

# Impact of the current pandemic on intelligence and analytical professionals working in police and law enforcement organisations

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Impact of the Current Pandemic on Intelligence and Analytical Professionals Working in  
Police and Law Enforcement Organisations

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## Abstract

**Objective:** During the present pandemic, emerging literature argues that front-line officers' mental health is at greater risk whilst performing their duties. However, little is known of the impact on the work of professionals in analytical/intelligence roles in police, law enforcement and justice organisations. Therefore, this study explored the impact of the current pandemic on the experiences of analysts working in these roles. **Method:** Sixteen semi-structured interviews were conducted with these analysts and template analysis was used to analyse the transcriptions. **Results:** Nine themes were identified namely 'A new *safe* work place', 'Opportunity to catch-up', 'Communication delays', 'Discomfort with commuting', 'Facilitating offending', 'Isolation', 'Loss of social support', 'Insufficient technical resources', and 'Work-life imbalance'. **Conclusion:** Analysts when home-working with traumatic material were facing challenges, such as limited human interaction and no immediate support from employers, which were causing psychological distress during these unprecedented times. While the nature of their work puts some constraints on what can be done to support these analysts, some suggestions are made, which employers could action.

**Keywords:** COVID-19, pandemic, traumatic material, mental health

**Impact statement:** This study highlights the importance of developing effective and secure means of communication with colleagues in the office when home-working with traumatic material cannot be avoided, dedicated time and technological solutions to promote belonging and community, and strategies to help home-workers in mentally separating work and home space, despite both occurring in the same physical space when working with trauma-related material.

## **Impact of the Current Pandemic on Intelligence and Analytical Professionals Working in Police and Law Enforcement Organisations**

The World Health Organisation declared the coronavirus disease (COVID-19) a global pandemic on March 11, 2020. COVID-19 is a respiratory-related infectious disease that spreads quickly through respiratory droplets and has infected approximately 13 million people worldwide, including 4.3 million people in the UK (WHO, 2021a). Political leaders have responded to the pandemic in a range of ways including enforced lockdown restrictions which limit travel and social contact, and social distancing measures when people do meet (WHO, 2021b). This has also included stay at home orders where people must work from home unless they are critical workers. In the UK, critical workers were defined as those who were required to maintain the UK's health and social care sector, public safety and national security sector, education and childcare sector, transport and border sector, and key public services (Home Office, 2021).

During and after an outbreak of any infectious disease, the mental health of the general population tends to suffer as there are not enough resources to cope with the threat of infection and consequent losses. Early reports regarding this particular pandemic (Galea et al., 2020; Jia et al., 2020; Osofsky et al., 2020; Pfefferbaum & North, 2020; Tian et al., 2020) have indicated that COVID-19 has influenced the mental health of people directly by causing insomnia and excessive substance misuse due to quarantine measures. Furthermore, due to the consequences of catching the virus, this pandemic has also indirectly influenced the mental health of people through stress, anxiety, post-traumatic stress, and depression. O'Connor and his colleagues (2021) found in a longitudinal study that these after-effects of COVID-19 on people's mental health and well-being lasted longer. Although the psychosocial impact of COVID-19 shares some similarities with past epidemics, with this particular pandemic, the duration, recovery process and consequences are less certain and

long-lasting (Liu et al., 2012; Pfefferbaum et al., 2020; Rigotti et al., 2021). Hence, the trauma and challenges (e.g., bereavement, serious illness, social distancing, and unemployment) stemming from this pandemic pose a significant threat to people's mental health (Holmes et al., 2020; Jia et al., 2020; Smith et al., 2020).

Research has also documented the particularly negative impact the pandemic is having on critical workers such as health-care professionals and police and law enforcement employees who are expected to continue to work outside the home dealing with risky and challenging situations (Ayling et al., 2020; Jia et al., 2020; Walton et al., 2020). Studies of law enforcement officers in European countries have recorded several sources of stress and strain (Frenkel et al., 2021; Huang et al., 2021; Laufs & Waseem, 2020). These include work-related stressors associated with policing the pandemic such as increased workload, a need to work long hours, and inadequate leadership and communication within the organisation. However, they also explicitly report stress associated with the risk from the virus itself (heightened for those with existing physical health risks), and the conflict between the risk of exposure while executing their work role and their desire to protect their families. While some may experience stress in response to working outside the home, going into work for some can be protective because it provides continuity, and a social support network that protects against loneliness (Modini et al., 2016; Schwartz et al., 2003). Specifically, expressing emotions at work and receiving emotional support from peers acted as a moderator for those officers whose work put them at risk of experiencing multiple trauma (Stephens & Long, 1999).

