

# **Evaluation of the differences in perception toward stress and trauma intervention strategies in the South African Police Service**

By

**JASON DEAN BORIENT**

*Thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Industrial Psychology at the University of the Western Cape*



UNIVERSITY *of the*

**Supervisor: Professor Fatima Abrahams**

WESTERN CAPE

Department of Industrial Psychology

November 2020

## DECLARATION

I declare that “Evaluation of the differences in perception toward stress and trauma intervention strategies in the South African Police Service” is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Full name: Jason Dean Borien

Date: November 2020

Signed .....



## ABSTRACT

The current crime rate in the Western Cape plays a crucial role in the exposure of police officers to stressful and traumatic events. The intensity and frequency of this exposure, if not treated, could lead to police officers experiencing comorbid disorders such as post-traumatic stress disorder (PTSD). This leads to an increased need for trauma intervention strategies to be offered, to assist police officers who are exposed to trauma in the South African Police Service (SAPS). Although trauma intervention programmes are established within SAPS, a difference in perception about their effectiveness and service offering are presented.

The purpose of this study was to investigate the differences in perception toward stress and trauma intervention strategies within the SAPS in the Western Cape. In order to achieve the purpose of the study, the researcher, tapped into the lived experiences of current police officers and Employee Health and Wellness (EHW) staff, employed by SAPS through semi-structured interviews. Through a comparative design, the study will add value to the current body of knowledge, as differences and similarities between two of the primary role players in the trauma debriefing process within the SAPS are explored. The research sample, recruited by means of convenience sampling, consisted of seven EHW staff members who had experience with dealing with stress and trauma-related programmes, and eight visible policing police officers who had experienced some form of trauma-related incident. The researcher made use of an in-depth interview guide as the research instrument for this study, which consisted of audio-recorded semi-structured interviews with the participants. The audio recordings were transcribed, and then analysed by means of thematic analysis.

The findings showed that a difference in perception exists between police officers and EHW staff members toward the effectiveness of trauma intervention strategies offered in the SAPS. The findings also suggest that the majority of police officers do not make use of the trauma intervention programmes in the SAPS, in comparison to EHW staff reporting on good attendance by police officers at the service offerings. Similarities in perception between the two groups presented itself in the form of how trauma is defined, the different responses to trauma and coping mechanisms employed by police officers. The implications of this study include a contribution toward policy and structural amendments of the Employee Assistance Programme (EAP) framework within the SAPS, as well as a motivation for implementing a compulsory trauma counselling programme for police officers.

**Keywords:** South African Police Service (SAPS), Police officers, Employee Health and Wellness (EHW), Stress, Trauma, Perception, Intervention strategies, Employee Assistance Programmes (EAP), Post-Traumatic Stress Disorder (PTSD), Traumatic incidents.



## ACKNOWLEDGEMENTS

First and foremost, The Lord All mighty for giving me the opportunity to accomplish this task and the completion of my Master's degree, in light of all the circumstances I have faced, throughout my life and during the year of a worldwide pandemic. Through Him I was able to stay dedicated and focused throughout, and with this I can say that I am truly blessed. This journey has humbled me in many ways, and made me much more grateful for what I have, as there are many others in the world that lack basic education. I pray that I will use the knowledge that I have acquired to the best of my ability, and to assist others in the process.

To my grandparents, Magdalene and Augustus Kleinsmith, who raised me to become the man I am today, I am sincerely grateful for all the sacrifices you have made in order for me to obtain a good education. I cannot relay my appreciation in words, I however am sure that you know how grateful I am. I hope that this achievement makes you proud, as this is just as much yours as it is mine. To my mother, Jacqueline Borien, without your support and encouragement I would not have completed my studies. You always wanted the best for me, and I am thankful to have a loving mother who encourages me to challenge myself, and on being the foundation of all my life's achievements. To my belated father, whom I have very little memory of, but share so much in trait and personality. I hope that you are proud of the man I have become, and that I have upheld your name, in which I share, in the highest regard.

To my partner, Nicole Atson, thank you for being my motivation and pillar of strength at times when I need it the most. Your patience, support and understanding nature comes second to none. To Harry Carew, who sadly left us behind to join our Father in Heaven during the completion of this thesis, you never knew it, but you played a critical role in the completion of my studies. Thank you for being a wonderful companion to my mother, your assistance in all my projects and assignments from primary school up until university, and teaching me life lessons that a young man should know.

To my supervisor, Professor Fatima Abrahams, for your guidance and support throughout the entire process. From our very first meeting, you clearly laid out my objectives and what is expected of me, and this allowed me to complete this study with excitement and persistence. Your patience, enthusiasm and the interest you've shown in my work even through your busy schedule is greatly appreciated. It is through you that I can say I have completed a piece of work that I will forever be proud of. Thank you Prof.

Last but certainly not least, to the HOD of the Department of Industrial Psychology, Prof. Bright Mahembe and all of the academic staff. From undergraduate to postgraduate studies, you have all contributed to me achieving this milestone. Thank you for all of your guidance, assistance and for imparting your knowledge onto aspiring Industrial Psychologists like myself.



# TURNITIN REPORT

Final Thesis J Borien			
ORIGINALITY REPORT			
% <b>7</b>	% <b>6</b>	% <b>2</b>	% <b>3</b>
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
<b>1</b>	<b>hdl.handle.net</b> Internet Source		% <b>1</b>
<b>2</b>	<b>repository.up.ac.za</b> Internet Source		% <b>1</b>
<b>3</b>	<b>www.scribd.com</b> Internet Source		<% <b>1</b>
<b>4</b>	<b>viurrspace.ca</b> Internet Source		<% <b>1</b>
<b>5</b>	<b>Oosthuizen, Janine D., and Burger Van Lill.</b> <b>"Coping with stress in the workplace", SA</b> <b>Journal of Industrial Psychology, 2008.</b> Publication		<% <b>1</b>
<b>6</b>	<b>uir.unisa.ac.za</b> Internet Source		<% <b>1</b>
<b>7</b>	<b>mafiadoc.com</b> Internet Source		<% <b>1</b>
<b>8</b>	<b>Submitted to University of Leicester</b> Student Paper		<% <b>1</b>

# Table of Contents

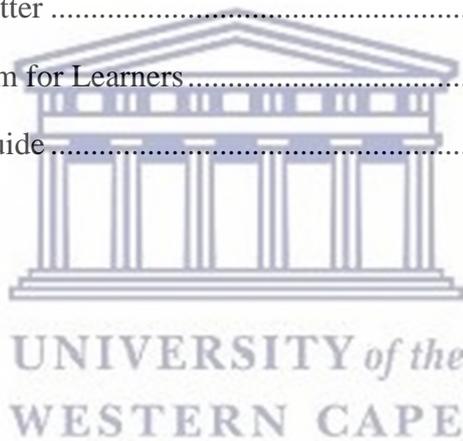
DECLARATION .....	ii
ABSTRACT.....	iii
ACKNOWLEDGEMENTS .....	v
TURNITIN REPORT .....	vii
LIST OF TABLES .....	xiii
LIST OF FIGURES .....	xiv
LIST OF ABBREVIATIONS AND ACRONYMS .....	xv
CHAPTER 1 INTRODUCTION .....	1
1.1 INTRODUCTION.....	1
1.2 BACKGROUND OF THE RESEARCH.....	2
1.3 STATEMENT OF THE PROBLEM .....	4
1.4 RESEARCH AIMS AND OBJECTIVES.....	4
1.4.1 Research aim.....	4
1.4.2 Specific research objectives.....	4
1.5 RESEARCH QUESTIONS.....	5
1.6 SIGNIFICANCE OF THE RESEARCH .....	5
1.7 SCOPE OF THE RESEARCH.....	5
1.7.1 Delimitation .....	5
1.7.2 Delineation.....	5
1.8 DEFINITIONS OF TERMS AND CLARIFICATION OF CONCEPTS.....	6
1.8.1 Stress .....	6
1.8.2 Trauma .....	6
1.8.3 Perception .....	6
1.8.4 Intervention strategies.....	6
1.9 CONCLUSION AND OUTLINE OF CHAPTERS .....	7
CHAPTER 2 REVIEW OF THE LITERATURE .....	8

2.1	INTRODUCTION.....	8
2.2	HISTORY OF THE SOUTH AFRICAN POLICE SERVICE.....	8
2.2.1	Radical organisational change .....	9
2.3	THE REALITY OF CRIME IMPACTING THE SAPS.....	13
2.4	MOOS'S INTEGRATIVE CONCEPTUAL MODEL .....	14
2.4.1	The environmental system .....	16
2.4.2	The personal system.....	16
2.4.3	Life crisis and transitions .....	17
2.4.4	Cognitive appraisal and coping responses .....	17
2.4.5	Health and wellbeing .....	17
2.5	STRESS.....	18
2.5.1	Stress as a component of many perspectives .....	18
2.5.2	Theories of stress .....	19
2.6	ORGANISATIONAL STRESS AND ITS IMPACT .....	25
2.6.1	Police stress.....	25
2.6.2	The impact of stress on the individual.....	28
2.7	IDENTIFYING THE CRISIS .....	29
2.7.1	Trauma .....	31
2.7.2	Psychoanalytical theory of trauma.....	33
2.7.3	Trauma in the SAPS as a contribution to the development of PTSD .....	35
2.8	COPING .....	37
2.8.1	Coping strategies.....	38
2.9	INTERVENTION STRATEGIES .....	42
2.9.1	Intervention strategies that are common in the police force .....	43
2.9.2	Intervention strategies in the SAPS .....	44
2.10	CONCLUSION .....	62
	CHAPTER 3 RESEARCH METHODOLOGY .....	63

3.1	INTRODUCTION.....	63
3.2	RESEARCH APPROACH.....	63
3.3	RESEARCH DESIGN .....	64
3.3.1	Qualitative research .....	65
3.3.2	Distinctions between qualitative and quantitative research.....	65
3.3.3	Comparative design .....	66
3.4	PRINCIPLES OF QUALITATIVE RESEARCH .....	67
3.4.1	Credibility .....	67
3.4.2	Transferability.....	67
3.4.3	Confirmability.....	68
3.5	RESEARCH POPULATION AND SAMPLE .....	68
3.5.1	Research population.....	68
3.5.2	Sampling size and techniques .....	69
3.5.3	Research sample.....	69
3.6	PILOT STUDY .....	70
3.6.1	Pre-test of the semi-structured interview guide .....	71
3.7	RESEARCH PROCEDURE.....	71
3.7.1	Data collection process .....	71
3.7.2	Data collection method .....	72
3.7.3	Research questions.....	73
3.7.4	Data analysis .....	74
3.8	ETHICAL CONSIDERATIONS .....	76
3.8.1	Autonomy .....	76
3.8.2	Confidentiality and anonymity .....	76
3.8.3	Informed consent .....	76
3.8.4	Justice.....	76
3.8.5	Beneficence.....	77

3.9	CONCLUSION .....	77
CHAPTER 4 RESEARCH FINDINGS .....		78
4.1	INTRODUCTION.....	78
4.2	BIOGRAPHICAL INFORMATION OF THE PARTICIPANTS .....	78
4.2.1	Employee health and wellness staff.....	78
4.2.2	Police officers .....	79
4.3	CENTRAL THEMES AND SUB-THEMES IDENTIFIED .....	81
4.4	THEME 1: TRAUMA.....	82
4.4.1	Sub-theme 1: Organisational stressors.....	82
4.4.2	Sub-theme 2: Gruesome scenes .....	85
4.4.3	Sub-theme 3: First-hand experiences.....	87
4.5	THEME 2: RESPONSE TO TRAUMA .....	89
4.5.1	Sub-theme 1: Physical responses .....	89
4.5.2	Sub-theme 2: Psychological responses .....	90
4.5.3	Sub-theme 3: Emotional responses.....	92
4.6	THEME 3: COPING.....	93
4.6.1	Sub-theme 1: Avoidance behavioural coping.....	93
4.6.2	Sub-theme 2: Avoidance cognitive coping .....	95
4.6.3	Sub-theme 3: Approach behavioural coping.....	97
4.7	THEME 4: TRAUMA INTERVENTION .....	99
4.7.1	Sub-theme 1: Awareness.....	99
4.7.2	Sub-theme 2: Organisational offering.....	101
4.7.3	Sub-theme 3: Participation.....	103
4.7.4	Sub-theme 4: Experiences.....	105
4.7.5	Sub-theme 5: Recommendations .....	108
4.8	CONCLUSION .....	110
CHAPTER 5 DISCUSSION, RECOMMENDATIONS AND CONCLUSION.....		112

5.1	INTRODUCTION.....	112
5.2	DISCUSSION OF FINDINGS.....	112
5.3	IMPLICATIONS OF THE STUDY .....	116
5.4	LIMITATIONS OF THE STUDY .....	117
5.5	RECOMMENDATIONS .....	118
5.5.1	Research recommendations .....	118
5.5.2	Recommendations for the SAPS.....	119
5.6	CONCLUSION .....	121
	REFERENCE LIST .....	122
	APPENDICES .....	149
	Appendix A: Approval Letter .....	149
	Appendix B: Consent Form for Learners.....	150
	Appendix C: Interview Guide.....	152



## LIST OF TABLES

Table 2.1:	Moos and Schaefer's (1993) classification of coping strategies .....	41
Table 2.2:	Individual and organisational interventions .....	43
Table 2.3:	The role of an EAP .....	45
Table 2.4:	Critical incident stress debriefing .....	49
Table 2.5:	Mitchell's model.....	50
Table 2.6:	The Dyregrov model.....	51
Table 2.7:	Three-Step debriefing approach .....	56
Table 3.1:	Phenomenology in research.....	64
Table 3.2:	Differences between qualitative and quantitative research .....	66
Table 3.3:	Biographical information of the participants .....	70
Table 3.4:	Individual interview guide.....	73
Table 4.1:	Biographical information of the participants.....	80



## LIST OF FIGURES

Figure 2-1: The Moos model .....	16
Figure 2-2: Hans Selye's General Adaptation Syndrome .....	22
Figure 2-3: Lazarus and Folkman's (1984) basic model for stress and coping processes when a stressor is encountered .....	24
Figure 3-1: The qualitative data analysis process.....	74
Figure 4-1: Central themes and sub-themes emerging from the study.....	82



## LIST OF ABBREVIATIONS AND ACRONYMS

ACPR	Australasian Centre for policing research
ACJR	African Criminal Justice Reform
BPS	British Psychological Society
CIS	Critical incident stress
CISD	Critical Incident Stress Debriefing
CISM	Critical Incident Stress Management
COR	Conservation of resources
CPF	Community police forum
EAP	Employee Assistance Programme
EHW	Employee Health and Wellness
GAS	General Adaptation Syndrome
IBS	Irritable bowel syndrome
IOL	Independent Online
LOC	Locus of control
MSD	Multiple Stressor Debriefing
NIU	National Intervention Unit
OHS	Occupational Health and Safety
PD	Psychological Debriefing
POLMED	South African Police Service Medical Scheme
PTSD	Post-Traumatic Stress Disorder
PTP	Psychosocial therapeutic programmes
PTSD	Post-Traumatic Stress Disorder
RTM	Revised Transactional Model
SANDF	South African National Defence Force
SAPAWU	South African Police and Allied Workers Union
SAPS	South African Police Service
SAPU	South African Policing Union

SASH	South African Stress and Health
SEM	Scanning Electron Microscopy
SOC	Sense of coherence
STP	Spielberger State-Trait Process Model
VISPOL	Visible policing
WMH	World Mental Health



# CHAPTER 1

## INTRODUCTION

### 1.1 INTRODUCTION

In everyday life, individuals have to respond to various kinds of pressure and demands from the environment, derived from both good and bad experiences. Stress is certain to take place in day-to-day interactions and activities, which is something that is unavoidable. Rojas and Kleiner (2001) postulate that stress pervades all areas of human existence which includes work, social and academic aspects of life. Therefore, it is an unpreventable phenomenon which ranges in its severity. According to Herman, Stein, Seedat, Heeringa, Moomal and Williams (2009), an investigation conducted by the South African Stress and Health study (SASH) was used to measure common mental disorders as part of the country's first large population centric mental health epidemiological survey of a sample of 4 351 participants. The study resulted in findings that South Africa has a comparatively high 12-month prevalence of mood and anxiety disorders compared to other countries included in the World Mental Health survey. Using the same representative data to examine the risk of post-traumatic stress disorder (PTSD) associated with assault, Kaminer, Grimsrud, Myer, Stein and Williams (2008) indicated that more than a third of South Africans have been exposed to some sort of violence. Common forms of violence experienced by women were criminal assaults and physical abuse, while the common forms of violence experienced by men were criminal and random assaults (Kaminer et al., 2008). It has thus been noted that South African's experience abnormally higher stress levels and prevalence of mental disorders when compared to the rest of the world (Herman et al., 2009; Kaminer et al., 2008). However, various factors contribute to this high level of stress and mental disorders. This statistic may be influenced by South Africa's alarming crime rate, with the police officers being subject to not only work-related stress, but trauma as well.

The term occupational stress is widely recognised and studied in the field of Industrial Psychology and Psychology as a whole (Della-Rossa, 2014; Myendeki, 2008; Wassermann, 2016). Stress at work is associated with the decline of an individual's performance, errors made on the job, unpunctuality and physical disorders (Della-Rossa, 2014). Furthermore, emergency service personnel are often exposed to incidents that are potentially hazardous and could be experienced as traumatic (Shakespeare-Finch & Daley, 2017). The number of reported crimes for South Africa in the 2018/2019 period were 3,799,498, with the Western Cape alone contributing 789,540 cases of reported crime (South African Police Service, 2019). The police

officers in the Western Cape on the one hand, are 'left unprotected' from the number of significantly different duty-related stressors, those that are not experienced by the majority of our population (Jones & Kagee, 2005). Furthermore, the various outcomes of research studies in the policing background indicate that the police line of work gives rise to both physical and psychological effects such as substance abuse, absenteeism, resignation, retirement, PTSD and even suicide (Klopper, 2003; Myendeki, 2008; Paulsen, 2008; van den Heever, 2013). It is therefore important that police officers are supported with intervention strategies, and an organisational effort created to improve these intervention strategies which helps to assist police officers cope with their work-related trauma and stress. Through a comparative analysis, the utilisation of intervention strategies may indicate a dissection in sentiments between police officials and management. Therefore, through this current study, the perception of the intervention strategies implemented between police officers and role players are discussed. More so, the extent to which these intervention strategies are being utilised, allows possible remedies to be considered.

## **1.2 BACKGROUND OF THE RESEARCH**

In a study conducted by Young (2004), there was a general consensus in South African communities that police officers as a whole are branded as incompetent. However, it has failed to take in the past and present circumstances that communities are faced with. South Africa, young from the freedom of the apartheid regime, and particularly that of the Group Areas Act of 1950, whereby different racial groups were assigned to different residential and business sections of the country, still face the consequences of social evils spawned in the past (Swart, 2015). With segregated groups, gangs, crime and poverty have become common, particularly in the 'black' communities of South Africa, particularly in the Western Cape (Maabela, 2015; SACN, 2019). The police officers of today are responsible for putting out these 'flames' that are realistically uncontrollable. The main purpose of their role in the communities being to alleviate the alarming crime rate, puts the police officer at risk to being exposed to various traumatic events (Atwoli, 2015; Myendeki, 2008; Swart, 2015).

Carmichael (2017) states that South Africa is rated third on the list of high crime rates per country, with the most common types of crime being murder, child kidnappings, theft in all forms and assault – sexual and physical. Petr (2017) indicates that the South African Police Service (SAPS) has published statistics that suggest that in South Africa there is an average of 3,550 crimes reported every day – or 148 crimes reported every hour. Further to this around 50

people are murdered every day, an alarming number. Furthermore, South Africa too has the highest rates of rape in the world. The Western Cape, in particular, is ranked second in South Africa with regard to the overall reported crime rate, with murder, sexual offences and assault of all types leading the way (Crime Stats SA, 2017). More recently, Cape Town is regarded as being the most violent city in South Africa and ranked as the eighth most violent city in the world, with 3,065 recorded murders among a population of 4.5 million, in the 2019/2020 ranking (“Cape Town Ranks”, 2020).

With police officers’ main job description being to serve and protect those affected by crime, and to alleviate crime by all means necessary, they are constantly fighting an uphill battle, especially in the Western Cape. The crime rate in South Africa has a direct impact on a police officer’s exposure to stressful situations and traumatic events, which affects their coping strategies.

The EHW department within the SAPS provides the identification and resolution of problems which include but are not limited to stress, emotional, alcohol, drug, health, legal or any personal issues that may adversely affect the employee (Letsoalo, 2016). Furthermore, the EHW department within the SAPS provides professional and divine assistance. This assistance is in the form of services provided by counsellors, psychologists, chaplains and psychometrics whereby each profession’s role is recognised as important to assist the employees of the SAPS who are identified as having been exposed to a traumatic event (Williams, 2016). In a study conducted by Boshoff, Strydom and Botha (2015) in the North West province, police officers felt that their unique needs were not considered in these programmes, as well as various psychological cost factors such as management support, professional conduct and confidentiality. Although having this platform is compulsory and of advantage for police officers in the Western Cape, the management of such a strategic framework is of utmost importance. The EHW strategy should involve key supervisory training which should consist of intervention techniques, objectives, employee referral processes, management of role players, marketing strategies and employee/consumer satisfaction. Furthermore, a focus on specific needs of the employee should be considered which builds trust in the EHW. This finding, and the various other research done in the broader South African context convinced the researcher to embark on a study in identifying the perceptions of police officials toward stress and trauma intervention initiatives offered in one of the most dangerous provinces in the world, the Western Cape.

### **1.3 STATEMENT OF THE PROBLEM**

Being a police officer is one of the most stressful jobs in the world (Anshel, 2000). According to Klopper (2003), previous studies in South Africa have indicated that PTSD was suffered by 36% of the riot police and 41% of black police officers, and an alarming rise in the suicide rates of 60 out of every 100 000 police officers in 1994 compared to five out of every 100 000 of the general public in 1991. These statistics have not changed much today. The reported number of police officers who died from suicide was 115 between the years of 2012 and 2013, with a rate of 73.9 per 100 000 in 2016 (Hunter, 2016). However, there are limited studies on the perceptions of the intervention strategies implemented to relieve work-related stress and trauma of police officers in the Western Cape. To date, no studies to the knowledge of the researcher have made recommendations toward various intervention strategies to be established in the SAPS. In addition, the programmes currently offered are viewed as unsuccessful in assisting police officers to deal with stress on an emotional level (Watson, Jorgensen, Meiring & Hill, 2012). Furthermore, the 2012/2013 SAPS Annual Report was the last to contain a review of stress-related problems and psychological disorders amongst its members, meaning that the 2018/2019 report was the first in seven years to contain any psychological wellness statistics of its members. The overarching research question guiding this study is therefore: what are the differences in perception towards stress and trauma intervention strategies in the SAPS?

### **1.4 RESEARCH AIMS AND OBJECTIVES**

#### **1.4.1 Research aim**

The aim of this study is to investigate the differences in perception towards stress and trauma intervention strategies in the SAPS.

#### **1.4.2 Specific research objectives**

- To determine the intervention strategies that are offered to police officers to manage work-related stress and trauma;
- To determine police officers and EHW staff's perception of intervention strategies offered to manage work-related stress and trauma; and
- To determine possible intervention strategies to address work-related stress and trauma.

## **1.5 RESEARCH QUESTIONS**

1. What are police officers and EHW staff's perception of intervention strategies offered to manage work-related stress and trauma?
2. What intervention strategies should be established to address work-related stress and trauma?

## **1.6 SIGNIFICANCE OF THE RESEARCH**

Many scholars have researched the topic of stress and trauma amongst employees in the workplace in general. However, in South Africa, or the Western Cape in particular, there seems to be limited research and a lack of importance to research intervention strategies implemented to manage work-related trauma and stress in one of the most crime-ridden areas in the world. This remains the case even through the many murders, rapes, assaults and theft take place, which the police personnel have to deal with. This research aims to explore the perception of the use of intervention strategies within the SAPS policing environment, by comparing the views of active police officers and role players in the intervention programmes. Through establishing the use of the strategies that these police personnel experience in order to manage trauma, recommendations toward necessary intervention programmes could be developed.

## **1.7 SCOPE OF THE RESEARCH**

### **1.7.1 Delimitation**

The delimitation of the research is that it is solely focused on the Western Cape area, so the sample represents convenience sampling from police departments in the Cape Town area. The sample size and population are determined from male and female police officers and staff of the EHW department. Due to Cape Town being ranked as the most violent city in South Africa, and the Western Cape ranked second in the country with regards to the reported crime rate, specific focus is put on the need for trauma intervention programmes offered to the police officers in this province, and the effectiveness of these programmes.

### **1.7.2 Delineation**

The study followed an inductive research approach, whereby qualitative data was collected by means of a semi-structured interview and then transcribed. These transcripts were coded for emerging themes to be developed. The similarities and differences between the two groups of

participants are explored under each theme and sub theme. The guiding theoretical framework used in this research will be the Moos Model (1994).

## **1.8 DEFINITIONS OF TERMS AND CLARIFICATION OF CONCEPTS**

### **1.8.1 Stress**

Stress may be identified as an individual's state of tension when facing difficult demands, opportunities and constraints (Rao, 2005). Stress can therefore be divided into two types, being distress and eustress. Distress can be viewed as a destructive type of stress that is formed through aggression and anger, while eustress on the other hand is the positive type of stress that concerns empathy for others and the community (Myendeki, 2008).

### **1.8.2 Trauma**

Trauma can be defined as severe damage to a group or an individual's emotions, which impacts their sense of security, will to live and beliefs about the world and themselves (Ford, 2009). Trauma is usually caused by a traumatic event or incident which has phenomenal emotional power and overpowers individuals coping resources.

### **1.8.3 Perception**

Perception is defined by the Concise Oxford Dictionary (2001) as 'the process of becoming aware of something in a way of interpreting, regarding and understanding it'. Collins Concise Dictionary (1999) defines perception as a 'procedure to which sensory receptors are used by an organism to interpret and detect the external world'. For the purposes of this study, an individual's perception refers to the police officer's interpretations of experiences and lived events.

### **1.8.4 Intervention strategies**

For the purpose of this study, trauma intervention strategies are identified as trauma debriefing. Trauma debriefing can be described as the ventilation of emotions and feelings in an environment that is safe and controlled (Reese, Horn & Dunning, 1991). Within the SAPS, various role players such as psychologists, chaplains and social workers are trained to hold debriefing sessions with members who have had exposure to a traumatic event.

## 1.9 CONCLUSION AND OUTLINE OF CHAPTERS

This chapter provided an outline of the study on the differences in perception towards stress and trauma intervention strategies in the SAPS. An introduction of the study and general background of the SAPS and the impact of crime on stress and trauma is provided by taking into account various statistics. This chapter further provided the statement of the problem, significance of the research and provided definitions and clarification of concepts. The outline of the study will thus consist of five chapters:

### Chapter 2

This chapter discusses a wide range of concepts related to stress, trauma and interventions in the SAPS. A conceptual model is presented which guides the study, various stress and trauma theories are presented and intervention strategies used in the SAPS.

### Chapter 3

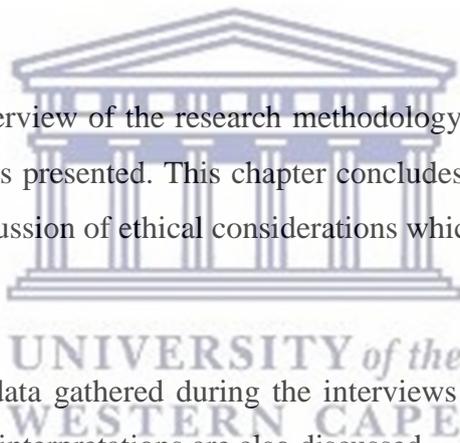
This chapter presents an overview of the research methodology which guides the study, and the main research question is presented. This chapter concludes with the data collection and analysis process, with a discussion of ethical considerations which the researcher followed.

### Chapter 4

This chapter discusses the data gathered during the interviews with study participants. The presentation of findings and interpretations are also discussed.

### Chapter 5

This chapter discusses findings presented in Chapter 4 which takes into account the perception toward stress and trauma interventions provided, and makes recommendations on how stress and trauma could be managed in the SAPS.



## CHAPTER 2

### REVIEW OF THE LITERATURE

#### 2.1 INTRODUCTION

This chapter presents a review of literature on stress, trauma and coping interventions within the SAPS. More specifically, this chapter discusses the history of the SAPS which includes radical organisational change, and the current reality of crime impacting the organisation. Furthermore, the Moos's integrative conceptual model is presented as a guideline for the study, which leads to the discussion of organisational stress and its impact, police stress, trauma in the SAPS as a contribution to the development of PTSD and coping strategies. Lastly, various organisational intervention strategies are discussed, as well as the perceptions and experiences of trauma interventions within the SAPS and the importance of psychological debriefing.

#### 2.2 HISTORY OF THE SOUTH AFRICAN POLICE SERVICE

Levin, Ngubeni and Simpson (1994) postulated in their 1994 study that as a result of South Africa's political history during apartheid, the role of the SAPS was viewed with suspicion amongst black citizens, creating a distrust in the police. A lack of police responsibility was characterised by the apartheid era, as the government failed to ensure an accountable, responsible and reliable policing organisation. The Constitution of the Republic of South Africa Act of 1996 thus had to be implemented to restructure the policing organisation. Thus, the SAPS underwent a radical transformation at provincial and national level from a police *force* to a police *service* and an extension to 'community policing'. This took place to rectify past challenges and to ensure better control over South Africa (Myendeki, 2008). This change included a shift away from military-style practices, and the implementation of affirmative action.

The most important change in the philosophy of the police is the transition to a community policing approach, and much energy was invested in this form of crime prevention. The Constitution of the Republic of South Africa Act of 1996 and the South African Police Service Act 68 of 1995 stressed the creation of community policing and a community police forum, with the legal requirement that each police station in the country should comply (Vuma, 2011). According to Paulsen (2008), these changes are of utmost importance to post-apartheid South Africa, in order to birth the legitimacy of having a police force in the new country. The

restructuring of the values and mission of the SAPS created an invaluable obligation to the communities and people to which it serves.

### **2.2.1 Radical organisational change**

As discussed above, the SAPS underwent a radical change and according to Mourfield (2014), radical organisational change involves systematic organising, engagement and transformation, cultural change and restructuring. The latter are technological, structural, people and process orientated. This change came at a cost as the SAPS are now expected to provide a full function of business-related tasks, in addition to focusing on their primary responsibility of crime prevention.

#### **2.2.1.1 Strategic and structural changes**

Through the implementation of the Constitution of South Africa and the South African Police Service Act, the SAPS went through organisational restructuring which involved the dissolving of some divisions and the redeployment of some personnel in other fields and areas. Furthermore, as mentioned, a major focus was implementing policies around community policing.

