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An Exploration of the Personal Experiences of Forensic Scene Investigators' Daily Work: An Interpretative Phenomenological Analysis

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Abstract
Police officers are significantly more likely than other emergency workers to experience mental health issues (MIND (2015) Blue Light Scoping Survey. https://www.mind.org.uk/media-a/4857/scoping-survey.pdf) and significantly more likely than the general population to develop post-traumatic stress disorder (Bell and Eski, Policing 10:95–101, 2015). More specifically, forensic scene investigators (FSIs; also known as crime scene investigators) are a sub-group of police officers who are exposed to distressing material as part of gathering forensic evidence from crime scenes. Recent studies have suggested that FSIs are at risk of high levels of stress and trauma responses (Clark RD, Distelrath C, Vaquera GS, Winterich D, DeZolt E (2015) Critical-incident trauma and crime scene investigation: a review of police organizational challenges and interventions. J Forens Identification 65(6):929–951. https://collected.jcu.edu/cgi/viewcontent.cgi?article=1033&context=soc-facpub) and (Mrevlje, Rorschachiana 39:1–19, 2018). Despite this, research into the personal experiences of FSIs is sparse. The present study therefore specifically explored the lived experiences of FSIs and their daily work using Interpretative Phenomenological Analysis (IPA). Seven FSIs from a specialist unit within a UK police force took part in semi-structured interviews. Two superordinate themes were identified: (i) *The psychological impact of being an FSI is high and requires personal sacrifice* and (ii) *The organisation does not care about reducing our stress—it increases it*. All participants talked about the psychological impact of working as an FSI and the need to emotionally detach to be able to function/work in the role. Findings are discussed in relation to theoretical and practical implications, as well as directions for future research.

Keywords Psychological impact · Mental health · Coping · Crime scene investigators · Forensic scene investigators

Existing literature has demonstrated that certain professional groups are at an increased risk of experiencing high levels of stress. Moreover, especially those working in healthcare and emergency services, such as police officers, are at an increased risk of developing post-traumatic stress disorder (PTSD), vicarious trauma (VT), and/or secondary traumatic stress (STS) (Beck 2011; Berger et al. 2012; Craun et al. 2014; Wright et al. 2006). STS is described as the emotional impact individuals experience when in close contact with survivors of traumatic events. Symptoms of STS resemble those of PTSD but are experienced vicariously, with individuals having no direct experience of the traumatic event themselves (Figley 1993). Figley (1995) argues that being exposed to material of a traumatic nature over time can result in the development of STS. Relatedly, VT is described as the process of change professionals experience when working empathically with traumatised individuals. This includes changes in the professionals' sense of self, safety, and the world, resulting in the development of symptoms associated with trauma (McCann and Pearlman 1990); namely, increased arousal, such as a heightened sense of anxiety, irritability, and unexplained anger, as well as sleeplessness, physical complaints, nightmares, and shame (Beaton et al. 1998; Sexton 1999).

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Policing has widely been recognized as an inherently stressful profession. Compared to other emergency workers, including ambulance, fire brigade, and search and rescue workers, police officers in the UK present with the highest rate of mental health issues (MIND 2015), including anxiety, low mood, and stress (Elliott-Davies 2018; Elliott-Davies and Houdmont 2016; MIND 2015). Furthermore, they are four times more likely than the general population to develop PTSD (Bell and Eski 2015), with 90% exposed to events of a traumatic nature as a result of their job (Brewin et al. 2020), and often retire early or die from job-related stress, including alcohol abuse and suicide (Waters and Ussery 2007). More specifically, substance misuse, depression, and an absence of stable intimate relationships were identified as risk factors for suicide in police officers (Krishnan et al. 2022).

A number of other risk factors noted to play a role in the development of stress, and trauma responses in police officers include (i) length of time working as a police officer; (ii) poor work-life balance, including changing shift patterns that disrupt sleep and family life; (iii) exposure to violent and distressing cases/incidents without appropriate support strategies in place; (iv) difficulty switching off; (v) organisational pressure and change; (vi) not feeling as though one is making a difference; and (vii) a police culture that trivialises staff distress (Elliott-Davies 2018; Foley and Massey 2021; MIND 2015; Waters and Ussery 2007).

Despite this, the nature of the relationship between these risk factors and the development of stress and trauma responses is not straightforward—Perez et al. (2010) found that law enforcement officers who investigated cases that involved child sexual abuse material experienced lower levels of distress and STS if they had high professional efficacy (i.e. feeling that they were protecting society through their work) and had more supportive relationships outside of work. This highlights the importance of protective factors in mediating or mitigating against the development of stress and trauma responses. Nevertheless, much of the existing literature into the psychological impact of policing on police officers has focused on front-line personnel, with police officers working in specialist units (i.e. 'back-office staff') having largely been overlooked (Dabney et al. 2013; Rosansky et al. 2019; Slack 2020).

