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Critical Incident Stress and the Child Homicide Investigator

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This study focuses on the homicide investigator and the death encounter. The authors examined the effects of critical incident stress on the death investigator who has been exposed to the murder of a child. The participants in the study (N = 67) were all actively involved in the difficult business of investigating death by homicide. Included were detectives, criminalists, and personnel from the medical examiner’s office. It was found that these investigators experienced significantly higher levels of stress when compared with ordinary adults. In addition, it was determined that exposure to traumatic stimuli at the crime scene involving the death of a child was the most significant predictor variable of stress. The potential effectiveness of critical incident stress management in mediating the effects of this exposure is discussed, and recommendations made for the care and support of death investigators as well as directions for further inquiry.

In the past 20 years, substantial advancements have been made in the recognition of the deleterious effects of critical incident stress (CIS) among law enforcement personnel (Kureczka, 1996; Reese, Horn, & Dunning, 1991). Typically, the study of CIS in law enforcement has emphasized such areas as the response to mass casualty incidents such as airplane crashes, line-of-duty fatalities, or officer-involved shooting incidents (Foreman, 1991; McMains, 1991; Shaw, 1991; Solomon & Horn, 1986). CIS is not limited to these events or to patrol officers who often respond to such disasters. Homicide investigators are often called on to investigate horrific crimes, including crimes where the victims are children. It has been the experience of the authors that investigators report

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that crimes involving children are the most difficult for them to work and maintain their emotional and psychological equilibrium. Therefore, it is the purpose of this pilot study to examine the effects of CIS on the homicide investigator who has been exposed to child fatalities.

The definition of CIS varies. Gentz (1991) stated, "A critical incident may be defined as an event requiring an extraordinary degree of adaptation by the individual who experiences it" (p. 119). Melick, Logue, and Frederick (1982) noted that a critical incident is not limited to a single event but is a series of events (before and after the incident) that cumulatively affects the way a person reacts. The most widely recognized definition of CIS (and the one used for this research) suggests that a critical incident is one that causes a person to have "unusually strong emotional reactions that have the potential to interfere with his or her ability to function either at the scene or later" (Mitchell in Garrison, 1991).

History of Critical Incident Stress

CIS has its origins in trauma research on acute crisis response (burnout), posttraumatic stress syndrome, and post-traumatic stress disorder (PTSD). The word stress, meaning hardships, straits, adversity, or affliction, is derived from Latin and was used in the English language as early as the 17th century (Hinkle, 1977). Research on stress began in earnest in 1936 with the pioneering work of Canadian physician Hans Selye (Barrett, 1985). Selye (1982) defined stress as the nonspecific response of the body to any demand made on the person. Selye contends that the body responds to stress in three stages: alarm, resistance, and exhaustion. Selye calls this three-stage response to stress the general adaptation syndrome (GAS). During the alarm stage, the individual is alerted to potential threats. The resistance stage is characterized by fatigue, anxiety, tension, and irritability. If the individual is unable to adapt during the resistance stage, the symptoms may advance to the exhaustion stage in which physical and emotional illness is likely (Selye, 1974). Stress is the initial stage of the burnout syndrome (D. E. Payne, 1984).

Burnout is a psychophysiological phenomenon characterized by emotional exhaustion, depression, and cynicism that occurs among individuals who have frequent emotional pressure
associated with intense involvement with people over a period of time (Maslach & Jackson, 1984; Pines, Aronson, & Kafry, 1981). Freudenberger (1977) noted that sufferers of burnout often do not recognize the traits commonly associated with stress; rather, they find fault with everything and everyone around them, complaining about their work organization, contributing less, and reacting cynically toward others. If traumatic events characteristic of stress and burnout are not addressed effectively, a debilitating chronic condition known as posttraumatic stress syndrome, leading to PTSD, may develop (Foreman, 1991).