According to Young (2004), before the end of apartheid, the majority of South Africa's police service comprised white males, and changes had to be made to bring about affirmative action, gender and racial equality with a focus on managerial roles. The transformation process of the SAPS is in alignment with the new government's democratic approach to the control of service delivery. Various core values have too been included in the agenda of the SAPS, this being community emphasis and consultation, liability, responsibility, openness and emphasising on providing quality of service (Young, 2004). The community empowerment theory was that first adopted by SAPS. This deals with helping to prevent any aspects that may make the community open to criminal activity by sharing information and open communication (Vuma, 2011). The community and surrounding neighbourhoods now play a pivotal role in their own safety and crime prevention, which implies tasks are given to the SAPS in addition to their already vigorous workload. These tasks are in the form of providing weekly community crime statistics, area-specific operations, community Imbizos, and identifying and then preventing of any aspects related to criminal activity in a specific neighbourhood. The Government Communicators Handbook (2014) defines an Imbizo as a gathering where engagement between individuals is encouraged, and it is regarded to be a means of communication and interactive governance. These structural changes resulted in members developing feelings of uncertainty

and insecurity within their roles with the constant changing of police ministers and the hierarchical structure whereby decisions are made within the organisation. However, to complicate matters further, the SAPS was once more transformed back to its military-style ranks and practices in 2010 (SAPS, 2010). This restructure within the SAPS led by then Minister of Police, Nathi Mthetwa, was not just in line with the transformation of the police force, but in change with operational requirements, thinking and attitude (SAPS, 2010). Kop and Euwema (2001) identified that organisational factors are the most salient stressors in the police organisations.

These structural and organisational changes created a culture of unrest and frustration that exists amongst SAPS employees. This frustration was recently highlighted in the form of a new union established by disgruntled police officials who are being overlooked for promotion (Hendricks, 2019). The South African Police and Allied Workers Union (SAPAWU) consist of experienced police officers, some members who have been in the force for over 10 years and have not been promoted, compared to officers who have been in the force for a few months. According to Hendricks (2019), promotions are given to specialised units and task teams, rather than officers who are based at police stations. The Minister of Police Bheki Cele had mentioned that the backlog of overdue promotions stands at 69,219 and the cost to rectify this would be R2 billion over a three-year period. These developments within the SAPS have a direct impact on how police officials experience stress. In a study conducted by Cooper, Davidson and Robinson (1982), a major source of stress amongst police officers of all management levels was the perception that the policing organisation is embedded with unnecessary bureaucratic obstacles such as politics, poor planning and increased paperwork.

#### **2.2.1.2 The impact of change**

The strategic and structural change in the SAPS gave rise to a number of solutions to problems previously found; however, with these positives came a number of side effects (Mourfield, 2014). With the police previously being associated with hatred and apprehension in the black communities due to the past, the new policies implemented drastic change with regard to the recruitment and promotion of black police members. According to Paulsen (2008), many police members felt that the promotion process is viewed as lacking integrity and often caused by the influence of politicians and government. This feeling, together with radical organisation change brings about a feeling of an 'us' versus 'them' perception, whereby different groups are formed that hold different opinions, forming an in-group and out-group in the organisation.

According to Tajfel (2016), in-group favouritism is identified by an affinity or preference for individuals in a group as opposed to those that do not 'fit', based on the evaluation of interests, identity, characteristics, culture and religion. This social and organisational restructuring serves as a protective purpose and provides emotional and professional support needed to overcome stress; however, it added an 'us' versus 'them' mentality, which ultimately contributes to a division between the community and police (Young, 2004). This divide then further established a racial segregation between the white and black police officers, with white experienced officers dealing with stress and trauma of radical change, and black unseasoned officers being exposed to stress and burnout resulting from inexperience. According to Young (2004), one can further identify the in-group status of police officers through methods and coping strategies used to deal with stress and trauma on the job. These strategies are often dealt with by informal communication within the inner circle of colleagues, and wives or significant others are often excluded.

Other challenges faced by the SAPS are reputational damage caused by a number of incidents with tragic consequences. One example is the tragic incident at Marikana in the North West province on 12 September 2012 which caused 44 deaths and resulted in the Marikana Commission of Inquiry appointed by then President Zuma (Department of Justice and Constitutional Development, 2012). The commission's findings were made public in the 'Marikana Report' that highlighted amongst others, that the use of stun grenades and teargas by police before shots were fired initially 'sparked' the confrontation, and was unreasonable (Bruce, 2015). Furthermore, the view of SAPS by some university students are negative due to violence imposed during the 2015 and 2016 #FeesMustFall protests. According to Ndelu (2017), some students at a selected university in the Western Cape indicated that management was oblivious to violence suffered by students especially during protests as a result of police brutality. Swart (2016) further indicated that allowing the police onto campuses, opened up the opportunity for divergent measures and unrestrained force to be used on students. More recently, an article in *IOL* in September 2019: 'Disruption at UWC residences as students confront suspected rapists' (Anonymous, 2019), SAPS officers have been caught on video and social media platforms shooting live ammunition at protesting students at a tertiary education institution in the Western Cape confronting alleged suspects of rape. The manner in which the officers reacted to the situation has been deemed irrational and been made public on social media. Ndelu (2017) indicates that the #FeesMustFall movement had inspired many other

movements, one being #EndRapeCulture on universities, where police presence is commonly seen as well.

### **2.2.1.3 The impact of change on the individual**

According to Myendeki (2008), the SAPS organisation can no longer be characterised by consistency and cohesiveness, and rather looked at as an organisation that is unable to protect, support and sustain its members. Paulsen (2008), further postulates that consequently the police members feel abandoned by this new organisational structure and find their present circumstances as anxiety provoking. The impact of community policing and public criticism thus created an additional burden on officers.

The result of transformation on a large number of members include resisting the transformation process, low motivation, uncertainty and low productivity, ultimately leading to mental health issues (Young, 2004). Furthermore, the radical recruitment and selection of individuals that distrust and even dislike towards one another creates feelings of insecurity and uncertainty. Vuma (2011), further indicated that the affirmative action policy together with transformation designated positions for specific race and gender groups, further enforced tension amongst members. Nel and Steyn (1997), postulated that mental health of the SAPS cannot be viewed in isolation without looking at the major variable of political transformation – which seems to be the dominant indicator of police officers' stress and mental health. All these factors, together with a hostile, dangerous and violent working environment, cause a volcano of emotions dangerously waiting to erupt.

In order for officers to manage their stressful and troublesome situations, coping methods are implemented to deal with their emotions and circumstances (Folkman, 2011). Police officers do not always cope and deal with their emotional and physically challenging work in an effective manner (Sundaram & Kumaran, 2012). As a result, in order to deal with the challenges and demanding situations they face, officers often try to cope by developing drinking problems, and even the abuse of substances such as marijuana, hallucinogens, opiates, cocaine and amphetamines (SAPS, 2011). Myendeki (2008), further attributes suicide of police officers to stressors that they face at work. Reports suggested that due to extensive stress on the job, and constantly being exposed to criminal activities that result in violence, are the main reasons for police officer's suicidal thoughts (Wasserman, 2015). In support of this, Pienaar, Rothmann and van de Vijver (2007) presented findings that SAPS officers are five times more likely to commit suicide, in comparison to international suicide rates. More recently, the SAPS Annual

Report indicated 115 police officers have committed suicide during the 2012/13 period (SAPS, 2013). The 2012/2013 report was the last report publishing suicide statistics within the SAPS. There are a number of proactive psychological programmes implemented in SAPS to help cope with the stressors that members experience. However, these programmes are viewed as unsuccessful in assisting officers to deal with stress on an emotional level (Watson, Jorgensen, Meiring & Hill, 2012).

### **2.3 THE REALITY OF CRIME IMPACTING THE SAPS**

In a recent Pulse of the People research study which aims to recognise the most prominent challenges faced by the South African government, the three main socio-economic challenges are identified. These challenges are presented in percentages significant to the importance of each challenge, by the number of responses provided, which is unemployment (87%), poverty (59%) and crime (57%) (van der Westhuizen & Swart, 2015). These percentages make one further ponder on the relevance of these findings identified in this study as a chain reaction, whereby unemployment leads to poverty, which eventually results to partaking in criminal activities. The number of reported crimes for South Africa in the 2018/2019 period were 3,799,498 with the Western Cape alone contributing 789, 540 of reported crimes (South African Police Service, 2019). These statistics for the Western Cape can further be broken down into eight crime categories:

- Contact crimes: crimes against persons (e.g. murder, robbery) – 113 987
- Sexual offences (e.g. rape, sexual assault) – 7043
- Some subcategories of aggravated robbery (e.g. carjacking) – 6864
- Contact related crimes (e.g. malicious damage to property, arson) – 29 356
- Property-related crimes (e.g. burglary, theft of motor vehicle) – 92 015
- Other serious crimes (e.g. commercial crime, shoplifting) – 103 847
- A total of 17 community-reported serious crimes – 339 205
- Total crime detected as a result of police action (e.g. drug related) – 97 223

The above statistics unfortunately only take into account crimes that have been reported. Therefore, one can only imagine the amount of crime that takes place daily in the Western Cape. Furthermore, the presentation of the 2018/2019 crime statistics in the Western Cape highlighted the following changes in comparison to the previous year (South African Police Service, 2019):

- Murder increased by 6.6%
- Attempted murder increased by 4.4%
- Contact sexual offences increased by 18.9%
- Carjacking increased by 5.1%
- Commercial crime increased by 11.1%

According to the State of Urban Safety in South Africa Report 2018/2019, the City of Cape Town has the highest rates of murder, property-related crime and robbery compared to all other provinces in the country. Cape Town's recorded rates per 100,000 of the population are robbery (484), murder (69) non-violent property-related crimes (1475), and sexual offences (98) (SACN, 2019). However, since the publication of this report, a surge in gang wars around the Cape flats spiralled further out of local polices control and drastic intervention by the South African National Defence Force (SANDF) had to take place. Furthermore, since the SANDF deployment, Cape Town saw its deadliest weekend in years with a total of 47 murders accounted for over the Women's Day extended weekend, indicating that crime within the Western Cape is beyond government's control ('South African Crime', 2019). This is evident in a report published by The Citizens Council for Public Security and Criminal Justice which shows Cape Town to be ranked 11th in the world in terms of average homicides per 100,000 residents (Seguridad Justicia y Paz, 2019). In addition to this, the recent COVID-19 pandemic affected the normal operation of the SAPS in many ways. According to de Coning and Rupiya (2020), the COVID-19 pandemic in South Africa has contributed to a reduction of a few categories of crime such as theft and murder; however, there is a sharp increase in other categories of crime such as abuse of children and gender-based violence. With the pandemic having a pivotal impact on the loss of employment, and with the Western Cape being the first COVID-19 epicentre ('South Africa's Epicentre', 2020) this could result in a marginal increase in the crime rate in the Western Cape. Interpol has issued a warning that opportunists and criminals may potentially exploit this pandemic, and have highlighted an increase in cybercrime, fraud and counterfeit health products (de Coning & Rupiya, 2020).

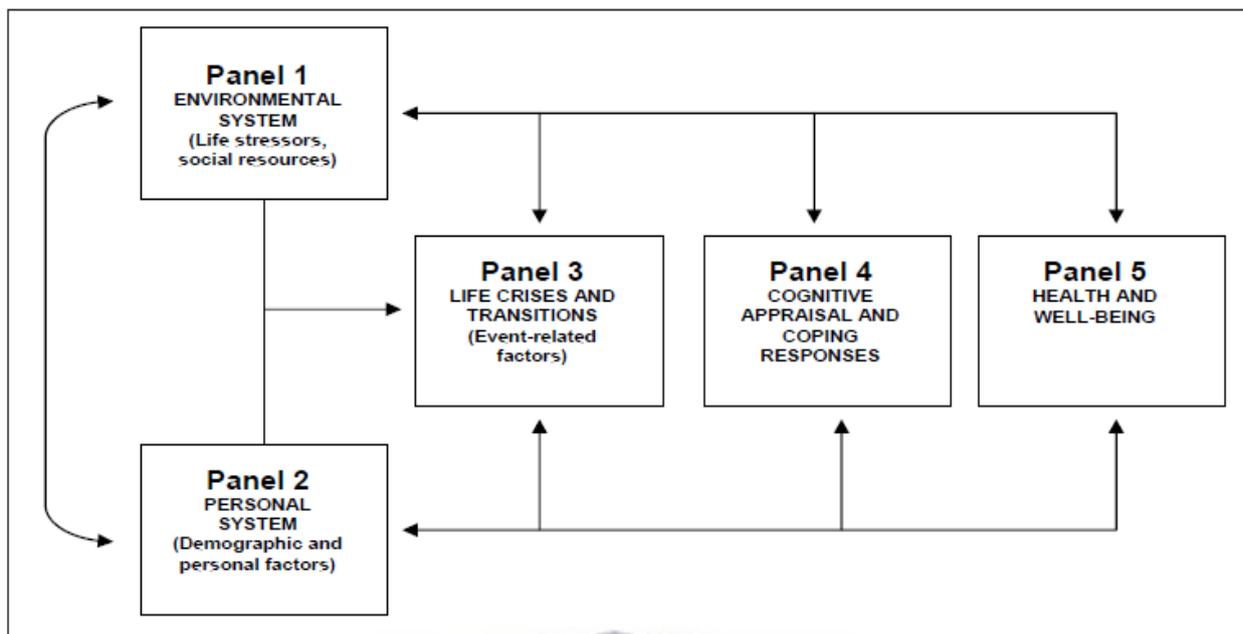
#### **2.4 MOOS'S INTEGRATIVE CONCEPTUAL MODEL**

The application of a conceptual model toward stress and coping could be important in understanding how to assist police officers to cope more effectively. The Moos Model (Moos, 1994) is used as a guideline for this study, which presents the stress, trauma and coping process which ends with the important component of health and wellbeing. According to Louw and

Viviers (2010), the Moos Model is likely to be the most complete theoretical framework in defining the vigorous collaboration between coping strategies and stress in conjunction with the individual's social and personal resources used to maintain physical and mental wellbeing.

A majority of international studies researching the impact of stress and trauma on police officers have been conducted in various countries around Europe and North America, where findings cannot necessarily be applied to a local context. Furthermore, these studies largely focused on stress and coping alone, without considering the various intervention strategies that could be implemented to deal with stress and trauma (Della-Rossa, 2014; Hart, Wearing & Heady, 1995; Hodges, 2015). In addition, Louw and Viviers (2010) indicate that local studies that have been undertaken predominately in the North West province, where there is a special interest in stress and its outcomes. The above may shed light on the absence of an integrative model toward stress, trauma and psychological wellbeing, especially in application to local research within the SAPS. Moos and Shaefer's (1993) framework places emphasis on two crucial elements appropriate to this study. According to Nieuwenhuizen, Eloff and Moen (2014), the model highlights coping efforts being shaped by the individual's situational and personal factors. Secondly, this model places emphasis on cognitive appraisal as the mediator between stress and coping, whereby social support is a crucial factor in promoting emotional wellbeing (Eunsu Hong, 2012; Nieuwenhuizen et al., 2014). While there are numerous models that are available within the literature of psychology, there is an absence of models that demonstrate conceptual links between the coping process and the individual's interaction with support structures in the organisational context (Louw & Viviers, 2010).

Figure 2.1 indicates a graphical representation of the Moos Model and its various components known as a 'panel', with each panel representing a step in the process.



**Figure 2-1: The Moos model**

From “An Evaluation of a Psychological Stress and Coping Model in the Police Work Context” by G. J. Louw and A. Viviers, 2010, *SA Journal of Industrial Psychology*, 36, p. 2. Copyright 2010 by SA Journal of Industrial Psychology.

#### 2.4.1 The environmental system

According to Kruger (2005) the stressors of the environment are ongoing and involve aspects such as lack of social support, financial insecurity, illness, poor time management and interrelational problems. These stressors can impact the daily lives of individuals and can influence the manner in which they cope with various difficult situations that arise. The environmental system thus has a direct influence on the individual’s personal system and characteristics. The environmental system incorporates various theories of stress, namely systematic and psychological perspectives.

#### 2.4.2 The personal system

The personal system of an individual in relation to the environmental system can have a noteworthy impact on health and wellbeing. Moos and Shaefer (1993) indicate that the personal characteristics of the individual such as psychological skills, socio-demographic factors and coping resources may have a direct impact on the daily experience of stressors. The personal system is related to the exposure and impact of organisational stress on the individual.

### **2.4.3 Life crisis and transitions**

The stable personal and environmental factors in panel 2 thus influence the individual's transitions and life crises which may bring about noteworthy changes in their life circumstances. This life crisis may be morphed by an incident or event-related stressor which bears post event effects. According to Kleinke (1998), the event-related factors could be viewed as life crisis such as trauma, interrelational conflict, loss of someone close or ageing. Life crisis and transitions refer to the exposure to traumatic events and their effect on individuals.

### **2.4.4 Cognitive appraisal and coping responses**

There are various emotions that may arise when an individual encounters stimuli in an environment. The emotions as experienced by individuals largely depend on the perceptions toward their objective (appraisals) and the belief about the world, about *the self*, personal resources (psychological skills) and the factors of the environment (Moos & Shaefer, 1993). The cognitive appraisal and coping resources both indirectly and directly affect the health and wellbeing of the individual, and the need may arise of external intervention. The cognitive appraisal and coping responses panel refers to various coping strategies employed by individuals and the impact of personality toward coping responses.

### **2.4.5 Health and wellbeing**

The personal system (panel 2) of the individual, together with the extent to which life crises and transitions are experienced (panel 3) shape the health and wellbeing of the individual both directly and indirectly, through the coping strategies implemented (panel 4). Occupational wellbeing can be viewed as a facet that is multidimensional in nature, which can be made up of salutogenic as well as pathogenic health outcomes, which sheds light on the question of why some individuals thrive in working under stressful environments, while others suffer under the pressure (Louw & Viviers, 2009). Health and wellbeing refer to various intervention strategies and trauma debriefing models offered.

The above model is used to organise the structure of the theory presented below and has provided an integrative link between the experience of stress and trauma of police officials in the SAPS, and how these members are assisted in coping with the struggles they face.

## 2.5 STRESS

From the feeling of overwhelming worry, the anxiety or fear of losing something, the thought of loss of control, or the unexpected death of someone close, stress, whether acute or chronic, results in physical or psychological reactions causing the individual to implement coping mechanisms to the demands of these stressors (Outhoff, 2016). The concept of stress can thus be understood by taking into account various environmental factors which are indicated on panel 1 of the Moos Model. According to Moos and Shaefer (1993), environmental factors include life stressors which are ongoing such as illness or injury, lack of support from friends and family, interrelational problems and financial insecurity. These stressors influence an individual's coping strategies when faced with demands of the environment. Individuals experience stress differently and to different degrees, whereas each police officer may handle the demands of these stressors in different ways. According to Stolhaug (2016) the concept of stress is not easy to define, but one can understand stress by focusing on the 'stressors', which is an unpredictable or predictable disconcertion in the environment that causes 'stress', which can be viewed as a multidimensional physiological reaction to the individual's internal stability (Dantzer, Fletcher, Boonstra, Sheriff, 2014). Furthermore, Luthans (2002) highlights crucial components of Matteson and Ivancevich's definition of stress: (i) stress is influenced by individual differences; (ii) stress is the *response* to an event, by which it does not refer to the event or situation itself; and (iii) stress is a reaction to extreme physical and psychological demands.

### 2.5.1 Stress as a component of many perspectives

A consensual definition of stress, regarding its conceptual clarification remains absent from research on the phenomenon. Numerous definitions from various disciplines including psychology, sociology and physiology exist; therefore, numerous theoretical underpinnings are relevant. However, the theme that emerges from most disciplines refers to an individual's interconnection with the environment. Stress can ultimately be seen as a concept that is multidimensional in nature and makes reference to an external or internal event that is linked to an individual's relationship with the environment, which causes a response in mind and body (Lazarus, 1990; 1993; Lindqvist, Carlsson & Sjoden, 2000; Malefo, 2000). It is important to understand that stress is experienced in different ways by different individuals, and some individuals do not even realise that they are experiencing stress. According to Kampfe, Mitchell, Boyless and Sauers (1995), a certain amount of stress is needed for life and learning.

## **2.5.2 Theories of stress**

According to Krohne (2002), the main theories of stress focus on the connection between stress (bodily processes) and the stressor (environmental demands). These two focus areas can thus be grouped into two categories: The psychobiological and physiological approaches to ‘systematic stresses’ and the cognitive psychology approach of ‘psychological stress’.

### **2.5.2.1 Selye’s Theory – systematic stress**

Selye’s Theory of the systematic approach to stress elaborated the phenomenon of stress by postulating that (i) an individual’s health will be adversely affected when faced with stressors in certain conditions; and (ii) a variety of stressors may cause the individual’s body to portray a similar response (Paulsen, 2008). According to Krohne (2002), in a variety of animal studies conducted by Hans Selye, the finding of stimulus events applied rigorously and over a prolonged time period produced common effects, whereby each stimulus produced its specific effect. Therefore, the term systematic stress can be defined as a state displayed by a condition which contains of all the non-specifically induced deviations in a biologic system (Selye, 1976). This pattern, as discussed below, later became known as Selye’s General Adaptation Syndrome (GAS) is based on three stages namely, alarm stage, resistance stage, and exhaustion.

### **2.5.2.2 Lazarus Theory – psychological stress**

Lazarus (1993) referred to two aspects that play an important role in any theory of psychological stress: (i) appraisal –the individual’s evaluation pertaining to their wellbeing; and (ii) coping –the individual’s effort to manage demands of the environment. Lazarus and Folkman (1984) postulates that primary and secondary appraisal would lead to the individual experiencing an array of stress whereby three types are presented: (1) harm – refers to psychological impact that has occurred; (2) threat – refers to an individual’s expectation of imminent harm, and (3) challenge – refers to an individual’s confidence in mastering demands. Coping on the one hand relates to the cognitive appraisal concept and the transactions between the individual and the environment, whereby the individual makes an effort to reduce, tolerate or master the demands faced in various contexts (Krohne, 2002). Appraisal and coping as a concept in Lazarus and Folkman’s (1984) transactional model of stress is discussed further in the chapter.

### **2.5.2.3 The link between systematic and psychological: A resource theory approach**

In contrast to the systematic and psychological theories discussed, the resource approach does not concern itself with phenomena that create stress as a primary focus, but rather with the factors that one makes use of when faced with a stressful situation (Krohne, 2002). According to Hobfoll (1989), the proposed conservation of resources (COR) theory presents stress to occur in three situations: when individuals invest in the resources with little to no gain, when individuals experience a loss of resources, and when the resources are under threat. Hobfoll, Freedy, Green and Solomon (1996) presented principles formed from assumption of the COR theory which is testable hypothesis:

- (a) The primary source of stress is the loss of resources – this principle opposes the assumption that stress presents itself when an individual has to adapt oneself to contextual circumstances whether positive, e.g. birth of a baby, or negative e.g. death of a family member. An empirical test conducted presented findings that stress is only caused by a loss of resources.
- (b) Resources rely on each other for preservation and protection – in an example presented by Krohne (2002), women who were identified to have high self-esteem turned to support of friends and family when feeling stressed, compared to others who have low or a lack of self-esteem determined social support to be distorted support. The resource of self-esteem thus may be a crucial resource for other resources to feed on.
- (c) Individuals resource pool depletes following stressful encounters – a resource pool that is depleted may impair the individuals coping ability to deal with additional stress, thus resulting in a loss spiral. Therefore, the focus is aligned to the connection between the situational demands and the resources and how this demand alters during time.

Hart and Cooper (2001) postulate that a common characteristic of the majority of process theories relating to stress is that they are all based on the transactional approach whereby stress is viewed as a vibrant system which functions through the interaction between the individual and the environment. Furthermore, the definition of the term stress in the past decades concurrently refers to a response, stimulus and transactional perspective.

### **2.5.2.4 Response perspective**

According to Sutherland and Cooper (2000), the response perspective is highlighted as an individual's reaction to various stressors, which can be either physiological or psychological

and then referred to as an outcome. The physiological viewpoint of the response perspective was created in the medical sector whereby the significance is placed on treatment and diagnoses of symptoms without addressing the source of the problem (Paulsen, 2008). The physiological responses involve an increase in bodily arousal while the psychological responses consist of thought patterns, behaviour and emotions (Sarafino, 2002).

#### **2.5.2.5 Stimulus perspective**

Melnick (2002) indicates that intense, new, compromising and unexpected incidents are described by the stimulus approaches in the stress theory. Sarafino (2002) postulates that situations that lack stimulus, a cognitive misinterpretation or inconsistent responses that requests stimuli are likely to be stressful. The term stressors derived by Hans Selye, are deemed to be incidents that occur in the environment at an individual and organisational level (Jaramillo, Nixon & Sams, 2005; Lazarus & Folkman, 1984). Lazarus and Cohen (in Lazarus & Folkman, 1984) thus introduced three stress categories: 1. Major changes, which concern a number of individuals and are often dreadful; 2. Major changes affecting a few people and lastly; 3. Daily hassles. The stressors proposed take on a stimuli-based perspective on stress without taking into consideration the differences in individual experiences and coping. Therefore, the transactional approach gives a more practical and enlarged understanding of individual variation in the experience of stress.

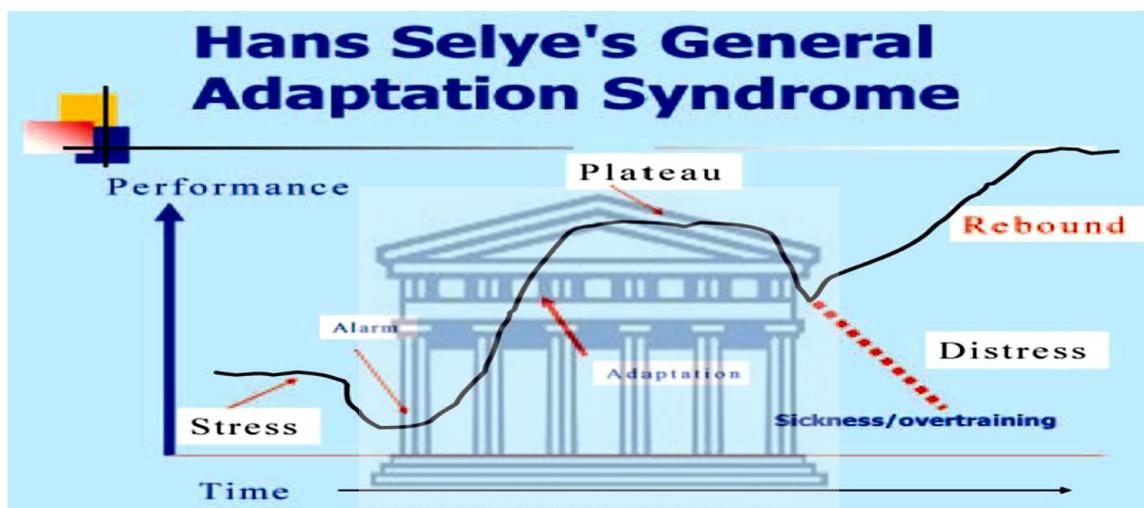
#### **2.5.2.6 Transactional perspective**

Selye (1984) defined stress in biological terms which related to the body that individuals are living in, which can be seen as a manifestation of ‘a process of fighting back’ as it engages in efforts that are critical to the preservation or restoration of the equilibrium (Lazarus & Folkman, 1984; Johnson, 2016). Cartwright and Cooper (1997) indicated that one of the efficient attempts toward the progression of stress associated illness was created by Hans Selye in 1964. Selye’s GAS process constituted a set of non-specific, physiological reactions to a broad range of harmful environmental agents (Selye, 1956). This model forms the basis of the psychobiology and physiology approach and makes reference to a three-staged bodily response if the wellbeing of an organism is being threatened (Lana, 2017). These stages indicate an individual’s experience in a stressful situation (Paulsen, 2008):

1. *The Alarm Stage* – this stage operates as a fight-or-flight response whereby it activates various accessible resources from the body.

2. *The Stage of Resistance* – the body strives to acclimatise the demands of the stressor. If the stress persists, and the body’s defence mechanisms do not resist, then the third stage will commence (Adams, 2016).
3. *The Stage of Exhaustion* – here the body’s defence ultimately collapses (Johnson, 2001; Sarafino, 2002; Selye, 1956).

Figure 2.2 shows the effect of stress and performance over a prolonged period of time. The more the individual is stressed, the more performance decreases (Lana, 2017).



**Figure 2-2: Hans Selye’s General Adaptation Syndrome**

From “Wellness Factors Impacting Student Academic Performance From a Higher Education Perspective” by A. Maharaj, 2018, *Educator Multidisciplinary Journal*, 2, p. 75. Copyright 2018 by Educator Holdings.

Lazarus and Folkman (1984) advanced this theory of stress by indicating that how individuals think about and perceive the events that happen in their lives, has direct physiological consequences. Thus, the mental events in which individuals have will result in direct biological outcomes. While both stimulus and response approaches to stress have previously been extensively researched, it is the transactional approach to stress that has been emphasised in recent literature (Sarafino, 2002; Wrzesniewski & Chylinska, 2007). Lazarus and Folkman’s definition of stress is thus both the psychological and physiological reaction to an individual’s experience of an external environment. Lazarus and Folkman, while experimenting with the work of Green, Stonner, and Kelly (1974) introduced an idea of cognitive appraisal (Outhoff, 2016):

‘Although certain environmental demands and pressures produce stress in substantial numbers of people, individual and group differences in degree and kind of reaction are always evident. People and groups differ in their sensitivity and vulnerability to certain types of events, as well as in their interpretations and reactions. Under comparable conditions, for example, one person responds with anger, another with depression yet another with anxiety or guilt and still others feel challenged rather than threatened’ (p. 22-23).

Lazarus’s and Folkman’s ‘cognitive appraisal’ theory resides in what is known as the transactional model of stress. According to Folkman (2011), Lazarus had defined stress as the relationship between the person and the environment that is appraised as personally significant and as taxing, or exceeding resources for coping. The definition of this term formed the foundation of the stress and coping theory which is known today. According to Paulsen (2008), the theory employed a cognitive outlook on how the individuals see the environment and the view of each individual taking on a mental evaluation process. Literature expresses the idea that how an individual copes with stress can be viewed as a procedure that will progress over time (Folkman, 2011). Therefore, the process of evaluating events can be viewed as twofold: Firstly, through how menacing it can be on an individual’s mental and physical wellbeing, secondly by what means the individual is able to resist the stressor (Wasserman, 2015).

Two kinds of cognitive appraisal can be distinguished, with a third being established by being exposed to new information (Aitken & Crawford, 2007). The primary appraisal involves the individual assessing the degree of risk in the encounter, with the secondary involving an altering of their appraisals determined by the characteristics of the environment they find themselves in (Wasserman, 2015). According to Lovallo (1997), both appraisals do not only consider mental and reaction response to the external requirements, but have an effect on the neurophysiological, emotional, endocrine and autonomic responses.

The primary appraisal is an evaluation process of the significance of a transaction to a particular individual (Perrewé & Zellars, 1999). The primary appraisal involves the overall welfare and security of the individual and consists of the evaluation of how notable the situation is. This evaluation can thus provoke a stressor which can be categorised into the judgements of positive, irrelevant or harmful (Aitken & Crawford, 2007; Lazarus & Folkman, 1984). When identifying a stressor that the individual considers to be threatening, this then provokes an immediate emotional retaliation indicating alarm, as a result triggering psychological, physiological and behavioural reactions (Lazarus & Folkman, 1984; Paulsen, 2008). The secondary appraisal involves an intricate evaluative process whereby an individual identifies various coping

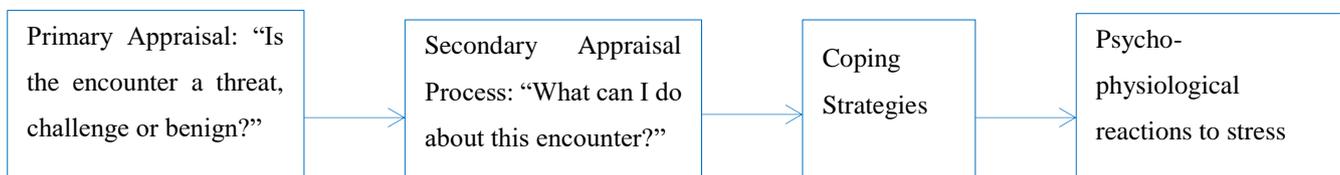
options, the likelihood that the option chosen will be successful and the probability that the approach can be used favourably (Lazarus & Folkman, 1984). The individual will engage in the secondary appraisal in order to alter conditions that are deemed to be undesirable. These two approaches are believed to function simultaneously.

