



Secondary traumatic stress disorder in police who handle sexual violence cases

Gangguan stres traumatik sekunder pada polisi yang menangani kasus kekerasan seksual

Article History

Accepted
December 25, 2023

Received
July 13, 2023

Published
December 25, 2023

Arif Budi Darmawan^{1*}, Fathul Lubabin Nuqul²

¹ Fakultas Psikologi, Universitas Islam Negeri Maulana Malik Ibrahim Malang, Indonesia

ABSTRACT

Investigation of criminal cases involving officers who have experienced trauma, such as sexual violence against children, has the potential to experience Secondary Traumatic Stress Disorder (STSD). Secondary Traumatic Stress Disorder (STSD) is a stress disorder that can arise from interactions with someone who experienced a traumatic event. Secondary Traumatic Stress Disorder (STSD) can arise due to one of the triggers, namely emotional contagion, where empathy is often involved in handling cases involving women and children. The study examines the forms of emotional contagion, what factors can cause Secondary Traumatic Stress Disorder (STSD), and how to overcome or prevent the onset of Secondary Traumatic Stress Disorder (STSD). The study was conducted on four police officers who were investigators of sexual violence cases against children in the PPA Unit of Malang District Police. The research uses phenomenological qualitative methods with descriptive data results. Data collection was conducted through semi-structured interviews and processed using thematic analysis techniques—data analysis using coding interview results. Data validity using credibility tested, with triangulation techniques of data sources and member checking. This study found that forms of emotional contagion exist in investigators, such as pity, feel sorrow, sadness, crying, and anger. In addition, several symptoms shown by each subject lead to symptoms of Secondary Traumatic Stress Disorder (STSD), namely intrusive, arousal and

¹ Corresponding Author: Fathul Lubabin Nuqul, email: lubabin_nuqul@uin-malang.ac.id, Fakultas Psikologi, Universitas Islam Negeri Maulana Malik Ibrahim Malang, Jl. Gajayana No.50, Dinoyo, Kec. Lowokwaru, Kota Malang, Kode Pos 65144, Jawa Timur, Indonesia.

avoidance symptoms. It was also found that there was a uniqueness in each subject in how to overcome the onset of Secondary Traumatic Stress Disorder (STSD). STSD in the police has the potential to affect the accuracy in investigating the cases they handle, which then affects law enforcement in the community.

KEY WORDS:

police officer; sexual violence; secondary traumatic stress disorder

ABSTRAK

Penyelidikan kasus-kasus kriminal yang melibatkan petugas yang telah mengalami trauma, seperti kekerasan seksual terhadap anak, berpotensi untuk mengalami Gangguan Stres Traumatik Sekunder (STSD). Gangguan Stres Traumatik Sekunder (STSD) adalah gangguan stres yang dapat timbul dari interaksi dengan seseorang yang mengalami peristiwa traumatis. Gangguan Stres Traumatik Sekunder (STSD) dapat timbul akibat salah satu pemicunya, yaitu kontagionisme emosional, di mana empati sering terlibat dalam penanganan kasus yang melibatkan perempuan dan anak-anak. Studi ini menguji bentuk-bentuk kontagionisme emosional, faktor-faktor penyebab Gangguan Stres Traumatik Sekunder (STSD), dan cara mengatasi atau mencegah timbulnya Gangguan Stres Traumatik Sekunder (STSD). Studi ini dilakukan pada empat petugas polisi yang merupakan penyelidik kasus kekerasan seksual terhadap anak di Unit PPA Polres Malang. Penelitian menggunakan metode kualitatif fenomenologis dengan hasil data deskriptif. Pengumpulan data dilakukan melalui wawancara semi-struktural dan diolah menggunakan teknik analisis tematik—analisis data menggunakan hasil wawancara pengkodean. Validitas data diuji menggunakan kredibilitas, dengan teknik triangulasi sumber data dan pengecekan oleh subjek. Studi ini menemukan bahwa bentuk-bentuk kontagionisme emosional ada pada penyelidik, seperti simpati, rasa sedih, kesedihan, menangis, dan kemarahan. Selain itu, beberapa gejala yang ditunjukkan oleh setiap subjek menunjukkan gejala Gangguan Stres Traumatik Sekunder (STSD), yaitu gejala intrusi, arousal, dan penghindaran. Ditemukan juga bahwa ada keunikan pada setiap subjek dalam cara mengatasi timbulnya Gangguan Stres Traumatik Sekunder (STSD). STSD pada polisi berpotensi untuk memengaruhi akurasi dalam penyelidikan kasus yang mereka tangani, yang kemudian memengaruhi penegakan hukum di masyarakat.

