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# Supporting the wellbeing of Internet Child Abuse Teams **(ICAT)**

Introduction and guidance

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## Foreword

This introduction and guidance is designed to support forces to develop or enhance existing staff policies relating to those working in the online CSA arena and those handling indecent imagery of children (IIOC) as part of ongoing investigations.

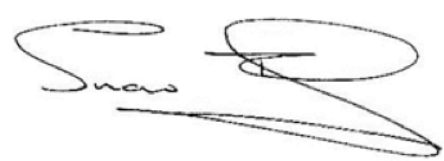
Child sexual abuse (CSA), including the investigation of IIOC offences, has been placed on the strategic policing requirement and is therefore a national priority for every force across England and Wales.

Due to the nature of online CSA and IIOC investigations, officers and staff working in this area are at a higher risk of distress and potential trauma, so require a more considered and potentially enhanced staff welfare response.

Although this guidance was written primarily for ICAT, (also known as POLIT, OCSAE and CEOP) it may have broader applicability across all those investigating CSA, child sexual exploitation (CSE) and other forms of vulnerability. In some forces, some ICAT duties have been devolved to other groups and teams. The principles outlined in this guidance would be applicable for anyone investigating online child abuse.

Research indicates that it's not just reviewing indecent imagery which can impact on staff welfare. Chat logs, audio clips and working directly with victims can also have an adverse effect.

The aim of this guide is to provide police forces with the information and guidance they need to support ICAT teams and to create environments and procedures which reduce the likelihood of adverse psychological conditions developing. It also offers information and advice on how to build the resilience and coping capacities of those involved in this important work.

A handwritten signature in black ink, appearing to read 'Simon Bailey', with a large, stylized flourish extending from the end of the signature.

**Chief Constable Simon Bailey**  
National Police Chiefs Council Lead – Child Protection



## Introduction

The psychological impact on officers and staff of working on the identification and investigation of online child abuse is well recognised. Online exposure includes viewing child abuse images and films, listening to audio recordings of abuse, and reading chat-logs and statements relating to grooming, abuse and torture of children. Child abuse can lead to long-term physical and psychological injury to children and sometimes involves the death of a child for the sexual gratification and the financial reward of abusers. Unlike most other crimes, where the police arrive after the crime has been committed, the ICAT teams see the abuse of children taking place.

ICAT teams are also involved in searching the homes, talking to families, seizing equipment, arresting and taking statements from those found to have abused, groomed, filmed or downloaded child abuse. In many cases these offenders do not fit the “normal” criminal profile. Often, they have professional backgrounds, comfortable homes and families, but an insatiable appetite to create and/or view child abuse images. For some ICAT officers, there is an impact to making an arrest and bringing the offender’s behaviour to the attention of their families. In many cases the families are unaware of the internet activities of their offending family member. A concern for ICAT teams is the person under investigation committing suicide. When faced with the loss of family, job and position in society, a small number of people under investigation commit suicide to avoid the shame of being convicted of child abuse and being placed on the sex offender register.

Studies show that the level of clinical distress in ICAT and child abuse investigation teams (CAIT) are significantly higher than levels in the general public. A study comparing similar numbers of ICAT and CAIT officers and staff found that the level of symptoms in the CAIT teams was slightly higher, but that both groups had significantly more symptoms than the general public.

Table 1 - Comparison of clinical scores for ICAT and CAIT officers and staff.

Role	Anxiety	Depression	PTSD	Burnout	Compassion fatigue
ICAT (n = 371)	24%	15%	17%	13%	15%
CAIT (n = 362)	29%	13%	30%	26%	23%
General Public	3.5%	8%	3%	Not available	Not available

Psychological screening results show that most police officers and other professionals working with abused children are resilient and cope with the demands of their roles. However, others succumb to a range of psychological conditions including anxiety, depression, burnout, compassion fatigue and post-traumatic stress (Alexander (1999), Mitchell and Stephenson (2000)).

