



The Triumph Program: Tactical Wellness and Operational Resilience for Law Enforcement

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About the Authors

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Dr. Cecchet is the forensic and operational psychologist for both the Washington State Internet Crimes Against Children Task Force and the Idaho Internet Crimes Against Children Task Force. She also works as a forensic psychologist and criminal profiler for the Cold Case Foundation, and is the chair of the sex abuse review board for the Conventual Franciscans of California. She provides consultation and training internationally across all branches of law enforcement on: child sexual abuse material; child torture; sex trafficking; working with victims of sexual trauma; secondary and vicarious trauma; rape; sex offender typologies; and law enforcement wellness and resiliency.

Dr. Cecchet's specializations include: child sexual abuse material; online victimization of children; sex trafficking; child sexual abuse; child torture; and serial sex offenses. She has conducted a significant number of evaluations assessing psychosexual risk/sexual deviancy, trauma, psychopathology, risk for violent crime, psychopathy, child abuse, competency, and diminished capacity. Dr. Cecchet works closely, both in a clinical and consultative capacity, on child sexual abuse cases with local, state, and federal agencies across the country.

Kelly Crouch is the Strategic Advisor for the Washington State Internet Crimes Against Children Taskforce. She provides the Administration of the state taskforce, coordinating over 135 agencies across Washington State. She has been employed with the Seattle Police Department for seven years and has worked in law enforcement for over 20 years. She holds a Bachelor of Science in Business Management.

Kelly's duties include grant writing, budget oversight, community outreach, management of Triumph and ICAC wellness programming, supporting affiliate agencies, working with school administration reviewing policies for responding to online incidents, training SROs and school administrators, working with Washington State Senators and the House of Representatives for funding and changes in law, managing an annual conference and coordinating training for the state taskforce.

She speaks nationally on the topic of internet safety and mental health wellness for ICAC investigators as well as providing training to schools, community groups, law enforcement agencies as well as others across the state regarding internet safety, partnerships with schools and law enforcement and wellness within the ICAC community.

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Overview

Law Enforcement and emergency responders are directly exposed to some of the most devastating, life-threatening, stressful/draining, and traumatizing situations (Heyman, Dill, & Douglas, 2018; SAMHSA, 2018). Constant direct exposure, poor access to mental health resources, shame, and fear of stigma related to depression, Posttraumatic Stress Disorder (PTSD), and anxiety have led to a snowballing mental health crisis in police officers (Heyman, Dill, & Douglas, 2018). Under normal circumstances, law enforcement is already disproportionately impacted by the behavioral health impact of their job. Working in Internet Crimes Against Children (ICAC), this impact is magnified due to the unique stressors involved in investigating these cases, in addition to organizational, personal, and interpersonal stressors (Krause, 2009). The Triumph program is an innovative and unique wellness program designed by Dr. Stacy Cecchet, a Board Certified forensic and operational psychologist, and SPD Strategic Advisor, Kelly Crouch, to combat these issues. The purpose of Triumph is to decrease burnout, risk of vicarious trauma, compassion fatigue, negative behavioral health impacts associated with ICAC (i.e., PTSD, depression, anxiety), and risk of suicide with proactive, early intervention and prevention strategies. This program utilizes culturally competent evidence-based interventions to promote resiliency, health, and wellness, such as:

- On-boarding support for individuals new to ICAC
- Individual and group debriefings (scheduled and on-demand as needed)
- Options to process emotional experiences related to job duties (i.e., viewing graphic material related to child victimization, offender/victim interviews, operational execution, etc.)
- Psychoeducation on secondary trauma/vicarious trauma, compassion fatigue, burnout, negative behavioral health impacts, and suicide (i.e., early warning signs, self-assessment tools, interventions)
- Evidence-based intervention and training to reduce negative impacts
- Training and support for supervisors and command staff on how best to support their teams and promote resiliency
- Recommendations regarding environmental factors to promote health and wellness
- Transition/off-boarding planning and support for individuals leaving ICAC

The Triumph resiliency program is designed to be scalable to any agency, any budget, and any needs. While the program outlined here is the ideal full model (i.e., monthly visits, including of prosecutors and digital forensic examiners, opportunity for operational support, on-boarding and transition support, etc.), agencies should be able to scale this program for quarterly support, twice yearly support, or even annual support if that is all that funding allows.

General Behavioral Health Impact on Law Enforcement

Individuals in law enforcement experience high rates of moral injury, grief and loss, and compassion fatigue, which influence their overall level of burnout, stress, and trauma (Papazoglou & McQuerry Tuttle, 2018). Moral injury is a common experience in the law enforcement community (Cohen, Cohen, & Feldberg, 1991; Litz et al., 2009; Maguen & Litz, 2016) and in ICAC in particular. Moral injury in ICAC occurs when exceptional work-related events lead to an investigator perpetuating, failing to prevent, or witnessing a case-related action that violates a core moral or ethical belief and expectation (i.e., an investigator may do everything possible to aid in the successful prosecution of a case and the offender may still receive a disproportionately light sentence; a prosecutor may decline to prosecute; the offender may choose to die by suicide rather than face legal consequences, etc.; Litz et al., 2009). The experience of moral injury can breakdown an individual's moral and ethical beliefs about the world that are rooted in religion or spirituality, culture, organizational and job-role beliefs, and beliefs about fairness and justice, amongst others (Papazoglou, Blumberg, Chiongbian, Tuttle, Kamkar, Milliard, Aukhojee, & Koskelainen, 2020). Another behavioral health impact that the law enforcement community frequently encounter is compassion fatigue, which occurs when individuals in victim-focused helping roles experience emotional and physical exhaustion that impacts their ability to be empathetic and support victims in the way that they normally would (Figley; 1995). Individuals that experience moral injury as well as compassion fatigue are significantly more likely to develop Posttraumatic Stress Disorder (Papazoglou, Blumberg, Chiongbian, Tuttle, Kamkar, Milliard, Aukhojee, & Koskelainen, 2020). Burn out, another common experience, occurs when an investigator or forensic examiner experiences emotional and physical exhaustion and loss of motivation to complete work-related tasks as a result of prolonged and unresolved work stress or frustration. Individuals who feel overwhelmed with cases and work-related tasks, poorly supported by supervisors or their agency, unrecognized for their important work, lower group cohesion, and moral injury are significantly more likely to experience burn out (Alexander 1999).