Forensic Scene Investigators (FSIs)

As part of their role, FSIs (also called crime scene investigators) are regularly exposed to graphic content (e.g. detailed victim accounts/statements, disclosures of serious offences, crime scenes, sullied physical evidence, and case-specific information of crimes; Slack 2020) and required to examine and collect dead and decomposed bodies and bodily fluids (Rosansky et al. 2019). They visit a variety of different crime scenes and are likely to spend significant time with victims of crime. As a result, FSIs are at an increased risk of experiencing mental health difficulties. More specifically, in a study by Clark et al. (2015), 63% (of 51 American FSIs) reported moderate or high levels of stress following exposure to a traumatic incident at work; in a study by Rosansky et al. (2019), 9.3% (of 225 American FSIs) had scores indicative of PTSD, with 50% reporting at least seven symptoms of PTSD; in a study by Mrevlje (2018), 30% (of 64 Slovenian FSIs) reported moderate or severe symptoms indicative of PTSD; in a study by Nho and Kim (2017), 20% (of 226 Korean FSIs) scored above the 'high-risk' cut-off for PTSD; and in a study by Hyman (2004), 51% (of 90 Israeli Forensic Identification Unit technicians) had medium- or high-severity scores on intrusion, and 68% had medium- or high-severity scores on avoidance. Despite the small sample sizes across the studies, they paint a worrying picture of the potential psychological impact of working as an FSI.

Furthermore, a study by Yoo et al. (2013) found that personality traits, including hostility, competitiveness, impatience, lower emotional intelligence, higher death anxiety, and length of career, as well as a higher number of homicide cases worked per week, increased the risk of FSIs developing symptoms of PTSD. In terms of what may help with managing this difficult type of work, Sollie et al. (2017) conducted a mixed-methods study involving 35 FSIs from the Netherlands to explore what coping strategies they used to enhance their mental resilience. These included (i) emotionally distancing oneself from disturbing cases, (ii) searching for positive personal meaning within the work, (iii) seeking social support, (iv) avoiding potentially distressing work situations, and (v) mentally preparing oneself for difficult cases.

Lastly, Foley et al. (2021) completed a systematic literature review of qualitative and quantitative studies exploring STS and PTSD in police officers who work in units that involve the recovery of bodies, investigations of sexual offences, and road traffic patrols in the UK. While some studies suggested that the majority of officers did not experience anxiety, depression, or PTSD due to their job, others showed that a number of officers indeed experienced traumatic responses, such as avoidance and intrusion, despite denying this. The authors conclude that the findings of their review were an underestimate, likely impacted by an organisational culture that encouraged denying and minimising of the psychological impact of their work on staff. However, they also acknowledged that participants may not have felt able or had the insight to recognise what they were experiencing (Foley et al. 2021).

Present Study

In light of the significant cuts to policing in recent years and the resulting increase in workload, it is becoming ever more important to retain staff. There is therefore a need to explore in more detail what working as a police officer is like, which support needs they may have, what works well for them, and what could be improved. As such, the present study aimed to explore the personal experiences of police officers who work as FSIs, as well as what this is like for them, and how it may impact on them and their lives, to qualitatively answer the following research question: 'What are the lived experiences of FSIs, how do they make sense of their work/working in the role of an FSI, and what does it mean to them?'. Semi-structured interviews were used to generate in-depth personal accounts which were analysed using the qualitative data analysis approach of Interpretative Phenomenological Analysis (IPA). IPA facilitates the exploration of such accounts with a view to how people make sense of major life experiences and the meaning they attach to these (Smith et al. 2022).

Method

Ethical Consideration

The study was granted full ethical approval by the Science, Technology, Engineering and Mathematics Ethical Review Committee at the University of Birmingham. Throughout, the first author adhered to the University of Birmingham's Code of Practice for Research, and the British Psychological Society's Code of Ethics and Conduct (2021). No personal information was collected, and interviews took place outside of police premises, in order to protect participants' identities. Furthermore, any potentially identifying information was not transcribed or removed during the stage of analysis, and extra care was taken when selecting supporting quotes for the write-up of the findings. All participants were given gender-neutral pseudonyms.

Participants

Seven participants from the same specialist unit within a UK police force took part in the study. Three participants were female, and four were male. In order to participate in the study, FSIs had to have been working in this role for at least 12 months—this time period was established in discussion with the head of the specialist unit as offering a sufficient amount of time to gather experiences representative of the role of FSIs.

Procedure

A meeting was arranged by the head of the specialist unit for the first author and second author to attend the unit to brief potential participants about the study. Everyone in attendance was provided with a copy of the Participant Information Sheet, asked to get in touch with the first author via email to express an interest in taking part, and should they have any questions. Thereafter, an interview was arranged for a mutually convenient day and time. Participants were further contacted 24 h prior to the scheduled interview to confirm their attendance. All interviews took place in a private room at the University of Birmingham and were completed by the first author between October 2021 and January 2022.

Data Collection

Prior to the interviews commencing, participants were reminded of the purpose of the study and their rights of withdrawal. If content to proceed, participants were invited to sign a consent form. A semi-structured interview schedule was used to guide the interviews, and centred around the following aspects: (i) the participant's identity, (ii) their relationships, (iii) how relationships fit with work, (iv) how they manage their work identity, and (v) impact of their work on their life. Prompts were used throughout to encourage further discussion, elaboration, and reflection. The duration of the interviews ranged between 60 and 75 min; they were recorded using an encrypted Dictaphone, and transcribed verbatim by the first author following the 2 weeks of the withdrawal period lapsing. On completion of the interviews, all participants were debriefed to ensure that they were well before returning home. Thereafter, the first author's reflections on the interview and the participants were recorded in a reflective diary.

Data Analysis

The interview data were analysed by undertaking the steps recommended and outlined by Smith et al. (2022). These are described in Table 1.