As the volume of internet child abuse cases increase, there has been increasing specialisation of responses with specialist officers and staff. Roles have been created to deal with intelligence gathering, forensic computer examination, covert internet investigation, victim identification, image grading and operational investigation. Each role differs in levels of exposure and need for support.



# Impact of working with Internet Child Abuse

Several studies (Burns et al. (2008), Craun et al. (2015), Tehrani (2016), Seigfried-Speller (2017)) have examined the impact of working with online child abuse and have found some common stressors including:

## Shock at the horror and magnitude of the abuse

Although most officers and staff joining ICAT thought they knew what was involved in the work, they were shocked and overwhelmed by the volume and depravity of the abuse.

## Physical and emotional impact on self and home life

Reactions to the work include: headaches, moodiness, detachment and fatigue, which prevent ICAT team members from engaging in normal social or family activities.

## Intrusive images and thoughts about the work

The reactivation of abuse images in the form of flashbacks, dreams and nightmares. In some cases, these images may be triggered when thinking of their own or other children.

## Feelings of stigmatisation by others

The nature of ICAT work can create a perception in other policing specialisms and wider society that there must be something wrong with those who choose to undertake this work. This leads to feelings of isolation and stigmatisation.

## Inability to talk about the images

Describing the nature and content of child abuse images is difficult, even within the team. They are concerned that revealing the content may shock or traumatise others, making it difficult to process what they have seen.

## Concerns about trapped colleagues

ICAT teams can create strong personal bonds. Seeing ICAT colleagues constantly struggling with the work and not being given an opportunity to move to a new role due to the lack of resources is demoralising to the team.

## Protectiveness/paranoia regarding children

ICAT members tend to be more cautious around safeguarding their own children. This may lead to restricting their children's activities and being on constant guard for danger.

## Signs of problems in the ICAT team

It's important for ICAT managers, supervisors and team members to recognise the early signs indicating that an officer or staff member is struggling with the nature or volume of work. It can be difficult for individuals to notice when changes take place in their responses, attitudes and behaviours. Therefore, it's important for everyone in ICAT to be familiar with the signs and symptoms and for ICAT team members to be willing to accept feedback from colleagues and psychological screening (Tehrani and Hesketh (2018)).

### Individual signs of difficulties

The following signs and symptoms can be observed by supervisors, colleagues and the families and friends of those beginning to struggle with the nature or volume of work (see Bourke and Craun (2013)).

#### Marital/intimacy difficulties

As the impact of working with child abuse increases, problems start to appear in personal relationships. Sexual difficulties including impotency, loss of sexual drive, lack of loving or tender feelings can all increase.

#### Detached and isolated

Adopting a detached approach to the work can be helpful for a time but can lead to burnout. It can leave individuals unable to feel emotions, be these positive feelings of joy, excitement and enthusiasm or negative feelings such as sadness or grief.

#### Low self-esteem and sense of future

Over time, ICAT workers can begin to lose their sense of themselves and their self-esteem. This also impacts their enthusiasm for the future and their ability to see the world as a good place.

#### Self-deprecating humour

Although 'black humour' can be a helpful distraction from trauma, when the level of burnout and secondary trauma increases, this survival strategy can turn the humour into self-deprecating put-downs.

## Increased consumption of alcohol, caffeine or junk food

Another form of 'self-medication' involves the increased consumption of alcohol and caffeine to manage the levels of unmanaged anxiety and fatigue. Consumption of high fat and sugar junk food can give short-term boosts of energy, but in the longer term increases the vulnerability to ulcers, diabetes and other disorders.

All the above signs and symptoms are warning signals that suggest that there may be unresolved psychological difficulties in processing the ICAT exposures. If you see these in yourself or in a colleague it may be time to seek help from a supervisor, counsellor or occupational health.

