

Title: Repeated and Extensive Exposure to Online Terrorist Content: Counter-Terrorism Internet Referral Unit Perceived Stresses and Strategies.

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Abstract

UK Metropolitan Police Counter-Terrorism Internet Referral Unit (CTIRU) Case Officers (COs) are tasked with identifying, and facilitating the removal of material that breaches the Terrorism Act 2006. COs are extensively and repeatedly exposed to material deemed illegal and harmful (including but not restricted to graphic terrorist and non-terrorist material).

However, there is little research on the impact of this work, or how COs manage and mitigate the risks of their roles. Semi-structured interviews reveal the adaptive coping mechanisms that promote good perceived health and wellbeing in CTIRU, as well as areas of concern and improvement.

Key words

Content moderation, Counter-Terrorism, Health & wellbeing, Coping Mechanisms, Online Policing, Internet.

Introduction

There is increasing concern that exposure to online terrorist material may increase the risk of terrorist attacks and radicalisation of viewers/consumers.¹ This concern is associated with various drives from governments, law enforcement, and large internet platforms/providers to identify and remove this material from the internet.² To pursue this objective, specialist units have been established to seek, identify, and facilitate the removal of terrorist material from the internet.³ The UK Metropolitan Police established the Counter Terrorism Internet Referral Unit (CTIRU) in 2010. Others have since been established including the EU Internet Referral Unit (EU IRU).⁴

CTIRU consists of between 10-15 specialist Case Officers (COs).⁵ CTIRU works in cooperation with internet platforms and providers, which may voluntarily remove content that is deemed illegal according to UK law. Platforms like Google, YouTube, Twitter, and Facebook have their own teams of content moderators, who are in communication with units like CTIRU and EU IRU.⁶ Major internet platforms and providers have begun to develop and utilise artificial intelligence (AI) programmes to help identify and remove terrorist material, although they are somewhat limited, particularly where the message presented is buried in complex, historical, and/or religious doctrine, or does not include graphic imagery, or symbols representing a proscribed terrorist organisation.⁷ Thus, human assessors, whether employed by industry or law enforcement as COs, continue to provide a critical service in the role of identifying, assessing, and removing terrorist material from the online space.

In practice, this means that human assessors and COs are extensively and repeatedly exposed to material that has been deemed to not only be illegal, but also harmful (i.e. in the sense of its potential to radicalise, or incite terror in viewers). Human assessors and specialist law enforcers are not the only individuals who are exposed to this kind of material in the line

of their work. Academics, journalists, and other types of practitioner are likely to also be exposed to this type of content.⁸ Although the potential damage that could be caused by extensive and repeated exposure to terrorist material has been noted in various ways by internet companies (which typically outsource content moderation roles to agencies), and IRUs (which ensure that there are a number of health and wellbeing buffers in place), little research has been conducted to evaluate the degree to which harm can be caused in these roles.

Various reports by the online magazine, The Verge, as well as expose documentaries, reveal the toll that content moderators working on behalf of large internet companies are facing.⁹ These roles are typically poorly paid, and outsourced to organisations which do not provide consistent support across location, do not adhere to their own contractual and health and safety policies, and can result in employees suffering very poor physical and mental health outcomes.¹⁰ This relatively new field of moderating and policing the internet leaves a gap in knowledge regarding the impact that such roles may be having on those that perform them. However, there is one sphere of online policing that has, unfortunately, experienced a longer tenure: online child exploitation.¹¹ Indeed, Internet Child Exploitation (ICE) units have been influential in the way that IRUs work to protect staff.¹²

Nevertheless, endeavours to remove terrorist material from the internet are in their infancy and we do not currently have rigorous research investigating the effect that repeated and extensive exposure to terrorist material may have on content moderators, human assessors, and COs. To address this, and to impart potential best practice advice, this paper generates new qualitative data via semi-structured interviews with CTIRU COs to address the following research questions: 1) What kind of material are assessors routinely exposed to, and how disturbing do COs find it? 2) What are the perceived health and wellbeing implications associated with the role? 3) What kind of coping mechanisms do CTIRU COs

employ? 4) How well do COs understand and support Occupational Health (OH) provisions? Improving our understanding of the type of support required, concerns, and coping mechanisms, may mitigate the potential damage caused by these types of roles, which are increasingly being established across law enforcement and industry.¹³

To address these research questions, literature reviewing the health and wellbeing of police ICE units is first explored, before overviewing the study methodology. The bulk of the paper presents the thematic analysis of the new data. The discussion draws on insights from the ICE literature offering a comparison with CTIRU experiences. The conclusion builds on the research and offers suggestions for developing a toolkit to build awareness and resilience in non-IRU individuals who are exposed to terrorist material as part of their work (i.e. academics, journalists, content moderators, other CVE practitioners).

Policing the Internet: Child Exploitation

ICE specialist investigators review thousands of sexual and often violent items involving children, ranking them according to severity, locating and removing material, visiting and closing illegal sites, and identifying those behind and in front of the camera.¹⁴ Like others who operate in the online environment, ICE investigators face a unique set of challenges compared to their offline policing counterparts. Not only must officers possess generic policing skills and knowledge, they must also have the computer skills and internet literacy necessary to keep up-to-date with rapidly developing technology.¹⁵

ICE police face a variety of challenges and workplace stressors: high workload and inadequate resources, difficult relationships with colleagues, and trouble managing external organisations, all feature.¹⁶ Lack of understanding about the ICE role from both the wider policing community and society in general may result in frustration due to lack of appropriate

response, lack of funding or resources, ultimately making it difficult to fulfil the role and save victims.¹⁷ A sense of stigmatisation from the policing community and wider society may feed into perceptions of poor organisational support, and an inability to talk about the material they are exposed to for fear of traumatizing others.¹⁸ Interestingly, ICE investigators do not necessarily identify disturbing material as a negative stressor but rather a proximal risk factor of the role.¹⁹ However, there is a recognition that exposure to disturbing materials, working on cases in which victims are very young, and/or where victims share some similarity to children known to the officer, can all have significant negative impact on health and wellbeing.²⁰

