"Doing justice" versus "undoing injustice": Factors influencing the experience of engaging with the Criminal Justice System for survivors of child sexual abuse

And Clinical Research Portfolio

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CHAPTER 1: SYSTEMATIC REVIEW

Factors influencing Secondary Traumatic Stress in law enforcement investigating child abuse

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ABSTRACT

Purpose: The purpose of this study was to systematically review and synthesise available literature on risk and protective factors associated with Secondary Traumatic Stress (STS) in law enforcement working in child abuse investigation.

Background: Secondary Traumatic Stress (STS) refers to PTSD-like symptoms resulting from indirect exposure to trauma. STS is a well-recognised risk for professionals working therapeutically with trauma survivors (Hensel, Ruiz, Finney, & Dewa, 2015). Recently, increased recognition of the psychological hazards for law enforcement working in child abuse investigation has led to increased research examining factors associated with STS in this area of specialist policing. It is crucial to understand risk and protective factors influencing STS in dedicated child abuse task forces to inform mental health screening and surveillance to safeguard personnel involved in these investigations.

Method: Available literature was systematically reviewed, screened and evaluated against *a priori* inclusion/exclusion criteria. Factors associated with STS in law enforcement personnel working specifically in child abuse investigations were the focus of the review. 10 studies met criteria for inclusion and were appraised on methodological quality. A narrative synthesis approach was taken to collate the results.

Conclusions: Results highlighted a range of potential risk factors associated with STS, including: frequency of exposure, difficulty viewing traumatic material, feeling overwhelmed at work, young age (of child), low organisational support, performing dual investigative duties, increased alcohol use, coping using denial, and use of gallows humour (particularly at the expense of the victim). The following protective factors were revealed: personal social support, work-related support, fitness to work (workability), and coping using light-hearted humour. The person-level and work-

level risk and protective factors identified require further investigation and can be used to inform psychological risk assessment and management of personnel at an organisational level in law enforcement.

INTRODUCTION

Secondary Trauma, a term first coined by Figley (1993), offers a description of the constellation of symptoms resulting from indirect exposure to traumatic material. Secondary traumatic stress (STS) is related to the phenomena of Post-Traumatic Stress Disorder (PTSD), with symptoms mirroring those of PTSD. However, unlike PTSD, STS can develop in the absence of direct exposure to trauma, and symptoms may occur in relation to hearing, seeing or learning about the traumatic experiences of others. Figley (1995) suggested that professionals providing direct services to trauma survivors are as at risk of developing traumatic stress symptoms as the primary victim. The terms STS, compassion fatigue (CF) and vicarious trauma (VT) are often used interchangeably in the current literature and describe the cumulative effect on professionals supporting trauma survivors (Osofsky, Putnam, & Lederman, 2008). As STS, VT and CF all offer a description of the psychological responses to providing services to traumatised individuals, literature including any of these terms is considered within the current review.

Development of STS is a well-recognised risk for professionals working therapeutically with trauma survivors, including child protection workers (Cornille & Meyers, 1999), social workers (Bride, 2007) and mental health professionals (Follette, Polusny, & Milbeck, 1994). Moulden and Firestone (2007) examined vicarious traumatisation in therapists treating sex offenders and found that it is the interaction between professional experience, personal coping mechanisms and treatment setting which contributes to STS. Hensel, Ruiz, Finney & Dewa (2015) conducted a recent meta-analysis on 38 published studies on factors associated with STS in professionals providing therapeutic support to trauma survivors. Risk factors for STS were highlighted, including higher caseloads and a personal history of trauma. A number of protective factors were also identified, including: age, tenure, level of training, presence of social support and work-related support. However, the authors cautioned that these findings may not be generalisable beyond this population (Hensel, Ruiz, Finney, & Dewa, 2015).

Traditionally, studies examining police trauma have tended to focus on primary traumatisation in front-line officers (Burruss, Holt, & Wall-Parker, 2017). Researchers examining sources of occupational stress in policing found three factors particularly associated with traumatic stress: exposure to death and disaster; risk of violence to officers and victims; and working with sexual crimes (Brown, Fielding , & Grover, 1999). Following this, Violanti and Gehrke's (2004) survey of police officers highlighted that exposure to child abuse images was the *most* common incident associated with increased traumatic stress (68%), with female officers most affected. Indeed, Figley (1995) theorised that professionals working with traumatised children are particularly vulnerable to adverse consequences of STS.

Recognising this, there has been a recent increased focus on the risks of secondary traumatisation present in roles specifically investigating child exploitation cases (Tehrani, 2018). Considering occupational exposure to traumatic material, the individuals working in Internet Crimes Against Children (ICAC) task forces encounter various forms of child exploitation on a regular basis, including viewing images and videos depicting child sexual abuse, conducting interviews with child abuse survivors and offenders, and participating in undercover chats (Bourke & Craun, 2014a). Krause's (2009) theoretical review piece considered that the tasks of hearing victims recount their traumatic experiences, assuming the role of a child in undercover investigations, and viewing images and video footage of child sexual assaults may heighten the risk of STS in police working in child abuse investigation (CAI). Krause (2009) considered that it is the *combination* of this active and passive exposure to traumatic material which poses particular risks of STS to personnel working in CAI roles.

Preliminary research has indicated that prevalence of STS in ICAC personnel is significant, with one study finding around one quarter of respondents scoring in the high or severe ranges of STS scores (Bourke & Craun, 2014a). Exposure to images of child exploitation has been associated with increased absenteeism, staff turnover and early medical retirements (Tehrani , 2011). Research has also established links between STS and negative psychological impacts, including increased depression

and general anxiety (Bourke & Craun, 2014a). Considering that exposure to child exploitation media ranks as one of the top sources of traumatic stress for police (Violanti & Gehrke, 2004), and the related adverse effects on occupational and psychological functioning, it is imperative to better understand the specific vulnerability factors related to this specialised work. Increased knowledge about these factors could inform routine health surveillance programmes, targeted prevention and intervention, to mitigate against psychological risks present in this role.

AIM

To systematically review recently published studies exploring risk and protective factors associated with STS in law enforcement officers working in specialist CAI task forces. Specifically, the review asks:

- What risk factors are associated with increased levels of STS?
- What protective factors are associated with reduced levels of STS?

METHOD

Search Strategy

EMBASE and Medline databases were searched via Ovid Medline (R) from 1946 to March 2018. ASSIA (Applied Social Sciences Index and Abstracts) database was searched via ProQuest and PsycINFO database was searched via EBSCO host. Web of Science and LexisLibrary databases were also deemed as appropriate to include in the search.

Hand searching of two key journals in this field was conducted: "Journal of Police and Criminal Psychology" and "Journal of Criminal Justice", to mitigate the risk of missing relevant literature due to indexing processes (Armstrong, Jackson , Doyle , Waters, & Howes , 2005). Reference lists of full articles reviewed for inclusion were also hand-searched. No further studies were identified through either method of hand-searching.

Search Terms

A search strategy was developed in consultation with a librarian utilising free-text words and subject headings/index terms. Subject headings and proximity codes were tailored to individual databases (see *Appendix 1.2).* Searches were conducted in March 2018.

The following terms were used:

1. (vicarious adj2 trauma*) OR (indirect adj2 trauma*) OR (indirect adj2 stress) OR (second* adj2 trauma*) OR (second* adj2 stress) OR "compassion fatigue"
2. "law enforcement" OR "task force" OR police* OR (forensic adj2 investigator) OR (digital adj2 investigator) OR (child adj2 investigator)
3. 1 AND 2

Inclusion Criteria

Published papers which were:

- examining factors associated with STS/VT;
- involving law enforcement personnel investigating child abuse;
- in a peer-reviewed journal;
- in English.

Exclusion Criteria

Papers that were:

- focused on direct exposure to trauma;
- not clear as to the duties of law enforcement personnel in relation to child abuse;
- qualitative;
- unpublished, dissertations, book chapters, case studies, conference proceedings and review papers.

Procedure

The search was conducted in accordance with PRISMA guidance (Moher, Liberati, Tetzlaff, & Altman, 2009). A total of 515 papers were identified. These papers were de-duplicated and screened on the basis of title and abstract. Full-text articles were then examined for eligibility in line with inclusion and exclusion criteria. A total of 10 papers were eligible. Two authors were contacted seeking clarification relating to potential pooling of data across papers, for further information see "Potential Issues with Included Papers" section in Results. These papers remained included in the review, as each examined distinct factors of interest providing a unique contribution. However, the limitations associated with this are further discussed in Results and Discussion sections. The process is outlined in **Figure 1**.
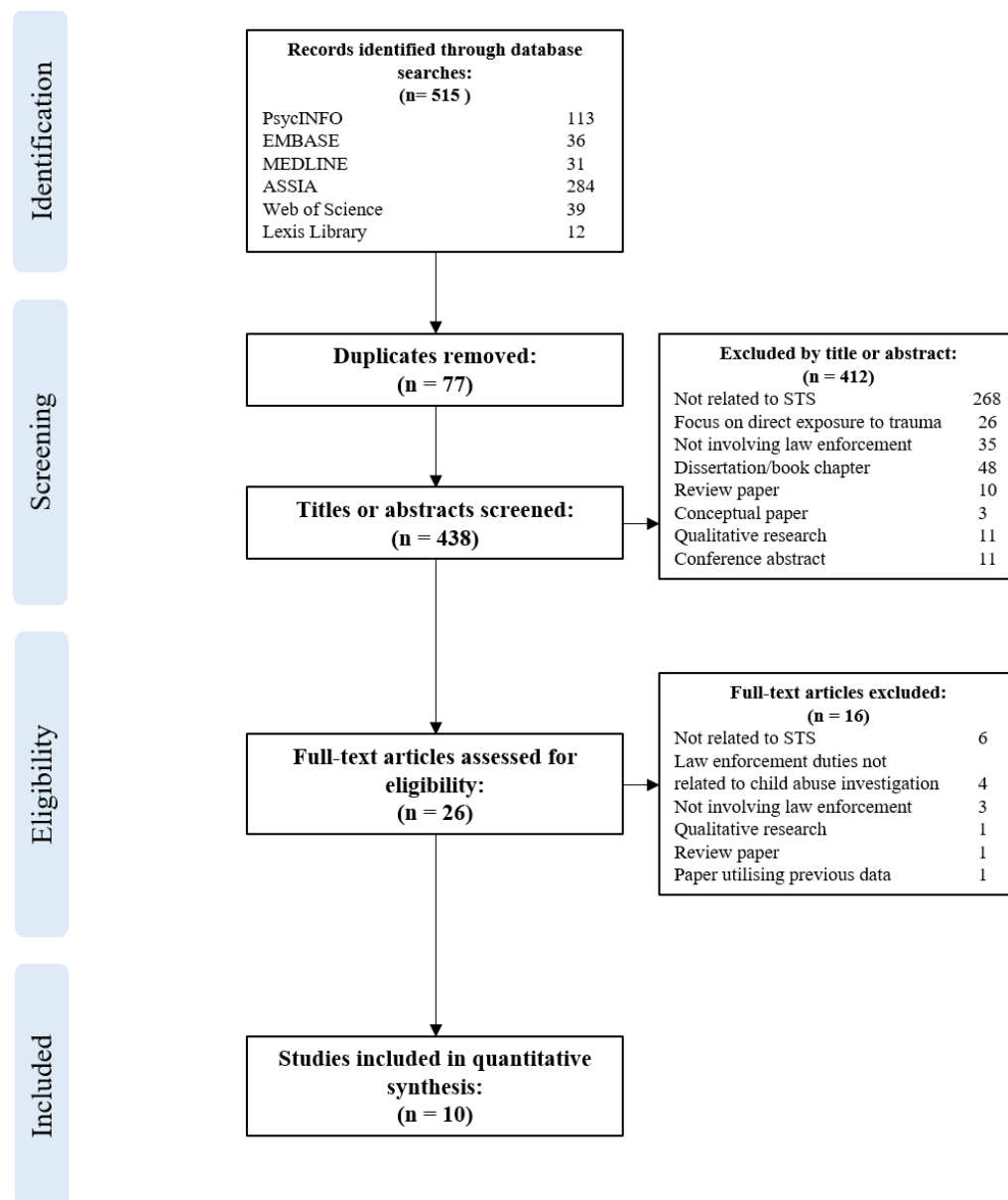
Figure 1. Flow diagram of systematic search results and article selection

Quality Appraisal

Quality appraisal is a key task in a systematic review as it assesses whether included studies have been designed, conducted and reported in a manner that minimises bias and error and are therefore considered reliable and relevant (Boland, Cherry, & Dickson, 2017). The Appraisal tool for Cross-Sectional Studies (AXIS) (Downes, Brennan, Williams, & Dean, 2016) was selected to critically assess the quality of the included studies. This 20-item tool was developed for use in appraising observational

cross-sectional studies and assesses quality of reporting, study design and risk of bias (Downes, Brennan, Williams, & Dean, 2016). For a breakdown of criteria met in AXIS assessment of included papers, see *Appendix 1.3.*

Inter-rater Reliability

All 10 studies included in the review were appraised by the lead researcher. A random sample of four papers were appraised by a second researcher (Trainee Clinical Psychologist) to assess inter-rater reliability. Agreement was high, with minor discrepancies identified on 3 items across four papers. All discrepancies were discussed and resolved, and ratings of remaining studies were re-checked by the lead researcher to ensure consistency with the agreed approach.

Data collection and Synthesis

Relevant data pertaining to sample characteristics, measures utilised, and factors associated with STS were extracted from the 10 included papers. These data were manually extracted by the lead researcher and summarised in **Table 1**. A meta-analytic approach was not appropriate for the purposes of synthesising data due to the variation in outcome measures utilised and range of factors examined across the 10 studies. Therefore, this review adopted a narrative synthesis approach to summarise key information relating to the review questions.

RESULTS

This review examines studies investigating factors associated with STS in law enforcement personnel working in child abuse investigation. **Table 1** summarises information regarding: design; sample characteristics; factors investigated in relation to STS; measures used and main findings. Following **Table 1,** the section "Critical Appraisal Using AXIS" identifies methodological limitations across included studies within an appraisal of study quality.

Table 1. Summary of studies

Study /Design	Sample Characteristics	Factors examined	Measures	Main Findings: Predictors associated with **higher STS**	Predictors associated with **lower STS**	Predictors **not associated** with STS
1.Bourke & Craun, 2014a Cross-sectional	ICAC taskforce personnel U.S. sample N="over 600" Male=63.5% Female=24.5%	IV: Coping mechanisms and frequency of viewing CAC images DV: STS and impact of STS	**Coping**: six subscales from *COPE Scale* **Frequency and difficulty**: two-items rated on Likert scale **STS**: *Secondary Traumatic Stress Scale* (STSS) **Impact**: *Reactions to Disturbing Media Scale*	Difficulty with disturbing media (b=0.37, $p<.001$); Frequency with disturbing media (b=0.20, $p<.001$); Increased alcohol use (b=0.22, $p<.001$); Increased tobacco use (b=0.29, $p<.001$); Coping with denial (b=0.15, $p<.001$)	Positive supervisory support (b=-0.14, $p<0.001$); Co-worker support (b=-0.08, $p=.02$); Male gender (b=-0.10, $p=.05$)	Level of physical activity; Active coping, coping through planning; time working in law enforcement; time working in field of child exploitation
2.Bourke & Craun, 2014b Cross-sectional	ICAC taskforce personnel U.K. and U.S. sample U.S.: N=677 U.K.: N=288	IV: Internal and External Coping mechanisms DV: STS	**STS**: *STSS*	(U.K. and U.S.): Coping through denial; Increased tobacco use; Increased alcohol use; Higher frequency of exposure to media; Higher self-report difficult with exposure	(U.K. and U.S.): Co-worker support (U.S. only): Supervisor support; Social support; Male gender	Active coping; Coping through planning; Coping through positive reinterpretation; behavioural disengagement; Coping through planning.
3.Brady (2017) Cross-sectional	ICAC taskforce personnel U.S. sample N=443 Male=72% Female=28%	IV: 12 individual-level factors; 9 work-related factors DV: STS; Burnout; Compassion Fatigue Control: Demographic variables (gender; history of trauma)	**Individual-level factors; Work-level factors; STS; Burnout; and Compassion Fatigue**: *ProQOL*	Person-level factors: History of trauma (b=1.96, $p<.05$) Work-related factors: Frequently feeling overwhelmed (b=2.81, $p<.001$) Low organisational support (b=-1.11, $p<.01$) Average age of child relatively young (b=-1.77, $p<.01$) Frequent indirect exposure to CAC material (b=1.68, $p<.01$)	Person-level factors: Male Gender (b=-2.80, $p<.01$) Feeling supported outside of work (b=-1.25, $p<.01$)	No. of children; Working undercover; No. of hours per week working ICE cases; Frequency of direct exposure to CAC.