KATA KUNCI

petugas polisi; kekerasan seksual; gangguan stres traumatik sekunder



Copyright ©2023. The Authors. Published by Psikoislamika: Jurnal Psikologi dan Psikologi Islam. This is an open access article under the CC BY-NC-SA. Link: [Creative Commons — Attribution-NonCommercial-ShareAlike 4.0 International — CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)

Introduction

Police personnel who often handle cases of sexual violence against children need empathetic and sympathetic involvement when investigating victims while at the same time being able to control themselves emotionally so that there is no excessive emotional involvement with victims. The ability to control or limit oneself in emotional matters is also accompanied by demands from relevant agencies to uphold the effectiveness and efficiency of time in handling cases. Investigation of cases involving children such as cases of neglect and sexual abuse also has the risk of causing Secondary Traumatic Stress Disorder (STSD) (Bozga et al., 2021; MacEachern et al., 2019).

Secondary Traumatic Stress Disorder (STSD) is a series of PTSD symptoms due to indirect exposure to traumatic events that occur through personal and professional relationships with traumatized people who recount their traumatic experiences (Bride and Kintzle (2011). One of the basic reasons that triggers STSD in police officers who are investigating the case is emotional contagion. Emotional contagion is seen as a particular component of empathy in which people not only have the ability to share feelings with others, but also have the ability to feel the feelings of others (Englert, 2015). As for the relationship between emotional contagion and STSD, Figley (2014) stated that simply those who empathize and meet directly with trauma victims can experience Secondary Traumatic Stress Disorder.

Fatigue is felt by the police who handle sexual violence cases. This uncomfortable feeling is caused by the tragic chronology of the cases addressed. The stress experienced by the police has an impact on the side of life outside of their duties. One of the stories conveyed by LH subjects when experiencing feelings of pressure when handling cases of sexual violence in children is as follows:

"Around 2015 there were reports of cases of sexual violence against children committed by their own biological fathers. The perpetrator who is the victim's biological father and has a wife who is seriously ill in the hospital, after working for some time then the victim rushed home because he remembered his mother who had not eaten and wanted to eat snails. However, after the victim at home the food she had cooked had been eaten by her father, the victim was immediately upset with her father, but the perpetrator and her father beat and raped her. At that time I felt very sad and sorry for the victim even until that time I cried because the story of the victim was so sad" (LH, September 2022)

According to Hatfield et al., (1994) Emotional contagion is a tendency to automatically imitate (mimicry) and adjust (synchrony) facial expressions, vocals or voices, body postures and movements of other people, and consequently, are affected

emotionally. If someone is exposed to Secondary Traumatic Stress Disorder (STSD) then it can have an impact on behavior and also psychological health, as for the short term of a person affected by STSD, namely sleep disturbances, irritability, more sensitivity, easy to feel anxious and so on.

Not only that, if someone who is affected by STSD does not immediately consult an expert such as a counselor or psychologist to prevent or overcome it, then they will be exposed to long-term effects from the STSD itself which if a person is exposed to Secondary Traumatic Stress Disorder (STSD) generally shows symptoms -The same symptoms as Post Traumatic Stress Disorder (PTSD), including intense fear, depression, inability to trust others and can even lead to suicide (Maran et al., 2023).

The general symptoms of Secondary Traumatic Stress Disorder (STSD) are almost the same as Post Traumatic Stress Disorder (PTSD). STSD itself is sometimes also referred to as vicarious trauma, compassion fatigue, and burnout when there are several overlapping symptoms. However, there are differences with respect to the cause and effect of each term. Vicarious Trauma refers to permanent changes in a person's view and understanding of the world as the cumulative effect of working with trauma victims over time. Then next there is Compassion Fatigue or emotional and physical exhaustion and loss of empathy or compassion for others, a result of job demands to empathize and help victims of ongoing trauma. Finally, there is burnout which is described as a response to the pressure of prolonged interpersonal relationships with trauma victims and this is characterized by three components, namely fatigue, irritability, and decreased performance.

Based on the explanation above, this topic must be raised and discussed to find out the extent of exposure to Secondary Traumatic Stress Disorder among investigators, especially the personnel of the Malang Police PPA unit. This is what underlies researchers to examine more deeply related to how emotional contagion forms in investigators, what are the factors that influence the emergence of Secondary Traumatic Stress in investigators, and how to deal with Secondary Traumatic Stress in investigators. There is still a lack of research on Secondary Traumatic Stress Disorder (STSD) in police agencies, especially on investigator personnel who are in the Malang Police PPA unit.