Posttraumatic stress syndrome is not a new concept. In fact, "PTSD symptoms have long been associated with disaster and war trauma" (Foreman, 1991, p. 86), particularly with Vietnam-era veterans (Blak, 1991). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychological Association, 1994) defines two variant forms of diagnoses related to exposure to critical incident stress: acute stress disorder (ASD) and PTSD. PTSD may manifest itself as an acute response, a chronic response, or a delayed response to the stressor event. In both instances, exposure to human death is clearly identified as meeting the criteria for a precipitant stressor event. The substantive difference between the two disorders is related to the chronicity of the symptoms, with ASD representing the more acute reaction and briefer symptom duration. A number of studies have identified the prevalence of PTSD in police officers that have been exposed to death (Gersons, 1989; Kuch & Travis, 1995; Martin, McKean, & Veltkamp, 1986).

Additional symptoms of PTSD may include nightmares, reenactments, guilt, denial, emotional numbing, shock, feelings of loss, disorganized thought, memory impairment, detachment, panic, anxiety, inability to concentrate, poor judgment, and lack of trust (Horowitz, 1976; Liebert, 1991; Titchener, 1986). Symptoms commonly observed in PTSD may also be noticed among those experiencing CIS, including flashbacks, time distortion, loss of control, heightened sense of danger, sorrow, survivor guilt, psychosomatic disorders, anniversary reaction, nausea, headaches, hyperventilation, withdrawal, intrusive thoughts, increased alcohol/drug consumption, and/or relationship difficulties (Gentz, 1991; Horn, 1991; Klein, 1991). The relationship between PTSD and CIS appears to be semantic.
Another distinguishing characteristic of posttraumatic stress syndrome has recently been proposed by Lenore Terr (1991) and serves to break the syndrome into Type I and Type II variants. Type I trauma refers to the effects on the human psyche of a single traumatic incident. Alternatively, the traumatic effects of prolonged, repeated exposure to CIS results in the Type II variant. Subsequently, this concept has been further developed by Judith Herman (1992). Herman suggested that the Type II syndrome be called complex PTSD to reflect the relatively greater exposure to ongoing stressors and the development of a distinct symptom cluster. Her proposal was considered for inclusion in the *DSM-IV* under the designation "disorders of extreme stress not otherwise specified" (DESNOS).

Although not included in the *DSM-IV* as a separate diagnostic category, research into complex PTSD has continued (Pelcovitz et al., 1997). As currently conceptualized, symptoms are clustered into five main categories: alterations in regulating affective arousal, alterations in attention and consciousness, somatization, chronic characterological changes, and alterations in systems of meaning. Of particular importance is the realization that an individual may be suffering from the symptoms of PTSD as well as DESNOS at the same time (van der Kolk, 1996).

Many occupational settings are potentially stressful (Burke, 1991; French, Rogers, & Cobb, 1974; Kahn, 1970; Revicki & May, 1985); however, law enforcement possesses unique stressors (those variables that may lead to stress), such as role ambiguity, lack of administrative support, responsibility for others, unpredictability, fear and danger, inadequate reward system, shift work, community aversion, the judicial system, and exposure to traumatic experiences and human suffering (Carter, 1994; Kroes, Margolis, & Hurrell, 1974; Medows, 1981; Reiser, 1974; Spielberger, Westberry, & Greenfield, 1981; Stratton, 1984; Territo & Vetter, 1981; Violanti & Aron, 1995). Criminal investigators may experience stressors based on their role and responsibility within the criminal justice arena.

According to Osterburg and Ward (1997), the responsibility of the investigator includes the determination of a crime, jurisdiction of the crime, gathering and preserving relevant evidence, recovering property, identifying potential suspects and witnesses, apprehension of perpetrators, and testifying in court.
Although criminal investigators experience similar stressors of any patrol officer, they may encounter stressors unique to their role. For example, Stratton (1984) identified six stressors commonly reported by investigators: caseload, time, lack of cooperation from citizens, fishbowl experience, role conflict, and assignment.

Many investigators are required to handle a number of cases simultaneously within a short period of time. They are overwhelmed in paperwork and find that there is not enough time to effectively complete investigative details.

Investigators are often hampered by citizens who either fail to report crimes or are hesitant to get involved in the investigative process. Highly publicized cases also create stress among investigators who perceive that they are constantly being watched by not only their supervisors but the media.