4.Burruss, Holt, & Wall-Parker, 2017 Cross-sectional	Law enforcement who attended training in advanced cybercrime investigation U.S. sample N=360 Male=86% Female=14%	IV: Exposure to CAC materials DV: Secondary trauma and coping mechanisms Control: Female gender	**Exposure**: 4-items about hours spent examining CAC materials p/week **Secondary trauma**: *STSS* **Coping**: 11-items derived from *Jackson & Maslach's (1982) inventory*	Exposure to CAC evidence significantly associated with reported levels of secondary trauma (b=0.246; *p*<.000)	No other variables relating to STS investigated.	No other variables relating to STS investigated.
5.Craun & Bourke, 2014 Cross-sectional	ICAC taskforce personnel U.S. sample N=508 Male=74% Female=26%	IV: Use of Humour (Light-hearted vs. gallows) DV: STS Control: Coping mechanisms	**Humour**: two-items rated on likert scale **STS**: *STSS* **Coping**: two subscales from *COPE Scale*	Use of gallows humour (b=0.14, *p*<.001) Control variables: Self-reported difficulty with disturbing material; Frequency of exposure to disturbing media; increased alcohol use.	Use of light-hearted humour (b=-0.11, *p*=.006) Control variables: Social support; Co-worker support	Control variables: Increased tobacco use; Supervisory support.
6.Craun & Bourke, 2015 Cross-sectional	ICAC taskforce personnel U.S. sample N=350 Male=73.6% Female=24.4%	IV: Frequency of making jokes at expense of victims/offenders DV: STS Control: Coping & Demographic variables, based on previous research (Bourke & Craun, 2014a, 2014b)	**Frequency**: Self-rated item. Four additional types of humour included to mask variable of interest **STS**: *STSS* **Coping**: two subscales from *COPE Scale*	Frequency of humour used at expense of victim (β=0.24, *p*<.001). Control variables: self-reported difficulty with disturbing material; frequency of exposure to disturbing material; increased alcohol use; coping using denial.	Control variables: co-worker support; supervisory support.	Other types of humour: at the expense of offender; involving sexual innuendo Control variables: increased tobacco use; social support.

7.Perez, Jones, Englert, & Sachau, 2010 Cross-sectional	Federal law enforcement personnel investigating CAC U.S. sample N=28 Male=75% Female=25%	IV: Exposure to disturbing media DV: STS; Burnout; Turnover Intentions	**Exposure**: 3-items relating to no. of CAI cases; length of time working with disturbing media; when first exposed **STS**: *STSS* **Burnout**: *MBI-GS* **Turnover Intentions**: 3-items adapted from *Abrams et al. (1998)*	Time working with disturbing media (r=0.39, p<.05); time since first exposure to disturbing media (r=0.40, p<.05).	Loved ones being supportive of work (r=-0.50, p<.01)	Number of cases worked.
8.Seigfried-Spellar, 2017 Cross-sectional	Law enforcement officers and/or digital forensic examiners (DFE) in ICAC task force U.S. sample Total N=129 DFE-only=20 Investigator only=71 Both duties=38	IV: Type of Duties: DFE only; investigator only, both DV: Coping Mechanisms; Psychological Health & Wellbeing; STS; Job Satisfaction	**Coping Mechanisms**: version of *Holt and Blevins (2011) scale* **Psychological Health & Well-being**: K10 & K6 item pool from *Kessler et al. (2002)* **STS**: *PCLC* **Job Satisfaction**: 5-items from *Quality of Employment Survey* (Quinn, & Shepard, 1974).	Individuals performing both duties (investigation & examination) (X^2(1) =3.79, p=.05)	No other variables relating to STS investigated.	No other variables relating to STS investigated.
9.Tehrani, 2016 Cross-sectional	ICAIs U.K. sample N=126 Male=76 Female=50	IV: Personality traits (Introversion & Neuroticism) DV: Anxiety, Depression, Burnout, Secondary Trauma and Traumatic Stress	**Introversion & Neuroticism**: *EPQ* **Anxiety, depression, burnout, and secondary trauma**: *ProQOL* **Traumatic stress**: *IES-E*	Neuroticism (β=0.40, p<.001) Female gender (β=-0.19, p<.05)	No other variables relating to STS investigated.	Introversion.

10.Tehrani, 2018 Cross-sectional	CAIs U.K. sample N=2289 (85% response rate) Male= 44% Female=56% Mean age=39	IV: Gender; Tenure (years in post); Workability; no. of ACEs DV: Anxiety; Depression; Secondary Trauma; Traumatic Stress	**Workability**: 'Workability questionnaire' **Anxiety & depression:** *Goldberg Anxiety and Depression Scale* (Goldberg, Bridges , Duncan-Jones, & Grayson, 1988) **Secondary Trauma:** *ProQOL* **Traumatic stress**: *IES-E*	Female gender (t=2.90, p<.05) (very small effect size)	Higher 'workability' (r=-0.39, p<.001)	Tenure; ACEs (both only associated with primary trauma)

COPE Scale = (Carver, Scheier, & Weintraub, 1989); EPQ = Eysenck Personality Questionnaire: short form (Eysenck, Eysenck, & Barrett, 1985); IES-E = Impact of Events Scale-E (Tehrani, Cox, & Cox, 2002); MBI-GS = Maslach Burnout Inventory – General Survey (Maslach et al., 1996); PCLC = PTSD Checklist-Civilian Version (Weathers et al., 1991); ProQOL = Professional Quality of Life Scale (Stamm, 2010); Reactions to Disturbing Media Scale (Perez, Jones, Englert, & Sachau, 2010); STSS = Secondary Traumatic Stress Scale (Bride, Robinson, Yegidis, & Figley, 2003)

Key: STS = Secondary Traumatic Stress; ICAC = Internet Crimes Against Children; CAC = Crimes Against Children; ICAIs = Internet Child Abuse Investigators; CAIs = Child Abuse Investigators

Critical Appraisal Using AXIS

The AXIS tool assesses quality of reporting, study design and risk of bias. For comprehensive breakdown of quality appraisals using AXIS, see *Appendix 1.3.* Generally, included papers were assessed to have good quality of reporting against AXIS criteria, with study objectives, target population, statistical method used and basic data described clearly across all studies. However, the AXIS quality appraisal indicated that, across all included studies, there were similar limitations relating to particular aspects of design quality and risk of bias, primarily relating to the sampling strategy used in the majority of studies (8 of 10), i.e. all studies including U.S based research groups. With regards to study design quality, the snowballing sampling strategy utilised in 8 of 10 studies potentially limited representativeness of population under study. In relation to this, 8 of 10 studies were not able to to determine response rates, raising concern regarding potential non-response bias which may affect validity of results. Furthermore, with regard to AXIS criteria, all of the included studies did not report a sample size calculation, thereby limiting the ability to assess whether samples were of sufficient size to detect an effect where one truly exists. It was not reported whether there were any funding sources conflicts of interest in 6 of the 10 studies, and three of the studies did not report information on obtaining ethical approval or consent from participants. 7 of 10 studies did not include sufficient information regarding incomplete data; therefore data reported in results were not internally consistent.

Potential Issues with Included Studies

A more general limitation of the included studies was there were two research groups that produced more than one paper contributing to the review. It was unclear from reporting within the articles whether each paper produced by the research groups used independent samples, or whether some recruited participants contributed data to multiple papers. Bourke and Craun (Bourke & Craun, 2014a; Bourke & Craun, 2014b; Craun & Bourke, 2014; Craun & Bourke, 2015), and Tehrani (Tehrani, 2016; Tehrani 2018) were contacted for clarification. A response was received from the secondary author (statistician) from the Bourke and Craun research group, who was unable to confirm whether separate samples were used across studies, and no response was received from the primary author of these studies. All four papers were included in the review as they examined unique factors of interest. However, it is recognised that including these papers may artificially inflate the strength of the review's findings. This is particularly relevant where there is potential that information for a single participant (e.g. demographic factors) may be over represented through inclusion of these papers. Therefore, it is crucial to take this into consideration in interpreting synthesised results from papers which may include the same participants. With regards to the Tehrani research group, the author confirmed that some of the 126 participants included in the first study were also included in the 2,289 that took part in the second study due to ongoing data surveillance, but it was not possible to determine what proportion. The decision was made to include both papers as each contributed uniquely to the findings of the review. However, the aforementioned limitations associated with including Bourke and Craun papers also apply here as it is known that there was conflation of the sample across the two Tehrani papers.

Demographic Information

Due to the possibility of double counting of participants across studies within both U.K and U.S research groups as described in above section, it is not possible to report with precision or accuracy the overall demographics of the participants from included studies overall.

Person-level Factors Associated with STS

The following person-level factors were consistently associated with increased STS: female gender (1; 2, US only; 3; 9; 10); neuroticism (9); and self-reported difficulty with viewing disturbing media (1; 2, US & UK; 5; 6).

The following person-level factors were consistently associated with lower STS: social support (3; 5); loved ones supportive of work (7).

Although there was consensus that being female was associated with increased risk of higher STS scores for U.S populations, there were conflicting findings about whether this effect was significant for U.K-based law enforcement. In Bourke & Craun (2014b), regression analysis highlighted male gender as a significant predictor of lower STS scores for the U.S sample but was not statistically significant for the U.K sample. Tehrani (2016) found that female gender was a significant predictor of higher STS scores in their U.K based sample, although the effect size was minimal. However, in considering the quality of U.S based papers, the representativeness of the population under study may be limited by snowballing sampling used. Additionally, as described previously, these demographic factors may not be accurately represented due to the potential of double counting of participants across both U.K and U.S research groups. Consequently, these findings should be interpreted with caution.

Personal experience of trauma was reported to be a risk factor associated with STS in Brady (2017); however, Tehrani (2018) only found this to be a significant predictor of primary trauma, as opposed to secondary trauma. Both studies utilised the ProQOL (Stamm, 2010) as a measure of STS, therefore are comparable in this regard. However, Tehrani (2018) also incorporated the IES-E (Tehrani, Cox, & Cox, 2002) to examine primary trauma as well as secondary trauma, although there was a lack of theoretical rationale for understanding these concepts as being distinct. This finding highlights one of the crucial difficulties with synthesising STS literature, as some authors report primary and secondary trauma as conceptually distinct, and others consider secondary trauma to mirror primary trauma, only differing in the means of exposure to the trauma.

Work-level Factors Associated with STS

Work-level factors consistently associated with increased STS include: frequency of exposure to disturbing materials (1; 2, U.S & U.K; 3; 4; 5, 6; 8); frequently feeling overwhelmed (3); low organisation support (3); age of child victim relatively young (3); time since first exposure to disturbing media (7); performing dual responsibilities of investigating and examining CAC evidence (8).

Work-level factors consistently associated with lower levels of STS: supervisory support (1; 2, U.S only; 6); co-worker support (1; 2, U.K & U.S; 5; 6); and higher self-rated workability (10).

The most common factor established among the included studies was the *frequency* of exposure to materials involving child exploitation, with consensus among the 7 studies that examined this factor as being related to higher STS, and as such could be considered a significant risk factor for secondary trauma. Brady (2017) investigated the impact of 'direct' (viewing child pornography) and 'indirect' (e.g. conducting forensic interviews, reading case files, hearing graphic testimonies in court, etc.) exposure to abuse behaviours towards children. Results indicated that frequency of viewing child pornography ('direct exposure') was not associated with STS; however, frequency of hearing or reading about child exploitation was related to increased secondary trauma. In contrast, several of the other studies found that frequency of exposure to child pornography materials was associated with higher STS (Bourke & Craun, 2014a; Bourke & Craun, 2014b; Craun & Bourke; 2014; Craun & Bourke, 2015). However, it is possible that these studies have been drawn from the same data sample, which would in turn mean that these results do not represent a replicated effect, and should thus be interpreted conservatively.

Seigfried-Spellar (2017) found that officers conducting dual responsibilities of conducting forensic examination (viewing child pornography evidence) as well as investigating of the case (interacting with victim/ and or offender) were significantly more likely to experience STS. Therefore, although it is difficult to ascertain from the current available research whether 'direct' versus 'indirect' exposure to disturbing media is predictive of STS, it appears that those who are exposed to both types are particularly vulnerable to STS. Furthermore, the quality of all studies investigating these factors was found to be impacted by the sampling strategies used,

limiting the representativeness of the sample to the population under study, and as such may moderate the importance attributed to these findings.

Findings differed as to whether length of time working in child exploitation was related to increased STS. Perez et al. (2010) found that length of time working in this field was associated with increased STS; however, this finding was not replicated by either Bourke & Craun (2014a) or Tehrani (2018). It appears that both Bourke & Craun (2014a) and Tehrani (2018) measured tenure as a continuous variable (in years), and that Perez et al. (2010) measured this as a discrete variable with a number of options. Direct comparison is therefore difficult.

Coping Mechanisms Associated with STS

The coping behaviours consistently associated with higher STS scores were: increased alcohol use (1; 2, US&UK; 5; 6); coping by using denial (1; 2, US&UK; 6); using gallows humour (5); using humour at the expense of victim (6).

Using light-hearted humour (5) was the only coping behaviour associated with lower levels of STS. Coping with increased alcohol intake and using denial were significant risk factors for STS in all the studies which examined these factors. Furthermore, use of gallows humour, particularly at the expense of the victim, was found to be a 'red flag' for developing STS in ICAC personnel. However, the quality of study design in articles examining the role of humour (Craun & Bourke, 2014; Craun & Bourke, 2015) was affected by utilising two-item self-rated measures of humour. The lack of standardised and validated methods to measure this construct may limit reliability of these results. Furthermore, all studies that reported a relationship between coping behaviours and STS came from the Bourke and Craun research group, who were not able to confirm that data from each study came from independent samples. The extent to which these studies offer independent replication is not clear, and as a result limited weight should be given to this finding.

DISCUSSION

This review examined the recent research exploring risk and protective factors associated with STS in law enforcement personnel working in child abuse investigation. Although the concept of secondary trauma has an established research base examining professionals working therapeutically with trauma survivors, this is an emerging area of focus with regards to the psychological risks for specialist branches of police forces investigating child abuse. The review highlighted 10 studies looking specifically at risk and protective factors associated with STS for law enforcement professionals working in this area. A broad range of factors associated with STS were examined across the reviewed studies, with some consensus established about which person-level factors, work-level factors and coping behaviours may be associated with STS. However, there were also a number of discrepancies which may relate to the array of measures used, differences between U.K. and U.S. based personnel, and varying theoretical conceptualisations of secondary trauma.