## Screening signs of difficulties

Six-monthly mandatory psychological screening and support has become well established in many forces. For ICAT officers who have the benefit of regular psychological screening, there is added information that can help to identify and prevent developing elevated levels of anxiety, depression, burnout, and primary and secondary trauma. The management information gathered from six forces has shown that the mandatory screen and support model is well accepted by the ICAT teams and is showing incremental improvements in psychological wellbeing.

Most screening tools will include measures of anxiety, depression, burnout and trauma. The more comprehensive tools will also include measures of lifestyle, coping and resilience, highlighting behavioural changes which indicate the beginnings of mental health problems related to the work.

Some of the most useful early indicators are:

### Lifestyle

Changes in lifestyle, including increases in alcohol and caffeine consumption, and reductions in socialising, taking exercise and sleep, are strong indicators that individuals aren't coping with the nature of the work.

## Health beliefs

Attitudes to health and wellbeing can impact on ongoing wellbeing. When people begin to accept themselves as less fit or unhealthy there is a tendency for them to stop making the effort to build personal resilience. For example – “I am too tired to go to the gym” or “It’s not worth the effort to go out to the cinema.”

## Intention to leave

Where an individual isn’t coping with the work there is an increased tendency to report intentions to leave the role. This intention doesn’t always translate to action, with some remaining in a role they don’t enjoy or find fulfilling.

## Passive coping

A move from active to passive coping is significant. Instead of planning and acting to solve problems, the passive copier finds ways to avoid dealing with issues and problems by trying to distract themselves, pretending that everything is OK or by drowning their sorrows in alcohol or drugs.

## Loss of purpose

The Sense of Coherence questionnaire is valuable for checking how meaningful or how important a role is. For ICAT, having a purpose is essential as a protection against secondary trauma and burnout. The purpose of this work is to protect children and to catch offenders. Any loss of the meaning of the role will result in higher levels of mental health problems.

## Low compassion satisfaction

Compassion satisfaction is a buffer against burnout and compassion fatigue. Compassion satisfaction comes from the feeling that you’re positively contributing and helping others. Any reduction in compassion satisfaction needs to be addressed.

It is important to identify people showing the early signs of anxiety, depression, burnout, and primary or secondary trauma. However, these can be predicted, and problems addressed if the information on the screening reports is read and acted upon.

# Creating supportive working environments in ICAT

## Strategies to help increase individual resilience

### Gradual introduction to images

A sudden and unexpected exposure to a category A image, particularly those involving bestiality or sadism, is likely to cause shock and distress to most people. However, these kinds of images are frequently found in images sent for grading or investigation. For new ICAT members, a gradual managed exposure to traumatising images starting at level C is helpful. When there is time, discuss the images in order to build the knowledge and skills to accurately assess the age of the child and the nature and level of abuse.

### Mental preparation

Mental preparation can include developing rituals to help prepare the ICAT team member to start working, undertake their work safely and then to close the work. This has been described as getting into the right headspace. See the next section for a simple mental preparation ritual.

### Detachment and dissociation

Looking at child abuse images is difficult if the viewer becomes empathetically engaged with the plight of the child. The role of the ICAT member is to investigate crimes and create a framework of evidence required. Concentrating on this analysis, rather than the child's emotional experience, is essential.

### Self-monitoring and taking breaks

Having an awareness of physiological and emotional stress responses is a good way to recognise when to take a break, speak to a colleague or go for a walk. This can include noticing a tension in the neck and shoulders, a bloated feeling in the stomach or bowel, a tension headache or feeling angry, upset or isolated.

### Maintaining boundaries

It's important to maintain boundaries between personal and working life. Try to make personal calls to family and friends outside the viewing room. Don't take family photographs or mementos into the viewing room. If uninvited thoughts of work intrude into your personal life, write them down and put them into a work folder. If these intrusive thoughts or images continue, seek help from your supervisor or OH.

## Visual distractors

Find something to look at which increases normality. Many forces put large television monitors in their viewing rooms showing news broadcasts. These can create a sense of normality, as can the opportunity to look out of a window to see the weather or movement of traffic. Some research has suggested that viewing simple computer games such as Tetris can also help block the formation of traumatic memories (Holmes et al. (2010)).