According to Doctor and Shiromoto (2010) Secondary Traumatic Stress Disorder (STSD) is a mental health condition that affects professionals or the general population who help or support people exposed to traumatic events. STSD itself is a natural consequence of caring between people who experience horrific events or traumatic events (victims) and other people who are affected by the nature of people who experience traumatic events. STSD can occur if the identification with the victim is too

strong and intense, the helper's coping strategy is inappropriate, or the result of helpers not being able to carry out their own adaptive rescue strategy. Figley (2014) also said that when a traumatic event occurs directly to someone, then the mental health disorder that can arise is called Post Traumatic Stress Disorder (PTSD), and if a person has excessive empathy for other people who experience traumatic events, then the disorder Mental health that appears is called Secondary Traumatic Stress Disorder (STSD). Based on the explanation above, it can be concluded that Secondary Traumatic Stress Disorder (STSD) is a condition that affects a person's mental condition as a result of exposure to victims who experience traumatic experiences.

The symptoms of Secondary Traumatic Stress Disorder (STSD) are very similar to the signs and symptoms of Post Traumatic Stress Disorder (PTSD). The difference is that PTSD is acquired as a result of direct exposure to a traumatic event, while STSD is acquired as a result of indirect exposure to a traumatic event (Doctor and Shiromoto, 2010). Schiraldi (2009) said that the 3 STSD symptoms are interrelated and occur sequentially. These three symptoms include intrusive, arousal, and avoidance symptoms. Intrusive symptoms are the initial symptoms that occur in people who experience STSD. Intrusive symptoms can occur in the form of thoughts, visions, and perceptions. Intrusive symptoms appear suddenly and generally include impaired memory or recalling the traumatic event, feeling as if the traumatic event were repeating itself, and having dreams about the traumatic event. Arousal symptoms are physical symptoms that arise as a result of intrusive symptoms. Arousal symptoms occur when the nervous system becomes more sensitive due to trauma. Arousal symptoms can increase when the nervous system overreacts to even a small stressor. Some signs of arousal symptoms include sleep disturbances, irritability, difficulty remembering and concentrating, and having an exaggerated response. Avoidance symptoms occur due to the emergence of intrusive and arousal symptoms so that people who experience STSD try to avoid all things that remind them of the trauma that has occurred. Avoidance symptoms include efforts to avoid thoughts, conversations, activities, places, and people that can remind you of the traumatic event (Schiraldi, 2009).

Emotional contagion is defined as the tendency to catch emotions from other people (Tsai & Clobert, 2016). Emotional contagion or the tendency to imitate and feel the emotions and experiences of others in social interaction is more than likely to be influenced by the influence or mood of the people involved in the interaction (Hatfield et al., 1994). In police cases, are law enforcement tools that can provide protection, promotion, and prevent crime from occurring in people's lives. This is in accordance with Rahardi's opinion that the Police as one of the functions of state government in the field of maintaining security and public order.

Research on secondary trauma stress disorder is also widely studied in other professional groups with high vulnerability, such as medical students (Kinker et al., 2018), rescue workers (Rahayu et al., 2021), and nurses (Duffy et al., 2015). However, the police find it more interesting for various reasons: First, sexual violence against children is a serious form of crime, with prolonged repercussions. So that it will transmit STSD more to individuals involved in handling cases. Second, sexual crimes are crimes that are often faced with difficulties in proof (Queirós et al., 2020). The absence of visum et repertum, the absence of witnesses and other clues and the reluctance of victims to immediately report their cases Gutner et al. (2006) are the originators of STSD in the police. So, this study is interesting to discuss about police STSD in the PPA unit.

Method

This research will use qualitative methods with descriptive data results to understand the phenomena experienced by research participants holistically and in a special context (Fiantika, 2022). This study uses a type of phenomenological approach. The location used in this study was in one of the detectives in the Malang Police Unit, namely the Women and Children Service Unit (UPPA) of the Malang Police. The research subjects in this study were UPPA Polres Malang investigators, totaling 4 (four) people and having experience of investigating more than 1 (one) year.

Table 1

Subject Demografi.

No	Initial	Sex	Age	Duration of Job experience as police
1	LH	Female	42 Years Old	23 years
2	SV	Female	26 Years Old	7 years
3	FL	Female	25 Years Old	6 years
4	DC	Male	40 Years Old	21 years

The data collection technique in this study was semi-structured interviews using several open-ended questions and limited by a theme and plot (Arikunto, 2018). This technique aims to enable participants to speak and provide information through the interview process more freely and openly and to make it easier for participants to understand the researcher's questions. The limitations of the themes and plots that will be used in the interviews will be arranged in a non-binding interview guide. Example guide: "In general, how do you feel when meets sexual assault cases?" "What your efforts to make relieve fatigue when working with sexual assault cases?".