Risk and Protective Factors Associated with STS

Person-Level Factors

Previous research examining professionals working therapeutically with trauma survivors found a personal history trauma was significantly associated with higher STS (Bride, Jones, & McMaster, 2007; Choi, 2011). Follette, Polusny and Milbeck (1994) found that police investigators with a personal history of childhood abuse were more likely to specialise in child abuse investigation (CAI) and scored significantly higher on measures of anxiety, depression, sleep disturbance and PTSD symptoms compared to mental health professionals. It was suggested that this may be due to police personnel being substantially less likely to engage in personal therapy to address their trauma history than mental health professionals (Follette, Polusny, & Milbeck, 1994). The role of personal trauma was slightly less clear from the current review; there was preliminary evidence for it being a risk factor for STS (Brady, 2017). However, this finding was only replicated for 'primary' trauma in Tehrani

(2018), highlighting discrepancies as to how secondary trauma is conceptualised and measured across studies. There is evidence that a personal history of trauma may be a risk factor for not just STS, but a range of distressing psychological symptoms for personnel in CAI roles. Wolak and Mitchell (2009) found that only 13% of ICAC task forces in the U.S. had compulsory mental health assessment and 39% of participants identified a greater need for psychological provisions, suggesting that agencies may not be sufficiently meeting the psychological needs for personnel in this field.

In line with previous research (Hensel, Ruiz, Finney, & Dewa, 2015), female gender was not consistently found to be associated with increased risk of STS. Although female gender was found to be a risk factor for STS in U.S. based personnel, this effect was much less pronounced in U.K. based police forces, perhaps suggesting differences in risk factors across countries. Furthermore, there were limitations associated with the sampling strategy employed across these studies, combined with a number of studies potentially drawn from a single data sample. This limits the ability to determine whether the demographics under investigation were reflective of the population of interest, limiting the generalisability of results. One study examined the role of personality and found results consistent with available literature that neurotic traits are a risk factor for developing traumatic stress (Engelhard & Van den Hout, 2007). The current review highlighted the importance of social support, supporting the findings of previous studies (Davidson & Moss, 2008; Ortlepp & Friedman, 2002). Morales (2012) suggested that support systems outside of work are crucial to buffering the adverse impact of exposure to disturbing media and can encourage a sense of personal efficacy and satisfaction.

Work-Level Factors

The most common occupational risk factor associated with STS was the *frequency* of exposure to materials involving child abuse. This reinforces previous findings that investigators working in this field face increased psychological risks through exposure to traumatic materials featuring children (Burns, Morley, Bradshaw, &

Domene , 2008). Considering that personnel tasked to these specialist units are required to view disturbing child abuse media repeatedly and regularly throughout a case investigation (Burns, Morley, Bradshaw, & Domene , 2008), there is a justified need to assess and monitor psychological well-being in relation to this work. In line with Krause's (2009) hypothesis, the current review found that officers performing dual tasks of viewing child abuse images, as well as interacting with abuse victims was found to significantly increase risk of STS. This suggests that it is not only level of exposure to disturbing media which can pose risks to CAI personnel, but also the method of exposure which increases vulnerability to traumatic stress. Individuals performing both investigative and digital examination duties could be considered as being in a 'high risk' role, and as such mental health assessment and management should be matched accordingly.

Further support was found for the presence of work-related support as being an organisational protective factor against STS (Hensel, Ruiz, Finney, & Dewa, 2015). Specifically, supervisory support and co-worker support were found to be associated with lower levels of STS. Bourke and Craun (2014a) identified that supervisory support had the strongest protective relationship of all factors examined. Considering this, the provision of supervision structures and effective working relationships could contribute to mitigating the risk associated with the nature of CAI work.

Coping Mechanisms

Follette et al (1994) identified several unhelpful coping strategies employed by professionals working with traumatic materials including increased alcohol use, withdrawal and avoidance. Consistent with this, the current review highlighted increased alcohol use and coping through denial as significant risk factors for higher STS. However, as mentioned, it is not known whether data in the included studies investigating the relationship between coping behaviours and STS came from independent samples. As a result, the extent to which these studies offer independent replication is not clear and findings should be considered as preliminary in nature.

Previous research found that use of 'gallows' humour helped crime scene investigators (CSI) to cope with traumatic circumstances of the scenes they attended (Roth & Vivona, 2010). In contrast to this, the current review suggested that the role of 'light-hearted' humour may act as a protective factor against STS; however, gallows humour may actually be a risk factor (Craun & Bourke, 2014). In fact, one study found that where humour is used at the expense of the victim, this could be a 'red flag' indicating higher levels of STS (Craun & Bourke, 2015). However these results should be treated with caution given the lack of available standardised validated measures of humour. From these tentative results, it may be the case that employers showed be alert to when 'gallows' humour is employed, particularly at the expense of the victim, as this may indicate higher levels of traumatic stress in personnel.

Methodological Limitations and Future Directions

Many of the available studies were unable to determine response rates due to the method of sampling used; therefore it is unclear exactly how representative the samples were of the population under examination. Due to variation in how secondary trauma is conceptualised across the included studies, it was not possible to clearly determine whether certain aspects were risk factors for STS, e.g. personal history of trauma. Further research is required to better understand the role of personal trauma and STS in this population. Future studies should make theoretical definitions of secondary trauma explicit and aim to reach convergence on most appropriate validated measurements of STS, to allow for comparisons across the literature. A limitation of all included studies was their cross-sectional design, which thereby limits the ability to draw any causal conclusions about the relationships between the various risk and protective factors explored and STS. Future studies employing a longitudinal design could shed further light on the nature of the relationships of identified risk and protective factors for law enforcement working in child abuse investigation.

The current review only included studies published in peer-reviewed journals (available in English); therefore the results may be subject to publication bias. A significant limitation is the inability to determine whether the current literature base has been saturated by multiple studies reporting results pooled from the same data, therefore potentially biasing the results of the review. Due to this results are interpreted with caution and as such are considered to be preliminary in nature, particularly with regard to the associations between coping strategies and STS. A wide variety of factors were examined in the included papers creating difficulty in making comparisons across the available research. Similarly, integrating results from studies based across the U.K and U.S may be problematic due to potential variations in criminal justice processes across different countries, e.g. how crimes are investigated and prosecuted. It is important to consider the potential differences in the investigation procedures across jurisdictions when considering the extent to which generalisation can be made from one jurisdiction to another. For the purposes of this review, there were no indicators of significant differences in the police investigation processes that would invalidate the integration of results across jurisdictions. Furthermore, the current review utilised a quality assessment tool which does not provide quantitative rating scores, meaning that it is more difficult to directly compare the overall quality of papers. It is also likely that quality assessments will be more subjective due to this.

Conclusions and Clinical Implications

The results of this review support the need to minimise exposure to child abuse images; however, this presents a challenge for task forces where CAI investigators are crucial to prosecuting these cases. One possibility would be to consider rotating personnel or limiting the number of child abuse cases held at one time in order to reduce the impact of being exposed to this work, although this may be difficult considering the recent exponential increase in internet child exploitation cases and limited trained personnel. Having mandated access to psychological support after an identified number of hours of exposure to disturbing content may help to mitigate this. Furthermore, the risk factors identified from research can be incorporated into routine psychological screening and monitoring. There is a potential role for CAI

personnel and supervisors to undertake training in recognising the signs of psychological distress in themselves and colleagues, and have procedures in place to access mental health services or counselling where required. Further research into the links between coping strategies and STS is required, and the results of this may form the basis for recommendations for future training and skills teaching.

The current review highlighted that supervisory support was a crucial protective factor and, as such, routine supervision arrangements could also be useful in mitigating risk of traumatic stress. It is also important to recognise where personnel may have particular risk factors, such as limited personal support systems or a personal history of trauma, and ensure appropriate supports are in place. Although there are inherent psychological risks in this line of work, appropriate screening, support, and training may help to promote psychological health and minimise staff absenteeism and turnover.

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CHAPTER 2: MAJOR RESEARCH PROJECT

"Doing justice" versus "undoing injustice": Factors influencing the experience of engaging with the Criminal Justice System for survivors of child sexual abuse

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PLAIN ENGLISH SUMMARY

Background: Individuals who have experienced child sexual abuse (CSA) are more likely to develop mental health disorders as adults. CSA has been linked to a range of mood, anxiety, eating and psychotic disorders (Maniglio, 2009). Recent reports suggest that as many as 1 in 20 children in the UK have been sexually abused (Radford et al., 2011), and it is likely that there are many more cases which have not been reported (Herbert et al., 2009). If an individual makes a report to the police, they may face extremely difficult and lengthy legal proceedings, which have been described as "re-traumatising" for some (Clark, 2010). In Scotland, there has been a recent focus on how to adapt the current system to better meet the needs of vulnerable witnesses and improve their experience of engaging with the Criminal Justice System (CJS) (Scottish Courts & Tribunals Service, 2015). Despite the need for change being recognised, little research has looked at what things affect the experience of seeking justice for survivors of historical sexual crimes.

Aim: This study aimed to explore what might influence the experience of seeking justice for survivors of CSA, from the standpoint of the professionals supporting them through the CJS.

Method: Four Victim Information and Advice (VIA) Officers and four Advocacy Workers (Rape Crisis Scotland) volunteered to participate in this study. These professionals were identified by management in each organisation due to their high levels of experience in supporting survivors of CSA and given information about the study. Semi-structured interviews were held with all eight participants, lasting between 40 and 60 minutes. A qualitative research design was used to gain rich and detailed information about professionals' beliefs. The interviews were recorded, and later transcribed and analysed by the lead researcher. Themes in the professionals' beliefs were explored and described through a 'narrative analysis'. All participant information has been anonymised.

Main Findings and Conclusions: A key theme identified was around professionals' beliefs that survivors' experience of seeking justice is affected by a range of factors, not just the verdict of the trial. Participants identified that the opportunity to tell others what happened to them, and having their story believed, is crucial to survivors' sense of closure and recovery. Another key theme reflected beliefs that when these things do not happen, or are experienced negatively, then this can lead to increased distress, regret in reporting, and potentially lasting psychological harm. Aspects identified by professionals to be important for survivors were: supportive and containing relationships, feeling informed and included, having maximum choice and control, and feeling safe throughout.

Several recommendations were provided based on the results of this study to support future reforms aiming to improve experiences of engaging with the CJS.

ABSTRACT

Purpose: This study aimed to explore factors that may influence the experience of engaging with the Criminal Justice System (CJS) for adult survivors of child sexual abuse (CSA), from the perspective of key informants. These informants offered expert perspectives on an under-researched topic, based on their in-depth experience of supporting a wide range of survivors of CSA through the legal process.

Background: Although a more common experience than one might think, child sexual abuse (CSA) is an offence that is not often prosecuted. This is due to a range of reasons, including its significant impact on those abused, delayed disclosure, and a reluctance to engage in a legal process that has been described as "re-traumatising" for victims of sexual assault (Clark, 2010). In Scotland, this has led to significant comment about and concerted motivation to adapt the prosecution process to more effectively meet the needs of victims and improve their experience of engaging with the Criminal Justice System (CJS) (Scottish Courts & Tribunals Service, 2015). The purpose of this study is to examine in more detail the current CJS from the standpoint of those supporting survivors of CSA through it, to better understand its impact and how it might be better adapted to their needs.

Method: Support professionals from the Crown Office and Procurator Fiscal Service (COPFS) and Rape Crisis Scotland were recruited. Eight 'key informants' with extensive experience in supporting survivors of CSA were interviewed regarding their perceptions of what factors influence survivor's experiences of engaging with CJS. Thematic analysis was used to analyse the interview data.

Conclusions: Two key themes were identified: 'Justice: Not just *what* happens, but *how*' and 'Danger of getting it wrong: More harmful than helpful'. Themes emphasised the range of experiential factors which were perceived to affect survivors' experience of the CJS beyond the legal verdict alone and the detrimental

psychological impact associated with negative experiences of engaging with the legal process. Recommendations for practice and reform are outlined.

INTRODUCTION

Recent reports suggest that as many as 1 in 20 children in the UK have been sexually abused (Radford et al., 2011); however, these are likely underestimates due to various barriers to disclosure (Tener & Murphy, 2015). Delayed disclosure is well recognised (Schonbucher et al., 2012), with some research finding an average delay of 21 years (Jonzon & Lindblad, 2004) and one in five survivors never disclosing at all (Herbert et al., 2009). Identified barriers to disclosure include difficulty in recognising experiences as abusive, insecurity about reliability of memory, feelings of shame, fear of others' reactions, and an ambivalence about contaminating adult life with past negative experiences (Dorahy & Clearwater, 2012; Sorsoli, 2010; Tener & Murphy, 2015). Reporting abuse to the authorities may present a raft of additional difficulties. Research examining rape survivors disclosing to the police highlighted fears of not being believed or being blamed, a fear of the criminal justice process, and a lack of confidence in the legal system (Kelly & Regan, 2001). Furthermore, following reporting to the police, survivors may face lengthy and distressing legal proceedings which have in some cases been described as a re-traumatising process for the individual (Clark, 2010).

The severe psychological impact of CSA is well recognised. CSA has been linked to a range of mood and anxiety disorders, substance misuse, eating disorders, psychotic symptoms, personality disorders, suicidal behaviour, somatisation disorders, and particularly high rates of PTSD (Rind & Tromovitch, 1997; Maniglio, 2009). Research highlights a pervasive pattern of affective and interpersonal difficulties which often co-occur with PTSD symptoms in individuals who have been exposed to chronic traumatic exposure (Resick et al., 2012). Herman (1992) coined the term 'Complex PTSD' (CPTSD), which more effectively encapsulates this cluster of symptoms, including emotion regulation difficulties, alterations to consciousness, negative self-perception, chronic interpersonal difficulties and distorted perceptions of the perpetrator.

A review by Herman (2003) recognised that the mental health needs of a traumatised crime victim often sit in direct contrast to the requirements of the legal system. Indeed, as Herman described, "if one set out by design to devise a system for provoking post-trauma symptoms, one could not do better than a court of law" (Herman, 1992, p52-53). Research suggests that survivors of sexual violence often find it too difficult to re-visit the details of their traumatic experience or fear the consequences of giving evidence against their perpetrator, leading to increased risk of attrition (Smith & Heke, 2010). Survivors of CSA often report a fear of not being believed (Alaggia, 2004); however, they are required to engage with a system founded on the presumption of innocence, which by inference can lead to a presumption of non-belief of the complainant. Often in the aftermath of sexual violence, survivors may be attempting to gain a sense of control over their lives whilst the legal process demands that they engage with a number of complex procedures over which they have no control (Herman, 2003). Furthermore, attempts to construct a personal and meaningful narrative of their abuse experience as part of their recovery may be challenged and distorted by the process of cross-examination (Herman, 2003). Shame and guilt associated with post-trauma symptomatology can increase witness sensitivity to defense questioning alluding to negative portrayals of their behaviour and motivation (Ellison & Munro, 2016). Additionally, the very quality of adversarial hearings can unintentionally re-enact the trauma dynamics of powerlessness, shame, and self-recrimination (Ellison & Munro, 2016).

Recently, there has been an increased focus on modernising the legal system to better accommodate the rights of the victim. The Evidence and Procedure Review by the Scottish Court Service (2015) noted that traditional adversarial forms of cross-examination were both unreliable and potentially harmful in eliciting evidence from vulnerable witnesses. Due to legislative changes, 'special measures' are now available to vulnerable witnesses, as outlined in the Victims and Witnesses (Scotland) Act 2014, including use of a screen, presence of a supporter, using live links/remote locations, and taking evidence by commissioner, along with other measures. The Review of Victim Care in the Justice Sector in Scotland by Thomson (2017) noted the view of a victim of rape, who indicated that "the trial experience is worse than the crime itself" (p5). Considering this, the review highlighted the need

for The Crown Office and Prosecutor Fiscal Service (COPFS) to seek to improve victims' experiences to facilitate increased engagement with the CJS and to decrease risk of secondary victimisation. It was recognised that many victims do not gain the sense of closure expected from engaging with the formal legal processes, regardless of the outcome of the trial (Thomson, 2017). An apt annotation by Judith Shklar, quoted in the Review, captured the concept that "doing justice" and "undoing injustice" may be diametrically opposed (Thomson, 2017, p6). Indeed, a study which examined child complainants of sexual abuse in the justice system in Australia found that securing a guilty verdict was not predictive of whether children would choose to report CSA again, following their experience (Eastwood, 2003). Moreover, a study which looked at the experiences of victims of domestic abuse in the legal system found that court processes, treatment by staff and process length were more important than court outcomes in predicting how they felt about the experience (Bell et al., 2011).

