



What Are Crime Scene Investigators Saying About Work-Related Stress and Wellbeing?

Objectives

- Summarize discussions from a representative group of CSIs about topics including (1) primary sources of work-related stress, (2) sources of job satisfaction, (3) coping strategies, and (4) gaps in mental health and wellness resources.
- Identify opportunities to improve resources and practices that support workplace wellbeing for CSIs.
- Identify future research questions to investigate the root causes of work-related stress and inform future questions about work quality, employee wellbeing and longevity, and organizational health.



Overview

In 2024, the Forensic Technology Center of Excellence (FTCOE), in partnership with the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), convened a virtual roundtable of practicing crime scene investigators (CSIs). Panelists provided insight into work-related stress and wellbeing for forensic professionals in the context of an evolving public health and safety landscape.

In recent years, research has shed light on work-related stress experienced by forensic science service providers (FSSPs). FSSPs report levels of stress comparable to those of other professionals such as emergency medical service providers, police officers working with victims of sexual assault, and other victim services workers.¹ Considering that it can be a key predictor of outcomes like burnout, job satisfaction, and staff turnover, it is critical to further understand and address work-related stress within forensic sciences.^{2,3}

Work-related stress is reported across a range of forensic disciplines; however, the sources of stress may differ depending on the daily responsibilities of the job. When compared with laboratory-based forensic scientists, field-based practitioners (e.g. crime/death scene investigators) report significantly more stress because of the nature of their cases.⁴ This may result from direct exposure to sensitive case details and graphic crime scenes—investigators report feeling more stressed after working on cases that involve homicide or child victims.^{5,6} The nature of death cases may also shift depending on national trends, such as the emergence of new drugs and increased overdose rates. It is important to understand how these changing public health landscapes impact work-related stress for FSSPs.

When compared to their lab-based counterparts, field-based FSSPs also report higher stress levels because of personal reasons. Because field-based practitioners often perform shift work, their job may be more likely to interfere with sleep and commitments made in their personal lives.⁴ In fact, 56% of CSIs feel that their work disrupts the time they can spend with family members^{5,4}. Although recent research has scratched the surface on these topics, more work is needed.

For this virtual roundtable, FTCOE gathered a group of seven practicing CSIs with varying levels of experience in scene investigation (one panelist reported 15–20 years of experience in the field, two reported 5–10 years, two reported 2–4 years, and two panelists did not report years of experience). Panelists participated in a guided discussion about their experiences with work-related stress, coping mechanisms, and wellness resources specific to crime scene investigation. This in-brief summarizes insights from the roundtable regarding gaps in resources and research that can guide further efforts to support workplace wellbeing for CSIs.

We individually recruited roundtable panelists from agencies across the country, including Southeastern, Western, Midwestern, and Northeastern regions of the United States. To ensure that panelists felt comfortable sharing honest and open feedback, all participants and their affiliated organizations will remain anonymous.

Sources of Work-Related Stress

Based on the stressors that FSSPs commonly indicate in previous literature, we asked roundtable panelists to identify which stressors they experience personally.⁴ Panelists were able to choose multiple answer choices.