While police and law enforcement officers often have to leave home to carry out their duties, other police/law enforcement staff in analytical and secondary investigative roles, namely crime analysts, intelligence analysts and intelligence officers, digital forensics analysts, covert human intelligence staff, police and court translators, and researchers (herein

after analysts/analytical professionals), may combine office-working with home-working, or may entirely work from home during the pandemic. Many employees in this type of role are working on potentially distressing topics (e.g., sexual violence, homicide, child sexual abuse). Employees working remotely are obliged to transform their homes into productive work environments where some are surrounded by families and others are confronted with isolation (Bhumika, 2020). For staff working on distressing and sensitive material, this also means bringing such information into the home, blurring the boundaries between work and home which can be important for mental well-being (Lavis, 2012), and requires careful management of material and discussions so family members are not exposed (Tehrani et al., 2020).

Employees in analytical and intelligence roles within the police and law enforcement are rarely the subjects of academic research. Given that they work with other people's trauma indirectly on a daily basis, and that their daily tasks involve full immersion in the details of sexual violence, abduction, rape, child sexual exploitation, homicide, torture, and murder, it is important that academic research also investigates the impact of the pandemic and associated working conditions on them (Cronje & Vilakazi, 2020; Draycott et al., 2018). For example, the job demands-resources model proposes that job strain develops with higher job demands and fewer resources irrespective of the occupation (Bakker & Demerouti, 2007) and this could cause psychological distress (Duran et al., 2020). In accordance with this theory, we assume that these analysts will experience an increase in job demands (e.g., working remotely or commuting into work) at the same time as a decrease in job resources (e.g., technical issues or insufficient support resources at home, reduced workforce and resources on-site), which could cause psychological distress. We are not aware of any other study that has assessed the impact of the pandemic on this group of employees. Therefore, this study adopted a qualitative approach to understanding how this group of employees were

experiencing their work during this pandemic and what impact this was having on their mental health.

## **Method**

### **Participants and recruitment**

Participants were recruited from different police and law enforcement organisations in the UK. Purposive sampling strategy was used to recruit participants and the recruitment process involved advertising the study to the participants via their employers. In total, sixteen employees working in intelligence and analytical roles (e.g., intelligence analysts, intelligence officers, crime analysts) participated in the study. Eleven of them were female and five were males. All reporting being of White ethnicity. Six were married, six were single and three were in a committed relationship. Their length of operational service ranged from 7 months to 27 years.

### **Materials**

A semi-structured interview was conducted with each participant. At the start of the interview, demographic information was collected about their age, gender, ethnicity, marital status, number of years in the organisation and job-title. Following that, open-ended questions were asked about the impact of the COVID-19 pandemic on their mental health, how the current pandemic had influenced their work, and the support provided from their employers. They were asked about their home and office working circumstances and pattern in the current pandemic. They were also asked if there had been any changes to their working hours or the tasks assigned to them during the pandemic (see Table 1 for the interview schedule).

### **Procedure**

Ethical approval for this study was obtained from the University of Birmingham and approval was also sought and granted from the employing organisations. As per University

procedures, a comprehensive risk assessment was also conducted to consider the risks to participants and researchers during this study, which involved telephone interviews with these participants in the first and second wave of COVID-19 in the UK.

Before conducting the telephone interviews, participant information sheets were emailed to the participants, which included details on the importance and purpose of the interview, what would happen during the interview and to the audio-recordings, that their consent would be requested for audio-recording their interview, data confidentiality and storage and how findings would be shared and disseminated. By working directly with each employing organisation, we were able to include the details of their specific wellbeing service in the version of the information sheet used for their employees. Other sources of support were also included should employees want to seek support outside of work. Participants consent was also taken to inform their employers if they were found to be at risk of harming themselves or others.

These telephone interviews were a part of a larger ongoing interview study. Due to the pandemic, it was timely to extract and analyze separately the section of interview focusing on Covid-19 from the wider interviews to understand the impact of Covid-19 on the working conditions of these participants. The interviews were focused and therefore ranged from 15-20 minutes in length ( $M = 16$  minutes). Each interviewee was given a two-week cooling-off period, post-interview, to withdraw from the study. Following that period, a transcript was created of each interview from the audio file (replacing the names with pseudonyms) and the original recording was deleted.