The type of material that ICE investigators are regularly exposed to is described in various terms: disgusting, disturbing, grotesque, horrific, gory and repulsive. Typical physical and emotional reactions while viewing the material include nausea, sadness, anger, frustration, shock, pity, being mentally drained and demoralised.²¹ Desensitisation is understood for some, as developing a hardened, flippant or un-empathetic attitude, whereas others view it as an analytical asset.²² The impact of the role more broadly includes physical ailments such as headaches and fatigue, whilst emotional reactions (e.g. moodiness, anger) may follow investigators home and interfere with their family and personal life, ultimately preventing engagement with normal non-work life activities.²³

Social problems can result, including: withdrawal at home and work, decreased emotional and physical intimacy, and reluctance to engage with children.²⁴ Ultimately, for a minority of ICE officers, the impact of the role is associated with poor personal life experiences (e.g. divorce, poor health, estrangement from family and friends), all of which have a detrimental effect on health and wellbeing.²⁵ Poor health and wellbeing is associated with increased risk of experiencing anxiety, depression, burnout, PTSD or Secondary Traumatic Stress.²⁶ Similarly, poorer health and wellbeing outcomes are associated with: high frequency

of exposure to disturbing material/other stressors, long duration of exposure to disturbing material/stressors, and exposure to specific types of disturbing material, and intensity of stressor.²⁷ Importantly, ICE officers typically struggle to detect their own declining functioning and coping.²⁸

Law enforcement organisations provide various strategies in recognition that ICE officers require a healthy work environment and mental health support.²⁹ Typically, these include: mandatory time limit in the role, formal and informal debriefings, employee assistant programmes, and consultation with (sometimes) mandatory psychologists. However, formal provision of care is rarely considered helpful “due to ambivalence and a level of mistrust,” which includes disbelief that there is genuine concern for wellbeing.³⁰ Rather, there is a perception that the support available is tokenistic, lacks competence, confidentiality, and empathy from psychologists/counsellors, and there is a lack of long-term health-related monitoring.

Coping Mechanisms

Although ICE officers are doubtful about the usefulness of available support, there is general agreement that there are various coping strategies supported by the organisation that mitigate the risks of the role. Coping strategies in this sense are used to achieve/maintain balance between “the need for emotional sensitivity and emotional hardiness”, which relies not only on the individuals’ own personal characteristics, but also the team they work with, and the environment that they work in.³¹ Where these features do not align, such as where personal coping strategies are hindered by workplace policies, coping may be inhibited.³² Coping mechanisms can be usefully understood in terms of overlapping sources: The Team, The Role, The Organisation, Personal Practice, and The Individual.³³

The Team

The Team are individuals who perform the same or similar role, in the same environment, who develop a culture together. This culture typically includes close bonds and the capacity to share with each other, and shared sense of (usually dark) humour. Team members can take breaks when they need to and have a sense of autonomy with regards to how they work. The supportive team leader is therefore critical to the success of Team-based coping mechanisms. If the supervisor is not supportive, flexible and approachable enough for the team to pursue these coping mechanisms, then the individuals suffer. Given how important team-based coping mechanisms are, ICE officers tend to suggest that there is a certain type of person best suited to ICE work,³⁴ and these characteristics are indicative of fitting in well with the team.³⁵

The Role

During difficult times, ICE officers focus on the sense of pride and meaning, and the sense of impact that their roles allowed them to pursue (i.e. saving children from (further) harm, bringing perpetrators to justice). This is a useful way to frame the potential personal costs of taking on this kind of role. However, frustration with the criminal justice system, and those involved in it can occur if the capacity to provide this help and justice is inhibited by legal technicalities, lack of understanding about the harms occurring, or a lack of urgency. Thus, these external stressors can inhibit the effect of that sense of pride, purpose, meaning, and impact by promoting a perception of a lack of control and lack of impact.

The Organisation

The Organisation provides training and education, particularly on identifying and managing stress, official debriefs, and psychological check-ups. Informal briefings were considered more impactful than formal briefings, and most investigators did not trust mandatory psychological check-ups, despite recognising their importance. Physical workspace providing freedom to interact with others in the team yet privacy to be alone or talk in confidence affords Team-based strategies. The right type of supervisor also enables Team coping mechanisms. Therefore, the role of The Organisation is about affording space and opportunity for other coping strategies.

Occupational Health and Personal Practice

Many personal practices are based on Occupational Health (OH) suggestions, the experiences of team members, or just developed personally over time. These include; physically engaging with the material (i.e. visual, audio, fast-forward, when, where, and how material is viewed, capping viewing time etc). Emotional detachment from the victims is achieved by retaining an analytical, evidence-based approach to viewing the material. The capacity to implement these strategies require space, autonomy, and support from the supervising officer and the organisation. Thus, a good understanding of the specific challenges faced by those who occupy this role is critical. Where this understanding and affordance are not provided, there will be a difficulty implementing coping mechanisms.

The Individual

At an individual level, there are various coping mechanisms that can be employed both at work and at home. These may overlap with coping mechanisms that are promoted by The Team. Supportive family and friends is a critical coping mechanism. However, it is unlikely that ICE officers pursue this due to the distressing nature of the role and the desire to protect others from it. Other coping mechanisms tend to centre on distraction, forgetting, and physical health as a way to bolster mental health, and promoting compartmentalisation between the working day and home-time. Exercise was an important coping mechanism and one that was supported by team members, and supervisors. Ritualistic behaviour includes showering, or tidying their desk each evening prior to leaving, as if cleansing themselves before returning home. Distraction or forgetting as a coping mechanism may be pursued in ‘healthy’ ways (for example, immersing oneself in gardening, video games or DIY), but may also be pursued in unhealthy, maladaptive ways like alcoholism or overeating.

Maladaptive Coping Mechanisms

Although healthy coping mechanisms (seeking counselling, or talking with family and friends), were generally endorsed by ICE officers, endorsement of less healthy, more maladaptive strategies was higher.³⁶ Using alcohol or sedatives to forget about work may be intertwined with a police culture that values alcohol in socialising.³⁷ ICE officers associated their roles with “A decline in healthy lifestyle behaviours (due to the long hours, intensity and nature of the work)” making poorer health outcomes almost expected as inevitable.³⁸ This expectation and acceptance that the role will cause some degree of physical and mental harm is problematic and there may be more that the organisation can do to support ICE officers and protect health.