Data collection was carried out on four (4) subjects who were investigators from the PPA unit who had been struggling with cases of sexual violence against women

and children for more than one (1) year. The four participants experienced a similar impact as a result of the investigation process. Interviews were conducted by researchers face-to-face with each subject. Before the interview began, the researcher explained in general about the research and several things that the subject needed to pay attention to. Each subject also agreed to participate in this study as evidenced by an informed consent statement which included providing complete information about the research and the subject's willingness to participate. Based on data collection from the interview process conducted, 3 major themes can be drawn, namely forms of emotional contagion, factors of secondary traumatic stress disorder, and ways to deal with the emergence of secondary traumatic stress disorder

The data analysis used in this study was to transcribe the interviews in raw form, then group them into similar categories from the coding results, then arrange the relationships between the categories, and finally make conclusions from the results of the data obtained from the field

Result

Forms of Emotional Contagion in Investigators Who Handle Sexual Violence Against Children

Negative feelings and increased emotional sensitivity were felt by the subjects. In investigating cases of sexual violence against children, personnel really need to present empathy in the investigation process so that victims of this sexual violence can be free to tell the chronology of what happened. However, in the four subjects, it was found that there was an impact where the empathy also gave rise to compassion, pity and not the heart for victims who experienced traumatic events.

"In the rape case that was committed by my own biological father, I handled it. At that time, I felt sad and really felt sorry for the victim, even at that time I cried because the victim's story was so sad" (LH-W1-12 September 2022).

"I've never felt sad, right? We are police like ordinary people in general and we as investigators have to really feel, meaning that we have to be able to enter the victim's world, for example, having had intercourse with his girlfriend and his girlfriend's friends, so we have to be able to involve empathy as a support for him so he can be more confident and free to tell about the incident." (VL-W1-16 September 2022)

Subjects LH and SV said that empathy really needs to be present when investigating cases of child sexual violence so that the results of the investigation can be maximized. However, LH admitted that he felt compassion and pity for the victim so that sometimes in a relatively serious case such as rape he felt unbearable when he

heard the story from the victim until at that time he even cried. This is also supported by similar statements from DC and VL participants.

"As for the victim, I'm sure it's sad and sad, I don't really have one yet, but when I handle the case I remember my niece or cousin who is a woman and can't bear it. Sometimes I also feel irritated and angry with the perpetrators, how come there are people like that to minors. I can imagine how traumatized he was after that incident." (SV-W1-13 September 2022)

"Once in the past, I felt sorry for the victim, I even felt sad that I was almost crying. That was when a father committed sexual violence against his own child. Yes, how come the father has the heart to do that to his own child, especially since I have a daughter, right? I can't stop thinking about his son." (DC-W1-18 September 2022)

On the subject of SV and DC, feelings of compassion, pity, sadness and sadness for the victims were seen. The impact of victim reports from interrogation sessions causes investigators to remember other people close to them, such as family. This can arise due to the involvement of feelings (empathy and sympathy). However, the feelings of empathy or sympathy that were raised by SV and DC subjects were only during interrogation sessions for victims of sexual violence against children. After the interrogation was over they remained silent and often told the chronology (report) to other members of the personnel.

Factors that Cause Secondary Traumatic Stress Disorder in Investigators

The factors that cause STSD arise as a result of the length of time investigators have been exposed to in handling cases of sexual violence against children. The large number of reports of cases of sexual violence against children and stories of traumatic experiences from victims of sexual violence at the time of BAP, this has the potential to influence the emergence of STSD in investigators. From reports that have been submitted to PPA Polres Malang, data is obtained that the trauma factor of victims of sexual violence against children affects the subjects from a psychological perspective.

"I'm more concerned about educating my child so that things don't happen like what is often reported or handled by PPA. You have to be able to put the pros and cons when you are with the opposite sex. I'm afraid that my child will become the perpetrator of this sexual violence too. I'm so afraid that occasionally I dream of my child becoming the perpetrator because after handling a sexual violence case" LH-W1-12 September 2022)

When viewed from the statement of the LH subject, the LH subject showed STSD symptoms, namely intrusive symptoms. The intrusive symptom

experienced by the LH subject is experiencing dreams of traumatic events experienced by victims of sexual violence against children where the LH subject is very afraid and worried if their child becomes a perpetrator of sexual violence against children so that the LH subject dreams that it is as if their child is a perpetrator of sexual violence. This is because the subject raises an attitude of excessive empathy for the situation experienced by the victim.