### **Analysis Strategy**

Template analysis was chosen as the method of analysis because of the existence of *a-priori* themes that were informed by the research aims (Kings & Brooks, 2018). These aims guided the interview questions and therefore the *a-priori* themes can be identified in advance of data



coding. However, during data coding, template analysis allows for new themes to be identified by the researcher. This analysis was conducted by the first author and involved each transcript being read multiple times as part of the familiarisation process. The initial template of themes was applied to the first five transcripts where sections of text were labelled with the theme they represented. Following initial analysis, the template was refined by both authors (FD & JW) to ensure codes accurately captured the themes within the interviews and a final template was produced, which was then applied to the full data set (Brookes & King, 2014). All interviews had been completed before initial analysis took place and final template was also used to examine the association between different themes.

## Results

From sixteen interviews, nine main themes were identified that were clearly either about the negative impact of Covid-19 or its positive impact; therefore, these nine themes were arranged beneath these two higher-level themes. Two of these themes, namely ‘A new safe workplace’ and ‘Opportunity to catch-up’, were placed within the first higher level theme of positive experiences and effects, and seven of them, namely ‘Communication delays’, ‘Discomfort with commuting’, ‘Facilitating offending’, ‘Isolation’, ‘Loss of social support’, ‘Insufficient technical resources’, and ‘Work-life imbalance’ were placed within the negative experiences and effects theme (see Figure 1).

### **Figure 1.**

*Final template to examine the association between different themes*

#### **Positive experiences and effects**

##### ***Theme 1: A new safe workplace***

- 1.1 Following Government regulations
- 1.2 Social distancing
- 1.3 Rota system
- 1.4 Alternate days
- 1.5 Proper sanitisation

##### ***Theme 2: Opportunity to catch-up***

- 2.1 Reduce the backlog of cases

## 2.2 Less serious crimes

### **Negative experiences and effects**

#### ***Theme 3: Facilitating offending***

- 3.1 Difficulty in analysing the cases
- 3.2 Suspect wearing a mask
- 3.3 Easier to hide identify

#### ***Theme 4: Communication delay***

- 4.1 On-site and remote working
- 4.2 Delayed communication between staff / workload
- 4.3 Delayed responses from those who were working from home

#### ***Theme 5: Discomfort with commuting***

- 5.1 Emptiness (of roads/public transport)
- 5.2 Feeling anxious whilst going to work
- 5.3 Difficult using public transport
- 5.4 Worried about using public transport.

#### ***Theme 6: Isolation***

- 6.1 Difficult to work with no human interaction
- 6.2 Feeling lonely when working with distressing material

#### ***Theme 7: Loss of social support***

- 7.1 No immediate help like to chat to colleagues
- 7.2 Cannot meet people

#### ***Theme 8: Insufficient technical resources***

- 8.1 Prefer having digital support
- 8.2 Restricted on how we communicate with other staff
- 8.3 Cannot discuss sensitive material online.

#### ***Theme 9: Work-life imbalance***

- 9.1 No separation of work/home environments
- 9.2 Over-working
- 9.3 Exhausted

## **Positive Experiences and Effects**

### ***Theme 1: A “new” safe workplace***

During the present pandemic, almost all of the interviewees ( $n = 13$ ) reported that their employers were making an effort to create a safe workplace environment by following Government regulations. This was viewed very positively by interviewees. For example, Participant 1 stated: *“They are good by making arrangements in the office to follow Government regulations including hand sanitizers”*. Social distancing was strictly followed by making arrangements for employees to be two metres apart from each other and proper sanitisation was being used to improve workplace hygiene. In order to reduce the number of people in close proximity, some organisations had introduced a rota system where some participants worked two-weeks from home and one-week from the office, or they worked alternate days from the office.

### ***Theme 2: Opportunity to catch-up***

More than half of the interviewees ( $n = 9$ ) stated that there were fewer serious crimes being committed due to the imposed lockdown and hence this was providing them and analysts with the opportunity to catch-up with previous cases. Participant 10 stated: *“I’ve noticed there are not as many new cases as usual ... this allows to catch-up with the backlog of cases we have had from past years”*. Rather than Covid-19 leading to an increase in workload that has been seen in other sectors (Jia et al., 2020), for *some* interviewees at least, at the time of interview, their workload appeared to have decreased. This was positive because pre-Covid-19, some of them were struggling to manage their workload.