This brief review of the literature indicates that in general, ICE officers experience certain types of stressors, and stress symptoms, and engage with different types of coping mechanisms that can range in effectiveness and healthfulness. Interestingly, disturbing material was not identified as a direct stressor but proximal. ICE officers generally present good health and wellbeing, which is bolstered by an understanding and supportive organisation and management. The goal of this study is to understand what kind of stressors CTIRU COs experience, how they understand and manage their stress, what kind of organisational support they get, and whether it is sufficient.

Methodology

Ethical approval was granted by the UCL ethics board, and the permission and ethical approval was granted by the Metropolitan Police Research team. Semi-structured interviews with CTIRU COs were conducted, alongside a series of self-report questionnaires.

Participants

Eleven (out of a possible 15) CTIRU COs participated in this study.³⁹ Demographic information on sex, age, relationship and parental status, and role were collected (see table 1). All COs volunteered for their roles with CTIRU, and the longest tenure in the unit was 4.3 years.

[Table 1 here]

Materials and Equipment

A digital audio recorder was used to record the semi-structured interviews. The interview protocol was designed around three broad themes of interest: 1) type and disturbingness of material, 2) perceived and self-reported impact on health and wellbeing, 3) coping mechanisms employed and understanding of Occupational Health provision. Included in the protocol was a self-report paper packet with questions about demographics, specific role-related questions, and standardised psychological health measures. Participants also received information sheets and consent forms.

Self-Report Psychological Health Measures

Psychological Measures were drawn from those used by the Wortley et al paper, and are used only on a descriptive basis given the small sample size.⁴⁰ The measures are used here as a brief description of the perceived psychological wellbeing of CTIRU COs rather than clinical diagnoses.

- Post-traumatic stress was measured via the PTSD Checklist – Civilian (PCL – C) which is used to screen, diagnose, and monitor PTSD symptoms (DSM-IV-TR).⁴¹ A score of 44 and over indicates symptoms were consistent with having PTSD.
- The Depression Anxiety Stress Scale (DASS21) system were used to gauge how mild (or severe) participants' scores may be for each condition (i.e. depression, anxiety, and stress).⁴²
- Burnout (i.e. being exhausted, physically and emotionally, and disengagement from the role) was measured via the Oldenburg Burnout Inventory, with higher scores indicating burnout.⁴³

- Resilience (i.e. an individuals' capacity to succeed despite being faced with challenges) was measured with the Connor-Davidson Resilience Scale.⁴⁴

Procedure

Interviews took place between July and August 2018 in the Metropolitan Police Headquarters (MHQ) in West Brompton, London. Interested and eligible CTIRU COs met individually with the researcher in a private room in the MHQ at a time of their choosing, to prevent the interview interfering with their workload. Participants were introduced to the researcher and the study, provided with an information sheet and two consent forms detailing the nature and approach of the study, its purpose, and any ethical issues. The documents also included information about security concerns (i.e. anonymity, confidentiality, data security). Participants read the information sheet and signed the consent forms and the researcher provided a verbal briefing. Participants were given the opportunity to ask any questions or make any requests. The interviews lasted between 1 – 2 hours and were recorded using the digital audio recorder. After the interview the self-report measures were completed. Finally, participants were thanked and debriefed and were given the opportunity to ask questions/make requests.

The researcher adhered to security measures including storing the digital recorder, audio data, and completed self-report paper packets in sealed envelopes, on-site in a locked drawer by the supervising officer. Transcriptions and initial coding were also conducted and retained onsite as raw data was not permitted to leave the building. Names were not taken at any point, and pseudonyms, chosen by the participant, were used throughout. These pseudonyms were then changed by the researcher. Transcripts were redacted for any personal or identifiable information and sensitive or confidential operational information, not already in the public

sphere. Participants were given the opportunity to review their transcripts on-site (transcripts could not be emailed to meet security criteria). One participant took this opportunity but did not request any changes.

For security reasons, only the researcher interviewed participants and had access to the raw data. This means that it was not possible to quality control the transcriptions and coding for accuracy or consistency by a third party, therefore the researcher triple-checked their own work. Once the data had been drawn from both the digital recorder and the paper packets, the data were destroyed. Digital recordings were deleted and the paper packets were securely shredded as confidential information.

Coding

Interview transcripts were coded using NVivo 12. Categorisation for thematic analysis was performed according to the following themes:

1. Type and disturbingness of material
2. Perceived impact on health and wellbeing
3. Coping strategies
4. Perceptions of Occupational Health provision

Strengths and limitations of study

This study is one of the first of its kind given its focus and access to CTIRU COs. The in-depth interviews, albeit semi-structured, provided a platform from which rich, qualitative data could be generated. Although the sample size was small in statistical terms, it represented a large proportion of the actual team (eleven out of fifteen). Nevertheless, the

sample size is small and therefore, statistical analyses are only descriptive. It is possible that there was a degree of social desirability to responses, or towing the company line, given the face-to-face nature of the interviews. For instance, whilst maladaptive coping mechanisms were not mentioned, it may be that these were kept from the researcher, and/or there may have been a degree of distrust from the participants given that the researcher was unknown to them and from an academic institution. However, the participants were overall very interested in the research and keen to participate in the study. Social desirability and trust may have been more of a confounding factor here than the Wortley et al. study, which used telephone interviews with no names or identifying information.

Analysis

Descriptive Statistics

Given the small sample size, descriptive statistics are used to provide a snapshot of the overall perceptions of CTIRU COs' health and wellbeing (table 2). Perceived health and wellbeing was generally positive, with low levels of PTSD, burnout, overload, but high resilience. Depression, anxiety and stress scores were all within the normal range according to the DASS21 scoring system. COs believe that those in this role should be reassigned after five years to safeguard them from the effects of the material.

[table 2 here]

Thematic Analysis

1. Type and Disturbingness of Material

CTIRU COs are exposed to an enormous variety of material in their roles (text box 1), and are tasked with assessing material in various formats (videos, still images, blogs, magazines, podcasts, nasheeds or songs, social media accounts, and websites). When asked to talk about the type of material they are exposed to, participants tended to focus on what they considered to be the most disturbing terrorist material despite routinely experiencing material of varying degrees of disturbingness from different sources.

Not all material assessed is violent and gory, although it may be disturbing in other ways. Many participants found far-right extremist material very disturbing despite it both typically being non-violent and not terroristic, but with ‘vile’ rhetoric. Other material includes pictures of terrorist attack victims, images and videos of war crimes and war zones, Islamophobic, anti-Semitic content. Other material COs may be exposed to includes animal cruelty, torture, drive-by-shootings, martyrdom videos, dismemberment.