The third and final cognitive appraisal is known as ‘reappraisal’. According to Perrewé and Zellars (1999), the reappraisal process depicts a system of feedback whereby the primary and secondary appraisals are summoned due to individual response or coping and the reactions one has due to the environment. The result of the coping strategy being chosen by the individual is determined by the person-environment fit. Therefore, an individual will match specific coping strategies to the environment they are in, and their current situation. These coping strategies varies between individuals based on their background and demographic variables.

This phase of the appraisal process, with the taking in of new environmental information, the pressures on the individual could either be enlarged or reduced (Paulsen, 2008). Therefore, the degree of experiences of stress is dependent on the outcome of the appraisals as constructed by interactions with the environment. The transactional model of stress, which is occupied by the cognitive appraisal theory, has three important suggestions (Sarafino, 2002):

1. The events or situations are not stressful or intrinsically stressful, but the individual experiences them or understands them to be so.
2. An individual’s cognitive appraisal of situations depends on and fluctuates accordingly, based on their motivation, mood and overall health.
3. Studies indicate that reactions to stressful events are the same despite whether the being experienced or imagined (Melnick, 2002; Straub, 2002).

The appraisal processes when a stressor is encountered are presented in Figure 2.3.



**Figure 2-3: Lazarus and Folkman’s (1984) basic model for stress and coping processes when a stressor is encountered**

Adapted from “The Revised Transactional Model (RTM) of Occupational Stress and Coping: An Improved Process Approach” by Y. W. Goh, S. Sawang and T. P. S. Oei, 2010, *Australian*

*and New Zealand Journal of Organisational Psychology*, 3, p. 27. Copyright 2010 by Australian Academic Press.

## **2.6 ORGANISATIONAL STRESS AND ITS IMPACT**

In reference to the above, Luthans (2002) describes stress in the workplace as a condition which is caused by the connection between the job and the employee, and results in a change within the employee which causes them to diverge from their normal functioning. The connection between the organisation and the individual leads to personal factors listed as Panel 2 on the Moos Model. Moos and Shaefer (1993) mention that personal factors include socio-demographic characteristics, psychological skills and coping resources which may influence the individuals experience of stress. Luthans (2002, p. 396) defines workplace stress as: ‘an adaptive response to an external situation that results in physical, psychological, and/or behavioural deviations for organisational participants’. Straub (2002) identifies two aspects of occupational stress that have caused the increase in research in recent years. The first reason is that the majority of individuals that are employed will experience some sort of work-related stress during their careers, and the second reason is that work-related stress can be prevented or avoided as a result of interventions.

According to Sethi and Schuler (1984), topics in the workplace such as occupational stress and coping have become important for organisations for four reasons: (1) performance in the organisation, (2) economic impact for the organisation, (3) effectiveness of the organisation and (4) the concern for the health and wellbeing of the employee. Stress in the workplace can be identified as the mind-body arousal which results from psychological and physical job demands. The employee’s reaction to a threatening stressor in the workplace could be seen as feelings of anxiety and anger, which activates that autonomic nervous system (Myendeki, 2008). Furthermore, the inability to cope with the stressors of the environment could result in psychological and physical strain that could impact the individual’s behaviour.

### **2.6.1 Police stress**

Serving the country by being a member of the police force is one of the most stressful jobs in the world and the experiences on the job can have a major impact on one’s psychological and physiological wellbeing (Wasserman, 2015). Furthermore, due to South Africa’s history of apartheid, the SAPS context is a unique environment to work in, which places additional pressure on its members in many ways. The police employees within the organisation judge the environment by which they work in by taking into account job demands and organisational

policies and procedures (Myendeki, 2008). The Spielberger State-Trait (STP) model of organisational stress conceptualised stress in the workplace focusing on two categories, namely pressures on the job and lack of support. Furthermore, the model takes into account differences in perception toward workplace stressors and individual personality (Pienaar & Rothmann, 2006). In reference to the STP model, the judgements made by the employees lead to the establishment of two types of stressors, namely organisational and inherent stressors (Alexander, Walker, Innes & Irving, 1993).

The organisational aspects of work within the SAPS such as the lack of internal communication, organisational change, bureaucratic structure and lack of confidence in management signify the first classification of significant stressors. According to Paulsen (2008), police work is akin to other occupations by which practices within the departmental structures made provision for a proportional amount of stress encountered. Furthermore, Paulsen (2008) indicates that organisational stressors can be further broken down into two functions, being job demands and lack of resources. According to Klopper (2003) the demands of a job can refer to elements of the work whereby mental and physical effort is necessary, and thus has a psychological and physiological impact. Job resources, on the other hand, consist of elements that could be practical in reducing the psychological and physiological impact of job demands, achieving goals and encouraging development and growth (Demerouti, Bakker, Nachreiner & Schaufeli, 2001). In a study conducted by Gulle, Tredoux and Foster (1998), which included 91 police officials, that researched organisational and inherent stressors in the SAPS resulted in findings that the SAPS stressors are more organisational in nature, compared to American studies which are inherently job related. Furthermore, Violanti and Aron (1994), using a South African sample, highlighted stressors that occur the most in the police as being colleagues not performing up to standard, unnecessary paperwork, equipment and tools that are below standard and lack of resources.

The latter classification of internal stressors involved various facets that make up the nature of a police officer's work, which can be characterised as stressful: (i) police officials are required to perform duties that maintain their social standing; (ii) police work is reactive in nature rather than being proactive; and (iii) interactions are made with individuals who show a vast disregard for the authority that police officials hold (Violanti & Aron, 1995). According to Paulsen (2008), research into stress within police officers showed inherent stressors are evaluated more negatively than organisational stressors. In addition to the research presented by Gulle et al. (1998), inherent stressors are viewed as more distressing within the sample.

### 2.6.1.1 Biographical variables relating to police stress

Although stress and coping strategies within the police officers' work environment may differ from person to person, and with research regarding these variables not being entirely consistent, different biographical variables become relevant to tap into when analysing the perceptions toward stress.

**Rank** – the rank of the police officer determines the extent to which stress is perceived. A study undertaken by Pienaar and Rothmann (2006) on a sample of 2,145 members in the SAPS had brought to light interesting results. The rank of the police officer has an important impact on the experiences of stress. Constables were shown to have experienced stress less frequently in comparison to other ranks due to on-the-job support and less job demands. Sergeants in the police force were reported to experience greater perceptions of stress (Brown & Campbell, 1990) in comparison to other ranks, whereby officers who had been working in the policing environment for many years demonstrated lower levels of perceived stress (Patterson, 1992; Violanti, 1993).

**Gender** – the role of gender within the SAPS work environment may be associated with power and responsibility, especially with women being subjected to male harassment and discrimination. Various studies have provided results of differences between the two gender groups with regard to stress and coping strategies employed by police officers (Martocchio & O'Leary, 1989; McCarty, Zhao & Garland, 2007; Ortega, Brenner & Leather, 2007). Other studies have reported that female officers experience more stress than their male counterparts (He, Zhao & Ren, 2005), whereby several other researchers disprove these claims and indicate no significant differences are prevalent (McCarty et al., 2007).

**Ethnicity** – in Pienaar and Rothmann's (2006) study, due to the implementation of equity in the police force, white and Indian groups had experienced greater intensity of stress compared to their black and coloured counterparts. However, a study conducted by Nell (1994) indicated results that are conflicting, whereby black officers were reported to experience more stress than white police officers.

**Age** – the age demographic in comparison to gender within various studies was very similar, with several researchers proving and disproving the claim that age is a determining factor in the perception of stress. In a study conducted by Patterson (2001), the variable of age was shown to be significantly correlated with the experience, rank and police officer's years of service or experience. Wasserman (2015) presented findings that police officers will adapt their

coping to situations over years of service; however, Ortega et al. (2007) presented the finding of age not being correlated with the type of coping strategy used by officers.

## **2.6.2 The impact of stress on the individual**

Police officials in South Africa have to constantly fight against high levels of crime, and the lack of resources and transformation within SAPS's structures which could ultimately lead to an increase in PTSD, mental and physical illness, alcohol abuse and suicide (Rothmann & Strijdom, 2002). Paulsen (2008) identified the most prominent effects of stress on police officer.

### **2.6.2.1 Post-traumatic stress disorder**

The nature of work in which the officers within the SAPS are exposed to allows them to face traumatic incidents head on, which could result in the development of PTSD. According to Haisch and Meyers (2004), the development of PTSD is high when individual experience traumatic incidents that are beyond ordinary. Sue, Sue and Sue (1997) present traumatic events that could lead to PTSD to be motor vehicle accidents, experiences in combat, threats to one's life, rape and incest. The post effects of experiencing trauma could be intrusive nightmares, flashbacks and memories. Jones and Kagee (2005) presented three psychological categories of symptoms that could develop: (i) increased arousal; (ii) continuing to re-experience the traumatic event and (iii) the avoidance of the trauma-related stimuli. Various studies have presented findings of by Kureczka (1996) and Wilson, Poole and Trew (1997) between 2 % and 26 % of police officials who had experienced a traumatic event were eventually diagnosed with PTSD (Kureczka, 1996; Wilson et al., 1997).

### **2.6.2.2 Spill over**

According to Atwoli (2015), PTSD and the experiencing of trauma have broad consequences on the individual's physical and mental health, but also have a significant implication on social functions and the family of the individual. Therefore, the police officers' experiencing of stress and its psychological and physiological impacts may provide a connection between occupation and family life. Nel (1999) indicates that work-related stress experienced by a member of the family in the household could infiltrate into one's home, whereby the members of household will be subjected to stress responses of the individual. Furthermore, additional dysfunctional symptoms within the family unit could include various forms of violence, displaced rage, abuse and even murder (Nel, 1999).

### **2.6.2.3 Burnout**

The term burnout has been practically defined as an abnormal, recurring and negative state of mind that a normal individual faces, which is predominately characterised by exhaustion, leading to a lack of motivation, abnormal behaviour and attitudes and distress (Schaufeli & Enzmann, 1998). Figley (1995) views burnout as a process that increases in its intensity over a period of time, rather than being a condition that is fixed. Individuals who suffer from burnout usually display symptoms of reduced personal achievement, exhaustion and depersonalisation. Burke (1994) suggests that considerable amounts of evidence indicate work stressors have a significant impact on the psychological burnout levels that officers experience.

### **2.6.2.4 Suicide**

Klopper (2003) indicates that research into areas of stress and trauma is extremely important in South Africa as findings could impact and positively influence the standard of service provided by police officers, whereby one of the areas which could be influenced is their experience of suicide within the police. Nel and Burgers (1996) presented alarming suicide statistics in a 1991 study due to stress in the police force being 60 out of every 100,000 officers compared to five out of every 100,000 in the general public. What is even more alarming, are the numbers in modern times, with 115 officers succumbing to suicide between the years of 2012 and 2013, and a rate of 73.9 per 100 000 in 2016 (Rotherham, 2016). According to Rothmann and Strijdom (2002), suicide ideation can refer to suicidal thoughts and actions which can be viewed as early demonstrations of severe suicidal behaviour and represents a degree of psychological disturbance.

## **2.7 IDENTIFYING THE CRISIS**

According to Caplan (1964), the individual is constantly presented with contexts which threaten his or her emotional functioning, and if one masters the prediction of a threatening environment, one is said to have coped with the problem. However, if the individual cannot master the persistence of a problem, the individual starts experiencing what is known to be a 'crisis'. Life crisis and transitions listed as Panel 3 on the Moos Model refer to the individual's encounter of event-related factors, and should not be treated in isolation, but rather in conjunction with environmental factors (panel 1) and personal factors (panel 2). According to Moos and Shaefer (1993) substantial change in the individual's living condition would often occur as a result of the vigorous nature of the environment in which they live in. Kleinke (1998) indicates that event-related factors faced by the individual could refer to trauma, interrelational

conflict, losing a loved one or losing a job. Caplan's crisis theory identified two characteristics of the crisis, being accidental or developmental: (i) accidental events can include but are not limited to divorce, birth of a child, marriage or loss of a job; (ii) developmental events are thus made up of stages in an individual's life such as childhood, adolescence, parenthood, adulthood, middle age and old age (Caplan, 1964).

A crisis can further be defined as an event which has significant importance to the individual whereby it consists of a turning point presented by substantial deterioration or advancement (Plug, Louw, Gouws & Meyer, 1997). The crisis commences when the adaptive coping skills of the individual is overextended. Caplan (1964) identifies four phases of the crisis that an individual goes through:

- The first or initial phase is when an individual is faced with the problem that threatens his or her needs being met, which results in feelings of upward tension, and, as a result, habitual problem-solving techniques are used to restore emotional symmetry.
- The second phase kicks in during increase of tension and the failure of the habitual problem-solving techniques, the individual produces feelings of distress. The individual thus makes use of trial-and-error attempts in order to resolve the threat, whereby the individual's normal functioning becomes disorganised.
- The third phase is a result of the continued failure of the habitual problem-solving techniques implemented by the individual, which results in even more tension and leads to emergency problem-solving techniques which could produce the following results: (i) the problem may be solved by the individual; (ii) the individual may re-evaluate the problem and align it to fit with his/her past experiences, or (iii) the individual may give up and regard certain goals to be unachievable.
- The fourth and final phase consists of major personality disorganisation as a result of the continuation and the problem unable to be solved, which can be categorised as a 'breaking point'. The characteristics of 'breaking point' can be identified by certain behavioural issues such as depression, aggressive or antisocial behaviour and withdrawal.

According to Dass-Brailsford (2007), an individual may revert to displaying various symptoms of a crisis if he/she is reminded of the crisis incident. Furthermore, a police officer who has experienced a shooting may cope well after the shooting, however when the officer has to testify in court which results in him/her reliving the incident, personality disorganisation (fourth phase) could occur (van den Heever, 2013). Furthermore, Colley (1995) postulates that

although trauma can be considered to be more unpredictable than a crisis, the two terms are often associated with one another.

### **2.7.1 Trauma**

According to Boshoff (2015), although being different in definition, there is a clear connection between police officers' experience of stress and trauma. Various research indicated that aspects such as lack of respect for police officers in the community, bureaucratic structure within the police, energy-draining attempts to build trust within the community and the personal situations that police officers face could impact the manner by which the SAPS members experience trauma and are considered to be major stressors (Boshoff, 2015; Young, Koortzen & Oosthuizen, 2012).

Trauma in the medical context can be referred to physical injury which can be caused by energy, chemicals, heat, electricity and other agents. However, for the purpose of this study, the term 'psychosocial trauma' is of primary importance as an event that engulfs an individual's coping resources (Geldenhuis, 2015). According to Garland (1998, p.11) trauma can be defined as 'an event that overwhelms existing defences against anxiety in a form which also provides confirmation of those deepest universal anxieties'. Furthermore, Lindemann (1944) postulates that psychological trauma can be defined as important social support being uncontrollably disrupted, whereby disruption or loss of social support is intimately associated with one's failure to overcome the effects of psychological trauma. Many researchers have indicated that trauma brings about feelings of helplessness, loss of control and feelings of intense fear, whereby traumatic events usually happen unexpectedly and suddenly (Herman, 1992; Nielsen, 1986). Traumatic events are incidents whereby the individual feel powerless to the great danger that he or she is faced with, which usually includes the possibility or the involvement of injury or death (Geldenhuis, 2015). These events can be categorised into man-made violence (like gang shootings, robbery, war) and natural catastrophes (like floods, hurricanes, earthquakes) which deviate from one's normal course of life (Matsakis, 1992).

#### **2.7.1.1 Critical incidents**

Police work requires officers as part of their operational duties to be exposed to scenes that have a negative psychological effect on the individual. These scenes or incidents have a negative impact on the police officer's ability to cope with the demands of work and general

life (Maabela, 2015). According to Lewis (1996, p.15), a critical incident can be defined as ‘an event that is extraordinary and produces significant reactions for the intervening person. It may be so unusual that it overwhelms the natural abilities of people that have to cope with difficult situations’. The outcomes of being exposed to a critical incident may result in experiencing stress, burnout and PTSD. Various studies have presented findings that experiencing high levels of traumatic incidents can cause PTSD among the police officers in the SAPS, whereby the major types of critical incidents can include mass interpersonal violence, industrial accidents, accidents involving a motor vehicle, natural disasters, criminal violence, torture, suicide, violence by intimate partners and murder (Briere & Scott, 2012; Courtious & Ford, 2013; De Beer, 2012; Macritchie, 2006; Matsakis, 1996). According to Lewis (1996), a critical incident can lead to various emotional, cognitive and physical reactions. Emotional reactions could result in feelings of depression, fear, grief, anxiety and irritability. Cognitive reactions could result in difficulty making decisions, confusion, memory loss and unpleasant thoughts. Lastly, physical reactions are loss of appetite, sleep disturbances, nausea, fatigue and dizziness. The reactions listed impact the work performance and work life of the officers significantly and may result in having a similar impact on close friends and family members (Terblanche & van Wyk, 2014).

In relation to the above reactions, Mitchell and Everly (2001) constructed a list of typical reactions seen by victims of trauma within a 24 to seventy-two-hour time frame. These typical reactions are (i) emotional – depression, fear, shock, terror, sadness, guilt, anger, disbelief; (ii) cognitive – flashbacks, forgetfulness, poor concentration, upsetting images, low self-esteem, poor self-confidence, confusion; (iii) behavioural – agitation, poor coping responses e.g. excessive smoking or drinking, alienation, changes in interaction; and (iv) biological – nightmares, sleeping disturbances, changes in eating patterns, hyper-arousal (Mitchell & Everly, 2001). Police officers’ exposure to traumatic incidents serves as a health and safety hazard and places the officers under tremendous amounts of stress (Chabalala, 2005; Myendeki, 2008). In a study conducted by Pienaar and Rothmann (2006) which consisted of a sample of 2,145 police officials in the nine provinces of South Africa, findings resulted in work-related risk factors such as the use of force as a common occurrence while on duty, shift work, exposure to dangerous situations and facing the unknown which could lead to PTSD.

## 2.7.2 Psychoanalytical theory of trauma

Various authors have documented the shifts and development in classical psychoanalytical thought with particular emphasis on the role of fantasy in trauma development. Kardiner's (1941) study on war veterans, the revisionist school of thought and Freud's acceptance of the importance of the 'real experience' in trauma development indicated a swing in direction away from fantasy when exposed to traumatic incidents, but rather viewing the reaction to trauma resulting from disruption in one's adaptation to the environment, which alters one's view of the world and one's *sense of self* (Masson, 1984; Scharff & Scharff, 1994; Ulman & Brothers, 1988). Furthermore, significant contributions to the theory of trauma were made by Greenacre and Jacobson with their emphasis on development and regression and focus on *sense of self* in defining how individuals react when facing traumatic incidents. Jacobson (1959) postulates that one's ego is influenced by narcissism which results in conflict between one's self-representation and preserving one's *sense of self*. Traumatic incident experience alters the individual's initial self-representation and healthy sense of self respect, whereby new self-representations are thus formed on the basis of humiliation and feelings of unworthiness, resulting in a destructive *sense of self*. According to Young et al. (2012), the psychodynamic theory implies that individuals who are traumatised face the challenge of aligning the traumatic incident into their world image, self-concept and meaning of life. Furthermore, traumatised individuals' emotional reactions are deemed to be inconsistencies between the external and internal information. The following theoretical concepts are discussed and deemed to be most relevant within the development of the psychoanalytical approach to trauma (Young et al., 2012).

### 2.7.2.1 Ordinary memory versus traumatic memory

Ordinary memory can be viewed as having its place in the past with other ordinary memories, which eventually fade away. If these memories do manifest into one's present circumstances, they can bring about feelings of regret, desire and nostalgia (Young et al., 2012). Ordinary memory is quite different to traumatic memory in a number of ways. According to Horowitz (1976), traumatic memory can remain unassimilated for a long period of time after it has been created, whereby a manifestation can result in the individual experiencing the moment of its origin. For instance, one may overhear a certain sound when experiencing a disturbing event, and years later the sound may present itself causing the individual to relive the event. Furthermore, the failure to overcome and 'heal' over time could result in PTSD, whereby the

traumatic memory is coupled with bodily sensation and imagery experiences (Herman, 1992). Patients of PTSD respond to cognitive conflict as a result of traumatic experience in three ways: (1) the individual can try to alter the cognitive schemes, in order to make the consistent with their memories; (2) the individual can attempt to alter their traumatic memories, to align cognitive schemas with the content of the memory, and (3) the individual can attempt to remove the emotional significance of the memory or develop defences such as denial, in order to avoid stimuli that initiate emotional numbing, recollections and other defence mechanisms (Young et al., 2012).

### **2.7.2.2 Defence mechanisms when responding to trauma**

According to Young et al. (2012), the human way in which to respond to unexpected and overpowering scenarios is either to withdraw oneself socially and emotionally or to experience uncontrolled anxiety that could often lead to acts of aggression to others or oneself. Avoidance in this regard may be seen as steering away from social interaction or events, using drugs and alcohol to numb the individual's awareness to contexts that alter emotion, or to detachment oneself to avoid unpleasant experiences from one's conscious awareness. For instance, individuals who have experienced a traumatic incident will prefer to be alone and withdraw oneself from situations that will require environmental or personal interaction. Furthermore, individuals who suffer from PTSD could experience a rapid decline in the need for and will purposefully avoid emotional arousal (Young et al., 2012).

### **2.7.2.3 Fear, pain and responses**

According to Young (1995), fear and injury produces similar effects on the individual in terms of experiencing a nervous and physical shock, where the connection between the two is pain resulting from injury. Pain can therefore be seen as an experience that human beings try to avoid, which lies in its pathogenic effects. The individual responds to pathogenic memory in a number of ways when exposed to a traumatic incident: (1) the individual will develop a strategy to avoid stimuli that will result in harm; (2) surrender to the stimuli, and (3) reproduce scenarios that arouse traumatogenic events, in order to experience endorphins that tranquilise feelings of depression and anxiety.

#### **2.7.2.4 Trauma and a sense of self**

Once having experienced trauma, the victim's perception of the world and oneself will alter forever, whereby the impact of the traumatic experience must be incorporated and reassembled to fit into one's perceptions (Reiker & Carmen, 1986). Van der Kolk, McFarlane and Weisaeth (1996) indicates that one's life experience and age significantly impact the meaning the individual assigns to trauma, whereby individuals often put blame on themselves for their traumatic experiences. However, if one takes responsibility for the trauma, feelings of control could replace the initial feelings of being vulnerable, helpless and threatened and increase one's ability to rely on oneself (van der Kolk et al., 1996).

#### **2.7.2.5 Meaning and social support**

McFarlane (1992) indicates that meanings assigned to traumatic experiences differ from individual to individual and are influenced by the social context in which the traumatic incident happens. Individuals that are directly exposed and bystanders may have different accounts of the incident which results in various degrees of traumatic suffering, if any at all. Furthermore, the presence of others in a large setting in which a traumatic incident occurs may result in blame as first preference in making sense of the experience. According to McFarlane and van der Kolk (1996), the individual experiences various emotional responses whereby a manner in which to deal with this is to assign blame to others for the traumatic event, and in this case the issue of trauma becomes extremely complicated whereby blame becomes a central issue of its own. Furthermore, social support after experiencing a traumatic event is crucial, as external assistance is needed when the individual's resources are exhausted to compensate for their vulnerability (Hobfoll & De Vries, 1995).

#### **2.7.3 Trauma in the SAPS as a contribution to the development of PTSD**

Numerous research studies have contributed to the understanding of trauma within the police force, and its direct impact on PTSD. According to Nel (1999), an individual's excessive and continuous exposure to traumatic incidents without counselling, could lead to PTSD. According to Ingersoll and Strong (2011), PTSD is an anxiety disorder that has an effect on an individual's emotional responses, memory, nervous system and intellect and is the outcome of witnessing or exposure to one or more traumatic incidents. Furthermore, due to the nature of the police officers work and the contexts they *have* to put themselves into daily, it becomes impossible to protect officers from the effects and exposure to trauma. This daily exposure to

traumatic events ultimately results in catastrophic consequences for the individual's psychological, physical, social and personal wellbeing (Viljoen, 2001).

The victim of the traumatic incident may influence their immediate family to become isolated due to the officer's social anxiety caused by PTSD. According to Ray and Vanstone (2013), direct or indirect pressure can be put on immediate family members due to the poor health of the police officer, which could force the family to limit interaction with the victim, amongst themselves and external family and friends. Marital problems may become a common occurrence with officers experiencing PTSD. Victims of PTSD experiencing marital problems may experience additional stressors such as the lack of intimacy in the relationship, financial difficulties, loss of friends and having to manage one's partner's post-traumatic symptoms (Tull, 2011). Various researchers have presented findings of the negative impact that PTSD has on police officer's workers and immediate family, which could lead to psychological, physical, behavioural and social issues such as suicidal tendencies, domestic violence, drug and alcohol abuse, anxiety, migraines, cardiovascular abnormalities and heart disease (Lynch, 2007; Pienaar et al., 2006; Sekwena, Mostert & Wentzel, 2007). According to Smith (2005), critical incidents experienced by an individual have an impact on the individual's family dynamics and functioning, whereby it can have a short-, medium- or long-term impact.

There is a presumption that due to an individual's boundary of characteristics being impacted by a critical incident, alterations in the work social system influence the family social system and vice versa (Terblanche & van Wyk, 2014). Furthermore, the police officers experience of PTSD could spill over into the environment in which it was caused, whereby behavioural yet vital traits would become apparent which impact the officers' work performance such as communication, violent behaviour, confusion, shortness of temper and emotional detachment (McFarlene & Bookless, 2001). The change of character of the officer experiencing PTSD could lead to confusion and frustration amongst other police officers in the social network. According to Terblanche and van Wyk (2014), simply having a good working environment would not solve the problem, as experiences while working will not be isolated from the individual's personal life and the manner in which the individual conducts him- or herself on the job. According to Moos and Shaefer (1993), the life crises and transition factor (panel 3) could have a major impact on an individual's overall health and wellbeing as stress levels would increase dramatically if the individual does not cope effectively.

## 2.8 COPING

Lazarus and Folkman define coping as ‘constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands, that are appraised as taxing or exceeding the resources of the person’ (Lazarus & Folkman, 1984, p.141). Cognitive appraisal and coping responses are thus listed as Panel 4 on the Moos Model. Moos and Shaefer (1993), postulate that an individual’s experience of emotion is largely dependent on the perceptions toward their goals, environmental factors that they face and personal resources such as psychological skills. Different individuals when in an environment that gives them the freedom to act freely are able to cope with stress and be responsible with their own health. Furthermore, many psychological and physiological sicknesses could be prevented or contained if individuals within the workplace are made aware of how to function at their best when needed to cope with stress (Dhaniram, 2003; Viviers, 1998). According to Oosthuizen and van Lill (2008), human beings have to cope with daily stressors in one way or another, and therefore propose the salutogenic approach (Antonovsky, 1979) who accepts the fact that stressors specifically in the workplace are inevitable. Kossuth and Cilliers (2002) postulate that salutogenic functioning can be characterised by three levels: (i) cognitive level – the perception of an environmental stimulus as constructive and positive, whereby the information gathered is used to make decisions; (ii) affective level – individuals are confident, committed to life, self-aware and self-fulfilled, and (iii) motivational level – individuals focus their energy on coping, perceive the stimuli as a challenge and motivated intrinsically. Dhaniram (2003) proposed four salutogenic constructs that are prevalent in current research. The constructs of hardiness, sense of coherence (SOC), locus of control (LOC) and learned resourcefulness are briefly presented below:

1. *Hardiness* as defined by Florian, Mikulincer and Taubman (1995) is a collection of personality characteristics which, when faced with stressful situations, will act as a resistance resource.
2. *Sense of coherence (SOC)* as defined by Antonovsky (1979) is a global orientation that aims to articulate the degree to which an individual has an enduring, pervasive and dynamic feeling of confidence that one can predict the external and internal environment and that there is a high likelihood that things will work out as one would expect.
3. *Locus of control (LOC)* can be split into internal and external locus of control. External LOC refers to the degree in which individuals expect reinforcement to be predictable, whereas internal LOC refers to the extent to which individuals expect the outcome to be in alignment to one’s own characteristics or acts (Rotter, 1990).

4. *Learned resourcefulness* can be viewed as a grouping of emotions, compound behaviours and cognitions that interact constantly with the social and physical environment of the individual (Rosenbaum, 1988).

### **2.8.1 Coping strategies**

Individuals use various coping strategies to deal with stressful environments; however, a number of authors have proposed two strategies that take preference when individuals need to manage and control difficult situations, namely problem-focused and emotion-focused coping (Callan, 1993; Lazarus & Folkman, 1984). Problem-focused coping styles are directed at the problem at hand which aims to change, manage and solve the problem, whereby emotion-focused coping tries to minimise the effects of stressful feelings and alters the individual's responses to the stressor, by resorting to social activities, the use of substances, and relaxation (Lazarus & Folkman, 1984; Myendeki, 2008). Various studies have indicated that when faced with a stressful situation, the police officer will use specific coping strategies for different situations, so the coping strategies can overlap and change according to the environment (Paulsen, 2008; Shimazu & Kosugi, 2003). Both strategies consist of behavioural and cognitive engagement, where the strategies are considered equal, with no-one being better than the other. Furthermore, Endler and Parker (1994) proposed a third strategy of coping which is known as avoidance coping, also discussed below.

#### **2.8.1.1 Problem-focused coping**

When an individual is under stress, the need to change the stressful circumstances of the environment and to address the stressful situation by altering its demands is known as problem-focused coping. Lazarus and Folkman (1984) indicate that when faced with a stressor, the individual evaluates the benefits and costs of various solutions, and then identifies the best solution to put into action. Individuals that make use of problem-focused coping tend to view their environments as adjustable. Various studies have identified problem-focused coping strategies to produce positive results in respect of suicide ideation (Naude, 2003; van der Merwe, Rothmann & Pienaar, 2004) and the wellbeing of the individual (Wasserman, 2015). Moller (2008) postulates that coping strategies used by police recruits involve planful problem solving and led to desirable outcomes. Furthermore, the use of confrontation as a problem-focused coping strategy leads to healthier outcomes amongst police officers, where leisure as a means of coping contributed to the overall psychological health and wellbeing of the officer (Iwasaki, Mannell, Smale & Butcher, 2002; Wasserman, 2015).

According to Carver, Scheier and Weintraub (1989) five varieties of problem-focused coping exist:

- i. *Active coping* – refers to the procedure taken by the individual to reduce or remove the stressor and its impact, which includes increase of effort, direct action and the use of coping in a step-by-step approach.
- ii. *Planning* – refers to the reflection, thought and plan of action one develops in order to deal with the stressor.
- iii. *Suppression of competing activities* – refers to making the stressor a priority as opposed to being distracted by other projects or events.
- iv. *Restraint coping* – refers to ‘striking while the iron is hot’ in regard to one’s intervention at the right moment, and to avoid acting prematurely.
- v. *Seeking social support for instrumental reasons* – refers to the need for help, advice and information.