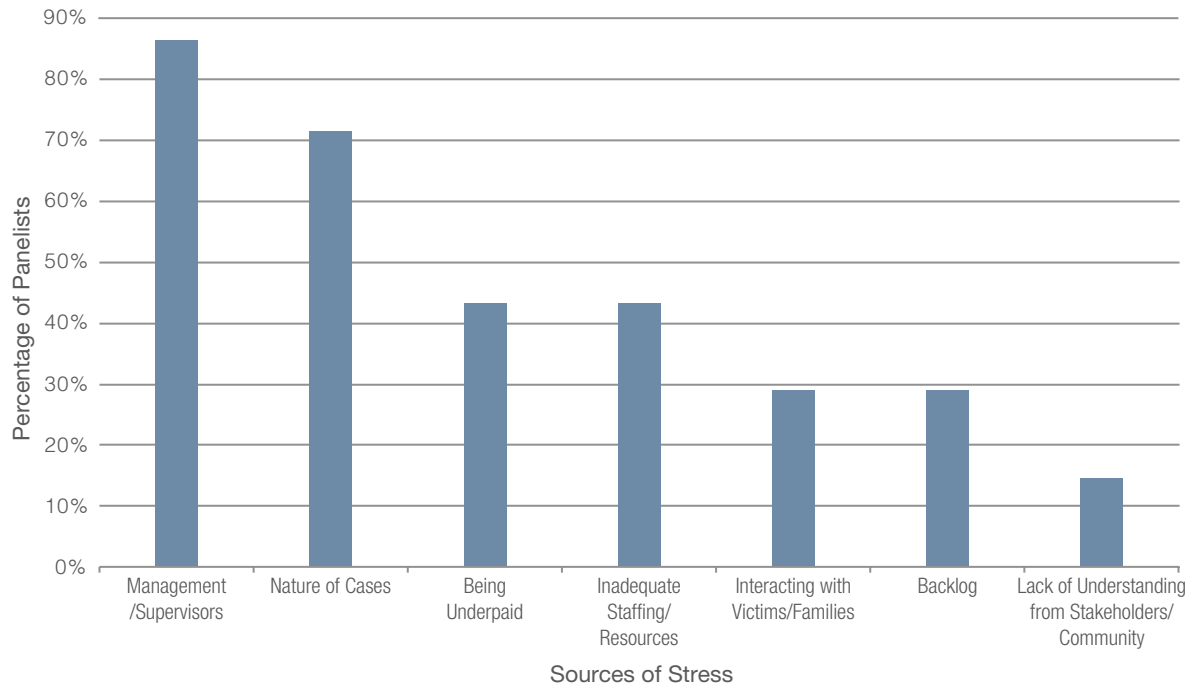


Figure 1: Over 80% of CSI panelists experience stress from supervisors/managers and stress from their cases. A majority of panelists did not identify being underpaid, inadequate staffing/resources, interacting with victims/families, backlog, and lack of understanding from stakeholders and the community were not identified as sources of stress.

After responding to the poll, we asked roundtable panelists to elaborate on their most salient sources of work-related stress.

1. Stress from Management/Supervisors:

Panelists mentioned that the individuals making important decisions regarding personnel, resources, and funding within their crime scene units are often high-ranking sworn officers who do not have crime scene experience. As a result, management does not always have a good understanding of the daily responsibilities of the job.

“It’s hard when our Captain has no idea what we do, and they just get put into that spot and are supposed to manage a civilian specialized team and they don’t understand our job at all.”

Panelists also report feeling time pressure that has been passed down the chain from direct supervisors and feeling that upper management often does not always understand the time it takes to complete crime scene processes.

2. Stress from the Nature of Cases:

Secondary traumatic stress (STS), otherwise known as vicarious trauma, can occur when an individual has close contact with a trauma survivor or the details of a traumatic event but does not experience the trauma first-hand or develop an ongoing relationship with the victim. STS has very similar presentation features to post-traumatic stress disorder (PTSD), including hypervigilance, avoidance, and exhaustion.⁷ Because of their job responsibilities and frequent exposure to others’ traumatic events, FSSPs have been the focus of emerging STS research.⁷ In studies involving large, heterogeneous samples across various forensic disciplines,

the traumatic nature of cases is generally not identified as a primary source of work-related stress. However, when comparing specific disciplines, CSIs report significantly more stress from the nature of their cases than their laboratory-based counterparts.⁴

Among the members of the CSI roundtable, one of the most highly reported work-related stressor was the nature of cases. Panelists expressed that cases are especially distressing when they relate to something in the practitioner's personal life, such as when victims are of a similar age/occupation to themselves or a loved one. Panelists also communicated they often do not have time to process the sensitive nature of these cases because of caseload.

“Infant deaths for me mean something completely different now that I have [a child]. I used to not have that association.”

Panelists shared that stress from the nature of cases is exacerbated when they must interact with victims' families. Although these interactions are rare, comforting a victim's family member takes a large emotional toll and panelists reported that they prefer to limit these interactions.

3. Transitioning from Work to Home Life:

During the open discussion, several panelists identified an additional stressor that was not included in the original survey options, which was that they struggle transitioning to home life after work, including having trouble relaxing and de-stressing after the workday is over, feeling like their friends and family are not able to relate to their experiences on the job, and experiencing difficulty sleeping.

“Especially if I've had a long day or come home late, I am still in ‘go’ mode. I could keep processing [evidence] all night...I can't sleep.”