The vast array of execution techniques used by ISIS become particularly memorable videos for the COs (i.e. beheadings, shooting, burning alive, drowning, being towed behind a moving truck, crushed by a tank, etc.). COs may also be exposed to pornographic material and satire, as well as extreme but non-violent material. The type of material that COs are exposed to has changed to some degree since ISIS lost territory and media capacity, although CTIRU still receive material that is gory and disturbing from other avenues, like Mexican drug cartels. Whilst COs exposed to some of the more extreme drug cartel material counted this type of content as some of the most disturbing (e.g. a young woman being burned alive), others identified certain non-violent videos to be disturbing (e.g. video of laser eye surgery).

COs can be impacted to differing degrees by the same material and what is most impactful is unique to the individual. However in general, the material that COs review is consistently

disturbing and a source of stress. For some, seeing people suffering is the worst aspect of the material, but for others, resignation to impending death is the most disturbing feature. These factors can play on the minds of the COs long after they have completed their work on the case.

[text box 1]

Content that includes children, whether as victims or perpetrators, can be particularly traumatic for COs, especially if the children share similarities with children that might be known to them (text box 2). Thus, the presence of children, particularly if the CO has their own children, or children known to them, can act as a risk factor determining more traumatic experience of the material.

[text box 2]

CTIRU COs believed that although they perform an important and valued role in the Police, it wasn't well understood, and that lack of understanding has negative consequences (text box 3). Some of the most distressing material that COs were exposed to, were not terrorist, but had come from Mexican cartels. Often these non-terrorist graphic material are referred by other units within the Met that do not appreciate the specific function of CTIRU. The result is that COs are unnecessarily exposed to highly disturbing and unexpected material, that they could not mentally prepare themselves for.

[text box 3]

2. Responses and Perceived Health and Wellbeing

COs experienced a variety of emotional responses including; horror, revulsion, empathy for victims, and being upset by the material they reviewed. Disgust, disappointment, and frustration were often felt towards internet platform and providers if they refused to remove what COs considered to be ‘vile’ disturbing, horrific and dangerous material. Many COs spoke about experiencing intrusive visions of material, and/or flashbacks, although generally these were infrequent. These flashbacks were unpredictable and more likely to occur in the COs personal life during everyday activities, for example, when watching TV or shopping in a supermarket. Experiencing bad dreams was mentioned by a couple of participants, and these dreams were sometimes similar to videos recently reviewed.

Some described feeling heavy or crying uncontrollably after exposure to certain videos (text box 4). Many participants spoke about desensitisation and what that meant for them in terms of developing a thick skin to protect against the material, and thinking about the role as ‘just a job’. However, ‘being human’ was a term that a number of participants used, suggesting that there is some potential conflict between the notion of being desensitised and retaining humanity. Conversely, COs with experience working on child exploitation suggested that desensitisation could cause problems in terms of assessment. Desensitisation could lead to higher thresholds of tolerance for actions that others may class as unacceptable. Some COs highlighted the physical effects of the role, which include deterioration of eyesight, and inactivity during the day, particularly when workloads are high or very interesting, and raised

concerns about physical health. Other physical effects are poor sleep, elevated heart rate and anxiety.

[text box 4 here]

The CTIRU role had a degree of impact on individuals' home lives (text box 5). As will be explored in the next section, many COs practice compartmentalisation and create space between their home and working lives. However, this coping mechanism can be inhibited by, for example, the news on television, questions from family/friends who are aware of their role, etc. COs tend to keep their roles from family/friends, preferring to be vague about the job or refer back to previous roles. This may in part be due to security requirements but could also serve to create a barrier protecting COs from too much concern or prying, and/or to protect others from vicarious trauma. Finally, one significant impact on life is for those who experience flashbacks and bad dreams, which may be triggered by news programmes, TV shows or films, or even coloured uniforms. Although COs did not initially believe that their personal lives were especially impacted by their roles, their comments show that they are more affected than they realised.

[text box 5]

Whilst the disturbing material was identified as a significant stressor, other job pressures include: time constraints, concern from newer recruits that they might miss important pieces of information, sense of frustration and responsibility when an assessment does not

result in content removal (i.e. due to different laws and jurisdictions) (text box 6). There is a sense that the role is changing into something that COs had not originally signed up for. With the increasing capacity of industry content moderators and AI, CTIRU now spend less time seeking/facilitating the removal of terrorist material, and more on investigative work with other units in the Police service. Part of the change in role includes the possibility that COs may be required to give evidence in court proceedings, which has implications for the anonymity that had been granted due to the nature of the work and past death threats. This has been highlighted as a particular source of stress from Police Staff.

[text box 6]

3. Coping Mechanisms and Occupational Health Provision

The CTIRU team employ a variety of coping strategies, which can be split into strategies provided by The Team, by The Role, through Personal Practice, and Individual choices.

The Team

Team-based coping mechanisms are the most prevalent strategies among COs with the most common being chatting about the material and using gallows humour (text box 7). Sharing the burden of the material was deemed by many to be uniquely helpful, and entails viewing the disturbing material with another team member, which not only makes the material easier to deal with given that someone else is experiencing the same thing, but also enables the use of

talking and gallows humour. However, a problem arises when other team members' primary coping mechanisms centre on avoidance of the material (a Personal Practice strategy). These COs refuse to watch anything that they do not absolutely need to. Thus, one source of coping (Personal Practice) has the potential to conflict with another (Team).

[text box 7]

The Role

Pride and sense of meaning in the role were important coping mechanisms used to justify exposure to disturbing material as making the world a safer place, and to prevent people from being traumatised by it (text box 8). The Role serves as a driving force for many COs, providing them with a rationale for doing the work, for viewing graphic material, and explains to some degree, the frustration that arises when material is not removed by platforms and providers. Therefore, whilst the Role is a coping strategy, it may also be linked to a source of stress for COs when they are unable to facilitate the removal of material.

COs expect to be exposed to disturbing material related to terrorism, which affords them a degree of opportunity to prepare themselves for what they will witness. COs tend to be familiar with various terrorist content, and have tools and protocols for systematic evidence gathering, allowing some emotional detachment and analytical focus. However, when exposed to disturbing non-terrorist material, this buffer is not available to help them retain that distance. Thus, mental preparation is a vital coping mechanism that must be supported by a greater understanding of what material should be passed on to CTIRU members by other units.