Theoretical Underpinnings of IPA

IPA is a qualitative research approach committed to the examination of how people make sense of their major life experiences and is informed by three theoretical underpinnings, namely, phenomenology, hermeneutics, and ideography (Smith et al. 2022). Phenomenology is a philosophical approach to the study of experience, and is concerned with exploring experience in its own terms. The research participant attempts to make sense of their experiences, and what is happening/has happened to them, which represents

Table 1 The steps taken during the analytical process within IPA (Smith et al. 2022)

Steps	Description
1. Transcribing	The audio recordings of the interviews were transcribed verbatim, including notable non-verbal utterances and pauses. Transcripts were then inserted into a landscape table in Microsoft Word, with the line numbers included in a column on the left, exploratory noting in a column to the right, and experiential statements in a column to the right of the exploratory noting. This was the second stage of familiarisation
2. Reading and re-reading	The transcript was read and re-read to increase familiarity with the participant's account, ensure the participant became the focus of analysis, allow a model of the interview structure to develop, develop an awareness of the rapport between the author and participant, and slow down the process
3. Exploratory noting	The transcript was read line by line and anything of interest was noted down within the exploratory noting column. This included notes describing content, important linguistic features, and conceptual notes. This step allowed for semantic content and language to be examined on an exploratory level. When completing the exploratory noting for each participant, colour coding was used to differentiate between the different types of coding, with green font used for linguistic, blue for descriptive, and purple for conceptual coding. Doing this helped identify the different layers of noting and any patterns throughout the transcripts (e.g. use of laughter when uncomfortable). Some additional conceptual questions or points were also included in purple to aid the forming of experiential statements during step 5
4. Constructing experiential statements	The exploratory comments were analysed by identifying what was important within the notes. These were expressed as statements to reflect the participant's experiences. During this process, statements need to be grounded within the transcript, but are allowed to become more conceptual. The author's interpretations also influenced the statements
5. My reflections	During steps 1–4, thoughts or reflections the author held about each participant were noted underneath the table containing the transcript. This included reflections from the interview, including on patterns of behaviour, emotions, or thoughts, that may have influenced the process, or assumptions and preconceptions about the participant. Recording these reflections helped inform the analytical process and potentially identify any biases or influences that may have been imparted onto the results
6. Searching for connections across experiential statements	To identify how the experiential statements fit together, each statement was cut out on a separate piece of paper (including page number), placed randomly on a large surface, and reorganised with themes of statements placed together that featured corresponding experiences. From this, relevant sub-themes were also developed from the main clusters
7. Naming Personal Experiential Themes (PETs)	Each theme was given a title to describe its characteristics (PETs), as well as the sub-themes. PETs produce the highest-level organisation with titles that reflect these. The experiential statements were then reorganised within their theme to form a coherent narrative relating to the theme name, and all PETs, sub-themes, and experiential statements were typed up into a Word document with accompanying quotes
8. Continuing the analysis with the remaining cases	Steps 1–7 were repeated with all participants. Each participant was treated on their own terms to ensure individuality; therefore, analysis from other participants was not used to influence another participant's analysis
9. Developing Group Experiential Themes (GETs)	Each participant's PETs were scanned for similarities and differences on a broad level, and sub-themes were reviewed to explore differences. These similarities and differences highlighted shared and unique features of the experiences described and formed GETs and superordinate themes. Once the GETs had been identified, these were organised into a coherent narrative. For each superordinate theme, participants' experiential statements were reviewed again, and multiple quotes were identified that best encapsulated this theme. Although not every theme had quotes from every participant, all participants were included

an 'interpretative endeavour' (p. 3) that is informed by hermeneutics (i.e. the study of interpretation). The researcher is subsequently engaged in a double hermeneutic, whereby they are trying to make sense of the participant trying to make sense of their experiences, and what is happening/has happened to them, in order to fully understand their experiences. Lastly, IPA is committed to the detailed examination of the particular case (i.e. idiography)—more specifically, it wants to know in detail what the experience for this person is like, what sense this person is making of what is happening to them.

Throughout, the first author held a critical realist viewpoint, which suggests that reality exists independently from the observer and human perception and that the world humans experience is constructed from their experiences and perceptions. This is the world that is studied (Danermark et al. 2002). Participants' experiences of their roles, and how it impacts their lives, are viewed as empirical and observable—that is, they provide information about what their job is like, what it is like to be an FSI, and how they experience it/this on a daily basis. The accounts of participants' experiences detailed in-depth descriptions thereof, including what they mean to them, and how they make sense of them, which were interpreted by the first author in line with IPA's theoretical underpinnings.

Results

Two superordinate themes were identified: (i) The psychological impact of being an FSI is high and requires personal sacrifice, and (ii) The organisation does not care about reducing our stress—it increases it. The first superordinate theme describes how FSIs are exposed to high levels of stress and potential distress within their role, which has a significant psychological impact on their lives. It is made up of two subordinate themes: (i) 'We're humans. We might have this horrible job, but we still get upset', and (ii) 'I can't take on board everyone else's problem, cause otherwise… I'd never sleep again – emotionally detaching from cases to protect against the psychological harm of the role'. The second superordinate theme describes how the intensity of the role is often compounded by organisational factors. It is made up of two subordinate themes: (i) Working practices and processes exacerbate the stressful nature of the work, prevent opportunities to decompress, and create a sense of powerlessness, and (ii) 'You're just a payroll number'—the organisation does not value or prioritise FSIs' mental health and wellbeing needs.

Theme 1: The Psychological Impact of Being an FSI Is High and Requires Personal Sacrifice

All participants contributed to this theme. It describes the psychological and emotional impact of working as an FSI, with the intense nature of the role and challenging cases contributing to this.

