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988 SUICIDE & CRISIS
LIFELINE

Secondary Trauma Stress Disorder aka Compassion Fatigue

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Suicide prevention starts with recognizing the warning signs of suicide and taking them seriously. Talking openly about suicidal thoughts and feelings can save a life. National and local mental health services offer telephone, chat, text and other resources for people who are at risk of suicide.

According to data available via the United States Courts Statistics & Reports

<https://www.uscourts.gov/statistics-reports>, as of September 30, 2021, there were 32,253 individuals under pretrial supervision and 122,458 individuals under post-conviction supervision. Within the individuals under post-conviction supervision, 12,213 were convicted of sex offenses. When supervising individuals convicted of a sex offense, officers and their

supervisors must be extremely cognizant of what has been traditionally referred to as compassion fatigue, secondary trauma, and secondary trauma stress disorder. But a crucial factor that first appeared in the DSM 5 (The Diagnostic and Statistical Manual of Mental Disorders) should change the way law enforcement looks at this issue.

“The term compassion fatigue was first coined by Charles Figley in the 1980's. Since its inception, the concept of compassion fatigue has been widely embraced by the psychological community. Despite its acceptance, it has never merited its own diagnostic category by any edition of the Diagnostic and Statistical Manual of Mental Disorders.” (Police Officer Wellness, Ethics, and Resilience-2020, Pages 97-115 <https://www.sciencedirect.com/science/article/pii/S09780128178720000070>). The DSM-V now puts compassion fatigue/secondary trauma as a valid stressor criteria under Posttraumatic Stress Disorder (PTSD) (Diagnostic Criteria 309.81 (F43.10)). The DSM-V criterion states: “4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.” Therefore, U.S. Probation & Pretrial Officers tasked with analyzing digital evidence, via digital forensics and/or computer & Internet monitoring, that results in the exposure to CSAM (child sexual abuse material) and similar material, will most likely experience some symptoms of

PTSD. Common symptoms of PTSD as a result of secondary trauma include, but are not limited to, lowered concentration, apathy, guilt, anger, sleep disturbance, appetite change, hyper-vigilance, difficulty breathing, muscle and joint pain, etc.

During my 25 year career as a Senior U.S. Probation Officer - Cybercrime Specialist, I was repeatedly exposed to CSAM that often involved prepubescent children, some as young as infants that appeared to be less than 1 year old, and at times was extremely violent. The exposure to “legal” pornography also took a toll due to the sheer volume that had to be parsed through, as well as the extreme nature of some of the content (BDSM, fetish, bestiality, violence). I am sure my experiences were not unique amongst both past and present officers. Added to the exposure of such heinous material was the complexity of technology aspect, which was often misunderstood for those not familiar or comfortable with the topic area, as well as highly technical specialties such as digital forensics and computer & Internet monitoring. An excellent resource for information on these issues is an 2022 article for Policing: A Journal of Policy and Practice entitled “Child Sexual Abuse Material Online: The Perspective of Online Investigators on Training and Support” (<https://academic.oup.com/policing/advance-article/doi/10.1093/police/paac017/6532409>). Below are important excerpts from the article:

“Based on their review of international research on CSAM, Holt et al. (2020) identified four core challenges for online CSAM investigators.

Consistent with Powell et al. (2014a), technology issues emerged as the first main challenge. Indeed, technological innovations are emerging constantly, which not only includes new encrypted communications applications like Telegram but also new social media platforms. Parallel to this is also the rapid increase of adolescents (and even children) owning a mobile phone and engaging on the multitude of social media platforms. All these factors benefit offenders who cannot only find tools to engage with CSAM with limited risk of apprehension but also have ready access to an ever-expanding pool of potential victims to produce it.

The other two challenges are the increased dependence on the private industry to identify and manage CSAM and the need to up-skill CSAM investigators. Coupled with continuous technological innovations, increasing dependence on the private industry to identify and manage CSAM suggests that online investigations are difficult to successfully conduct.