## **Negative Experiences and Effects**

### ***Theme 3: Facilitating offending***

In direct contrast, other interviewees ( $n = 4$ ) reported that Covid-19 had facilitated some types of offending. Specifically, they explained that the new social norm of wearing face masks provided suspects with a legitimate means of hiding their identity. For example, prior to Covid-19, some offenders wore a mask as a part of their modus operandi and this was an

intentional choice, however, now with everyone wearing a mask, it was difficult to distinguish the crimes or one offender from another. This did not necessary increase workload but was reported as making their analytical task more difficult. For instance, Participant 11 mentioned: *“Some offenders wear masks and it becomes tricky in analysing a case these days”*.

#### ***Theme 4: Communication delays***

In order to facilitate compliance with Government guidelines regarding social distancing, the interviewees ( $n = 10$ ) spoke about a new hybrid-working practice introduced by their employers where they were on-site for a week and working remotely for the subsequent two-weeks. These interviewees mentioned that there were delayed responses from the colleagues who were working remotely and this, at times, caused delays to their task/work. Participant 6 stated: *“It’s more time-consuming if you want to get a response from people who are working remotely, it is not that quick, and we have to wait for it”*.

This demonstrates that while a hybrid-way of working might be advantageous in creating a safer working environment, an unintended consequence is communication difficulties. Challenges of communicating with colleagues in the office when home-working due to data security considerations is returned to below in theme 8.

#### ***Theme 5: Discomfort with commuting***

This theme related to Covid-19-related changes to the commuting environment, which interviewees found aversive. One-third of the analysts spoke about the emptiness of roads whilst commuting to work during nationwide lockdowns. This was in contrast to the busyness of roads pre-Covid-19 whereby the reduction in traffic during lockdown seemed to reinforce the relatively lower risk of home-working compared to office-working. Participant 3 stated: *“Going to work worried me; people I knew were home-working”*. As a result, three of them reported ‘feeling anxious’ whilst travelling to work. Interviewees ( $n = 5$ ) were aware of the

potential to catch the virus while using public transport, hence they were also worried about the potential of needing to use public transport for commuting. For some, these concerns were associated with a general sense of the virus being new and the associated lack of knowledge about it at that point in the pandemic. Participant 11 stated: *“I was feeling anxious as there was a lack of knowledge about the virus and we had to go to work, and after seeing empty roads, I was a little more worried”*. The contrast between them being directed to come into work (or being required to be in the office) compared to the remainder of the population being able to stay at home was anxiety-provoking and experiences during the commute along empty roads, for example, made this all the more poignant.

#### ***Theme 6: Isolation***

This theme was common with three-quarters of interviewees ( $n = 12$ ) commenting that they felt “lonely” and isolated when working at home. For example, Participant 13 mentioned: *“When you’re home, it is lonelier to work with this material”*. This was not just general loneliness but was also discussed with reference to the nature of their work and being exposed to people’s traumas (e.g., sexual offences, murders, rapes, homicides, arson) in a variety of forms (such as traumatising conversations, CCTV videos, images, written victim statements or victims’ interviews), without the human interaction they would get in work in normal times. Participant 6 stated: *“... I miss having human interactions whilst analysing the cases”*.

#### ***Theme 7: Loss of social support***

As a result of home-working, interviewees also explained that they could not seek immediate help from colleagues (e.g., just a chat) if they were struggling with some of the material. For example, Participant 5 expressed: *“You cannot chat with colleagues as you could, this is depressing – like we can look over the desk and say, “Oh gosh, I have read something really bad”, but now it’s not the same”*. This seemed to be related to the lack of physical proximity

to colleagues and that interactions were no longer immediate (but were effortful). This was compounded by the fact that due to the sensitivity of their work, it could not be discussed over the phone or email (see Theme 8). This absence of emotional support from their colleagues who could understand them and make them feel better led to low mood for some.

### ***Theme 8: Insufficient technical resources***

Interviewees ( $n = 14$ ) did mention that their employers had provided practical support to them in this unprecedented time, however, most felt the support was not sufficient ( $n = 12$ ) when they were working remotely. This was particularly related to technical needs that their employers were struggling to meet. For example, in their normal working environment, they would discuss cases they were working on with colleagues for intellectual input. Due to the sensitivity of their work, this was not possible over open phone-lines or on email. Participant 16 stated: *“We cannot speak via phone or make video calls, this material is sensitive, and it gets challenging to communicate”*. In this sense, they did not feel the digital infrastructure for their work was adequate in this new context. For example, Participant 3 suggested: *“The organisation needs to have certain things in place like digital support which could be used in the future if we have certain conditions like this pandemic”*.