In the law enforcement community, approximately 18% of male police officers and 16% of female police officers experience adverse consequences from alcohol use and almost 8% meet diagnostic criteria for alcohol abuse or dependence (Ballenger et al., 2011). There is a significant correlation between exposure to a traumatic event (i.e., a critical incident), increased alcohol consumption, and PTSD (Fleischmann, Strode, Broussard, & Compton, 2018; Heyman, Dill, & Douglas, 2018). Police officers that report significant job-related stress also report increased suicidal ideation, depression, and anger (Bishopp & Boots, 2014). Approximately 35% of law enforcement officers experience PTSD, up to 31% experience depression, and 7.8% experience pervasive suicidal ideation (Heyman, Dill, & Douglas, 2018).

Officers who report experiencing burnout at work are 117 times more likely to experience suicidal ideation (Bishopp & Boots, 2014). The lifetime prevalence of suicidal ideation in police officers is between 23-25% (Stanley, Hom, & Joiner, 2016). Police are significantly more likely to die by suicide than in the line of duty. In 2018, 174 police officers died by suicide (Heyman, Dill, & Douglas, 2018). In 2019, that number jumped to 228. As of November 17th, 2022, 144 police officers have died by suicide (Blue Help, 2022) in the last 10 months. It is also widely accepted that the reported number of law enforcement suicides is an underestimate.

Despite the prevalence of PTSD, depression, anxiety, and substance abuse in law enforcement, there is a significant gap in accessible behavioral health resources and a lack of dialogue regarding mental health symptoms (Heyman, Dill, & Douglas, 2018). Police officers continue to feel shame and guilt over their mental health experiences and are consistently fearful of seeking support services due to fear of being placed on administrative leave or forced to leave their job (Fleischmann, Strode, Broussard, & Compton, 2018). Many expect negative outcomes from behavioral health treatment and encounter organizational barriers, such as concerns getting time off from work and lack of access to a mental health provider who has experience working with law enforcement (i.e., cultural competence; Heyman, Dill, & Douglas, 2018). Many in law enforcement also worry that their colleagues will perceive them as weak, less skilled, or as a risk/liability to the rest of the department if they express mental or behavioral health concerns. Confidentiality is also a significant concern for officers seeking in-house support, such as through the peer support program or an Employee Assistance Program (EAP; Fleischmann, Strode, Broussard, & Compton, 2018; Ramchand et al. 2019). Research indicates that while many law enforcement agencies are working to provide services that promote officer wellness, the majority lack specific services to prevent suicide (Ramchand et al. 2019) or to address those in the ICAC field specifically.

Introduction to Internet Crimes Against Children

As of 2020, more than half of the global population utilizes the internet regularly. In the United States, over 313 million people actively use the internet, 274 million of which are utilizing a mobile device to do so (Johnson, 2021). In Washington State alone, more than 80% of individuals are regularly accessing the internet. Ease of access has increased use of the Internet in daily life to include its use for pornography viewing, with more than 40 million Americans choosing to regularly view pornography online instead of in print or hardcopy form (i.e., magazines, content purchased and delivered through the mail system, VHS or DVDs, etc.). Just as individuals with normative (i.e., common, typical) sexual interests are viewing pornography online, so too are individuals with highly deviant sexual interests (i.e., child pornography, bestiality, snuff, torture, rape, etc.). As such, it is significantly easier for individuals with atypical and deviant sexual interest to view content online than it is for them to access it in print or hard copy format. As such, the creation of the Internet Crimes Against Children (ICAC) Task Force by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in 1998 has grown from 16 Task Forces to 61 across the United States, representing 4,500 law enforcement and prosecutorial agencies across the country.

The Seattle Police Department (SPD) is the Lead Agency in Washington State for the national ICAC program and is responsible for the Washington State Internet Crimes Against Children Task Force (WA ICACTF), and works with 117 agencies across the state to combat these crimes. The National Center for Missing and Exploited Children (NCMEC) obtains Cyber Tips (CT) from all Electronic Service Provider (ESP) and Internet Service Provider (ISP) companies across the globe regarding pornographic images and videos of infants and children that are produced, shared, uploaded, or otherwise manipulated on the Internet, which are then provided to Lead Agencies for State Task Force groups and are distributed by geographical location to participating affiliates.

Due to school closures and social distancing measures, more children and youth are online and unsupervised than usual. Predators that are sexually interested in children are using this opportunity to entice children to produce sexually explicit material (O'Donnell, 2020). National rates of online enticement of children have increased 97.5% in 2020, from 19,174 reports in 2019 to 37,872 in 2020, and another 82% from 44,155 in 2021 to 80,524 in 2022 (NCMEC, 2023). Additionally, as traffickers of children have adjusted to the reluctance of buyers to meet in person to engage in commercial sex, some traffickers are now offering virtual subscription-based services in which buyers pay to access online images and videos of the child being sexually abused. There has been an exponential increase in National CyberTipline reports (i.e., reports of distribution of child sexual abuse material) from 21,751,085 CyberTips in 2020 to 32,059,029 CyberTips in 2022 (NCMEC, 2023). This marks the highest number of CyberTips ever received in one year. The more than 88.3 million images and videos of child sexual exploitation were included in the 2022 CyberTips. Specifically, there were 49.4 million images, of which 18.8 million (38%) were unique (i.e. newly produced child sexual abuse material), and 37.7 million videos, of which 8.3 million (22%) were unique. While these tips all involve at least one image or video of child pornography, in most cases they contain far more, and include depictions of children being sexually abused, raped, tortured, and violated. For context, 48% of child pornography offenders possess more than 100 graphic images, while 14% have 1000 or more (Wolak, Finkelhor, & Mitchell, 2005). These numbers, however, are likely a gross underestimate as conducting full forensic examinations of computers are time-consuming, costly, and difficult for many agencies to execute as a standard across all ICAC cases. Looking more in depth at the content that ICAC investigators and ICAC Prosecutors are exposed to when investigating internet child sex offenders we find that (Wolak, Finkelhor, & Mitchell, 2005):

- 83% of have images/videos feature children between 6-12 years; 39% feature children between 3-5 years; and 19% feature toddlers and infants from 0-3 years
- 80% depict sexual penetration
- *21% depict children experiencing bondage, sadistic sex, rape, and torture. Most of these images feature very young children who were gagged, bound, blindfolded, or otherwise enduring sadistic sex*
- Offenders typically had pictures of both prepubescent children and adolescents
 - 17% had pictures of children ages 12 and younger exclusively
 - 8% had pictures of adolescents, ages 13 to 17, exclusively
- 62% had pictures of mostly girls, 14% had pictures of mostly boys, and 15% had pictures showing girls and boys in equal numbers
- 92% had images focusing specifically on children's genitals or showing explicit sexual activity; 80% had pictures showing sexual penetration of a child, including oral sex
- 39% possessed videos in addition to photographs

