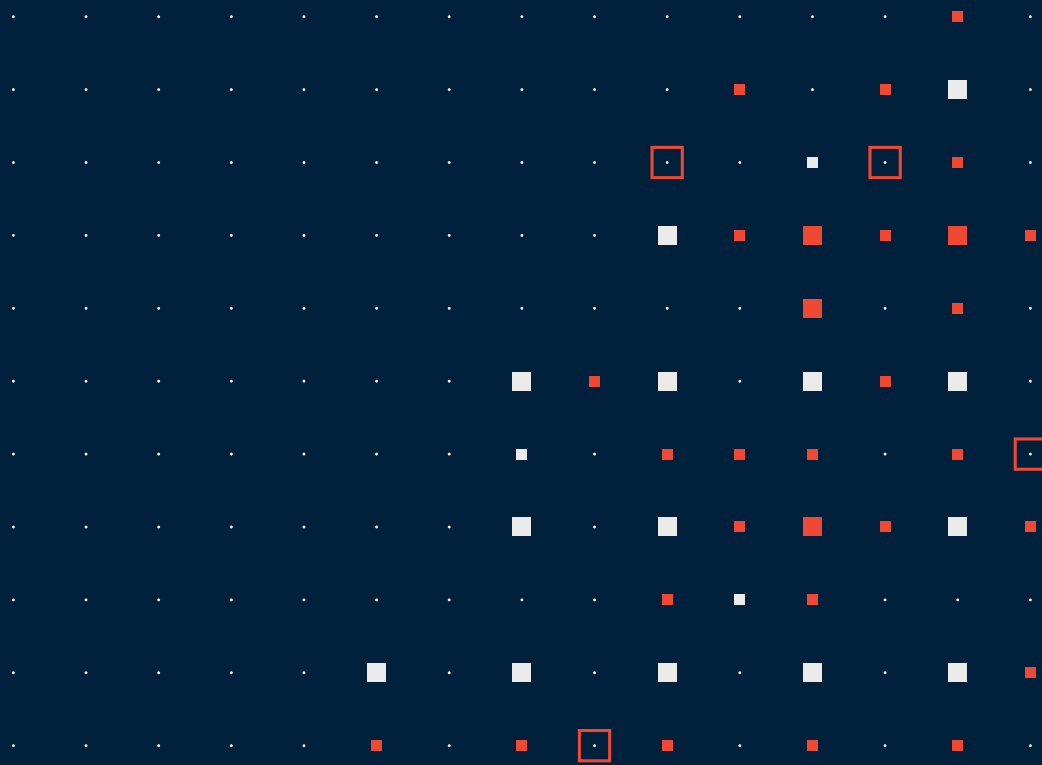


Griffeye presents

Protecting your mental health as a CSA Investigator

By Maariya Ilyas



To serve those who protect



A word from Johann Hofmann
CEO, Griffeye

Griffeye's core mission is derived from the known motto "To protect and serve" which was first verbalized by the LA police department in the early 60s and subsequently has been adopted by many other agencies worldwide.

With deep respect for our customers' mission, we've made it our promise "To serve those who protect." In other words, we are here to serve law enforcement.

We do this by providing investigators with the tools they need to transform the information from being a burden to an asset. By doing that we can help investigators identify more victims — but that also assumes we can keep the investigators in the fight.

Throughout the years we have built deep links with police forces around the world and gained a thorough understanding of the heavy toll that investigators are facing when fighting child sexual abuse crime. A critical part of our mission is therefore to also do everything we can to protect our users' mental health.

This booklet was created in collaboration with an expert in the field and we hope it will not only raise awareness, but also aid the people being exposed to the most horrific evidence of crime there is. To help keep them in the fight.

Thank you



Thanks to your hard work as investigators, approximately 1,100 children are being safeguarded from sexual abuse every month in the UK. Additionally, every month, approximately 1,000 child sex offenders are being arrested as a direct result of your contributions to the protection of the safety of children.