Investigation, by nature, is a tedious process requiring extensive report writing and reading, follow-up questioning, and surveillance (which often proves uneventful or productive). This may cause role conflict in those officers who believe that criminal investigation is an exciting adventure as portrayed in movies, books, and television.

Whereas some investigators are assigned to property crimes, others investigate crimes against persons. Those officers who are repeatedly exposed to interpersonal, manmade violence and trauma, particularly those who investigate child fatalities, are at risk for CIS and anxiety-based illness such as PTSD and DESNOS.

Death and the Police Subculture

Although it is endemic to the police culture that dealing with death will be a necessary aspect of the job, very little is actually known about police officers and death encounters (Henry, 1995). It is worth noting that law enforcement is the only contemporary occupational field where there is frequent, intense, and intimate contact with people who have been killed by intentional violence. Although other occupational groups—for example, firefighters and emergency medical personnel—have frequent death encounters, it is almost always in a different context.

Henry (1995) suggests that this unique exposure by the police officer to death contributes directly to the coping style employed.
Law enforcement is a closed society that trusts only slowly, if at all. One aspect of entry into this restricted domain is how the individual officer handles his or her confrontation with death in the field. As a primary coping strategy, police officers learn to distance themselves from death and to trivialize the significance of a dead body. According to Henry, this psychic closing off leads to a disconnect between the emotional and cognitive aspects of dealing with death.

Dealing with a dead body evokes both profound affective and cognitive responses in human beings (Went, 1979). This confrontation necessitates an encounter with one’s own mortality, which is emotionally evocative in its own right. Typically, the police officer experiences guilt, shame, and embarrassment as a part of the affective response to death (Gersons, 1989; Henry, 1995; Went, 1979). This intense emotional response stands in stark contrast to the demands of the job. The primary coping strategies employed by the homicide investigator are denial and dissociation, cutting off the emotional response in favor of the necessary cognitive requirements of the task at hand. Went reported that repeated exposure to death had the effect of reducing the level of experienced anxiety by police officers, with homicide investigators and crime scene technicians becoming the most inured to death (Henry, 1995).

The degree to which an investigator is able to effect this emotional dissociation is directly related to the degree to which he or she identifies with the victim (Gersons, 1989; Jones, 1985; Ursano & McCarroll, 1990). A child victim represents a unique case in that it is considerably more difficult for investigators to create the emotional distance necessary to protect themselves. Confronting the body of a murdered child is made more difficult because of the perceptions of innocence, premature death, and the totality of the child’s victimization (Ursano & McCarroll, 1990). When forced to confront death in the form of a child homicide victim, the identification with the victim is typically much greater than when dealing with adult victims (Jones, 1985; Ursano & McCarroll, 1990). With this increased identification, the experience of stress is intensified in a situation where the investigator is constrained by the professional role to suppress the natural emotional expression of that stress (Henry, 1995).
The murder of a child is also a direct expression of society’s failure to protect its most innocent citizens (Maney & Kedem, 1982). It is ironic that the first year of life represents the single largest exposure to death by homicide (Alder & Polk, 1996; Kunz & Bahr, 1996; Wilson, Daly, & Daniele, 1995). The most likely perpetrators of this murder are the parents of the slain child. Kunz and Bahr (1996) report that in the first week of life, the perpetrator is almost always the mother. In the period from 1 week to 13 years of age, it is equally likely to be the mother or the father. In the teen years, the most likely perpetrator is the father. The very demographics of the phenomenon force the investigator to identify with the child victim. Given that the police mission is to protect and serve, for many investigators, a child murder is a double insult. When investigating a child homicide, the officer is confronted with a professional failure (to protect) and a personal failure in his or her tendency to identify with the victim as a member of a family.

In considering the factors that contribute to the stress experienced by homicide investigators, Sewell (1993) identified several areas unique to law enforcement. First, he notes the stress generated by administrative pressures to rapidly solve the crime as well as the pressure to carry on “business as usual.” In many investigations, the work environment contributes to the stress of the investigation. Specifically, this contribution to the stress load is in the form of being forced to work in an ad hoc environment, constantly associating with witnesses and bystanders, as well as the constant strain of media attention. Sewell also pointed out that a homicide investigation puts considerable role strain and conflict on the investigators. This can range from the necessity to maintain a professional demeanor for colleagues and the public to conflicts in the investigator’s own family responsibilities.