Ellison and Munro (2016) suggested that governmental commitments in England and Wales to "placing victims of crime at the heart of the criminal justice agenda" (p3) were falling short due to a failure to apply a 'trauma-informed lens' to support reform. The authors suggested that special measures offer protection against a "fraction" of challenges facing victims of crime but are unable to mitigate many barriers, such as: the psychological impact of a delay in cases reaching trial; the acute anxiety related to accidental encounters with perpetrators in court; and the ongoing cycle of anticipatory stress in preparation for trial dates, which are frequently adjourned. Similar barriers exist in the Scottish justice system and recognising this, the Evidence and Procedure Review Report (Scottish Courts & Tribunals Service, 2017) identified potential changes in approach to taking evidence, including the consideration of using pre-recorded evidence-in-chief as standard practice. Recent legislative amendments indicate that this is indeed the direction of travel with regards to utilising pre-recorded evidence to minimise the necessity for children and vulnerable witnesses to attend court, as outlined in the Vulnerable Witnesses (Criminal Evidence) (Scotland) Bill (SP Bill 34) introduced in June 2018.

The development of the National Advocacy Project in 2012 (Rape Crisis Scotland) and increased provision of Victim Information and Advice (VIA) officers working within the COPFS aimed to improve support systems for vulnerable witnesses engaging with the criminal prosecution process. Both professional roles play an important part in supporting survivors of CSA by providing information about the CJS, communicating updates on legal developments and offering practical and emotional support throughout the process. These professionals can offer in-depth experience and knowledge-based perspectives relating to their wide range of experiences of supporting these individuals through the CJS. Due to this, these professionals have been identified as 'key informants' for the purposes of the current study and may begin to shed some light on this under-researched area. Exploration of key informant beliefs about what aspects of engaging with the CJS may be helpful, or indeed challenging, may help to identify ways in which the current process can be adapted to better meet the needs of survivors of CSA. However, these key informants are not considered to be conduits to the direct experiences of survivors, but rather a rich information source to establish a starting point for further discussion and research.

Aims

The purpose of this study is to examine in more detail the current legal process from the standpoint of those supporting survivors of CSA through it, to better understand its impact and how this may influence the experience of engaging with the criminal prosecution process as a witness. It is hoped that increased knowledge about what aspects of the CJS could be most difficult for survivors may highlight areas of development for future reforms, to improve the experience of survivors engaging with the CJS, maximise engagement and minimise the risk of re-traumatisation.

METHOD

Design

A qualitative design, utilising a thematic analysis approach, was used to explore the perceptions of key informants by means of semi-structured, one-to-one interviews. Thematic analysis was selected due to its flexible properties, allowing themes to be explored in a data-driven manner in the context of a limited existing evidence base (Braun & Clarke, 2013). Furthermore, thematic analysis can accommodate using 'key informants', allowing exploration of the perspectives of individuals with expert knowledge and experience in under-researched topic areas (Braun et al., 2009). Although thematic analysis is theoretically flexible, Braun and Clarke (2006) highlight the necessity to make epistemological assumptions explicit, to preserve the ability to draw comparisons across literature and allow related research to be conducted in future. A critical realist perspective was adopted, with an inductive semantic interpretative approach used to analyse data. This approach allowed repeated patterns of meaning to be identified in a data-driven manner, whilst acknowledging the way informants make meaning of their experience (Willig, 1999).

Participants

Eight key informants were interviewed for this study. Key informants were professionals from agencies supporting survivors through the Criminal Justice process. This included four Victim Information and Advice (VIA) Officers from COPFS, and four Advocacy Workers from Rape Crisis Scotland working across Scotland. These professionals support survivors by providing information about the CJS, communicating updates on legal developments, and offering practical and emotional support throughout the entire legal process. All participants were female. The aim of using key informants as a data source was to access their expert knowledge and experience-based perspectives, based on supporting a wide variety of survivors of CSA (Braun et al., 2009).

Inclusion criteria were discussed in collaboration with management at COPFS and Rape Crisis to ensure key informants had relevant and adequate experience to represent an 'expert' position.

Inclusion criteria:

- Minimum of 1 year experience in role
- Minimum of 3 cases supporting adult survivors of CSA through the CJS.

A purposeful sampling strategy was adopted. Management in respective organisations identified 8 individuals who were especially knowledgeable and experienced in supporting survivors of CSA through the CJS and provided them with information about the study. All 8 individuals volunteered to participate. Estimated numbers of people that had experienced historic CSA that each participant had supported were obtained from participants, ranging from 50+ and 200+ people, see *Appendix 2.2*. It is to be noted that this constituted an exceptionally experienced and knowledgeable group of staff members.

Sample Size

In line with recommendations outlined by Braun & Clarke (2013), a sample of between 6 and 10 participants was identified as being sufficient for the purposes of a small scale study utilising thematic analysis. Further support for this sample size is provided by Guest, Bunce & Johnson (2006) who found in their empirical study of 60 interviews that data saturation was possible in fewer than 12 interviews, with clear themes apparent after 6 interviews. An initial sample of 8 participants were recruited and preliminary analysis conducted. A data saturation approach was utilised, with a high degree of repetition across participant narratives used to identify sufficiency of sample size.

Procedure

Participants were given written information of the broad areas to be covered within the interview. An interview guide (see *Appendix 2.6)* was developed in consultation with management from COPFS and Rape Crisis Scotland, to ensure topics explored were valid and acceptable. Pilot interviews were held with two participants (from

within sample), and no necessary adaptations to the interview guide were required, therefore data was included in final analysis.

Semi-structured interviews were conducted by the lead researcher (SH) at participants' places of work. Interviews were audio-recorded and written consent was obtained. Interviews lasted between 40 – 60 minutes and were transcribed verbatim by the lead researcher.

Transcriptions were allocated pseudonyms and all personally identifiable information was removed to protect anonymity and confidentiality of participants. Audio recordings were stored securely for the entirety of the study duration, following which were permanently destroyed.

Data Analysis

Data were analysed using thematic analysis to explore salient themes in informant interviews. The six-phase model outlined by Braun and Clarke (2006) was utilised to analyse data, see **Figure 1.**
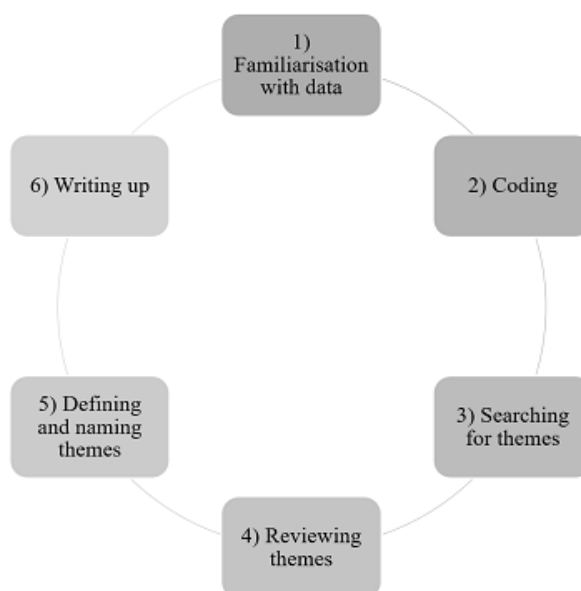

Figure 1. Six phases of thematic analysis (Braun & Clarke, 2006)

Thematic analysis does not utilise a linear model whereby each stage occurs in procession, but rather a recursive process, as represented by **Figure 1.** Phase 1

involved the lead researcher becoming immersed in the data through completing and re-reading interview transcripts, noting initial observations. Phase 2 involved the generation of 'codes' highlighting relevant features of data relating to the research questions. To ensure agreement of initial codes, the 2nd and 3rd researchers each coded an extract from one transcript. This process established a broad consensus on identified codes within the extract, therefore coding was completed across all data sets and collated into a single data spreadsheet. In phase 3, preliminary themes were constructed through the active searching for patterns in the data by clustering related codes. Phases 4 and 5 involved reviewing and naming themes. Phases 3 to 5 were conducted in consultation with the 2nd and 3rd researchers, with themes repetitively and iteratively checked against coded extracts and across the entire data set. A final refinement of the thematic map was checked against the data set and study questions.

Reflexivity

In recognising that data interpretation does not occur in a theoretical vacuum and the active role played by the researcher in identifying themes, measures were taken to minimise potential bias. The author utilised a reflective log throughout data collection and analysis, to acknowledge personal positions and values in relation to the research. These reflections were formally discussed throughout in research supervision meetings. With consideration to the 2nd researcher's high level of experiences and interest in this area, the 3rd researcher (to whom this specific area is less well known) was also present in supervision meetings to ensure that the 2nd researchers' experience in this area did not exert undue influence over the process. Furthermore, two transcripts were reviewed by the 3rd researcher to establish accuracy of transcription and an extract from one transcript was reviewed by both the 2nd and 3rd researchers to ensure validity and precision of coding.

Ethical Considerations

Ethical approval was obtained from the College of Medical, Veterinary and Life Sciences, University of Glasgow (*Appendix 2.4*) and the ethical principles outlined by the British Psychological Society (BPS) Code of Human Research Ethics (2014) were adhered to throughout the entirety of the project. This project recognises the implications of interviewing 'third party' informants, rather than survivors directly. However, the key informants are not considered conduits to the experiences of survivors, but rather a rich information source to establish a starting point in an under-researched area. Key informants were reminded to maintain their clients' confidentiality, and all data was stored securely throughout (*see Procedure*).

RESULTS

Key informants were asked about their beliefs about what influences engagement with the CJS, based on their experience of supporting CSA survivors. Interviews focused on key informants' perceptions of what might influence survivors' experience of engaging with the Criminal Justice process. Key informant narratives were informed by a wide variety of experiences of supporting numerous survivors through the CJS, ranging from 50+ to 200+ cases, see *Appendix 2.2*. Saturation was indicated early on in analysis through a repetition of responses identified in participant narratives. Further information about the distribution of themes within participant transcripts, see *Appendix 2.3*, which indicates a high degree of repeating themes across participant narratives.

Various terms were used to describe the adult clients who have experienced CSA in different key informant narratives, including 'victim', 'complainant', 'witness' and 'survivor'. The description 'survivor' was selected for the purposes of this study to reflect the terminology attributed by the majority of the key informants. However, the author recognises the sensitivity in the task of applying any label to a group of individuals.

A narrative analysis approach was taken to describe the results, which highlighted two key themes: 'Justice: Not just *what* happens, but *how*' and 'Danger of doing it wrong: More harmful than helpful', which represent opposite ends of a spectrum of

experiences (see **Figure 2**). A selection of extracts from transcripts accompanies the analytical narrative to illustrate the themes described. Within extracts, […] indicates some text has been removed.
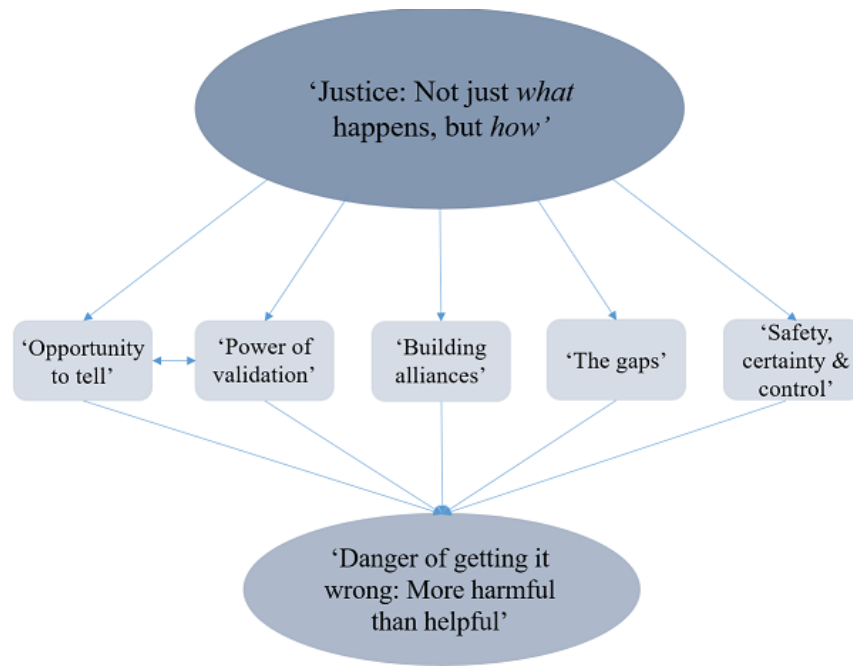
Figure 2. Thematic map: Key themes and sub-themes

'Justice: Not just *what* happens, but *how*'

A central view which was implicitly described throughout the key informant narratives was that legal outcomes of the CJS did not in themselves determine the overall experience of the survivors they supported. Informant beliefs highlighted nuances in the relationship between survivors' experience of the process and the outcome. They reflected a sense that in some cases negative experiences throughout can negate the impact of a positive verdict:

> **"**...*most survivors that I've supported personally have found the experience to be really, really bad. Em, and getting a good outcome doesn't always soften the impact"*
>
> *Lyndsey*

And conversely, there was a sense that for some, positive experiences could mitigate some of the difficulties associated with negative verdicts:

> *"I know some really good examples where, you know, people have had an OK time [...] they've been treated with respect, they've been believed, things have been explained to them [...] they've had control, they've had options [...] And I think even then if the result doesn't go their way, you know, that's something they can cope with."*
>
> *Stephanie*

Generally, informants perceived that survivors' experience of the CJS was based on a number of cumulative experiential factors, of which the outcome is only one part of the story.

'Opportunity to tell'

This sub-theme reflected informants' descriptions that for some survivors, the opportunity to tell others about their experience of abuse is an important part of their recovery journey, and how this can be negatively affected by the process of cross-examination. The importance of being able to tell the court what happened was emphasised, regardless of the outcome of the trial:

> *"I've had them also say to me that they just want to have their day in court, be able to say what happened in front of the authorities [...] regardless of what the outcome is [...] I think that, eh, helps with their recovery process."*
>
> *Fiona*

Informants highlighted that respecting survivors' personal preferences about *how* they want to tell their story is important for their recovery, and some may opt out of using special measures:

> *"Some people are adamant that they want to stand in a court room, they want people to see them, they want to see them. They want to be seen to be, em, strong [...] in who they are now. Almost to show the perpetrator, em, "you've*

not, you've not broken me"."

Lyndsey

And that this control over *how* they tell may go some way to address the power imbalance implicit in their abuse:

> *"...when they were a child they couldn't stand up to this person, they are a grown man or woman now, and can and want to face that person and say what happened. And I think that can be quite therapeutic, healing, can help in terms of closure."*

Joy

However, some accounts suggested that the need to go into explicit detail while giving evidence can trigger traumatic responses for survivors:

> *"When they're giving their evidence, they're having to say explicitly what actually happened to them […] And I think especially with childhood sexual abuse survivors that's really, really difficult because it's taking them back to when they were a child and when this was happening. You know, it can be really triggering for them."*

Jenny

The severe physical and emotional impact of resurfacing traumatic memories when giving evidence was portrayed by informants:

> *"...they are having to go into a place that perhaps they've locked it somewhere in their head and to open that up, and all the memories that that's going to bring out. It's very distressing […] I mean I have seen people that have been physically sick, that are so upset, screaming, shouting. And a whole number of emotions, you know, from one extreme to another."*

Hayley

Informants also emphasised that the style of defence questioning whilst giving evidence can reinforce self-blame:

"Yeah, the cross-examining questioning, I guess yeah the impact that then has. They've felt this for decades, and then it's like, "you're blaming me"."

