

Protecting the protectors: Moral injury, coping styles, and mental health of UK police officers and staff investigating child sexual abuse material

Paul Conway, Samantha Lundrigan, Theresa Redmond, Deanna Davy, Simon Bailey, & Peter Lee

University of Southampton, University of Portsmouth,
& Policing Institute for the Eastern Region at Anglia Ruskin University



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Paul Conway & Theresa Redmond



School of Psychology
University of Southampton



Policing Institute for the Eastern Region
University of East Anglia

Recruitment

- 661 UK police officers & staff
 - Regularly deal with CSAE material
- England, Wales, Scotland, Northern Ireland
 - Chance to win £25.00 Amazon vouchers
- Spring 2022



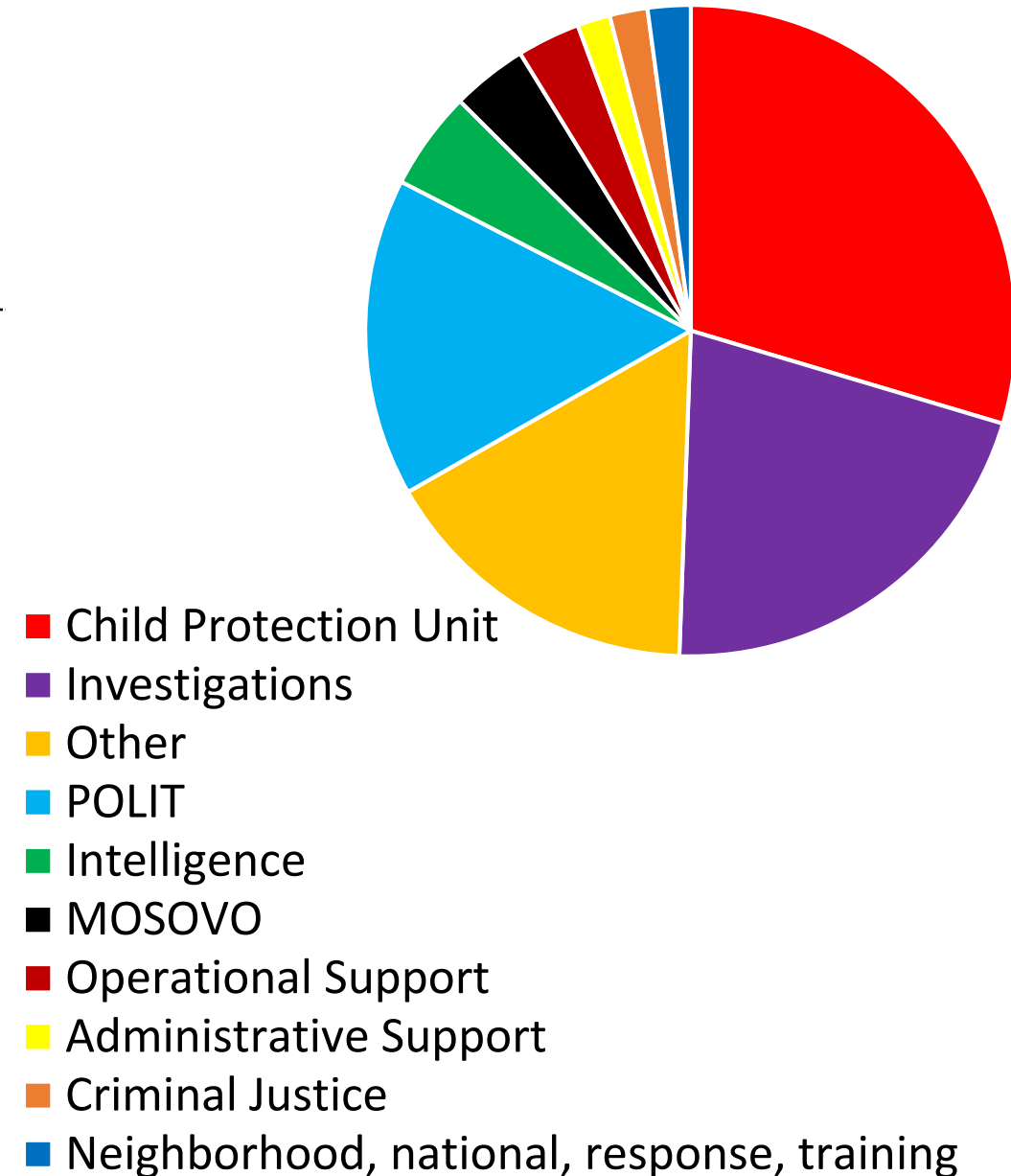
Region



Region	<i>N</i>	Percent
Southeast	93	14.1
Southwest	60	9.1
London	47	7.1
East Midlands	49	7.4
West Midlands	53	8.0
Eastern	52	7.9
Northeast	73	11.0
Northwest	76	11.5
Wales	16	2.4
Scotland	43	6.5
Northern Ireland	28	4.2
Yorkshire	40	6.1
Other (e.g., Yorkshire, National)	29	4.4
Unreported	2	0.3
Total	661	100.0