When looking at Darknet data, the rate of sadistically oriented CSAM increases. While there are 22 different categories of Darknet sites, ranging from gambling to hacking,

drugs to counterfeit, bitcoin to guns, only 2% of these sites feature CSAM (Owen & Savage, 2015). Despite this, more than 80% of Darknet traffic is specifically seeking access to CSAM, with 30% specifically focused on child torture and/or sexual violence against children (van der Bruggen & Blokland, 2022). Regardless of the level of violence features in child sexual abuse imagery, investigators are required to view each image and video to estimate the age of the victim by looking for secondary sexual characteristics (i.e., sex acts, pubic hair growth, genital development, developmental signs of puberty), victim faces for age identification, assess background data to assess a possible location, and assess corresponding audio data in videos. Investigators are also required to provide graphic descriptions of the images and videos when requesting a warrant. Repeated visual observations and subsequent written reporting documenting evidence of child pornography and child sexual exploitation often comprise the majority of an ICAC investigator, forensic examiner, and Prosecutor's day. Prolonged and repeated exposure to such graphic and violent, working directly with victims, and the preservation of evidence can have a significant negative behavioral health impact on those in the ICAC field, including Prosecutors.

Behavioral Health Impact of ICAC Investigation

Law enforcement professionals and Prosecutors in ICAC are at an increased risk of developing vicarious trauma, also known as secondary trauma. Vicarious trauma can develop when an individual is indirectly or vicariously exposed to trauma, such as listening to a victim's experiences or witnessing someone being victimized, such as watching video recordings, seeing images of, or reading descriptions of child sexual abuse or torture (Craun & Bourke, 2013; Krause, 2009; Palm et al. 2004; Thomas and Wilson 2004). Prolonged and repeated exposure to secondary trauma, without behavioral health intervention, often results in the development symptoms of posttraumatic stress disorder (PTSD). While most individuals in ICAC report feeling strongly that their work makes a difference (Powell, Cassematis, Benson, Smallbone, Wortley, 2014), ICAC investigators and digital forensic examiners experience significant short- and long-term emotional, cognitive, physical, social, and behavioral impacts from viewing child sexual abuse material (CSAM) material (Brady, 2017; Bourke & Craun, 2014; Burruss, Holt, & Wall-Parker, 2018; Burns, Morley, Bradshaw, Domene, 2008; Denk-Florea, Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Papazoglou & McQuerrey Tuttle, 2018; Perez et al 2010; Powell, Benson, & Wortley, 2014; Seigfried-Spellar, 2017; Stewart & Witte, 2020). Short-term behavioral health impacts often involve feelings of disgust, horror, disturbed, and repulsed by the content they are viewing, in conjunction with feelings of nausea, sadness, anger, frustration, shock, emotionally drained, and demoralized (Denk-Florea, Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Powell, Benson, & Wortley, 2014).

Longer-term experiences included anger and antipathy toward the offender, difficulty falling asleep and/or maintaining sleep, nightmares, difficulty transitioning from work to home, intrusive thoughts and images, decreased interest in emotional and physical intimacy with a partner, decreased desire to view adult-related consensual pornography for sexual pleasure, discomfort in engaging in daily physical tasks with their children (i.e., bath time, dressing, brushing teeth), as well as emotional exhaustion, irritability, and numbness (Burns, Morley, Bradshaw, Domene, 2008; Denk-Florea, Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Powell, Benson, & Wortley, 2014). The most severe behavioral

health impacts tend to occur from viewing content that investigators and forensic examiners find particularly egregious, specifically (Denk-Florea, Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Krause, 2009; Powell, Benson, & Wortley, 2014):

- Victims under age 6 years
- Perceiving a young victims as helpless, confused, and unable to understand what was happening to them
- Perceiving a victim as distressed and suffering, particularly when victim distress/pain was featured for viewer gratification
- Perceiving resignation and/or emptiness in a victim's eyes or face
- Significant violations of trust (i.e., the offender was someone that the victims should have been able to trust and be safe with)
- Extreme norm violations, such as mothers offending against their own children, extreme fetishes, bestiality, sadistic behavior, torture of children or animals, snuff
- A victim that reminded the investigator of their own child
- Female offenders
- First generation material

There are several early indicators that an investigator, forensic examiner, or Prosecutor is struggling to cope with ICAC-related work (Powell, Cassematis, Benson, Smallbone, Wortley, 2014). Most commonly, this includes avoidance of work tasks, absenteeism, resistance to taking on new casework or viewing material, and careless mistakes when completing paperwork. Other indicators are unexplained changes in behavior, personality, or physical appearance; increased aggression, irritability, anxiety, fatigue, impatience, tearfulness, cynicism, and withdrawal (Perez et al 2010; Powell, Cassematis, Benson, Smallbone, Wortley, 2014). Oftentimes, these changes are gradual, subtle at first, and frequently hidden by the individual that is struggling. Increased alcohol and tobacco use in a 12-month period is also associated with decreased coping (Bourke & Craun, 2014). Additionally, work-related factors such as frequent exposure to disturbing content, poor supervisor and/or organizational support, and frequent feelings of being overwhelmed with work are all associated with higher rates of vicarious trauma and burnout (Brady, 2017).

Individuals in ICAC that experience secondary traumatic stress, vicarious trauma, and/or burnout are more likely to report increased protectiveness of their family, general mistrust of others, and a desire to leave the unit (Denk-Florea, Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Perez et al 2010). In addition to feeling protective of their families, these individuals also may limit their children's activities due to anxiety over potential victimization, experience concern about their children disclosing personal information to others online, and tend to more strongly enforce more rules about online communication and supervision related to use of the internet (Burns, Morley, Bradshaw, Domene, 2008; Stewart & Witte, 2020). Many also report feeling like they have to always be on guard when out in the community with their families, are constantly scrutinizing the behavior of other adults around children in the community, and feel an overwhelming need to teach other parents about Internet safety (Burns, Morley, Bradshaw, Domene, 2008).