The difference in application of the problem-focused coping strategy can be attributed by the nature of the work. Beehr, Johnson and Nieva (1995) presented findings that demonstrated the negative relation of problem solving to strains among police officers, which include emotional exhaustion, somatic complaints and depersonalisation. Furthermore, the use of emotion-focused coping was shown to be related to all police stressors with the exclusion of the overconsumption of alcohol.

#### **2.8.1.2 Emotion-focused coping**

Straub (2002) defines emotion-focused coping strategies to be used when the individual perceives the situation as hopeless, being unchangeable and when there is a lack of coping resources to deal with the stressor at hand. This may result in the individual resorting to behavioural methods such as using alcohol and drugs, reaching out to others for social support or getting involved in various activities to take the focus away from the problem at hand. According to Wasserman (2015), emotion-focused coping is viewed as a maladaptive response to coping, whereby methods used such as confrontive coping and distancing are linked to individuals becoming more distressed and less in relation to the adaptive coping style.

According to Carver et al. (1989) five varieties of emotion-focused coping are described:

- i. *Seeking social support for emotional reasons* – refers to reaching out to friends or family for understanding, moral support and sympathy.
- ii. *Positive reinterpretation and growth* – refers to reinterpreting the meaning of coping, whereby the individual manages the emotions of stress as opposed to the stressors themselves.
- iii. *Denial* – refers to the individual acting as if the stressor does not exist or refusing to believe that the stressor is real.
- iv. *Acceptance* – refers to making attempts in overcoming the stressor and the recognition that the stressor is real.
- v. *Turning to religion* – refers to making use of one's religious beliefs and teachings for emotional support and assistance to coping.

Many authors have considered the emotion-focused coping strategy to be ineffective in comparison to the problem-focused approach (Chwalisz, Altmaier & Russel, 1992; Patterson, 1999). However, in contrast, many researchers have argued that emotion-focused coping could result in positive outcomes for the individual. According to Zellars and Perrewé (2001), emotional support has significant effect against all three dimensions of burnout. Emotional focused coping strategies are viewed to be multifaceted and its image given a negative perception by individuals as the concept has been poorly measured. According to Storm (2002) and Wiese (2003), individuals who seek emotional support could safeguard the effects of job stress on feelings of exhaustion, and the use of emotion-focused coping leads to increased levels of professional efficacy as a result of active coping strategies.

According to Nijhuis (2018), Moos and Schaefer (1993) presented a classification outline that integrates two categories with two coping strategies that individuals could use. These categories when combined, highlights four sets of responses to coping, namely, the approach behavioural response, the approach cognitive response, the avoidance behavioural response, and the avoidance cognitive response. These four categories are presented in Table 2.1.

**Table 2.1:**

Moos and Schaefer's (1993) classification of coping strategies

	<b>Behavioural</b>	<b>Cognitive</b>
<b>Approach</b>	The individual seeks guidance and support	The following cognitive process takes place: a mental rehearsal of the various alternative actions and what the consequence will be, Rational analysis, and positive reappraisal
<b>Avoidance</b>	The individual seeks alternative rewards, vents emotions and engages in behaviours that are tension reducing	The individual demonstrates responses that are aimed at denying the significance of a crisis and/or its consequences

From "Support Needs of Informal Caregivers in the Municipality of Hellendoorn" (p.14), by B.A. Nijhuis, 2018, Hellendoorn, Netherlands: Universiteit Twente. Copyright 2018 by Universiteit Twente.

### 2.8.1.3 Coping strategies used in the SAPS

Coping strategies within the police officers' line of work are limited, and to instantaneously reduce the individuals experience toward stress, various studies have indicated that maladaptive emotion-focused coping strategies are used by police officers (Ortega et al., 2007; Richmond, Wodak, Kehoe & Heather, 1998). This type of approach is deemed to be less successful; however, is the most commonly used when encountering distress. Rothmann and van Rensburg (2002) indicated that maladaptive coping strategies in the policing environment consist of the abuse of alcohol and drugs to improve the individual's psychological wellbeing. Strategies such as seeking social support, situational tolerance, and reappraisal are also used as coping mechanisms in the SAPS (Moller, 2008; Wasserman; 2015).

Myendeki (2008) indicates that demographic variables of the officer such as rank, age, gender and tenure is linked to the choice of coping strategy and occupational stress. Meyer (2008) proposed findings of female police officers achieving higher scores on problem-focused coping and emotional support compared to males. In addition, Meyer (2008) presented a positive correlation between emotion-focused coping and job demands, which highlights the probability of an increase in job demands leading to an increase in emotion-focused strategies used by officers.

In contrast to the above, Pienaar and Rothmann (2006) indicates that problem-focused coping such as confrontive coping are strategies mostly used in the SAPS to address stress and deal

with trauma. Strategies such as planful problem solving, accepting responsibility, having self-control and active coping in the form of problem-focused coping was used amongst police officers in the SAPS. A study conducted by Suls and Fletcher (1985) provided little evidence that showed one coping strategy to be superior to the other, but rather that in the short term, the problem-focused coping approach was the one with the most advantages while emotion-focused coping was found to have more negative outcomes.

## **2.9 INTERVENTION STRATEGIES**

Moos and Schaefer (1993) postulated that psychological health and wellbeing is crucial in the coping processes followed by the person. All panels of the Moos Model thus impact the health and wellbeing of the individual. In the context of the SAPS, in order to manage a police officer's experience of stress and trauma, various intervention strategies have been put in place. According to de Jonge and Dollard (2002), stress interventions are defined according to the 'focus' of the management of stress and the 'level' as to how the intervention rolls out. The focus and level of stress management is further defined:

1. The focus of stress management is broken up into primary, secondary and tertiary interventions. Primary interventions remove the source of stress in order to prevent re-occurrence, the secondary intervention reduce the length and how severe the stress occurs in order to prevent causing further problems while the tertiary intervention focus on those suffering from psychological problems in order to capitalize on functioning and rehabilitation.
2. The level of stress management is broken up into individual level, organisational level and individual-organisation level. The individual level helps workers to cope, manage and develop stress to minimise stress, organisational level aim to alter organisational policies and practices that influence employees and individual-organisational level aim to influence the working relationship between the business and its workers by implementing interventions such as support groups (Holman, Johnson & O'Connor, 2018). In order to understand the various levels of intervention, the differences are presented in Table 2.2.

**Table 2.2:**

Individual and organisational interventions

Type of Intervention	Individual	Organisational
<i>Primary</i>	<ul style="list-style-type: none"><li>• Recruitment, Selection and Assessment</li><li>• Pre-employment medicals</li></ul>	<ul style="list-style-type: none"><li>• Training for management i.e. coaching, mentoring</li><li>• Job redesign</li><li>• Working schedules</li></ul>
<i>Secondary</i>	<ul style="list-style-type: none"><li>• Health and wellness</li><li>• Meditation</li><li>• Psychosocial intervention</li><li>• Coping, resilience training</li><li>• Personal and interpersonal training</li><li>• Cognitive behavioural therapy</li></ul>	<ul style="list-style-type: none"><li>• Career planning</li><li>• Conflict management</li><li>• Improving communication</li><li>• Peer support groups</li></ul>
<i>Tertiary</i>	<ul style="list-style-type: none"><li>• Employee Assistance Programs (EAP)'s</li><li>• Post-traumatic stress assistance</li><li>• Workplace counselling</li><li>• Disability Management</li></ul>	<ul style="list-style-type: none"><li>• Outplacement assistance</li><li>• Vocational rehabilitation</li></ul>

Adapted From “Stress Management Interventions: Improving Subjective Psychological Well-Being in the Workplace” by D. Holman, S. Johnson and E. O’Connor, in E. Diener, S. Oishi and L. Tay (Eds), Handbook of well-being (p. 2), 2018, Salt Lake City, UT: DEF Publishers. Copyright 2018 by DEF Publishers.

It is important to note that for the purpose of this study, the focus is put on tertiary intervention strategies offered by the SAPS in order to deal with stress and trauma amongst its workforce.

### **2.9.1 Intervention strategies that are common in the police force**

According to Johnson (2016), the SAPS as an organisation usually provides various programmes to its officers such as EAPs, peer group support, critical incident stress management and occasionally provide training on emotional endurance and coping strategies. Although there are various intervention strategies that different police officers might be offered, police officials are likely to have access to an employee assistance or wellness programme (Can & Hendy, 2014).

International studies have emphasised the positive contribution assistance programmes have made to police officers and emergency workers in dealing with stress, particularly that of debriefing. A longitudinal study conducted on 74 New Zealand police officers suggested that

debriefing is seen as positive and beneficial in conjunction with PTSD (van den Heever, 2013). Furthermore, a study conducted by the National Institute of Mental Health (2002) presented the effectiveness of debriefing when reviewing 17 studies amongst a wide range of entities. The results indicated that almost 70% of police officers, emergency and military personnel found debriefing to be helpful (Malcolm, Seaton, Perera, Sheehan & van Hasselt, 2005).

However, not all police officials have the same experience with the various intervention strategies offered in their policing organisation. In a study conducted by Slawinski (2005), police officials working in units that are high risk are regularly exposed to traumatic incidents; therefore planning for and studying these programmes are difficult, which could provide space for inadequate solutions. In addition, a longitudinal study conducted on a final sample of 120 police officers by Wassermann, Meiring and Becker (2019), presented findings which indicates that police officers mostly make use of adaptive coping methods. The preferred methods of dealing with stress include seeking social support, positive reappraisal and planful problem solving, which seem to suggest the need for alternative approaches and a possible re-look at conventional intervention strategies offered by the police services.

## **2.9.2 Intervention strategies in the SAPS**

With police officers more prone to stress and mental illness than most occupations in the South African job market, various social initiatives such as Employee Assistance Services and trauma debriefing units are being established. The support the individual receives within an organisation has positive correlations with less negative job-related consequences such as dissatisfaction, stress, psychological disorders and employee wellbeing (Mostert & Joubert, 2005; Thompson, Kirk & Brown, 2005).

### **2.9.2.1 Employee assistance programmes in managing critical incidents**

The role of EAPs is generally seen to be as programmes that assist employees with problems with the aim of improving employee productivity. Traditionally, EAPs would be the first option when an employer is faced with a crisis in the workplace, in the worst-case death, where service providers have various programmes that have been put in place to deal with workplace trauma. According to Terblanche and van Wyk (2014), demand for EAPs has increased in the twenty-first century, especially with increased focus on employee's mental and emotional health demands in response to man-made or natural tragedies. The role of the EAP is essentially to assist organisations to increase productivity and decrease problems. Table 2.3 summarises the role of an EAP, and its purpose within an organisation.

**Table 2.3:**

The role of an EAP

<b>Employee Assistance Programmes (EAP) aim to decrease:</b>	<b>Employee Assistance Programmes (EAP) aim to increase:</b>
Accidents	Performance
Absenteeism	Commitment to the organisation
Conflict	Communication
Turnover	Attendance

From “The Effectiveness of the Employee Assistance Programme (EAP) on Substance Abuse in the Limpopo Department of Public Works in the Sekhukhune District” (p. 16), by R.M. Letsoalo, 2016, Limpopo, South Africa: University of Limpopo. Copyright 2016 by University of Limpopo.

Events such as the avian flu crisis in China (2012), 9/11 terrorist attack on the Twin Towers in New York (2001) and Hurricane Katrina in New Orleans (2001) sparked the debate on how employees can be better treated before and after a traumatic event as trauma response could be improved and is not as efficient as it could be (Vineburgh, Ursano, Gifford, Benedek & Fullerton, 2006). This debate shifted the focus from reaction to managing the critical incident, which is now referred to as Critical Incident Stress Management (CISM) which allows for critical incident stress debriefing (CISD). According to Kusel (2016) critical incident stress involves situations that could be overwhelming to standard coping reactions, cause strong cognitive or emotional responses, or could possibly hinder an individual’s normal functioning. These situations could vary from minor to life-threatening incidents. The management of these critical incidents includes an intervention strategy that is systematic and comprehensive that allows individuals to receive support and follow-ups which assess the individual’s wellbeing to refer them to professional assistance if necessary (Regel, 2007). Robinson (2004) postulated that CISM is a more complex manner of handling critical incident stress (CIS), where it consists of an approach to support the employees and includes family and individual support, consultation, education and follow-ups.

The SAPS offers intervention strategies and initiatives to address these issues through its EAP known as the EHW department. These programmes were initiated by the SAPS to assist police officers with work-related and personal problems that include emotional concerns, health and substance (Letsoalo, 2016). The EAP initiative provides the identification and resolution of

problems which include but are not limited to stress, emotional, alcohol, drug, health, legal or any personal issues that may adversely affect the employee (Letsoalo, 2016). Furthermore, the EHW service provided by the SAPS provides professional and religious assistance with the services consisting of counsellors, psychologists, chaplains and psychometrics whereby each profession's role is recognised as important to assist the employees of the SAPS (Williams, 2016). With the use of this in-house EHW/EAP model, expert diagnoses can be made, and treatment can be provided within the organisation (Rajin, 2012).

Various studies conducted within the SAPS have focused on religious support and spiritual services offered by the organisation and the impact on the lives of the officers. Joubert and Grobler (2013) presented findings on their study investigating the opinion of religion and to what extent do officers within the SAPS participate in religious activities. The findings presented indicated that 87% of officers rely on religion and spiritual services to help fight crime. An additional study by Mofamere (2003) placed emphasis on the role of spiritual services in the SAPS, as chaplains are present to support the officers in the workplace, and these services aims to promote and drive high ethics and morality as a way of work life.

#### **2.9.2.1.1 The use of mental and health resources by the SAPS Employee Health and Wellness Programme**

According to Maabela (2015), there are three categories that form a unit of the EHW in the SAPS, namely spiritual, social and psychological services. The in-house model implemented by the organisation makes reference to external resources used to provide support and specialised diagnoses and treatment. These resources are in the form of medical doctors, psychologists, NGOs (such as Soul City, Life-line, Crisis Centre and other family counselling centres) and psychiatrists. Funds allocated from the POLMED scheme or payments from outside resources are used by the SAPS officials (The Police Minister report 2013, April 16).

The development of suicide prevention programmes as part of the Employee Assistant Services within SAPS is designed to prevent suicide by providing workshops to its members and allowing employees to call and speak to counsellors whenever needed. However, according to Young (2004), the simplistic nature of dealing with such a complex issue does not have much of an effect as it is overlooking the influence of organisational stressors on the officers' coping abilities.

### **2.9.2.1.2 The EHW call centre**

The aim of the EHW call centre is to provide confidential counselling and reactive support to SAPS workers and family members when the need arises. According to Mabe (2004), the call centre provides 24-hour access to EHW professionals to provide support and assist with any crisis that may arise while the SAPS officials are on or off duty. The call centre also makes use of a referral process if additional interventions are required.

### **2.9.2.1.3 Trauma support groups**

A support group or network of family, significant others and friends is crucial during the recoil stage of trauma, whereby normal life precedes the stressors which caused the traumatic reaction (McMains & Mullins, 2006). Furthermore, trauma support groups within the SAPS play a pivotal role in how victims of a traumatic incident deal with trauma, whereby experiences could be shared and group solidarity is promoted due to discussion and learning how others have dealt with a traumatic incident, which thus reduced the effect of trauma on the individual (Violanti, 1996).

### **2.9.2.2 Trauma debriefing**

Police officials are faced with the daily exposure to traumatic incidents and scenes which could have an unfavourable impact on the officer if a space is not provided to reflect and talk about experiences and how it impacts their work and normal lives. According to Geldenhuys (2015), trauma debriefing can assist in normalising the police official's response to the traumatic event and the overall experience while simultaneously refurbishing the official's wellbeing and preventing the trauma from interfering with daily functions in the form of post-traumatic stress. As previously discussed, trauma debriefing came to the fore in the early 1940s in order to explore soldier's real understanding and descriptions of a combat environment. Since then, trauma debriefing has been extensively researched and are specifically designed for emergency services workers in various fields. There are various needs that are met within the organisation that offer trauma debriefing. These needs include the victims' urge to gain control and understand the incident, the employers need to have clarity of what has happened and the need of the organisation to provide assistance to victims who are suffering, to show concern and to fully understand the traumatic incident to assist the employee of overcoming the feelings of guilt and helplessness (Maabela, 2011; Raphael & Wilsen, 2000).

Within the context of the SAPS, The National Instruction 18 of 1998 presents various steps to follow when debriefing is required (Geldenhuys, 2015; Omar, 2008):

- The officer on duty must inform the commander of an officer who was affected or exposed to the traumatic event;
- The debriefer on standby should be made aware of the traumatic event by the commander within the period of 12 hours after the event had initially occurred;
- The debriefer on standby is usually part of the EHW service or an employee that has been trained or completed a course in debriefing;
- The commander could do the initial debriefing, or the victim of the traumatic event can be in contact with the initial debriefer directly; and
- In addition to the initial debriefing, alternative formal debriefing is offered by the SAPS.

In reference to the above, trauma management in terms of debriefing within the SAPS operates at three levels, namely on-the-scene debriefing, initial debriefing and formal debriefing. Trauma debriefing units within the SAPS allow employees who are exposed to traumatic events in succession to attend debriefing sessions which in turn will identify and manage trauma as well as PTSD (Young, 2004). A study conducted by Ncokazi (2003) had reported that 80.3% of the sample did not attend trauma debriefing, while 74.43% were familiar with the process. This indicates that SAPS officers although knowing the purpose of the units, do not make use of the programme, which in turn allows the problem to manifest within the organisation.

### **2.9.2.3 The aim of psychological debriefing**

According to Deahl (2000), psychological debriefing is crucial in preventing the development of stress responses that are abnormal in nature, and acts to promote normal stress responses in individuals. Van Dyk (1999) postulates that psychological debriefing is important in restoring 'ego power' of the individual. As the ego takes centre stage when making decisions and determining reactions, the development of the ego allows the individual to deal with and master complex situations as opposed to feeling pressure and anxiety. Through the implementation of psychological debriefing, post-traumatic effects can be prevented or controlled such as PTSD, and further aims to stimulate emotional ventilation, strengthen cognitive handling of a situation, normalise reactions, encourage group interaction and accelerate recovery (van Dyk & van Dyk, 2010).

### 2.9.2.4 Theories of psychological debriefing

There are numerous debriefing models that exist which contribute to the field of trauma debriefing over the past decade as the interest in the phenomena continues to increase. The below section will briefly discuss the four theories that are deemed most influential on the phenomenon of psychological debriefing according to trends in research, and research conducted over the years (Boshoff, 2015; Chabalala, 2005; Maabela, 2011; Young, 2004). Furthermore, the theories of psychological debriefing discussed displays the increase in recognition for the need of stress and trauma intervention strategies and the need of CISD. Jeffrey T. Mitchell and Dyregrov's model of debriefing is of particular importance in the promotion of emotional dispensation, whereby seven important stages for CISD are described and presented below:

**Table 2.4:**

Critical incident stress debriefing

Phase:	Phase Name:	Description:
1	Introductory	This phase attempts to establish climate and signal structure
2	Fact Phase	This phase aims to create common understanding
3	Thoughts Phase	This phase provides the opportunity for initial thoughts to be shared
4	Feelings phase	This phase allows feelings to be shared by the individuals during this stage, whereby the debriefer should deal with emotional reactions.
5	Assessment Phase	In this phase, the symptoms of the clients are looked at
6	Education Phase	In this phase the debriefer warns of possible symptoms may occur and how individuals can seek help
7	Re-entry Phase	In this phase, members who need referral are identified.

From "A Critical Review of Psychological Debriefing and a Proposal for the Future: The Management of Psychological Health After Traumatic Experiences" by N. Greenberg, 2001, Journal of the Royal Naval Medical Service, 87, p. 3. Copyright 2001 by PubMed.

#### 2.9.2.4.1 Mitchell's model

The pioneer that has made the most valuable contribution thus far and is famous for the concept of CISD is Jeffrey Mitchell (Chabalala, 2005). The Mitchell's Critical Incident Stress

Debriefing Model was initially constructed to prevent and alleviate post-traumatic stress symptoms in emergency personnel exposed to traumatic incidents (van den Heever, 2013). The model consists of a seven-phase group process which is normally provided between one and 14 days after the critical incident, and is widely applied in the SAPS (Boshoff, 2015). The seven phases of the Mitchell’s model are presented in Table 2.5.

**Table 2.5:**

Mitchell’s model

<b>Phase:</b>	<b>Phase Name:</b>	<b>Description:</b>
1	Introductory	The initial phase consists of an introduction by the debriefing team, the purpose of the sessions is explained, and ground rules are set.
2	Fact	Information is collected from traumatised members regarding the traumatic incident.
3	Cognition	Members are encouraged to discuss thoughts of the trauma and to share what thoughts came to mind during the traumatic incident.
4	Feeling	Focus is placed on the impressions of the members, such as what they felt, heard and saw whereby feelings are requested to be shared.
5	Symptom	Reflection on behavioural, emotional and physical symptoms take place whereby a common question by debriefers could be “how have you been since the incident?”.
6	Teaching	The educational phase places emphasis on coping resources and stress reactions that may have been experienced. Emphasis is also placed on these post-traumatic event reactions as being normal.
7	Re-entry	The final phase provides a summary of the session, and grants members the opportunity to ask questions or clarify any issues.

Adapted from “Evaluating the Multiple Stressor Intervention of the South African Police Service as a Trauma Management Tool” (p. 35), by C.W. van den Heever, 2013, Pretoria, South Africa: University of South Africa. Copyright 2013 by University of South Africa.

According to Boshoff (2015), this CISD model of Mitchell and Everly (1996) was not constructed to replace mental health services, but to be one initiative that forms part of a range of care services. The implementation of CISD should be carried out after 36 to 48 hours have passed since the incident has occurred, and the maximum time by which it could be

implemented is eight weeks. Parkinson (1997) postulates that the CISD is constructed to host groups of four to 25 participants, and teams of two to four specially trained individuals facilitate the programme.

Although the Mitchell’s model is widely used in the SAPS and sets the foundation for many revised versions, there has been various research that discredits the model as a method of intervention. According to Lopez-Ibor, Christodoulou, Maj, Sartorius and Okasha (2005), if CISD is used as a standalone intervention without any reappraisal or follow-ups, the victims of trauma would be left alone to cope with the lengthy aftereffects of post-traumatic stress. Furthermore, this model further does not propose any personal growth factors that the individual could leave with after encountering traumatic experiences (van den Heever, 2013). A study conducted by Saunders (2012) further critiques the use of the CISD model in debriefing, and postulates that if not employed properly, the victim’s mental state may worsen and creates the risk of the individual reliving the event and an escalation of PTSD.

#### 2.9.2.4.2 The Dyregrov model

Rose et al., (2002) indicates that the Dyregrov model was formed based on Mitchell’s model. Though slight alterations were made, both models aim to reduce post-traumatic effects experienced by the victim. Parkinson (1997) postulates that the Mitchell’s model was modified by Dyregrov and rechristened as ‘psychological debriefing’. The difference between the two models is that Dyregrov’s model begins just before the traumatic event, whereas Mitchell’s model begins it when or after the trauma occurs. According to Chabalala (2005), the Dyregrov’s model is similar to Mitchell’s; however, there are slight differences in the phases. The phases of the Dyregrov model are presented in Table 2.6.

**Table 2.6:**

The Dyregrov model

Phase:	Phase Name:	Description:
1	Introductory	This phase involves the introduction of the CISD process and establishes rapport with the participants. This stage is equivalent with the Mitchell introductory phase
2	Expectations and Facts	The participant is invited to describe his/her experiences of the traumatic incident. This phase is equivalent to the Mitchell fact phase; however, the difference is that expectations are shared at this stage.

Phase:	Phase Name:	Description:
3	Thoughts and Sensory Impression	The individual's decision-making process is looked at whereby participants give detailed accounts to thoughts before, during and after the event. This phase is equivalent to Mitchell's thought phase; however the difference is that sensory impressions are explored here.
4	Emotional Reactions	Feelings are shared by the individuals during this stage, whereby the debriefer should be prepared to encourage support comments from the floor and offer reassurance. The debriefer should also be prepared to identify feelings of hopelessness, shock and helplessness. This stage is equivalent to Mitchell's feelings phase.
5	Normalisation	In this phase, the emphasis is placed on the normality of reactions and feelings experienced by the individuals. This stage is equivalent to Mitchell's symptoms phase.
6	Future Planning and Coping	Coping strategies are shared with participants and the debriefer warns of possible symptoms may occur and how individuals can seek help. This stage is equivalent to Mitchell's teaching/education phase.
7	Disengagement	The final stage where the session is closed and members who need referral are identified. This stage is equivalent to Mitchell's re-entry phase.

Adapted From "The experiences and perceptions of police members regarding the effectiveness of trauma debriefing within the South African Police Service" (p. 38), by T.G. Chabalala, 2005, Pretoria, South Africa: University of Pretoria. Copyright 2005 by University of Pretoria.

#### 2.9.2.4.3 Raphael's model

Raphael's Model (1986) is deemed to be a similar but less dogmatic approach of Mitchell's and Dyregrov's model, whereby emphasis is placed on the preparation and training of participants preceding the incident. Raphael's (1986) model proposed areas of focus that could be useful during the psychological debriefing (Maabela, 2011; Rose & Tehrani, 2002):

- Logistical issues and frustrations that could increase the stressors such as lack of training, resources or skills and confusion as to the role to play at the scene;
- Special relationships with colleagues, family and friends who has gone through or experienced the same incident;
- Personal experiences such as survivor conflict, shootings and death;
- Emphasis on empathy;
- Frustrations of the victim; and

- A challenge to remove oneself from the scene of trauma.

The above areas of discussion should be handled carefully by the debriefer in order to guarantee the successful coping of emotions that may be evoked (van Dyk & van Dyk, 2010). According to Ibrahim, Kamsani and AznizzaIshak (2016), Raphael's Model begins the debriefing intervention by placing a focus on events prior to the traumatic incident, and is more direct in her questioning compared to Mitchell and Dyregrov. She further places emphasis on positive factors of the traumatic event and questions are asked such as: "Did you feel good about anything you did?" and "What are the feelings of fulfilment that you experienced?". Participants analyse the feelings of others who went through the same experience, which is not present in the previous two models discussed.

#### **2.9.2.4.4 Multiple stressor debriefing model**

The Multiple Stressor Debriefing (MSD) model was designed on the teaching and experiences of the Mitchell and Dyregrov models, however unlike the prior two models it is made up of less phases. According to Mirzamani (2006), the MSD model comprises four phases as stated below:

**Phase 1:** the initial phase involves the introduction of facilitators and ground rules are laid out.

**Phase 2:** the second phase allows participants to describe reactions and feelings to the incident, and detailing aspects that trouble them the most.

**Phase 3:** in the third phase emphasis is placed on the coping strategies that participants acquire and information is provided about normal and abnormal stress reactions. Participants are encouraged to share and asked about coping strategies used in the past, whereby the facilitator will pick up and use the coping strategies identified by the group.

**Phase 4:** the final stage involves participants giving their views about leaving the disaster site and emphasis is placed on social interaction and discussions regarding the incident with family, colleagues and close friends. Referrals are made if necessary.

Multiple stressor intervention programmes within the SAPS were implemented and designed in 2009 to address recurring trauma to high-risk units exposed to traumatic incidents. According to van den Heever (2013) this programme comprises lessons that can last over a few months or longer, and is a long-term and thorough intervention for post-traumatic stress. In a

study conducted by van den Heever (2013), individual's participation in the multiple stressor intervention programme showed a significant reduction in PTSD.

### **2.9.2.5 The trauma debriefing model used in the SAPS**

According to Young (2004), Mitchell's CISM model, which was discussed in the section above, is used as the format on which trauma debriefing is based in the SAPS. This model, in conjunction with one of the only national documents that addresses trauma in the SAPS; the National Instruction 18/1998, indicates that police officials are exposed to traumatic events while performing their basic policing duties. The document indicates that significant danger can present itself if the employees develop post-traumatic stress symptoms without receiving debriefing. This instruction attempts to maximise awareness while attempting to ensure debriefing is effectively given to officers who are traumatised (Paulsen, 2008).

In 1992, the psychological services within the SAPS constructed a debriefing model for police officials based on Mitchell and Everly's CISM model to reduce the impact of trauma (Boshoff, 2015). The trauma debriefing model was developed by Jacobs and Watson (1992) to specially meet the circumstances and needs faced by the South African Police Service. The purpose of the debriefing is to gain a summary of the traumatic event, discuss emotional reactions and feelings in order to alleviate traumatic stress and to identify individuals needing referral. The debriefing session normally takes place 72 hours to two weeks after the traumatic incident, whereby the event could be voluntary or mandatory (Boshoff, 2015). Kaplan, Iancu and Bodner (2001) postulates that the treatment consists of individual or single group sessions whereby a catch-up session is scheduled in the following week. The police officials are then expected to resume their duties once the debriefing session has ended, which could be therapeutic to their health.

### **2.9.2.6 Principles of the trauma debriefing mode used in the SAPS**

According to van den Heever (2013) and Chabalala (2005), guiding principles in the form of an acronym referred to as the **IMPRESS A RAVEN** model is used by the SAPS, an adaptation from the South African National Defence Force. The model can be presented as followed:

- **IMPRESS**

**I**mmediacy – Members should be dealt with as soon as possible and treatment takes place after identification.

**Military Milieu** – Members should remain in operational function in uniform and not see themselves as being sick.

**Proximity** – Traumatized personnel should be debriefed and receive treatment in the proximity of their working unit.

**Rest and Replenishment** – Affected members should be given an adequate rest period to recoup mentally and physically.

**Expectancy** – The debriefer should make members aware that the main goal is to return to duty.

**Simplicity** – The treatment provided should be simple and practical.

**Supervision** – Traumatized individuals' condition should be monitored by health professionals and the commander.

- A

**Activity** – Members should remain actively involved, as far as possible in their units and in therapeutic activities.

- RAVEN

**Reaction** – The members should be made known of what symptoms to expect due to the traumatic event.

**Awareness** – Members are made aware of their feelings, emotions and thoughts regarding the incident.

**Ventilation** – Members are given the opportunity to share emotions and unload their feelings.

**Encouragement** – The traumatized members are encouraged to express their feelings to people close to them and during the debriefing process.

**Normal Behaviour** – Members are made aware that the symptoms that they experience are normal.

### **2.9.2.7 Structure of the model**

The structure of the debriefing model in the SAPS has a three-step approach to debriefing which is summarised in the table below:

**Table 2.7:**

Three-Step debriefing approach

<b>Step:</b>	<b>Approach:</b>	<b>Description:</b>
1	On-the-scene debriefing	Takes place immediately and at the scene of the TE
2	Informal debriefing	Informal debriefing that takes place 1-2 hours later
3	Formal debriefing	Takes place within 24 – 72 hours of the TE

*Note:* Information for on-the-scene debriefing from Chabalala (2005), information for informal and formal debriefing from Maabela (2015).

### **2.9.2.7.1 On-the-scene debriefing**

The debriefing process for police officers usually commences on the scene immediately after an officer's exposure to a traumatic event. The debriefing is informal in nature whereby the debriefer (usually an officer on duty) has an informal discussion of the event and tries to prevent additional psychological or physical harm from taking place. The debriefing process includes but is not limited to the debriefer calling a family member or supervisor on behalf of the affected member and coordinating transportation to the hospital (Chabalala, 2005).