[text box 8]

Personal Practice

Whilst Team and Role strategies were similar across the sample, Personal Practice and Individual coping mechanisms were utilised differently by COs (text box 9). Avoidance techniques were common to minimise the impact of the material: small screen size, low or no volume, fast forward, peripheral vision, watching only what is absolutely necessary. Many of these tactics were proposed by early incarnations of OH support.

Compartmentalisation was a very important coping strategy. Long commutes helped to distinguish work from home and, family/home life, and interests provided distraction at home. Some COs refuse to work on material at home when on-call, preferring instead to make a long commute at odd hours to work from the office. Some reframed the material as if it were a film, and most spoke about systematically reviewing and analysing the material, which was also conflated to some degree with desensitisation.

[text box 9]

The Individual

Individual coping mechanisms varied (text box 10). Most COs used the onsite gym daily, which is supported by OH, supervisors and management. Gym use was a core coping mechanism for many, and the opportunity to exercise during working hours was much appreciated. However, being prevented from using the gym due to high workload can have a detrimental effect on the individual (i.e. feeling mentally drained). While the gym generally

works well as a coping mechanism, there are negative, rather than neutral, implications for *not* being able to engage with this particular strategy as and when it's required.

Many seek varying degrees of support from family/friends, although most rarely talk about the job or the material for fear of traumatising them. Engaging in non-work activities, including fitness and sports, gardening, creative hobbies, and escapism, are individual strategies. Some avoid using personal computers and social media at home, others find routine in their working day helps compartmentalise their home life. At work, distraction activities include using one of the three screens provided to play funny/familiar TV shows. Distraction was also used as a tactic for those experiencing flashbacks outside of work (i.e. reading a book/playing a game until the vision has passed). Finally, there was some mention of ritualistic behaviour, typically related to the gym.

[text box 10]

4. Perceptions of Occupation Health Provision

COs presented a mixed understanding of the available OH support (text box 11). Few could explicitly say what kind of provisions are in place, or how they could go about accessing them if required. However, most COs acknowledge that their supervisor regularly spoke about OH. OH provision was generally understood to be rooted in biannual or annual mandatory psychological assessment sessions, up to four away-day/training/socialising events, a breakout room, regular breaks and gym access, and access to self-refer to counsellors – although few had contact details or knew where to find them.

[text box 11]

One of the supervisors of the unit usefully describes available OH provision:

“We have quite a relaxed regime here because of the nature of the work. We have compulsory occupational health sessions once a year, we have access to counsellors should we need them. We can do all sorts of things. People cope in different ways, people go to the gym, go for a walk, for a run, all in work time. It’s quite rare for that to be allowed in work time. If there’s an operation that’s live or there’s a big release that’s come out, then it’s a case of all hands to the pumps, but we do allow, and it’s actually written down, we have a psychological assessment document, which defines the ideal work regime, the amount of times we should look at this material before a break. We do try to adhere to that as much as possible, but we are an operational unit so sometimes we have to just keep going until we get the work done.”

There appears to be a degree of confusion as to what is actually classified as OH (breaks, gym), and what type of provisions are available (mandatory OH sessions), and when (annually). On the whole, COs believed that the quality of OH was very poor and declining, which they tended to attribute to: budget cuts, privatisation of psychologists, and poor previous experiences. COs believe that OH support could be improved in several ways (text box 12). Regular, mandatory, and improved one-on-one sessions were the main suggestions. COs recognise the difficulty in identifying deterioration in one’s own mental health, and that going for six to twelve months without assessments could leave them open to deterioration. The regularity of sessions was also associated with the idea of building up a relationship with those

taking those sessions. This was important to establish trust, understanding of the role, and familiarity, to ultimately foster a climate of sharing.

COs also spoke about the quarterly team-building activities that had been promised but failed to materialise. These team activities were considered very important for both team-building and a sense of release. Given the central importance of the team-based coping mechanisms, the team-building activities are important for being able to engage with these types of tactics. The provision of a direct phone line or email address to OH providers that everyone has access to, and does not have to request from supervisors, would be helpful. Encouraging COs to take the regular screen-time breaks OH has suggested for them to take (10 minutes every hour) and perhaps encouraging more movement, was a suggested improvement.

[text box 12]

Discussion

The move of law enforcement and industry to identify and facilitate the removal of what has been judged to be terrorist material raises many important questions about the balance between security and freedom of speech rights.⁴⁵ Equally important is the health and wellbeing of the individuals who occupy these assessor roles, and are therefore exposed to large amounts of disturbing online material. This paper asked:

- 1) What kind of material assessors are routinely exposed to and how disturbing do CTIRU COs find it?
- 2) What are the perceived health and wellbeing implications associated with the role?

3) What kind of coping mechanisms do CTIRU COs employ and what do COs make of OH provision?

CTIRU COs' perceived health and wellbeing is largely very good, despite repeated and extensive exposure to various types of disturbing, graphic, violent terrorist and non-terrorist material. COs engage in various forms of coping mechanism, which are supported (and sometimes inhibited) by organisational and individual factors. OH provision was largely not well understood or regarded, but several suggestions were offered by COs to improve it.

Type of Material

Like ICE officers, CTIRU is exposed to a huge variety of online material, in different forms, and to different degrees of disturbingness. Unlike ICE officers, CTIRU COs identified disturbing material as a significant source of stress in the role, rather than a proximal source.⁴⁶ There was general agreement across COs that video was the most disturbing format, however, there were different opinions about what kind of content was most disturbing. These views are similar to those found in the ICE officer literature. Like ICE officers, terrorist material that included young children, particularly those with similarities with family members, was particularly disturbing and memorable.⁴⁷ Where victims presented their suffering explicitly or through passivity, was highlighted by CTIRU COs in a similar light to ICE officers.⁴⁸