One challenge facing CSAM online investigators specifically involves the negative consequences generated by working in this field over long periods of time. There is evidence that CSAM investigators may experience adverse psychological outcomes (e.g. secondary traumatic stress and burnout) due to the nature of these investigations (e.g. Perez et al., 2010; Burruss et al., 2018; Seigfried-Spellar, 2018). Using the same sample of investigators (see Powell et al., 2014a), Powell et al. (2015) specifically examined the investigators' perceptions of their reactions to viewing CSAM

content. It should be noted that the CSAM content viewed by investigators can vary substantially between cases. It may include images/videos of males/females of any age (0–17 years old) and depict anything from body images to sexual activities between an adult man and a child or even the rape and torture of a child. CSAM images may also contain both sexes of offender and victim and in any combination, which includes children abusing other children. The results indicated that CSAM investigators experience significant emotional, cognitive, social, and behavioural consequences as a result of viewing CSAM. Even though the study indicated that the degree of negative consequences varied markedly across individuals, types and content of material, and viewing context (with variation also based on individual, case-related, and contextual factors), some negative impact on the wellbeing of investigators is likely to occur at some point in their career.

In terms of consequences, participants reported short-term reactions of disgust and anger, and long-term reactions reflecting anger as the dominant emotional response to stressful situations (Powell et al., 2015). Other symptoms included secondary traumatic stress disorder (e.g. intrusive imagery, flashbacks, nightmares, and social withdrawal), increased generalized distrust of people, over protectiveness of children, and difficulty in relationships with partners and children. Due to their role, participants also indicated experiencing desensitization to viewing CSAM. These findings are consistent with international research that reported higher emotional fatigue, burnout, and secondary

trauma for investigators due to their exposure to CSAM content (e.g. Perez et al., 2010; Burns et al., 2008; Brady, 2017; Burruss et al., 2018). Most recently, a recent study suggested that frequent viewing and analysis of CSAM content can affect content investigators' wellbeing, mental health, and quality of life, as well as their work competence, satisfaction, and productivity (see Steiger et al., 2021).

These negative consequences on police investigators have been previously reported among those who work directly with sexual offenders more generally, such as clinical therapists (e.g. Elias and Haj-Yahia, 2016). In the study of Elias and Haj-Yahia (2016) for instance, many participants also reported emotional burnout over time. One participant referred to the cumulative effect of working in this field: 'Work with sex offenders is altogether an emotional burden, even an overload, and to this day when I think about those offenders at home, I can't disengage, even after work.' (Elias and Haj-Yahia, 2016, p. 10). Others referred to fears, anxieties, nightmares, and mental images of what offenders have done as responses that accumulated over time.

Participants in the study of Elias and Haj-Yahia (2016) also reported various interpersonal consequences, such as intrusive thoughts, mood shifts, daily fears, high anxiety, suspicion of others, and traumatic symptoms (e.g. nightmares). Those who have children may develop a negative attitude towards others and strangers and develop a sense of concern over their children that may become uncontrollable and excessive. Some participants indicated that

working with sex offenders has had a negative influence on the nature and quality of their relationship with their partner. Many participants further reported a loss of quality of life, which may include loss of productivity at work, serious mental health problems, and addictive behaviours.”

There are many resources available for law enforcement officers and support staff to seek help for issues such as post-traumatic stress, as well as other mental health concerns. All federal Judiciary employees, and their family members, are covered by and have access to the Employee Assistance Program (EAP). The EAP offers no cost counseling services on some of life’s most important matters such as financial, legal, health, and personal decisions. These services are confidential and are provided by licensed professionals. The Work/Life Services Program (<https://www.worklife4you.com>) provides expert guidance, comprehensive educational information, personalized referrals, and access to a vast array of interactive tools to assist Judiciary employees and their family members with managing daily responsibilities and life events. Other resources for law enforcement officers can be found within the US Department of Justice Office for Victims of Crime Vicarious Trauma Toolkit website:
<https://ovc.ojp.gov/program/vtt/tools-law-enforcement>.

For more information on IPPC’s services such as Spotlight, please call IPPC at (888)-WEB-IPPC or contact me directly at bkelly@ippctech.net or by calling (516)341-4201.



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