## Protecting others

ICAT workers can become so desensitised to the nature of their work that they forget others may be shocked and distressed when they overhear explicit discussions of child abuse. It's important to keep these conversations within the viewing room or other private locations.

## Tenure

There is a growing body of evidence to suggest that for most people working in ICAT, personal resilience gradually wears down. This may go unnoticed at first, but can lead to increased levels of mental health problems. A review of officers and staff working in ICAT (Tehrani (2016)) shows that some leave in the first year. However, most people who have volunteered for the role will remain resilient for at least four years. At five years in post there is a significant increase in symptoms of anxiety, depression, burnout and trauma in ICAT teams. While individuals will respond in different ways, it's good practice to plan on a tenure of four to five years. After this time, those who wish to leave can do so and those who wish to remain go through six-month psychological screenings to protect their wellbeing.

# Organisational strategies to build resilience

Creating a supportive working environment and management systems helps to build resilience within ICAT teams.

## Recruitment

It's important that the right people are selected for internet child abuse investigations, so applicants need to have a clear understanding of the challenges and rewards of this work. When roles in ICAT are advertised there should be reference to the requirement for everyone involved in this work to be enrolled in a pre-employment and ongoing programme of psychological screening and support. Applicants should be sent realistic information on the nature of the work together with an outline of the support provided. Where applicants are currently experiencing symptoms of anxiety, depression or traumatic stress they should discuss whether they are able and suitable to take on this demanding role.

## Voluntary posting

Due to nature of the work, it's good practice to seek volunteer officers and staff to fill the posts. The most powerful protective factor against psychological distress is having a purpose for undertaking the work. Officers and staff who are passionate about protecting children and catching offenders are better prepared for the work and less likely to experience trauma reactions as a result. The motivations for joining ICAT need to be checked to ensure there is a passion for safeguarding children. Where periods of significant operational demand render this process impractical, wider safeguarding measures should be explored to mitigate risks to officers and staff undertaking these roles.

## Induction

The induction programme should provide the recruit with a clear understanding of the purpose of the ICAT role, ie what the team is aiming to achieve and the measures taken to ensure success. New team members should have an opportunity to read and research studies in the area (see Sullivan and Sheehan (2016), Wortley and Smallbone (2013), Martellozzo (2012)). Gaining an understanding of the behaviours of offenders and victims provides a framework which helps maintain an essential professional boundary. Finally, the induction should provide the new team member with the policies, procedures and targets involved in their role.

## Trust and team working

ICAT teams need to be able to trust their colleagues to recognise when they need extra support. Having time to discuss the work and talk about difficulties and successes is essential. Individuals will have different coping styles, and for some this will be quiet time on their own while others will want to talk about their feelings. Social bonding has been shown to reduce the development of compassion fatigue, burnout and traumatic stress (Olf et al. (2013)) due to the increase in the levels of oxytocin in the brain.

## Adjustments to work

From time to time individual ICAT members may become more vulnerable to experiencing distress. In line with health and safety legislation there is a need to protect pregnant women and new parents who may find their changed circumstances make it more difficult to undertake work involving abuse to babies and young children. In addition, other personal stresses such as marital breakdowns, bereavement and other family difficulties may reduce the capacity to deal with the psychological burden of ICAT work. In these circumstances, reasonable adjustments may be needed and, in some cases, it may be necessary for an individual to be moved to another policing role.

## Supervision

The style of leadership can help to build greater team resilience (Guest (2017)). Giving priority to practices that enhance wellbeing and positive relationships has the potential to improve individual and team performance. Supervisors need to be emotionally intelligent and able to cultivate a climate that allows for autonomy, and should also be willing to share information and provide feedback to ensure that skills are maximised. Managing employees working with child abuse material requires a high level of leadership and interpersonal skills. Cultivating an open communication style and being prepared to provide support is especially important, as is a climate of respect and a willingness to listen and respond to the needs of team members.