"Sometimes I remember having handled cases of sexual violence. When there were family gatherings, I liked being asked to tell stories, so I often remembered reports of these cases." (SV-W1- 14 September 2022)

"I'm not traumatized, but just stressed, especially if the reporter keeps calling me. To be honest, it makes me stressed, but sometimes I often daydream before going to bed thinking about the case I handled concerning sexual violence against children that has not been resolved" (DC-W1-18 September 2022)

"I thought that when I'm at home I have a younger brother, now I usually like to be a bit harsh and tell my sister that way with women, you can't be rude and God forbid that you commit sexual violence." (VL-W1-16 September 2022)

The statement above also shows that SV and DC subjects also experience intrusive symptoms. The intrusive symptoms experienced by SV and DC subjects were recalling traumatic events that they had previously dealt with. Even DC subjects often daydream because the cases they handle have not been completed yet. However, subject VL did not show any intrusive symptoms, it's just that subject VL was more worried about his younger sibling being afraid of becoming a perpetrator of sexual violence.

"From an emotional standpoint, he was quite influential [...] I felt sad and sorry for the victim, then when interrogating the suspect who was also the victim's father I was very annoyed and angry because I didn't think long and only prioritized his lust [...] My anger peaked when the answer given by the suspect went round and round and did not get to the point of the question, until I scribbled on his nose with a marker." (LH-W1-12 September 2022).

"Emotionally, sometimes I'm at the office when I'm already annoyed that I really can't be stopped by the suspect. I like to take it out, whether it's hitting or punching the suspect's body parts. As for the victims, I feel more sorry for them, how come it could have come to that." (DC-W1-18 September 2022)

Apart from intrusive symptoms, other symptoms are also shown, namely arousal, where it is difficult for LH and DC subjects to control their emotions when interrogating victims and perpetrators. In addition, sometimes LH and DC subjects

have exaggerated responses when faced with perpetrators of sexual violence against children, such as hitting and bullying the perpetrators.

"My emotions are often difficult to control, especially hearing stories from victims directly during interrogation sessions. Likewise, when I interrogated the perpetrator, sometimes I almost wanted to beat the perpetrator because I was so angry at the perpetrator's actions."(SV-W1-14 September 2022)

"Often, I find it difficult to control my emotions. I feel like I really want to punch him in the face when it comes to a suspect who is clearly in the wrong but is still glaring like that. It's also common for victims to report sexual violence they've experienced, the story seems so tragic that it can make me cry. So sometimes I just keep ringing in my head when I hear stories that go that far." (VL-W1-16 September 2022)

Subjects SV and VL also showed symptoms of arousal in which they responded only by wanting to hit the perpetrator or just being angry with the perpetrators of sexual violence against children. Not until there is an exaggerated response such as the LH and DC subjects who occasionally hit or make fun of the perpetrators. That is because SV and VL subjects are still new to the PPA Unit and are ranked below LH and DC subjects. So the SV and VL subjects only wanted to beat the perpetrators, but it didn't happen.

"If I initially handled cases of sexual violence, yes, it is difficult for me to forget incidents related to the cases I handled, but with a relatively long period of time dealing with and dealing with victims of sexual violence, I have to be able to control my thoughts."(LH-W2-04 Oktober 2022)

"In the early days I became an investigator and handled cases of sexual violence against children, yes, it was difficult for me to forget the things that I handled for the first time and wanted to avoid places that reminded the victim of the traumatic incident."(DC-W2-12 Oktober 2022)

In addition to intrusive and arousal symptoms, LH and DC subjects also showed avoidance symptoms. Where these symptoms indicate that the subject avoided the scene of the child victim who experienced sexual violence and always remembered when he passed the scene of the traumatic incident. Meanwhile, SV and VL subjects felt normal and never had any thoughts of avoiding certain places.

How to deal with the emergence of Secondary Traumatic Stress Disorder in Investigators

Investigators are at great risk of getting STSD, so in order to avoid exposure to STSD, investigators usually do things that they think are positive. For that the subjects have varied coping in terms of dealing with the emergence of STSD. In this case the subjects always have their own ways to avoid STSD. From these methods it can be seen the differences in each coping between subjects.

"Emotionally, if I still remember the previous case, I usually leave the room or joke around with my co-workers so that my mood returns to normal." (LH-W1-12 September 2022)

For the subject of LH itself, he is more likely to joke with his co-workers in dealing with the onset of STSD itself. If the emotions of the LH subject are unstable, then the LH subject will leave the PPA room for a few minutes. If the LH subject's mood has returned to normal, then he will return to work.