In previous research, negative work to family spillover (NWFS) is characterized by job demands, including work-related stress and exhaustion that interferes with family life after the workday is over.⁸ NWFS is associated with negative long-term mental and physical health outcomes.⁹

The Impact of Overdose Death Cases

The rate of drug overdose deaths has steadily increased in the United States since 2002, with the largest annual increase (31%) occurring between 2019 and 2020.¹⁰ The use of synthetic opioids, such as fentanyl and fentanyl analogs, continues to drive the overdose death rate and characterizes the third wave of the opioid overdose crisis. However, a “fourth wave” of the overdose epidemic is emerging with the co-use of synthetic opioids with psychostimulants such as cocaine and methamphetamine; in fact, almost 50% of overdose deaths involve both types of illicit substances.²⁵ Considering that FSSPs may experience more stress depending on the nature of their cases, it is important to understand whether this evolving overdose death landscape in the United States has an additional negative impact.^{5,6}

Panelists reported that while they frequently respond to fatal drug-related cases (i.e., more than one case per week), they do not find overdose deaths to be more distressing than other types of cases. However, a few individuals expressed that there are characteristics specific to overdose cases that can be distressing, including the following:

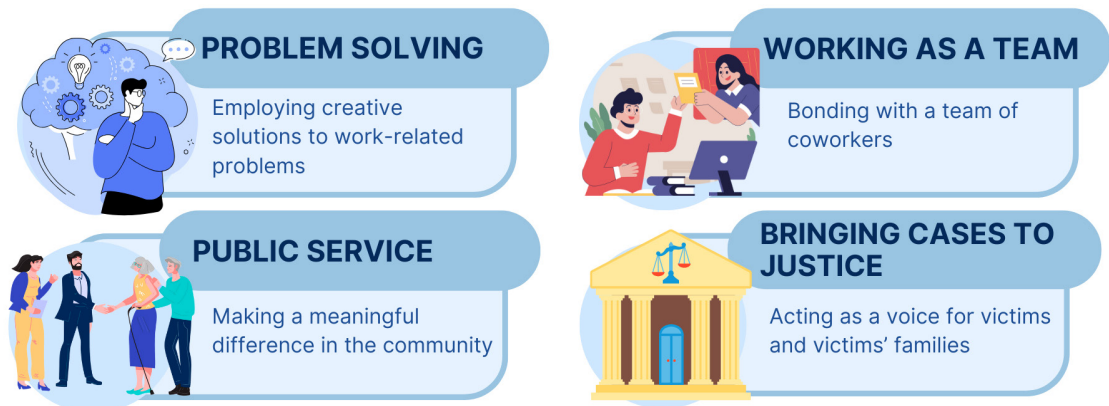
- Worrying about missing crucial evidence, as investigators might be quick to assume the case is more straightforward than it is.
- Interacting with grieving family members who were unaware of the victim's drug use.
- Handling and seizing loose powders and unknown substances threatening safety and health.

When asked about how they cope with the stress from overdose cases, panelists said that they do not cope differently than they would for other death cases. Although findings indicate that the rise in overdose cases does not significantly impact stress and coping within this sample of CSIs, it is important to continue to examine how exposure to different types of traumatic cases may influence FSSPs as casework changes.

Sources of Job Satisfaction

“After 25 years, it means a lot to say that I still enjoy coming into work.”

Among other public service jobs, such as teaching, higher job satisfaction is associated with better work performance and psychological health.^{11,12} To gain insight into sources of job satisfaction for CSIs, we asked roundtable panelists about the most positive aspects of their job.



Problem Solving

Several panelists cited creative problem solving as one of the most enjoyable parts of their job, such as overcoming challenges or coming up with innovative solutions when resources or funding are limited.

“There’s a lot of open challenges, from packaging evidence to trying to figure out the best ways to retrieve evidence on scene...sometimes you have to be very creative and very innovative.”

Public Service

Panelists also mentioned public service as one of the most positive parts of crime scene work, as panelists find it fulfilling to be able to help their communities. Although CSIs do sometimes need to interact with the public, victims, and victims’ families, panelists mentioned that they appreciate that this is not a frequent responsibility of their job. Rather, they are happy to know they are making a difference on the “back end” of criminal investigations.

Working as a Team

“One of the best parts of my job is the people I work with.”

Many panelists noted that they are happy to work with a great group of people and that collaborating as a team is one of the most enjoyable aspects of their job. Consistent group activities, such as eating lunch together every day, fosters a sense of camaraderie and makes the work easier. Even during difficult times, like when a unit is short-staffed, panelists feel that commiserating and bonding with coworkers is helpful.