Sewell (1993) noted that a significant stressor is the traumatic stimuli and the response to the crime scene itself. Although most investigators cope with this in the short term through emotional distancing, dark humor, and professional focus, the chronic effects of this stress are largely an unknown. Gersons (1989) noted that the effects of exposure to traumatic stimuli were related to the degree of identification with the victim and the violence evident at the crime scene. The symptoms of this traumatic exposure are thought to have a gradual onset and to be chronic in nature.
Causal Model of Stress

It is the intention of this research to explore a causal model of stress in death investigators who have been exposed to child homicide. Of particular interest is an examination of the above factors identified by Sewell (1993) as contributors to the experienced stress of homicide investigations. On the basis of anecdotal reports and the review of the literature (Henry, 1995; Jones, 1985; Kuch & Travis, 1995; Martin et al., 1986; Ursano & McCarroll, 1990), it is expected that exposure to the violence of a child murder will be a significant contributor to the manifest stress in homicide investigators. If this proves to be the case, then the death investigator can be considered as a secondary or vicarious victim of the child homicide.

Investigative Hypotheses

There are two hypotheses that were tested in the current research. The first is that homicide investigators would exhibit more stress-related symptoms than a normative sample of adult nonpatients. The second hypothesis is that a significant portion of the stress experienced by homicide investigators could be attributed to the traumatic stimuli at the scene of a child homicide.

METHOD

Participants

The initial 41 participants for this study were recruited from the attendees at an in-service seminar held at the FBI Academy for the Virginia Homicide Investigators Association (VHIA). The VHIA is a professional association of law enforcement personnel actively charged with the responsibility of death investigation. Fourteen participants were members of a multidisciplinary, multijurisdictional homicide investigation team based in Portland, Oregon. This team included both sworn law enforcement personnel and investigators from the medical examiner’s system. A final group of 12 participants came from the General
Investigations Division of the Bureau of Criminal Investigations, Virginia State Police (VSP). All 12 special agents for the VSP were actively involved in the investigation of violent crimes, including homicide. The total number of participants available for this study was 67.

Procedure

The procedure used in this study was a survey (see the appendix for survey questions) in which each of the participants completed two instruments designed to assess their experiences in death investigations involving child victims and relative number of stress-related symptoms. The first survey instrument, Experiences of Child Homicide Investigators, was designed specifically for this research and was used to capture demographic information, stress-related experiences, and their participation in critical incident stress management (CISM). Although the instrument has face and content validity, the criterion validity of the instrument is not known. The survey had an alpha coefficient of 0.91, indicating that the scale was internally consistent in its measurement of the stress experience.

The 12 core questions, designed to assess the different source areas of stress for the death investigator, used a 5-point Likert scale. The CISM questions included both yes-no format and Likert-scale questions (see the appendix).

The second instrument, used to evaluate the dependent variable of stress-related symptoms, was the Symptom Checklist-90–Revised (SCL-90-R) (Derogatis, 1983). The SCL-90-R has been frequently used as an instrument to evaluate the effects of psychological stress associated with such events as death, disaster, rape, pain, and other related phenomena (R. W. Payne, 1985). This 90-item self-report measure generates scores for nine different classes of symptoms (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) and three global measures of distress (Global Severity Index [GSI], Positive Symptom Distress Index, and Positive Symptom Total). For the purposes of this study, the GSI was used as a measure of the overall stress symptoms reported by the investigators.
RESULTS

The typical respondent to the survey was a middle-aged (M = 40.33) male (90% male, 10% female) with 16 years in law enforcement (M = 16.19) and 6 1/2 years in homicide investigations (M = 6.58). The majority listed their job as “investigator” (86.2%), whereas “criminalist” and “medical examiner’s investigator” made up the balance (13.8%). The majority were married (75.4%), with 9.8% never married and 14.8% separated or divorced. The majority reported having some college education (57.6%), whereas another 19.7% reported having earned a bachelor’s degree, and 18.2% reported having a graduate degree. This collection of homicide investigators was a well-educated group. Most of the participants were White (90.8%), with the balance from minority groups (African American = 6.2%, Hispanic = 1.5%, other = 1.5%). The majority of the investigators reported being from a jurisdiction of more than 200,000 people (52.2%), which might well be a function of the participation by investigators with either a statewide or a multijurisdictional responsibility.