Subtheme 1: 'We're Humans. We Might Have This Horrible Job, But We Still Get Upset'

This subordinate theme describes the demanding and stressful nature of the role of an FSI and the affect it has on participants. Their narratives portray the internal conflict of being human vs. protecting themselves through shutting off, as well as how workload and bureaucracy perceived to be overwhelming and unnecessary, together contribute to and exacerbate this:

> *There's that little time to decompress and just think about what's happened. Have a lunch break would be nice. Um. But you're thinking "Well I've just got a pile of stuff to sort out" and for me, that's the one thing that I'm gonna lose my s**t about one of these days, just all the paperwork that goes with it, and the addition of it, but like I say, that's half the job, 'cause the other half, it's so fricken - it's so intense, and then you've got that s**t [paperwork] to sort out afterwards. (Sam, 797–802)*

Here, Sam describes an overwhelming workload that leaves little time to stop and think ('little time to decompress'), or have a break ('lunch break would be nice') that could otherwise provide an opportunity to 'decompress'. There is a sense of real frustration in relation to the 'all the paperwork', which appears to weigh heavily on Sam, and leaves little space for taking time out for oneself ('Well I've just got a pile of stuff to sort out'). It creates an image of a Sisyphean existence at work.

Jamie reflected on the potential for distress in light of the complex and unpredictable nature of what they often have to face: 'Most of the time, you don't know if you can deal with something until, you actually do it.' (Jamie, 519–520). This sentiment was shared across all participants—whether one is able to cope with what they have got in front of them in the moment is not something they can predict but merely know when they 'actually do it'. As such, the ability to do 'it', and the responsibility to cope with 'it', appears to rest with the FSIs, and thereby gives the impression that they are alone in trying to manage their mental health and wellbeing. However, this is a fragile notion that FSIs cannot prepare for and may change at any point in time with just one case. The thought processes going through one's head were further described by Taylor as follows:

If you've just done the post-mortem for it… [pause] what's to say that you're not gonna sit there and think "Oh actually, I held that person's urine in my hands earlier. I held that person's blood in my hands. I swabbed their… psoas muscle. I took a piece of their psoas muscle out. It's sat in the freezer at work. It's… [pause] it's a difficult process." (Taylor, 958–962)

Here, Taylor is referring to the fact that despite one's best efforts, one cannot escape the reality that the dead body was once a real person. This realisation only appears to come to the fore when the task of processing the body parts has finished. Taylor reflects on physically engaging and connecting with the evidence ('I held that person's urine in my hands earlier'), with the repeated use of 'I' emphasising their involvement. Yet, at the time, the body parts are viewed as mere objects ('Oh actually'). There is a sense that the true and stark reality of what is in front of them is not consciously acknowledged in the moment, representing unconscious attempts or efforts to cognitively and emotionally distance oneself from it as a way of coping in order to protect themselves. Nevertheless, this sits at odds with a more 'normal' way of thinking or being, resulting in conflicting feelings and discomfort when it does occur. Sam further describes how they attempted to support a victim on their last journey:

*We had to put [them] in the body bag [deceased [child]] and I just give [them] this little toy to sort of keep [them] company and oh my god I left there, and I was like, for some reason, that just stuck in my head, it was one of them little stupid f*****g doll, furry things with the big eyes that look really adorable, like a like a Pixar character, and I remember oh my god, that's like [their] last mate that [they're] ever going have, little […] [one], you're thinking f*****g hell. (Sam, 713–719)*

Like Taylor, Sam speaks about a very compassionate human act for the victim ('I just give [them] this little toy to sort of keep [them] company') and how this causes them to suddenly realise that a child has died ('you're thinking f*****g hell'), as though this was not recognised on an emotional level before. There is a sense that once one thought starts, these escalate quickly, and that it is the connecting with victims on a human level that often triggers the realisation and shock of what is in front of them. Sam's description of the situation and their thought process is detailed very visually, illustrating how emotionally powerful and overwhelming the experience can be/become for FSIs. By engaging in human and compassionate acts towards victims, FSIs open themselves up to potential psychological harm. Jude's account further illustrates how connections with victims can resonate, particularly on a personal level:

Especially like if you can connect it with someone, you know, I had I had grandparents, so if it's old people, you can imagine it's your grandparents who have been burgled or whatever. Or if someone your parents' age or if they look like someone you know, you can link it to your own life then, because you think this could happen to them or me, then that's more difficult, 'cause they're upset and you can't… you know, we're humans. We might have this horrible job, but we still get upset and things… (Jude, 150–156)

Here, Jude describes how connecting with victims during investigations, especially when they share similarities with people in their personal lives, creates an awareness that their loved ones could be impacted in the same way. Specifically, Jude imagines their own family members in the place of victims ('because you think this could happen to them'), highlighting the importance of FSIs being able to separate work from home life for the sake of their own wellbeing. Jude refers to their job as 'horrible', giving the impression that there is an expectation that they should not get upset given the work they do—nevertheless, they 'still get upset and things'. It would be unrealistic to think that responding in this way could be prevented, and yet it does not appear to be perceived as 'normal:

You end up having some kind of serious mental breakdown, when you figure out how much you've sacrificed, how much you are exhausted and tired, and how much… I suppose over the years, you've built up in terms of I'd say anger towards some of the management for their ignorance and their… insane ability to not listen. (Taylor, 738–742)

