline.

2.1 **Symptoms**

Becoming unwell took the form of a slow deterioration arising from the experience of physical and emotional harm. D2 talked about struggling with a constant sore throat, which she interpreted as compassion fatigue, signalling her gradual decline and self-neglect, and leading to a disembodied self.

I was exhausted, mentally and physically exhausted (...) I knew I had been ill for a long time, my body had been telling me, I used to be covered in psoriasis, I've got IBS, I've got stomach ulcers. All from stress, I go to the doctor's and they go 'what do you expect?', covered in psoriasis, on my hair, my hair used to fall out so I had physical signs of stress (D2, 270-274)

Participants vividly described slow but irreparable damage to their self-concepts: an erosion of self which contrasted with their previous selves – full of life, vitality and happiness:

Everyone's broken, all of my friends that were happy bubbly - me included, all a little washed out, we've got bags under our eyes, all wearing the same clothes from yesterday, they haven't ironed their shirts. We are absolutely pooped (D1, 445-448)

Most participants described living through intense anxiety attacks recounted as feeling finished, broken and paralysed with fear, as in D3's experience:

I was depressed I would say, I was very very irritable, I was angry, I was very anxious. I think I almost got a little paranoid (D3, 98-99). I have never in my life had a panic attack before and I haven't had once since...it was weird tingling

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3 down my legs and arms, really intense to the point where my hands clenched
4 up into fists and I couldn't move my hands (D3, 103-08)
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8 All participants described frequent sleep disturbances, often reliving details
9 from individual cases who came to haunt them in nightmare-like scenarios:
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13 I woke up and I had my eyes open, and I had my duvet over my head
14 and I looked out and I could see baby's legs and two red sandals and
15 little socks, I didn't see his face but I could see he was sitting on the side
16 and I just saw him doing that, and of course he wasn't there. It was like
17 a baby sitting next to me, white socks, red shiny buckle up shoes, and it
18 was like he was waiting for me to wake up just sitting there waiting, and
19 I threw back the covers and he wasn't there (D2, 172-178).
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27 The detail of the shoes made the nightmare graphic and still present or easily
28 recalled. For D15, nightmares revealed a sense of personal vulnerability and
29 extreme distress, of being overpowered and subjected to pain where she took
30 on the experience of her victim without being able to escape:
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35 When I'm at peak stress I have nightmares where, it's never somebody else,
36 it's me being raped...can be at knife point, it can be gang, it can be me running
37 and being caught and then held and raped (D15, 633-635)
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42 *2.2 Sexuality*

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44 Sex with partners was presented as disturbed, impoverished and violated as
45 the emotionally charged work encroaches intimacy, occasionally going as far
46 as images of intertwined abuse. This in turn affected self-disclosure and
47 closeness with their partners. Sex became associated with violence, which was
48 replayed in different ways, cumulatively affecting their relationships with men
49 through a loss of libido and trust:
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55 I think I am put off of men; it puts you off your sex life. It doesn't make you trust
56 anybody, and that's because I have been doing it over a period (D4, 301-302).
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2.3 Parenting

The officers' work experiences also affected relationships with their children, as participants became wary and overprotective mothers. D1 described her constant fear that her child might, through uncontrollable circumstances, become either a victim or an offender. Such devastation was portrayed as an urge to physically put up barriers, move country and leave the job, mixed with an awareness that such worries have elements of absurdity:

And this is what I'm thinking about for my kid, so you think about barricading the doors, moving country, going to another island, giving up your job. How can I keep him safe from this? And these thoughts cross your mind all the time to the point where I am looking at home schooling him, I am looking to completely change my career (D1, 797-801)

D7 described the impact on her as a mother as intolerance, constant suspiciousness and anger with any men that would 'leer' at her teenage daughter. There was also a sense of hyper-vigilance born out of the work.

I remember one particular [party] and all the other parents just dropped their kids off there. Oh no, not me: I would sit there in the car park because I didn't know who the parents were, and in my mind, I'm thinking the worst. You know, there are all these things from work, all start coming into your head and you're thinking what's going to happen here? (D7, 272-279)

This theme encompassed feelings of loss, emptiness, as well as being consumed, trapped and incarcerated. Survival at work was expressed as a need to become a desensitised automaton.