Stress Levels

Each investigator completed the self-report SCL-90-R to provide an estimate of the level of stress-related symptoms that the individual was reporting at the time of the study. To determine the relative level of stress-related symptoms reported by this sample of homicide investigators, scores on the SCL-90-R were compared with the nonpatient (normal adults) norm group used in the development of the SCL-90-R by using an independent t test for uncorrelated means.

The nonpatient norm group was almost evenly split between males (n = 493) and females (n = 480). This group was generated using a stratified random sample from a large county in the eastern United States. Unfortunately, Derogatis (1983) was unable to further describe this group.

A t statistic was computed for each of the nine scales and for the GSI. In each instance, it was found that the scores for the homicide investigators were significantly greater (p < .05) than the norm group. Although these reported stress levels are nowhere near those reported by psychiatric outpatients, the level of stress-
related symptoms reported by the investigators is significantly greater than one would expect to find in the general population.

Evaluation of the Causal Model

Sewell (1993) has proposed a causal model for the traumatic stress experienced by homicide investigators. He identified a number of categories of stressor experiences that he proposes constitute the significant sources of the traumatic stress experienced by the investigator assigned to multiple homicide cases. Sewell’s model has been adapted for purposes of this study of stress in
TABLE 2
Homicide Investigators Compared With Nonpatients: t test for Independent Means

<table>
<thead>
<tr>
<th>SCL-90-R Scales</th>
<th>Homicide Investigator Mean Score</th>
<th>Nonpatient Norm Group Mean Score</th>
<th>t Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatization</td>
<td>.64</td>
<td>.36</td>
<td>3.50**</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>.79</td>
<td>.39</td>
<td>5.39**</td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td>.63</td>
<td>.29</td>
<td>4.65**</td>
</tr>
<tr>
<td>Depression</td>
<td>.63</td>
<td>.36</td>
<td>3.84**</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.46</td>
<td>.30</td>
<td>2.69*</td>
</tr>
<tr>
<td>Hostility</td>
<td>.58</td>
<td>.30</td>
<td>4.46**</td>
</tr>
<tr>
<td>Phobic Anxiety</td>
<td>.28</td>
<td>.13</td>
<td>3.59**</td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>.79</td>
<td>.34</td>
<td>3.57**</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>.38</td>
<td>.14</td>
<td>5.18**</td>
</tr>
<tr>
<td>Global Severity Index</td>
<td>.47</td>
<td>.31</td>
<td>3.26*</td>
</tr>
</tbody>
</table>

SCL-90-R = Symptom Checklist-90-Revised.
* p < .01. ** p < .001, two-tailed.

child murder investigators. It was hypothesized that the most significant contributor to overall stress would be the traumatic stimuli (seeing the dead child, graphic remains) present at the crime scene.

For purposes of this study, stressors were evaluated using a stepwise multiple regression analysis to ascertain the contribution of the stressor variables to the level of stress reported by the investigators. These stress-related variables include the level of administrative pressure placed on the investigator to quickly solve the case and administrative pressure to carry on with the normal business of the agency (while continuing the active investigation of the child homicide). The actual work environment in which the investigators must operate is another stressor, and this includes the presence of witnesses and bystanders as well as the intrusive presence of the media. Also included in the variable work environment is the need to operate in an ad hoc environment away from the familiarity and comforts of the investigators’ own office. Conflicting roles and responsibilities is another identified stressor for investigators. This includes conflicts generated in multijurisdictional task forces, the need to maintain a professional image for the public, the need to maintain a professional image within the department, and the stress generated by conflicts between professional and family responsibilities.
TABLE 3
Stepwise Regression Model for Causal Variables of the Global Severity Index