For Taylor, the harm appears to be an accumulation of overwhelming sensations that develop over time, creating a sense of the role requiring physical and emotional sacrifices to be made without reward. The use of 'figure out' suggests that there is perhaps a lack of awareness or acceptance around this in the beginning, but that it reaches a point past where it cannot be ignored or refused. This is further reflected in Jamie's account: 'It's weird, because when I first started, it seemed that the only way out of the door for people a lot of the time, was when they retire, due to like stress and depression.' (Jamie, 425–428). Jamie describes seeing others distressed in a descriptive way, like that of an observer, with 'it's weird' emphasising this. There is an emotional distance between them and the distress, which may have felt a safer way to understand and process it for Jamie, particularly given they had just started in the role. They further acknowledge the psychological impact the work may have on staff ('stress'/'depression'), which can be significant enough to end careers ('retire due to'). This is further emphasised through the use of 'only way out of

the door', suggesting that it is the primary reason staff leave following succumbing to it. Jessie elaborates as follows:

> *It can be a bit scary, 'cause, you've seen it happen to people who've been in the job years, and it's just literally one job that does it, um and cause - it could be just one job that causes that, and it could be just one job that sticks with them forever, and it's a bit scary, because you don't know if that if that will happen to you… . (Jessie, 197–201)*

For Jessie, knowing that their mental health could be seriously impacted by any particular job is frightening, which is emphasised by the repetition of 'it's a bit scary'. Specifically, Jessie reflects on the observation that one cannot anticipate which job may cause 'it'. The repeated use of 'just one job' emphasises how vulnerable they feel in terms of what they are exposed to and how their mental health can be affected at any point in time depending what they are faced with. There is a strong sense of a lack of control and powerlessness when it comes to protecting oneself, which is reinforced by *'just one job that sticks with them forever'* highlighting the permanency of the impact.

Subtheme 2: 'I Can't Take on Board Everyone Else's Problem, Cause Otherwise… I'd Never Sleep Again'—Emotionally Detaching from Cases to Protect Against the Psychological Harm of the Role

This subordinate theme describes how FSIs find ways to emotionally detach from potential stressors of or at work to protect themselves. All participants referred to this as an important coping strategy. For example, Sam states:

> *I can't take on board everyone else's problem, 'cause otherwise it's… if I could write you a list of the sort of jobs that I went to, if I could take that on board, you know, if I did take that on board, I'd never sleep again. I'd probably f*****g jump out of the window right now. (Sam, 681–684)*

Sam describes the importance of not acknowledging (i.e. taking on board) what they have been exposed to and the emotional seriousness of what would happen if they did ('I'd never sleep again'), suggesting that disconnecting emotionally is the only way to protect oneself. It illustrates the very severe and potentially distressing nature of what they see on a regular basis and how threatening of a prospect it is to be emotionally impacted by it, causing a risk to life:

> *Because of the things that you deal with, you can't… keep going over it… that would… that would make you unwell. You have to do the job and… put it to one side and you know… put it in a box and put it to one side and it's done. If you just - it's kind of the mind set of you do see and hear horrible stuff, but… you are helping someone, so… you just gotta deal with it. (Jessie, 374–378)*

Jessie describes how ruminating over what they are exposed to 'makes you unwell'. Instead, they suggest that the only way to be able to cope is to cut themselves off from it. The use of 'put it in a box and put it to one side and it's done' gives the impression that the case, and any potential impact it may have had or has, is physically put away, dealt with, and therefore forgotten about. For Jessie, being exposed to potentially distressing material is acknowledged and apparently accepted ('you do see and hear horrible stuff')—the process of dealing with it is communicated as simple and matter of fact ('it's done'/'you just gotta deal with it'). While Jessie makes this sound easy to do, their frequent pauses ('…') convey a sense of hesitation or uneasiness that sit at odds with their narrative. Ultimately, detaching from what FSIs are exposed to, and the role overall, will be difficult to do, and despite attempts to detach, they will still be affected by it.

Bobbie described this in a similar way: 'You just deal with it. Carry on like that typical British stiff upper lip. Keep calm and carry on.' (Bobbie, 313–314), using the same simple tone of 'you just deal with it'. This approach is normalised and compared to the typical British way of not showing any feelings and continue the task at hand ('typical British'/'Keep calm and carry on'). Sam describes the process of how they cope as follows: 'You go 'hold on a minute, right, have a word with yourself'.' (Sam, 719). The use of 'right, have a word with yourself' gives the impression that one way of managing one's inner world is to tell oneself not to be stupid or to snap out of it. It is also presented as an active and straight forward choice. Sam's description of this internal dialogue creates an image of two sides to their persona—one of which is alert and proactive in ensuring that the other is protected against any potential impact. The use of 'hold on a minute' communicates a sense of urgency, and the need to stop everything at once to bring themselves back into the present moment. Overall, this theme provides an insight into the intense internal experiences and emotional turmoil of FSIs as they undertake their role. There is a strong sense that cognitively and emotionally detaching from what they are exposed to and face on a regular basis is the only way they are able to keep sane.

Theme 2: The Organisation Does Not Care About Reducing Our Stress—It Increases It

All participants contributed to this theme. It describes how FSIs' experiences of the nature of the role are exacerbated by the organisational context, including working practices and

processes, as well as a lack of effective support on offer. As a result, FSIs feel undervalued and not cared about.