## Child Abuse Image Database (CAID) and other technological developments

There are continual upgrades and developments in CAID and other technologies, including artificial intelligence, which will reduce the need for officers and staff to grade and view images. The teams working on this technology are also aware of the wellbeing of ICAT and other teams who view child abuse images in the course of their work. Ways to provide wellbeing messages, such as reminding people to take breaks to help reduce the incidence of burnout and trauma, should be employed. However, these systems are only beneficial if ICAT team members know how to use them.



# Signs and symptoms of burnout and secondary trauma

Here are some of the common signs and symptoms of burnout and secondary trauma. To be clear, what you're looking for, in yourself or others, are changes in behaviour.

## Secondary trauma

### Re-experience symptoms

- Unable to switch off from the work.
- Upsetting dreams or flashbacks of intrusive thoughts about child abuse.
- Overreactions to work related issues.
- Victimised feelings of hopelessness and helplessness.

### Arousal symptoms

- Unreasonable anger or irritability focused at family, colleagues or situations.
- Self-destructive behaviour such as driving too fast or having an affair.
- Jumpy, or an inability to sleep or relax.
- Inability to concentrate, leading to increased numbers of accidents or errors.
- Sensitivity to noise and bright lights.

### Negative thinking symptoms

- Negative self-beliefs eg, "I'm incompetent"; "The world is bad"; "No one can be trusted."
- Lack of interest in things that used to be enjoyable.
- Negative outlook on life leading to unreasonable fears, beliefs and attitudes.
- Feelings of isolation from family and friends.
- Emotional numbing and difficulty in showing sensitivity or positive emotions.
- Loss of sense of humour.

## Avoidance symptoms

- Putting off doing work or dealing with demanding cases.
- Not looking too deeply.
- Avoiding questions that might lead to upsetting responses.
- Blocking out or forgetting the most distressing areas.
- Using alcohol to block out feelings.

## Burnout

### Emotional exhaustion symptoms

- Tired all the time even after a good night's sleep.
- Unwilling to take on a new project or anything that would involve extra effort.
- Avoiding offering support to others.

### Depersonalisation symptoms

- Developing unfeeling and impersonal responses towards victims and colleagues.
- Feeling isolated and cut off from partner and family.
- Finding it difficult to respond to happy or sad events.

### Loss of sense of personal achievement

- Feeling incompetent at work and loss of self-esteem.
- Talking about being a failure or self-disparaging comments.
- A loss of belief in a positive future.

# Simple resilience tools

## Protection rituals

One way to protect yourself from the toxic impact of dealing with internet child abuse is to build a protection ritual. Like any ritual, this will become stronger the more often it's used. This ritual is made up of four main stages: preparation, working, leaving and re-engaging.

### The preparation ritual

This involves seeing if there are any personal problems or issues that need to be handled before starting work. Think about the things you need to do or should have done. For example, this might be saying sorry for being grumpy with your partner before leaving for work. Write down what you need to do prior to starting work or if necessary, make the telephone call home. Do this outside the viewing room and before you start work.

### The work ritual

This involves reminding yourself of the purpose of the role and that you can ask for help if you lack knowledge or feel uncertain about the process. You also need to constantly monitor your physical wellbeing. If you feel tense or become sensitive to some aspect of your work, go for a walk or speak to a colleague.

### The end of day closing ritual

This involves being aware of what you've achieved during the day and being mindful of what may still need to be done. Write down anything you feel you could have done better or found difficult. Also record anything that still needs to be done. Close the book, turn off the computer and leave the book locked in your drawer at work.

### The re-engagement ritual

This can happen on the way home. You may think back to how things were when you left home and what it will be like to return. Think about what you enjoy, and what you would like to do when you get back. If any thoughts about work return during your time at home, take a piece of paper, write the thought down, fold the paper into four and put it next to the front door. This is so you can take it with you to work where it belongs.