As investigators, your psychological wellbeing is regarded as a key part of supporting you to perform your role well. When a person has a strong frame of mind, they tend to have more professional and personal resilience. Without safeguarding your mental wellbeing, it becomes more difficult to maintain a high standard of performance and protect yourself and your family.

When a person is experiencing a struggle with their mental health, you may also notice adverse impacts in the following areas:

- Motivation
- Confidence
- Interpersonal relationships
- Ability to communicate effectively
- Productivity
- Effectiveness
- Efficiency
- Ability to prioritise workload
- Problem solving skills
- Ability to navigate working within a team
- Decision making processes
- Physical health, among many other issues



How are CSA investigators affected?

The nature of the work of CSA investigators is more challenging on an individual's mental resilience; therefore there is a greater need to take measures to proactively safeguard mental health.



Investigators have a higher than average probability of experiencing trauma at work:

- 80% of police officers in UK report symptoms of trauma, i.e. stress, low mood, anxiety, etc.
- 90% of police officers associate the reasons for trauma/stress with work-related stress and more than 60% feel uncomfortable disclosing their experience of trauma to managers.
- The average CSA investigator remains in role for 3-5 years with the main reason cited for leaving being due to negative mental health impacted by experiences in the role.
- 1 in 3 investigators report traumatic stress which goes beyond standard work-related stress. Investigators are at a higher risk than the average of developing PTSD symptoms if trauma/stress is not dealt with.

What is trauma?

Trauma is a person's response to a disturbing or distressing event. The response can manifest in the following ways:

- **Biological symptoms:**
Physical symptoms in your body
- **Psychological symptoms:**
How you understand and process experiences/events
- **Emotional symptoms:**
How you emotionally perceive a situation and how you feel about it
- **Behavioral symptoms:**
The way in which your behavior and actions are affected as a result of the traumatic event.



How can a person experience trauma?

Trauma can be experienced both directly, where the person has a first-hand experience of a distressing event, or vicariously (also known as secondary trauma), where they may have heard about or witnessed a distressing event.

For people experiencing vicarious trauma, symptoms develop as a result of seeing or hearing about the traumatic experiences of someone else. This category of trauma best describes the type of trauma that investigators are likely to experience.

Trauma symptoms can either occur immediately after hearing about or witnessing distressing material or gradually over a period of time.

There is an increasing amount of evidence into vicarious trauma and how it creates the same brain and body response as having directly experienced the traumatic event.

It is also important to note that individuals can have varying levels of awareness into how affected they are by traumatic material as symptoms can occur both consciously and unconsciously.

As well as experiencing vicarious trauma from distressing CSA material, investigators have seen increased levels of stress due to factors such as:

- Cases not being solved, resulting in a lack of emotional closure
- Child sex offenders not being found and convicted, resulting in a fear of children remaining at risk
- Excessive workload with limited resources, resulting in overwhelm and potential burnout.



What are the three types of trauma?

The 3 types of trauma that a person may experience are: Acute, Complex and Chronic.

Acute Trauma

Often as a result of a single distressing event e.g. a car accident, burglary, witnessing an isolated violent event, sudden bereavement, natural disasters. The event is a one-off experience, with a low risk of recurrence.

Complex

When a person has had exposure to multiple traumatic events, for example, sexual abuse, incest, neglect, torture. Complex trauma results in a range of negative consequences on a person's life in the short, medium and longer-term.

Chronic

A person who is experiencing chronic trauma has suffered repeat and prolonged exposure to distressing events, for example, physical, sexual, or psychological abuse, torture, domestic violence or bullying.



The biology of the trauma response

When a person is exposed to distressing material, it is important to know that the psychological and physiological symptoms (i.e. the way that our brain and body responds) are the same in vicarious or secondary trauma as it is when you are directly experiencing a distressing event.

Essentially, you may know that you have not personally experienced the traumatic event, but your body chemistry does not know the difference.



Brain chemistry

Epinephrine, adrenaline and cortisol are the three main chemicals released by your brain into your body when you witness traumatic content, resulting in an actual, measurable shift in your brain chemistry. This means that there is a change in the way that a person's brain functions.