Subtheme 1: Working Practices and Processes Exacerbate the Stressful Nature of the Work, Prevent Opportunities to Decompress, and Create a Sense of Powerlessness

This subordinate theme describes how the difficulties of the job are often compounded by organisational structures, practices, and processes:

> *I struggle to flip myself round sometimes, so then I'm like awake until 1–2 o'clock in the mornings when I have to be up at half five on my early and yeah… that bit's exhausting. (Bobbie, 724–726)*
> *And if you've got one of those jobs on a night shift, and combine that with… you know… the hardships of working a night shift, like the tiredness, and [slight laugh] the different things that night shifts do to you. (Jessie, 73–75)*

Both Bobbie and Jessie describe how tiring the shift work can be and the extreme nature of this ('exhausting'/ 'hardships'). The use of the word 'flip' by Bobbie suggests that the change in shift pattern should be easier to adapt to but in fact disrupts one's biological clock ('I'm like awake until 1–2 o'clock … when I have to be up at half five on my early…'). Jessie further describes how FSIs are victims to working night shifts ('the different things that night shifts do to you') which, on top of 'one of those jobs', conveys a sense of exhaustion, overwhelm, and powerlessness. The following extract from Frankie highlights how certain processes can act as extra stressors:

> *And then you've gotta kind of let's say fight for it [submitting evidence], but it's a bit of a no's no, and then you've gotta e-mail certain inspectors and certain people and that's chain's getting bigger and bigger and just… (Frankie, 206–208)*

Here, Frankie describes how the process of submitting evidence can be challenging and slow. The use of the word 'fight', with emphasis, gives the impression of this being a struggle with an opposing authority or party that requires a level of force or aggression in order to win. It also suggests how strongly Frankie feels about the evidence being useful (because they are willing to 'fight' for it). There is a strong sense that different units or departments are not working cohesively or in unison, leading to a feeling of conflict with and separation from them in FSIs:

> *You know that that the jobs you did earlier probably could have waited, if we'd have been tasked correctly for the stabbing or shooting or whatever it was, when they originally asked for us. […] It's frustrating when you're getting into the early hours of the morning and then you're being tasked for it, because you know for a fact you're not getting off duty on time. (Taylor, 433–439)*

For Taylor, the lack of cohesion and working together effectively is caused by other departments not doing their job properly ('if we'd have been tasked correctly'), with FSIs being negatively impacted by it as a direct consequence ('you're not getting off duty on time'). The use of 'you know for a fact' gives the impression that this has happened before, and may in fact be a regular occurrence. Taylor's frustration is palpable and highlights that FSIs are at the mercy of the wider context in which they work. There is a sense of being stuck in the system and feeling powerless in terms of not being able to do anything about it. One has to resign to this, with the impact on one's mental health and wellbeing, as well as personal life more generally, inevitable.

Sam explains how there is little to no time to take stock and pause because of the amount of work waiting to be dealt with: 'And I can't process anything that's just happened, I've just gotta focus on my red tape b******t now.' (Sam, 793–795). It highlights how excessive paperwork and bureaucracy prevents FSIs from being able to process anything they may have been exposed to ('I can't process anything'). By referring to this as 'red tape b******t', Sam's frustration around it, and having to prioritise it, is clear. It also suggests a certain awareness that being able to process 'anything that's just happened' would be more beneficial, and ultimately support their mental health and wellbeing. However, there is a sense that the organisation does not recognise the need for protected time to allow FSIs to do this, further contributing to their already existing sense of overwhelm and powerlessness at having to prioritise organisational requirements.

Subtheme 2: 'You're Just a Payroll Number'—The Organisation Does Not Value or Prioritise FSIs' Mental Health and Wellbeing Needs

This subordinate theme describes how FSIs feel let down and unsupported by their organisation when it comes to their mental and wellbeing needs: 'I think… certain things are forgotten about, like when we're at a scene for 15 h and… sometimes and nobody checks if you're ok, if you want relieving, things like that.' (Bobbie, 224–226). There is a sense that despite the gruelling nature of the job, no one recognises the value or need to offer or provide a space to debrief, reflect, or decompress ('nobody checks'). This very much gives the impression of FSIs being alone and somewhat forgotten about, as well as that they are reliant on other colleagues to reach out, rather than being provided with adequate avenues for support by their organisation: 'Usually

it tends to be other people in our office who rings you, but it's not for your colleagues to do that, because it's not their responsibility.' (Taylor, 291–292). Here, Taylor emphasises that this need should not have to be met by colleagues ('it's not their responsibility'). Jamie further describes the state of mental health support across the organisation:

> *We had a… big crash on the [place], and everyone [other attending departments] was offered some type of mental health kind of like support after, and we weren't, and I think it's because a lot of people think like, "Oh it's the FSIs, they do it all the time, it's fine". (Jamie, 391–394)*

For Jamie, FSIs are viewed and treated differently because of what they are exposed to on a daily basis, and there being an assumption that they can cope with anything. There is not only a lack of awareness and understanding of FSIs' mental health needs ('they do it all the time, it's fine') but also a misperception that FSIs are somehow immune to being affected by their work. More specifically, Sam stated: 'Cause our car gets a service once a year… um… we're just left until we go.' (Sam, 805–806). The comparison of FSIs to a car is an interesting one and suggests a feeling of being seen and treated as an object whose purpose it is to function in the service of its owner (in this case the organisation). 'We're left until we go' gives the impression that FSIs are left alone despite needing help until it is too late, with limited opportunities for accessing (adequate) support, unless difficulties or issues have become more obvious or serious:

> *And there's nothing, apart from a little card with a phone number on, a Wellbeing line, 'You can ring them'. What's the point what's the point in ringing them? I can ring them whenever I want, that's - that's fine, that's fine. But like… I don't need that. (Frankie, 557–560)*

Here, Frankie highlights the mismatch between what is needed and what is offered in terms of mental health and wellbeing support ('I don't need that'). 'There's nothing' suggests that the little there may be on offer does not meet FSIs' needs. This perceived lack of support is further emphasised by describing the card of the helpline as 'little' as though it reflects how unhelpful it is. There is also a sense that picking up the phone, ringing a helpline, and speaking to what is technically a stranger, is not perceived to be beneficial in that moment ('what's the point in ringing them?').