Bringing Cases to Justice

Finally, working with law enforcement to bring cases to justice was cited as an important and fulfilling aspect of crime scene work. Whether it’s identifying, collecting, or analyzing evidence that breaks a case, panelists feel that they are able to meaningfully serve victims and victims’ families.

“I feel like I can be a voice for the voiceless.”

What Do You Wish Other People Knew About Your Work?

CSIs often process a crime scene for many hours, or occasionally even days. On-scene duties include securing the scene; documenting the scene by taking many photographs; taking physical measurements of the scene; and collecting forensic evidence such as fingerprints, footprints, tire tracks, blood, bodily fluids, hairs, fibers, and more.¹³ For some cases, this can mean spending several hours in the same space as decedents and experiencing distressing sights and odors. These long hours on crime scenes can take a significant mental, emotional, and physical toll. Additionally, although FSSPs understand that communities, victims' families, and law enforcement can be eager to bring a case to justice, it is important that the proper time is taken to collect and process evidence.

Successful Coping Strategies

To better understand the ways in which CSIs address their own work-related stress, we asked panelists what coping strategies they have found to be most helpful.

Scheduled Recovery Time

Research shows that practicing recovery techniques after work, such as mindfulness, exercise, and exposure to natural landscapes, is associated with improved wellbeing, motivation, and job performance.¹⁴

Panelists in the CSI roundtable expressed that employing 1–2 hours of scheduled recovery time after work helps them to decompress, process the day, and transition into homelife. This recovery time was reported to be most beneficial when panelists were alone or with an emotional support animal and when they did not have a phone or other device with them. After the scheduled time is over, panelists can better separate from work-related stress, regulate their heart rate, and participate in the non-work aspects of their lives.

Scheduled Recovery Time

Incorporating 1–2 hours of solitary recovery time after work helps the transition from work life to home life



Spending Time with other CSIs

Engaging with other CSIs who have similar workplace experiences is beneficial

Digital Wellness Resources

Using wellness apps that include helpful mental health surveys and tips




"I needed to force myself to have an hour [after work]. Cry it out, laugh it out, whatever...but as soon as that time is done, it's time to go on to the next part of my day. The next part of me that is not CSI me."







Spending Time With Other CSIs

Panelists expressed that being in spaces where they can engage with other CSIs, like during trainings or conferences, is also helpful for coping with work-related stress. They noted that interacting with peers who understand the crime scene lingo and can sympathize with their negative work experiences is especially beneficial.

Digital Wellness Resources

Finally, digital resources were brought up as a helpful tool for coping with work-related stress; specifically, mental health and wellness applications that can be accessed via smart phone. Panelists noted that the most beneficial app features include short diagnostic surveys, tailored mental health tips, and the ability to access the technology anonymously.

Several organizations have supported the development of digital resources and research programs that address workplace wellness for FSSPs. Many of these efforts are outlined in a recent [NIJ article](#)  in Police Chief Magazine, a publication of the International Chiefs of Police (IACP). Among insightful digital resources developed by other organizations, FTCOE has released the following webinars and podcasts to discuss this topic:

- [Forensic Workplace Resiliency webinar series](#) 
- [Just Workplace Stress and its Impact on Decision-Making in Forensics podcast episode](#) 
- [Just Forensic Technician Vicarious Trauma podcast episode](#) 
- [Just Being Vocal About Vicarious Trauma podcast episode](#) 
- [Resilient Leadership podcast season](#) 
- [Workplace Resiliency podcast season](#) 

Gaps in Mental Health and Wellness Resources

While discussing successful coping strategies for work-related stress, roundtable panelists shed light on mental health and wellness resources that they feel can be improved in the crime scene domain.

Preemptive Mental Health Training Programs

Members of the roundtable expressed that CSIs often do not have proper training and expectations surrounding mental health when they first enter the crime scene field. They suggested implementing comprehensive educational programs for those starting a career in crime scene investigation, covering topics like STS, PTSD, substance use disorders, and recovery techniques. If new hires are properly prepared and know what to expect in terms of work-related stress in CSI, they will have better opportunities for intervention and resiliency.

“No one thinks that they are going to get into this field and then have PTSD after working so many years because of unprocessed trauma.”

Providing education about prevalence of work-related stress, warning signs, healthy coping strategies, and resources for dealing with work-related stress before FSSPs experience them first-hand may lead to more successful prevention and intervention down the line.¹⁵

Therapy/Counseling

“[Therapy] is a great self-care thing that I love to do.”