3. Coping with the job

There was a temporal element to individuals' sense-making as an indication of how they sought to cope (particularly for the officers investing rashes for sustained periods of time).

3.1 Retreat

Participants talked about feeling drowned; consumed by a volume of work, which invaded their private lives and interrupted important family events. Coping involved missing out on family occasions.

I remember...I had a BBQ and all the family were over and it's because I got in at three/four in the morning...I wasn't there until the end of the day by the time I had got up and had a shower... (D2, 291-301)

Her regret was expressed as an irretrievable loss of significant and precious parts of her personal life. D1 described this loss as being 'branded with iron', which implies enslavement and a sense of permanent ownership by the organisation.

It's not like you can just let your driving license expire or your first aid certificate run out. It's like I've been branded with some bloody iron and no matter how much you try and hide they'll find you, they're going to deploy you, you're going to be done, back out there again and once you're back in the mix it's like a toilet being flushed you're going round so fast nobody can help you, everybody is trying to save themselves (D1, 1259-1264).

The metaphors used here are extremely powerful: the person is equated to excrement being flushed down the toilet, surrounded by others in a similarly distressed state, trying to save themselves or regain a sense of dignity and selfhood. There is a feeling of 'being treated like shit' (D5, 347), of ingratitude and lack of organisational care, expressed by all as doing something that is not recognised, feeling worthless, 'the lowest of lows' (D5, 362) or doing a job where there is 'no gratitude' (D9, 542). Given these experiences, the solitude of the role is compounded by feelings of depersonalisation and of being devalued by the organisation.

3.2 *Hardening up*

Overall, work led to a loss of vitality, vibrancy and inner strength. The only way to survive was described as a need to 'harden up', symbolically contrasted with a breaking and damaged self. D3 talked about her resistance to becoming desensitised: 'you're not hard enough, you'll harden up and I didn't want to harden up really' (220-221). For others, the inability to regain structural strength and desensitise was experienced as a feeling of raw vulnerability and powerlessness. For D2, excessive exhaustion brought back images of abandonment and exposure to previous violence:

when I get very tired and exhausted, that's when I felt vulnerable, that's when I felt vulnerable as a child when I was getting beaten and hit so can you see the link? Vulnerability, tired, no one looking after me, that's me as a child sitting watching my mum get beaten up every day and just sat at the top of the stairs not being able to do anything. That's the link (D2, 301-305).

The work habitually led to a state of despondence, vulnerability, feeling out of control, unsafe and abandoned. Participants made sense of this through a cognitive process of dehumanisation and desensitisation to become a 'military robot' (D11, 1278) without feelings and elements of one's human self. In D6's words one needs to be hard-faced to survive: 'some people can take that and I could but as time went on I just had nothing more to give really, it was just eating me up, and every part of me was slowly eroded' (198-200).

3.3 *Shutting down*

D2 described how her own body was ailing and shutting down.

I was getting the handover, and she was looking at me and I was going, you know that echo, it was like someone was doing that in my ears, and I was like 'God, I can't hear what you are saying!' and my body was literally just shutting down (286-287).

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3 She emphasised throughout her interview that she was normally a strong
4 person, yet anxiety and illness came to the surface: her body was trying to expel
5 the damage caused by traumatic experiences in an attempt to repair itself.
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10 At the same time, participants also spoke about the despair of being trapped in
11 an institutional machinery where they were robots or 'just a number' (D9, 497).

12 D6 described it as imprisonment:
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17 you're not the prisoner, you haven't done anything wrong but you're being
18 treated like you have because in my head the only way I could get out of there
19 was to either resign or I was getting taken out in a box (D6, 484-487)
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23 The image of a coffin symbolically captured self-annihilation and loss of life,
24 accentuating her experience of being punished, treated badly, and her reduced
25 freedom and sense of agency. In a few extreme cases this was expressed in
26 suicidal ideation or the obliteration of self,
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32 I am still not better, but I was in a state... I was suicidal, I wanted to kill myself,
33 I was planning my death (...) The only reason why I didn't is because I didn't
34 think anyone would find me and I didn't want to be left dead in my house for
35 months until someone noticed I wasn't at work or whatever (D2, 413-420).
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42 Discussion