<div align="right">*Lorna*</div>

'Power of validation'

Pervasive across all key informant accounts was the belief that for survivors a primary concern is to have their account of abuse accepted by others:

"They just want to be believed. And I think that's the main thing."

<div align="right">*Fiona*</div>

Some informants described how negative past experiences can contribute to the fear of having their account of abuse invalidated by others:

"...if they've disclosed when they were younger and not been believed, you know, maybe had several other abusive relationships […] it all leads to this insecurity of "am I doing the right thing?" "Am I going to be believed?" "Am I going to go to court and they're just going to laugh at me?"

<div align="right">*Jenny*</div>

Informants perceived that the meaning of the verdict is inextricably linked to a sense of being believed (or not) for some of their clients:

"Some of the charges came back not guilty, not proven and they were just devastated. Absolutely devastated, because it felt like yet again they hadn't been believed."

<div align="right">*Hannah*</div>

In contrast, the power of feeling believed throughout the entire process was perceived to mitigate some of the difficulties associated with a not-guilty verdict:

"[If] they've felt really supported and believed all the way through, then I think if the verdict is you know, a not guilty, then yeah, it's upsetting. But, it's something that they'll be able to kind of get through and work through that."

Stephanie

Generally, informants conveyed that a key part of their professional role is to explain outcomes and offer reassurance about being believed:

"...we can't change anything, but to sit down and I think just saying the words that it's not about not being believed."

Hayley

'Building alliances'

This sub-theme relates to informant descriptions about the key role of supportive relationships and how they allow effective engagement with the CJS. The importance of professionals offering time, reassurance and emotional containment was emphasised:

"...I've gone in and it's "I'm not going back in, can't do this, can't do this" […] just by spending time and just I don't know what the magic is, but they just do manage to calm down and get them back in. […] I don't have a magic wand or anything but just reassurance and encouraging them."

Hayley

Many commented on the importance of continuity in contact to help build rapport:

"Regular contact, I think building up a bit of rapport, confidence […] And not getting passed from pillar to post. There's that many people who are involved with them and you can understand how that's a bit overwhelming."

Fiona

The key task of building trust within these relationships was often commented on:

> *"...especially with childhood sexual abuse survivors, trust is such a massive thing. So, you know, again part of my role is building up that trust, building up that relationship."*

> *Jenny*

And how building this trust was crucial in amending survivors' early adverse experiences:

> *"Each and every one that I built the relationships with, you could see the whole pattern of, it's all to do with trust. They'd been bounced around the care system, had never been listened to."*

> *Hannah*

There were clear descriptions around the need for professional support to go beyond informational updates, but also taking time to 'check in' on survivors:

> *"...even just that regular contact to say, "There isn't any update but I'm just checking how you are.""*

> *Hannah*

'The gaps'

This sub-theme reflects informant narratives around the aspects of the system that are incomplete in supporting survivors' needs. The distress associated with the lengthy waiting period between reporting and trial was discussed throughout and how this can be managed by maintaining contact:

> *"And sometimes there's gaps, and you know, nothing's happening [...] they can get worked up and worried because they've not heard. Even if it is that we've nothing to tell them, it's just making contact with them."*

> *Hayley*

Informants powerfully conveyed the negative impact on survivors when there are gaps in contact during these times:

> *"The length of time, the lack of contact, all of that doesn't really make people feel secure. It doesn't make them trust in the system […] This is something that is so deeply personal to them, and they quite often feel as if […] they are the last to know"*
>
> *Jenny*

Informant narratives alluded to the belief that reducing the length of waiting for trial would decrease the traumatic impact on survivors:

> *"And for them not to then have to wait a year and a half, or two years, or three years for it to get to court. And to have to keep revisiting the same thing, you know. I think the quicker it could be done, you know, the less damage that is done, the less trauma that they have to relive."*
>
> *Stephanie*

The inability for survivors to address their trauma whilst waiting for the CJS to be concluded was described:

> *"…if people are dealing with all those impacts of trauma they will often feel like they're not going to be able to start working on that, and getting past that, until the legal process has finished. Because they know they've got to speak about it again. So, if that's going on for two years […] that's a big chunk of people's lives, em, where the trauma is there on the surface and they can't put it away, they can't deal with it."*
>
> *Lyndsey*

The building up of anticipatory anxiety during these gaps in time was portrayed by some informants:

"Some survivors will […] spend all those months sort of driving themselves crazy thinking about all the different things they might be asked."

Lyndsey

Informants explained the importance of recognising the emotional build-up survivors undergo in preparation for giving evidence, and the gaps in services to support them in making sense of what happens after:

"…they psych themselves up, finally they've been, said their piece, now it's all "where do I go from here?""

Joy

"…where does she go to work all of this out? And you know, to move on with your life […] to find a way of living with that and coming to terms with it […] I've got big concerns because obviously I know what their [support services] waiting lists and stuff are like. Because there is nowhere for her to go now, isn't it, it needs to be counselling or therapy."

Hannah

The importance of continuing support after trial, regardless of outcome was highlighted. However, there was a sense that following a case being concluded, this support falls away:

"The majority […] survivors that I've worked with still have things that they need support with after a trial, even if they get a successful outcome. And if they don't get a successful outcome, again, all these other agencies drop away, because it's closed. And they're left with, you know, even more questions about "why was it not successful?" "Why did they not believe me?""

Lyndsey

And other informants discussed how taking evidence at an earlier stage could mitigate some of the difficulties associated with the gap between reporting to trial:

"It's been floated before, about taking people's evidence at an early stage by evidence on commission […] I can only imagine that must for people's recovery, be so much easier, because you've gave your evidence […] you're not sitting holding on to all this stuff […] They're not sitting thinking "I've still to go and talk about all this" […] And the anxiety, that bits all away."

Hannah

'Safety, certainty and control'

This sub-theme encompasses the informant narratives of how certain aspects of the CJS are inevitably unpredictable and how this conflicts with survivors' need for certainty and control:

"Because of the way the criminal justice system works it's really difficult to give absolutes about "this is what's going to happen next", and "this is what this will be." For instance, not even being able to say, "Court is going to start on the 12th", you know, it might be the 13th or the 14th, 15th, or 16th. You know, for them it's just so important to have absolutes…"

Stephanie

Survivors were described as existing in a state of not knowing while engaging with the CJS, and how unexpected contact can trigger traumatic reactions:

"…if they're engaging with the justice system, it can have a huge impact. Because they never know when anything is going to happen. So, they can quite often get calls out of the blue […] police turning up out the blue. You know, things like that, that are really, really triggering."

Jenny

Descriptions throughout identified the importance of allowing survivors to have choice and control about the manner of contact with professionals relating to their individual needs:

"Some people, em, might say that they only want contacted when there's information […] rather than regular contact, because every time we contact

them, it's bringing it all back."

<div align="right">*Fiona*</div>

Other narratives emphasised how crucial it is for survivors to fully understand the processes they are being subjected to, to avoid unintentionally re-enacting the acquiescence implicit in their trauma:

"...it's not really a choice, or a conscious thing. Like yeah they'll do it, yes they'll do it, yes they'll do it. [...] again, the trauma, it's like they are just doing it, they are just doing what they are told [...] rather than really understanding what's happening, or what they are being faced with.

<div align="right">*Lorna*</div>

There was a very clear messages throughout key informant accounts regarding the unpredictability of the survivor encountering the perpetrator within the public spaces of the court building and how this impacts on survivors' ability to feel safe:

"I've supported people where it ultimately feels like the witness [...] is a prisoner for the day in the witness room. Because they don't feel like they can go out of that room and be safe. Because they don't know who they are going to see in the building."

<div align="right">*Lyndsey*</div>

Informants described the special measures that are often put in place to try and ameliorate this risk, however, recognised also that this was not always sufficient in counteracting the physical layout and procedures in court:

"...especially when accused persons on bail, em, then that can be the first person they see when they get to court. Difficult enough to get there on the day, em, and that's the first person you see [...] So, we make arrangements to bring the witnesses in through side doors. [...] There's never a 100% guarantee, as I say we don't know what someone looks like..."

<div align="right">*Fiona*</div>

Narratives also noted that within the court room, special measures do not necessarily mitigate the impact of being in close proximity to the perpetrator:

> *"Even with special measures, it's really, really not ideal. Especially with child sexual abuse survivors, they probably know the person quite well, and even with a screen, normally the way court rooms are set up, the accused is still really close."*

> *Jenny*

Other accounts suggested how crucial it is that special measures come with a guarantee and the impact when these are not assured:

> *"...being able to give them definite reassurances [...] I know there are options, but they are subject to court approval. You know, yeah, probably the majority of the time they are granted, but sometimes they are not [...] sometimes people are told "you can go in the back entrance" and then they turn up and they are not allowed. Or they are told, or thought that had been granted CCTV and they are told "no you haven't, you have to go in the court.""*

> *Stephanie*

'Danger of getting it wrong: More harmful than helpful'

This key theme encapsulates the inverse of the theme 'Justice: Not *what* happens but *how'.* It illustrates how the aforementioned sub-themes are bivariate in nature, e.g. can represent both potentially positive and negative experiences, dependant on *how* these various processes are implemented. It also reflects the opposite end of the spectrum, representing a belief that when a number of different experiential elements go awry (as detailed above), this contributes to a sense that the process is not one that survivors would choose to repeat. There was a powerful message conveyed that engaging with the CJS was a particularly negative and aversive experience for many survivors. The sense of unmet expectations and regret were portrayed by most informants:

> *"I think every woman has said to me if they knew that the process was going to be like this, or this is what would be happening, they would never have*

reported to the police.”

<div align="right">*Lorna*</div>

Some narratives suggested that the gap between reporting and trial is particularly distressing:

> *“I think most people found it really traumatic. I think when they get to the mid-way point, you know, after the police statement and before court, probably find 99% of people are wishing they’d never done it.”*

<div align="right">*Stephanie*</div>

The lasting impact of engaging with the CJS was further described:

> *“And quite often, I do get the response that “I don’t know I’d report anything should anything else happen, I don’t know if I could go through this again.””*

<div align="right">*Jenny*</div>

Some accounts suggested that the experience of engaging with the CJS is more harmful than helpful:

> *“...more detrimental than it is helpful. The impact on their mental health, yeah, their day to day living [...] there’s absolutely an escalation of symptoms and eh support needs going up, medication being increased.”*

<div align="right">*Lorna*</div>

Informants described the belief that negative experiences can be further compounded by a disappointing outcome, leading to regret in reporting and potential psychological damage caused:

> *“After going through this distressing, difficult time of giving evidence. Em, and it comes back a not proven [...] then just find it really difficult and you’ve got, you know, em, “I shouldn’t have reported in the first place.”*

<div align="right">*Fiona*</div>

> *“...if it starts off, and things are happening that, you know, they are not in control over. Things that shouldn’t happen, do happen. And then on top of*

that, they get a not guilty verdict, it's absolutely devastating […] And it's left
them in a much worse position than they were before they started. Because
this has just confirmed what they really believed from the beginning […] that
no one believed them, and that, you know, somehow they were to blame."

Stephanie

DISCUSSION

The aim of this study was to explore how the professionals who support survivors of CSA through the CJS conceptualise the factors which influence the experience of engaging with the legal process. The key theme 'Justice: Not just *what* happens, but *how*', reflected informant beliefs that survivors' overall experience of seeking justice is shaped by the cumulative process, rather than simply the outcome at the end of the trial. Another key theme 'Danger of getting it wrong: More harmful than helpful' illustrates the opposite end of the experiential spectrum, and a perception that negative experiences of engaging with the process are commonplace and can be more detrimental to survivors' psychological wellbeing than restorative. The results support previous research suggesting that engaging with the CJS may be re-traumatising for some (Clark, 2010; Ellison & Munro, 2016; Herman, 1999), however, offers the caveat that the risk of lasting psychological harm can be mitigated if core aspects of the process are experienced as being positive throughout.

A range of factors were found to influence the experience:

The theme 'Opportunity to tell' captured informant beliefs around the CJS providing a forum for survivors to tell others about the abuse they have suffered, and the substantial impact on their lives. Results echoed previous research emphasising the need for trauma survivors to construct and present a meaningful narrative of their abuse as part of their recovery (Harvey, 1996; Van der Hart, Van der Kolk, & Boon, 1998). Adding nuance to this, the current results propose that speaking about abuse in formal settings can be healing for survivors, in having the opportunity to regain some of the power lost as a child, an imbalance which has been described as core to

the harm caused by CSA (Mathews and Collin-Vézina, 2017). However, in line with previous research, concern was raised about how this therapeutic process can be impeded by cross-examination (Clark, 2010; Herman, 2003). Therapeutic approaches to treating complex trauma recognise that the decision to re-visit and process traumatic memories must occur voluntarily on the survivor's terms, following a period of engagement, safety and stabilisation (Ford et al., 2005). However, the requirement to go into fine detail about abusive experiences whilst giving evidence directly opposes this, and informants offered powerful descriptions of extreme affective dysregulation associated with survivors' revisiting their traumatic memories in court. Furthermore, the detrimental impact of defense questioning insinuating blame was conveyed. Survivors are known to be accutely attuned to even subtle 'victim blaming' (Ellison & Munro) and questioning of this style may contribute to further traumatisation, referred to as "secondary victimisation" (Campbell and Raja, 1999).

The 'Power of validation' theme conveyed the message that feeling believed by others was a primary concern of survivors engaging with the CJS. Indeed, fear not being believed is well recognised as a barrier to disclosing abuse (Alaggia, 2004; Tener & Murphy, 2015; Morrison, Bruce, & Wilson, 2018), and this study's findings suggest a perception that this is pervasive throughout the entirety of the CJS process. Previous research has described invalidating disclosure experiences as being traumatic in themselves, and increasing the risk of long-term mental health difficulties (Feiring, Taska, & Lewis, 2002). Supporting this, informants conveyed the extreme distress associated with not having their account of abuse accepted by others, which appeared to be compounded by not-guilty or not-proven verdicts. It is possible that these invalidating experiences as adults may activate the self-blaming attributions which inhibited them first disclosing (O'Leary, Coohey, & Easton, 2010), and implicitly mirror the 'silencing' they experienced as a child (Paine & Hansen, 2002). Conversly, Clark (2010) described the restorative impact of effectively receiving this validation for survivors of sexual assault, and this was reflected in the current results, with informants emphasising the importance of survivors feeling believed by all professionals involved in their justice journey. Moreover, it was also

suggested that consistent validating experiences throughout the entire process were perceived in some cases to overcome the detrimental impact of a not-guilty or not proven verdict.

The importance of supportive professional relationships was a consistent narrative that resonated through all informant accounts. Therapeutic approaches to treating complex trauma describe the necessity to establish empathetic, consistent and containing therapeutic alliances as a foundation before embarking on specific trauma exploration (Ford et al., 2005). Informants also acknowledged that core tasks of building rapport and trust allowed survivors to engage more effectively with the CJS. Indeed, attention was also drawn to the importance of providing emotional as well as practical support. This may reflect survivors need for "co-regulation" in forming positive professional alliances (Pearlman & Courtois, 2005) and described positive interpersonal experiences going some way to amend past abuse of trust within relationships. Bell et al (2011) also found that domestic abuse survivors noted that the quality of relationship with court personnel made a significant impact on their experience. This was particularly notable where professionals were perceived as going "beyond their jobs to be supportive", a message which was also replicated in the current study as being influential on survivor engagement.

The theme 'The gaps' encompassed informant narratives around various aspects of the CJS which do not currently meet survivors' needs. The protracted nature of the criminal justice process has previously been discussed as an impediment to engagement (Ellison & Munro, 2016; Bell et al., 2011), and the current results supported this and highlighted specific aspects of the period between reporting and trial considered to be particularly distressing. Key factors described were: anticipatory anxiety relating to giving evidence, an inability to address resurfaced trauma symptoms during this time, and a lack of communication about their case. Results reflected a sense that the CJS can be an impediment to recovery, both in prohibiting the ability to address symptoms of trauma, but also halting the ability to meaningfully engage with other aspects of their lives. Furthermore, the need for continuing support following the conclusion of trial was emphasised, irrespective of

the legal outcome, and a lack of available support was raised as a concern. Results suggest that there are gaps in the provision of trauma-specific therapeutic services to address the trauma symptoms exposed through engagement with the CJS.