Roles

Role	<i>N</i>	Percent
Child Protection Unit	236	35.7
Investigations	167	25.3
Other (e.g., call handler, covert, forensics, school liaison)	129	19.5
POLIT (Police Online Investigation Team)	126	19.1
Intelligence	39	5.9
MOSOVO (Management of Sexual or Violent Offenders)	30	4.5
Operational Support	25	3.8
Administrative Support	13	2.0
Criminal Justice	15	2.3
Other (neighborhood, national, response, training)	17	2.9
Total	828	125.4

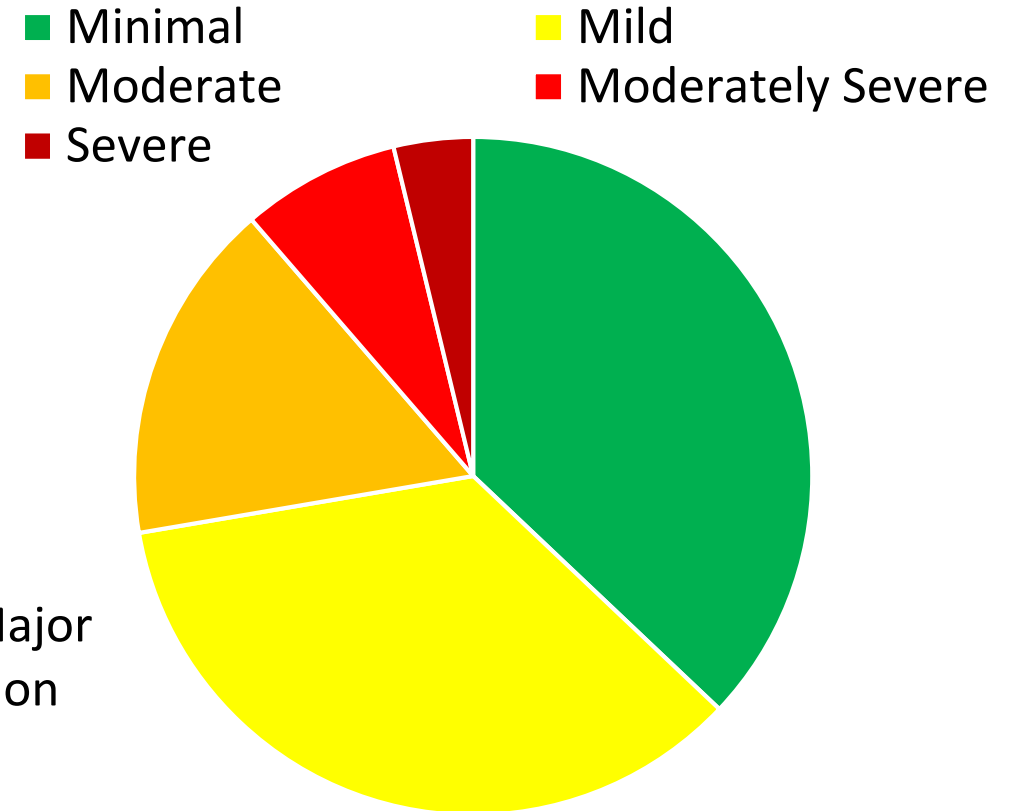


Note: responses sum to more than 100% because participants could select *all that apply*

Depression (PHQ-9)

Severity	N	Percent
Minimal	245	37.1
Mild	233	35.2
Moderate	108	16.3
Moderately Severe	50	7.6
Severe	25	3.8

} 27.7% Major Depression



• Comparisons

• 172,751 UK general population (Smith et al., 2013)

- 1.5% depression: no history of mood disorder
- 7.1% depression: history of depression
- 12.2% depression: history of bipolar disorder

