INTERPOL

DISASTER VICTIM IDENTIFICATION GUIDE

ANNEXURE 12

OCCUPATIONAL TRAUMA EXPOSURE IN DISASTER VICTIM IDENTIFICATION

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1. Introduction

During a disaster victim identification (DVI) operation, members of the DVI team may be confronted with extraordinary images, stories, and experiences, which may cause substantial psychological stress. This stress can adversely impact on a worker's physical health and psychological wellbeing, which in turn may significantly affect their professional performance and personal life.

Multiple studies have highlighted the importance of having systems in place that help responders to prepare for, and deal with occupational psychological stressors. Part A of the INTERPOL DVI guide acknowledges the importance of occupational health, safety, and welfare requirements. However, the identification of the impact of exposure to traumatic events during a DVI operation, and a response to manage these impacts requires more detailed information. This appendix aims to provide such information. It is primarily aimed at policy makers and supervising personnel but may also be informative for first responders and individuals working in disaster contexts.

2. Definitions

This appendix focuses on mental distress and psychological trauma. The former is regarded a normal human response to a traumatic event, the latter occurs when the amount of mental stress exceeds the person's ability to cope, eventually leading to serious negative consequences.

Exposure to trauma can be either direct, or indirect. Direct trauma exposure involves distressing, harmful, or life-threatening events happening to, or witnessed by the affected individual. Within a DVI context, examples include directly observing heavily disrupted/mutilated bodies, or experiencing a potentially harmful event at the disaster scene. Indirect trauma exposure may occur when hearing or reading about distressing, harmful or life-threatening events that happen to other people. In a DVI context, this could, for instance, include exposure to stories of survivors, next of kin, or emergency personnel.

3. The incidence of trauma

The working conditions and experiences of DVI workers may lead to mental health problems, but not every person is affected in the same way, and many are not affected at all. Susceptibility to psychological trauma is complex and can be linked to a combination of the nature of the job, individual personality types, life history (especially previous personal trauma), and other extrinsic factors such as work/shift schedules, break cycles, and social connectedness (see also Table 1).

Studies on the traumatisation of first responders following the 2015 Paris terror attacks, the 2001 World Trade Center terror attack, the 2004 Madrid terror attack and the 2005 London bombings found varying degrees of traumatization (1.9% - 24%), with the general tendency that DVI team members without training exhibited higher rates of traumatization than trained personnel. Persons who dealt directly with family members of the missing/dead were also particularly at risk of being affected. Other risk factors are trauma severity, absence on training on the potential psychological effects of DVI work, and exposure to dangerous/unsafe scenes.

Personality traits are also significant variables, such as the individual's coping mechanism and mental resilience. Coping is ability to use cognitive/behavioural strategies to manage oneself and regulate emotions in stressful situations. Resilience refers to the ability to recover from distressing situations and to deal with long term stressful experiences. A lack of social support and subsequent life stress increases the risk of traumatisation.

Table 1. Occupational factors increasing the risk of negative outcomes of trauma exposure

High and low job demands	Jobs in which sustained high or low physical, mental or emotional effort is required. High-demand tasks / jobs include long work hours; difficult, challenging tasks; and tasks that require emotional effort to respond to distressing situations. Low-demand tasks or jobs include highly repetitive or monotonous tasks, requiring low levels of thought processing and little variety.
Low job control	Employees have little control over aspects of the work, including how or when a job is done.
Low recognition and reward	Examples include: - Uncertainty about or frequent changes to tasks and work standards. - An imbalance between employees' efforts and formal and informal recognition.
Low role clarity	Examples include: - Important task information is not available to the worker. - Conflicting job roles, responsibilities, or expectations.
Poor environmental conditions	Examples include: - Exposure to poor-quality or hazardous working environments. - Prolonged exposure to traumatic working environments.
Poor organisational justice	Examples of poor organisational justice include: - Inconsistent application of policies and procedures. - Unfairness or bias in decisions about allocation of resources and work. - Poor management of under-performance.
Poor support	Examples include: - Inadequate emotional or practical support from supervisors and colleagues. - Insufficient information or training to support their work performance. - Inadequate tools, equipment, and resources to do the job.
Remote and isolated work	Examples include locations where: - Access to resources and communications is difficult. - Travel times are lengthy. - Access to help, especially in an emergency, might be difficult.

4. Effects of trauma

Adverse personal and professional impacts of exposure to trauma are many and varied, both in scale as well as seriousness. To limit the adverse effects, it is essential to recognise behaviour that may indicate mental distress and psychological trauma.

4.1 Negative impacts of trauma exposure

It is likely that responders will exhibit some psychological symptoms (e.g. irritability, trouble sleeping, fatigue), or some difficulty when returning to their daily lives. Such relatively mild symptoms are ordinarily transient, and understandable in the context of increased mental and physical stress. They should not necessarily be regarded as symptom of an illness.

More sustained behavioral patterns however can meet the criteria of a mental health disorder, such as depression or post-traumatic stress disorder (PTSD). Symptoms of PTSD may start within a short period of time after the traumatic event, but occasionally they may not appear until years have passed. Signs that a co-worker could be experiencing adverse impacts from exposure to trauma may include:

- presenteeism (physically present at work but psychologically absent);
- increased sick leave or incidental leave;
- decreasing work standards;
- openly discussing that they are not coping;
- increase in drug or alcohol use;
- presenting as irritated or 'short' with others (or the opposite; they may be heightened or working faster than usual).