Pre-Frontal Cortex

One of the main changes that occurs when these chemicals release as a result of trauma is that a person's pre-frontal cortex is affected. These changes can range from mild to severe, but the changes result in a shift in specific cognitive abilities, such as:

- Thinking processes
- Decision making
- Problem solving
- Categorizing
- Learning
- Memory

Survival Mode

When this part of our brain slows down as a result of exposure to traumatic content, our body goes into what is called an autonomic survival response, also referred to as 'survival mode'.

When this happens, our primitive brain has taken over, causing our body to respond as it would if we were in a dangerous situation and needing to survive, causing a fight, flight, or freeze response.

What happens in the brain?

After experiencing (directly or vicariously) a traumatic event, the 'fear center' in the brain is activated. This can lead to:

- Hyper-arousal, where you may be more aware than usual of things around you. This can make you more alert to stimuli in your environment, but this can also manifest in behavioral changes, such as suspicion of people around you, or thinking that all people are a direct threat to a child, or that all children are actively at risk of harm.
- Memory can be also negatively impacted e.g. struggle to remember certain events, specific details of an event, etc.
- The ability to regulate your emotions becomes poor e.g. you may take your anger out on your colleagues, friends and family, or you may have an excessive emotional response, like crying about something that typically would not have upset you.



The psychology of the trauma response

Typical psychological trauma responses that a person may experience are anxiety, distress, disgust, overwhelm, fear, shock, anger and sadness.

An individual may also experience a Dissociative Response. This is where a person detaches themselves from emotions that may result from directly or vicariously experiencing a traumatic event. This is a natural coping mechanism that prevents a person from absorbing the full extent of the trauma, therefore allowing them to deal with whatever is being witnessed with minimal impact on their ability to function and continue with the work.



Does trauma have long-term consequences?

A person who has experienced trauma (either direct or vicarious trauma) can feel strong emotions or have distressing thoughts in the short, medium and/or longer-term period after the event.

For some people, long-term trauma symptoms can be seen in the way that their response to life events has changed as a result of the traumatic event. For others, it may be that day-to-day they seem fine, but something they see or hear much further down the line causes an unwanted response. This could be a flashback, anxiety or a change in behavioral response.

For example:

- Over-protectiveness of children
- A deliberate attempt to not be playful with children of your friends
- An inability to enjoy sex
- Lack of emotion during disturbing scenes in movies
- Compassion fatigue
- Burnout



How can I recognize if I have been traumatized?

There may be warning signs that you may be able to identify that indicate potential trauma.

Biological warning sign

Sleep disturbance is one of the most common biological symptoms experienced after trauma. This is due to sleep disrupting hormones that can keep a person's mind alert beyond the traumatic event. Sleep disturbances can present themselves as:

- An initial struggle to fall asleep
- A disrupted sleep pattern throughout the night
- Not being able to sleep for more than 5 hours for a prolonged period of time
- Sudden excessive sleeping, i.e. more than 10 hours each night
- Continuously waking up feeling tired

Other biological symptoms you can see are:

- Appetite disturbances e.g. excessive eating or loss of appetite
- Gastrointestinal disturbances e.g. bloating, constipation or diarrhea
- Increased heart rate
- Tremors
- Dry-mouth
- Inability to pass urine
- Over-activity of sweat glands, resulting in excessive sweat production
- When cortisol is released into the body, it can remain in a person's system and could manifest in long-term heart conditions e.g. high blood pressure and an increased risk of cardiac events, such as heart attacks and strokes.



Psychological warning signs

Some psychological warning signs of trauma that you may notice are:

- Your ability to plan and organize becomes compromised
- You are more indecisive than usual. This is one of the more common, yet lesser known symptoms of anxiety
- Character changes that can lead to strained relationships with your loved ones
- Your self-perception, confidence and feelings of self-worth are reduced
- Your ability to recall information is challenged
- You struggle to deal with difficult emotions

You may potentially experience some of these symptoms at different stages throughout your life. So when can this become a problem that needs to be addressed? If:

- The trauma is repeated without you taking steps to reduce the impact on yourself, or
- You notice the above warning signs when you are not actively experiencing the trauma - if something in your environment (any sensory experience e.g. anything you see, smell, hear, remember, etc.) triggers a trauma response.