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45 Our deeply interpretative stance on female police officers' lived experience of
46 working on sexual offences revealed how **individual wellbeing** was being
47 eroded. Respondents spoke about their feelings towards victims, of shutting
48 down, living through panic attacks, night terrors, disturbed sexual intimacy and
49 hypervigilant parenthood. Their words conveyed vivid, visceral images, tangible
50 emotions and cognitions of ailment, disintegration, alienation, annihilation and
51 enslavement. These encompass a sense of being mentally and physically
52 wounded and marred for life. "Little red sandals" cannot be forgotten; neither
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3 can the spectre of turning into a “skeleton with no bones” as a hollow, ghost-
4 like shell.
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8 The violent bodily descriptions in our participants’ accounts stand out as a way
9 of relating to the corporeality of rape but also of processing their own
10 expressions of trauma. The richness of perceptual detail and sensory words in
11 their accounts aligns with findings that PTSD is associated with lower levels of
12 cognitive processing (i.e. ‘hot’ rather than ‘cool’ cognitions from an IPA
13 perspective) but produces sensory and movement visualisations that are
14 different from ordinary memories, verbalised as processed emotional states
15 such as fear or guilt (Hellawell and Brewin, 2004; Jelinek et al., 2010). **The**
16 **participants’ sense-making indicates a certain level of ‘self-hate’ - enmeshed**
17 **with the victims’ experiences of sexual violence, which in turn coloured the**
18 **participants’ relationships with their children and partners.**
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29 The vivid experiences relayed here converge with those reported in other
30 studies on clinicians working on sexual victimisation (Tabor, 2011; Raunick et
31 al, 2015). All participants in this study reported symptoms associated with VT
32 such as depression, anxiety, suicide ideation, burnout, intrusive imagery and
33 altered beliefs and cognitions, disrupted intimacy, and a perceived loss of trust
34 and control (Jaffe et al, 2006; Large, 2013; Parkes et al, 2019a). VT can result
35 in avoidance, dissociation, and a reduction in victim care (Raunick et al, 2015;
36 Lerias and Byrne, 2003). This is illustrated in the weariness, disillusionment and
37 fear that participants experienced when relating to victims. VT can manifest as
38 over identification with victims (Brady et al, 1996) but also as dissociation. The
39 latter can be seen in the imperative of becoming desensitised or of ‘hardening
40 up’, which some participants perceived as the only coping option for functioning
41 in their roles. This dissociation often occurs as a result of excessive perspective
42 taking, supported by previous research on the desensitisation bias and
43 **empathetic** gap in own reactions linked to repetitive exposure to others’
44 experiences (e.g. Campbell et al, 2014) which is also evident in the officer
45 accounts detailed here. **By contrast, this hardening up was in many cases**
46 **paradoxically juxtaposed with striking emotions of self-loathing and loss of self**
47 **– participants turned into ‘shit’ or nothings as ‘skeletons without bones’. These**
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3 emotional aspects which also had vivid physical manifestations particularly in
4 terms of disrupted sleep and dreaming have not yet been addressed in such
5 detail in the literature.
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10 Intimacy with partners is often disrupted in VT through intrusive imagery from
11 the victims' experiences of trauma (Trippany et al, 2004). VanDeusen (2006)
12 found that disrupted cognitions about intimacy with others were significantly
13 higher in those working on sexual abuse compared to other mental health
14 professionals. This study lends support to these findings: intrusive imagery and
15 distorted intimacy are also an experiential feature for the present participants.
16 Symptoms of VT also include hypervigilance and a heightened perception of
17 threat, feelings of helplessness and anxiety, impairment in personal functioning
18 in other areas of life, recurrent distressing dreams and difficulties staying or
19 falling asleep (Lerias and Byrne, 2003; Cunningham, 2003). Participants used
20 similar concepts to describe their experiences of becoming overprotective and
21 hypervigilant in their parental roles, the depletion of their family life, and their
22 struggles with anxiety attacks and night terrors. VT can affect cognitive
23 schemas and world beliefs (Brady et al, 1999), which is well illustrated in D1's
24 declaration that she had considered home-schooling and moving countries as
25 strategies for protecting her own child from sexual abuse.
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39 Participants reported feeling trapped, overwhelmed, fatigued, hopeless and
40 helpless at work, aligned to findings of VT and STS in other professionals but
41 also to burnout symptoms (e.g. Raunick et al, 2015; Jaffe et al, 2006). For
42 example, the participants' loss of self converges with the depersonalisation
43 experienced as a result of burnout (Basinka et al, 2014; Maslach and Leiter,
44 1997). Burnout symptoms, such as exposure to work overload, feeling a lack of
45 control, reward or fairness (Maslach and Leiter, 1997) might be intertwined with
46 VT for some participants. An organisational culture where self-care is not
47 prioritised and valued, or where individuals have diminished control over their
48 work can exacerbate the risk of experiencing STS and VT (Large, 2013;
49 Kulkarni et al, 2013). Burnout, which is often associated with feeling emotionally
50 exhausted and overworked, can increase the officers' vulnerability to VT (Jaffe
51 et al, 2006; Liberman et al, 2002). The symptoms of burnout are more apparent
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3 in the last theme of our study regarding the legacy of the job, where participants
4 described feeling drowned, exhausted and consumed by the volume of work.
5 We also noted a somewhat drastic and intense form of **spillover - a concept**
6 **from the work-life balance literature in which occurrences in one domain trigger**
7 **mirror effects in other domains.** Here, traumatic investigative experiences were
8 relived in partnerships, relationships with children but also perpetuated through
9 the unconscious manifesting in nightmares, leaving participants trapped,
10 imprisoned, and undervalued without escape. The participants' experiences
11 denote lack of self-care and acute loss of control and sense of reward,
12 symptomatic of burnout