Taken together, there was a shared sentiment across participants, which was summarised by Sam as follows: 'You're just a payroll number. And I I honestly don't think that anyone above the FSI level gives that much of a s**t about you.' (Sam, 829–831). The use of 'you're just a payroll number' gives the impression that FSIs feel invisible, depersonalised, and ultimately undervalued. For participants, the lack of support, being treated differently, operational requirements being prioritised over personal needs, and not being involved in decision-making about aspects that affect them, appear to have led to this sentiment: 'It's like our opinions and concerns are never ever listened to. We don't get asked, we get told. We're just expected to just do it.' (Taylor, 637–639). Taylor elaborates on their perceived lack of agency by describing a culture of 'we don't get asked, we get told', no questions asked. There is a sense that the human behind the FSI, or the person behind the number, has been removed ('our opinions and concerns are never ever listened to'), with the focus entirely being on the outcomes of the work ('just do it').

Discussion

The present study is aimed at exploring the personal experiences of police officers who work as FSIs, as well as what it is like for them working in this role, and how it may impact on them and their lives. Our findings show that the work of FSIs is incredibly demanding, intense and stressful, and that it has the potential to have a significant psychological impact on them. Throughout participants' narratives, there was a strong sense of FSIs feeling overwhelmed and powerless, as well as vulnerable in terms of the unpredictable nature of what they may get exposed to or have to face during a particular job. Participants described experiencing an internal conflict between being human and detaching in order to protect one's mental health and wellbeing.

Furthermore, there was a strong sense that participants' experiences of their role were exacerbated by organisational factors. This included shift patterns, which can be difficult to adjust to, and a lack of cohesive working with other units/departments, which can result in tasks being completed in a more time-consuming and less efficient manner. Participants also described how their mental health and wellbeing needs were often not acknowledged, understood, or prioritised by the organisation, leading to them feeling undervalued and underappreciated. There was a strong sense of participants experiencing a lack of agency and powerlessness when it came to their work environment and being seen and treated differently to other units/departments, which ultimately resulted in a need to and reliance on supporting one another.

Our findings are in line with those of the existing literature suggesting that FSIs are at an increased risk of experiencing stress, mental health difficulties, and PTSD symptoms as a result of their work (Clark et al. 2015; Hyman 2004; Mrevlje 2018; Nho and Kim 2017; Rosansky et al. 2019). It is clear from our findings that there is a significant potential for FSIs to develop mental health difficulties and symptoms of PTSD, given what they are exposed to on a regular basis. Participants frequently referred to mental health

difficulties being one of the main reasons for FSIs retiring early or leaving the job. In order to protect themselves from possible harm, participants described quite extreme strategies of disconnecting and detaching, both cognitively and emotionally. This further led to an internal conflict of being human and experiencing emotions and feelings while having to make a conscious effort to cut oneself off.

According to Taylor (2007), professional dissonance occurs when staff members experience psychological discomfort or stress due to their values conflicting with the requirements of the job. It has been found to be a key factor in the development of burnout in other professional groups, including medical physicians (Agarwal et al. 2020). The finding of FSIs detaching cognitively and emotionally to protect themselves from harm has further been identified as a common strategy among professionals exposed to potentially distressing material, such as other police officers working in abuse and protection teams, paramedics during critical incidents, and providers of sexual offending treatment programs when reflecting on victims' experiences (Avraham et al. 2014; Parkes et al. 2018; Sandhu et al. 2012). It is of note, however, that the participants in our study appeared to engage in this process consciously, and it was personally important to them to actively distance themselves from what they were exposed to or seeing during their work. This was particularly so in light of the high number of potentially distressing cases they were assigned to in one working week.

More specifically, the coping strategy of emotionally detaching can be explained by the Coping Circumplex Model (Stanisławksi 2019). This model emphasises that problem-coping and emotion-coping are connected, with various coping strategies aligned between the two. It describes emotionally detaching as an avoidance-oriented coping style (i.e. distracting oneself from the stressor rather than finding a solution), and a strategy that entails emotional suppression. Furthermore, according to the model, the use of avoidance strategies indicates a lack of problem-coping (i.e. attempts made to cognitively or behaviourally solve the problem that causes distress). In the context of our participants, however, there may not be a solution, given that exposure to potentially distressing material is part of their role, and therefore cannot be avoided. In light of the absence of adequate and effective mental health and wellbeing support, this makes positive emotional coping more difficult, with FSIs having to identify their own ways of managing with limited to no organisational input. Over time, this strategy may become less effective, and there is a risk that any potentially distressing or traumatic material may not be appropriately cognitively processed, remaining unresolved (Foa et al. 1989). In this case, this further impacts on the processing of any associated emotions, such as shock, which may subsequently cause unpredictable and negative emotional and physical responses (Parkes et al. 2018).