Flashback

Another warning sign of psychological trauma is sensory recall in the form of an involuntary recurrent memory, also known as ‘flashbacks’. This indicates that there could be underlying trauma that you have not yet mentally processed.

Examples of how you may experience flashbacks is if something in your environment triggers you, leading to a strong emotional, psychological or biological response, for example:

- A new case brings up negative memories of one you have previously worked on
- A conversation you have reminds you of physiological, emotional or mental responses you have had to previous distressing content
- Seeing a child in public who reminds you of a child from a historic case

If you are experiencing flashbacks:

- You may remember the physical sensations you felt at the time e.g. sickness, tightness in your chest, tension in your jaw
- You may feel the emotions you felt at the time
- You may recall certain behavioral responses you may have had e.g. cried, punched a wall, chain-smoked.



Is there a spectrum?

You will find that trauma symptoms can be found on a spectrum, from mild to severe symptoms. On the severe end of the spectrum, you will find Post Traumatic Stress Disorder (PTSD).

PTSD is an anxiety disorder with serious mental health implications. Symptoms that may occur are:

- Intrusive thoughts and memories
- Detachment from reality
- Withdrawal
- Hyper-vigilance
- Hyper-arousal
- Feeling unsafe
- Anxiety disorders
- Depression or suicidal behavior
- Substance misuse



Behavioral warning signs

There may be symptoms that you may recognize in either your own or a colleagues’ behavior, for example:

- Changes in character
- Stress related absence/sickness
- Prolonged periods of working long hours
- Poor work-life balance
- Limited support networks
- Difficult relationships with colleagues
- Constant questions and a need for validation
- Irritability and argumentative
- Restlessness
- Avoidance of tasks
- Resorting to unhealthy coping mechanisms e.g. excessive smoking/ alcohol consumption and the use of illicit substances.



Why are some people more affected than others?



There may be times when you look at your colleagues and notice that they have a different response than you to the same material. It may be useful to understand why that could be the case.

For instance, if your trauma response is to dissociate from your emotions so that you can get through the workload, it is important to refrain from judging others who may be having a visible emotional response and thinking things like: “they can’t handle it” or “they aren’t built for this job”.

Similarly, if your trauma response is to have a more visible expression of emotion, then it is important to not judge those who respond differently to you as being emotionless or lacking empathy.

Both responses are designed to protect a person’s mental health in a way that allows them to get through the tasks at hand; and the ways in which people express this can be very different.

There are many reasons why there is a variance in the way people appear more affected than others:

- Their individual personality traits
- Whether or not there is a presence of any pre-existing mental health conditions
- The extent to which they have previously been exposed to distressing events
- Their own personal experience of historical or current sexual abuse
- The nature and severity of the content that they are currently witnessing
- How they handle their emotions in general
- Whether or not they have healthy coping mechanisms to support them
- If they have an appropriate support network
- Other factors that may be causing stress that could be decreasing their emotional resilience

It is also useful to remember that a person may not be experiencing any observable short-term symptoms, but many years down the line they may witness an event that leads to a flashback or other trauma responses. Although there may not be an immediate response to vicarious trauma, this does not necessarily mean that a person has not been traumatized by the distressing material.



What strategies can I implement if I'm struggling?

It is important to be aware that there are many self-implementation strategies you can use as a preventative measure to protect your mental health.

The main purpose of these techniques is to prevent our bodies from going into a fight, flight or freeze response.



Sleep and appetite

Make sure to regulate your sleep and appetite. You may consider implementing Sleep Hygiene principles into your evening routine to support an optimal sleep environment. You can also consider eating healthy balanced meals and avoid excessive sugar and processed foods. Overconsumption of these types of foods can lead to an imbalance of important brain chemicals, which over time can lead to mental health conditions, such as depression.

Cognitive reset

Our brain and body goes into a fight, flight or freeze mode after approximately 20 minutes of exposure to any distressing material. To prevent this, it is recommended for you to do a Cognitive Reset following the 20/20/20 rule below.