CTIRU COs also talked about other types of content that they are exposed to – some of which presents a challenge for assessing, because it occupies a grey area (i.e. where there is no explicit call for terrorism, support for terrorism, or links to proscribed groups) or does not fall under the remit of their roles. Both CTIRU and ICE come across regular or hardcore porn, possibly necrophilia.⁴⁹ COs also mentioned satire, regular media stories, religious

doctrine, and importantly, violent, non-terrorist content, particularly from Mexican drug cartels. COs are not able to mentally prepare themselves for material that they are not expecting to see and if they are exposed to violent, graphic, but non-terrorist material, it has typically been referred to them from within the police service, or by the general public. Therefore, a lack of understanding of the role CTIRU perform, can expose COs needlessly to harmful material. The detrimental impact of a lack of understanding about the role performed by specialist units has also been flagged by ICE officers also.⁵⁰

CTIRU COs generally perceived their health and wellbeing in positive ways scoring well within healthful ranges on self-report surveys, and those surveyed here were typically very happy in their roles and the unit. Nevertheless, some COs described physical and emotional reactions similar to those experienced by ICE officers,⁵¹ including similar strong negative emotional and physical responses to certain videos. COs did not believe that the role impacted greatly on their home lives, and emphasised that compartmentalisation of work and personal life was a very important coping mechanism. This is also reflected in the ICE literature.⁵² Nevertheless, some COs noted that they experienced flashbacks, and dreams.

Whilst COs recognise that support from family/friends is an important coping strategy, like ICE officers, they typically refrained from sharing much.⁵³ This was partly for fear of traumatising vicariously, security issues, and wanting to compartmentalise. Desensitisation was highlighted in terms of developing gallows humour to deal with the disturbing nature of the material, but 'being human' was also an important factor that could potentially conflict with the need for desensitisation.⁵⁴

Despite these generally positive health and wellbeing perceptions, some COs noted physical effects of the role (eyesight deterioration, inactivity during the day, poor sleep, elevated heart rate and anxiety). Nevertheless, it is important to retain the positive health and

wellbeing of COs because deterioration in this area is associated with increased risk of experiencing anxiety, depression, burnout, PTSD or Secondary Traumatic Stress.⁵⁵ Indeed, research with ICE investigators suggests that repeated and extensive exposure to disturbing material (and/or other role stressors), is associated with poorer health and wellbeing outcomes.⁵⁶

Given the nature of the role that CTIRU performs, associating harm and stress with the material COs are exposed to is intuitively sensible. However, like ICE officers, there are a number of other stress factors relating to the nature of working in a police force. ICE officers identified generic organisational issues (i.e. time/resource constraints, poor management, challenging colleagues, poor understanding of the role, frustration with the criminal justice system) as more stressful than the material.⁵⁷ This was not so clear cut for COs, who recognised these other factors, but were generally less concerned about them than exposure to the material. The main organisational concerns for COs tended to be perceptions of poor OH provision, and the changing nature of the role and the potential for loss of anonymity and acting as witnesses in court.

Coping mechanisms

CTIRU CO coping mechanisms can be categorised on the basis of the Team, the Role, Personal Practice, and Individual preferences, although there is overlap and sometimes conflict between these categories. Many of these coping mechanisms are also employed by ICE investigators, who reported more maladaptive strategies than CTIRU.⁵⁸ Like ICE investigators, CTIRU coping mechanisms are generally adaptive and enabled by supportive and understanding management and supervisors.⁵⁹

The Team is central to the most effective and most frequently used coping strategies among COs. ICE investigators report a similar set of team-based coping including: gallows humour, a close knit group, and support both personally and professionally.⁶⁰ Not only is a supportive supervisor needed to promote the right kind of team environment to enable team-based coping mechanisms, the right kind of recruit is also important, and these recruits should have certain qualities (team-mindedness, compartmentalisation, self-awareness) as well as abilities (investigative, and computer skills).⁶¹

Personal Practice strategies are typically rooted in early OH guidance as well as personal preferences on how to deal with the material. ICE officers and CTIRU COs have similar strategies: material avoidance, the capacity to choose when and how long to view. In practice however, this is not always possible due to workload.⁶² These strategies require understanding and support from supervising officers and COs were largely happy with their supervising officer and the space they have been provided to develop and implement their own personal practice preferences.

Sharing the burden of disturbing material was an important team-based coping mechanism for COs. However, for those with a preference for avoiding material, the burden-sharing strategy is not one they can support. Thus, there is conflict between some personal practice coping mechanisms and team-based coping mechanisms. These conflicts can potentially be inhibited by ensuring the right kind of candidate is recruited to the role, which is a point made by both ICE investigators and CTIRU.⁶³ Identifying the type of individual who will (or will not) engage with this type of coping mechanism may not be feasible, nor is it known whether the propensity towards avoidance techniques changes over time.

The Role is an important coping mechanism for COs and ICE investigators. Perceptions that the work conducted, despite being unpleasant, is meaningful and saves lives, justifies the

personal cost of the work.⁶⁴ However, this sense of importance and responsibility can be associated with frustration when other stakeholders do not share the same understandings and therefore do not respond in the way in the ‘right’ way. Thus, this coping strategy is linked to experiences of frustration, which is a source of stress.

Although social support outside of work was considered an important coping tool COs, like ICE investigators, rarely spoke to loved ones about the material they were exposed to, generally for fear of traumatising them.⁶⁵ Whilst ICE investigators perceived stigmatisation and lack of understanding about their roles from within the organisation and society, COs perceived a sense of importance and support. However, lack of understanding about the role, despite the support, is also associated with being exposed to unnecessary material, which conflicts with the strategy of mental preparation.

Individual coping mechanisms varied and typically included personal interests, activity, and distraction routines. Active breaks were considered a core coping strategy engaged in by most members, but some were not as active as they should or could be, typically due to workload. Physical inactivity and excessive screen-time are concerns for CTIRU, particularly for Police Officers, not only because it is an important and effective coping mechanism, but also because of the health implications of too much inactivity.⁶⁶ Cleansing and distraction activities (including commuting) were common and enable compartmentalisation between work and home life.⁶⁷ Compartmentalisation is a particularly valuable coping mechanism but one that can be especially challenging for CTIRU to achieve in the midst of big jobs (i.e. release of the Jihadi John video).