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15 In addition to the core findings reported above, all respondents mentioned
16 problematic aspects of their current organisational environment including
17 bullying, working in teams that constantly change, and a lack of peer support.
18 Several officers noted lack of care from managers/supervisors; lack of
19 leadership; feeling unheard or under-appreciated (officers with main
20 responsibility for supporting victims often described themselves as 'the lowest
21 of lows'/'lowest in the pecking order'). Continuous budget cuts, long hours, high
22 caseload (e.g. 22 to 31 cases) and poor work-life balance were believed by all
23 to be detrimental to their wellbeing.

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26 Similar to Wright, Powell and Ridge (2006) there was a perception that officers
27 are blamed and ostracised if unwell: over half said that reporting mental ill
28 health would lead to the ending of their career and nearly all spoke about the
29 stigma attached to mental illness (e.g. being branded as incompetent or over-
30 emotional). Some spoke of taking annual leave to hide mental illness, but as
31 this increases workloads for others, it impacts team relations and makes it more
32 difficult to return to duty. Most felt that support from occupational health services
33 was inadequate.

Limitations and directions for future research

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36 **Given our focus on individual sense-making of professional experiences and**
37 **the voluntary aspect of providing informed consent, it was beyond the scope of**
38 **our study to pre-screen participants for the effects prolonged exposure to, or**

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3 indeed previous experience of trauma might have had on them. While engaging
4 with their accounts, it appeared tenable that some participants had had relevant
5 experiences. As we conducted research interviews, and not clinical interviews,
6 we refrained from probing if participants did not disclose voluntarily. That said,
7 it is also clear from the demographic data that some participants had spent an
8 extraordinarily long time working with distressing material. Future research
9 would do well to investigate the effects of repeat and prolonged exposure,
10 particularly where participants have a relevant history. Both aspects would
11 appear to require particularly sensitive and appropriate support mechanisms,
12 and also underline that VT may not be solely an individual phenomenon but
13 shaped through a historical and organisational context.
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24 *Theoretical and practice implications*