What is the 20/20/20 rule?

Every 20 minutes you should look away from your screen or step away from your desk and look at something at least 20 feet away for a minimum of 20 seconds.

The purpose of this is to allow your brain to return to a neutral state to prevent it from going into survival mode.

Regular breaks

There are two approaches in relation to the ways that taking regular breaks can support your mental wellbeing:

- **Breaks throughout the working day:** It is important to look at whether you are taking regular breaks and, if so, is the environment used for having a break conducive to allowing your mind to switch off from work?
- **Breaks from work:** This is usually in the form of annual leave as periodically you will need time to recharge and refocus. Strategically planning annual leave can be a proactive way of safeguarding mental wellbeing (e.g. every 6 weeks having 2-3 days of annual leave, or every few months having a week off).

Releasing cortisol

Cortisol, commonly referred to as the 'Stress Chemical', is elevated in your body following a traumatic experience. However, the danger with cortisol is that it can stay in your system at elevated levels if left unaddressed and can cause long-term physical harm.

To counteract this, there are two simple ways of regulating the cortisol levels in your body. These are:

- **Physical movement:** walking, exercising, running, dancing and other various forms of physical activity all help to regulate cortisol levels within the body.
- **Replacing cortisol with Oxytocin:** also known as the 'Love Hormone',



can counteract the effects of raised cortisol level. Oxytocin can be activated by appreciating moments of emotional connection with people and things that you enjoy.

Task Focus

After you have completed a cognitive reset, bring yourself back to your primary task by breaking it down into manageable milestones. Creating smaller goals towards achieving bigger tasks can help your brain to focus on each individual task and in turn reduce the potential for overwhelm.

Body Scan

Take a moment to notice where in your body you maybe holding tension without realizing. The forehead, shoulders, jaws, stomach, legs and feet are common areas of the body that people tense up when they are feeling alert and anxious. Once you have become aware where you are feeling tension, further tighten that part of your body for 5 seconds and then completely relax. Following this process allows you to break the unconscious circuits in your body, by disrupting and taking control over how your body responds to stress.

Breathing Techniques

When you are in a high state of arousal or anxiety, your sympathetic nervous system is activated. This is your body's natural

response to dealing with a dangerous situation, however in a non-crisis situation, these elevate symptoms are not particularly useful and can lead to anxiety if left unchecked. To counteract this, the parasympathetic nervous system needs to be activated in order to help restore a state of calm. You can do this by implementing breathing techniques.

Examples of breathing techniques you could use are:

- **The Box Breathing Technique:** breathe in for 4 seconds, hold for 4 seconds, breathe out for 4 seconds, hold for 4 seconds – repeat approximately 6-8 times, or until you feel calm.
- **The 7/11 Breathing Technique:** breathe in for 7 seconds and breathe out for 11 seconds. The number of seconds is not as important as the principle that you breathe out for a few more seconds than breathing in. Repeat this 5 times until you start to feel calm.

Employing breathing techniques will usually show a decrease in active symptoms of anxiety after approximately 60 seconds of focused breathing.

Strategic Exposure

Where possible, switch off your exposure to distressing material around 30 minutes before you leave work at the end of the

day. This time can be utilized responding to emails or other activities to limit your exposure to allow the body to unwind. It is better to do this prior to finishing work as if you do not switch off until after you finish work, your mind and body will continue the process of trying to disengage from work in your personal time. Also, if all of your working time is filled with dealing with distressing materials, then you may unconsciously create an association that work is traumatic/work is stressful, which is a strong precursor to work related sicknesses in future.

Grounding Techniques

Grounding techniques replace the cause of trauma with the reality of what your senses are perceiving in that moment. Some grounding techniques that you may wish to implement are:

- **5, 4, 3, 2, 1 Technique:** This is one of the most common mindfulness grounding techniques whereby you acknowledge 5 things you see around you, 4 things you can touch around you, 3 things you hear around you, 2 things you can smell and 1 thing you can taste.
- **A, B, C Backwards:** When you are in a high state of mental alertness, and you feel yourself becoming anxious, focus on saying the alphabet backwards. When you try to say the alphabet backwards it refocuses your attention onto what you are saying rather than

the other stimuli that could be causing an anxiety response.