CTIRU COs pursue a host of highly adaptive coping strategies, and on the basis of this data, very few maladaptive ones. However, COs generally had very poor understanding and opinion of OH provision, despite incorporating many OH supported coping strategies (i.e. use

of gym during work hours). ICE investigators reported similar negative opinion of OH provision,⁶⁸ who express distrust and disappointment particularly regarding one-on-one sessions.⁶⁹ CTIRU reported concerns about confidentiality, lack of understanding and interest in the type of challenges that COs are exposed to, as primary issues. Linked to this is a core concern that the organisation is showing less care and consideration to COs, now that the unit has been running successfully for a number of years. This, and the perceived declining quality/quantity of OH provision is a source of serious concern. Like ICE officers,⁷⁰ COs believe that better quality, frequent and mandatory in-house OH support (one-on-one sessions particularly) are crucial to the wellbeing of officers.

Conclusion

CTIRU COs fulfil a very important and challenging role within the Metropolitan Police. But they are not alone in their exposure to potentially harmful content on the internet, and there are other groups who are regularly and extensively exposed to this type of material as well (i.e. industry content moderators, academics, journalists, other types of security practitioners including those involved in developing CVE initiatives). This research offers insight into points for concerns and best practice for mitigating health and wellbeing risks associated with this kind of work beyond IRUs.

Unsurprisingly, disturbing material is a significant source of stress for COs and this is likely to also be the case for non-IRU individuals. One challenge is that different people find different types of material more or less disturbing for different reasons. The roots of these differences are difficult to trace, but it appears that personal situations, time in the role, social and professional support, and emotional and empathetic tendencies impact the degree to which this source of stress negatively effects individuals. This variation of individual factors

(i.e. personal life, personal characteristics) and professional factors (i.e. time on job, professional support) presents a challenge in understanding and mitigating the risks of work that includes exposure to terrorist material. On this basis, we can develop a set of tools to support the health and wellbeing of other groups that are regularly exposed to terrorist material a part of their roles. This toolkit can be split into two: Building Awareness, and Building Resilience.

Building Awareness

Awareness should be raised in both the individuals who are to be exposed to terrorist material, and the organisations employing them. This awareness pertains to the individual and professional factors that influence: a) what kind of material may be most harmful to a given individual, b) the extent to which an individuals' personal living situation may buffer against or promote vulnerability to material, c) what types of personal characteristics may buffer against or promote vulnerability to material, d) what kind of professional support factors can help to protect against the negative aspects of this type of role.

Individuals identify disturbingness in different ways. What is most disturbing to one person is often quite different to how another individual will experience the same piece. There are various factors – aside from violence – that increase the potency of certain types of material, making it more disturbing and memorable. These factors typically relate to the individuals' own capacity for empathy, and personal circumstances. The suffering of the victims in the material, and particularly resignation to suffering and death, weighs heavily on the highly empathetic individual. Material depicting children – whether in victim or aggressor roles – has a negative effect on those who have children in their own lives. These individuals tend to be drawn to empathising via thinking about their own child relatives,

which could lead to knock on effects in their personal lives (i.e. over-protectiveness, fearfulness). Ensuring that both individuals and employing organisations are aware of these factors and the potential implications of them is a crucial first step to protection from harm.

Building Resilience

In addition to promoting awareness, there are a number of insights drawn from the current study that can be utilised to mitigate risks to the health and wellbeing of non-IRU individuals. Firstly, adopting a supported and staggered exposure training approach may help to ease non-IRU individuals into the sphere of terrorist material gradually, with the aim of increasing resilience over time. Secondly, the establishment of a supportive community of individuals in this field who can share their experiences and best practices, may provide additional social support and shared experiences in lieu of sharing these experiences with family and friends whom the individual may wish to protect. Thirdly, individuals – supported and enabled by their organisations – should incorporate the kinds of coping mechanisms found effective by CTIRU COs into the working environment.

Adopting Supported and Staggered Exposure Training

CTIRU training includes a supported preparatory stage for staggered exposure to increasingly disturbing material. This of course implies that disturbingness of material is recognised as such across individuals, which may not always be the case. However, COs recognised the benefits to this approach of easing trainees into the world of terrorist material. A similar approach could be used to introduce non-IRU individuals who work with terrorist material (i.e. academics, journalists, CVE practitioners). Whilst the act of presenting terrorist material to others can be considered illegal (i.e. distribution of terrorist propaganda), in this

case, such a tool would be used for training purposes and would include a supportive element (i.e. presence of a trainer or more experienced colleague).

Whilst researchers, journalists, and other types of practitioners are able to choose what they view to a degree, CTIRU and industry content moderators may be exposed to non-terrorist graphic material.⁷¹ Exposure to different types of harmful content can be problematic, particularly when an individual is not expecting it and has not developed analytical buffers. One approach to mitigating this is to ensure that teams of content moderators deal with one category of material at a time (i.e. only terrorist material, or only graphic violence non-terrorist material). Whilst this may not be practical or even possible given that it is the content moderators' job to ascertain the policies that are being breached by a piece of material, it may be that industry can gear its AI technology development towards an early-stage categorisation system. This would not only potentially limit exposure to different classifications of disturbing material, but would also allow for easier reassignment after a period of time, which for IRUs in a supportive work environment, is best after five years

WebPortal: Supportive Community

CTIRU typically work in a team environment, unless they are on call where they work alone. It is likely that aside from other content moderators, non-IRU individuals like academics and journalists, work in a more isolated fashion. Given that social support is a crucial buffer against harm, and that isolation increases risks, it is proposed that a WebPortal hosting a supportive community of similar others is established. Such a community could provide individuals working outside of a team, an opportunity to connect with each other, sharing experiences and best practice. In this way, the community itself becomes a part of the toolkit any individual in this line of work can draw from.

Coping Mechanisms

Non-IRU individuals and employing organisations should be made aware of both adaptive and maladaptive coping mechanisms that might be employed. In particular, organisations should be prepared to promote, support and enable adaptive coping mechanisms, whilst being aware of the impact of potentially maladaptive mechanisms. In practice, this requires providing space⁷² and resources for individuals to engage in physical and active breaks during working hours. Additionally, workers should be able to implement distraction and other types of personal practice (i.e. deciding how long to view the material, how, and when) with support. Good work-life-balance should be promoted, to allow for compartmentalisation of work and personal life, as well as engaging in personal interests outside of work. Finally, organisations should ensure access to and provision of quality one-on-one occupational health support. Whilst the onus is on the individual to engage with these coping mechanisms, the organisation must provide awareness, understanding, and resources to enable and promote that engagement.