Supporting Herman (2003), the unpredictability inherent in the CJS was articulately described by informants, and how this contradicted survivor needs of certainty and control. Ellison and Munro (2016) discussed the cycle of anticipatory stress experienced by survivors in relation to frequently adjourned trial dates and intense anxiety related to accidental encounters with perpetrators in court. Both of these barriers were mirrored in the current results and, in line with Ellison and Munro (2016), the perception that special measures were not always sufficient to mitigate these difficulties was apparent in informant descriptions. Expanding on this, results indicated that where special measures are applied for, these must be unequivocally *guaranteed* on the day of court to maximise survivors' felt sense of certainty and control. Both Herman (2003) and Ellison & Munro (2016) provide a review of the available literature in this area within a theoretical framework, and the current study augments this by providing preliminary empirical results to support these assertions.

Establishing safety is highlighted in the literature as a primary need for trauma survivors (Courtois, 1999; Herman, 1992) and the need for safety in general was emphasised within the results, applying to both the perpetrators' (and their supporters') movements within public spaces of the court building, and their presence within the court room. Results also indicated that choice and control should be offered to survivors in as many processes as possible, e.g. in their contact preferences. This would avoid the system perpetuating feelings of powerlessness and uncertainty, which are often associated with complex trauma (O'Leary, Coohey, & Easton, 2010). Bell et al (2011) found that domestic abuse survivors had better experiences of court when they felt included in decision making processes. Informant descriptions in the current study also emphasised the need for survivors to be fully educated and updated on all procedures, which can support informed decision making and avoid unintentionally re-enacting the acquiescence implicit in abusive experiences.

Results conveyed a key message that closure and recovery go beyond the legal outcomes alone, and there is a belief that for survivors, telling others about their abuse, and feeling heard and believed, can be paramount to their recovery process. There was a clear narrative that *how* things happen throughout the process are crucial to overall experiences of engaging with the CJS, not just *what* happens with regard to legal outcomes, i.e. positive experiences from start to finish can go some way to lessen the impact of a negative verdict. The theme 'Danger of getting it wrong: More harmful than helpful' encapsulates informant beliefs that particularly negative experiences of engaging with the CJS can culminate in an escalation of trauma symptoms, severe regret in reporting their abuse to the police, and a lasting distrust of the system. Of particular note was the perception that negative experiences throughout the process, coupled with a disappointing outcome can confirm fears of disbelief and feeling of shame, causing significant and lasting psychological damage to an individuals' ability to move on.

Clinical Implications

The results of this study provide support for recent legal reforms (Scottish Courts & Tribunals Service, 2017) moving towards utilising pre-recorded evidence in solemn cases involving vulnerable witnesses. The recording of a witness' evidence in advance of a trial would mitigate the impact of the protracted waiting period between reporting and court proceedings taking place. This would minimise the anticipatory anxiety related to giving evidence in court and allow survivors to access professional services to address their trauma symptomatology at an earlier time. Furthermore, more timely therapeutic input would better prepare survivors for the outcomes of criminal proceedings and could alleviate the distress associated with the cessation of contact following conclusion of the case. However, there is a need for a continuing recognition of individual needs, and informed choice around the provision of special measures and contact preferences is imperative for survivors to feel more in control of their justice experience. Where special measures are opted for, survivors should be assured of their implementation, to minimise the risk of re-enacting the trauma dynamics of powerlessness and a lack of safety. Supportive professional relationships play a key role in facilitating effective engagement and can help to

engender trust in the system. It is important to acknowledge that closure and recovery extend beyond legal outcomes and supporting survivors to tell their story of abuse in a safe and validating forum may be fundamental to their recovery process.

Limitations and Future Research

The use of key informants in this research provided rich and knowledge-based information as a starting point to explore this under-researched area, however, a number of limitations were identified. It is likely that key informants' personal beliefs and values are shaped not only by their direct experience with survivors, but by their organisations' perspectives, priorities and training opportunities. Furthermore, informant accounts are also likely to be influenced by their wider experiences, in supporting survivors of other crimes unrelated to historic CSA. Although not necessarily problematic, it highlights the importance of recognising that key informants are not direct conduits to the experience of survivors, and the results may reflect some differences to survivor perceptions of facilitators and barriers present in the CJS. The sample involved highly experienced individuals and likely do not represent a normative level of experience for professionals working in this area. Further research should access survivors who have experience of engaging with CJS in relation to historical complaint of CSA, to gain the views and beliefs from those whom this process is directly affecting.

Conclusions

Informants suggested that seeking 'justice' is a complex concept, which appears to be experiential and individual. Having an opportunity to tell others about abusive experiences, and consequently feeling heard and believed, were felt by the key informants to be central to survivors' closure and recovery. Negative experiences throughout can negate the benefit of a successful verdict and may have a lasting psychological impact. Survivor experience of the CJS is perceived by support professionals to be influenced by a multitude of factors extending beyond court outcomes, including: supportive and containing relationships with professionals,

feeling informed and included, having maximum control and choice in procedures, and having an unmitigated sense of safety throughout.

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Appendix 1.1 Authors instructions for submission to Journal of Police and Criminal Psychology

Journal of Police and Criminal Psychology

Instructions for Authors

The *Journal of Police and Criminal Psychology* is a peer-reviewed journal that reports research findings regarding the theory, practice and application of psychological issues in the criminal justice context, namely law enforcement, courts, and corrections. The Journal encourages submissions focusing on Police Psychology including personnel assessment, therapeutic methods, training, ethics and effective organizational operation. The Journal also welcomes articles that focus on criminal behavior and the application of psychology to effective correctional practices and facilitating recovery among victims of crime. Consumers of and contributors to this body of research include
psychologists, criminologists, sociologists, legal experts, social workers, and other professionals representing various facets of the criminal justice system, both domestic and international.

To submit a manuscript, go to:
http://jpcp.edmgr.com

SUBMISSION GUIDELINES

1. Submission is a representation that the manuscript has not been published previously and is not currently under consideration for publication elsewhere. A statement transferring copyright from the authors (or their employers, if they hold the copyright) to Society for Police and
Criminal Psychology will be required before the manuscript can be accepted for publication.

2. Manuscripts should be submitted in Word format. PDF is not an acceptable file format. Manuscripts must be double-spaced, leaving margins of at least 1". Manuscript length should be reasonable for the contribution offered.

3. A title page is to be provided and should include the title of the article, author's name (no degrees), author's affiliation, and suggested running head. The affiliation should comprise the department, institution (usually university or company), city, and state (or nation). For office purposes, the title page should include the email address and telephone number of the one author designated to review proofs.

4. An abstract, preferably no longer than 100−−200 words, is to be provided on a separate page.

5. A list of 4-5 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

6. Mathematical notation should be typewritten wherever possible. If handwritten notation must be used, it should be clear and legible, with any necessary explanatory notes located in the margin. Equations should be numbered consecutively with Arabic numerals in parentheses and should be thusly referred to in the text. Equation references in the text should be abbreviated such as: As shown in Eq. (5), the model …

7. All sections should be numbered with Arabic numerals (such as **1. INTRODUCTION**). Subsections should be identified with section and subsection numbers (such as **6.1. Second−Value Subheading**). An independent single number system (one for each category) should be used to label all theorems, propositions, corollaries, definitions, remarks, examples, etc. The label (such as Theorem 4) should be typed with paragraph indentation, followed by a period and the theorem itself.

8. Figures or illustrations (photographs, drawings, diagrams, and charts), are to be numbered in one consecutive series of Arabic numerals (e.g., **Fig. 3**). The captions for illustrations should be typed on a separate sheet of paper. Figures should be prepared with india ink or some other clear, high contrast process (e.g., laser printer). Either original drawings or good quality photographic prints are acceptable. Figure captions are abbreviated (e.g., Fig. 3. Time series plot).

9. Tables should be numbered (preferably with roman numerals) and referred to by number in the text (without abbreviation). Each table should be typed on a separate sheet of paper.

10. Citations within the text should be styled as: Jones (1987) or (Jones, 1987), whichever is appropriate. Where there are three or more authors, only the first author's name is given in the text, followed by *et al.* (e.g., Jones *et al.,* 1983). Specific page citations in the text should be styled as: Jones (1987, pp. 108−−109) or (Jones, 1987, 118−−119).

11. List references alphabetically at the end of the paper and refer to them in the text by name and year in parentheses. References should include (in this order): last names and initials of all authors, year published, title of article, name of publication, volume number, and inclusive pages. The style and punctuation of the references should conform to that outlined in the Publication Manual of the American Psychological Association (2001), illustrated by the following examples:

Journal Article
Kadane, J. B. (1983). Juries hearing death penalty cases: Statistical analysis of a legal procedure. *J. Am. Stat. Assoc.* 78: 544−−552.

Book
Sampson, E. E. (1983). *Justice and the Critique of Pure Psychology,* Plenum Press, New York.

Contribution to a Book

Tapp, J. L., and Melton, G. B. (1983). Preparing children for decision making: Implications of legal socialization research. In Melton, G. B., Koocher, G. P., and Saks, M. J. (eds.), *Children's Competence to Consent,* Plenum Press, New York, pp. 215−−234.

12. Footnotes should be numbered consecutively using Arabic numerals and should be typed at the bottom of the page to which they refer.

Appendix 1.2 Search Strategy by Database

PsycINFO (via ESBCO)

> DE "Vicarious Experiences" OR (indirect N2 trauma*) OR (indirect N2 stress) OR (vicarious N2 trauma*) OR (second* N2 trauma*) OR (second* N2 stress) OR "compassion fatigue"

AND

> DE "Police Personnel" OR DE "Law Enforcement" OR "DE Law Enforcement Personnel" OR police* OR "law enforcement" OR "task force" OR (forensic N2 investigator) OR (digital N2 investigator) OR (child N2 investigator)

Limits: English

Total: 113

EMBASE (via OVID)

> (vicarious adj2 trauma*) OR (indirect adj2 trauma*) OR (indirect adj2 stress) OR (second* adj2 trauma*) OR (second* adj2 stress) OR "compassion fatigue"

AND

> Police/ OR Law Enforcement/ OR police* OR "law enforcement" OR "task force" OR (forensic adj2 investigator) OR (digital adj2 investigator) OR (child adj2 investigator)

Limits: English

Total: 36

MEDLINE (via OVID)

> (vicarious adj2 trauma*) OR (indirect adj2 trauma*) OR (indirect adj2 stress) OR (second* adj2 trauma*) OR (second* adj2 stress) OR "compassion fatigue"

AND

> Police/ OR Law Enforcement/ OR police* OR "law enforcement" OR "task force" OR (forensic adj2 investigator) OR (digital adj2 investigator) OR (child adj2 investigator)

Limits: English

Total: 31

ASSIA (via ProQuest)

> (vicarious N/2 trauma*) OR (indirect N/2 trauma*) OR (indirect N/2 stress) OR (second* N/2 trauma*) OR (second* N/2 stress) OR "compassion fatigue"

AND

Police* OR "law enforcement" OR "task force" OR (forensic N/2 investigator) OR (digital N/2 investigator) OR (child N/2 investigator)

Total: 284

Web of Science

(vicarious NEAR/2 trauma*) OR (indirect NEAR/2 trauma*) OR (indirect NEAR/2 stress) OR (second* NEAR/2 trauma*) OR (second* NEAR/2 stress) OR "compassion fatigue"

AND

Police* OR "law enforcement" OR "task force" OR (forensic NEAR/2 investigator) OR (digital NEAR/2 investigator) OR (child NEAR/2 investigator)

Total: 39

Lexis Library

((vicarious W/2 trauma*) OR (indirect W/2 trauma*) OR (indirect W/2 stress) OR (second* W/2 trauma*) OR (second* W/2 stress OR "compassion fatigue") AND (police* OR "law enforcement" OR "task force" OR (forensic W/2 investigator) OR (digital W/2 investigator) OR (child W/2 investigator))

Total: 12

Appendix 1.3 Quality Assessment using AXIS

Criteria	Bourke & Craun (2014a)	Bourke & Craun (2014b)	Brady (2017)	Burruss et al., (2017)	Craun & Bourke (2014)	Craun & Bourke (2015)	Perez et al., (2010)	Seigried-Spellar (2017)	Tehrani (2016)	Tehrani (2018)
1. Were the aims/objectives of the study clear?	√	√	√	√	√	√	√	√	√	√
2. Was the study design appropriate for the stated aims?	√	√	√	√	√	√	√	√	√	√
3. Was the sample size justified?	-	-	-	-	-	-	-	-	-	-
4. Was the target/reference population clearly defined? (Is it clear who the research was about?)	√	√	√	√	√	√	√	√	√	√
5. Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation?	√	√	√	√	√	√	√	√	√	√
6. Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?	-	-	-	-	-	-	-	-	√	√

7. Were measures undertaken to address and categorise non-responders?	-	-	√	√	-	-	-	-	-	√
8. Were the risk factor and outcome variables measured appropriate to the aims of the study?	√	√	√	√	√	√	√	√	√	√
9. Were the risk factor and outcome measured correctly using instruments/measurements that had been trialled, piloted or published previously?	√	√	√	√	-	-	√	√	√	√
10. Is it clear what was used to determine statistical significance and/or precision estimates? (e.g. p-values, confidence intervals)	√	√	√	√	√	√	√	√	√	√
11. Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	√	√	√	√	√	√	√	√	√	√
12. Were the basic data adequately described?	√	√	√	√	√	√	√	√	√	√
13. Does the response rate raise concerns about the non-response bias?	√	√	√	√	√	√	√	√	-	-

14. If appropriate, was information about non-responders described?	-	-	√	-	-	-	-	-	-	√
15. Were the results internally consistent?	-	-	√	-	-	-	-	√	-	√
16. Were the results presented for all of the analyses described in the methods?	√	√	√	√	√	√	√	√	√	√
17. Were the authors' discussions and conclusions justified by the results?	√	√	√	√	√	√	√	√	√	√
18. Were the limitations of the study discussed?	√	-	√	√	√	√	√	√	-	√
19. Were there any funding sources or conflicts of interest that may affect the authors' implementation of the results?	-	-	-	-	-	-	-	-	-	-
20. Was ethical approval or consent of participants attained?	√	√	-	-	√	-	√	√	√	√

Appendix 2.1 Authors instructions for submission to Journal of Child Sexual Abuse

Journal of Child Sexual Abuse: Instructions for authors

Aims and Scope: The Journal of Child Sexual Abuse is interdisciplinary and provides an essential interface for researchers, academicians, attorneys, clinicians, and practitioners. The journal advocates for increased networking in the sexual abuse field, greater dissemination of information and research, a higher priority for this international epidemic, and development of effective assessment, intervention, and prevention programs. Divided into sections to provide clear information, the journal covers research issues, clinical issues, legal issues, prevention programs, case studies, and brief reports, focusing on three subject groups - child and adolescent victims of sexual abuse or incest, adult survivors of childhood sexual abuse or incest, and sexual abuse or incest offenders. The articles emphasize applying research, treatment, and interventions to practical situations so the importance of the results will be clear.