### ***Theme 9: Work-life imbalance***

Approximately, three-quarters of interviewees spoke about the challenge of ‘separating work and home life’ when working remotely. This challenge was experienced by those who were married or in a committed relationship but was particularly common amongst interviewees who were single and lived on their own. Participant 4 mentioned: *“I live in one bedroom flat and working from home, it gets depressing as I was eating, drinking, sleeping and working as I had no support bubble near me”*. They commented that as a result of the pandemic shrinking their lives more generally, they had nothing to do except work, which was leading to them over-working, and consequently feeling sad and exhausted. Participant 15 stated: *“I*

*roll from my bed to laptop and work more hours ... this was mentally exhausting and tedious*". From this quote, it seems particularly problematic when employees do not have separation in their homes between work space and personal space (i.e., if in a one-bedroom or studio flat).

## **Discussion**

The aim of this paper was to explore the impact of COVID-19 on the workings of analytical and intelligence professionals and their mental health. From our findings, it was evident that the current pandemic had some positive effects in terms of employees observing and valuing the efforts to which their employers were going to make the office safe, and in terms of the pandemic leading to fewer crimes being committed (Frenkel et al., 2021). Hence, this suggested that police and law enforcements organisations were adopting a range of measures to provide a safe environment for their employees. However, these same measures were having negative effects on the interviewees' experience of carrying out their work duties, on their work-life balance, and subsequently on their mental health. It is important to note that the interviews were conducted relatively early on in the pandemic when COVID-19 had abruptly pushed organisations to adapt new ways of working (Van Steerbengern et al., 2018). Some of our employees were expected to work in the office at dedicated times which was in stark contrast to other workers who were being directed to work from home for safety reasons. Given this rhetoric, it is not surprising that some interviewees were anxious about going into work and also about the commute. The reduction in traffic during the commute seemed to reinforce this feeling of difference compared to other workers and the relative risk of home vs. office working. In the first and second wave of COVID-19, there was a lack of understanding and knowledge about the spread of the virus and with the increase in death rate in the UK, commuting into work was increasing the job demand, as per the job demands-resources model (Bakker et al., 2007).

Some of the analysts preferred working from home during these unprecedented times to avoid the commute (Vyas & Butakhieo, 2021), however, working with traumatic material remotely was challenging as there were decreases in job resources such as technical obstacles that needed to be overcome to complete tasks effectively. Some of these were not able to be overcome at the time of interview, and so tasks were more time-consuming and working was less effective, than normal.

Informal conversations with colleagues are considered to increase resilience (Lopez-Leon et al., 2021), however, from our findings, interviewees were having difficulties in accessing this support, in particular they were unable to discuss sensitive material via the phone or online when working remotely. This had a number of negative effects; it meant they could not draw on the expertise of colleagues in their work and they could not seek informal social support at the point at which it was needed. As a result, they felt isolated from colleagues, which they associated with psychological distress. Given the security considerations of our interviewees' work, it is difficult to see ways to overcome the challenge of delays in communication, however there are certainly actions that can be taken to build and maintain the informal support network when home-working. Scheduling in time for virtual cafes, virtual lunches or Friday virtual pubs and making sure that work demands allow people to take up these opportunities can be implemented (Chanana & Sangeeta, 2020). So too can work community challenges that people can choose to contribute to (e.g., sharing images of art projects, photography competitions, poetry, baking, etc.) and enjoy seeing what others have done. Such initiatives need a champion to drive them who is engaging and motivating, and who is given the time to develop the virtual community. Furthermore, developing these social networks would promote resilience to stress and trauma (Sippel et al., 2015).



During COVID-19 working from home was challenging as the boundary between work and home life was less defined. In general, home working has already been noted to lead to difficulties in the blurring of work-life boundaries (Bhumika, 2020) in that people are confined to the same house meaning that work is disturbed by interruptions, noise and the increased demand of household chores/caring responsibilities. However, this was not just an issue for interviewees with families and this points to an additional element to home-working for those working with trauma-related material. The importance of a physical separation between where one works on traumatic material and where one lives has previously been reported by crime analysts when interviewed about how they cope with working on trauma-related material (Lavis, 2012). For people where the home is a place of safety and refuge, it is problematic for the home to then be associated with trauma and violence as it increases the likelihood of secondary trauma reactions to trauma-related work. Hence, employers need to recognise and respond to the diverse needs of their workers who take traumatising material into the home (Tehrani et al., 2020).