- **Counting Backwards:** Selecting a number like 50 or 40 and counting backwards allows you to strategically focus on something, thus breaking that circuit of an automatic response that you may be stuck in which could be causing anxiety symptoms.

Meditation

Meditation can be very effective in reducing the activity of stress hormones in your body. When there is a lot of overwhelm and you are struggling to focus, meditation can be useful to help you to rebalance, refocus and organize your thoughts. If you are unable to clear your mind for 2-3 minutes without your thoughts straying, this could be a sign that you may need meditation more than you realize.

Creating mental space is necessary to reduce mental fatigue. If your mind is constantly racing, over time it can put you into a high level of alertness. If you are able to spend at least 2-3 minutes a day creating mental space for yourself, you will be supporting yourself towards maintaining optimal psychological health.

If you struggle with this practice, you may find guided meditation useful. There are plenty of online resources and apps designed to support you with this.



Accessing professional support

If you find that you are still struggling with your mental health after employing the self-implementation strategies, you may want to consider accessing professional support.

There are a wide range of options and services available to suit your individual needs.



Workplace support or healthcare providers

Reaching out for support via Occupational Health or utilizing reflective practice sessions with a trained mediator can be very helpful as part of your support network. You may also want to speak to your GP about your concerns around your mental health. They can assess your presentation and make recommendations around what may be the best step forward in addressing your symptoms.



Medication

Following a discussion with your GP, there may be a conversation around prescribing medication to help alleviate some of the active symptoms of distress. The most appropriate medication will be recommended based on the nature and severity of your symptoms, as well as considering any pre-existing medical conditions or intolerances you may experience. Medication can be prescribed on a short-term or a longer-term basis, however these decisions need to be made collaboratively with your healthcare professional.



Psychotherapy

If psychotherapy is required, it can help you to relearn strategies around unwanted symptoms you may be experiencing. As there are many different forms of psychotherapy that focus on different approaches towards optimal mental health, it may be useful to have an open discussion with your healthcare provider to figure out which therapeutic options would be most suitable for your current needs. Behavioral issues that arise because of stress, for example, anger management concerns, substance and alcohol misuse, etc. can also be addressed via psychotherapy.



Summary

This guide has been prepared with recommendations and information targeted to support the needs of CSA investigators and supporting colleagues. Through sharing this knowledge and implementing the techniques outlined, you can contribute towards building a supportive culture which can benefit not only your wellbeing, but also that of your colleagues, your family and friends.

Maariya Ilyas is a Mental Health Specialist with over twelve years industry experience. She has worked in psychiatric intensive care units, in community-based settings and within the forensic and criminal justice system. She has extensive experience of conducting psychiatric assessments and providing psychotherapeutic based sessions to individuals and delivering psychoeducation sessions to corporate firms.

Maariya's special interest areas are psychosis, stress and anxiety, and all of her content and advice is designed to provide users with practical tips and tricks they can take away and implement into their lives.

<https://www.insightology.co.uk/>

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For an overview of the Griffeye User Wellbeing Features, please visit www.griffeye.com/user-wellbeing-features/

If there is anything we can do to assist, please contact: patrick.horgan@griffeye.com or tristan.oliver@griffeye.com



Wellbeing and Support Services & Supplementary Resources

Samaritans

<https://www.samaritans.org/>

Call: 116 123

Email: jo@samaritans.org

Blue Light Together

<https://bluelighttogether.org.uk/>

Call: 0300 303 4434 from 8am to 8pm, 7 days a week, for trauma and bereavement support from Just B

Text: BLUELIGHT to 85258

Anxiety UK

www.anxietyuk.org.uk

Call: 03444 775 774

Mind

www.mind.org.uk

Call: 0300 123 3393

Rethink Mental Illness

www.rethink.org

Call: 0300 5000 927

SANE

www.sane.org.uk

Call: 0300 304 7000