Among those who have experienced work-related STS, both psychotherapy and cognitive behavioral therapy have been shown to improve mental health outcomes significantly.⁷ Although the majority of roundtable panelists mentioned that they do engage in some kind of mental health counseling or therapy, there are aspects that they feel can be improved.

- **Employer-Sponsored Counseling**

Many law enforcement agencies provide voluntary and free mental health counseling for their staff, but evidence suggests that these services are underused. In response, some agencies have begun mandating annual mental health visits to help bypass the initial stigma of seeking out services.¹⁶

Several of our roundtable panelists have used their agency's counseling services at some point. In their experiences, agency counselors are often law enforcement-focused practitioners with specific experience in public safety and may not be accustomed to working with civilian personnel. Because CSIs' experiences and needs are distinct from those of sworn officers and other first responders, they may require more specialized mental health services.

“The two [agency] options that we have to go to are both public safety- focused and specialize in public safety...they know the police side or the EMS side, but our [side] is very different.”

Panelists suggested that talking to counselors with specific crime scene experience would be more beneficial.

- **External Mental Health Counseling**

A few panelists noted that they would prefer to seek therapy outside of their agency. Although panelists acknowledged that agency-provided services are confidential, there is still some hesitation about whether a mental health diagnosis may bias agency staff to view them as less competent.

“I prefer to keep all of my therapy off-site, just so there's not a conflict of interest.”

However, panelists mentioned that it is difficult to find external mental health providers who are familiar with the culture surrounding CSI, and who can understand the language and experiences of a CSI.

“[Therapists] are not going to speak like us. We have to catch them up to speed, and that's a burden on us as the client.”

Agency Debriefs

Psychological debriefing describes a single-session intervention provided after a potentially traumatic event.¹⁷ The goals of psychological debriefing are to reduce stress and prevent posttraumatic symptoms.¹⁸ Although the impact of psychological debriefing is still debated, there is evidence that professionals who are exposed to traumatic events, such as healthcare workers, experience fewer symptoms of distress if they participate in a debrief.^{18,19,20}

Many law enforcement agencies host structured or semi-structured debriefs following a critical incident. These sessions typically occur 24–72 hours after the incident and involve the group of first responders who were involved in the case, mental health professionals, or agency supervisors.²¹

Panelists in the CSI roundtable expressed that agency debriefs are a helpful coping tool following a difficult case. They find it especially beneficial to be able to rehash the details of the case or highlight their unit's contributions, which may otherwise be overlooked or misunderstood. However, panelists expressed that a majority of their agency's debrief sessions include only sworn personnel. Civilian staff, such as CSIs and dispatchers, are not often invited to participate.

“Our unit has tried to be involved in debriefs after major scenes and we're often excluded. There will be an email and it will just be for the first responders and sworn side of it and then we'll find out a week later.”

Although members of the roundtable feel that there are benefits to debriefing with their sworn counterparts, there is hesitation that their voices will not be heard. Several panelists suggested that civilian-only debriefs may be a more successful approach. Additionally, for CSIs, stress from traumatic case exposure may linger for days or weeks after the critical event, because they are often required interact with case evidence over an extended period of time (e.g., processing, further documentation, drafting of CSI reports, cataloging and submission of evidence to a crime lab, etc). Thus, it may be beneficial to conduct more than one CSI debrief following a difficult case.

“[CSIs] get scared to join [debriefs] because we feel like we are the only civilians in the room. Is our voice going to be amplified enough? Are we going to look like we are complaining?”

Peer Support Programs

Peer support initiatives are among the most common mental health services offered by law enforcement agencies. Peer support provides an opportunity for staff to navigate personal or professional crises with the support of a trained colleague.^{22,23} Research shows that of law enforcement staff who use peer support, 90% found it to be helpful.²⁴

Although several roundtable panelists are aware that peer support programs exist in their agencies, they feel that they have limited access and information regarding these services. Specifically, some panelists feel that there are limited options for civilian peer support, as most peer support providers are sworn personnel. Other panelists were unsure about where to find the list of peer support providers.

“I don’t even know if we have civilian peer support.”

Panelists expressed interest in a tailored training program to become a peer support provider for other CSIs or civilian staff.