The recognition of pathological behavioral patterns is not straightforward and may require screening by a specialist. If major symptoms of a psychological disorder appear, referral should be made for specialized treatment.

4.2 Positive impacts of trauma exposure

While many of the symptoms of direct or indirect trauma exposure are negative, it must be recognised that some of the impacts may be considered positive. These positive outcomes include compassion satisfaction, quality of life, general well-being and posttraumatic growth. Post-traumatic growth (PTG) is a transformative change in cognitive and emotional life that specifically follows the longer-term aftermath of involvement in a traumatic event. It may develop over many days to even years and is thought to be the result of coping with a particular traumatic event.

5. Methods to diminish trauma exposure and its effects

While exposure to trauma during a DVI operation is unlikely to be eliminated there are active mitigation measures that can be implemented to reduce the level of exposure and to identify and respond to adverse impacts.

Education of new personnel, refresher courses for existing personnel, and practical training should include training on the presence and nature of trauma in a DVI context, the physical and psychological impacts it may have, and how these might manifest. The curriculum should also include a recognition that adverse psychological impacts are a likely consequence of exposure to trauma. This will help to create a non-judgmental culture among personnel and specialists involved in DVI operations, which is crucial to enable personnel to identify signs of adverse impacts from trauma exposure in themselves and others.

Table 2. Strategies to diffuse or minimize adverse impacts of exposure to trauma

INDIVIDUAL STRATEGIES	
Health and exercise	Maintaining a state of physical and mental wellbeing through bodily or mental exertion, dependent on the persons physical capabilities.
Provision of supervision	A supportive, professional development process that provides a safe environment for personnel to process their reactions to and develop adaptive strategies for working with trauma. It aims to assist personnel to develop confidence, competence and creativity in their work.
Rest and taking breaks	Taking responsibility for regular breaks and periods of leave if the workplace makes it safe for you to do so.
Strong social networks	The perception by an individual that they have family members and/or friends to provide emotional support and affirmation of values during periods of distress.
Supportive colleagues	Examples of supportive colleagues include being helpful, personable and understanding; recognising great work; and performing kind gestures.
Working in a team environment	Working as part of a team environment enables the ability to informally debrief, have someone else notice or ask how you are, and the sense of 'not being alone in the work'.
Work life balance	Work-life balance is the state of equilibrium between the demands of an individual's career and the demands of an individual's personal life.
Training	Education about the risks of exposure to trauma, as well as strategies, can assist personnel to take steps to monitor and address its effects.
ORGANISATIONAL STRATEGIES	
Adequate physical space and resources at work	Access to computers, cars, rooms in which to work, and materials to use.
Balance or variety in caseload	Balance or variety in the allocated caseloads ensures personnel have some cases that can have successful outcomes. This creates a feeling of accomplishment or positive outcome in the work.
Peer case discussion	The ability to get input into cases from supportive colleagues, rather than being left on your own to 'figure it out' is beneficial as long as the discussions are respectful, supportive and enquiring.
Positive workplace climate / culture	Shared values, beliefs, attitudes and assumptions among staff in a workplace. Characteristics include good communication, opportunities for growth and culture of collaboration.
Professional development	Access to, and support of, ongoing professional development, such as mentoring, coaching, supervision, and ongoing study.

In the pre-deployment phase of a DVI operation, employers should provide personnel and specialists with a thorough briefing and supporting material on:

- their role and duties in a DVI operation;
- the risk to their safety if the physical and socio-political circumstances are unstable, and the precautions and actions they would be expected to take;
- the risk to their psychological health and wellbeing due to intense exposure to trauma in the form of human remains and environmental destruction;
- recognition of behaviour indicative of adverse effects of trauma exposure;
- the requirements for participation in debriefing;
- the formal psychological supports available during and following the DVI operation and suggested informal supports.

This orientation provides important information about how a DVI operation is different to "business as usual" operations and the acknowledgement that adverse psychological effects are a possibility of deployment. It also provides an opportunity for an open discussion on the suitability of the selected personnel.

Not every employer makes reasonable adjustments to mitigate the risk of trauma exposure. How to raise such concerns should be part of orientation, or within personnel resources.

Scientific evidence from interventions that diffuse or minimize the impact of exposure to trauma is limited, and none of these studies are specific to a DVI setting. However, general individual and organisational practices used to mitigate the risk are provided in Table 2.

Since the negative effects of trauma exposure may not develop directly, organisations employing DVI workers should be proactive in recommending that personnel and specialists access professional support for treatment.

6. Legal responsibility

Occupational health and safety is a shared responsibility between employer and employee, but it should be established who is legally responsible for the mental and physical health of DVI personnel, both during and following the DVI operation. For police staff this is usually not a problem since invariably police deploy their own staff and therefore, have an on-going legal responsibility for them. Non-police forensic specialists and other workers are not necessarily selected by the police, but may be deployed operationally under their control, whilst having no formal relationship or contact with police after the operation.

It is strongly recommended that there be discussion and agreement between the employer and lead DVI agency regarding the selection criteria, and health and well-being of the DVI practitioner. This agreement may be either in the form of a memorandum of understanding or formal contract which explicitly states the duration of the deployment and the nature and extent of each agencies responsibilities. It may be that during the DVI operation and in the early post-deployment period the responsibility is shared between the employer and the lead agency, but with the passage of time this responsibility shifts solely to the employer. A similar agreement should be in place even if the person is in private practice.