### **2.9.2.7.2 Informal debriefing/defusing**

The informal debriefing/defusing process commences shortly after the traumatic event has occurred, which is usually 1 to 2 hours but not later than the members shift has ended. According to Parkinson (1997), the defusing process commences before, during and after the traumatic event whereby the aim is to deliver a supportive and positive environment. Maabela (2015) indicates that informal debriefing is a support programme which is facilitated by trained debriefers and commanders with the aim to provide immediate support after the members are exposed to trauma. The duration of the informal debriefing is a short process and not longer than 15-20 minutes, and the approach by debriefers should be made as informal as possible. In order to ensure this, the buddy support principle is maintained which is:

- ✓ **B** –be available
- ✓ **U** –understand
- ✓ **D** –do not be critical
- ✓ **D** –do not interrupt
- ✓ **Y** –you can make a difference

### **2.9.2.7.3 Formal debriefing**

The National Instruction 18/1998 document indicates that significant danger can present itself if members develop post-traumatic stress symptoms without receiving debriefing. This instruction attempts to maximise awareness while attempting to ensure debriefing is effectively given to officers who are traumatised. Formal debriefing in the SAPS should be given by debriefers within 48 to 72 hours after the traumatic event has occurred. Formal debriefing for traumatised members should be overseen by trained individuals which is usually psychologist, chaplain or social worker. Various steps and approaches to follow when debriefing is required within the SAPS was briefly discussed in the section above.

### **2.9.2.8 Perceptions and experiences of trauma interventions within the SAPS**

Research has suggested that police official's perceptions toward trauma intervention strategies offered in the SAPS is a complex one, whereby individual, demographical and geographical variables may impact how the participant responds to trauma intervention. Furthermore, various researchers have presented findings of a negative perception toward these strategies to outweigh the positive.

Boshoff (2015) points out that a small percentage of the participants in his study were satisfied with trauma intervention programmes offered by the SAPS, with a large percentage being dissatisfied, as their specific needs and inputs are not taken into account. Further to this, the officer's perceptions of the intervention are often not evaluated after the programmes have concluded, therefore the belief is formed that their inputs are important or even considered. There is a perception that the current police culture provides limited access to make use of intervention strategies because there is an expectation from management for officials to handle their emotions 'like a man', and if not, they may be labelled as weak or excluded from the in-group (Boshoff, 2015). Therefore, the policing environment leaves no place for tears, as suppressing one's emotions is part of the job. There is also a perception that future progress in their career may be halted and negatively influenced by taking part in trauma intervention as the EHW reports to police management. In support of this study, Tehrani (2004) made reference to the 'macho' culture that is present in the police environment, whereby the view for police officials to take part in trauma debriefing is 'not necessary', which therefore indicates a perception by police officials as debriefing being not useful.

A study conducted by van Wyk and Edwards (2005) further supported the view of programmes offered by SAPS as being a waste of time, whereby the study conducted by Ncokazi (2002) placed emphasis on the lack of interest of individuals input as majority of participants perceived the trauma debriefers to lack empathy, as well as the lack of referral by the station commanders was perceived as a deterring element of officials being open to take part in debriefing sessions.

In contrast to the above, various other studies have presented positive perceptions toward trauma intervention strategies offered in the SAPS. The study conducted by Chabalala (2005) presented findings on the perceptions of members toward trauma debriefing to be positive, whereby themes such as ‘encourages ventilation of feelings’, ‘provides support’ and ‘is good’ emerged. The view on trauma debriefing is that it aims to assist participants in dealing with life’s difficulties and ultimately increases the individual’s productivity. This study is further supported by the study conducted by Maabela (2011) which presented findings that most police officers perceive trauma debriefing in the SAPS to be helpful as well as boosting cohesion within the organisation.

Boshoff (2015) postulates that: one of the biggest problems in the officials’ experience of trauma debriefing is the factor of confidentiality. Police officials find it difficult to put trust in EHW personnel such as psychologists, chaplains or social workers as problems in the past were elaborated and discussed with their colleagues or management. Furthermore, if sensitive information is shared after being discussed in the debriefing session, this could result in conflict, the feeling of anger and animosity amongst the participants (Dyregrov, 1997). Chabalala (2005) indicated that participants experienced the programmes to be a repeat of questions that their family members and friends have already asked them, therefore the answers and discussions that had taken place was not very new.

A study conducted by Rajin (2012) on EHW personnel and police officers within the SAPS in the Gauteng province, presented findings that one hundred percent (100%) of EHW participants perceive trauma intervention strategies offered to have a positive impact on police officer’s performance at work. In contrast, forty-four percent (44%) of commissioned police officer participants who supervise lower ranks indicated that they are not satisfied with the EAP offering in the SAPS. In the same study by Rajin (2012), forty-four percent of police officers (44%) did not have a detailed account of the functions of the EHW department, whereby all EHW participants (100%) indicated that the programs offered were marketed effectively.

A contrast of different perceptions toward trauma intervention strategies offered by the SAPS is discussed above, as expected by the researcher, personality characteristics, demographics and coping employed by the official impacts their perceptions. The reality within the SAPS structure still places emphasis on the myth that real men or ‘cowboys don’t cry’. The gloomy part of this powerful myth is that real men don’t cry but rather shoot, and victims in this case are themselves or family members. Further to this, seeking help from the EHW and the services that are offered are seen as signs of weakness and is viewed as being like to crying or being labelled as weak (Young, 2004).

### **2.9.2.9 The importance of psychological debriefing**

The exposure to traumatic events results in individuals experiencing helplessness, fear and numbness which can be an occupational hazard seen from the employer’s point of view. Traumatic events impact the performance of the individual and overall productivity of the organisation. Therefore, it is crucial that interventions, awareness policies and programmes be put in place in order to deal with workplace trauma proactively and reactively. Greenberg (2001) presented many examples that are present in existing literature which highlight employment-related high-risk groups. For survivors of The Gulf War, post incident psychological morbidity is reported to be experienced by 54% of members, whereby in military combat veterans, this statistic is reported to be higher than 50% (Greenberg, 2001). Occupations such as police officers and emergency workers are placed at significant risk of having exposure to psychological trauma. A study conducted by Carlier, Lamberts, van Uchelen and Gersons (1998) presented findings on the impact of debriefing on 200 police officers who were involved in the aftermath of a plane crash, where 110 who had been debriefed; after an 18-month follow-up, findings presented a statistically significant difference among the debriefed officers to demonstrate more hyper-arousal symptoms which were disaster related. Disaster survivors are usually given psychological debriefing in the form of psychosocial support, guidance on coping strategies and the opportunity to express their emotions and thoughts related to the trauma (Ibrahim et al., 2016). Therefore, operational management strategies that are effective in dealing with employees who are exposed to traumatic incidents have to be available in organisations in order to deal with the aftermath (Greenberg, 2001).

An effective programme to assist police officers after exposure to traumatic incidents is vital for their psychological and physical wellbeing. A longitudinal study conducted on 74 New

Zealand police officers suggested that debriefing is seen as positive and beneficial in conjunction to PTSD (Stephens & Miller, 1998). A study conducted by the National Institute of Mental Health (2002) presented the effectiveness of debriefing when reviewing 17 studies amongst a wide range of entities. The results indicated that almost 70% of police officers, emergency and military personnel found debriefing to be helpful (Malcolm et al., 2005). Locally within the SAPS, Chabalala's (2005) study presented findings that positive views are expressed by police officers regarding psychological debriefing as officers viewed the programme helpful in relieving stress. This view is supported by the study conducted by Maabela (2011) which presented findings with participant's views of psychological debriefing being effective counselling sessions.

#### **2.9.2.10 The benefits of psychological debriefing for the individual**

##### **2.9.2.10.1 Improving job performance**

An EAP that is associated with a health and productivity strategy can play a crucial part when detecting organisational and employee components that could decrease performance (Mercer, 2007). Furthermore, if the EAP is united with the vision and values of the organisation, it results in a positive employee experience and perception of the business. Employee's job performance and the overall productivity of the organisation can be impacted positively if the organisation invests in its employees in the following ways:

- Develop competencies that assist managers and employees when handling stress in the work environment and in refining the productivity of teams;
- Offer services to assist in immediate problem resolution and provide referrals for additional intervention;
- Encourage the engagement of employees; and
- Improve the employee's ability to overcome and successfully deal with the challenges of life (McLeod & McLeod, 2001).

##### **2.9.2.10.2 Improving the quality of life**

According to Maabela (2015), the impact of PTSD on an individual can disrupt the employee's normal experience of life, therefore the need for effective programmes within the SAPS is vital in maintaining a normal life. Therefore, an environment that offers support by promoting and implementing EAP and health and wellness initiatives such as leave and resting periods, creates an environment whereby police officials can create a work-life balance and make more time

for self-care events. Terblanche and van Wyk (2014) postulated that an effective intervention system that aims to benefit the psychosocial workings and performance of the employee leads to improved performance on the job and ultimately improve the employee's quality of life.

### **2.9.2.10.3 Organisational support**

According to Letsoalo (2016), the involvement of supervisors and management representatives in the EAP demonstrates an eagerness to help the employee overcome the issue at hand, and shows a caring and compassionate attitude toward them during the difficult time. Actively involving members of the organisation itself increases morale and strengthens the trust relationship between members and within the organisation. Personnel involved in the EAP undergo supervisory training, which places emphasis on referral practices, intervention strategies and training on warning signs to observe in an employee (Letsoalo, 2016).

### **2.9.2.11 The benefits of psychological debriefing for the organisation**

The constant use and implementation of an EAP in the organisation allows evaluation to occur whereby the accountability of its key stakeholders can be assessed (Letsoalo, 2016). Joja (2004) presented a number of reasons that justifies the purpose of evaluation:

- To identify if the EAP is assisting the employees and if investment in the programme is worthwhile;
- To give the organisation clarity in terms of goals being accomplished and if improvement or changes need to be made;
- To assist the organisation in determining the range of diagnosis;
- To assist the organisation in identifying the range of the programme, i.e. addressing all levels of the employee population;
- To determine the cost effectiveness of the programme; and
- To legally protect the organisation's integrity and to demonstrate good faith by ensuring the standards of the programme is being met.

The evaluation of the assistance programmes offered by the SAPS can be a useful tool when acquiring information on its success or failure, and could be important when identifying potential strategies to improve employee and organisational effectiveness.

## 2.10 CONCLUSION

This chapter reviewed the literature evolving around the research objectives and highlighted the unique work environment of police officers which exposes them to various incidents that require intervention. It discussed perspectives of stress, the impact of stress on the officers, a historical overview of trauma, various theories of trauma, coping strategies and highlighted the intervention strategies that are offered to police officers to manage work-related stress and trauma. The research methodology will be discussed in Chapter 3.



## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter presents an overview of the research methodology that was used, in order to achieve the objectives of the study. Therefore, the following is discussed: research approach; research design; validity of qualitative research; sampling method; data collection instruments and analysis; and ethical considerations.

#### **3.2 RESEARCH APPROACH**

The current study is guided by the philosophical paradigms of constructivism and interpretivism, whereby this ontological position implies that multiple realities exist. According to Bryman and Bell (2011), social meaning is created collectively and individually by social actors, through social interaction. Therefore, the social world is what individuals perceive it to be. In the current study, the researcher took into account police officers and EHW staff members subjective interpretations and perceptions of the research phenomena. Whereby the axiological position of this approach allowed the researcher to understand these unique realities, and to openly discuss his interpretations as well as those of the participants. These interpretations are later presented in Chapters 4 and 5. The interpretivism approach further adopts an interactional epistemological stance. According to du Plooy-Cilliers, Davis and Bezuidenhout (2014), epistemology focuses on the various ways of knowing and the nature of knowledge. Three main issues arise from this definition: the relationship between the researcher and the researched, objectivity of knowledge and generalising of findings (Maree, 2016). The researcher has some experience working in the Law Enforcement environment, however has never been exposed to or needed to make use of an internal EAP. Therefore, an interactive relationship was formed between the researcher and researched, resulting in findings that are agreed upon with the participants. Secondly, through the interpretivism approach, the researcher is actively involved in the research and interprets its data, therefore can never be fully objective (Maree, 2016). The researcher however, took into account the participants view of the research phenomena and identified themes and trends using these views. Lastly, as the research focused on the lived experiences of participants within a specific context, the researcher is not interested in generalising the study's results, but rather the focus is to shed light on the research phenomena and human condition in this specific context.

Furthermore, the interpretivism paradigm could be seen as being greatly influenced by phenomenology and hermeneutics (Maree, 2016). A descriptive phenomenological approach was undertaken in this study. According to Khan (2014), the main aim of a phenomenological approach to research is to analyse the participant’s view of a phenomenon and explore it in detail, which allows the researcher to include the personal perception of the participant. This approach differs from other approaches in research as it aims to understand the essence of the phenomena, which can be derived from those who have experienced it. Furthermore, for the purpose of this study, the researcher makes use of a hermeneutical phenomenological approach. Maree (2016) describes this approach as the lived experiences of the individual to be documented (phenomenology), and interpretation of the ‘texts’ of their lives (hermeneutics). This approach is further highlighted in Table 3.1.

**Table 3.1:**

Phenomenology in research

<b>Phenomenology</b>			
<b>Focus</b>	<b>Data collection method</b>	<b>Data analysis strategy</b>	<b>Synthesis or reporting form</b>
Understanding the essence of experiences about a phenomenon	Long interviews with up to 10 people	Statements, Meanings, Meaning themes, General description of the experience	Description of the ‘essence’ of the experience

From “Principles of qualitative research: designing a qualitative study” (p. 22) by J. W. Cresswell and V. L. Plano Clark, 2007, Nebraska, USA: University of Nebraska-Lincoln. Copyright 2007 by University of Nebraska-Lincoln.

### **3.3 RESEARCH DESIGN**

The research design can be defined as ‘a framework for the collection and analysis of data’ (Bryman & Bell, 2011, p.100). The choice in the type of research design reflects choices about the meaning attached to the various steps in the research procedure. In order to achieve the purpose of this study, and to answer the questions set out for the research, a qualitative research design was used, and more specifically a comparative design was used to exploit the unique detail of two cases.

### **3.3.1 Qualitative research**

The qualitative research approach is exploratory in nature. According to du Plooy-Cilliers et al. (2014), the purpose of qualitative research is to understand the various meanings related to phenomena and the underlying qualities of subjective experiences. Instead of using measures that are quantifiable by means of quantitative research, the qualitative approach was used to research experiential meanings and lived experiences of the target groups.

Fidel (1993, p. 222) defines qualitative research as follows:

‘Qualitative research aims at understanding people from their own point of view. Its purpose is to describe how people behave and to understand why they behave the way they do; it neither determines cause and effect, nor tests hypothesis or theories that researchers might have about human behaviour.’

### **3.3.2 Distinctions between qualitative and quantitative research**

There are various distinctions between qualitative and quantitative research, particularly for this study, that guided the researcher in determining the correct research approach to answer the questions set out for the study. While quantitative research focuses on a natural science and a positivist approach, qualitative research puts preference on interpretivism and how individuals make sense of their social world. According to Hesse-Biber and Levy (2011), the belief of interpretivists is that reality is socially constructed, rather than objectively defined. Therefore, the researcher was interested in police officers and EHW staff members’ subjective interpretations and perceptions of the research phenomena. The qualitative approach was also used in the study to understand and describe different experiences and perceptions between the research sample. According to du Plooy-Cilliers et al. (2014) indicate that the reasons for research differ between qualitative and quantitative approaches, as qualitative research aims to describe social action, quantitative research aims to determine causal relationships with the goal of predicting events. Furthermore, while quantitative research has an objective view of social reality, qualitative research views social reality through its interpretation by individuals (Allwood, 2011). Therefore, the qualitative approach can be viewed as constructivist and interpretivist, whereby social reality emerges during the research.

Although qualitative research is the preferred method as indicated above, there are some disadvantages when using this approach. The qualitative research approach could sometimes focus more on interpretation and understanding the experience of the participants, that it may leave out sensitive contextual issues (Rahman, 2016). Therefore, purposive sampling for

example, could focus on attaining the ideal sample, but may not be representative to its context. In addition, research by Sallee and Flood (2012), and Ravitch (2010) found that low credibility toward the results of qualitative research may be given by policy makers, as quantitative research is more commonly used and held in high regard. Rahman (2016) further indicated that a disadvantage of the qualitative research method is generalizability, as a small sample cannot be generalised to other contexts without difficulty. However, for the purpose of this study, the advantages outweigh the disadvantages in favour of the qualitative research approach to be used. The differences between qualitative and quantitative research are further highlighted in Table 3.2.

**Table 3.2:**

Differences between qualitative and quantitative research

Area of focus	Qualitative	Quantitative
Epistemological orientation	Interpretivist	Positivism
Reasons for research	Generates the theory from the data, has an inductive approach	Concerned with empirical testing of the theory, has a deductive approach
Ontological orientation	Constructionist	Objectivism

From “Research Methodology: Business and Management Contexts” (p. 31) by A. Bryman and E. Bell, 2011, Cape Town, South Africa: Oxford University Press Southern Africa. Copyright 2011 by Oxford University Press Southern Africa.

### 3.3.3 Comparative design

The phenomenological approach was taken further by the use of a comparative design, whereby experiences between two subgroups were compared, and differences and similarities discussed. The use of the comparative design allowed the researcher to understand the social phenomena in more detail whereby better comparisons are made between two meaningful situations or cases (Bryman & Bell, 2011). In this study, data was collected from two groups in the same organisation: the police officers and the staff within the EHW department regarding stress and trauma intervention strategies. The aim was to explain the differences and similarities between the two groups and create deeper understanding of the social reality within the police.

### **3.4 PRINCIPLES OF QUALITATIVE RESEARCH**

Qualitative researchers make use of different criteria compared to quantitative studies in order to determine the trustworthiness and credibility of the study. 'Where reliability and validity are the key measures in quantitative research, trustworthiness is of utmost importance in qualitative research' (Maree, 2014, p.123). Lincoln and Guba (1985) identified and divided four key principles that make up the trustworthiness of qualitative research, namely credibility, transferability, dependability, and confirmability. The three principles focused on by the researcher for this study are credibility, transferability and conformability.

#### **3.4.1 Credibility**

Credibility refers to how accurately the researcher interpreted the data provided by the participants. According to Lincoln and Guba (1985) the credibility of the research can be enhanced through establishing familiarity with the participants to gain a better insight into their lives, detailed data collection methods, well-defined sampling and triangulation. Furthermore, credibility is ensured if the findings of the research is a true reflection of participant's perceptions and experiences of the phenomena being researched (du Plooy-Cilliers et al., 2014), The researcher constantly pondered the questions of: How do I ensure the reader would believe the findings? How consistent are my findings with reality? This demonstrated a reflexive approach to the research. This approach allowed the researcher to scrutinise his personal feelings, and reflections on how personal beliefs could impact data collection and analysis.

#### **3.4.2 Transferability**

According to Bryman and Bell (2011), transferability refers to the quality of the research report, and if the findings can be applied to other contexts. This level of quality will thus be determined by the reader or user of the research report, rather than by the researcher. Denzin (1983) further postulates that qualitative research uses the term transferability rather than generalisation, as generalised claims are not used, but readers are rather invited to make connections between elements of the study. The reader is invited to make use of this study to make connections with their own research. The researcher provided findings on the differences in perception toward stress and trauma intervention strategies in the SAPS.

### **3.4.3 Confirmability**

According to du Plooy-Cilliers et al. (2014), confirmability relates to how well the findings of the research and interpretation of the researcher are supported by the data collected. The researcher employed confirmability in the study by listening to what was said in the interview and observing candidates' behaviour. The researcher made notes during the interview and used the audio recordings multiple times to capture data during the transcribing phase of the research. The researcher further provided citations from participants' responses that captures different views and opinions of the phenomena. The presentation of data and discussions of findings are highlighted in Chapters 4 and 5 of the study. The researcher is confident that others who look at the data will come to similar conclusions as discussed in these chapters.

## **3.5 RESEARCH POPULATION AND SAMPLE**

### **3.5.1 Research population**

Sekaran (2000) defines the population of a study to be a group of people or objects that are situated in a particular area and that have one or many qualities. Bless and Higson-Smith (1995) postulates that the population consists of groups of people which the researcher views as the object of investigation and the goal is to determine characteristics of the object. The target population of this study includes male and female police officers and EHW staff, from all races and cultures who met the following criteria:

- Staff belonging to the EHW department who had contact with and experience in dealing with stress and trauma-related programmes and members; and
- Police officers from any rank who had experienced some form of stress or trauma-related incident at while on the job.

The population of this study consists of subgroups of the SAPS. Firstly, the VISPOL police officers from different ranks in the Western Cape (exact figure unavailable) that have had some form of exposure to traumatic incidents. VISPOL, also referred to as visible policing is the name of the SAPS largest programme, and made up of crime prevention, specialised intervention, and border security (ACJR, 2019). The second sub-group consists of 50 staff members from the EHW department within the SAPS in the Western Cape, which includes psychologists, social workers, counsellors and chaplains. The researcher interviewed 15 participants who were selected from the population, after a pilot test with two police officers using the semi-structured interview guide had occurred.

### 3.5.2 Sampling size and techniques

The two main sampling designs that exist are those of probability sampling and non-probability sampling, Sekaran (2003) postulates that one can identify the use of probability sampling when each object or individual within the population is given an equal chance of being selected for the sample within a research study. Furthermore, non-probability sampling is identified when the objects or individuals within a population will not have an equal or predetermined chance of being selected for the sample (Sekaran, 2003). For this particular study, non-probability sampling with the convenience sampling was used. The researcher had email and telephonic communication with participants to try and set up meetings. Due to police officers not being available during their patrols away from the station and the availability of EHW staff, the researcher adopting a snowball sampling approach. Participants who could not participate then referred some of their colleagues to participate in the research. Maree (2016, p. 198), describes snowball sampling as follows:

‘The starting point to this method is making contact with one or more people who belong to the population. They are interviewed or handed a questionnaire and then asked for information about others who have the same characteristics and who can be contacted next’.

### 3.5.3 Research sample

Schiffman and Kanuk (2009, p. 36) describe a sample as a ‘subset of the population that is used to estimate the characteristics of the entire population’. Wisker (2001) defines a sample to be a group chosen from the population upon which the researcher uses to carry out the study. As it was not practically possible to interview all the members of the population, the researcher relied on the Section Commander for Psychological Services, and the station commanders for the three stations to assist in identifying seven staff members in the EHW who had experience with dealing with stress and trauma-related programmes, and eight police officers who had experienced some form of stress or trauma-related incident. The 15 police officials were identified to serve as the unit of analysis for this study, since participants shared similar characteristics within their sub-group and are a representative of the population. A graphical summary of the sample participant’s information is presented in Table 3.3.

**Table 3.3:**

Biographical information of the participants

Participant	Rank/Title	Gender	Age	Marital status	Experience
P1	Chief Psychologist	Male	35	Married	10 Years
P2	Disability Co-ordinator	Female	49	Married	14 Years
P3	Social Worker	Female	47	Widowed	9 Years
P4	Social Worker: Information & Wellness	Female	36	Single	1 Year
P5	Chaplain	Male	52	Married	19 Years
P6	Social Worker	Female	46	Married	14 Years
P7	Admin Clerk	Female	40	Single	13 Years
P8	Police Official: Sergeant	Male	35	Married	13 Years
P9	Police Official: Sergeant	Male	35	Married	13 Years
P10	Lt. Col: Station Commander	Male	52	Married	34 Years
P11	Police Official: Sergeant	Male	40	Single	17 Years
P12	Police Official: Sergeant	Female	45	Single	10 Years
P13	Captain: Station Commander	Female	51	Divorced	29 Years
P14	Captain: Station Commander	Male	48	Married	29 Years
P15	Police Official: Warrant Officer	Male	Not available	Not available	Over 15 years

### 3.6 PILOT STUDY

According to Strydom (2011), the purpose of a pilot study is to assist the researcher in removing redundancies and inconsistencies in the research, and help to improve on the design and clarity of the questions, in order to ensure sensitivity and validity. Furthermore, Chabalala (2005) indicates that a pilot study should be conducted in order to determine the main study's feasibility. For the purpose of this research, the pilot study consisted of a pre-test of the interview guide conducted to validate its methodology, and the feasibility of the study.

### **3.6.1 Pre-test of the semi-structured interview guide**

According to van Teijlingen and Hundley (2001) the pilot study includes the pretesting of research instruments such as interview schedules. The semi-structured interview guide was pre-tested with two SAPS officials within the same unit of analysis, during the initial meeting stages of the study. The aim of the research was explained to the participants, in which they agreed to take part in the study. The pretesting exercise was conducted to determine the clarity and phrasing of the questions asked to participants and the understanding of the concepts to be discussed. Data collected as part of the pilot study was discarded, as the purpose was for pretesting the questionnaire and not for inclusion in the research.

Experiences by the researcher from the pre-test, included observations of the use of examples of traumatic incidents at work, highly emotive responses to the questions, expression of opinions and an all-round understanding of the questions asked. The researcher noted that an ethical concern of reliving a traumatic event may occur during the interview process, and ensured that an internal psychologist to be on standby. In addition, the researcher noted the noise levels of the police stations during the day, and scheduled the time of the interviews for the main study to be in the late afternoon or evening when it would be more quiet. The researcher went ahead with the main study based on the conclusion that no amendments to the interview guide or research questions had to take place.

## **3.7 RESEARCH PROCEDURE**

According to Kusel (2016), the research procedure is methodical in nature, and ensures that the research adheres to the various requirements that are set up for systematic review. Therefore, the research procedure can be viewed as a set of specific steps that the researcher needs to follow in a study, in order to ensure findings of the research can be presented. This section discusses the various steps followed by the researcher in order to collect and analyse data.

### **3.7.1 Data collection process**

The researcher presented a proposal of this study to the university, and obtained ethical clearance (ref no. HS19/6/51) and permission from the university to make contact with the SAPS. The researcher made contact with the Head of Psychological Services of SAPS in the Western Cape, who directed the researcher to the Provincial Commissioner who granted permission for this study. The choice of police stations in terms of the sample was chosen based on differences in crime levels in the area, the demands on police officers as well as the diversity

of the communities in which they operate. Meetings with station commanders and unit commanders were attended to discuss the significance of the research, and due dates were agreed on when data could be collected.

The researcher presented the station commanders with the set of predetermined questions in a form of an interview schedule, by which would form as a guideline of the questions to be asked in the interview, but not limited to it. Station commanders and supervisors were asked to nominate participants willing to participate in the research, who met the predetermined criteria. Interview dates were confirmed by the researcher and station commanders, and the venue was provided by the supervisor in charge. All financial costs that incurred during the study, were the responsibility of the researcher. These costs were minimal and included printing of interview schedules and consent forms, photocopying, the purchase of an audio recorder and travelling expenses to various stations. No problems with participants' data were experienced by the researcher.

### **3.7.2 Data collection method**

The researcher made use of in-depth interviews as the method of data collection for this study. According to du Plooy-Cilliers et al. (2014), the in-depth interview can be structured or semi-structured in nature that allows the researcher to pose questions to participants with the idea of collecting beliefs, opinions or views about a certain phenomenon. For this study, a semi-structured interview took place with 15 participants, with the aim of obtaining information in an open-ended conversation-like manner. The in-depth interview gave the researcher flexibility to ask the question to gain information that would interest the researcher, and allowed the participant to clarify a point that they would like to make. This technique required the researcher and participant to be face to face, whereby the information discussed was recorded and transcribed verbatim.

Furthermore, to record interview data, the researcher made use of an electronic audio recording device. This device was used during interviews with all participants, after permission was obtained to record the participant. The researcher explained the purpose of using the audio recording device, and that it would be used later in the research. The audio recordings allowed the researcher to play back interview tapes, pause when needed to clarify sentences, and later transcribe the text for analysis.

### 3.7.3 Research questions

Welman and Kruger (1999, p.12) define a research question as difficulty experienced by the researcher of a practical or theoretical nature in which a solution needs to be obtained. For the purposes of this study, research questions took the place of a hypothesis due to the exploratory nature of data collection. The research questions for the study was as follows:

- What are police officers and EHW staff's perception of intervention strategies offered to manage work-related stress and trauma?
- What intervention strategies should be established to address work-related stress and trauma?

These overarching research questions guided the researcher in constructing the semi-structured interview guide used for data collection. The interview guide was numbered and consisted of 11 questions that encouraged open-ended elaboration. The list of questions is presented in Table 3.4, with the full interview guide attached as Appendix C.

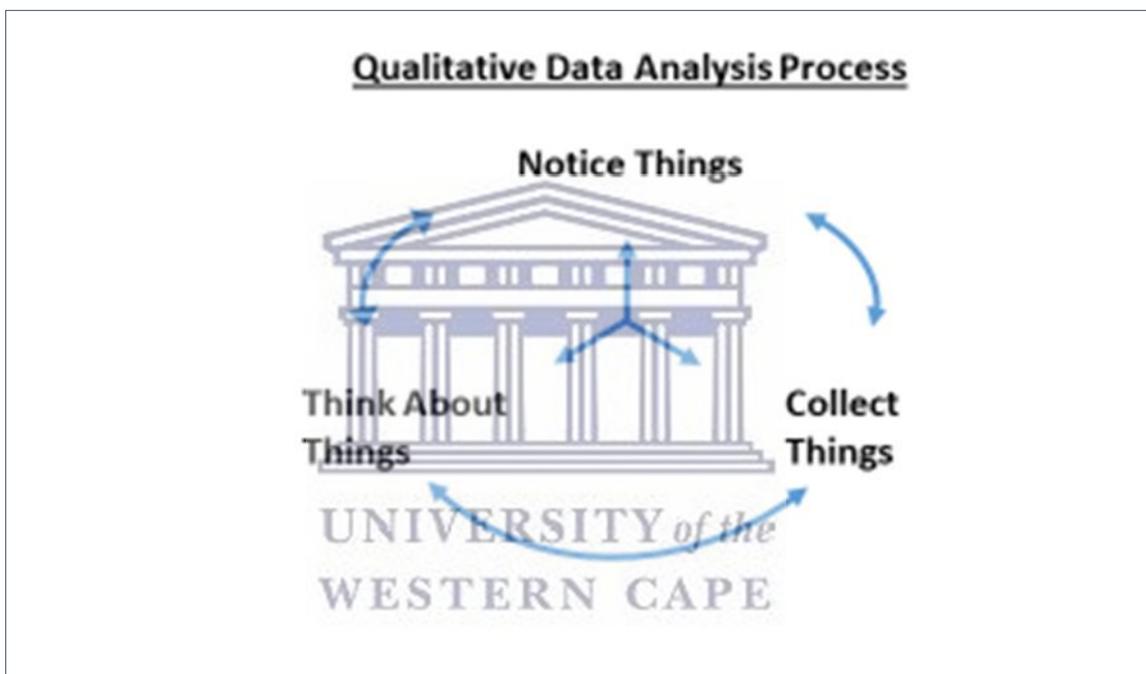
**Table 3.4:**

Individual interview guide

1) What is your understanding of work-related stress?
2) What is your understanding of trauma?
3) How does police officers cope as a result of exposure to stressful and traumatic incidents?
4) What is your understanding of an intervention strategy?
5) What intervention strategies are offered to police officers to manage work-related stress and trauma?
6) What is your experience of these intervention strategies?
7) Do police officers make use of these intervention strategies?
8) How often do they make use of these interventions?
9) How often are these interventions offered?
10) Does the intervention strategies offered, assist police officers to manage stress and trauma?
11) What intervention programmes should be established to address work-related stress and trauma?