Despite often reporting a high level of job satisfaction, digital forensic examiners experience extremely high levels of stress and burnout, with experienced examiners often feeling overtaxed by their agency (Burruss, Holt, & Wall-Parker, 2018; Holt, & Blevins, 2011; Krause, 2009; Perez et al., 2010; Seigfried-Spellar, 2017). Specifically, individuals that work as dual investigator and digital forensic examiners experience significantly higher vicarious trauma, feelings of worthlessness, and difficulty with attention and concentration, when compared to individuals that are in the digital forensic examiner role-only (Seigfried-Spellar, 2017). In addition to the behavioral health impacts that they experience as a result of exposure to graphic and disturbing CSAM, investigators and forensic examiners frequently report feeling isolated and largely unable to talk about their heroic work and the associated behavioral health impact (i.e., flashbacks, intrusive thoughts and images, etc.) due to fear of traumatizing friends, family, other individuals in the law enforcement community, and even therapists (Burns, Morley, Bradshaw, Domene, 2008). Risk for experiencing negative behavioral health impacts related to ICAC investigation is attributed to five core factors: frequency of exposure to disturbing/stressful content, duration of exposure to disturbing/stressful content, the type and intensity of exposure, perceived control over managing the stress/distress, and an individual's ability to use coping strategies to mitigate negative behavioral health impacts (Bourke & Craun, 2014; Burruss, Holt, & Wall-Parker, 2018; Denk-Florea, Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Krause, 2009; Perez et al 2010; Powell, Cassematis, Benson, Smallbone, Wortley, 2014). Individuals that have prior trauma exposure, limited social support, minimal opportunities for case consultation, inadequate preparation and training for working in ICAC, and ongoing personal life stressors are particularly vulnerable to negative behavioral health impacts of working in the field (Follette, Polusny, & Milbeck, 1994; Krause, 2009).

Formal Organizational Behavioral Health and Wellness Programs

Law enforcement officers begin their career with the expectation of experiencing potentially traumatic events: homicides, car accidents, assaults, child abuse, elder abuse, etc. When an officer is involved in a shooting, causes injury to a person, or is injured or killed by someone in the line of duty, agencies have tremendous amounts of support available, including: structured debriefings trained police psychologists; access to the department chaplain; Critical Incident Stress Management (CISM) Team members; and Peer Support. There is significant research indicating that the law enforcement community benefits greatly from psychological support designed to help them cope with police-related stress and to decrease the risk of first hand trauma or vicarious trauma (Andersen, Papazoglou, Koskelainen, Nyman, Gustafsberg, & Arnetz, 2015; Chopko & Schwartz, 2009, and 2013; Papazoglou & Andersen, 2014; Papazoglou & McQuerrey Tuttle, 2018; Tolin & Foa, 1999; Wolak & Mitchell, 2009). Despite this, very few agencies or task forces have specifically-designed ICAC wellness programs. ICAC investigators exposure to child torture and sadistic sex acts almost always results in no formal support aside from unit co-workers. They are not offered structured debriefing, visits to a specialized psychologist or clinician, or access to proactive mental health assistance (i.e., CISM, Peer Support, etc.). Individuals in ICAC should have access to specifically designed behavioral health and wellness programs, just as other high-risk groups such as undercover units and SWAT have unique managerial and organizational support (e.g., in the form of specialized recruitment,

selection, monitoring, training, and psychological support; Band and Sheehan 1999; Hibler 1995; Krause, 2009; Miller 2006; Perez, Jones, Engler, & Sachau, 2010).

There are a small handful of pre-existing formal wellness programs designed for use in ICAC, such as the FBI's Safeguard program, SHIFT Wellness, and a small number of individualized city or state ICAC Task Force Wellness Programs. The FBI's Safeguard program is an assessment-based program that features required evaluations for pre-screening applicants into the field, ongoing evaluation to determine continued fitness for duty, with less focus on actual behavioral health support and intervention (Krause, 2009). Many agencies offer Employee Assistance Programs (EAP) and/or Peer Support Programs. While EAP programs offer a handful of therapy sessions at no cost to agency employees, there are a number of core issues with the EAP-only model of support for those in ICAC (Dowling et al 2005; Krause, 2009). This model has no preventative components to addressing burnout, vicarious trauma, or compassion fatigue; frequently incorporated the use of internal psychologists that are already filling multiple other roles (i.e., conducting preemployment evaluations, fitness for duty evaluations, etc.), and often relies on EAP clinicians that have little to no cultural competence as it relates to working with law enforcement or ICAC specifically. Peer Support Programs (PSP) are also frequently utilized by law enforcement agencies (Dowling et al 2005; Krause, 2009; Papazoglou & McQuerrey Tuttle, 2018). While the majority of PSPs are designed for general law enforcement support (i.e., not to support a specialized unit), the South Carolina Law Enforcement Assistance Program (SCLEAP) has a specific focus on providing support to those in the field. Their peer support members are trained on the unique challenges and stressors in ICAC, receive continuing education on the peer support model, receive administrative support, and have access to clinical support (Dowling et al 2005). While several state ICAC task forces and agencies have ICAC wellness programs, this type of support is not the standard across the country.

Effective Interventions to Promote ICAC Behavioral Health and Wellness

There are a significant number of mitigating factors that have been found to *promote resilience and reduce risk of vicarious trauma, burnout, and compassion fatigue* (Brooks, Dun, Amlot, Greenberg, & Rubin, 2016; Brooks, Dunn, Sage, Amlot, Greenberg, & Rubin, 2015; Burns, Morley, Bradshaw, Domene, 2008; Burruss, Holt, & Wall-Parker, 2018; Craun, Bourke, Bierie, & Williams, 2014; Denk-Florea, Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Krause, 2009; Mitchell, 2011; Perez et al 2010; Powell, Cassematis, Benson, Smallbone, Wortley, 2014; Quevillon, Gray, Erickson, Gonzalez, & Jacobs, 2016; Wolak & Mitchell, 2009):

- ICAC-oriented supervisor and organizational support (eliminates stigma associated with behavioral health impacts of ICAC, increased perceived value of investigators and forensic examiners in the field)
- Supervisors perceived as approachable; clear lines of communication
- Strong connection and support with ICAC coworkers, access to formal team building opportunities; conflict resolution support if conflict arises amongst the team
- Debriefing with coworkers as needed
- Access to others in the field for case-consultation