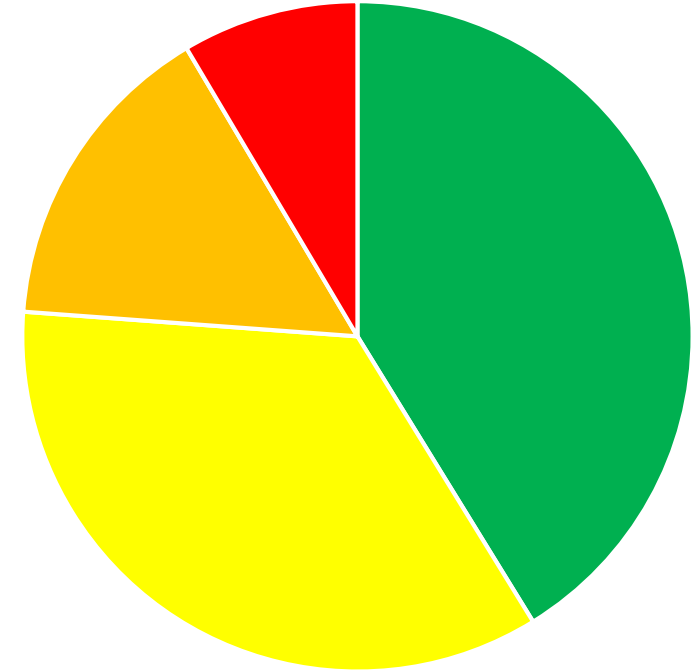
• Current sample: depression rates **substantially elevated**

Generalized Anxiety (GAD-7)

■ Minimal ■ Mild
■ Moderate ■ Severe

Severity	<i>N</i>	Percent
Minimal	279	42.2
Mild	222	33.6
Moderate	105	15.9
Severe	55	8.3

} 24.2%
Generalized
Anxiety
Disorder



- **Comparisons**

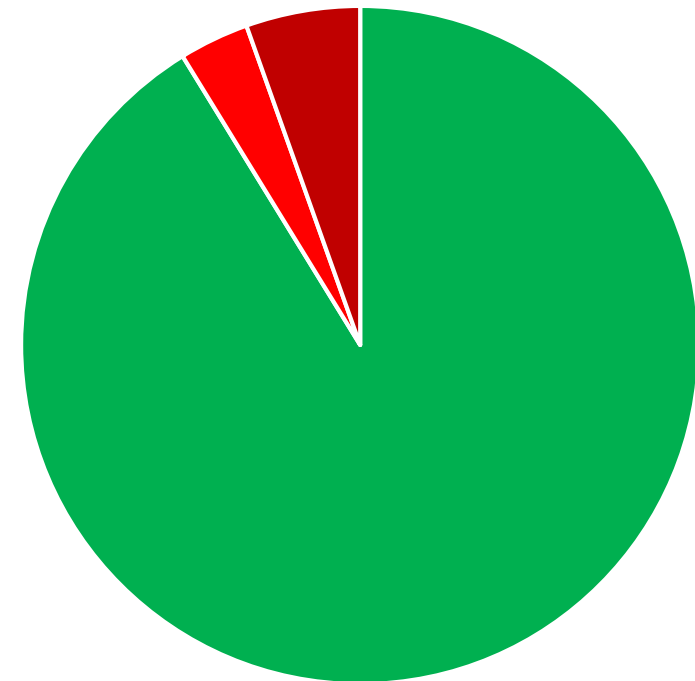
- 8.5% among 40,000 UK police (Stevelink et al., 2020)
- 2.2% among 30,446 UK general public (Remes et al., 2018)
- 10.9% among people with serious medical problems (Tulley & Cosh, 2013)
- Current sample: anxiety rates **substantially elevated**

Complex PTSD (ITQ)

■ Not Clinical ■ PTSD ■ Complex PTSD

Severity	<i>N</i>	Percent
Not Clinical	603	91.2
PTSD	22	3.3
Complex PTSD	36	5.4

} 8.7%
Clinical
PTSD



- **Comparisons**

- 7.8% in 335 Canadian community sample (Cyr et al., 2022)
- 18.3% in 2635 UK representative community sample (Cloitre et al., 2018)
- 75.7% in 247 UK clinical sample (Cloitre et al., 2018)
- 70.7% in 177 UK Veterans seeking clinical help (Murphy et al., 2020)
- Therefore, PTSD rates **not substantially elevated**