25 Our key theoretical contribution is to assess the content of certain policing roles
26 exemplifying 'extreme work' and direct attention to the material and context
27 officers work with, rather than frame extreme work mainly in terms of work
28 overload and intensification. Our data strongly illustrate the profound and
29 lasting impact on officers involved. Our second contribution is a refined
30 understanding of VT in this context which, as our data show, is a complex
31 construct at the interplay of personal experience particularly in terms of strong
32 emotions and intense physical manifestations, but exacerbated by a lack of
33 organisational support and an unresponsive culture. Therefore, we caution
34 against positioning VT as a primarily individual experience. We draw analogies
35 to burnout, which the World Health Organisation conceptualises as an
36 organisational phenomenon, rather than a medical condition (WHO, 2019).
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48 A number of studies note the lack of effective support for officers investigating
49 sexual offences (Angiolini, 2015; McMillan, 2015) and call for improvements.
50 The current research confirms these findings and highlights the need to
51 increase education for both police officers working on sexual victimisation and
52 their supervisors of the consequences of VT and STS. Investigative
53 practitioners working on sexual violence need to be aware of the vicarious
54 effects of their work, which could be advanced through several practical
55 measures. First, assessments of individual differences indicating vulnerability
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3 to STS and VT can be further refined to incorporate recent research findings.
4 Secondly, police organisations should offer regular and structured opportunities
5 for peer supervision, support and debriefing. Thirdly, training on traumatology
6 and on how to recognise warning signs of VT in both the individual officer and
7 their supervisors. Fourthly, opportunities need to be created for clinical
8 supervision or access to trauma counselling services. Clinical supervision
9 encourages self-monitoring and reflexivity and is established in other
10 therapeutic settings with evidenced positive outcomes for practitioners and
11 clients (e.g. Wheeler and Richards, 2007). Wellbeing strategies need to
12 incorporate self-care activities specifically related to VT risks and effects.
13 Finally, organisations should also review tenure, training and supervision
14 procedures to reduce caseloads and offer shorter/fixed-role tenure while
15 promoting opportunities to leave roles or work part-time. Dedicating more
16 resources to this area of work is expected to have a positive impact on victim
17 care and on current concerns about the low number of reported rapes being
18 prosecuted.

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21 Also, as the Drew report recommended, encouraging supervisors to be more
22 professionally curious rather than obsessing over performance indicators would
23 be helpful (Drew, 2016). Moreover, improving organisational health support
24 would be valuable and could take the form of encouraging confidential reporting
25 of stress and actively supporting officers to take leave if needed without
26 suffering professional recriminations (Hesketh et al, 2014).

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29 In response to the advice from Brough et al. (2016) to fully understand the
30 specific nature of stressors, this study identifies the enmeshed and conflicted
31 relationship between victims and officers experiencing VT, resulting in
32 responses torn between extreme caring, over-identification and aversion to
33 victims. In other words, vulnerability to VT translates as an unresolved and
34 decentred vacillation between self-consuming intimacy with victims, and a self-
35 restoring strategy of emotional distancing and empathetic numbing. All of these
36 are marked by intense visceral experiences. We suggest that further research
37 to explore this conflict would assist in targeting debriefing and support.

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3 We offer a cautionary note about debriefing. There is a lack of definitive
4 evidence to support the efficacy of Mitchell's (1983) Critical Incident Stress
5 Debriefing as an intervention to mitigate police reactions to trauma exposure.
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7 Rick and Briner (2012) found that some individuals actually suffered adversely
8 from re-living a traumatic incident in such a formal and structured way. Parkes
9 et al. (2019b) suggest that trauma exposure experienced by police staff working
10 with sexual violence is persistent and pervasive rather than a discrete trauma
11 event. They advocate a range of methods for facilitating exploration of the
12 effects from this type of police work including keeping a reflective diary, regular
13 peer support sessions, and clinical supervision. Further research could assess
14 the effectiveness and impact of such supervision on vicarious effects, ensuring
15 that the relevant professionals are conversant with a policing context. The job
16 demand characteristics of a police officer (in terms of the unscheduled timings
17 of offences) mean that there should be flexibility in the timing of support
18 interventions.
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33 Conclusion