"..... I want to get angry or suddenly feel sad because after handling a case, I usually watch Drakor right away. If not, I will immediately order food at gojek/grab food to deal with my emotional outbursts." (SV-W1-14 September 2022)

"The way to solve it is I don't handle other cases that day, so it's like being silent if I don't do the things I like, like singing alone if there isn't a drama." (VL-W1-16 September 2022)

Whereas the SV and VL subjects overcame the emergence of STSD by watching Korean dramas. SV subjects often buy food through the gofood application when they are stressed about the cases they are handling. Meanwhile, VL subjects were more likely to sing when they were under stress. Both activities are unique for addressing the onset of STSD.

"As for how to deal with it, if I go out first to smoke so I don't get stressed, I often clean up my office desk to relieve fatigue from the many cases I handle." (DC-W1-18 September 2022)

For DC subjects, they prefer to clean their office desks when they are under stress and also to avoid the occurrence of STSD, apart from that, DC subjects often go out to smoke so that they can relieve fatigue a little while dealing with cases of sexual violence. To avoid the occurrence of STSD, Malang Police investigators carried out various coping strategies, some singing, cleaning, drakoran, joking with colleagues and some leaving the office looking for food so they would not remember the reports reported by the victims. sexual violence. The subjects said that these things became their coping with trauma and stress when dealing with cases of sexual violence against children.

Discussion

The experience of being exposed to individual stories about their traumatic experiences continuously creates various psychological impacts that have the potential to cause Secondary Traumatic Stress Disorder (STSD) (Bozga et al., 2021; MacEachern et al., 2019). Police investigators who conduct investigations into cases of sexual violence against children are an example of indirect exposure to traumatic experiences. As part of their duties, exposure is received continuously so that they have a high potential to experience STSD (Craun & Bourke, 2014; Frazier et al., 2005; MacEachern et al., 2019).

Based on the findings of this study, it was shown that the four subjects experienced emotional symptoms leading to STSD symptoms (arousal symptoms) such as excess negative emotions and increased emotional sensitivity such as feelings of pity, sadness, indifference and feelings of resentment toward the suspect. This is in accordance with the research findings of Bourke and Craun (2014) and Alison MacEachern et al (2019) where both studies found emotional symptoms of STSD, one of which is the presence of negative emotions and increased emotional sensitivity

Handling cases of sexual violence against children is a challenge that not only involves legal aspects, but also has a significant impact on the emotional and physical well-being of the police involved. The results of in-depth research show that police officers show striking emotional symptoms as a direct result of their involvement in handling cases of this kind. High emotional sensitivity among police arises in response to the suffering of victims, creating a dynamic of balance between demands for professionalism and humanitarian reactions (Ceschi et al., 2022).

The research highlights that police not only carry out their legal duties, but also engage in deep emotional interactions with victims of sexual assault. It was found that police experienced high levels of emotional sensitivity, expressing deep feelings of pity towards the victims (Queirós et al., 2020). This emotional response creates a dilemma between the demands of professionalism and the need to show empathy and support towards the victim. Police feel challenged to remain objective and professional while responding empathetically to the suffering they witness (Newell et al., 2022).

In addition, the study revealed that police often feel overwhelmed when dealing directly with traumatic victims. Cases of sexual violence against children bring their own complexity because they involve victims who often experience deep trauma (Saladino et al., 2021). Police are confronted with painful narratives and evidence that portrays atrocities that are difficult to deal with emotionally. This sense of overwhelm creates additional pressure on the police, who must maintain a balance between

professionalism and humanity in the face of situations fraught with emotional difficulties (Demou et al., 2020).

Not only that, this study shows that police feel a great sense of responsibility in apprehending perpetrators of crimes, adding a significant moral and ethical dimension to their work (Westmarland & Conway, 2020). This responsibility creates additional pressure for police officers, as they recognize that successful handling of cases not only determines the success of the law but can also have a significant impact on victims and society (Martin, 2021). This awareness of moral responsibility forms an integral aspect of the identity of the police profession, providing an ethical foundation for their actions in the performance of daily duties.

In the context of this moral responsibility, this study also identified the impact of physical and psychological fatigue on police involved in handling cases of sexual violence against children (Queirós, et al, 2020). Police are often faced with intensive work schedules and significant physical stress. This physical fatigue can affect their performance in the face of critical tasks and requires wise management to ensure the well-being of officers (Violanti et al., 2017). Mental health support and fatigue management strategies need to be integrated into policing policies and practices to ensure that police can carry out their duties effectively without compromising their own health (Demou et al., 2020).