This study offers a glimpse into the way in which CTIRU COs experience, perceive, and manage the effects of repeated and extensive exposure to terrorist and non-terrorist material. It helps us to understand the kind of harms we might expect to potentially affect other types of assessors, including content moderators, and non-IRU individuals working with this material, whilst also arming us with knowledge of effective (and less effective) coping mechanisms and management styles. Building a toolkit that raises awareness of the potential risks, as well as providing tools to mitigate those risks (i.e. staggered exposure to terrorist material, health & wellbeing initiatives), can be utilised by organisations and

individuals who are working with terrorist material in order to protect them from the potentially negative effects of their role.

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Tables & Text Boxes

Table 1 CTIRU CO Demographic Variables

Demographic Variables		
Sex	Male	6
	Female	5
Age (mean)		42.3 years
Relationship status	Single	4
	Not single	6
	Refused	1
Parental status	Parent	4
	Not a parent	6
	Refused	1
Role	Police Officer	6
	Police Staff	5
	Supervising	2
Length of employment in police service (mean)		18 years
Length of tenure in CTIRU (mean)		2.3 years

Table 2 Self-Reported Measures and Ratings

Depression	2.2	5.2	Normal
Anxiety	3.1	4.5	Normal
Stress	7.1	7.6	Normal
PTSD	22.5	5.9	Very low
Resilience	32	5.1	Strong
Burnout: Disengagement	2.4	0.2	Low
Burnout: Exhaustion	2.1	0.2	Low
Role Overload	10.4	3.5	Low-moderate

Text Box 1 Types of material

“I got one this morning, spaghetti carbonara with a severed penis cooked on it. You see that and you go ‘oh Jesus, what the hell is this?!’ So they’re the ones that impact you more. More challenging than the things you are expecting.”

“For me, the material that has affected me the most has been videos where people have been executed and they’ve just seemed so placid. They just seem to be resigned to what is happening. Torture, which wears them down so they go along with anything for the sake of not being tortured.”

Text Box 2

“It depends what you watch. Some things affect you more than others. I saw a ten-year-old getting beheaded on the back of a truck... I think with the children, especially ones that are

similar age to my daughter, when you see the aftermath of the bombs and the dead children, stuff like that tends to affect me a bit more. I think everyone's got their own buttons."

Text Box 3 Lack of understanding has consequences

"Things that come out of nowhere are the worst things. We have an expectation of looking at gory material that's terrorism-related. We've seen an awful lot of executions and God knows what, especially the bodies of children in war torn areas, condemnation of coalition bombs. But I think the things that get me are... we get referrals from the public that aren't terrorism-related, but they think they are. And they can be horrendous videos of people being killed. They're the ones you don't plan for really."

Text Box 4 Psychological and Physical impact of role

"I still felt heavy afterwards but it was just like a- I suppose what it is, is that emotionally, you're in that moment."

"I was walking down an aisle in Sainsbury's and saw a guy in an orange jumpsuit. 'Oh my God.' Which was quite an in your face one."

"I go to the gym every day; I think that's to do with my physical health as well as my mental health. I went from being very active as a police officer, to sitting on my backside all the time."

Text Box 51 Impact of work on home-life

"But if I cast my mind back to 2014 at the height of the Islamic state, it was very hard to leave work because you'd be doing very long hours, and then you'd walk across to the local tube station, and you'd see the front boards showing imagery from the stuff that you'd been

viewing all day. So Jihadi John or people in orange suits. You'd go home and if you were in the car, you'd hear it on the radio. And perhaps you'd see it on TV on the news at night. ... So escaping it at that time, was pretty hard."

Text Box 6 Job pressures

"Sometimes you're quite pressured in terms of finding this material, flagging it to the relevant online platforms, completing briefing notes."

"And now it's all changed where they say we can go to court, and we have to give our names and who we are... which... Police officers, we've always done that, it's just we have had death threats on the unit. If you're taking peoples' social media accounts down, they know who's doing it. They'll set up another account and threaten us."

Text Box 7 Coping Mechanism: The Team

"We deal with it very well in the office as well. Good sense of humour, everybody. Some might look in and say, sick sense of humour and such but it's the way we deal with it."

"And you'll tell someone else 'oh look at this' and they'll come over and take a look at it and share some of the burden of it so you're not, you don't have to witness it and put the blinkers down."

Text Box 82 Coping Mechanism: The Role

"I'd rather someone like me who has no emotional feeling towards that person, makes sure it's down rather than, I don't know. ... maybe someone knows them might come across it, and if they saw, that might cause them mental damage for life."

Text Box 9 Coping Mechanism: Personal Practice

“I’m not one of these people – I view what I have to view. I don’t go around and ask what other people are doing and watch it if I don’t have to.”

“So what I personally do – I make the screen about 6 x 6 inches, put my headphone like that (mostly off the ears), and if there is someone having their head cut off, if I know it’s not in English, you can just forward at the bottom, because you don’t need to watch someone having their head taken off systematically.”

Text Box 103 Coping Mechanism: The Individual

“If I can go down and sweat, it’s like the slate is wiped clean.”

“We all have three screens, and I always have something else on, comedies, just something on in the background, Family Guy or something. That’s a big part of coping for me, because even though I’m not watching it it’s on my headphones, so it distances me a bit.”

Text Box 11 Poor understanding of OH support

“I don’t even know how to get in touch with OH if there is some kind of problem. I presume I’d ask my sergeant [the supervisor].”

“If you want OH support then you’ve got it there. So it’s widely available.... We’ve got an email for them and a number.”

“We don’t get any counselling or occupational help or anything like that... I mean it’s kind of shocking I think that we don’t.”

Text box 12. CTIRU Suggested OH Improvements

“Someone who is within the building, and you met the same person every time, and you saw them in the lift - I think familiarity is quite a big issue with it... but I think they should be mandatory, and more regular, like 3 monthly - I think that should be mandatory.”

“I think we should have just that little bit of extra care. Coz you never know what’s going to happen further down the line, God forbid that. I just think it needs to be more hands on with regards to OH for our unit, even if it’s once a couple of months – just touch base, make sure everyone’s alright.”

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⁷¹ For example, terrorism-related material, child exploitation, graphic non-terrorist violence, hate crime, animal cruelty, etc.

⁷² Working space is an important consideration not only for non-IRU workers, but for their colleagues who may be inadvertently exposed to terrorist material if the organisation does not provide appropriate space and tools (i.e. privacy screen).