34 This paper contributes to a nascent literature undertaking detailed
35 examinations of specific sources of stress in 'extreme' police work. It provides
36 a detailed understanding of individual impact. Framing participants' responses
37 with the concept of corporeography showed they become on the one hand
38 enmeshed with their victims and investigations, and on the other hand
39 disillusioned and 'hardened up'. Our research reveals deep and common
40 experiential themes and raises important opportunities for further research on
41 operationalising and measuring VT (Kadambi and Ennis, 2004) and its
42 subjective nature (Large, 2013). The constructs unveiled here offer the
43 opportunity to further refine and extend current VT measures and point to a
44 need to assess police officers' wellbeing more clinically in the context of
45 supportive supervision from superiors, peers and professionals. We hope that
46 a focus on understanding and improving organisational and individual
47 opportunities for self-care practices and in particular monitoring these during
48 long-term exposure to secondary trauma would benefit the officers involved.
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3 We call for VT to be recognised as an organisational phenomenon rather than
4 purely individual experience. Such effects are cumulative over time, so the
5 findings should inform future, more targeted support activities given the
6 profound psychological consequences of prolonged exposure to extreme and
7 distressing material.
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References

Angiolini, E. (2015). *Report of the independent review into the investigation and prosecution of rape in London. Metropolitan Police Service.*

Basinska, B.A., Wiciak, I., and Daderman, A.M. (2014). Fatigue and burnout in police officers: the mediating role of emotions. *Policing: An International Journal of Police Strategies and Management*, 37 (3), 665-680.

Brady, J.L., Guy, J.D., Poelstra, P.L., and Brokaw, B.F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: a national survey of women psychotherapists. *Professional Psychology: Research and Practice*, 30 (4), 386-393.

Brown, J. M., and Campbell, E. A. (1994). *Stress and policing: Sources and strategies.* John Wiley and Sons.

Brown, J, Fielding, J., and Grover, J. (1999). Distinguishing traumatic, vicarious and routine operational stressor exposure and attendant adverse consequences in a sample of police officers. *Work and Stress*, 13, 312-325.

Brough, P., Brown, J. M., and Biggs, A. (2015). *Improving criminal justice workplaces: translating theory and research into evidence-based practice.* Abingdon: Routledge.

Brough, P., Drummond, S., and Biggs, A. (2018). Job support, coping, and control: Assessment of simultaneous impacts within the occupational stress process. *Journal of Occupational Health Psychology*, 23(2), 188–197

Burns, C. M., Morley, J., Bradshaw, R., and Domene, J. (2008). The emotional impact on and coping strategies employed by police teams investigating internet child exploitation. *Traumatology*, 14(2), 20-31.

Cadwallader, J.R. (2016), Forgetting rape: trauma, pharmaceuticals and embodied (in)justice. *Australian Feminist Studies*, 31, 88, 125-138.

Campbell, R. (2013). *Emotionally involved: The impact of researching rape.* Routledge.

Campbell, T., Van Boven, L., O'Brien, E., and Schwarz, N. (2014). Too much experience: a desensitization bias in emotional perspective taking. *Journal of Personality and Social Psychology* (106), 2, 272-285.

Carney, T.P. (2004). *Practical Investigation of Sex Crimes: A Strategic and Operational Approach.* Boca Raton, FL: CLC Press.

Casey, L. (2015). Report of inspection of Rotherham metropolitan borough council

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/401125/46966_Report_of_Inspection_of_Rotherham_WEB.pdf

Craun, S.W., and Bourke, M.L. (2014). The use of humor to cope with secondary traumatic stress. *Journal of Child Sexual Abuse*, 23 (7), 840-852.

Cunningham, M. (2003). Impact of trauma work on social work clinicians: empirical findings. *Social Work* (48), 4, 451-459.

Dickson-Swift, V., James, E. L., Kippne, S., and Liamputtong, P. (2008). Risk to researchers in qualitative research on sensitive topics: issues and strategies, *Qualitative Health Research*, 18 (1), 133-144.

Drew, J. (2016). *An independent review of South Yorkshire Police's handling of child sexual exploitation 1997 – 2016*
<http://www.drewreview.uk/wp-content/uploads/2016/03/SYP030-Final-report.pdf>

Drozdowski, D. (2015). Retrospective reflexivity: the residual and subliminal repercussions of researching war, *Emotion, Space and Society*, 17, 30-36.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). New York, NY: Brunner-Routledge.

Goldspink, S., and Engward, H. (2019). Booming clangs and whispering ghosts: Attending to the reflective echoes in IPA research. *Qualitative Research in Psychology*, 16 (2), 291-304.