In an effort to address the complexity of the emotional and physical challenges faced by police in handling cases of sexual violence against children, a holistic approach that includes training, psychological support, and changes in police management is needed. Training should be designed to not only improve technical and legal understanding but also to equip police officers with the emotional skills necessary to manage stressful and traumatic situations (van Assen, 2021). Integrated psychological support, including counselling and mental health program, needs to be accessed by police to help them manage the emotional burden and overwhelm that may arise during case handling (Gyawali et al., 2021).

The implementation of police management policies that support the physical and mental well-being of police is a must (Phythian et al., 2023). Organizational and individual perspectives of police wellbeing in England and Wales. The Police. This involves setting work schedules that allow for adequate rest, support a healthy work environment, and ensure that mental health resources are easily available and accessible (Stoewen, 2016), also needs to include strategies to identify and address signs of physical and mental burnout early on, so that preventive measures can be taken before they reach adverse levels.

The results of the study provide in-depth insight into the complexity of the emotional and physical challenges faced by police in handling cases of sexual violence against children. Emotional sensitivity, feelings of overwhelm, moral responsibility, and physical exhaustion are critical elements that affect police welfare. Improvement efforts in training, psychological support, and police management policies are becoming essential to ensure that police not only perform their duties effectively but also maintain their own health and well-being in the face of this very difficult challenge.

Conclusion

The research can be concluded that investigators at the PPA Unit of the Malang Police have shown symptoms that lead to STSD symptoms as a result of handling cases of sexual violence against children. STSD impacts experienced by the four subjects included emotional impacts, namely emotional sensitivity and feelings of compassion for victims, a feeling of being overwhelmed when dealing with traumatic victims, and also a great sense of responsibility to catch criminals as well as physical and psychological fatigue.

References

- Arikunto, S. (2018). *Prosedur penelitian suatu pendekatan praktek Cetakan I*. In *Remaja Rosdakarya. Bandung: Vol. Kelimabela* (pp. 7–25).
<http://r2kn.litbang.kemkes.go.id:8080/handle/123456789/62880>
- Bozga, A., McDowall, A., & Brown, J. (2021). “Little Red Sandals”: female police officers’ lived experience of investigating sexual violence. *Policing*, *44*(1), 32–48. <https://doi.org/10.1108/PIJPSM-02-2020-0029>
- Bride, B. E., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology*, *17*(1), 22–28. <https://doi.org/10.1177/1534765610395617>
- Ceschi, G., Meylan, S., Rowe, C., & Boudoukha, A. H. (2022). Psychological profile, emotion regulation, and aggression in police applicants: a swiss cross-sectional study. *Journal of Police and Criminal Psychology*, *37*(4), 962–971. <https://doi.org/10.1007/s11896-022-09548-0>
- Craun, S. W., & Bourke, M. L. (2014). The use of humor to cope with secondary traumatic stress. *Journal of Child Sexual Abuse*, *23*(7), 840–852.
<https://doi.org/10.1080/10538712.2014.949395>
- Demou, E., Hale, H., & Hunt, K. (2020). Understanding the mental health and

- wellbeing needs of police officers and staff in Scotland. *Police Practice and Research*, 21(6), 702–716. <https://doi.org/10.1080/15614263.2020.1772782>
- Doctor, R. M., & Shiromoto, F. N. (2010). The encyclopedia of trauma and traumatic stress disorders. In *Choice Reviews Online* (Vol. 48, Issue 01). Facts On File. <https://doi.org/10.5860/choice.48-0028>
- Duffy, E., Avalos, G., & Dowling, M. (2015). Secondary traumatic stress among emergency nurses: A cross-sectional study. *International Emergency Nursing*, 23(2), 53–58. <https://doi.org/10.1016/j.ienj.2014.05.001>
- Englert, L. (2015). The Impact of emotional contagion and its relationship to mood Lauren Englert. In *Psychology*. <https://www.mckendree.edu>.
- Fiantika, F. (2022). Metodologi penelitian kualitatif. In *Metodologi Penelitian Kualitatif*. In *Rake Sarasin* (Issue March). PT Remaja Rosdakarya.
- Figley, C. R. (2014). Facing family violence: Some help for practitioners. *PsycCRITIQUES*, 59(2). <https://doi.org/10.1037/a0034414>
- Frazier, C., Mintz, L. B., & Mobley, M. (2005). A multidimensional look at religious involvement and psychological well-being among urban elderly African Americans. *Journal of Counseling Psychology*, 52(4), 583–590. <https://doi.org/10.1037/0022-0167.52.4.583>
- Gutner, C. A., Rizvi, S. L., Monson, C. M., & Resick, P. A. (2006). Changes in coping strategies, relationship to the perpetrator, and posttraumatic distress in female crime victims. *Journal of Traumatic Stress*, 19, 813–823. <https://doi.org/10.1002/jts>.
- Gyawali, B., Harasym, M. C., Hassan, S., Cooper, K., Boschma, A., Bird, M., Konradsen, F., Raju, E., & Tellier, S. (2021). Not An 'Either/Or': Integrating Mental Health And Psychosocial Support Within Non-Communicable Disease Prevention And Care In Humanitarian Response. *Journal of Global Health*, 11, 1–4. <https://doi.org/10.7189/JOGH.11.03119>
- Hatfield, E., Cacioppo, J. T., & Rapson, R. L. (1994). Emotional contagion. Studies in emotion and social interaction. In *Current Directions in Psychological Science* (Vol. 2). Cambridge University Press.
- Kinker, B., Arfken, C., & Morreale, M. (2018). Secondary traumatic stress in medical students. *Academic Psychiatry*, 42(1), 181–182. <https://doi.org/10.1007/s40596-017-0767-4>
- MacEachern, A. D., Dennis, A. A., Jackson, S., & Jindal-Snape, D. (2019).