- Use of dark humor (enhances co-worker bonding and provides relief)
- Engaging in a ritualistic behavior to support the transition from work to home (i.e., showering, working out, etc.)
- Health-focused behaviors such as exercise, eating healthy, spending time outdoors, gardening, engaging in grounding exercises such as yoga or meditation, reading, spending time with animals, listening to music
- Strong social support from friends and/or family
- Access to a psychologist with cultural competence as it relates to the law enforcement community and ICAC investigation
- Having access to a healthy physical work-space, such as: having physical space to move around in, access to natural light, access to a television when need for taking a break, and access to a gym
- Maintaining communication with the prosecutor to learn about successful case outcomes (i.e., the offender received what they view as an appropriate sentence), which helps investigators and forensic examiners obtain a sense of closure and feel as those viewing the material was justified.
- Setting realistic expectations about the amount of work that one person can realistically complete
- ICAC personnel self-select (i.e., volunteer) into the field, are given information regarding potential behavioral health impacts, and are provided a realistic job preview to increase awareness of ICAC investigation and the types of content that is viewed.
- ICAC investigators and forensic examiners have the ability to opt out ICAC at anytime should the work become too negatively impactful and be able to access a priority lateral transfer
- Promotion of behavioral health resources and services (i.e., Peer Support, EAP, outside therapists)

In order to *reduce risk* of vicarious trauma, a number of behavioral interventions have been shown to be helpful if utilized when viewing content (Burns, Morley, Bradshaw, Domene, 2008; Denk-Florea, Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Krause, 2009; Powell, Benson, & Wortley, 2014):

- Graduated exposure to content and case work for those new to ICAC
- Viewing the material as evidence (i.e., reading case files before viewing material, focusing on the charges and case outcomes, focusing on the elements necessary for categorization of the material; concentrating on procedural and analytical aspects related to viewing)
- Minimizing or eliminating sound volume of videos (when possible and without reducing investigative capacity)
- Reminding oneself of the importance of the work to society and to the children themselves
- Focusing on what is needed for successful prosecution

- Use of distraction techniques when feeling overwhelmed or experiencing other negative emotion
 - Play a game online or on their phone
 - Actively leave the workspace to take a break by going for a walk or getting a hot beverage
 - Talking with a colleague, both to debrief as needed or a non-ICAC topic
- When possible, break up the work by switching from ICAC and non-ICAC related work tasks
- Maintaining awareness of what colleagues are doing in an effort to avoid being completely focused on the content being viewed
- Utilizing available tools to reduce viewing time (i.e., CSAM categorizing software)
- Mentally preparing themselves to view content (i.e., getting into the right “headspace” or getting into “work mode”)
- Viewing content in thumbnail form instead of full screen
- Only watching short segments of videos instead of the video in its entirety
- Consciously choosing not to look the victim in the eye or at the victim’s face
- Actively preventing themselves from making connections between the victim and their own children (or children that they have a personal connection to)
- Choosing when, where, and how to view content (i.e., view material in the morning to maximize time between seeing content and going home to family/friends at the end of the day; setting self-imposed time limits for viewing content)

In addition to these interventions, it is also strongly recommended that ICAC units take at a minimum one day every 6-months to connect off-site and engage in a non-work related activity as a group. For example, groups may choose to attend a sporting event, go for a hike, go out for a meal. Ideally, group would engage in *at least* one therapeutically-focused animal-based activity such as equine therapy, interacting with therapy animals, spending time with animals in a volunteer capacity (i.e., an animal shelter), or visiting an animal sanctuary. Extensive research and literature documents the behavioral health benefits of animal engagement, particularly for individuals navigating trauma.

Recognizing Signs of Burnout and Trauma

There are many physical, cognitive, emotional, and behavioral signs of burnout and trauma (Bremner, 2006; Figley, 1999; Powell, Benson, & Wortley, 2014; Wortmann, Park, & Edmondson, 2011). The symptoms listed below are the most common. Law enforcement organizations and law enforcement officers are encouraged to watch for these signs and take steps to provide or seek support before symptoms get worse.

It should be noted that all warning signs and early indicators are extremely normal reactions to the abnormal experiences associated with ICAC investigation, and only really need to be a concern if they become more long-term or cause functioning impairment (i.e., interfere with daily functioning, relationships, physical or emotional health, etc.).

Factors that *increase* the risk of vicarious trauma, burnout, compassion fatigue, depression, anxiety, and PTSD (Burns, Morley, Bradshaw, Domene, 2008; Denk-Florea,

Gancz, Gomoiu, Ingram, Moreton, & Pollick, 2020; Powell, Cassematis, Benson, Smallbone, Wortley, 2014; Wolak & Mitchell, 2009):

- Excessive workload
- Poor supervisory and organizational support
- Supervisors that do not enforce mandatory appointments with a psychologist
- The psychologist assigned to the unit is underqualified
 - Does not have cultural competence regarding working with law enforcement community
 - Does not have appropriate awareness and understanding of ICAC investigation
 - Is visibly disturbed, uncomfortable, or impacted (i.e., tearful) when hearing about case-related material
 - Is able to assess or determine how an investigator or forensic examiner is *actually* doing versus how they *report* that they are doing (i.e., detecting people faking-good)
- Not having access to case outcomes
- Not having access to trainings to promote resilience and/or decrease risk of vicarious trauma
- Not being given psychoeducation or training on the behavioral health impacts of working in ICAC
- The belief that there is a lack of confidentiality between ICAC personnel and the psychologist
- Lack of any programming to monitor long-term physical and behavioral health outcomes, which would assist with assessing early warning signs of negative impacts and early intervention to promote resilience
- Not allowing investigators or forensic examiners to communicate and schedule with the psychologist independent from their supervisor
- Term limits perpetually de-skill the unit and lead to demoralization

Signs of Burnout and Trauma:

- Physical symptoms:
 - Rapid Heart Rate, Chest Pain, Sweating
 - Difficulty Breathing, Dizziness, Fainting, Headaches
 - Nausea, Stomachaches
 - Fatigue, Too Hot/Too Cold, Shock
 - Increased Medical Problems, Decreased Immune System
- Cognitive Symptoms:
 - Difficulty Concentrating, Difficulty Beginning a Task, Forgetfulness, Disorganized
 - Intrusive Thoughts, Images, or Sounds, Nightmares, Suspiciousness, Hyper-Alert, Preoccupation
 - Spiritual struggle, Feeling punished by God, Skepticism
 - Perfectionism, Overly Focused on Detail, Rigidity,