Hellawell, S.J., and C.R. Brewin (2004). A comparison of flashbacks and ordinary autobiographical memories of trauma: content and language. *Behaviour Research and Therapy*, 42 (1), 1-12.

Hesketh, I., Cooper, C. L., & Ivy, J. (2014). Leaveism and public sector reform: will the practice continue?. *Journal of Organizational Effectiveness: People and Performance*. 1(2):205-212.

Hesketh, I., and Tehrani, N. (2019). Psychological trauma risk management in the UK police service. *Policing: A Journal of Policy and Practice*, 13(4), 531-535.

HMICFRS (2019). *National Child Protection Post-Inspection Review Metropolitan Police Service 8–19 October 2018* March 2019
<https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/metropolitan-national-child-protection-post-inspection-review.pdf>

House of Commons Home Affairs Committee (2018) Policing for the future
<https://publications.parliament.uk/pa/cm201719/cmselect/cmhaff/515/515.pdf>

Hurrell A.-K., Draycott S., & Andrews L. (2018). Secondary traumatic stress in police officers investigating childhood sexual abuse. *Policing: An International Journal of Police Strategies & Management*, 41 (5), 636-650.

Iliffe, G. & Steed, L. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence*, 15 (4), 393-412.

Jaffe, P.G., Crooks, C.V., Dunford-Jackson, B.L., and Town, M. (2006). Vicarious trauma in judges: the personal challenge of dispensing justice. *The Judges' Journal*, 45 (4), 12-18.

Jay, A. (2014) *Independent Inquiry into Child Sexual Exploitation in Rotherham* (1997 – 2013)
https://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham

Jelinek, L., Stockbauer, C, Randjbar, S., Kellner, M., Ehring, T., and S. Moritz (2010). Characteristics and organisation of the worst moment of trauma memories in posttraumatic stress disorder. *Behaviour Research and Therapy*, 48 (7), 680-685.

Jordan, J. (2002). Will any woman do? Police, gender and rape victims, *Policing: An International Journal of Police Strategies and Management*, 25(2), 319-344.

Kadambi, M.A., and Ennis, L. (2004). Reconsidering vicarious trauma: A review of the literature and its limitations. *Journal of Trauma Practice*, 3 (2), 1-21.

Kanno, H., and Giddings, M.M. (2017). Hidden trauma victims: Understanding and preventing traumatic stress in mental health professionals. *Social Work in Mental Health*, 15 (3), 331-353.

Kulkarni, S., Bell, H., Hartman, J.L, and Herman-Smith, R.L. (2013). Exploring individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic violence service providers. *Journal of the Society for Social Work and Research* (4), 2, 114-130.

Large, S. (2013). Vicarious trauma: A covert threat?. *Clinical Psychology Forum*, 251, 44-49.

Lerias, D., and Byrne, M.K. (2003). Vicarious traumatization: symptoms and predictors, *Stress and Health*, 19, 129-138.

Liberman, A.M., Best, S.R., Metzler, T.J., Fagan, J.A., Weiss, D.S., and Marmar, C.R. (2002). Routine occupational stress and psychological distress

1
2
3 in police. *Policing: An International Journal of Police Strategies and*
4 *Management*, 25(2), 421-439.

5
6 MacEachern, A. D., Jindal-Snape, D., & Jackson, S. (2011). Child abuse
7 investigation: police officers and secondary traumatic stress. *International*
8 *journal of occupational safety and ergonomics*. 17(4), 329-339.

9
10
11 Maslach, M.A. and Leiter, M.P. (1997). *The Truth About Burnout: How*
12 *Organizations Cause Personal Stress and What to Do About It*, New York:
13 Jossey-Bass.

14
15
16 McMillan, L. (2015) The role of the specially trained officer in rape and sexual
17 offence cases. *Policing and Society*, 25:6, 622-640.

18
19 Mitchell, J. T. (1983). When disaster strikes: The critical incident stress
20 debriefing process. In *Journal of emergency medical services*. January: 36-39.

21
22
23 Parkes, R., Graham-Kevan, N., and Bryce, J. (2019a). You don't see the world
24 through the same eyes any more: The impact of sexual offending work on police
25 staff. *The Police Journal*, 92(4), 316-338.