- secondary traumatic stress: prevalence and symptomology amongst detective officers investigating child protection cases. *Journal of Police and Criminal Psychology*, 34(2), 165–174. <https://doi.org/10.1007/s11896-018-9277-x>
- Maran, D. A. ;, Dolce, V., & Colombo, L. (2023). Editorial: Secondary traumatic stress: Risk factors, consequences, and coping strategies. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1148186>
- Martin, D. (2021). Understanding the reconstruction of police professionalism in the UK. *Policing and Society*, 32(7), 931–946. <https://doi.org/10.1080/10439463.2021.1999447>
- Newell, C. J., Ricciardelli, R., Czarnuch, S. M., & Martin, K. (2022). Police staff and mental health: barriers and recommendations for improving help-seeking. *Police Practice and Research*, 23(1), 111–124. <https://doi.org/10.1080/15614263.2021.1979398>
- Phythian, R., Birdsall, N., Kirby, S., Cooper, E., Posner, Z., & Boulton, L. (2023). Organisational and individual perspectives of police wellbeing in England and Wales. *Police Journal*, 96(1), 128–152. <https://doi.org/10.1177/0032258X211052250>
- Queirós, C., Passos, F., Bártolo, A., Marques, A. J., da Silva, C. F., & Pereira, A. (2020). Burnout and stress measurement in police officers: Literature review and a study with the operational police stress questionnaire. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.00587>
- Rahayu, S., Sjattar, E. L., & Seniwati, T. (2021). Factors Affecting secondary traumatic stress disorder among search and rescue team in Makassar. *Indonesian Contemporary Nursing Journal (ICON Journal)*, 5(2), 49–57. <https://doi.org/10.20956/icon.v5i2.9032>
- Saladino, V., Eleuteri, S., Zamparelli, E., Petrilli, M., & Verrastro, V. (2021). Sexual violence and trauma in childhood: A case report based on strategic counseling. *International Journal of Environmental Research and Public Health*, 18(10). <https://doi.org/10.3390/ijerph18105259>
- Schiraldi, G. (2009). *The post-traumatic stress disorder sourcebook EB: A Guide to Healing, Recovery, and Growth* (p. 464). United States of America: McGraw-Hill Professional.
- Stoewen, D. L. (2016). Wellness at work: Building healthy workplaces. *Canadian Veterinary Journal*, 57(11), 1188–1190.

- Tsai, J., & Clobert, M. (2016). Cultural influences on emotion: Empirical patterns and emerging trends. In S. Kitayama & D. Cohen (Eds.), *Handbook of cultural psychology* (pp. 1–57). Oxford University Press.
- van Assen, M. F. (2021). Training, employee involvement and continuous improvement—the moderating effect of a common improvement method. *Production Planning and Control*, 32(2), 132–144.
<https://doi.org/10.1080/09537287.2020.1716405>
- Violanti, J. M., Charles, L. E., McCanlies, E., Hartley, T. A., Baughman, P., Andrew, M. E., Fekedulegn, D., Ma, C. C., Mnatsakanova, A., & Burchfiel, C. M. (2017). Police stressors and health: a state-of-the-art review. *Policing*, 40(4), 642–656. <https://doi.org/10.1108/PIJPSM-06-2016-0097>
- Westmarland, L., & Conway, S. (2020). Police ethics and integrity: Keeping the ‘blue code’ of silence. *International Journal of Police Science and Management*, 22(4), 378–392. <https://doi.org/10.1177/1461355720947762>

This page is intentionally left blank