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>R² Change</th>
<th>F Change</th>
<th>Significance of F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress from exposure to</td>
<td>.528</td>
<td>.279</td>
<td>.279</td>
<td>18.532</td>
<td>p &lt; .001 (.000)</td>
</tr>
<tr>
<td>traumatic stimuli</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress from work environment</td>
<td>.582</td>
<td>.339</td>
<td>.060</td>
<td>4.282</td>
<td>p &lt; .05 (.044)</td>
</tr>
</tbody>
</table>

As noted above, one of the most difficult stressors is exposure to graphic stimuli at the crime scene itself. The nature of the job forces the homicide investigator to suppress normal emotional reactions to the viewing of a murdered child in order to continue to function in their professional capacity. Another group of stressors identified by Sewell (1993) is those involving a failure of mission. These include the inability to identify a suspect and the inability to establish sufficient evidence to arrest a known suspect. Finally, there is the stress caused by the time it takes from the charging of the suspect to the completion of the trial.

The evaluation of the causal model of stressors was accomplished by regressing the GSI on the above variables to determine the variance on the stress that could be accounted for by the model. A stepwise solution for the multiple regression analysis was used, with a probability of $F = 0.05$ required for a variable to enter the causal model. Of the 11 variables included in the hypothetical model, only 2 reached the level of significance ($p < .05$) necessary for inclusion in the model. The first to enter was the stress resulting from exposure to the traumatic stimuli at the crime scene ($R^2 = .279, p < .001$), which contributed to about 28% of the variance in the GSI. The next and final variable to enter the model was the stress generated from the working environment of the homicide investigator ($R^2$ change = .060, $p < .05$). The $R^2$ total for both variables was .339, indicating that these two variables alone accounted for about 34% of the variance in the GSI.

DISCUSSION

Henry (1995) has proposed the “psychology of survival” as an appropriate theoretical frame for understanding death en-
counters by police officers. He notes that the frequent and intense encounters with violent death by police officers leaves an enduring mark on the human psyche. These psychological sequelae have been studied in such diverse populations as Holocaust survivors and combat veterans, all with a common theme of exposure to nonaccidental death imposed by another human being. Henry suggests that, with the dearth of empirical research of the death encounter in police society, the psychology of survival is a useful framework for understanding the common themes and psychology of these experiences.

Several characteristics of the psychology of survival are indeed relevant. First, there is a tendency to form an insular culture that maintains psychological and emotional distance from civilians. Admission to this culture is not automatic by virtue of becoming a sworn police officer but rather is a gradual process. One mechanism through which the rookie police officer gains admission to this closed society is the death encounter. Tradition dictates that police officers shall remain emotionally aloof and even casual in their encounters with death (Henry, 1995; Went, 1979). This leads to a situation in which denial and dissociation become essential to the psychological survival of the officer.

This emotional dissociation also represents a necessary professional survival tactic for the homicide investigator. The necessary tasks of a crime scene evaluation, interviews with family and friends of the victim, and the ongoing pursuit of leads make it difficult for the investigator (unlike the patrol officer) to move on and forget the death encounter. In fact, quite the opposite is true. The homicide investigator is required, by virtue of the job, to remain immersed in a multitude of reminders of the death encounter. To complete the daunting tasks of bringing a case to successful resolution, it is essential that the investigator maintain emotional control throughout the investigation so as not to be misdirected in his or her pursuit of the suspect.

One circumstance that complicates this psychological survival strategy is when the homicide investigator is forced to deal with the murder of a child. A factor making it more difficult for the death investigator to invoke his or her normal coping mechanisms is the situation in which there is an emotional identification with the crime victim. In the case of the child homicide victim, the
avoidance of this emotional identification is virtually impossible (Gersons, 1989; Jones, 1985; Ursano & McCarroll, 1990).