A physical separation between work and home, reinforced by a commute for example, also allows analysts to switch off from work when they leave (Lavis, 2012). It was very apparent from the interviews that this was a real challenge for some of our participants who were over-working due to not having other activities to occupy them. This was leading to exhaustion and low mood from not having adequate breaks from distressing material. There are several opportunities for intervention here that employers could consider. First, they could encourage new hobbies by sending activities home for employees. Second, they could encourage joining in with on-line group activities (e.g., on-line yoga classes and issue vouchers to their employees). Third, if employees have a tendency to turn to work, employers could consider what other rewarding activities their employees could do from home that

would give them a sense of achievement as well as a break from distressing material (e.g., CPD courses) (Chanana et al., 2020).

At the time of lockdown, employers could also avoid exhaustion amongst workers by illustrating participative leadership skills where line managers decide the work-schedule and task performance level to balance between work and home (Bhumika, 2020). In addition, participants could improve their well-being by having a routine to be more productive, eating healthily, sleeping well, and doing regular exercise (Kinman et al., 2020).

### **Limitations**

This was a novel study, examining the experiences of a group of professionals often neglected by research. This was unlikely to be a representative sample, however, since all participants were of White ethnicity and they volunteered to take part. All participants were also UK based and so we do not know how their experiences would generalise to participants in other countries. A final limitation is that we did not include in our interview schedule questions regarding what interventions the interviewees would find useful. While we have suggested some here, in the spirit of participatory research (Jull et al., 2017), future studies should seek the direct input of the participants.

### **Conclusion**

In summary, analytical and intelligence professionals in police and law enforcement are facing challenges in the current pandemic that are causing psychological distress. That is to say, as a consequence of an increase in job demands (i.e., by having to commute into work, working from home with traumatic material) and a decrease in resources as compared to normal (e.g., not having adequate means of communication from colleagues and sufficient technical and emotional support), these analysts reported feeling anxious, sad, lonely and exhausted. These challenges could be addressed by the police and law enforcement organisations by providing sufficient resources to combat the deleterious effects of COVID-19 on the experiences of these

analysts. Lastly, they could be provided with training to help them manage working with traumatic material from home.

### References

- Ayling, K., Jia, R., Chalder, T., Massey, A., Broadbent, E., Coupland, C., & Vedhara, K. (2020). Mental Health of Keyworkers in the UK during the COVID-19 Pandemic: a Cross-sectional Analysis of a Community Cohort. *MedRxiv*, 2020.2011.2011.20229609. <https://doi.org/10.1101/2020.11.11.20229609>
- Bakker, A. B. & Demerouti, E. (2007). The Job Demands-Resources model: state of the art, *Journal of Managerial Psychology* 22(3), 309 – 328. <https://DOI10.1108/02683940710733115>
- Bhumika. (2020). Challenges for work–life balance during COVID-19 induced nationwide lockdown: exploring gender difference in emotional exhaustion in the Indian setting. *Gender in Management*, 35 (7), 705-718. <https://doi.org/10.1108/GM-06-2020-0163>
- Brooks, J., & King, N. (2014). Doing Template Analysis: Evaluating an End-of-Life Care Service. In SAGE Research Methods Cases. SAGE Publications Ltd. <https://doi.org/10.4135/978144627305013512755>
- Cañibano, A., Chamakiotis, P., & Russell, E. (2020). Virtual teamwork and employee well-being: The Covid-19 effects. <https://academ.escpeurope.eu/pub/IP%202020-25EN.pdf>
- Chanana, N., & Sangeeta (2020). Employee engagement practices during COVID-19 lockdown. *Journal of public affairs*, e2508. Advance online publication. <https://doi.org/10.1002/pa.2508>

- Cronje, J. H., & Vilakazi, M. J. (2020). Secondary traumatic stress in police detective officers dealing with complainants of sexual crimes. *South African Journal of Psychology*, 50(4), 520-529. <https://doi.org/10.1177/0081246320923819>
- Draycott, S., Hurrell, A. K., & Andrews, L. (2018). Secondary traumatic stress in police officers investigating childhood sexual abuse. *Policing: An International Journal of Police Strategies & Management*. <https://doi:10.1108/PIJPSM-08-2016-0131>
- Duran, F., Woodhams, J., & Bishopp, D. (2020). The relationships between psychological contract violation, occupational stress, and well-being in police officers. *International Journal of Stress Management*. 28(2), 141–146. <https://doi.org/10.1037/str0000214>
- Frenkel, M. O., Giessing, L., Egger-Lampl, S., Hutter, V., Oudejans, R. R., Kleygrewe, L., Jaspaert, E., & Plessner, H. (2021). The impact of the COVID-19 pandemic on European police officers: Stress, demands, and coping resources. *Journal of Criminal Justice*, 72, 101756. <https://doi.org/10.1016/j.jcrimjus.2020.101756>
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA International Med*, 180(6), 817–818. <https://doi:10.1001/jamainternmed.2020.1562>
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*. [https://doi:10.1016/S2215-0366\(20\)30168-1](https://doi:10.1016/S2215-0366(20)30168-1)
- Home Office. (2021). Covid-19 Critical worker status. <https://www.gov.uk/government/news/covid-19-critical-worker-status>