- Thoughts of Self-Harm, Decreased Self-Esteem
- Work Related-Symptoms:
 - Decreased Morale
 - Decreased Motivation, Exhaustion
 - Task Avoidance, Absenteeism
 - Negativity, Apathy
 - Conflict with Peers, Change in Communication Style
- Emotional Symptoms:
 - Guilt, Shame, Grief, Survivor Guilt
 - Helplessness, Powerlessness
 - Worry, Anxiety, Panic, Restless
 - Sadness, Depression, Overwhelmed
 - Numbness
 - Fear, Denial
 - Irritability, Anger (towards others, self, or God), Rage
- Behavioral Symptoms:
 - Anger Outbursts, Yelling, Argumentative, Impatience
 - Crying, Withdrawal or Isolating Behaviors
 - Increased Alcohol or Drug Use
 - Changes in Appetite, Changes in Sleep
 - Refusing to participate in previously enjoyed religious services
 - Accident Prone
- Relational Impact:
 - Withdrawal, Isolation
 - Decreased Intimacy, Mistrust
 - Misplaced Anger and Blame, Increased Conflict
 - Intolerance
 - Over-Protective

Even with consistent use of coping skills, ICAC investigators may still experience signs and symptoms of stress, burnout, vicarious trauma, and/or compassion fatigue at some point in their career (Figley 1999; Krause, 2009; Marshall 2006; VanPatten and Burke 2001; Violanti and Gehrke 2004).

ICAC On-Boarding Protocols

Many ICAC Task are composed of prosecutors, detectives, forensic examiners, and special agents from local, state, and federal law enforcement agencies. Since its inception, ICAC teams are designed to proactively target offenders who exploit children using online means. These crimes are technologically challenging and always evolving, and therefore require extensive and ongoing ICAC training to maintain competency and investigative effectiveness. Members of the task force are exposed to significantly graphic content and exceedingly disturbing cases involving very young children. ICAC members are its most

vital resource and as such, this program places high value on comprehensive wellness and resiliency programming for all members of the team. Ideally, this training is given by both the psychologist and an experienced investigator. Content covered in on-boarding is recommended to include, but it not limited to:

- Investigators on ICAC task forces come from many different agencies, on both a local, state, and federal level (i.e., detectives, special agents). In general, there are two groups of investigators in ICAC- those that have self-selected and requested to join the task force and those that have been assigned the position, without requesting it.
 - Self-selected new investigators. Investigators that have expressed an interest in joining the ICAC task force should have a background that includes awareness of child abuse imagery (i.e., child pornography) and child exploitation and familiarity with complex investigations. Once an investigator has an interest in joining the team, the following on-boarding steps are recommended to: increase investigative competence, reduced risk of vicarious trauma, and promote long-term resiliency.
 - Gradual and graduated exposure to and involvement in ICAC cases, which includes assisting in viewing of CSAM. It is recommended that new ICAC members are *not* exposed to CSAM involving infants, very young children, torture, or other exceedingly graphic content until later in their on-boarding. Graduated exposure to graphic CSAM content is essential to new members building their personal resiliency plans and those in the early stages of learning to utilize them effectively (i.e., learning effective coping skills to reduce secondary trauma).
 - Assistance with executing task force warrants and interviews.
 - Training and awareness on *both* offender and victim behavior and psychopathology.
 - Training and certification in ICAC investigations.
 - Consultation with a qualified provider working with the team to provide resiliency and wellness support. This includes working with the provider to develop an individualized resiliency plan and identified coping skills to utilize while viewing CSAM to reduce risk of emotional trauma.
 - Assigned investigators. Investigators that are assigned to an ICAC task force, rather than self-selecting onto the team, often experience unique stressors during the on-boarding phase. It is important that the agency representative responsible for these investigations understands these stressors and provides support (i.e., training, consultation, supervision, etc.) during the on-boarding phase. Individuals assigned to ICAC with little background

knowledge of child exploitation and child abuse imagery may experience emotional trauma when exposed to ICAC content and investigations. If possible, arrange for the new investigator to have a consultative session(s) with an experienced ICAC task force member, in addition to the qualified provider working with the team to provide resiliency and wellness support. Once an investigator has been assigned to the team, the following on-boarding steps are recommended to: increase investigative competence, reduced risk of vicarious trauma, and promote long-term resiliency.

- Gradual and graduated exposure to and involvement in ICAC cases, which includes assisting in viewing of CSAM. It is recommended that new ICAC members are *not* exposed to CSAM involving infants, very young children, torture, or other exceedingly graphic content until later in their on-boarding. Graduated exposure to graphic CSAM content is essential to new members building their personal resiliency plans and those in the early stages of learning to utilize them effectively (i.e., learning effective coping skills to reduce secondary trauma).
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 - Consultation with a qualified provider working with the team to provide resiliency and wellness support. This includes working with the provider to develop an individualized resiliency plan and identified coping skills to utilize while viewing CSAM to reduce risk of emotional trauma.
- Forensic Examiners. In general, many ICAC forensic examiners have significant exposure to CSAM. While some forensic examiners have very little exposure (i.e., processing data into a readable format and then sending it to the investigator), many forensic examiners in ICAC have increased exposure through reviewing, categorizing, and/or describing CSAM prior to sending it to an investigator. This enhanced role is most common when the forensic examiner is the exclusive (or one of few) ICAC investigator(s). Consultation with a qualified provider working with the team to provide resiliency and wellness support is recommended. This includes working with the provider to develop an individualized resiliency plan and identified coping skills to utilize while viewing CSAM to reduce risk of negative behavioral health impacts. Consultation with an experienced ICAC forensic examiner while on-boarding is also helpful, when possible.
 - Sergeants. It is essential that the sergeant has a background that includes awareness of child abuse imagery (i.e., child pornography), child exploitation, and familiarity with complex investigations. Gradual and graduated exposure to, and involvement in, ICAC cases and exposure to CSAM is an important component in effectively

leading an ICAC task force. Additionally, sergeants should be well educated on the importance of behavioral health support for ICAC members and should encourage the utilization of resiliency programming to increase team members longevity in the field, decrease emotional trauma, reduce risk of substance abuse, and reduce risk of depression, PTSD, anxiety, and suicide. Having a sergeant that openly expresses support of resiliency programming and use of behavioral health interventions significantly reduces stigma of mental health conditions such as depression and PTSD. The sergeant is able to create a culture amongst task force members that allows for team members to engage in open discussion of how they are processing their experiences in ICAC and how they can best support one another's resiliency plans (i.e., providing emotional support to one another).

- Prosecutors. Many prosecutors are also exposed to CSAM, victims, and other potentially traumatizing components of investigating and prosecuting an ICAC case. Consultation with a qualified provider working with the team to provide resiliency and wellness support is recommended. This includes working with the provider to develop an individualized resiliency plan and identified coping skills to utilize while viewing CSAM to reduce risk of negative behavioral health impacts. Consultation with an experienced ICAC prosecutor while on-boarding is also helpful, when possible.