The Journal of Child Sexual Abuse receives all manuscript submissions electronically via their ScholarOne Manuscripts website located at: http://mc.manuscriptcentral.com/WCSA. ScholarOne Manuscripts allows for rapid submission of original and revised manuscripts, as well as facilitating the review process and internal communication between authors, editors, and reviewers via a web-based platform. For ScholarOne Manuscripts technical support, you may contact them by e-mail or phone support via http://scholarone.com/services/support/. If you have any other requests please contact the journal at journals@alliant.edu

Each manuscript must be accompanied by a statement that it has not been published elsewhere and that it has not been submitted simultaneously for publication elsewhere. Authors are responsible for obtaining permission to reproduce copyrighted material from other sources and are required to sign an agreement for the transfer of copyright to the publisher. As an author you are required to secure permission if you want to reproduce any figure, table or extract text from any other source. This applies to direct reproduction as well as "derivative reproduction" (where you have created a new figure or table which derives substantially from a copyrighted source). All accepted manuscripts, artwork, and photographs become the property of the publisher. In addition, please submit a separate document clearly outlining if: (a) if the author has any financial conflicts of interest, (b) if you have approval from your Institutional Review Board for a study involving animal or human patients, (c) if there are any informed consent notifications to state. Please see: http://journalauthors.tandf.co.uk/preparation/copyright.asp#link3 for more details.

Please note that The Journal of Child Sexual Abuse uses CrossCheck™ software to screen papers for unoriginal material. By submitting your paper to The Journal of Child Sexual Abuse you are agreeing to any necessary originality checks your paper may have to undergo during the peer review and production processes. Manuscript Format: All manuscripts submitted to the Journal of Child Sexual Abuse must be written in English, APA format, and should not exceed 30 double-spaced pages, including abstract, references, tables, and figures. All parts of the manuscript should be typewritten in Times New Roman font, size 12pt,

double-spaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Headings must follow APA format with bold, italics, and indentation as appropriate. Each article should be summarized in an abstract of 150 words (recommended) to 250 words (maximum) and should include eight keywords or phrases for abstracting. Avoid abbreviations, diagrams, and reference to the text in the abstract. Please consult our guidelines on keywords here. The title page for each manuscript should be uploaded in ScholarOne as a separate document. The title page should include the full title of the manuscript along with an author note identifying each author's name, affiliations, address, and other contact information for correspondence. Please consult our guidelines on author notes here.

Peer Review Process: All manuscripts submitted via ScholarOne go through a double-blind peer review process. The author and reviewer are both anonymous to one another; therefore, we ask that you remove any author identifying information from your manuscript before submitting online. This process ensures the quality and integrity of the reviews authors receive as well as the overall content of the journals.

References. References, citations, and general style of manuscripts should be prepared in accordance with the most recent APA Publication Manual. Cite in the text by author and date (Smith, 1983) and include an alphabetical list at the end of the article.

Examples:

Journal: Anderson, A.K. (2005). Affective influences on the attentional dynamics supporting awareness. Journal of Experimental Psychology General, 154, 258-281. doi: 10.1037/0096-3445.134.2.258

Book: Weschsler, D. (1997). Technical manual for the Wechsler Adult Intelligence and Memory Scale - III. New York, NY: Psychological Corporation.

Chapter in a Book: Chow, T.W., & Cummings, J.L. (2000). The amygdale and Alzheimer's disease. In J.P. Aggleton (Ed.), The amygdale: A functional analysis (pp. 656-680). Oxford, England: Oxford University Press.

Illustrations. Illustrations submitted (line drawings, halftones, photos, photomicrographs, etc.) should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should follow these guidelines:
• 300 dpi or higher
• Sized to fit on journal page
• EPS, TIFF, or PSD format only
• Submitted as separate files, not embedded in text files

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Color art will be reproduced in the online production at no additional cost to the author. Color illustrations will also be considered for the print publication; however, the author will bear the full cost involved in color art reproduction. Please note that color reprints can only

be ordered if the print reproduction costs are paid. Art not supplied at a minimum of 300 dpi will not be considered for print. Print Rates: $900 for the first page of color; $450 for the next 3 pages of color. A custom quote will be provided for authors with more than 4 pages of color. Please ensure that color figures and images submitted for publication will render clearly in black and white conversion for print.

Tables and Figures. Tables and figures (illustrations) should not be embedded in the text, but should be included as separate sheets or files. A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be included. Figures should be completely labeled, taking into account necessary size reduction. Captions should be typed, double-spaced, on a separate sheet.

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Appendix 2.2 Key Informant Experience

Key Informant (Pseudonym)	Estimated no. of historic CSA cases
Hayley	200+
Joy	100+
Jenny	100+
Hannah	200+
Fiona	200+
Lyndsey	50+
Lorna	50+
Stephanie	100+

Appendix 2.3 Distribution of Themes within Participant Transcripts

Themes & subthemes		Occurrence of themes by each participant							
		Hayley	Joy	Jenny	Hannah	Fiona	Lyndsey	Lorna	Stephanie
'Justice: Not just *what* happens, but *how*'	'Opportunity to tell'	√	√	√	√	√	√	√	√
	'Power of validation'	√	√	√	√	√	√	√	√
	'Building alliances'	√	√	√	√	√	√	√	√
	'The gaps'	√	√	√	√	√	√	√	√
	'Safety, certainty & control	√	√	√	√	√	√	√	√
'Danger of getting it wrong: More harmful than helpful'		√		√	√	√	√	√	√

Appendix 2.4 Ethics Approval Letter

University
of Glasgow

8th November 2017

Dear Dr Bruce.

MVLS College Ethics Committee

Project Title: "Doing justice" versus "undoing injustice": Exploring the facilitators and barriers for adult survivors of child sexual abuse in engaging with the Criminal Justice System
Project No: 200170033

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. It is happy therefore to approve the project, subject to the following conditions:

- Project end date: End July 2018
- The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research:
  (http://www.gla.ac.uk/media/media_227599_en.pdf)
- The research should be carried out only on the sites, and/or with the groups defined in the application.
- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.
- You should submit a short end of study report to the Ethics Committee within 3 months of completion.

Yours sincerely

Jesse Dawson
MD, BSc FRCP,
Professor of Stroke
NRS Stroke Research Champion / Clinical Lead for Scottish Stroke
Chair MVLS Research Ethics

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College of Veterinary & Life
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Appendix 2.5 Participant Information Pack Including Consent Form

University | College of Medical,
of Glasgow | Veterinary & Life Sciences

PARTICIPANT INFORMATION SHEET

Study title

"Doing justice" versus "undoing injustice": Exploring the facilitators and barriers for adult survivors of child sexual abuse in engaging with the Criminal Justice System

You are being invited to take part in a research study. Before you decide, it is important to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you with to take part.

What is the purpose of the study?

Research suggests that child sexual abuse (CSA) is a significant risk factor for the development of mental health difficulties in children and adults. There are a number of barriers to disclosing CSA, with significant delays in reporting well documented in the literature. If an adult survivor of CSA decides to disclose to the authorities, they may face lengthy and distressing legal proceedings which have been described by some as a re-traumatising process. There is a recognised difficulty in balancing both the needs of the individual and the needs of the Criminal Justice System in meeting the ends of justice. Very little research to date has looked at what factors may influence an adult survivor of CSA's experience of engaging with the legal system.

This study aims to find out about the things that make it easier or harder for an adult survivor of CSA to approach and stay involved with the legal process. It also aims to explore which things influence an adult survivor of CSA's experience of seeking justice. It is hoped that increased understanding of the current challenges may highlight where further support is necessary for these individuals, in order to promote effective engagement with the Criminal Justice System, and to minimise secondary victimisation.

Why have I been chosen?

This study will ask the professionals that support survivors of CSA through the Criminal Justice System about what they think have found, based on their experiences of supporting

CSA survivors through the CJ system, are the most common things that help or hinder survivors from getting and staying involved in the legal process. The study will ask these professionals (rather than the survivors themselves) because they can hold in mind the experience of all the different survivors that they have supported, and so have a view that covers many different survivors' experiences. This study will involve both Victim Information and Advice (VIA) Officers from COPFS and Advocacy Workers from Rape Crisis Scotland. Around 10-12 participants will be recruited for the purposes of this study.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time, without giving a reason and there would be no consequences for this.

What will happen to me if I take part?

You will be asked to participate in a 1:1 semi-structured interview with the lead researcher, in a private room at your place of work. This interview will take around 40-60 minutes and will be audio-recorded. The interview will focus on your direct experience of supporting adult survivors of CSA in the criminal justice setting, and what things have helped or hindered them to get and stay involved with the legal process. All interview questions have been reviewed in consultation with COPFS and Rape Crisis Scotland to ensure they are valid and acceptable.

What do I have to do?

If you choose to take part in the study, it would be helpful to think about and reflect on your experiences of supporting adult survivors of CSA, prior to the interview. It is recognised that your work with individuals will likely span many different types of experience, and this study is specifically focusing on the individuals who were sexually abused as children (under age of 18) and choose to approach the legal system relating to this abuse as an adult. It would be helpful to think about the different things that may have made it easier or harder for these individuals to disclose to the authorities and to stay involved with the legal process. The focus of the study will be on your direct experience of supporting individuals, rather than your professional or personal views.

What are the possible disadvantages and risks of taking part?

There are no risks identified with participating in this study and it is not anticipated that any undue distress will be caused by the interview process. However, due to the potentially emotive content of the interviews, if any participant became distressed during the course of the interview, they would be offered to pause the discussion until they felt able to continue, or cease the interview if they felt unable to continue. The lead researcher would direct

participants to organisational counselling for support. If anything should arise in the period following the interviews, the lead researcher would be available to contact regarding queries or concerns.

What are the possible benefits of taking part?

You will receive no direct benefit from taking part in this study. The information that is collected during the study will increase understanding of what aspects of engaging with the Criminal Justice System are difficult for adult survivors of CSA, and how to support them adequately to maximise engagement and minimise secondary victimisation.

Will my taking part in this study be kept confidential?

All information which is collected about you, or responses that you provide, during the course of the research will be kept strictly confidential. Your information will be identified by an ID number, and any information about you will have any identifying details removed so that you cannot be recognised from it. Please note that assurances on confidentiality will be strictly adhered to unless evidence of serious harm, or risk of serious harm, is uncovered. In such cases, the University may be obliged to contact relevant statutory bodies/agencies.

What will happen to the results of the research study?

The results of this study will be formally submitted to the University of Glasgow in July 2018 and will be made availability shortly thereafter. It is hoped that the results of this study will be prepared for publication in a peer reviewed journal, following the final approval of the University of Glasgow.

Who is organising and funding the research?

University of Glasgow

Who has reviewed the study?

This study has been approved by the University of Glasgow Ethics Committee.

Contact for Further Information

For any further information, please contact the lead researcher, Sarah Harper, at s.harper.1@research.gla.ac.uk.

Thank you very much for taking part in this study.

Centre Number:
Project Number:
Subject Identification Number for this trial:

CONSENT FORM

Title of Project: "Doing justice" versus "undoing injustice": Exploring the facilitators and barriers for adult survivors of child sexual abuse in engaging with the Criminal Justice System

Name of Researcher(s): Sarah Harper (Trainee Clinical Psychologist)

<div align="center">Please initial box</div>

I confirm that I have read and understand the information sheet dated _____

(version _____) for the above study and have had the opportunity to ask questions.

☐

I understand that my participation is voluntary and that I am free to withdraw at

any time, without giving any reason, without my legal rights being affected.

☐

I agree to have the interview audio-recorded

☐

I understand that my information may be looked at by representatives of the study

sponsor, University of Glasgow, for audit purposes.

☐

I understand that anonymised quotations from interviews may be used in

publications from this research.

I **would / would not** (Please delete) like to be contacted to discuss the results of the study

when they are available.

I agree to take part in the above study.

_____   _____   _____

Name of participant   *Date*   *Signature*

_____   _____   _____

Name of Person taking consent   *Date*   *Signature*
(if different from researcher)

_____   _____   _____

Researcher   *Date*   *Signature*

(1 copy for subject; 1 copy for researcher)

Appendix 2.6 Interview Guide

<u>**Decisions to approach the Criminal Justice System**</u>

1. From your experience of supporting survivors of CSA through the court process, is there anything you've noticed that makes it more likely that they will approach the legal system in the first place?

2. From your experience of supporting survivors of CSA through the court process, is there anything you've noticed that tends to make it harder for them to approach the legal system?

<u>**Engaging with the Criminal Justice System**</u>

3. From your experience of supporting survivors of CSA through the court process, is there anything you've noticed that that helps them to stay involved with it?

   Prompts:

   a. *Are there any factors about the person themselves or their experiences that helps them to stay involved?*

   b. *Are there any particular aspects of the legal process that helps them to stay involved?*

   c. *Thinking specifically about the survivors of CSA that you have worked with, is there anything that could have been adapted or changed that would have helped them to stay involved?*

4. From your experience of supporting survivors of CSA, is there anything that you've noticed that makes it more difficult for them to stay involved with the legal process?

   Follow up Prompts:

   a. *Are there any factors about the person themselves or their experiences that makes it difficult to stay involved in the legal process?*

   b. *Are there any particular aspects of the legal process that make it difficult for survivors of CSA to stay involved?*

   c. *Is there anything else which may play a role in making it difficult for survivors of CSA to remain involved in the legal process?*

<u>**The Process of Engaging with the Criminal Justice System**</u>

5. From your experience of supporting survivors of CSA through the court process, how did they find it?

   Follow up Prompts:

   a. *Does this process meet their expectations? In what way does it meet expectations? In what way does it not?*

   b. *Thinking about the survivors that you have supported, can you tell me about how engaging with the legal process has affected them emotionally?*

c.   Thinking about the survivors that you have supported, are there any supports or changes to the process that would have been helpful for them?

Appendix 2.7 Excerpt from Example Coded Transcript

Int = Interviewer
Lyndsey = Participant

	Interview	Coding
Int:	**From your experience of supporting survivors, is there anything you've noticed that makes it more likely that they'll report their abuse in the first place?**	
Lyndsey:	Em, it's usually if other, em, other survivors are come forward in the same case. That's quite often what ends up prompting somebody to actually give a statement. So it might be another family member or it might be the police approach them. Em, because they've become aware of something. Trying to think if there's anything else. Yeah it's the most common thing I think.	1other survivors disclose first 2family members disclose abuse 3Police approach survivor 4Police aware of potential abuse
Int:	**So is there anything else you've noticed that kind of help people come forward?**	
Lyndsey:	I think obviously if they've got support. If they've got some form of support in place. Sometimes, before reporting, em, and sometimes from the point of reporting. Em, because they're usually very much aware that they're going to need support to be able to do it.	5Support available 6Pre-existing support system 7Support needed before disclosure 8Support needed when disclosing 9Awareness of needing support
Int:	**And what kind of support would that be?**	10Support from agencies
Lyndsey:	So it might be from us, or it might be from mental health services. But, em, or if they have a particularly	11Support from mental health services

	good family support network but that's usually not them.	12Strong family support important 13Strong family support is rare
Int:	**OK, so I suppose from your experience of supporting survivors, is there anything you've noticed then that makes it harder for them to disclose to the police?**	
Lyndsey:	I think a lot of the survivors are already aware how difficult the whole process is and how difficult court is, trials are. Em, so they will already be thinking about that before they've even spoken to the police for the first time. That can be really what, em, makes it difficult. Because they're already thinking about the end point before they speak to the police in the beginning. Em, and also if it's a family member or somebody linked to the family, or somebody who has their own family, they're always very aware of the reactions of other people around for them having reported, about whether they will be believed or not. About the community, the reaction in the community, would they be blamed? Em, would they be kind of ostracized, or attacked for having spoken out. Em, will it change how people view them. Lots of stuff. Especially recently, more recently, you know, in the last couple of years since the Jimmy Saville case, people are also a lot more aware of what public opinion is. And some of that's good, because it's supportive of	14Awareness of process being difficult 15Awareness of trial being difficult 16Aware of challenges of court before disclosure 17Awareness of court challenges 18Thinking about court as a barrier 19family member is perpetrator 20Concern about reactions of others 21Fear of not being believed 22Fear of community reaction 23Worry about being blamed 24Worry about being rejected 25Fear of being attacked 26Concern about being viewed differently 27Impact of Jimmy Saville case 28Increased awareness is positive

	survivors speaking out and being taken seriously. And some of it's not so good, you know, the comments you get from people, thinking that people are lying and jumping on the band wagon, in it for some other reason, some other motivation for coming forward. Em, or victim blaming.	29Increased awareness can be negative 30Comments about lying 31Comments about 'jumping on the band wagon' 32Victim blaming

Appendix 2.8 Major Research Project Proposal

University of Glasgow

DOCTORATE IN CLINICAL PSYCHOLOGY

COVER PAGE

Title of Assessment: Major Research Project Proposal

Title: "Doing justice" versus "undoing injustice": Exploring the facilitators and barriers for adult survivors of historic child sexual abuse in engaging with the criminal justice system

Matriculation Number: 2230376

Date of Submission: 11/08/17

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<u>Abstract</u>

Background

Research indicates that child sexual abuse (CSA) is a significant risk factor for the development of psychopathology. There are a number of barriers to disclosing CSA highlighted in the literature, with significant delays in reporting well documented. If a survivor decides to disclose CSA to the authorities, they may face lengthy and distressing legal proceedings which have been described as a re-traumatising process. There is a recognised juxtaposition between the mental health needs of victims and the requirements of the criminal justice system in seeking justice. Very little research to date has examined what factors may impact upon an adult survivor's engagement with the legal system.