- Huang, Q., Bodla, A. A., & Chen, C. (2021). An Exploratory Study of Police Officers' Perceptions of Health Risk, Work Stress, and Psychological Distress during the COVID-19 Outbreak in China. *Front. Psychology*, 12: 632970. <https://doi.org/10.3389/fpsyg.2021.632970>
- Jia, R., Ayling, K., Chalder, T., Massey, A., Broadbent, E., Coupland, C., & Vedhara, K. (2020). Mental health in the UK during the COVID-19 pandemic: cross-sectional analyses from a community cohort study. *BMJ open*, 10(9), e040620. <https://doi.org/10.1136/bmjopen-2020-040620>
- Jull, J., Giles, A. & Graham, I.D. (2017). Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge. *Implementation Science*, 12, 1-9. [https:// doi: 10.1186/s13012-017-0696-3](https://doi.org/10.1186/s13012-017-0696-3)
- King, N. & Brooks, J. (2018). Thematic analysis in organisational research. In The sage handbook of qualitative business and management research methods (pp. 219-236). SAGE Publications Ltd, <https://www.doi.org/10.4135/9781526430236>
- Kinman, G., Grant, C., Fraser, J., Bell, N., Breslin, G., Colville, T., Kwiatowski, R., Steele, C., Tehrani, N., Thomson, L., Waites, B., Whittaker, L., & MacKey, G. (2020). Working From Home: Healthy Sustainable Working during the Covid-19 Pandemic and Beyond. *British Psychological Society*. [https://pure.ulster.ac.uk/ws/portalfiles/portal/79506622/Working\\_from\\_home\\_Kinman\\_et\\_al\\_2020.pdf](https://pure.ulster.ac.uk/ws/portalfiles/portal/79506622/Working_from_home_Kinman_et_al_2020.pdf)
- Laufs, J., & Waseem, Z. (2020). Policing in pandemics: A systematic review and best practices for police response to COVID-19. *International Journal of Disaster Risk Reduction*, 51, 101812. <https://doi.org/10.1016/j.ijdrr.2020.101812>

Lavis, T. (2012). Exploring how crime analysts experience working with other people's traumatic material. University of Birmingham doctoral thesis.

<https://etheses.bham.ac.uk/id/eprint/3745/>

Liu, X., Kakade, M., Fuller, C. J., Fan, B., Fang, Y., Kong, J., Guan, Z., & Wu, P. (2012).

Depression after exposure to stressful events: lessons learned from the severe acute respiratory syndrome epidemic. *Comprehensive psychiatry*, 53(1), 15-23.

[https://doi.org/10.1016/j.comppsy.2011.02.003`](https://doi.org/10.1016/j.comppsy.2011.02.003)

Lopez-Leon, S., Wegman-Ostrosky, T., Perelman, C., Sepulveda, R., Rebolledo, P. A.,

Cuapio, A., & Villapol, S. (2021). More than 50 Long-term effects of COVID-19: a systematic review and meta-analysis. *medRxiv: the preprint server for health sciences*,

<https://doi.org/10.1101/2021.01.27.21250617>

Modini, M., Joyce, S., Mykletun, A., Christensen, H., Bryant, R. A., Mitchell, P. B., &

Harvey, S. B. (2016). The mental health benefits of employment: Results of a systematic meta-review. *Australasian Psychiatry*, 24(4), 331–336.

<https://doi.org/10.1177/1039856215618523>

O'Connor, R. C., Wetherall, K., Cleare, S., McClelland, H., Melson, A. J., Niedzwiedz, C. L.,

O'Carroll, R. E., O'Connor, D. B., Platt, S., Scowcroft, E., Watson, B., Zortea, T., &

Robb, K. A. (2021). Mental health and well-being during the COVID-19 pandemic:

longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing

study. *The British Journal of Psychiatry*, 218(6), 326-333.