Prior research by Violanti and Aron (1995) has emphasized the administrative stressors experienced by law enforcement. However, Sewell (1993) suggested that there are stressors unique to the job of the homicide investigator. It was the purpose of this study to evaluate several of the variables identified by Sewell as a source of stress for death investigators. In particular, consideration of the effects of the traumatic stimuli encountered at the crime scene of a child murder was a central concern. Although it is an abiding characteristic of the homicide investigator’s coping strategies to maintain as much emotional distance from the horrors of a crime scene as possible, this task is singularly difficult to accomplish. This is especially so when investigating the death of a child by homicide. If this is true, then it is to be expected that this exposure to the emotionally intense and psychologically toxic crime scene of a child homicide will exact a toll on those charged with the responsibility of investigating that murder.

This is, in fact, what was discovered in this pilot study of the effects of this type of CIS on the homicide investigator. First, it was discovered that the investigators participating in this study exhibited more stress-related symptoms than a comparison group of nonpatient (normal) adults. Significantly, this general level of stress-related symptoms was less than that reported by a standardization group of adult psychiatric outpatients. In effect, the homicide investigators were reporting more stress than the average citizen, but not so much as to become significantly impaired. This is consistent with the dynamic proposed by Henry (1995) in his discussion of the psychology of survival. Although the stress is clearly having an impact on the lives of these investigators, they are continuing to operate in their assigned jobs. This is even more profound when one considers the relatively low level of CIS intervention experienced by these officers.

Having established that these investigators are experiencing significantly higher stress levels than would be expected, the next issue we sought to address was the possible direct causes of this stress. Sewell (1993) proposed a tentative model for evaluating the causal basis of CIS in homicide investigations. He suggested a number of distinct categories of potential stressors, including
administrative, work environment, role and responsibility conflicts, and exposure to traumatic stimuli. For this evaluation, the GSI of the SCL-90-R was regressed against measures of stress levels produced by these different areas. The exposure to traumatic stimuli at the crime scene of a child homicide was the single biggest contributor to the stress levels reported by these officers. Exposure to traumatic stimuli alone accounted for a significant amount of the variance in the stress levels for these investigators.

When exposure to traumatic stimuli was combined with the working environment of the homicide investigator, this causal model accounted for a third of the variance. Included in Sewell’s (1993) construct of the working environment were such things as continuing involvement with bystanders and witnesses, the ad hoc nature of the situation (limited logistical and administrative support at the scene), and the creative techniques employed by the media to get the story ahead of their competition. In summary, the results of this study suggest that the most significant contributors to the stress levels of homicide investigators are those factors related to the acute exposure to the stimuli at and associated with the crime scene and immediate investigation.

The Use of CISM

The function of CISM programs as a mitigating variable was also considered in this study. However, because few investigators had participated in a CISM program related to a child homicide, it was not possible to analyze the effect this participation might have had on the causal model. Ideally, one would hope that participation in CISM would have the effect of mitigating the deleterious effects of the toxic stress variables.

It is, however, interesting to consider the descriptive data regarding CISM. CISM services have traditionally been employed to assist officers in dealing with trauma related to serious traffic accidents, fires, and officer-involved shooting incidents. Of the investigators responding to this section of the survey (n = 60), 65% reported that their agency had a CISM program. However, only 10% reported their agency had a CISM program specifically for homicide investigations. A third of the investigators reported having ever participated in a CISM program, with 12.9% participating for homicide generally and 6.3% reporting CISM specific
to a child homicide investigation. It is surprising, given the low rate of participation in CISM, that 62.3% of the investigators would "recommend" (24.6%) or "strongly recommend" (37.7%) the use of CISM for homicide investigators.

It was disappointing that the effects of participation in a CISM program could not be more fully explored. Although a majority of the officers were familiar with the concept and a substantial number had participated in debriefings for incidents other than homicide, few had had the opportunity to participate in CISM directly related to homicide investigations. A future direction for research into the dynamics of stress and homicide investigations might include an evaluation of the intentional or mandatory provision of these support services for homicide investigators. The investigators themselves would seem to support this idea.