Aims

This study aims to explore what the professionals supporting adult survivors of CSA understand to be the factors which can help or hinder survivor engagement with the criminal justice system.

Methods

The study utilises a qualitative design, collecting data via in-depth semi-structured interviews with professionals supporting adult survivors' through the legal process. The participants will be 'Key Informants' due to their skills and experience in victim engagement. Thematic analysis will be used to interpret and understand the perspectives of the participants.

Applications

Improving understanding about the factors which may influence survivor engagement with and experience of the justice system will highlight where support is necessary to reduce secondary victimisation.

Introduction

Extensive research supports an association between child sexual abuse (CSA) and severe psychological sequelae and is now considered to be a significant risk factor for the development of adult psychopathology (Maniglio, 2009). Recent reports suggest that as many as 1 in 20 children in the UK have been sexually abused (Radford, et al., 2011), however, prevalence rates vary considerably due to the wide range of definitions of what constitutes CSA and are likely underestimates due to various barriers to disclosure. CSA has been linked to a range of mood and anxiety disorders, with particularly high prevalence rates of PTSD (Maniglio, 2009). Research highlights a pervasive pattern of affective and interpersonal difficulties which often co-occur with PTSD specific symptoms in individuals who have been exposed to chronic traumatic exposure (Resick, et al., 2012). Herman (1992) coined the term 'Complex PTSD' (CPTSD), which aimed to better encapsulate a cluster of symptoms observed, including emotion regulation difficulties, alterations to consciousness, negative self-perception, chronic interpersonal difficulties and distorted perceptions of the perpetrator. There have also been significant relationships found between CSA and substance misuse, eating disorders, psychotic symptoms, personality disorders, suicidal behaviour and somatisation disorders (Rind & Tromovitch, 1997).

The current research base highlights significant intrapersonal, interpersonal and cultural barriers to disclosing CSA generally. Significant delays to disclosure are well documented within the literature (Schonbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012), with some research finding an average delay of 21 years (Jonzon & Lindblad, 2004) and one in five survivors never disclosing at all (Herbert, Tourigny, Cyr, McDuff, & Joly, 2009). Intrapersonal factors influencing disclosure may include difficulty in recognising their experiences as abuse, or insecurity about how reliable their memories are relating to these experiences (Tener & Murphy, 2015). Furthermore, some victims make a conscious decision not to disclose CSA due to feelings of shame (Dorahy & Clearwater, 2012) and an ambiguity about whether contaminating their adult lives with past negative experiences will be of any benefit to them (Sorsoli, 2010). Within social systems, individuals hold expectations and beliefs about others' responses to abuse disclosures, and may fear their reactions. In addition, the concern about disclosure negatively impacting on valued relationships is commonly reported by survivors of CSA (Tener & Murphy, 2015). There is less research focusing specifically on the factors influencing legal disclosure, however, literature examining the barriers to reporting rape to the police highlighted that survivors' often reported fears of not being believed or being blamed, a fear of the criminal justice process, and a lack of confidence in the legal system (Kelly & Regan, 2001).

Following disclosure, the survivor faces lengthy and distressing legal proceedings which have often been described as a re-traumatising process for the individual (Clark, 2010). In fact, the experience of cross-examination can be so stressful that it can activate a delayed PTSD reaction, even in cases where the individual was not suffering from PTSD at the outset of the trial (Brewin, Gregory, Lipton, & Burgess, 2010). The requirement for corroboration and the presumption of innocence form the foundation of the Scottish criminal justice system; however, these tenets cause difficulty in prosecuting historic CSA complaints. The current legal system does not naturally fit with the nature of these cases due to the lack of physical evidence resulting from delayed disclosure (Shead, 2014) and the private nature of sexual assault often meaning the victim is the only witness to the alleged crime (Clark, 2010). Furthermore, members of the jury may be ill-equipped to make judgements of complainant credibility based on the evidence presented, due to widespread misunderstandings about the dynamics of delayed reporting and lack of knowledge about the psychological sequelae associated with chronic abuse (Shackel, 2009).

Considering the expansive evidence base for the severe psychological impact of CSA, there are a number of facets of post-traumatic symptomatology which may also negatively impact on an individual's ability to engage with the legal process. Research indicates that the formation and recall of memory is significantly influenced by the psychological response to trauma, potentially having a detrimental impact on both an individual's confidence in their claim, but also in evaluations of complainant credibility (Smith & Heke, 2010). It is known from sexual assault research that victims can sometimes find it too difficult to re-visit the details of their traumatic experience, or fear the consequences of giving evidence against their perpetrator, leading to increased risk of attrition (Smith & Heke, 2010). Herman (2003) recognised that the mental health needs of a crime victim often sit in direct contrast to the requirements of the legal system. Victims of CSA often report a fear of not being believed (Alaggia, 2004), however, they are required to publicly defend challenges to their credibility. It is important for abuse victims to regain a sense of control over their lives, however, they may need to engage with a number of complex procedures which they may not have control over (Herman, 2003). Furthermore, victim's may need to construct a personal and meaningful narrative of their abuse experience as part of their recovery, however, this may be challenged and distorted by the process of cross-examination (Herman, 2003).

Recently, there has been an increased focus on modernising the legal system in order to better accommodate the rights of the victim. The Evidence and Procedure Review by the Scottish Court Service (2015) noted that traditional adversarial forms of cross-examination were deemed inappropriate for taking evidence from children and vulnerable witnesses. It is recognised that eliciting information through traditional methods was both unreliable and

potentially harmful in eliciting traumatic responses. Due to this, special measures are now available to vulnerable witnesses, as outlined in the Victims and Witnesses (Scotland) Act 2014, including use of a screen, presence of a supporter, using live links/remote locations, and taking evidence by commissioner, along with other measures. The Review of Victim Care in the Justice Sector in Scotland by Thomson (2017) further highlighted the need for The Crown Office and Prosecutor Fiscal Service (COPFS) to identify and support vulnerable witnesses, in order to facilitate increased engagement with the justice system and to decrease risk of secondary victimisation. It was recognised that both meeting the victims' sense of closure, as well as fulfilling the prosecutions task of meeting the ends of justice was a significantly difficult task (Thomson, 2017). An apt annotation by Judith Shklar quoted in the Review captured that the concept that "doing justice" and "undoing injustice" may be diametrically opposed (Thomson, 2017). Indeed, a study which examined child complainants of sexual abuse in the justice system in Australia found that securing a guilty verdict was not predictive of whether children would choose to report CSA again, following their experience (Eastwood, 2003). In fact, a study which looked at the experiences of victims of domestic abuse in the legal system found that court processes, treatment by staff and process length were more important than court outcomes in predicting how helpful they found the experience. These studies highlight the importance of looking at factors beyond court outcomes and the value supportive treatment may have on a victim's experience and recovery. Very little empirical research has examined which aspects of the justice system may impact upon an adult survivor of CSA's engagement with legal proceedings.

A vision of a new system of victim care was proposed in the Review (Thomson, 2017) which would aim to be "sensitive to individual needs, reducing the possibility of secondary victimisation and facilitating high levels of trust and engagement with the justice system". It was highlighted that this must be informed by empirical research, to inform the design of any future service provision.

Aims/Objectives

This study aims to explore the factors that may help and hinder adult survivors of CSA to effectively engage with the criminal justice system. Furthermore, this study aims to explore what aspects of the Scottish criminal justice system may contribute positively or negatively to victims' experience of seeking justice. It is hoped that increased understanding about what aspects of the legal system could be most difficult for victims may highlight where psychological understanding can support this process, and help to minimise secondary victimisation.

Plan of Investigation

Participants

Participants will be professionals from agencies supporting survivors' through the Criminal Justice process, including Victim Information and Advice Officers from COPFS and Advocacy Workers from Rape Crisis Scotland. A key aspect of using Key Informants is accessing their integral role in support vulnerable witnesses and their knowledge and expertise of the legal landscape and terminology. Furthermore, the Key Informants will be able to hold in mind the experience of multiple survivors that they have supported, and so will have a view that covers many different experiences. However, the Key Informants will not be acting as conduit to the direct experiences of survivors, but will instead provide a professional perspective as a starting point to investigate this under-researched topic area. This allows some exploration of this phenomenon and would hopefully elicit and inform future research and discussion.

Inclusion and Exclusion Criteria

All participants will be required to have at least one year experience in their role and have had at least three cases supporting adult complainants of rape or sexual assault, whereby the alleged assault occurred when the complainant was under the age of 18.

Recruitment Procedures

Following gaining ethical approval from the University of Glasgow Ethics Committee and permission from COPFS and Rape Crisis Scotland to proceed with the study, eligible participants will be identified by management in COPFS and Rape Crisis Scotland, according to inclusion/exclusion criteria. Inclusion and exclusion criteria will be agreed in consultation with COPFS and Rape Crisis Scotland, to ensure that professionals with relevant and adequate experiences are recruited to the study.

Participants identified as meeting inclusion criteria will be provided with an information pack by management in each respective organisation, outlining the details of the study. The manager will provide the lead researcher with contact details for the participants who express interest in taking part in the study. The lead researcher will then contact the participants to discuss any queries or concerns and to offer voluntary participation in the study. If participants are willing to take part in the study, they will be given informed consent and the lead researcher will obtain a signed consent agreement at the outset of the interviews.

Measures

Demographic information will be sought regarding participants' age, gender and years of experience. Further information about the approximate number of cases the participant has worked with involving supporting adult survivors of CSA will also be sought. This information will be collected by the lead researcher at interview.

Design

This study will be of a qualitative design, utilising a Thematic Analysis approach to explore the perceptions of professionals by means of semi-structured one-to-one interviews. Thematic analysis was selected due to its flexible properties, allowing themes to be explored in a data-driven manner in the context of a limited existing evidence base (Braun & Clarke, 2013). Furthermore, Thematic Analysis can accommodate using 'Key Informants', allowing the exploration of the perspectives of individuals with experience and expert knowledge in under-researched topic areas (Braun, Terry, Gavey, & Fenaughty, 2009).

Research Procedures

Prior to interviews, participants will be provided with details of the focus areas that will be covered in the interview within their information pack. This allows participants to be informed about the topics that will be covered and provides opportunity to reflect upon their experiences prior to engaging with the interview process.

The interview will be in-depth, one-to-one and semi-structured in nature. An interview guide will form the structure of the interviews and will be developed by the lead researcher and clinical and field supervisors. This interview guide will also be examined in consultation with professionals from the COPFS and Rape Crisis Scotland, in order to ensure that the topics and questions explored are valid and acceptable for the purposes of this study. A pilot interview will be conducted with one VIA officer and one Advocacy Worker from Rape Crisis. The pilot interviews will be included in the final analysis, should no amendments to the interview guide be deemed necessary following this procedure. Any revisions to the interview guide will be submitted as an amendment for ethic approval.

The interviews will be conducted by the lead researcher in a private room at the participants' place of work. The interviews will be audio-recorded and will last approximately 60 minutes. The interview recordings will be transcribed verbatim by the lead researcher. Participants will be made aware that they are being audio-recorded and that transcripts will contain no

personally identifiable information in order to protect their anonymity and confidentiality. All audio recordings will be stored securely in line with NHS Confidential Information Policy and the BPS Code of Human Research Ethics (2010) for the entirety of the study duration, following which they will be permanently destroyed.

Data Analysis

Data will be analysed using Thematic Analysis to explore the themes emerging from the content of interviews. A Thematic Analysis approach is suitable for the current study due to its flexibility in interpreting data and will be employed in a data-driven manner for the purposes of this analysis. This allows the exploration of patterns across the participants' experiences and perceptions, staying close to the data without being restricted by previous theoretical stances. This is particularly relevant for the current research, as the literature base in this area is relatively sparse. The analysis will take an inductive, semantic approach in order to draw out the important themes that represent the entire data set, unbound by previous theory, in order the understand the perspectives of the participants without attempting to make assertions beyond explicit descriptions. This will allow for themes to arise in a truly data-driven manner, which is appropriate given the lack of theoretical background to the research question.

All electronic data will be stored in an anonymised form on a password protected university computer, with the code linking to identifiable data held separately. All paper files will be stored in a locked filing cabinet within the Gartnavel Royal Hospital. Only the main researcher and academic supervisor will have access to this data.

Justification of Sample Size

A sample size of between 6 and 10 participants will be recruited to participate in the study. This sample size has been selected in line with the recommendations outlined by Braun & Clarke (2013) who suggest that 6-10 interviews is sufficient for a small project using Thematic Analysis. Guest, Bunce & Johnson (2006) further support this sample size as their empirical study of 60 interviews found that data saturation was possible in fewer than 12 interviews, with clear themes apparent after 6 interviews.

Settings and Equipment

Interviews will be conducted at the participant's place of work. A digital audio-recorder will be used to record interviews.

The results of the study will be submitted in part fulfilment of the requirements for the Doctorate in Clinical Psychology (DClinPsy). The results will also be disseminated when the study is prepared for publication in a peer reviewed journal. Participants will be notified of the study findings when it has been given final approval by the University of Glasgow.

Health & Safety Considerations

All interviews will take place within the participants' normal working hours and will comply with the standard health and safety regulations of the setting in which interviews are conducted. Prior to interviews commencing, the lead researcher will discuss confidentiality with the participants and provide the opportunity to address any questions regarding this.

Ethical Considerations

The ethical principles outlined in the BPS Code of Human Research Ethics (2010) will be adhered to throughout the entirety of this research project. In line with this, all participants will be provided with adequately detailed information about the current study aims and objectives and informed consent will be sought prior to initiating the interview process. Participants will be made aware that their participation is voluntary and that they have the right to withdraw from the study at point. The lead researcher will be clear with participants regarding their responsibility to maintain participant confidentiality. Furthermore, the lead researcher will be clear that interview questions should not be answered with reference to specific legal cases and to maintain their client's confidentiality. Due to the sensitive nature of interview content, participants will be offered a debrief session with the lead researcher following the interview.

Following data collection, audio recordings will be stored securely and no personally identifiable information will be attached to transcripts.

Financial Considerations

All interviews will be conducted within the professionals' place of work, with no associated cost for using this location. Audio-recording equipment will be borrowed from the Institute of Mental Health and Wellbeing at The University of Glasgow. There will be stationary related costs incurred, detailed in Appendix 3.

Proposed Timescale

- June 2017: Final proposal submission to University

- July - September 2017: Application for ethical approval and permission from COPFS

- November - December 2017: Participant recruitment

- December 2017 - February 2018: Interviews

- March – April 2018: Transcription and analysis

- April – June 2018: Write-up

- July 2018: Final MRP submission to University

- September 2018: Viva

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