Important Qualities of a Psychologist or Clinician Assigned to ICAC

Despite the many aforementioned challenges with finding a well-qualified psychologist or clinician to support an ICAC unit, research on ICAC wellness and resilience indicates that there are several extremely important characteristics of psychologists that are a *good* fit. As previously discussed, cultural competence with regard to the law enforcement community and ICAC investigation is essential (Papazoglou & McQuerrey Tuttle, 2018; Powell, Cassematis, Benson, Smallbone, Wortley, 2014). Based on the foundation of the ride-along model, a key method to increase rapport and deepen cultural competence with ICAC units is for the psychologist to experience being in the field with their team. This allows them to experience what it is like to "be in the trenches" of ICAC, enrich their knowledge of what ICAC investigation entails, and observe operational strength and stressors (Papazoglou & McQuerrey Tuttle, 2018; Payne, Sumter, & Sun, 2003; President's Task Force on 21st Century Policing, 2015). It is also essential that the clinician assigned to the unit is viewed as having a good personality fit with the team. If the team perceives the clinician negatively or does not view the clinician as someone who "fits in", it will be extremely difficult for the clinician to establish therapeutic relationships.

Securing a Strategic Advisor or Dedicated Program Manager

A full-time Strategic Advisor or Program Manager is essential to building and maintaining the administrative structure to support an effective wellness and resiliency program. This position is vital to any program designed to withstand the consistent changes of command staff and leadership. In law enforcement, it is acknowledged that rotation and movement of personnel is important to the continued training of officers in advanced skills and to support career development. Without this law enforcement agencies would struggle to promote from within and keep the agency moving forward in an

innovative manner. While this is true, it also leads to transition in vital roles that are designed keep programs running, and knowledgeable in the updated research and trends. A program manager/strategic advisor position should be a civilian and someone who will be there throughout the changing of command staff. This provides a sense of trust in the detectives, prosecutors, forensic examiners, etc. who utilize the program that will be continuity and stable access to wellness program and resources despite chain of command promotions and/or transfers.

For example, Ms. Kelly Crouch is the Strategic Advisor for the Washington State Internet Crimes Against Children Taskforce. She provides the Administration of the state taskforce, coordinating over 135 agencies across Washington State. Her duties include grant writing, budget oversight, community outreach, management of Triumph and ICAC wellness programming, supporting affiliate agencies, working with school administration reviewing policies for responding to online incidents, training SROs and school administrators, working with WA Senators and the House of Representatives for funding and changes in law, managing a large-scale annual law enforcement and technology conference, and coordinating training for the state taskforce. Ms. Crouch has been in the position since the inception of Triumph and has been the constant person there to ensure the new Sergeants, Lieutenants, and Captains who come into the ICAC Unit are educated and knowledgeable about how important the program is. Ms. Crouch also is the point of contact for all the affiliate agencies to speak on behalf the taskforce when their leadership changes.

Recommendations for a Step-by-Step Guide to Implementing a Wellness Program

To help other ICAC teams, including prosecutors, investigators, and digital forensic examiners cope with the traumatic world of repeated exposure to child sexual abuse imagery, a road map for building and implementing a successful and sustainable Triumph program is outlined below:

- Educate your Command Staff:
 - Ensure you have done your research and are able to articulate why the program is so important to those who will be using it (has there been an issue with exposure to employees? Have you heard of someone who has used it and been successful in transitioning in or out of ICAC or getting through a difficult case?)
 - Personal (without revealing names) stories are a way to speak of the program and the importance of implementation by giving real examples.
 - Research and having a basic understanding of ICAC case exposure is important to understand and should be shared with Command Staff even if it makes them uncomfortable.
- Obtain Buy in From Team Members:
 - One of the most crucial steps is making sure that, at a minimum, Team Leader(s) and/or Sergeants are supporting of wellness programming. Ideally, at least one investigator would also support the program and would be willing to advocate for resiliency support amongst the team. It is nearly

impossible to successfully implement a wellness program without the support from the Team Leader(s). The TLs play a crucial role in verbally promoting utilization of the program, talking through concerns and questions with the team, and facilitating the clinician's access to the group both in the office setting as well as in the field. If a investigator/team member is also able to advocate verbally and demonstrate confidence in the clinician and the program overall, these two factors can be substantial in program utilization.

- Secure a dedicated funding stream:
 - Dedicated funding that does not decrease or need to be argued for yearly is critical. Redirecting EAP funds, utilizing first responder resiliency program grants, or creating a budget line out of general operation funds are all options. The program should be based on the desired intervention schedule (i.e., quarterly, monthly, etc.) and off-schedule needs. Underestimating the cost will severely impact the budget and cause administrators to underfund the program.
- Research prospective clinician credentials:
 - Prospective clinicians should have specific education and experience in the field (i.e., cultural competence working with law enforcement, training/experience in evidence-based intervention for chronic trauma, knowledge and understanding of ICAC investigation, experience interviewing and evaluating child sexual offenders, and training/experience in working with child victims). Administrators should seek the most qualified individuals to interview. It is critical that they avoid using psychologists that are used for employment background or fitness for duty assessments, or who typically provide one-time critical incident support. These clinicians likely would not fit the requirements necessary for an ICAC resiliency program due to their education and/or experience. An agency utilizing those professionals simply because it is a less expensive option may struggle to achieve full utilization of the program.
- Conduct extensive interviews and 30-day embedding of potential psychologists or clinicians:
 - Do not rely solely on a psychologists or clinician's credentials. Use established ICAC Triumph program psychologists, clinicians, and supervisors to help craft interview questions for prospective new clinicians. This is a job interview to seek a clinician that not only has the requisite education, training, and experience, but will also be the best fit for the team personality-wise.
 - Ensure the potential psychologists or clinician are embedded into the team for a period of time to ensure personalities are aligned, they are culturally competent, and the team has a say in the decision of hiring.