### 3.7.4 Data analysis

According to Greeff (2002) qualitative data analysis involves the researcher attempting to capture emerging themes from the data, rather than making use of quantitative approaches to reduce responses from participants. Furthermore, qualitative data analysis should be viewed as a process, and be likened to the process of a jigsaw puzzle. Seidel (1998) proposes that the data analysis process which consists of three elements: noticing things, collecting things and thinking about things. This model can further be viewed as a cyclical approach when conducting data analysis, as it involves noticing gaps, collecting information to cover this gap and reflecting on things.



**Figure 3-1: The qualitative data analysis process**

From "Qualitative Data Analysis" by J.V. Seidel, 1998, (<https://www.scribd.com/doc/86008326/Seidel-1998-Qualitative-Data-Analysis>). Copyright 1998 by Qualis Research.

The appropriate data analysis technique to construct meaning of experiences is the qualitative thematic analysis technique. According to Smith, Flower and Larkin (2009), thematic analysis is the most basic technique of analysis for qualitative analysis and consists of identifying and analysing patterns that exist within data reporting. This technique was a strategy used by the researcher to search for characteristics through communication, which focuses on underlying themes and content (Bryman & Bell, 2011). The aim of thematic analysis is to examine

meaning, patterns and themes that may present themselves. In this study, the main objective was to understand the perception towards intervention strategies from both police officers and the staff within the EHW department. The researcher applied the above data analysis process when incorporating the thematic analysis technique by noticing the gap in research related to stress and trauma in the SAPS, collecting information in the form of interviews and discussions, and reflecting and examining meaning and themes presented in the data. This process further included the aspect of coding when doing data analysis. According to Maree (2016), the process of coding involves marking pieces of data with unique names, descriptive words and symbols. In this study, the data collected was carefully analysed by reading through transcripts and separating the data into meaningful units. The units were grouped together and meaning was associated by naming the data, which allows ease of reading for the researcher. The coding of data allowed for saturation of the data collected, as well for interpretation.

The researcher made use of Braun and Clarke's (2006) steps for thematic analysis:

1. Familiarisation and immersion – the researcher conducted data collection himself, and developed an idea of the various themes that emerged during interviews by taking filed notes. The researcher then proceeded to re-read the transcripts and listened to the audio recordings to understand experiences and perceptions.
2. Generating initial codes – the researcher systematically worked through the transcript and its items to generate initial codes. The generation of the codes was done manually by the researcher, without the assistance of a computer-based application. The researcher approached initial coding by generating as many codes as possible, rather than having too few.
3. Searching for themes – the researcher focused on the identification of sub-themes once all the data had been coded. This process involved codes changing into themes or vice versa, in order for the researcher to make sense of that data and to identify patterns.
4. Examination and reviewing themes – the researcher proceeded to examine and review themes considered, this resulted in the researcher identifying irrelevant themes, themes that overlapped, but also common themes among both groups of participants. Once the review process was complete, the researcher was left with common themes among groups that presented a circular process in the trauma intervention process.
5. Naming the themes – the researcher edited and altered names of the various themes in order for it to serve their function and purpose, but also for the reader to be able to understand. The researcher ended up with four themes in which comprises of the findings of the report.

### **3.8 ETHICAL CONSIDERATIONS**

This study was conducted in a manner that was fair, ethical and just towards any participant, whether they had active, assumed or minor involvement in this study. The Office for Human Research Protections (2016) differentiates between basic ethical principles being respect of person (allowing people autonomy, confidentiality and informed consent), justice (treated equally and fair) and beneficence (protected from all harm). This study consisted of all of these principles. These were done by ensuring the participants of their anonymity, privacy and giving them an opportunity to revoke consent at any time.

#### **3.8.1 Autonomy**

Participants in the research were given freedom of choice, and therefore autonomy relates to the ability of an individual deciding for themselves if they would like to participate or not (dos Santos Cosac, 2017). The practical implication of autonomy is that of informed consent. The participants in the research were given freedom of choice to participate in the research, without being forced or questioned. Freedom to revoke their consent at any time was communicated.

#### **3.8.2 Confidentiality and anonymity**

When conducting research, the researcher does not have special permission to intrude on the participant's privacy or to abandon respect for the participant's values (Bryman & Bell, 2011). Therefore, the researcher had to maintain and manage private information of the participants and not use confidential information to benefit the research. Furthermore, the participants' identities were not revealed in any way.

#### **3.8.3 Informed consent**

According to Fouka and Mantzorou (2011), informed consent is a big ethical concern when collecting data, and involves the participant voluntarily, knowingly and intelligently providing their consent to partake in the research. The police officers and staff agreed with the objectives of the research by signing a consent form. Participants were asked by the researcher if the interview could be recorded before commencing.

#### **3.8.4 Justice**

The concept of justice refers to participants being treated equally and fairly in the research process and allowing the participants to be benefitted by taking part in the research (Ketefian, 2014). The participants involved were all asked the same set questions as per the interview

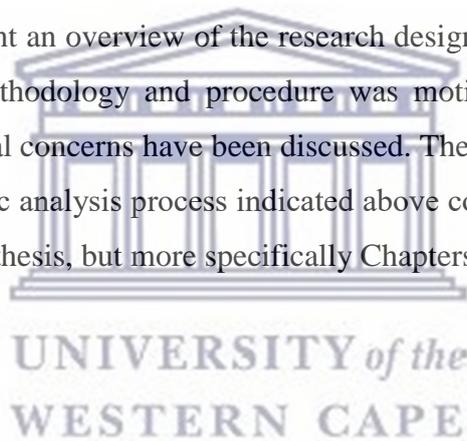
guide and accompanying deviation of these questions at a reasonable manner. No unfair treatment, bias or prejudice was present, before, during or after the study.

### **3.8.5 Beneficence**

According to Ketefian (2014), the concept of beneficence implies that there is an obligation to do good, and means to do good by protecting the participants from all harm with the aim of benefitting the participants in the research. The aim and objective of the research was to improve the intervention strategies offered to police officers, therefore participants in the research were treated with utmost respect and with the researcher having their best interests at heart. The researcher respected the information provided in the data collection stage and used the information only for the purpose of the study.

### **3.9 CONCLUSION**

This chapter aimed to present an overview of the research design and plan used in this study. The choice of research methodology and procedure was motivated. In addition, the data collection process and ethical concerns have been discussed. The sixth and final step of Braun and Clarke's (2006) thematic analysis process indicated above consists of the research report, which comprises the whole thesis, but more specifically Chapters 4 and 5 which are presented in the sections to follow.



## CHAPTER 4

### RESEARCH FINDINGS

#### 4.1 INTRODUCTION

In this chapter, the research findings are presented and themes are discussed based on the participants' perceptions and experiences. Responses from participants assisted the researcher to gather information toward the research question which the study aims to answer, namely evaluation of the differences in perception toward stress and trauma intervention strategies in the SAPS. Furthermore, the responses from participants assisted the researcher in achieving the specific objectives outlined for the research – determining what intervention strategies are offered to police officers to manage work-related stress and trauma, police officers and EHW participants' perception of intervention strategies offered to manage work-related stress and trauma, and recommendation of possible intervention strategies to address work-related stress and trauma.

The data collected from participants was obtained in a semi-structured interview, and an audio recording device was used to record the interview for later analysis. Central themes emerged from the research based on responses from participants regarding their perceptions of stress and trauma interventions. The biographical information of the participants is also discussed.

#### 4.2 BIOGRAPHICAL INFORMATION OF THE PARTICIPANTS

The description of participants is divided by the group in which they belong to, which include rank or title, gender, age, marital status and experience. This information is presented below.

##### 4.2.1 Employee health and wellness staff

**Participant 1:** A 35-year-old married male, who is in possession of a Master's degree in Psychology. He has 10 years working experience within the EHW section within the SAPS. He is currently in a supervisory role, overseeing psychologists, and having operational responsibilities.

**Participant 2:** A 49-year-old married female, who is in possession of an Honours degree. She has 14 years working experience within the EHW section within the SAPS. Her main responsibility includes coordinating the disability unit.

**Participant 3:** A 47-year-old divorced female, who is in possession of an Honours degree. She has 9 years working experience within the EHW section within the SAPS. Her main responsibilities are to serve as an occupational social worker.

**Participant 4:** A 36-year-old single female, who is in possession of an Honours degree. She has nine years' working experience within the EHW section within the SAPS. Her main responsibilities are to co-ordinate wellness and information initiatives, and also serve as a social worker.

**Participant 5:** A 52-year-old male, who is in possession of an Honours degree. He has 19 years' working experience within the EHW section within the SAPS. His main responsibility includes serving as a Chaplain and providing spiritual support.

**Participant 6:** A 46-year-old married female, who is in possession of PhD in Social Work. She has 14 years' working experience within the EHW section within the SAPS. Her main responsibility includes serving as a social worker, but has supervisory rank.

**Participant 7:** A 40-year-old single female, who is in possession of an Honours degree. She has 13 years' working experience within the EHW section within the SAPS. Her main responsibilities include working within the intake office and providing administrative support within the EHW department.

#### **4.2.2 Police officers**

**Participant 8:** A 35-year-old married male, who is in possession of a Grade 12. He has 13 years' working experience as a police officer, and has a current rank of sergeant. He has been involved in an incident whereby he discovered two dead baby bodies, after they had drowned.

**Participant 9:** A 35-year-old married male, who is in possession of a Grade 12. He has 13 years' working experience as a police officer, and has a current rank of sergeant. He has been involved in a shooting incident, when he was shot in the head, and made a full recovery.

**Participant 10:** A 52-year-old married male, who is in possession of a Bachelor's degree. He has 34 years working experience as a police officer, and is currently a Station Commander, with a rank of Lieutenant Colonel. He has been involved in a shooting incident with two taxi drivers, whereby he had to return fire while protecting civilians, he witnessed civilians getting shot in the crossfire.

**Participant 11:** A 40-year-old single male, who is in possession of a Grade 12. He has 17 years working experience as a police officer, and has a current rank of sergeant. He has been involved in a shooting incident, whereby the bullet has just missed his head.

**Participant 12:** A 45-year-old single female, who is in possession of a Grade 12. She has 10 years' working experience as a police officer, and has a current rank of constable. She has witnessed gruesome scenes which include accidents and decapitations.

**Participant 13:** A 51-year-old divorced female, who is in possession of a Grade 12. She has 29 years working experience as a police officer, with most of her experience being in the courts. She is a currently a station commander, with the rank of captain. She has experienced an incident where she had a gun pointed at her.

**Participant 14:** A 48-year-old married male, who is in possession of a Higher Diploma. He has 29 years' working experience as a police officer. He is currently a station commander, with the rank of captain. He has experienced a shooting incident.

**Participant 15:** A male, who refused to disclose his age due to fear of being identified, currently working as a warrant officer, has worked at multiple stations across South Africa and has more than 15 years of working experience. He has had exposure to multiple traumatic incidents, ranging from murder to individuals succumbing to a fire in an informal settlement.

Table 4.1 presents a summary of the biographical information of the participants involved in the study. Their rank, gender, age, marital status and experience within the SAPS are presented below.

**Table 4.1:**

Biographical information of the participants

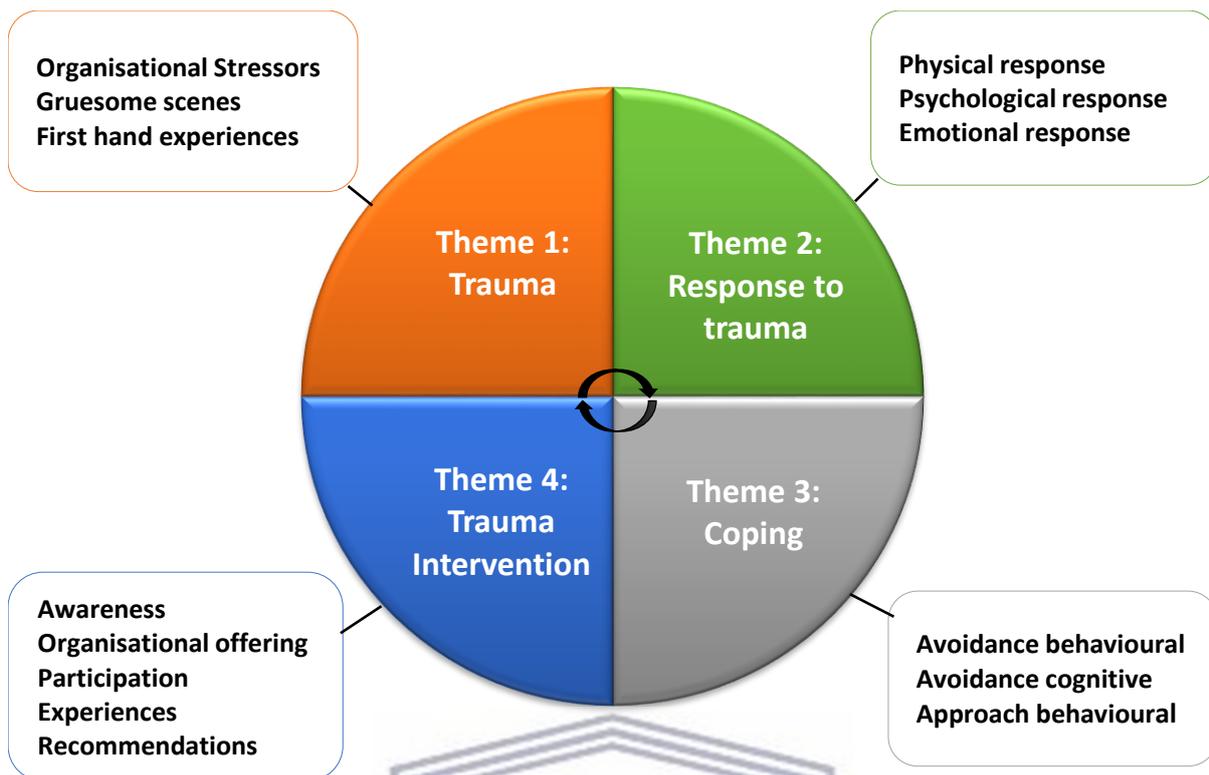
Participant	Rank/Title	Gender	Age	Marital status	Experience
P1	Chief Psychologist	Male	35	Married	10 Years
P2	Disability Co-ordinator	Female	49	Married	14 Years
P3	Social Worker	Female	47	Widowed	9 Years
P4	Social Worker: Information & Wellness	Female	36	Single	1 Year

Participant	Rank/Title	Gender	Age	Marital status	Experience
P5	Chaplain	Male	52	Married	19 Years
P6	Social Worker	Female	46	Married	14 Years
P7	Admin Clerk	Female	40	Single	13 Years
P8	Police Official: Sergeant	Male	35	Married	13 Years
P9	Police Official: Sergeant	Male	35	Married	13 Years
P10	Lt. Col: Station Commander	Male	52	Married	34 Years
P11	Police Official: Sergeant	Male	40	Single	17 Years
P12	Police Official: Sergeant	Female	45	Single	10Years
P13	Captain: Station Commander	Female	51	Divorced	29 Years
P14	Captain: Station Commander	Male	48	Married	29 Years
P15	Police Official: Warrant Officer	Male	Not available	Not available	Over 15 years

#### 4.3 CENTRAL THEMES AND SUB-THEMES IDENTIFIED

In the following section, the central themes and sub-themes identified in the study are presented, and supported using extracts of the responses from the participants. The researcher attempted to highlight the perceptions of both groups of participants; the EHW staff and the police officers, toward stress and trauma intervention strategies offered in the SAPS. Quotations are cited from the interview transcripts with participants, in order to share their experiences, and bring across their perceptions on themes identified. The quotations are marked by the number of the participant, in order to match the participant to the comment.

Common themes and sub-themes emerged for both groups during the data analysis process, which allowed the researcher to group themes together. This leads to the formulation of Figure 4.1 below, which presents the themes and sub-themes that emerged from the study.



**Figure 4-1: Central themes and sub-themes emerging from the study**

#### **4.4 THEME 1: TRAUMA**

The meaning of trauma within the police environment was presented as being very complex in nature, with multiple elements contributing to the police officer's experiences. Participants describe trauma exposure through traumatic events experienced by police officers. Traumatic events are incidents whereby the individual feels powerless in the face the great danger that he or she is exposed to, which usually includes the possibility or the involvement of injury or death (Geldenhuys, 2015). These stressors range from being in a dangerous work environment to pressure put on the officers by superiors. More notably, responses from both EHW participants and police officers presented a similar outlook on the various organisational stressors at play, with the EHW participants presenting information that was discussed with them in their counselling sessions with members, when police officer participants relayed first-hand accounts of what they encounter at work.

##### **4.4.1 Sub-theme 1: Organisational stressors**

EHW participants and police officers described organisational stressors as the dangerous environment that they are in, the work pressure, abnormal experiences, serving the community

and pressure from the commanders. The following statement by EHW participants reinforce the above statement:

‘... I would say that this environment is really, for me, it would be a highly emotionally charged environment because police officers are exposed to whatever dangers are out there, the community can be hostile toward them and the work environment itself has its own challenges’ (P3)

‘... The work that we do, falls out of let’s say the normal experience. It’s not like you get to go to the office and sit behind your computer and fill out things, that doesn’t apply to police officers on ground level’ (P1)

‘... We are an organisation to fight crime, so we are at risk all the time while were patrolling and doing the work we’re supposed to do, to keep our community safe’ (P2)

Taking the above into account, it is clear that the perception of EHW participants toward police officers who do make use of their services, identified their organisational stressors as underlying factors that contribute to their overall experience of trauma. The majority of EHW participants mentioned that police officers encounter abnormal experiences while on duty, quite unlike what a conventional employee would experience. These abnormal experiences are in the form of people being killed, attacked and involved in accidents. Oliver (2009) indicate that law enforcement is a physically and emotionally dangerous job, taking into account the high levels of crime and reports of violence in South Africa. The majority of EHW participants indicated that police officers work in a dangerous environment that can become hostile very quickly.

The degree of hostility can vary, from attending a callout for domestic violence, to community unrest. Young et al. (2012) report that one of the major stresses that SAPS officers face, is having a dangerous, underappreciated, and often violent job. In addition, the minority of EHW participants believe that work-life spillover also contributes to stress experienced at work. Work-life spillover, according to the responses, can involve family pressure and problems that the member will bring into the work environment or vice versa, or ultimately being under pressure due to addiction or financial issues. Maabela (2015) and Tehrani (2011) postulate that in most instances, the police officer does not share traumatic experiences and work-related stressors, resulting in unresolved trauma spilling into personal relationships. The minority of EHW respondents further mentioned that stress could be aggravated due to the police officers

being short of staff. Staff shortages thus lead to police officers working extra shifts, while being at the forefront of criminal activities.

In contrast, the following narratives from the police officer participants presented their account of organisational stressors:

“... I’m working outside, you know, you here with a situation, you’re trying to negotiate and then the next moment you just hear gunshots. You were trying, you were just talking trying to talk this person down” (P11)

“...your commanders, yes they must be strict but if you work your duty, I don’t think they must pressurise you as a colleague” (P9)

“...There’s too much hate, people don’t like each other at this police, and this is a small space” (P8)

“... the demands of your work, and the timeframes and all those things, so there’ll always be stress” (P14)

In their responses, police officer participants steered away from the dangerous environment that they operate in, with the minority of participants indicating this as a stressor, but rather focused on the volume of the work itself. Schaubroek, Riolli, Peng and Spain (2011) postulate that despite being within an environment that is extremely dangerous, a hopeful and optimistic person is likely to believe that they have sufficient resources to prevent being harmed. In comparison to EHW participants indicating that work pressure causes stress, the majority of police officer participants indicated that it is the large workload that also contributes to stress. Therefore, not only is there pressure to complete work, but there is also a large workload to complete under strict deadlines. Wasserman (2015) reports that in addition to the police environment being extremely dangerous to work in, the nature of police work is also inherently demanding. The police officer participants indicated that the pressure of the work environment sometimes becomes too much, to the extent that they cannot deal with it and meet all deadlines. Many researchers support this finding, by stating that the work of the South African police officer is experienced to be one of the most stressful jobs in the country (Chabalala, 2005; Leino, Selin, Summala & Virtanen, 2011; Louw & Viviers, 2010). It was also mentioned that serving various communities while carrying out duties too puts a great amount of pressure on police officers. Research suggests that the energy-draining attempts to build trust within the community and the various unpredictable situations that police officers face on a daily basis could affect the degree to which police officers experience trauma, and are considered to be major stressors (Boshoff, 2015; Young et al., 2012).

The majority of police officer participants indicated that the pressure from their commanders contributes to their experience of stress. Participants mentioned that constant reporting needs to be done to the commander, while being held accountable for everything under strict deadlines; this results in overwhelming pressure put on the individual and a contributing factor toward their experience of stress in the workplace. In a study conducted by Maabela (2015) on 19 police officers in the North West province, police officers reported on the need for workplace support by commanders in order to assist with coping with PTSD. This is supported by a study conducted by Gumani (2012) on police officers in the province of Limpopo, where commander support was found to relieve pressure and distress among the police officers.

Although police officer participants' experiences of organisational stressors are somewhat similar to those elements mentioned by EHW, the majority of police officer participants also indicated that inter-team conflict as well as having a large workload contribute to their experience of stress at work. Terblanche and van Wyk (2014) report that even though employees may not admit to being traumatised, conflict with co-workers is often manifested as a symptom of their distress in the workplace. Participants expressed that conflict within the team is a result of junior members of staff (constables) not having respect for those on a higher rank and with more experience (sergeants) and working with members who do not like each other at the same station.

#### **4.4.2 Sub-theme 2: Gruesome scenes**

Within the police officers' line of work, the exposure to and attendance at gruesome scenes is presented as a regular occurrence. Police officers and EHW participants alike felt that similar factors are common when attending gruesome scenes, which makes up their understanding of the meaning of trauma. The following narratives from EHW participants are cited:

“... Sometimes they have to attend to people who have just been raped” (P1)

“... Even witnessing other people being killed, other people being attacked, seeing danger, those are the majority of experiences where they would be traumatised” (P2)

“... Seeing those people that committed suicide or stuck in the accident and people die there, you must be part of that pain” (P3)

The minority of EHW participants reported that gruesome scenes attended by police officers often involve death, or results in the officers experiencing death. EHW participants indicated that police officers have to attend these scenes due to it being their job, even though exposure

could possibly lead to officers becoming traumatised while on duty. The minority of EHW participants indicated that exposure to these gruesome scenes does not necessarily cause trauma; it depends on the person and the individual's coping skills and experience. Malach-Pines and Kenan (2007) concur with this by stating an individual's experience of work-related stress and trauma is the result of an interaction between the individual's coping resources and the work environment. The majority of EHW participants indicated that police officers often attend murder scenes or witness others being murdered. The victims could range from adults to children who have been murdered. The minority of EHW participants further reported on accident scenes and sexual assault scenes attended by the police officer, which could result in the officer experiencing trauma.

The police officer participants provide a more subjective and in-depth account of the degree of the scenes that they attend. The following narratives from the police officer participants are cited:

“... Trauma I would say, for instance if you attend like for us as police officials, you attend a lot of cases where there are scenes, murder scenes and for instances, say death” (P8)

“... Say, like me one day on the N7 I had a culpable homicide whereby a guy was knocked by a truck, whole head was off. Now you must picture this in your mind, you as a human person, must go and look for a guys head in the bushes. When I found that head, his eyes were still open” (P9)

“... I worked in different areas, and worked different operations, uhm you know even gang areas where children have been killed and women have been killed” (P10)

Similar to the EHW group, half of the police officer participants mentioned that attending scenes whereby someone had died or had been killed can be viewed as a traumatic incident. In addition, the majority of police officer participants indicated that attending murder scenes and seeing the victims who have been killed is their understanding of trauma exposure. These scenes range from culpable homicide, gang violence, and women and children being killed. Leshner, Kelly, Schutz and Foy (2012) indicate that risk factors are established due to the severity of the traumatic incident that the police officer is exposed to, which could lead to re-victimisation in the form of flashbacks of the traumatic incident and reactions that could be more severe in nature. Half of the police officer participants also indicated that attending accident scenes where body parts had been scattered, or decapitation had occurred added to

their experience of trauma. In addition, the minority of police officer participants also mentioned that sexual assault cases could be traumatic. This entails attending to scenes where individuals had been raped, and also acting as the first responder or counsellor. Van den Heever (2013) reported on incidents such as violence and death being the most stressful events for police officers, and have a damaging impact on their wellbeing. Furthermore, the risk of being diagnosed with PTSD is high for police officers who are frequently exposed to traumatic incidents such as death of peers, shootings, murder and hostage situations (Chabalala, 2005; Edwards, 2005; Ringel & Brandell, 2012). The minority of the police officer participants reported that after attending these scenes, one has to move on and collect oneself as being in the organisation allows the officer to become familiar with how things work and the frequency of attending these scenes becomes part of the job.

#### **4.4.3 Sub-theme 3: First-hand experiences**

The above sub-theme relates to the critical incidents that police officers experience which could result in trauma. These first-hand experiences involve traumatic incidents that police officers are actively involved in, which include shooting incidents, violent attacks and near-death experiences while on duty. Although EHW and police officers' responses are similar in nature, the responses from officers portray a subjective and raw experience when encountering traumatic incidents. Firstly, the below responses from EHW participants illustrate this:

“...Well in a workplace its very traumatic for members to encounter shootings and attacks on them themselves” (P2)

“...when they do experience they experience their traumatic things for example shooting incidents which are very common” (P1)

“...We work a lot with trauma so its not just the vehicle accidents, the stone throwing the murders, the investigations, trauma is very personal to someone” (P6)

The majority of EHW participants mentioned that shooting incidents that the police officers are involved in result in these officers experiencing trauma. These shooting incidents are unpredictable and first hand, and can include shooting a suspect, gang violence or robberies such as cash in transit. Boshoff (2015) reports on life threatening situations that police officers are exposed to such as the loss of human life and the brutality that is often associated with working within the police environment to be traumatic. In addition, the majority of the EHW participants indicated that police officers are often involved in accidents, which could result in

injuries on duty. These injuries occur through patrols which leave officers wheelchair bound. The result of these accidents presents the need for counselling and EAP intervention. Briere and Scott (2013) indicate that motor vehicle accidents are one of the major types of traumatic incidents experienced in the SAPS. Furthermore, the majority of EHW participants also indicated that police officers are involved in violent attacks while on duty. These attacks are life threatening and puts the officer in danger when encountered.

The below responses from police officer participants illustrate the first-hand experiences that make up their trauma exposure while on duty:

“... he just put his hand in his waist and pulled a firearm, close range he shot me in my head ... there was no time for me to react, and while that other one was going to my partner because she was that side of the bakkie” (P9)

“... taxi violence, where I tried to arrest a guy with a firearm, and both groups.. I was in the middle of the group, and both groups started shooting at us” (P10)

“...you here with a situation, you're trying to negotiate and then the next moment you just hear gunshots.. You were trying, you were just talking trying to talk this person down. You understand what I'm trying to say? And the next moment “shooo” [gunshot sound]” (P11)

In contrast, the minority of police officer participants mentioned that it is not just being involved in a shooting incident that results in trauma, but also witnessing a shooting. These incidents include witnessing their colleagues being shot, taxi violence or attending to a shooting scene. Shooting incidents are seen to be a common occurrence for the police while on duty. McNally (2012) reports that shooting incidents among other traumatic events are increasingly common in police work, with police officers being exposed to them daily. The majority of the police officer participants indicated that that having a near-death experience contributed to trauma exposure within the police environment. The near-death experiences described by the police officers all involve scenarios where a gun was used. One member of the police officer participants mentioned violent attacks to be contributing to their experience of trauma, when physical attacks come from angry victims themselves rather than members of the public. This is further supported by Chabalala (2005) who presented findings on most police officers experiencing life-threatening events such as shootings, armed robberies and motor vehicle accidents. Wasserman (2015) reports on police officers being under constant pressure to make the right decisions in these life-threatening situations, as individuals are often killed by police

officers, which can drastically impact the officer's morale. The above indicates that police officers and EHW perceive traumatic incidents slightly differently. While the police officer group focuses more on the extreme situations to be contributing to their experiences of trauma, EHW puts forward an array of incidents that officers are involved in on the job, which could contribute to their exposure to trauma.

#### **4.5 THEME 2: RESPONSE TO TRAUMA**

The following themes have been identified to be a reflection of police officer's response to trauma: physical responses, psychological responses and emotional responses. The themes presented below highlight similar responses by both groups of participants.

##### **4.5.1 Sub-theme 1: Physical responses**

Responses from both groups of participants suggest that police officers often have a physical response after exposure to a traumatic incident. These physical responses are often aggressive in nature. The below statements from EHW participants illustrate this:

“... You find that these people will become angry at work, some of them.. anger outbursts. Usually we have to withdraw their firearms when they are like that”; (P1)

“... we cannot ignore the fact that some of our members are very violent, and that links to other problems”; (P2)

“...There's a programme called Choose Life, which focuses specifically on suicide. So, it's not just, we intervene not just at a level where it is the individual himself, we also get the commanders involved, so the supervisors are able to identify people at risk”. (P1)

The majority of EHW participants indicated that there is a build-up of anger after experiencing an incident, eventually unleashed in aggressive behaviour. As mentioned by participants, this aggressive behaviour is normally provoked by or unleashed onto others. Terblanche and van Wyk (2014) report on intrusive responses by individuals after exposure to a traumatic event, which include startled responses and explosive outbursts which are aggressive in nature. In addition, one EHW participant indicated that suicide within the police is something that needs to be taken seriously, whereby a special programme called 'Choose Life' has been developed in order to prevent it and create awareness. Apart from one EHW participant mentioning a suicide programme that provides assistance, this group of participants steered clear of this topic.

Similarly, police officer participants reported on aggressive behaviour and suicide to be the main features of the physical responses to imperious stress and trauma. The below statements from police officer participants illustrate this:

“... You sit with now stress, so you sit with stress, people can’t talk to you and you get aggressive and stuff like that” (P8)

“... Me and my wife had the horrible two years after this incident, because I didn’t have a temper, I never ever was in my mind to assault her, never” (P9)

“... There was once I wanted to kill myself, that was now four years ago because I couldn’t take this stress anymore” (P8)

Half of the police officer participants indicated that the build-up of stressful and traumatic experiences often leads to aggressive behaviour. This aggressive behaviour is physical in nature and could be directed at fellow colleagues or significant others. Young et al. (2012) are of the opinion that stress reactions of anger and aggression after the exposure to trauma could lead to a loss of control and could trigger vulnerability.

Furthermore, the majority of police officer participants indicated that exposure to traumatic incidents could ultimately lead to committing suicide. The above indicates that most police officers are aware of members committing suicide due to being overwhelmed by traumatic incidents, with the minority of participants mentioning that their own colleagues had committed suicide. These police officers further indicated that it is a combination of work and home related issues, whereby no assistance is provided, and therefore they ‘cannot take this stress anymore’. Sa Joe (2003), reported that the constant exposure to violence and criminal activity, and extensive work-related stress, are among the main reasons for suicide.