Future Learning Opportunities

After discussing panelists’ current experiences with mental health resources and opportunities, we then asked the CSIs to identify which resources they would invest time and effort to learn more about going forward. This followup included some concepts that were already brought up during the open dialogue and some concepts that were novel to the discussion. Researchers and other stakeholders should use these topics of interest to help guide future mental health and wellness efforts among CSIs. Panelists were able to choose multiple answer choices.

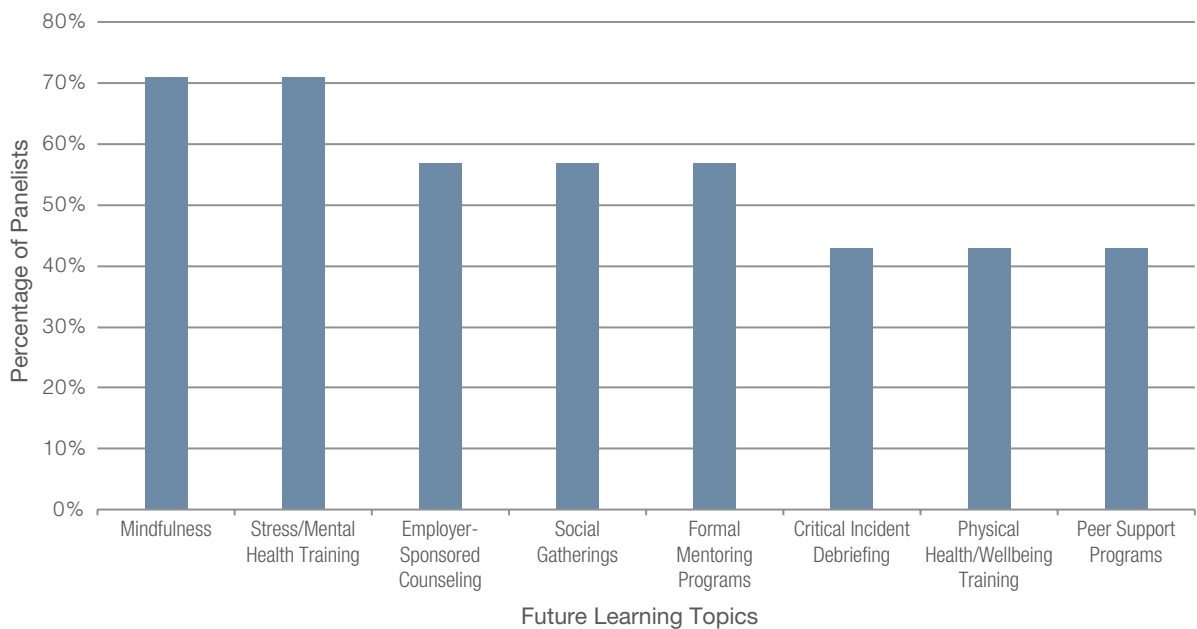


Figure 2: Panelists indicated that they would be interested in learning more about several mental health and wellness opportunities. The most highly endorsed were mindfulness and stress/mental health training.

Conclusion

Field-based practitioners, such as CSIs, deal with unique work-related challenges such as shift work and frequent exposure to sensitive crime scenes. To better understand prominent work-related stressors, coping mechanisms, and gaps in mental health resources, we conducted a virtual roundtable with a small group of practicing CSIs.

Participating CSIs experience a range of work-related stressors, including working under supervisors who do not have direct crime scene experience, working cases that relate to their personal lives, and transitioning to homelife after work ends. In response, panelists employ coping strategies such as scheduled recovery time after work, spending time with other CSIs, and engaging with wellness applications.

Researchers, practitioners, and executive staff can benefit from listening to CSIs' needs to improve and evaluate mental health and wellness resources. Specifically, future efforts should focus on providing pre-emptive mental health training programs, mental health providers with crime scene experience, and agency debriefs and peer support programs that specifically cater to civilian staff. Additionally, there is interest in the CSI community to learn more about other mental health/stress interventions such as mindfulness training.

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FTCOE Contact

Jeri Roper-Miller, PhD, F-ABFT
Principal Scientist, FTCOE
jerimiller@rti.org

NIJ Contact

Frances Scott, PhD
Program Manager/Physical Scientist
Office of Investigative and Forensic Sciences
frances.scott@usdoj.gov

Technical Contacts

Sarah Laskowitz, BA
RTI International
slaskowitz@rti.org

Erica Fornaro, MPH
RTI International
efornaro@rti.org

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