<https://doi.org/10.1192/bjp.2020.212>

Osofsky, J. D., Osofsky, H. J., & Mamon, L. Y. (2020). Psychological and social impact of

COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5),

468. <https://doi.org/10.1037/tra0000656>

- Pfefferbaum, B., & North, C. S. (2020). Perspective: Mental health and the Covid-19 pandemic. *The New England Journal of Medicine*. Advance online publication. <http://doi.org/10.1056/NEJMp200801>
- Rigotti, T., Yang, L.Q., Jiang, Z., Newman, A., De Cuyper, N. & Sekiguchi, T. (2021), Work-Related Psychosocial Risk Factors and Coping Resources during the COVID 19 Crisis. *Applied Psychology*, 70, 3-15. <https://doi:10.1111/apps.12307>
- Schwartz, C. E., Meisenhelder, J. B., Ma, Y., & Reed, G. (2003). Altruistic social interest behaviors are associated with better mental health. *Psychosomatic Medicine*, 65(5), 778–785. <https://doi:10.1097/01.psy.0000079378.39062.d4>
- Sippel, L. M., Pietrzak, R. H., Charney, D. S., Mayes, L. C., & Southwick, S. M. (2015). How does social support enhance resilience in the trauma-exposed individual? *Ecology and Society*, 20, 10. <http://dx.doi.org/10.5751/ES-07832-200410>
- Smith, L., Jacob, L., Yakkundi, A., McDermott, D., Armstrong, N. C., Barnett, Y., López-Sánchez, G. F., Martin, S., Butler, L., & Tully, M. A. (2020). Correlates of symptoms of anxiety and depression and mental wellbeing associated with COVID-19: a cross-sectional study of UK-based respondents. *Psychiatry research*, 291, 113138. <https://doi.org/10.1016/j.psychres.2020.113138>
- Stephens, C., & Long, N. (1999). Posttraumatic stress disorder in the New Zealand police: The moderating role of social support following traumatic stress. *Anxiety, stress, and coping*, 12(3), 247-264. <https://doi.org/10.1080/10615809908250477>
- Tehrani, N., Colville, T., Fraser, J., Gavin, B., Waites, B., Kinman, G., Hesketh, I., Wortley, R., Grant, C., Kwiatowski, R., Steele, C., Thomson, L., & Tribe, R. (2020). Taking Trauma related Work Home: Advice for Reducing the Likelihood of Secondary Trauma. *British Psychological Society*. <https://www.bps.org.uk/coronavirusresources/professional/taking-trauma-home>

- Tian, F., Li, H., Tian, S., Yang, J., Shao, J., & Tian, C. (2020). Psychological symptoms of ordinary Chinese citizens based on SCL-90 during the level I emergency response to COVID-19. *Psychiatry Research*, 288, 1-10.  
<https://doi:10.1016/j.psychres.2020.112992>
- Van Steenbergen, E. F., Van der Ven, C., Peters, M. C. W., & Taris, T. W. (2018). Transitioning Towards New Ways of Working: Do Job Demands, Job Resources, Burnout, and Engagement Change? *Psychological Reports*, 121(4), 736-766.  
<https://doi.org/10.1177/0033294117740134>
- Vyas, L., & Butakhieo, N. (2021). The impact of working from home during COVID-19 on work and life domains: an exploratory study on Hong Kong. *Policy Design and Practice*, 4(1), 59-76. <https://doi.org/10.1080/25741292.2020.1863560>
- Walton, M., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *European Heart Journal: Acute Cardiovascular Care*, 9(3), 241-247.  
<https://doi:10.1177/2048872620922795>
- WHO. (2021a). *WHO Coronavirus (COVID-19) Dashboard*. <https://covid19.who.int/>
- WHO. (2021b). Mental health and psychosocial considerations during the COVID-19 outbreak.  
<https://www.who.int/docs/defaultsource/coronaviruse/mentalhealthconsiderations.pdf>



## Appendix

**Table 1.**

*Interview questions*

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| <ol style="list-style-type: none"><li>1. At the moment, are you working from home?</li><li>2. How do you go to work if you are not working from home? Do you travel via car or bus or train?</li><li>3. Are there any changes in your working responsibilities? If yes, what are the changes?</li><li>4. Has the current pandemic influenced your work? If yes, how? If no, why do you think the pandemic did not influence your work?</li><li>5. How are you dealing with the impact of the current pandemic on your work?</li><li>6. Is your employer providing any support? If yes, what kind of support is provided by them?</li></ol> |
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