26
27
28 Parkes, R., Graham-Kevan, N., and Bryce, J. (2019b). 'I put my "police head"
29 on': Coping strategies for working with sexual offending material. *The Police*
30 *Journal*, 92(3), 237-263.

31
32 Raunick, C.B., Lindell, D.F., Morris, D.L., & Backman, T. (2015). Vicarious
33 trauma among sexual assault nurse examiners. *Journal of Forensic Nursing*,
34 11 (3), 123-128.

35
36
37 Rich, K., and Seffrin, P. (2014). Birds of a feather or fish out of water?
38 Policewomen taking rape reports. *Feminist criminology*, 9(2), 137-159.

39
40
41 Rick, J., and Briner, R. (2012). Evidence-based Trauma Management for
42 Organizations: Developments and Prospects. Hughes, R., Kinder, A., and
43 Cooper, C. (eds.) *International Handbook of Workplace Trauma Support*, 17-
44 29.

45
46
47 Robinson, C. (2011). *Beside One's Self: Homelessness Felt and Lived*.
48 Syracuse University Press: New York.

49
50
51 Smith, J. (ed.) (2008). *Qualitative Psychology. A Practical Guide to Research*
52 *Methods*. London: Sage.

53
54
55 Smith, J. (2019). Participants and researchers searching for meaning:
56 Conceptual developments for interpretative phenomenological analysis,
57 *Qualitative Research in Psychology*, 16(2), 166-181.

58
59
60 Smith, J., Flowers, P. and Larkin, M. (2009). *Interpretative Phenomenological*
Analysis. London: Sage.

1
2
3 Tabor, P.D. (2011). Vicarious traumatization: Concept analysis. *Journal of*
4 *Forensic Nursing*, 7(4), 203-208.

5
6 Tehrani, N. (2009). Compassion fatigue: experiences in occupational health,
7 human resources, counselling and police. *Occupational Medicine*, 60 (2), 133-
8 138.

9
10
11 Trippany, R.L., Kress, V.E.W., and Wilcoxon, S.A. (2004). Preventing vicarious
12 trauma: what counsellors should know when working with trauma survivors.
13 *Journal of Counselling and Development*, 82 (1), 31-37.

14
15
16 Turgoose, D., Glover N., Barker C., and Maddox L. (2017). Empathy,
17 compassion fatigue, and burnout in police officers working with rape victims.
18 *Traumatology*, Vol. 23 (2), 205-213.

19
20
21 Turgoose, D., and Maddox, L. (2017). Predictors of compassion fatigue in
22 mental health professionals: A narrative review. *Traumatology*, Vol. 23 (2), 172-
23 185.

24
25 Turnbull, P. J., and Wass, V. (2015). Normalizing extreme work in the Police
26 Service? Austerity and the inspecting ranks. *Organization*, 22(4), 512-529.

27
28
29 Van Deusen, K.M. (2006). Vicarious trauma: An exploratory study of the impact
30 of providing sexual abuse treatment on clinicians' trust and intimacy. *Journal of*
31 *Child Sexual Abuse*, 15(1), 60-85.

32
33
34 Versola-Russo, J.M. (2006). Workplace violence: vicarious trauma in the
35 psychiatric setting. *Journal of Police Crisis Negotiations*, 6(2), 79-103.

36
37
38 Wheeler, S. and Richards, K. (2007). The impact of clinical supervision on
39 counsellors and therapists, their practice and their clients. A systematic review
40 of the literature. *Counselling and Psychotherapy Research*, 7(1), 54-65.

41
42
43 WHO (2019). Burnout an Occupational Phenomenon: International
44 Classification of Diseases. [https://www.who.int/mental_health/evidence/burn-](https://www.who.int/mental_health/evidence/burnout/en/)
45 [out/en/](https://www.who.int/mental_health/evidence/burnout/en/)

46
47
48 Wright, R., Powell, M.B. and Ridge, D. (2006). Child abuse investigation: an in-
49 depth analysis of how police officers perceive and cope with daily work
50 challenges. *Policing: An International Journal of Police Strategies and*
51 *Management*, 29(3), 498-512.