Predicting Mental Health Outcomes

Predictors	Moral Injury			Depression			Generalized Anxiety			Complex PTSD			Wellbeing		
	β	t	p	β	t	p	β	t	p	β	t	p	β	t	p
Age	-0.05	-0.78	.436	-0.06	-1.03	.302	-0.10	-1.71	.087	-0.05	-0.82	.410	0.01	0.23	.821
Gender	0.00	-0.04	.970	-0.01	-0.37	.710	0.06	1.60	.110	-0.04	-1.01	.313	0.03	0.76	.449
Officer vs Staff (1=officer 2=staff)	-0.05	-1.06	.292	-0.06	-1.30	.195	-0.04	-0.83	.406	-0.02	-0.46	.646	-0.03	-0.73	.467
Career Length	0.03	0.48	.631	0.02	0.38	.705	0.06	0.88	.379	-0.02	-0.37	.710	0.00	0.05	.956
Role Length	0.07	1.58	.115	0.01	0.13	.899	0.00	-0.01	.994	0.06	1.38	.168	-0.02	-0.48	.633
Relationship (1=partnered, 0=not partnered)	0.02	0.47	.635	-0.08	-1.82	.069	-0.08	-1.78	.076	-0.09	-2.02	.044	0.08	1.71	.087
Parent of <18 (1=yes, 0=no)	0.01	0.26	.798	0.05	1.03	.302	0.05	1.01	.312	0.10	2.18	.030	-0.06	-1.21	.227
Caregiver >18 (1=yes, 0=no)	0.00	0.10	.919	0.05	1.19	.233	0.02	0.40	.688	0.02	0.60	.548	-0.05	-1.31	.189
Therapy (1=yes, 0=no)	0.10	2.64	.008	0.14	3.46	<.001	0.11	2.84	.005	0.19	4.83	<.001	-0.14	-3.53	<.001
Religiosity	0.07	1.78	.075	0.13	3.21	<.001	0.09	2.24	.025	0.09	2.26	.024	-0.07	-1.88	.060

Demographic Factors

- Most demographic factors explain *very little* about mental health outcomes
 - Age, gender, career length, relationship, parenting officer vs staff
 - No impacts on mental health
- **Therapy:** People who report therapy experience report worse outcomes
 - Interpretation: bad experiences may lead people to seek therapy
- **Religiosity:** People who are more religious report worse outcomes
 - Interpretation: exposure to CSAE is especially inconsistent with religious values

Risk & Protective Factors

- **Exposure to CSAE:** increased moral injury
- **Contact with victims & perps:** increased depression, anxiety, & PTSD
- **Job success & support:** better outcomes on all measures
 - Very strong effect—double or triple the impact of others
- Therefore, feeling successful and supported is key to mental health

Moral Injury

- **Transgression-Self:** higher PTSD, lower wellbeing
- **Transgression-Other:** no effect
- **Betrayal:** worse outcomes across all measures
 - Very large effects, triple the size of other findings
- Therefore, feeling undermined by peers, supervisors, and institutions is toxic to mental health

Cognitive and Emotion Regulation

- Coping strategies involving thinking and feeling (Garnefski & Kraaij, 2006)
- **Better outcomes**
 - Positive reappraisal, positive refocusing, & planning
 - “It’s not so bad, I care about other things, here is what I will do next”
- **Worse outcomes**
 - Self-blame, rumination, putting into perspective, catastrophizing, & other-blame
 - “I’m the worst, I can’t stop thinking about it, it is very bad compared to other things, this is the worst, you are the worst”

Behavioural Emotion Regulation

- Coping strategies involving actions (Kraaij and Garnefski, 2019)
- **Better outcomes**
 - Seeking distraction and social support
 - “I will do things I like with those I care about”
- **Worse outcomes**
 - Withdrawal and ignoring
 - “Stop talking to me I am going to hide from the world and pretend I’m fine”

Overall Conclusions

- High level of distress among UK CSAE officers and staff
 - About 25% report major depression & generalized anxiety disorder
 - Moderate rates of PTSD
- People of all demographic backgrounds report similar levels of distress
 - Except religiosity and therapy experience report elevated distress
- Risk and protective factors
 - Feeling supported by colleagues & superiors
 - Feeling betrayed by colleagues & superiors
 - Exposure to CSAE material much less problematic

Overall Conclusions

- Cognitive and Emotional Coping
 - **Better outcomes:** Positive reappraisal, positive refocusing, & planning
 - **Worse outcomes:** Self-blame, rumination, perspective, catastrophizing, other-blame
- Behavioural Coping
 - **Better outcomes:** Seeking distraction and social support
 - **Worse outcomes:** Withdrawal and ignoring
- Religious Coping
 - Religion may not protect from distress, instead exacerbate distress

Moving Forward

- Organizational culture is key!
- Feeling successful in the job
- Approach mindset rather than avoidance
- Concrete feedback: success stories
- Concrete reminders: who are you helping?



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