## Progressive relaxation

Progressive relaxation involves slowly tensing and then releasing each muscle group individually, starting with the muscles in your feet and legs and finishing with your head. When viewing child abuse images there is a tendency for the body to become tense. This tension can go unnoticed but if you use this exercise regularly you will find a reduction in the levels of stress and burnout.

### STEP 1: tensing the muscles

Take a slow, deep breath and tense the muscles as hard as you can for five seconds. It's important to really feel the tension in the muscles even when it causes some discomfort or shaking.

### STEP 2: relaxing the tense muscles

After five seconds, let all the tightness flow out of the tensed muscles. Exhale as you do this. The muscles should be loose and limp as the tension flows out. It's important to acknowledge the difference between the tension and relaxation.

Remain in this relaxed state for about 15 seconds, then move on to the next muscle group. Repeat the tension-relaxation steps. After completing all the muscle groups, take some time to enjoy the deep state of relaxation.

## How to tense muscle groups

Foot: curl your toes downward. Lower leg and foot: tighten your calf muscle by pulling your toes towards you. Entire leg: squeeze thigh muscles. Hand: clench your fist. Entire arm: clench your fist and pull your forearm towards your shoulder. Buttocks: tighten by pulling your buttocks together. Stomach: suck your stomach in. Chest: tighten by taking a deep breath. Neck and shoulders: lift your shoulders up to touch your ears. Mouth: open your mouth wide enough to stretch your jaw. Eyes: clench your eyelids tightly shut. Forehead: raise your eyebrows as far as you can.

## Deep breathing

Deep breathing each day can reduce anxiety and stress by increasing the supply of oxygen to your brain and stimulating your nervous system to promote a state of calmness. One of the simplest deep breathing exercises involves you breathing in to the count of seven seconds, holding your breath for seven seconds, and then breathing out to the count of seven seconds. Repeat this deep breathing exercise at least five more times, concentrating on the feeling of the air going through your nostrils and into your lungs. Counting makes sure that you don't over-breathe and cause dizziness, and helps clear your mind of random thoughts.

## Finding the time

### If you have two minutes:

- Walk across the office and say hello to someone.
- Look out of the window and notice something different.
- Get a drink.
- Do the breathing exercise.

### If you have five minutes:

- Send two people an email to thank them for something they have done for you.
- Ask your team if they would like you to get them a drink.
- Stop and chat to someone that you don't know well.
- Throw out any clutter in your workspace.

### If you have 10 minutes:

- Tidy up your workspace.
- Write down two things that would make your work more interesting.
- Go for a walk outside.
- Do the progressive relaxation exercise.

### If you have 30 minutes:

- Go for lunch with your colleagues.
- Go for a run or brisk walk in the park.
- Organise a team event/competition.

# Levels of intervention for supporting the wellbeing of internet child abuse team members

## Appendix 1

Intervention	Type of intervention	Responsibility
Primary	Primary interventions are described in the policies and procedures adopted by ICAT	
	Recruitment policies and procedures including: <ul style="list-style-type: none"> <li>■ Job adverts to include information on nature of role and the core personal skills to undertake the work.</li> <li>■ The requirement for applicants to have pre employment/deployment screening.</li> <li>■ Voluntary recruitment.</li> <li>■ Psychological screening pre-employment.</li> </ul>	Senior Management Human Resources
	Interview policies and procedures including: <ul style="list-style-type: none"> <li>■ Behavioural interviewing to check the motivation to work in this area.</li> <li>■ Referral to OH where there are concerns on suitability for the role.</li> <li>■ Training in recruitment interviewing for managers.</li> </ul>	Human Resources Occupational Health
	Induction policies and procedures including: <ul style="list-style-type: none"> <li>■ A definition of the scope and responsibilities for undertaking induction.</li> <li>■ Procedure for auditing and mentoring the progress of recruits.</li> <li>■ Establishment of ICAT competency certificates.</li> </ul>	Management