- Clearly communicate the expectations of the clinician and the specific program goals. The program demands significant attention from the clinician, availability to members outside of normal visits, and a deep understanding of the different needs of each member. Clinicians should be expected to engage and interact with the ICAC team in settings other than just specific one-to-one sessions, such as during operations, briefings, interviews and other activities as agency policy allows. Clinicians who shy away from this will likely not be capable of building strong relationships and trust between them and their ICAC team members.
- Make team member attendance expected and part of department culture:
 - Because many investigators fear being seen as weak for needing resiliency or wellness support, making program attendance expected will help to lift this stigma. If all personnel, from supervisor to the newest member, are expected to attend group sessions, those wanting support but feeling too fearful or uncomfortable to ask can assimilate with others who may not have felt they needed help without anxiety. Administrators who allow the option to opt-out will soon find they have put ICAC members in the same environment law enforcement officers face today—feeling shame or weakness for wanting to seek support and choosing not to pursue intervention because of it.
- Make a plan for every session or visit:
 - Do not rely solely on what the clinician recommends for therapeutic visits- all members of the unit are essential stakeholders in the program. Supervisors should discuss with their team what they would feel would most benefit them during each visit. They should then discuss this with the clinician and develop a strategy for what to include. Psychoeducation, group activities, enforcement operations, presentations, and one-to-one support are just a small variety of what can be included in the intervention plan. This should be a conscious decision to continually develop and evolve the program based on individual and team needs.
- Semi-annual reviews:
 - Supervisors should check in with the team privately (i.e., without the clinician present) to get feedback on the program at least twice yearly. This feedback is essential and should be used to guide the team and clinicians program development and intervention throughout the years. Forcing members to continue attending sessions that they feel have little or no value to them due to any number of reasons, such as lack of trust or a strained relationship with the clinician, repetitive sessions that don't build upon previous sessions, or a lack of understanding of the type of trauma ICAC members deal with, will only lead to disengagement, resentment, and failure of the program.

- Expect and deliver near complete confidentiality:
 - ALL members should expect and deliver complete confidentiality during and after all intervention sessions and debriefings. Excluding mandatory reporting issues- which should be clearly communicated to the team- program trust and success is built on the foundation of confidentiality. Members will hear others talk about significant pain, pervasive sexual thoughts, libido issues, parenting concerns, marital challenges, substance use, trauma symptoms, and will at times see others showing rage or openly tearful. These experiences should never be shared outside of the group debrief and never discussed with one another other unless the affected member themselves wants to discuss it. Those members feeling vulnerable or displaying strong emotions would be devastated to know their own team members have violated their trust, which would also likely lead to program failure, amongst other group challenges.

- Monitor the membership:
 - Supervisors should look for positive changes in their team, particularly those with significant tenure. Not seeing improvement in work habits, attitude, and office or off-duty behavior could indicate issues with the program. Supervisors should use these observations to conduct private discussions with the members to try and determine if the problem is the program or with the member themselves (i.e., extreme burnout or compassion fatigue, personal challenges, illness, etc.).

Purpose and Objectives of the Washington State ICAC Resiliency Program

The purpose of this ICAC resiliency program is to decrease burnout, risk of vicarious trauma, compassion fatigue, negative behavioral health impacts associated with ICAC (i.e., PTSD, depression, anxiety), and risk of suicide with proactive early intervention and prevention strategies. This program utilizes the previously discussed evidence-based interventions to promote resiliency, health, and wellness, such as:

- On-boarding support for individuals new to ICAC
- Individual and group debriefings (scheduled and on-demand as needed)
 - Options to process emotional experiences related to job duties (i.e., viewing graphic material related to child victimization, offender/victim interviews, operational execution, etc.)
 - Psychoeducation on secondary trauma/vicarious trauma, compassion fatigue, burnout, negative behavioral health impacts, and suicide
 - Early warning signs
 - Self-assessment tools
 - Interventions
 - Current evidence-based practices to decrease trauma symptoms including, but not limited to:
 - Intrusive thoughts or images
 - Sleep difficulty
 - Memory impairment

- Difficulty with sustained attention and concentration
 - Increased aggression and/or anger
 - Poor emotion regulation
 - Increased substance use
 - Relational challenges (i.e., marital conflict, divorce, parenting difficulty, etc.)
- Ongoing psychoeducation and training on ways to promote resiliency and reduce negative behavioral health impacts
 - Training and support for supervisors and command staff on how best to support their teams and promote resiliency
 - Recommendations regarding environmental factors to promote health and wellness
 - Transition/off-boarding planning and support for individuals leaving ICAC
 - Case consultation and training (i.e., ways to more rapidly establish rapport with suspects, tools to use to increase likelihood of truthful disclosures, psychoeducation on internet sex offenders, training on paraphilias, etc.)
 - Continued programmatic and structural support for cultivating a comprehensive wellness program, including:
 - Observation/discussion of daily work activities (i.e., case management, executing warrants, victim interaction, etc.) to assist with establishing group rapport, unit cohesiveness, programmatic recommendations, and evidence-based behavioral health intervention
 - Assessment of efficacy of aforementioned comprehensive wellness interventions
 - Recommendation and guidance on data tracking for early intervention and prevention to decrease risk of compassion fatigue, secondary trauma, burn out, and suicide (i.e., sick days used, use of force, departmental complaints, substance abuse issues, etc.)

Funding for the Program

Funding is the largest hurdle for most agencies. There are a variety of ways to creatively look for funding for this extremely important component of ICAC investigations. In the state of Washington, we addressed this issue as follows:

1. Lobbying for State funding for this type of funding has been successful in Washington State
 - a. WA [SB 5092](#)
 - b. Dedicated funding to supplement the Federal Grant Allocation received by OJJDP
 - c. Working with legislators to enact a fine attached to those found guilty per image.
2. Local Counties have enacted a criminal justice sales tax to support ICAC investigations

- a. In 1995, voters approved a 0.1 percent criminal justice sales tax, which remains in effect today in Benton County and others around Washington State
 - b. In 2014 Benton County voters increased that 0.1% to 0.3%
3. Working with partner cities within a county or geographic area to enter into an MOU for mutual support and cost sharing for wellness program
4. Using federal ICAC TF funds to support wellness program for the affiliate agencies

Concluding Remarks

Triumph is not a program that was designed when the buzz word “wellness” became mainstream in law enforcement. This program was designed and created due to the incredible need and desire of detectives and others around the state (and world) to investigate these horrendous crimes and protect our most vulnerable population- our children. Our detectives deserve the right to work these cases that bring so much satisfaction, fulfillment, joy, sadness, grief, anger, and horror without losing themselves and families along the way. Dr. Cecchet and Ms. Crouch both believe this to be the case and believe passionately that the Triumph Program assists them in doing this. By looking at the person as a whole and not just trying to manage the bleeding when it starts, the Triumph Program is designed to prevent the wounds from happening.

Dr. Cecchet & Ms. Crouch may be the co-authors of this program, but the owners of it are all the people who implement, utilize and provide feedback to continuously improve and make this program maintain its relevance and personalization.

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