#### **4.5.2 Sub-theme 2: Psychological responses**

Traumatic incidents, specifically frequent exposure to gruesome scenes have a negative effect on the mental health of the police officer. The above sub-theme relates to the psychological responses that portrayed by police officers after the exposure to trauma. Overall, EHW participants as well as police officers shared similar thoughts on the psychological impact trauma has on members. The following examples are cited:

“... You do EAP intervention at cluster levels, so if there’s any further need or any diagnosis of PTSD it comes out of that, then we refer to external, either admission to a psychiatric unit or in-patient treatment or something” (P6)

“... This is the most common disorder here, as well as major depressive disorder” (P1)

“...they look for mechanisms to forget. Sometimes, but it comes back”; (P5)

“... A lot of managing depression, a lot of ja.. We’ve got quite a few psych social diagnoses, and those people get registered on our disability database, it’s a voluntary process that they can, also the physical disabilities”; (P6)

The majority of EHW participants indicated that the aftereffects of police officers being exposed to a traumatic incident would be PTSD. Participants mentioned that once exposed to the incident, the police officer would feel fine in the moment, but the aftereffects would be a gradual process. Furthermore, a belief of having permanent traumatic symptoms after the incident was picked up by the researcher, whereby EHW participants indicated that it is ongoing and treatment would be needed for it eventually. Tehrani (2011), Edwards (2005) and Young (2005) agree that the nature of the police officers’ work contributes to the development of PTSD, especially the repeated exposure to traumatic events and being exposed for long periods of time without a break contributes to the risk of developing PTSD.

On the other hand, a minority of EHW participants reported that police officers commonly suffer from depression after experiencing a traumatic incident. Responses from participants indicated that police officers who suffer from depression and depressive disorders are likely to be put on incapacity leave or added on to the disability database. Maabela (2015) recognise that just like any work-related injury, the police officer is entitled to put forward a claim for disability compensation as a result of suffering from PTSD. Terblanche and van Wyk (2014) as well as Smith and Rooney (1999) are of the opinion that the proper use of stress and trauma management techniques in EAPs, will likely reduce the disability and compensation claim costs, as a high percentage of employees would return to work after being exposed to traumatic incidents.

Police officer participants on the other hand, demonstrated similar opinions on the psychological responses to trauma demonstrated by EHW members. The following citations illustrate this:

“... Trauma well, I would say if you attended a crime scene, in that moment it is fine to attend to the crime and the incident, but after that it has an effect on you” (P10)

“...You are not the same person when you in trauma, sometimes trauma stays there forever. Because now you’re not the same person, because of that particular incident or the incidents that happens constantly, it affects you” (P11)

“...you can finish your shift or your days’ work, it will still stick with you and go home (P8)

“...the crime scene or the scene comes back the whole time” (P10)

Half of the police officer participants mentioned that members often ‘relive the trauma’ after the exposure to a traumatic incident or scene. This could often be in the form of flashbacks, absentmindedness, and memory disturbances. In addition, a minority of police officer participants reported that they would be in a state of shock after a traumatic incident, which could follow responses of hypersensitivity and an altered personality. Boshoff (2015) concurs with the above and indicates re-experiences, reliving the trauma, flashbacks and nightmares are phenomena that the police officers have little to no control over, as they are a result of the exposure to traumatic incidents. The minority of police officer participants further indicated that after being exposed to a traumatic incident they would feel fine; however, PTSD could develop at a later stage and have a lasting effect on the members. D’Andre, Sharma, Zelechowski and Spinazzola (2011) indicate that the psychological effects of trauma are long term, whereby frequent comorbid disorders such as PTSD, anxiety and depression are experienced. This makes it challenging for the individual to partake in normal events such as social gatherings and could lead to chronic diminishing of physical and psychological functioning.

#### **4.5.3 Sub-theme 3: Emotional responses**

Police work, specifically the constant exposure to traumatic incidents, is likely going to have an emotional effect on the member at one stage or another. This emotional reaction is presented to be feelings of helplessness and sadness. The below responses from EHW participants illustrate this:

“... You end up overwhelmed because you are not setting boundaries number one, you are not being assertive to say ‘I’ve taken so much can I prioritize and get to this when I get to it? But I cannot keep taking and taking’” (P3)

“... It’s like when you are crying, you know where you go”. (P7)

The minority of EHW participants indicated that emotional responses due to traumatic incident exposure often end with members crying and having feelings of being overwhelmed. These emotional responses highlight a state of shock, and the fact that police officials too are human beings, whose abnormal experiences on the job result in pressure put on their emotional prosperity. Schulz, van Wyk and Jones (2000) indicate that after the initial shock, emotional responses such as sobbing, depression, anger and withdrawal may occur. The minority of EHW participants also mentioned that police officers feel sadness during their emotional response to trauma.

Similarly, police officer participants displayed instances of being overwhelmed and sad as emotional responses to trauma. The below citations highlight this:

“...Every time I will cry but to get it out of my system” (P10)

“...If every 30 people can be like we know this happened, how do you feel, and then they make everybody cry” (P12)

The minority of police officer participants indicated that they would often cry to get things out of their system, as this makes it easier to become used to and deal with the situation that they are in. Similarly, the minority of police officer participants indicated that they would cry out of sadness when being asked about traumatic situations or events that they have experienced. Terblanche and van Wyk (2014) are of the opinion that if an individual's emotional functioning has been adversely affected as a result of a traumatic incident, one of the most common reactions is that of shock.

## **4.6 THEME 3: COPING**

Participants' responses to how police officers cope with the impact of trauma demonstrated themes such as avoidance behavioural coping, avoidance cognitive coping and approach behavioural coping. In this theme, differences in perception toward the use of trauma intervention strategies to cope with stress and trauma are highlighted. The themes will be discussed in more detail below.

### **4.6.1 Sub-theme 1: Avoidance behavioural coping**

Police officers sometimes consciously used avoidance behavioural coping mechanisms in order to escape from reality after exposure to trauma. Police officers make use of avoidance behavioural coping mechanisms such as alcohol abuse, absenteeism, financial abuse and even substance abuse to escape from the underlying emotions resulting from their exposure to stress

and trauma. These mechanisms are often purposively implemented to avoid or protect oneself from further psychological harm. The following examples from EHW participants illustrate this:

“... like any human being a police officer copes with the normal coping strategies of drinking” (P6)

“...There they would try to make some jokes; it is part of what they do. They would make jokes with each other and they would laugh with one another” (P5)

“... you will find people with a lot of absenteeism, they don't have any days left” (P4)

“...You'll find that our government officials especially our lower ranking officers, they are over indebted, they make debt all the time” (P1)

The majority of EHW participants reported that alcohol abuse is normal within the police; indeed, it is often referred to as “police coffee”. The use of alcohol is used to cope through traumatic incidents, an alternative to counselling, and a means of escaping reality. Research suggest that police officers avoid emotional tension after work by drinking together, which is often encouraged or acceptable within the law enforcement culture (Kirschman, Kamena & Fay, 2014; Le Blanc, Regehr, Birze, King, Scott, MacDonald & Tavares, 2011). The minority of EHW participants reported on substance abuse in addition to the alcohol, as a means of police officers to cope. These substances include making use of over-the-counter medication, cough syrup and illegal drugs. SAPS (2011) indicate that police officers often develop drinking problems, or resort to the abuse of substances such as hallucinogens, marijuana and cocaine to cope with the demands they face. In addition, the majority of EHW participants indicated that police officers often resort to absenteeism to cope with stress and trauma. Police officers often book off sick, and thus exhaust leave days. The minority of EHW participants also indicated that overspending, and taking on debt is common amongst police officers, who often abuse financial resources in their efforts to cope with stress and trauma.

Alternatively, the minority of EHW participants indicated that police officers sometimes use humour after a traumatic incident in order to numb the traumatic incident. It is further noted that the use of humour and making jokes are often used by the older and experienced police officers. The use of humour is also seen to be a bonding coping technique to share a laugh together, after all members have been exposed to a traumatic incident. Tehrani (2011), police officers make use of humour to assist in detaching themselves from their immediate

surroundings and enabling them to cognitively take a step back and assess their work from a different perspective. Pillay (2008) indicates that although humour assists in providing tension relief, it should not be made use of excessively as the overuse could indicate distress.

Police officer participants implement various mechanisms, similar to EHW, in order to cope with trauma. The below citations highlight this:

“...I drink myself to oblivion, until I go sleep. Not that it will go away, because tomorrow I’m going to be sober and it will still be there. So I drink, to cope with trauma” (P11)

“...excessive alcohol abuse, some even goes over to drug abuse” (P15)

“...if you’re stressed, if you stay away from work for weeks, every time you book off sick” (P8)

Police participants shared a similar outlook to EHW participants whereby alcohol is often consumed after exposure to a traumatic incident in order to escape the reality and cope with the situation, with the majority of participants admit to abusing alcohol. Young et al. (2012) report that methods that police officers make use of the most to cope with stress and trauma are the use and abuse of alcohol, humour or joking and socialising solely with colleagues. Boshoff (2015) further adds that psychoactive substances may be sought out and used by the trauma survivor in order to cope and self-medicate. The minority of police officer participants further indicated that police officers do make use of drugs, over-the-counter medication and other substances to cope with the trauma. The majority of police officers reported that they sometimes stay absent or know of colleagues that book off from work in order to escape the exposure to traumatic events during daily operations. This results in police officers exhausting their sick and family responsibility leave allocations. One police officer participant indicated that financial abuse is also a concern, since there are no structures in place to assist officers in managing their money or education on how to maintain a budget.

#### **4.6.2 Sub-theme 2: Avoidance cognitive coping**

Police officers could sometimes deliberately apply avoidance cognitive coping in order to suppress or deny symptoms in effort to protect them from psychological harm caused by the exposure to trauma. The EHW and police officer participants mentioned two different but unique ways in which police members would apply avoidance cognitive coping. The below examples from EHW participants illustrate this:

“... Some of them say that it is just an occurrence that is happening, it doesn't affect them really” (P2)

“... Some of them have grown numb to these things ... they just continue working” (P1)

The minority of EHW participants have indicated that over time police officers, grow numb to the impact of traumatic events and incident exposure. EHW participants believe that police officers have come to terms with the fact that these events are a part of their lives and no longer have an unusual impact, becoming the new 'normal'. Researchers have suggested that the numbing toward a particular stimulus or the avoidance characteristic displayed by an individual is a symptom of PTSD (Godbout & Briere, 2012; Young, 2004).

Police officer participants on the other hand, reported on a similar approach to avoidance cognitive coping. The below citations illustrate this:

“... I don't know how to say, but on my own I was just coping” (P9)

“... I don't even go to the doctor at home to say that I'm stressed or whatever, there's nothing” (P12)

“... Once again, I get, come back to my point of being in the police so long that you learn to cope with that on your own until the day you crack up” (P15)

The majority of police officer participants mentioned that after a traumatic incident or exposure to multiple traumatic events, they would cope on their own without the assistance of others. The participants have termed this mechanism to be 'self-coping'. The participants have indicated that self-coping constitutes summoning of strength, learning to adapt but most importantly, the length of service within the police allows the officer to self-cope. The avoidance coping technique dubbed to be 'self-coping' could in fact be a response to cognitive discord due to experiencing traumatic incidents. (Godbout & Briere, 2012; Young, 2004). Some of the respondents have renounced the use of any doctors or assistance while self-coping, which could make reference to the lack of use of EHW interventions. Findings from Seanego (2012) and Young (2003) reported on the macho police culture that exists within the SAPS, which deters the police officers from seeking professional help.

### 4.6.3 Sub-theme 3: Approach behavioural coping

Participants from the EHW and police officer group reported on approach behavioural coping mechanisms used by police officers, to manage the demands created by stressful and traumatic events. The following approach behavioural coping mechanisms were reported on: support from colleagues, support from family, spiritual relief, seeking private intervention and seeking EHW intervention. The following examples from EHW participants are cited to illustrate this:

“... Informal support, informal trauma debriefing between each other, they don’t necessarily come for formal debriefing” (P6)

“... they speak to their family members to some degree, as they don’t want to offload more than they can take” (P3)

“... There’s the resources, there’s counselling from the EHW side” (P2)

The majority of EHW participants mentioned that support within the police officer clusters and among colleagues is a regular occurrence within the police, with informal trauma debriefing occurring after exposure to trauma and the promotion of a buddy system. This approach could be seen as an alternative to seeking professional assistance; however, it promotes unity and encourages trust among members. Van den Heever (2013) concurs with the informal debriefing approach, which may be therapeutic, as police officers are given the opportunity to have extended social support from those who have been involved on the scene or experienced similar incidents. In contrast, a study conducted by Richter, Lauritz, du Preez, Cassimjee and Ghazinour (2013) refutes this finding, suggesting that avoidance mechanisms such as venting of emotions are not frequently used by police officers, whereby this might be due to a feeling that reality cannot be avoided. The minority of EHW participants reported on police officers receiving support from their family as a means of coping with the trauma. This involves speaking to family at home about the events that have been encountered and offloading some of the burden onto them in order to feel some relief. Ringel and Brandell (2012), dispute the assistance of family in the victim’s ability to cope with trauma, as the trauma overtaxes the family member’s psychological resources, as it is beyond their normal methods of solving a problem. In addition, the minority EHW participants have mentioned that police officers would make use of private interventions in replace of EHW services in order to cope with trauma exposure. It is reported that private assistance allows members to make use of anybody they want. This suggests that members would prefer to use private assistance as they feel more

comfortable with outsiders. Furthermore, one EHW group member indicated that police officers make use of a private doctors for personal benefit, by claiming incapacity.

All EHW group members indicated that police officers make use of EHW interventions when they have been exposed to trauma and are experiencing high levels of stress. The various interventions that are made use of include counselling, trauma debriefing and participation in the proactive programmes that educate the members on stress and trauma. Maabela (2015) supports this finding, by presenting various EHW programmes provided in the SAPS, which consists of three main health professions in ensuring health and wellness, namely psychological, social, and spiritual services.

Police officer participants reported on similar approach behavioural coping mechanisms that are used to cope with the exposure of trauma. The following citations are cited to illustrate this:

“... To be honest with you, I am 13 years in the police now, and most of the time our colleagues will talk about strategies like to who you can go to if you have problems” (P8)

“... the Bible, it calms me down if I feel nothing is working for me, I go to my Bible, and inspiration comes after it” (P9)

“...I feel much better when I do my own ... when I have my own private doctors, my own private psychiatrists and psychologists which I speak to. So, I don't make use of their strategies, or whatever they implement because I feel it makes it worse” (P11)

Half of the police officer participants had reported on internal support from colleagues is common the police, whereby a buddy system is implemented that allows for informal trauma debriefing after a traumatic incident. Furthermore, a large percentage of police officer group members mentioned that they often speak to their immediate family about traumatic incidents once they arrive at home. Research suggests that police officers may view debriefing as talking to family members about traumatic incidents that they have experienced, as family members may be in a better position to place the trauma in the context of the individual's life in comparison to counsellors (Chabalala, 2005; Wessely & Deahl, 2003). This is further supported by Louw and Viviers (2010), who present findings that suggest a low positive relationship between seeking emotional support and family, friends and significant others. Furthermore, the minority of police officer participants reported that in order to cope with stress and trauma within the police environment, they often seek spiritual relief. Spiritual relief in this instance

would be turning to religion, visiting a church or pastor to discuss the problem, and reading the Bible for inspiration.

Alarming, the majority of police officer participants have reported that dealing with trauma within the police, often requires them to make use of external professional assistance and seek private intervention. The participants mentioned that private intervention is preferred due to confidentiality issues within the police. Therefore, members would rather speak to somebody on the outside. Furthermore, it is believed that making use of EHW interventions 'make it worse'. The frequent use of private intervention within the police officer group, leads to the reported vast difference in opinion regarding the use of EHW interventions. Boshoff (2015) reported that police officers do not hesitate to make use of external professionals for support and counselling, so that some are dependent on this external support. Wasserman (2015) indicates that police officers need constant assistance in dealing with problems and their preferences on how they deal with stress and trauma changes as years go on.

Interestingly, only two police officer group members mentioned that they have made use of an EHW intervention. One participant reported on counselling that had taken place after an incident. However, the second participant mentioned that experience of an EHW intervention was in the form of a workshop where the focus ranged from coping strategies, exercise and health and wellbeing. These health education workshops are put in place to increase awareness on factors such as coping strategies, stress and trauma management, burnout and other health and wellness concerns (Maabela, 2015; Tehrani, 2011).

#### **4.7 THEME 4: TRAUMA INTERVENTION**

The following sub-themes will be distinguished in this section, namely awareness, organisational offering, participation, experiences of EHW interventions and recommendations. This theme presents the similar and dissimilar perceptions, by the two groups of participants of trauma intervention strategies offered in the SAPS.

##### **4.7.1 Sub-theme 1: Awareness**

The EHW and police officer groups were somewhat divided in terms of their awareness of the trauma intervention strategies offered. Participants within the police officer group presented their awareness of EHW as a function within the SAPS, but majority do not know all of the interventions that they offer, and how they can benefit. On the contrary, EHW participants

align their offerings based on the need that is identified, and continuously offer services to the officers who need them. The following examples have been cited to illustrate this:

“...For us when we do an intervention, its either because we are asked to conduct an intervention, they saw a need, and when they see a need they always follow it” (P3)

“...Every year, our statistics show that we do an extensive amount of marketing. So people know about us, all the commanders know about us” (P1)

The majority of EHW participants reported that services and interventions are offered and marketed regularly to police officers, with statistics to prove this. EHW participants indicated that the marketing of their services is done well and exceeds trauma counselling, but also includes HIV awareness, health testing, and screening. Imbizos and workshops are rolled out and police officers are invited to attend. Mogorosi (2009) indicates that regular marketing of an offering within a EAP occurs through educational platforms such as workshops. In contrast, one participant within the EHW group indicated that not enough marketing is done within EHW; instead the department concentrates on different things. This participant reported on EHW employees trying to dictate members and want to be more like police officers than concentrating on their own work. This tangled approach by EHW members may have an impact on attendance and participation by police officers.

The police officer participants presented a somewhat contrasting perception of their awareness of the trauma intervention strategies offered. The following examples have been cited to illustrate this:

“... Like for the members itself? Well they should improve this ET, what’s it? EHW” (P11)

“... There’s no interventions, no intervention strategies in place. Um, and once they have that um ... we don’t know about it”; (P15)

“... it’s not offered often enough, the people are there but I think that, I won’t say that not enough is being done because obviously it depends on the members, but as I said the members are also reluctant to make use of the services” (P14)

The minority of police officer participants when describing EHW, could not work out the acronym by which it is identified, which further suggests their limited awareness of the function and what it offers. The majority of police officer participants reported that EHW interventions

are not marketed and offered enough, with some not hearing from them in years. This is further supported by Maabela's (2011) study on 310 police officers in the Mafikeng area, presenting findings of less than half of the participants (48%) indicating that members in the station know about trauma debriefing interventions offered. A minority of participants indicated that the last that they had heard from EHW was during their college days, while others indicated that they have been in the service for a long time, and not had much interaction with them. One member indicated that VISPOL officers are not good enough to know about it due to being on the ground level, while another member mentioned that EHW services are used often when needed at the station. Letsoalo (2016) indicates that an effective programme needs constant marketing at all levels of the organisation, whereby the employees are made aware of the existence of the programme and services. This is further supported by Ramokolo (2004) who puts forward the main goals of marketing in EAPs is to increase individual's knowledge of the EAP and to enhance the use of the programme within the EAP. In merging the perceptions mentioned above, various shortfalls of awareness toward EHW interventions are presented, which might bring forth possible links to a poor marketing strategy.

#### **4.7.2 Sub-theme 2: Organisational offering**

There are clear differences in perception between police officers and EHW participants toward the various trauma intervention strategies that the organisation offers, particularly in its variation and effectiveness. Furthermore, there are various intervention strategies used within the SAPS, however due to a large staff complement within the police officer group, and the insignificant number of EHW members compared to the larger group, interventions cannot be carried out consistently and instantaneously. The below examples have been cited to illustrate EHW participant's perceptions:

“... We've got proactive programmes, we call them EHW proactive programmes. So just to mention a few, we've got programmes that focus on trauma specifically stress and trauma, how to deal with it, how to identify it, where to go for help” (P1)

“... We basically do trauma debriefing; it has to be trauma debriefing. You know all these things they say after a certain amount of hours it's goes to psychological services. But mainly with trauma we do trauma debriefing” (P4)

“... We call it Multiple Stressor Interventions. We talk about stressful situations, how they should cope with stress and there [are] some programmes that the police use for stress deduction” (P5)

All EHW participants indicated that interventions in various forms are constantly offered to police officers who need it. These interventions as reported by EHW participants, consist of various services that the organisation offers which includes EHW proactive programmes, trauma debriefing, which includes on-the-scene debriefing, Multiple Stressor Intervention, one on one counselling services and spiritual services. The proactive programmes that police officers make use of are offered by EHW members and based on the trends and identified needs at the time, in order to ensure that the SAPS members are productive and healthy, especially those exposed to traumatic events. (SAPS Annual Report, 2019). Furthermore, the majority of EHW participants mentioned that the availability of these services is always there and open to make use of. The significance of the attendance statistics was further brought up in discussion by participant 3, by indicating that there is a demand for EHW services, and that the demand for the services is being met.

In contrast, police officer participants reported on very little assistance received from the organisation. The below examples have been cited to illustrate police officer participant's perceptions:

“... To be honest with you, I am 13 years in the police now, and most of the time our colleagues will talk about strategies like to who you can go to if you have problems. In the police you only hear about EHW, you never see EHW” (P8)

“... I was shot in the head and at the back. But why I'm telling you this is, its 11 years ago, EHW, that's you, you know, our social workers in the police, visited me once in 11 years! No-one helped me with nothing, nothing” (P9)

“... I worked in different areas, and worked different operations, uhm you know even gang areas where children have been killed and women have been killed. Not one of those people have been asked for trauma counselling or even the commanders never made enquiries” (P10)

The majority of police officer participants acknowledged the presence of the EHW department, but indicated that they attended gruesome scenes where first-hand trauma experiences had occurred, and EHW intervention was not received. The same officers indicated that they had been the police service for many years and had a handful of encounters with EHW. This is in contrast to EHW participants indicating that the demand for services is being met. The minority

of police officer participants indicated that EHW services such as counselling, spiritual services and wellness are offered. This is in contrast to the majority of police officer participants indicating that interventions are rarely offered and received. Gumani (2012) supports this by indicating that there is a lack of awareness of trauma intervention services offered as reported by police officers.

### **4.7.3 Sub-theme 3: Participation**

Participants from the two groups revealed differences in perception toward the participation of police officers at intervention programmes, while EHW participants reported that participation is good but acknowledged that there are reasons for why police officers do not attend, the police officer participants are aware of the existence of the programmes but mostly do not participate. The following examples from EHW participants are cited:

“... I would say, for me, another indicator would be the stats that we get monthly and that we report on, that would tell you there is a demand and we are meeting that demand” (P3)

“... The demands are high though but they do make use of it” (P2)

“...sometimes they do but mostly I think there is a standing order that compel them, the commanders to send their members” (P5)

The majority of EHW participants reported that police officers do participate in the trauma intervention strategies offered, and quite often as well. Furthermore, a minority of EHW participants indicated that they are reaching their monthly statistics of percentages of the police establishment they have to reach every month. The trauma intervention programmes, being non-compulsory in nature, are also a factor for the majority of EHW participants, as it was reported that police officers do not attend because they do not have to. In addition, a minority of EHW participants indicated that there is also a lack of interest from police officers in attending these programmes. Maabela (2015) reported on one of the reasons for underutilisation of trauma intervention strategies is police officers not seeing the importance of these sessions. Gumani (2012) concurs with the above and indicates that police officers may acknowledge the impact of trauma on their mental health but does not view it to be severe enough to seek EHW intervention. Interestingly, all of the EHW participants reported that police officers who require trauma intervention go through a referral process, whereas participants indicated that commanders have to refer the police officers for trauma intervention. Lastly, the majority of EHW participants reported that staff shortages within the unit have an

impact on the participation at trauma interventions. Gumani (2012) reported on staff shortages of EHW members within the SAPS contribute to insufficient psychosocial services offered to police officers. Participants reported on being a staff complement of 60 – 70, which has to cover a large number of stations, whereby members feel that there is more that can be done but there are not enough personnel to achieve this.

Police officer participants revealed a difference in perception toward their participation at intervention programmes. The following examples from police officer participants are cited:

“... The police officers are aware of the service, but they will only make use of it if it's been offered, if he's been told about it, if he's been made aware of it” (P14)

“... I never went to EHW, the other people go there for their personal things”; (P12)

“...I was brought up: men don't cry, so you must fight your battles” (P9)

The majority of police officer participants indicated that they do not attend intervention programmes. A minority of these participants mentioned that their peers very seldom make use of the trauma intervention programmes offered as well. The minority of police officer participants further indicated that those who do make use of the trauma intervention strategies, make use of them for personal reasons rather than for psychological support. The personal circumstances that police officers face could be a major stressor in how they experience trauma (Young et al., 2012). These personal reasons can include getting away from disciplinary issues, transfers and for rehabilitation to get out of work. In addition, a minority of police officer participants reported on a stereotype in the police that contributes to their decision to not participate in trauma interventions. This masculine stereotype refers to police officers being strong enough to handle the stress and trauma, whereby they reported on the saying of 'men don't cry' or 'cowboys don't cry'. Research suggests that police officers fear of being perceived as weak or fragile serves as the primary obstacle in participating or volunteering for debriefing sessions (Kusel, 2016; Taillac, Hammond, & Miller, 2015). Boshoff et al. (2015) report that police officers will rather cover-up their true feelings by being emotionless and project having control over their feelings, while harbouring insecurity.

#### 4.7.4 Sub-theme 4: Experiences

The experiences of trauma intervention programmes offered within the SAPS are highly subjective to the two groups. Where there are similar perceptions held by both EHW and police officer participants with regards to police officer's beliefs and feelings of the interventions, there seems to be moderate differences in perception toward the effectiveness of trauma intervention strategies. The following examples of EHW participants are cited to illustrate this:

“... Ja it does work, it does work, I think the feedback we get cause we do our exit interviews after we've closed a file and its positive” (P6)

“... To my knowledge it does assist. Um, its opportunities for members to be helped and to get help” (P2)

“...I think stigma is also a big thing, that ties into it. You know, these guys feel like if you go EHW or go see one of the psychologists people may think that there is something wrong with you and somewhere a belief was started which is incorrect “if you go to EHW it effects your chances of promotion””; (P1)

The majority of EHW participants perceive trauma interventions offered to police officers to be reasonably effective. According to EHW participants, the programme has a positive impact on police officers and this is demonstrated by the feedback that they receive after trauma counselling. These participants reported on police officials coming back to programmes, having re-referrals and personal communication with these officers when they see them. The minority of EHW participants reported on the significance of these programmes is to help police officers deal with trauma and that things would be much worse if these programmes were not in place. Chabalala (2005) reported on findings of trauma debriefing in the SAPS, which suggested that trauma debriefing is effective and positive to the police officers. This is supported by findings from Maabela (2011) in the North West, and van den Heever (2013) in Gauteng, presenting positive experiences of trauma intervention programmes offered in the SAPS. Furthermore, the minority of EHW participants indicated that not all police officers who attend interventions are there for its purpose. According to these participants, police officers would attend sessions if they can benefit from it, which is a common reason is for transfers out of the province to other stations. Furthermore, the minority of EHW participants indicated that the programmes offered to police officers are not as effective as they should be. According to them, not enough is done to assist police officers who need trauma intervention and in this instance it is not really helping. One EHW participant reported on the trauma interventions

offered by EHW to be “a drop in the ocean”. On the contrary, Rose (2005) reported that there is a lack of evidence that in fact suggests psychological debriefing to be useful in preventing PTSD after exposure to traumatic events, and that compulsory intervention is not necessary. The minority of EHW participants reported on a stigma being attached to police officers who attend trauma intervention programmes. This can be viewed as participants stating that ‘people may think that there is something wrong with you’ (P1) and ‘for them it’s being a coward’ (P7). Findings from a study conducted by Mokgobu (2010) in the Limpopo province, reported on a reluctance by police officers who have been traumatised to make use of counselling services, due to the stigma that is attached to making use of EHW services. Furthermore, the minority of EHW participants indicated that some police officers are fearful of attending a counselling session. It is believed to be stimulated by the police officer’s perceived chances of promotion being negatively affected. This fear of attending counselling sessions also links to its confidentiality. One EHW participant reflected on an experience, where the client in a counselling session was hesitant to open up due to not being sure how confidential the sessions could be. Even though only supported by one EHW group member, it is significant as it sheds light on the perception of the majority of police officer group members of trauma counselling sessions to lack confidentiality and highlights a degree of anxiousness in the process. Maabela (2015) postulates that the matter of confidentiality is emphasised by counsellors before and during trauma debriefing sessions with all participants.

Police officer participants shared moderate differences in perception toward the effectiveness of trauma intervention strategies. The following examples of police officer participants are cited to illustrate this:

“... You speak to them today, half an hour the whole office knows about it, everybody knows you’ve got a problem” (P15)

“... They are going to settle to find you unfit to work outside, or be a police official, stuff like that. That is why people is scared to get involved with EHW, we would rather cope with it, with yourself and go to their doctor, a private doctor” (P8)

“... I just feel they make it worse instead of helping the person properly” (P11)

“... One was very bad for me, because they came to the parade and asked us in the parade, when we are all here starting the shift” (P12)

The majority of police officer participants perceived trauma interventions offered as not being particularly effective. According to these participants, the programmes that members go through make the situation worse rather than assisting the member, since no structure or guidance is provided. According to Maabela (2011), there is no evidence that trauma debriefing works, and in some cases makes people worse as it does not prevent psychological disorders. The same police officer participants also reported on not knowing how to contact EHW as they do not see them around often or offering assistance. In addition, the minority of police officer participants indicated that EHW members do not know how to do their job properly, which contributed to their negative experiences. In contrast, two police officer participants reported that EHW interventions have assisted their members in the past. However, due to the position that these two police officer participants hold, this could have allowed them to witness a positive EHW intervention out of many, as a large group of police officers report to them directly. The majority of police officer participants who had gone through an intervention programme, indicated that no follow-ups occurred post attendance. These participants reported that there is no contact with EHW members after attendance of the programme, which further contributes to their negative experience. Findings from Gumani (2012) in the Limpopo province reported on police officers finding trauma debriefing to be a waste of time. In addition, the minority of police officer participants reported on trauma interventions to being an impersonal experience. This is expressed through no guidelines being given to members or no constant interaction. Further to this, it is reported that EHW employees have police ranks which give the experience of speaking to a police officer rather than a counsellor. Kotler and Armstrong (2014) make reference to the police culture and the negative perception of EHW within the SAPS, whereby a correlation presents itself in which could be the determining factor of low participation and negative experiences with trauma intervention.

Conversely, although the responses from participants indicated a modest difference in perception toward the effectiveness of intervention strategies, EHW and police officer participants reported on similar adverse factors of stigma, confidentiality and fear in their experience with trauma intervention strategies. These factors are further addressed by police officer participants. The minority of police officer participants indicated that there is a stigma attached to attending a trauma intervention offered by EHW, as colleagues around them will get the impression that “something is wrong” (P8), or “he is mad” (P10). Letsoalo (2016) suggests that an employee who truly feels comfortable to ask for help without the fear of stigmatisation, reflects an employee that feels cared for as a person. Trauma debriefing is

considered to be a major obstacle within the SAPS, as the fear of being identified and the issue of stigmatisation prevents many police officers from seeking help and support (Gumani, 2012; van Wyk, 2011). In addition, police officers are fearful to attend intervention programmes in the SAPS. The minority of police officer participants reported that they would not take the chance of being associated with EHW, as it is too easy to be found unfit to carry a firearm and to continue working outside. Furthermore, the issue of confidentiality seems to be a concern when attending trauma counselling. The minority of police officer participants reported that they feel uncomfortable when attending trauma counselling sessions within the SAPS as there is a lack of confidentiality, so that confiding in an EHW member poses a risk of other colleagues being aware of their situation. Research suggests that with confidentiality being the pillar of managing a salutary debriefing session, police officers require a great deal of trauma for them to seek assistance, but it takes very little to discourage them from seeking help (Kirschman, Kamena, & Fay, 2014).