Intervention	Type of intervention	Responsibility
<b>Primary</b> (continued)	Health, safety and wellbeing policies and procedures including: <ul style="list-style-type: none"> <li>■ Mandatory psychological screening and surveillance.</li> <li>■ Dealing with sickness absence and injuries on duty.</li> <li>■ Promotion of wellbeing in ICAT.</li> <li>■ Operational risk assessments.</li> </ul>	Management Occupational Health Health and Safety Federation/Union
	Child abuse viewing policies and procedures including: <ul style="list-style-type: none"> <li>■ Display screen assessments.</li> <li>■ Use of CAID and the other technological tools designed to reduce exposure to abusive images.</li> <li>■ Restrictions on lone working and mandatory breaks.</li> <li>■ Prevention of accidental viewing by non-authorized personnel.</li> </ul>	Management
	Engagement policies and procedures including: <ul style="list-style-type: none"> <li>■ Tenure and role rotation.</li> <li>■ Exit interviews and learning.</li> <li>■ Employee wellbeing surveys.</li> <li>■ Psychological surveillance management information reviews.</li> </ul>	Management Human Resources

Intervention	Type of intervention	Responsibility
Secondary	Secondary interventions involve training, development and team support in ICAT	
	<p>Training for all to include:</p> <ul style="list-style-type: none"> <li>■ Recognising primary trauma, secondary trauma, compassion fatigue and burnout in self and others.</li> <li>■ A graded introduction to viewing child abuse.</li> <li>■ Education on the theories of internet child abuse in relation to abusers and victims.</li> <li>■ Specialist training in: victim identification, grading, interviewing, computer forensics, etc.</li> <li>■ Reducing the incidence of suicide in individuals under investigation.</li> </ul>	<p>Occupational Health Management Human Resources</p>
	<p>Training for supervisors to include:</p> <ul style="list-style-type: none"> <li>■ Facilitating wellbeing groups.</li> <li>■ Supporting vulnerable team members.</li> <li>■ Undertaking a wellbeing assessment of an individual and a team.</li> <li>■ Supporting induction programmes.</li> <li>■ Facilitating a return to work programme.</li> </ul>	<p>Occupational Health Management Human Resources</p>
	<p>Development to include:</p> <ul style="list-style-type: none"> <li>■ Programme of monitoring and auditing responses to child abuse material.</li> <li>■ Personal development programmes.</li> <li>■ Regular appraisal and development meetings.</li> <li>■ Opportunities to use skills to improve processes within ICAT.</li> </ul>	<p>Management Human Resources</p>
	<p>Support to include:</p> <ul style="list-style-type: none"> <li>■ Information on child abuse treatment programmes.</li> <li>■ Prioritising of high-risk cases.</li> <li>■ Matching resources to the demands.</li> <li>■ Development of peer support networks.</li> <li>■ Engagement with the CPS to resolve blockages/issues.</li> <li>■ Reducing use of overtime and leave.</li> </ul>	<p>Management Human Resources</p>



Intervention	Type of intervention	Responsibility
Tertiary	Tertiary interventions are involved in providing team members with personal support	
	Resilience building including: <ul style="list-style-type: none"> <li>■ Individual support to build coping skills and style.</li> <li>■ Supervisor support in building skills and competence.</li> <li>■ Regular performance reviews to identify areas for improvement.</li> <li>■ Flexible working to assist those with children or elderly care responsibilities.</li> </ul>	Management Human Resources
	Rehabilitation and return to work including: <ul style="list-style-type: none"> <li>■ Referrals to occupational health (OH or psychologist) for specialist support.</li> <li>■ Referral to screening to identify personal issues.</li> <li>■ Referrals to general and trauma counselling.</li> <li>■ Managed returns to work and rehabilitation guidance.</li> </ul>	Management Occupational Health

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## About the College

We're the professional body for everyone who works for the police service in England and Wales. Our purpose is to provide those working in policing with the skills and knowledge necessary to prevent crime, protect the public and secure public trust.

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