CONCLUSION

In considering the results of this study, the reader needs to be aware of several cautionary limitations. First, the sampling procedure used was a nonrandom convenience sample. It is unknown how representative of the universe of homicide investigators this particular sample is likely to be. For that reason, the generalizations made to this larger population should be made with some caution. In future research, it would be helpful to compare the stress experienced by homicide investigators to other law enforcement personnel, as opposed to a more general population (adult, nonpatients). This would allow for a perhaps more meaningful comparison of the magnitude of stress symptoms experienced by the homicide investigators (by comparison to a more similar group). Finally, the assessment of the causal variables was accomplished by an ex post facto, self-report survey, which necessarily relies on the accuracy of the investigator's memory. To that end, more direct observation of the homicide investigator would be recommended.

In conclusion, it is clear that homicide investigators suffer from the residual effects of stress as a result of their work. Although not debilitating, this stress is significantly greater than one would expect to find. This finding is consistent with Henry's (1995) concept of the police officer as psychological survivor. It is indeed
unfortunate that so little is known about the varied and complex stressors faced by death investigators. Although this study has contributed some increased understanding of this phenomenon, these are still largely uncharted waters.

With so little known about the effects of chronic exposure to toxic stress by death investigators, this is an area of stress-trauma research that is ripe for further exploration. Future research should focus on the more specific effects of this repeated exposure to critical incident stress, such as affect regulation, use of psychological defense mechanisms, somatization, changes in the investigators' personality, and the loss of ideals and altruistic beliefs. In addition, it would be of great benefit to law enforcement to document more fully the beneficial effects of participation in CISM following exposure to toxic stress.

APPENDIX
Experiences of Child Homicide Investigators Survey

Instruction Set

For the purposes of the following questions, a child homicide case is any case in which at least one of the victims was a child 14 years old or younger. Please check the box next to your answer.

Core Questions on Stress

1. While dealing with a child homicide case, to what extent have you experienced administrative pressure to quickly solve the crime?
2. While dealing with a child homicide case, to what extent have you experienced administrative pressure to carry on with the normal business of your department?
3. While dealing with a child homicide case, to what extent did you feel pressure from your work environment (e.g., make-do quarters, difficulty obtaining necessary supplies or support, media intrusion)?
4. While dealing with a child homicide case, to what extent did you experience pressure from conflicts with other agencies also having jurisdiction or involvement in the case?
5. While dealing with a child homicide case, to what extent did you experience pressure to project a strong, professional image within your agency?
6. While dealing with a child homicide case, to what extent did you experience pressure to project a strong, professional image to the general public?
7. While working on a child homicide case, to what extent did you experience stress from the needs of your own family’s well-being and the need to work extensive hours during the investigation?
8. While working on a child homicide case, to what extent did you experience stress from the violence evident from the murder scene?
9. While working on a child homicide case, to what extent did you experience stress from the inability to positively identify a suspect (unknown subject, unsolved case)?
10. While working on a child homicide case, to what extent did you experience stress from the inability to clear by arrest a known perpetrator due to lack of evidence?
11. While working on a child homicide case, to what extent did you experience pressure from the time it took from arrest to conclusion of the trial?
12. While working on a child homicide case, to what extent did you experience stress from a lack of essential training to conduct the investigation?

Instructions for Questions on Critical Incident Stress Debriefing

Critical incident stress debriefing (CISD) is a formal process through which officers involved in critical incident stress participate in a confidential debriefing, during which they discuss their thoughts, feelings, and actions during and after the critical incident. Typically, the CISD process is conducted by at least one peer debriefer and a mental health professional trained in working with law enforcement officers. The debriefing is for the benefit of the participating officers, and no official record or report is typically made. Normally, this service is provided at no charge by the department.

Questions on Critical Incident Stress Management

1. Does your agency provide CISD services to officers involved in critical incidents?
2. Does your agency provide CISD services for homicide investigators specifically?
3. Have you ever participated in CISD for any reason?
4. Have you ever participated in CISD related to a homicide investigation?
5. Have you ever participated in CISD related to a homicide with a child victim?
6. How helpful to you personally was the CISD program you participated in following your exposure to critical incident stress?
7. Would you recommend participation in CISD programs for investigators dealing with child victim homicide cases?
REFERENCES


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