One of the key aspects participants talked about that prevented them from detaching was empathising and developing a human connection with victims. In a study by Parkes et al. (2018), police staff in abuse and protection teams found the process of detaching more difficult when they had been in direct contact with victims previously. The authors suggested that through this previous interaction, victims may have been viewed as more 'tangible' to staff, making it harder to mentally distance themselves. For the participants in the present study, it appears that empathising and developing a human connection with victims worked in the same way and prompted the acknowledgement that the victims were humans (especially in death).

The findings in relation to a poor mental health culture within the recruitment site is representative of existing literature into police culture (Burnett et al. 2019; Parkes et al. 2018). More specifically, police culture struggles to appreciate mental health and wellbeing, with many staff unable to access effective help and support, and expected to 'get on with the job' (Hetherington 1993; Parkes et al. 2018; Walker 1997). While this is changing, and an awareness around mental health has increased substantially over recent years, for the participants in our study, the organisational culture further exacerbated the psychological impact of working as an FSI, resulting in feeling undervalued, underappreciated, alienated from, and not cared about by their organisation.

Interestingly, Kanungo (1992) described how alienation can derive from a sense of powerlessness, separation from the context of their work, lack of autonomy and control over tasks, and frustration at failing to achieve personal or organisational objectives. Throughout their interviews, participants in our study repeatedly referred to all of these sentiments, most of which related to the belief that the organisation prioritised outcomes over staff needs, and that they had to protect themselves from potential psychological harm as a result of their work. However, Kanungo (1992) also highlighted how such sentiments can lead to poor mental health, increased job dissatisfaction, damage to morale, and higher work absenteeism and turnover. This suggests that FSIs' risk of developing mental health difficulties is two-fold—one as a result of their exposure to potentially distressing material, and the other as a result of their organisational culture and workplace environment. Coupled with the absence of adequate and effective mental health and wellbeing support, this further highlights the challenges FSIs face, and the importance to work to develop these aspects across specialist units in the UK.

Limitations

One of the main limitations of the present study is that participants were recruited from a specialist unit within one UK police force. As a result, our findings reflect their

experiences, but may not translate to the experiences of FSIs across other specialist units in UK police forces. The use of IPA facilitates an idiographic focus, allowing for the close examination of the personal experiences of a small number of individuals. IPA's aim is therefore not to generalise findings – nevertheless, future research would benefit from undertaking a larger-scale study investigating the current mental health and wellbeing support provision across UK police forces.

Practical Implications

There is a scarcity of research that has evaluated the effectiveness of implementing existing interventions for police officers. Most commonly used interventions often focus on recognising signs of stress and improving coping strategies, including positive self-talk, deep breathing, and meditation. These interventions, however, do not address organisational stressors or a poor mental health culture, which can act as barriers for staff to engage in them (Anderson et al. 1995; Patterson et al. 2014; Waters and Ussery 2007). Despite this, there are some promising results from studies that have used Trauma Risk Management (TRiM) with police officers. TRiM is a peer-support process for employees following traumatic events, with the aim of reducing stigma and encouraging help-seeking. More specifically, they found a reduction in: (i) PTSD symptoms, (ii) sickness absences following exposure to a traumatic event, (iii) stigmatised views towards mental health difficulties, and (iv) barriers to help-seeking (Hunt et al. 2013; Watson and Andrews 2018).

An important practical implication from the present study is for organisations to ensure that the emotional, psychological, and mental health needs of FSIs are well understood, supported, and valued systemically. Our findings highlight the intense nature of the work, and the impact it can have on FSIs—organisations have to prioritise a positive mental health culture in the workplace that does not stigmatise mental health. Proactive and reactive interventions need to be put in place that help build psychological and emotional resilience for FSIs and reduce their emotional suffering and distress. As part of a positive mental health culture, organisations could further introduce regular team reflective practice group meetings, debriefs, and TRiM following difficult incidents and cases. FSIs should be fully involved in the process of identifying and implementing the strategies and interventions that will work best for them and their team. More personal support with qualified psychologists who understand the role of an FSI, and the increased potential of them developing trauma responses, should also be made available. In addition, senior management and team leaders may benefit from psycho-education around what happens to the brain when being exposed to potentially distressing material over a long period of time and how best to support their staff on a daily basis.

Directions for Future Research

Future research would benefit from investigating the application of mental health and wellbeing initiatives across UK police forces, and evaluating their effectiveness with a view to identifying ones that can be adapted to best meet the needs of FSIs. The engagement with and involvement of FSIs in this process is considered to be crucial, be it as experts by experience or research participants. Furthermore, it was of note that participants in our study frequently referred to and talked about the role of relationships in their lives, and in the context of their job respectively. This included relationships with line managers, colleagues, as well as victims of crimes, with the latter sometimes reminding participants of individuals in their personal lives. While perhaps this should not be surprising, the prominence of this was unexpected. To date, to our knowledge, there is no qualitative exploration of the role of different relationships in police officers' lives, and how this manifests in relation to undertaking a highly complex, difficult, and emotionally demanding job.

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Data Availability The data collected and analysed in this qualitative study are not publicly available due to the sensitive nature of the research. More specifically, the interview data represent personal accounts from participants.

Declarations

Conflict of Interest The authors declare no competing interests.

Ethical Approval All procedures performed in the study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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