#### **4.7.5 Sub-theme 5: Recommendations**

Based on experiences, participants presented various recommendations that could be implemented in order to improve the service offering of EHW and to assist police officers managing stress and trauma. While EHW recommendations focused on a structured approach in enhancing programmes and policy, police officer recommendations focused on the immediate aid of traumatised officers. The following examples are cited to illustrate this:

“... One of the things that I would recommend is that the SAPS in itself is not fully aligned to the DPSA framework” (P1)

“... Through the college we could have some better intervention in the college part of coming into the police” (P6)

“... Most of the police members when they are stressed, they don't want to see the police members in uniform. For them, work-related stress stems from the workplace, and if you come to them with uniform on, they see you as part of the management who is giving them the stress” (P5)

EHW recommendations put forward alluded to policy and structural alterations of trauma intervention programmes. One EHW participant indicated that EHW is currently not fully aligned to the DPSA National Instruction 3/2003 EAP. The participant reported on the SAPS not being fully compliant and lacking a “medical stream” of specialists and doctors. Baruch, Vishnevsky and Kalman (2015) presented findings of 240 patients' experiences with receiving

split-care treatment from providers who communicated with each other, like a psychologist, social worker, nurse, pastor. The results indicated that 61.3% reported on increased satisfaction with a split-care arrangement in comparison to one therapist. Furthermore, the minority of EHW participants indicated that compulsory attendance should be implemented when referred for trauma counselling. According to the National Instruction 18/1998 of the SAPS, it is compulsory that every police officer who is exposed to a traumatic incident while on duty, should be debriefed. Furthermore, Jenkins (1996), reported on the attendance of critical incident stress debriefing to contribute to a decrease in symptoms of depression and anxiety. These sessions should be then backed with at least three of four follow-up sessions until the counsellor is happy with the improvement of the member. The minority of EHW participants indicated that intervention programmes should be implemented in police colleges as well. This will ensure that members become comfortable with speaking to others about their problems, and also through life skills programmes will equip the member to handle all the responsibilities that come with being a police officer, which is currently not being taught. According to Maabela (2015), there is a need for life skills programmes to be presented and taught in police colleges, which should take place before officers are deployed and are exposed to work-related trauma. Soraya (2013) presents findings which indicate that police officers take on more responsibility while at college before being exposed to the real policing environment, which suggest that there is an opportunity for life skills programmes to be taught while officers are still focused and take their training taken seriously. In addition, one EHW participant indicated that police ranks should be removed from EHW employees. The participant reported on police officers becoming more stressed if they have to confide in an EHW member who is in uniform. As reported earlier, police officers are fearful of attending interventions and opening up about their traumatic experiences, and having an EHW member who has a rank, the police officers might perceive the EHW member to be part of management.

Police officer participants provided recommendations that focused on the immediate aid of traumatised officers. The following examples of police officer participants are cited to illustrate this:

“... In the stations we are supposed to have like in the trauma room, at least there’s supposed to be one person like a counsellor or that EHW person”  
(P12)

“... [I] personally feel that the police itself must have a ... I won't say a hospital, like a facility where police officials can go to, like clinics, but it must be a SAPS clinic” (P10)

“... Those people are also policeman, they have police ranks and working in the same environment, someone would come and say he is Captain so and so ... he won't come as a social worker, that he introduces ... the perception the guys get of this person is that he is in the same environment, although his practice is different” (P14)

The minority of police officer participants indicated that on-site presence of EHW employees is lacking, which should be a requirement at each station when urgent intervention is needed. The participants further reported on a lack of presence especially in trauma rooms for private assistance, but this could be improved if visits from EHW could be implemented at stations at least once or twice a month. This could lead to general perceptions toward intervention programmes being looked at in a more positive light and could improve participation at the interventions through marketing. Ramokolo (2004) indicate the goals of marketing intervention programmes are to increase knowledge and to increase familiarity, comfort and acceptance of the programme on offer. In addition, the minority of police officer participants put forward the recommendation of SAPS building private healthcare facilities to assist its members, which would have on-site trauma intervention and therapy. This facility would allow the isolation of officers who have experienced traumatic incidents and can have special treatment.

Furthermore, one police officer participant presented similar responses regarding the structure within EHW, by indicating that they propose a removal of police ranks from EHW officials. The above represents a connection between the police officer and EHW function, so that with the ranking system implemented throughout the whole organisation, roles are often blurred. The correlation between the current police culture and police officer's perception of EHW, could be the determining factor of low participation and negative experiences with trauma intervention (Kotler & Armstrong, 2014).

#### **4.8 CONCLUSION**

This chapter highlighted the differences in perception toward stress and trauma intervention strategies offered in the SAPS, whereby the findings of the study were reported to be relative to the methodology utilised, and the literature reviewed. Through thematic analysis, the central themes of trauma, response to trauma, coping and trauma intervention were identified, and illustrative quotations presented from the various participants in the study. Individual responses

were also emphasised, in order to portray the participants isolated significant experiences, for each theme identified. The results of the study are further discussed in the following chapter, as well as the implications, limitations, recommendations and lastly, conclusion of the study.



## **CHAPTER 5**

### **DISCUSSION, RECOMMENDATIONS AND CONCLUSION**

#### **5.1 INTRODUCTION**

The present study provides an overview of the current state of trauma intervention strategies offered in the SAPS, and the extent to which they assist police officers to minimise their experiences of stress and trauma. This chapter aims to conclude the research study by presenting the discussion of the findings in terms of the research aims and objectives, by highlighting the various themes that have ascended. Furthermore, the implications and limitations of the study are presented, followed by the recommendations, and finally the concluding statement.

#### **5.2 DISCUSSION OF FINDINGS**

The present study addresses the need for the continuous development and enhancement of psychological service offerings for employees in the South African public services, more specifically, the SAPS. Although the need for trauma intervention strategies and counselling services is imperative within the policing environment, a clear disconnect is present between the client and the counsellor. This disconnect is presented in differences in perception between EHW staff and police officers, specifically toward stress and trauma intervention strategies offered in the SAPS. Although the findings present contrasting views of the current trauma intervention programme, the perception of trauma, police officers' response to trauma and how they cope, are presented to be somewhat similar. The difference in perception toward the trauma intervention strategies offered, highlights a significant factor of the organisations EAP offering to be addressed. A summary of the findings presents a conclusion to the study, with the various themes highlighted, namely trauma, the response to trauma, coping and trauma intervention.

Police officers at various stations within the SAPS in the Western Cape are exposed to numerous traumatic incidents within in their work situation, which seems to differ in terms of intensity and frequency. The results indicate that EHW and police officers perceive the working environment to be abnormal and dangerous, because the police officers are often exposed to traumatic incidents and dangerous events while on duty. Furthermore, operational and organisational stressors contribute significantly to the police officers' experience of trauma. Although both groups have a similar perception of the police environment, the EHW group

placed emphasis on the ambivalence and hostility of this environment as a major contributor to trauma. The police officer group, by contrast, placed greater emphasis on the large workload and pressure that they experience in conjunction to regular exposure to gruesome scenes, as major causes of trauma. It appears that the abnormal environment is accepted as normality, and police officers are more concerned with the administrative requirements of the job being overwhelming. These administratively intense tasks, coupled with the constant exposure to traumatic events, the intensity of the environment, group dynamics and pressure from superiors, reinforces the officers' experience of trauma. In addition, a difference in perception of first-hand experiences is presented between EHW and police officers, whereby near-death experiences and witnessing others get shot is noted by police officers to be a major cause of trauma, whereas EHW suggests that an array of life threatening and dangerous events contribute to the police officers overall experience of trauma. This might be attributed to a lack of understanding from EHW toward what the police officer views as the most distressing events, in which counselling is needed. Traumatic incidents are also experienced through violent attacks on police officers, which both groups suggest happens while on duty.

The results indicate that these traumatic incidents and stressors experienced by police officers while on duty are sometimes so severe, that it provokes various responses, which are displayed by the police officer. Aggressive behaviour, which is often physical in nature, is found to be a common traumatic response by both participant groups, which could be directed at colleagues or significant others at home. A difference in perception toward suicide ideation is presented in the study, where EHW does not perceive this to be a common physical response. In contrast, police officers perceive suicide within the SAPS to be a big concern, since being exposed to multiple traumatic incidents could lead to re-traumatisation, and ultimately the police officer taking his or her own life. Furthermore, the results of the study further highlighted PTSD and depression to be the consequences of re-traumatisation, which results in police officers reliving the traumatic incident, and enhanced emotional instability.

The results of the study further presented various coping strategies used by police officers in order to deal with trauma. EHW and police officer participant groups shared similar perceptions toward the avoidance behavioural and cognitive coping strategies used by police officers. Abuse of alcohol, over-the-counter and illegal substances are used as an alternative to counselling. Absenteeism is prevalent when under stress, as police officers would exhaust all leave available to them in order to stay away from work. Humour in the form of making jokes amongst each other to lighten the mood after experiencing a traumatic incident is a strategy

used by police officers to escape reality. This allows police officers to bond as a group after experiencing the same or similar traumatic incident and is viewed by some as a replacement to attending a counselling session. Furthermore, constant denial toward the significance of traumatic incidents allows the police officers to grow numb to its impact, and developed a 'self-coping' technique in order to alleviate the need for professional assistance. Similar perceptions toward approach behavioural coping strategies are present for the most part in the study. EHW and police officers both indicated that the buddy system used within the SAPS is important after exposure to traumatic incidents, however this approach could be seen as an alternative to seeking professional assistance. Both groups also reported on the immediate family being consulted once they arrive at home from a traumatic event, which could allow some of the burden to be offloaded onto the family, and an instance of relief to be experienced. The use of EHW interventions as an approach behavioural coping mechanism, highlighted a vast difference in perception toward stress and trauma intervention strategies in the SAPS. The results of the study indicate that all EHW participants reported on police officers making use of EHW interventions when exposed to traumatic incidents and/or high levels of stress. In contrast, only two (25%) police officer participants reported on their willingness to make use of EHW interventions if they experience a traumatic incident. The majority of police officer participants (75%) reported on their preference in making use of external professional services when exposed to trauma. The use of private intervention is preferred, as police officers are of the opinion that EHW interventions lack confidentiality and exacerbate the traumatic experience.

A poor marketing strategy toward EHW service offerings is presented in the study, as police officer participants present minimal awareness of stress and trauma interventions that can be made use of, in comparison to EHW participants who perceive their department's intervention offering to be marketed very well. A difference in perception toward the availability of trauma intervention services is also present, as all EHW participants reported on interventions being constantly offered to police officers who need them, whereby police officer participants acknowledged its presence, but reported on it not being offered. The attendance of police officers at the offered intervention services is reported to be quite well by EHW participants, with those who do not attend being reported as having a lack of interest. Interestingly, all EHW participants reported on a referral process initiated by commanders, in which police officers have to go through before making use of EHW services. This could mean many police officers require trauma counselling, but they are not referred to receive the assistance in time or at all.

This not only impacts participation in these programmes, but police officers are therefore also being put back on duty with untreated traumatic indicators. In addition, the reported staff shortages among EHW personnel are presented as somewhat of a vindication of police officers not participating in trauma interventions. Due to a large staff complement within the police officer group, and the insignificant number of EHW staff members compared to the larger group, interventions cannot be carried out consistently and instantaneously. Police officers in contrast, seldom attend these intervention programmes offered by EHW, but may make use of them for personal gain such as transfers, getting away from disciplinary issues and to get away from work.

Similar perceptions are held by both EHW and police officer participants toward various distressing factors that are entwined within the interventions offered. However, significant differences in perception toward the effectiveness of the trauma intervention strategies are presented. The stigma attached with attending trauma programmes, the “macho image” embedded in the police culture, the fear of one’s chances of promotion being affected, and the lack of confidentiality that adds to police officer’s anxiousness in the process are all reported to be consequences of attending a trauma intervention programme. These concerning aspects that are reported on by both EHW and police officer participants, present certain psychological cost factors taken into account, which in turn impacts police officer participation in these interventions. Although the above factors are known by both groups, the majority of EHW participants reported trauma intervention strategies to be reasonably effective and having a positive impact on police officers’ psychological wellbeing. They also find comfort in the fact that if the programmes were not in place, things would be much worse. Interestingly, some of the EHW participants believe that the current programmes offered are not as effective as they should be, and more should be done to assist. This is in alignment with majority of police officers who perceived trauma interventions within the SAPS as not being particularly effective. Police officers reported on not knowing how to contact the right people for assistance, and the belief that EHW staff members do not know how to do their job properly. Police officers who have attended EHW programmes reported on it being a very impersonal experience with no guidelines being given, and no follow-ups being conducted post attendance. Various recommendations are presented by EHW and police officers, as concern toward the improvement of these interventions are presented by both groups. EHW presented recommendations to enhancing the current programmes such as the implementation of a medical stream, compulsory attendance to trauma counselling, and life skills programmes to

be taught in police colleges. The police officer participants provided recommendations that focused on the immediate aid of traumatised officers such as EHW personnel being present at each station, and the erection of SAPS private healthcare facilities. EHW and police officers agreed that the removal of police ranks from EHW personnel could ‘disconnect’ the two functions, and provide clear defining roles between the two groups, which in turn could alter perception and increase participation.

### **5.3 IMPLICATIONS OF THE STUDY**

The availability of a dependable EAP within a policing organisation is seen to play a significant role in ensuring the psychological wellbeing of its employees. This study attempted to explore the differences in perceptions and experience of two categories of SAPS employees, namely VISPOL police officers and EHW staff members, on trauma intervention strategies that are offered. It was found that police officers and EHW staff have a similar perception on how trauma is caused within the SAPS, the responses to trauma and the various coping mechanisms employed by police officers. However, significant differences in perception and experiences were found toward trauma interventions offered within the SAPS. The findings of the study present useful information that could be valued by various stakeholders.

This study could contribute toward policy and structural amendments of the EAP framework within the SAPS, as it highlighted significant factors of the current state of its trauma intervention offering. The findings could also present useful information to governmental and institutional stakeholders, as it presented an innovative gaze into the perceptions of two of the primary participants within the SAPS trauma intervention initiatives. Policy makers and various role players could find value in the findings of this study, especially toward commander referral processes before debriefing within the SAPS, and the absence of a compulsory trauma counselling programme. Policies may have to be altered to ensure the compulsory attendance of police officers after a traumatic incident, and after the first session, a few compulsory sessions to follow. It also places emphasis on the lack of EHW personnel, and the hierarchal system extending from police officers into the EHW department as negative experiences. The present study further highlights the importance of researching intervention strategies implemented to manage work-related trauma and stress in one of the most dangerous areas in the world. The findings of this study could also contribute to the body of knowledge within the South African context, furthermore, to future EAP developments within the public sector.

#### 5.4 LIMITATIONS OF THE STUDY

This section presents various limitations of the study during its completion. The commencement of the study within the SAPS relied on approval to be obtained from the Provincial Commissioner of the Western Cape before various sectors could be approached. The researcher had to approach the office of the Head of Research, who further sourced approval from the officer of the Provincial Commissioner with a letter of approval. The process was found to be time consuming, and lasted for several months. The availability of participants found to be another limitation to the study, as police officers were out on patrol away from their station or busy tending to reports. EHW staff members also were on call or had to attend counselling sessions. This resulted in the researcher having to schedule multiple sessions as postponement of interviews had taken place, due to limited members on duty.

The researcher found that many police officers were hesitant to participate in the study. Police officers who were approached to participate, declined due to the belief that the researcher was part of EHW and the study would lack confidentiality. Police officers also declined due to the belief that information said could be used against them. Another limitation was the length of the interview stated by the researcher before each interview commenced, and also provided on the information sheet given to participants. The information sheet stated that the interview should be no longer than 40 minutes, which could have suggested to the participant a short interview. The researcher is of the opinion that maybe some more encouragement could have taken place for participants to reveal more information during data collection.

The inclusion of African male participants was lacking within the study: even though all other demographics were included, this particular demographic makes up a large percentage of the police force. In addition, lower ranks have not been adequately represented in this study. The research sample consisted of only one constable, with the rest of the police officer sample group having the ranks of sergeant and higher. The lack of younger, lower-ranking police officers could be an area of criticism in the study, as differences in perception toward trauma intervention may have presented itself. The interview being conducted in English may have presented a challenge to participants with a different mother tongue or with lower language literacy levels. Participants may have been hindered from expressing themselves clearly and freely in the process, which could have impacted the data collection process. Police members working in high-risk units such as Special Task Force, Detectives or NIUs who are constantly exposed to gruesome scenes and traumatic incidents were not taken into account, which could

have influenced the data analysis process and findings of the study. Lastly, the findings of this study have to be generalised to other areas with caution, as this study is focused within one area of the Western Cape, which presents skewed crime statistics compared to the rest of the country.

## **5.5 RECOMMENDATIONS**

This section will discuss research recommendations for future studies, and possible recommendations to be implemented within the SAPS, based on the findings of the present study.

### **5.5.1 Research recommendations**

Future researchers conducting studies within the SAPS should be cognisant of the lengthy approval process that the research proposal goes through before data collection can take place. Allowing three to four months for the process to run its course, could allow for a more accurate timeline of completion to be followed by the researcher. The availability of participants was noted as a limitation to the study, in the form of being out on patrols as well as being hesitant to participate. Through meetings with station commanders or shift commanders, future researchers could allow for questions to be asked, and any uncertainties to be addressed, as the study could be explained in greater detail in person. Within these meetings, commanders could nominate possible participants for the study. Consent from nominated participants to take part in the research after discussion with their commanders, could establish a commitment to make themselves available, and greater trust put in the researcher.

An additional recommendation for future research is to allow for sufficient time for the interview to be conducted. An interview time limit longer than 40 minutes should be agreed upon to eliminate the expectation of a short interview, and secondly, to prevent participants from rushing to get their point across. Police officers may go into great detail when responding to questions, which provides rich information that could be of value to the researcher. Participants may also use the interview to offload experiences that have been on their minds for a long time, therefore based on the number of questions, a longer interview time is needed. Future research should also take the various ranks of police officers into account when determining the research sample. A sample from various levels of the hierarchy within the SAPS, may present alternate experiences and perceptions, and could result in diverse findings.

The present study identified differences in perception of stress and trauma interventions between VISPOL members and EHW. However, future research could tap into the experiences and perceptions of members within high-risk units in the SAPS who are exposed to traumatic incidents more often. These members may provide insightful information that was not found in the present study, and the future research may discover diverse findings. Further studies should ensure a more extended research sample, especially the inclusion of African male participants. The present study had a diverse research sample, but the said demographic was unintentionally omitted. Research regarding SAPS intervention strategies is limited, more so the measuring of its effectiveness on police officers. Additional research is needed to tap into police officers' perceptions on the programmes offered at a national level. A quantitative study could provide more insight into police officers' experiences at different levels of the organisation, and at different ranks. This would then lead to the researcher recommending a longitudinal study to take place, whereby police officers at various ranks and sections of the SAPS could participate, which would carry more weight toward a change in policy or altering current programmes.

### **5.5.2 Recommendations for the SAPS**

The findings of the study present a clear outlook of the police officers' work and the frequent exposure to traumatic incidents while on duty. Due to the nature of the environment, unique needs are identified, which present themselves in the form of recommendations that could help clinicians and policymakers affiliated to the SAPS organisation to develop its interventions. The recommendations are outlined below.

It is necessary for policymakers and executive authority within the SAPS to fully align with the DPSA National Instruction 3/2003: EAP. The National Instruction 18/1998 of the SAPS, indicates that it is compulsory that every police officer who is exposed to a traumatic incident while on duty, should receive debriefing. This alignment should include a medical team of doctors and specialists on request for the employees to support EHW. Furthermore, the absence of this alignment demonstrates a lack of compliance within the SAPS. This recommendation can be taken further, to the development of psychosocial therapeutic programmes within the SAPS, which could align to a medical team consisting of various specialists and overseen by EHW. This recommendation is in line with Boshoff (2015), who suggests that psychosocial therapeutic programmes could assist police officers who are exposed to trauma while on duty. The analysis presents the finding that police officers are frequently exposed to trauma, but less

likely to participate in debriefing. It is necessary for the SAPS to develop structured, compulsory trauma intervention programmes. These programmes should ensure compulsory initial debriefing after exposure to trauma, as well as three or four follow-up trauma counselling sessions to monitor the police officers' progress. This recommendation is in line with Kusel (2016) who reports on critical incident stress debriefing to contribute to a decrease in symptoms of depression and anxiety. It is also recommended that the existence of ranks assigned to EHW personnel be removed, as police officers may perceive them as being part of management, or less likely to confide in a counsellor who is wearing a uniform. The removal of ranks within EHW is a necessary part of ensuring a confidential, comfortable and open experience when attending trauma intervention programmes.

An additional recommendation is that life skills programmes and lessons be brought back into police colleges curriculum. This is in alignment with Soraya (2013) who indicates that police officers are more responsible while at college before being exposed to the real policing environment, which suggests that life skills programmes could be taught while officers are still engaged and eager to learn. The implementation of this programme could ensure police officers become comfortable with speaking with others, and equip the member to handle all the responsibilities that come with being a police officer. The analysis presented the finding that the majority of police officers experience inter-team conflict in the workplace. Therefore, the recommendation of bi-annual team building activities is put forward, for stress reduction and to boost team morale. According to McDevitt and Jones (2013), team building activities could create a work environment that is participative and positive, which in turn could reduce conflict and obscurity amongst employees. Especially within the SAPS, tension reducing team building activities could give its employees something to look forward to. An additional recommendation is for an EHW member to be deployed at each station, in the event of emergency debriefing being needed. Findings from the analysis indicate that each police station should have one EHW member present, to be situated in trauma rooms; however, there is no presence of EHW at stations. According to Dipela (2016), the employment of EHW practitioners at police stations could assist police officers who are working far from EHW offices. Rajin (2012) is in support of this, as police officer's problems can be identified, and assistance offered immediately if an EHW member is on site. Some EHW presence is better than none at all, whereby the general perception toward programmes could be looked at in a more positive light if at least one EHW member is assigned to a station. This recommendation could further improve the participation of police officers at EHW interventions through

marketing. Lastly, the researcher recommends an extensive marketing programme led by EHW, to ensure that police officers understand the services on offer, how they could be assisted, and the support offered when they are exposed to traumatic events. This programme should include the station visits, meeting with station commanders, email and telephonic communication, and attendance at scenes where traumatic incidents have occurred. This programme should run consistently throughout the year. According to Thaba (2018) through outreach programmes and marketing of EAP services, employees, supervisors, management and the family of the employees can be made aware of the availability and benefits of the intervention programmes offered.

## **5.6 CONCLUSION**

The purpose of the study was to discover the differences in perception of stress and trauma interventions in the SAPS. The recurring themes that presented themselves, indicated that EHW staff members and police officers perceive stress and trauma interventions to be made up of the following components: trauma, response to trauma, coping and trauma intervention. These components gave rise to similarities as to how EHW and police officers perceive trauma, the different responses to trauma, and various coping mechanism used by police officers. However, police officers' past experiences, the awareness of interventions and organisation offerings presented a negative perception toward participating in trauma intervention strategies offered in the SAPS.

It became evident that majority of police officers do not make use of the trauma intervention programmes offered in the SAPS, even though they are aware they may be needed. Some participants within EHW agree with the interventions offered not being enough, but were cautious to report on it not being effective. The findings confirmed that there are clear differences in perception between EHW and police on stress and trauma intervention strategies offered in the SAPS. Furthermore, the impact of this disparity could negatively impact trauma recovery of police officers.

## REFERENCE LIST

- ACJR (2019). *Visible policing – clarifying concepts and expectations* (ACJR Factsheet No. 14). Retrieved from <https://acjr.org.za/resource-centre/fact-sheet-14-vispol.pdf/view>
- Adams, E. (2016). *The influence of selected demographic variables on the experience of stress among first year students at a selected university in the Western Cape* (Master's thesis, University of the Western Cape, Bellville, South Africa). Retrieved from <http://etd.uwc.ac.za/xmlui/handle/11394/5261>
- Aitken, A. & Crawford, L. (2007). Coping with stress: dispositional coping strategies of project managers. *International Journal of Project Management*, 25, 666-673.
- Alexander, D. A., Walker, L. G., Innes, G., & Irving, B. L. (1993). *Police stress at work*. London: Police Foundation.
- Allwood, C. M. (2011). The distinction between qualitative and quantitative research methods is problematic. *Quality & Quantity*, 46, 1417 – 1429. doi: 10.1007/s11135-011-9455-8
- Anonymous (2019, September 4). Disruption at UWC residences as students confront suspected rapists. *IOL*. Retrieved from <https://www.iol.co.za/news/south-africa/western-cape/disruption-at-uwc-residences-as-students-confront-suspected-rapists-31806271>
- Anshel, M. H. (2000). A conceptual model and implications for coping with stressful events in police work. *Criminal Justice Behaviour*, 27(3), 375 – 400.
- Antonovsky, A. (1979). *Health, stress and coping*. San Francisco, CA: Jossey-Bass.
- Atwoli, L. (2015). *Trauma and posttraumatic stress disorder in South Africa* (Doctoral thesis, University of Cape Town, Cape Town, South Africa). Retrieved from <https://open.uct.ac.za/handle/11427/15255>
- Baloyi, M. L. & Lubinga, E. N. (2017). After Izimbizo, what next? A participatory development communication approach to analysing feedback by the Limpopo Provincial Government to its citizens. *The Journal for Transdisciplinary Research in Southern Africa*, 13(1), a402.
- Baruch, R. L., Vishnevsky, B., & Kalman, T. (2015). Split-care patients and their caregivers: How collaborative is collaborative care? *Journal of Nervous and Mental Disease*, 203(6), 412–417.

- Beehr, T. A., Johnson, L. B., & Nieva, R. (1995). Occupational stress: coping of police and their spouses. *Journal of Organisational Behaviour*, 16(3), 3 – 25.
- Bless, C., & Higson-Smith, C. (1995). *Fundamentals of social research methods: An African perspective* (2nd ed.). Cape Town: Juta.
- Boshoff, P.J. (2015). *Trauma in the South African Police Service: A psychosocial therapeutic program* (Doctoral thesis, North-West University, Potchefstroom, South Africa). Retrieved from <https://repository.nwu.ac.za/handle/10394/18750>
- Boshoff, P.J., Strydom, H., & Botha, K. (2015). *An assessment of the need of police officials for trauma intervention programmes – a qualitative approach*. Potchefstroom: North-West University.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2)77 – 101.
- Briere, J. & Scott, C. (2012). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage.
- Brown, J. M., & Campbell, E. A. (1990). Sources of occupational stress in the police. *Work & Stress*, 4, 305 – 318.
- Bruce, D. (2015). Summary and analysis of the report of the Marikana commission of inquiry. Retrieved from <https://www.casac.org.za/wp-content/uploads/2015/02/Summary-and-Analysis-of-the-Report-of-the-Marikana-Commission-of-Inquiry.pdf>
- Bryman, A. & Bell, E. (2011). *Research methodology: Business and management contexts*. Cape Town: Oxford University Press\.
- Burke, R.J. (1994). Stressful events, work-family conflict, coping, psychological burnout, and well-being among police officers. *Psychological Reports*, 75,787-800.
- Callan, V. J. (1993). Individual and organizational strategies for coping with organizational change. *Work & Stress*, 7, 63 – 75.
- Can, S. H., & Hendy, H. M. (2014). Police stressors, negative outcomes associated with them and coping mechanisms that may reduce these associations. *Police Journal*, 87(3), 167 – 177.

- Cape Town is now among the 10 most violent cities in the world. (2017, January 26). Retrieved from <https://businesstech.co.za/news/general/110133/cape-town-is-now-among-the-10-most-violent-cities-in-the-world/>
- Cape Town now ranks as the 8th most violent city in the world. (2020, June 11). Retrieved from <https://businesstech.co.za/news/lifestyle/407087/cape-town-now-ranks-as-the-8th-most-violent-city-in-the-world/>
- Caplan, G. (1964). *Principles of preventative psychiatry*. New York, NY: Basic Books.
- Carlier, I., Lamberts, R., Van Uchelen, A., & Gersons, B. (1998). Disaster-related post-traumatic stress in police officers: A field study of the impact of debriefing. *Journal of Stress Medicine, 14*, 143 – 148.
- Carmichael, C. (2017). Countries with the highest crime rates. Retrieved from <https://gazettereview.com/2016/06/countries-highest-crime-rates/>
- Cartwright, S., & Cooper, C. L. (1997). *Managing workplace stress*. Sage Publications, Inc. <https://www.doi.org/10.4135/9781452233772>
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267 – 283. doi: 10.1037/0022-3514.56.2.267
- Chabalala, T.G. (2005). *The experiences and perceptions of police members regarding the effectiveness of trauma debriefing within the South African Police Service*. (Master's thesis, University of Pretoria, Pretoria, South Africa). Retrieved from <https://repository.up.ac.za/handle/2263/28810?show=full>
- Chwalisz, K., Altmaier, E.M., & Russell, D. W. (1992). Causal attributions, self-efficacy, cognitions and coping with stress. *Journal of Social and Clinical Psychology, 11*, 377 – 400.
- Colley, N.D. (1995). *An evaluation of the debriefing model of the South African Police Service as a crisis intervention tool*. (Unpublished master's thesis). University of Stellenbosch, Stellenbosch.
- Collins Concise Dictionary. (1999). Glasgow: HarperCollins Publishers.
- Concise Oxford Dictionary. (2001). 10th edition. Oxford: Oxford University Press.

- Cooper, C. L., Davidson, M. J. & Robinson, B. A. (1982). Stress in the police service. *Journal of Occupational Medicine*, 24(1), 30 – 36.
- Courtious, C. A., & Ford, J. D. (2013). *Treatment of complex trauma: A sequenced, relationship-based approach*. New York, NY: The Guilford Press.
- Cresswell, J. W. & Plano Clark, V. L. (2007). *Principles of qualitative research: designing a qualitative study*. Office of Qualitative & Mixed Methods Research, University of Nebraska-Lincoln.
- Crime Stats SA. (2017). Provincial statistics: Western Cape. Retrieved from <https://crimestatssa.com/province.php?ShowProvince=Western+Cape>
- D'Andrea, W., Sharma, R., Zelechowski, A., & Spinazzola, J. (2011). Physical health problems after single trauma exposure when stress takes root in the body. *Journal of the American Psychiatric Nurses Association*, 17(1), 92-378. 10.1177/1078390311425187.
- Dantzer, B., Fletcher, Q. E., Boonstra, R. & Sheriff, M. J. (2014). Measures of physiological stress: a transparent or opaque window into the status, management and conservation of species? *Conservation Physiology*, 2 (1), 2 – 18.
- Dass-Brailsford, P. (2007). *A practical approach to trauma: Empowering interventions*. Thousand Oaks, CA: Sage.
- De Beer, S. (2012). Trauma awareness and debriefing for police officials after traumatic incidents. *SAPS Journal online*
- De Coning, C., & Rupiya, M.R. (2020). COVID-19 and crime. Retrieved from <https://www.accord.org.za/analysis/covid-19-crime/>
- De Jonge, J., & Dollard, M. F. (2002). Stress in the workplace: *Australian Master OHS and environment guide*. Sydney, Australia: CCH
- Deahl, M. (2000). Psychological debriefing: Controversy and challenge. *Australian and New Zealand Journal of Psychiatry*, 34(6), 929 – 939.
- Della-Rossa, I. (2014). *Stress and coping in law enforcement*.t (Master's thesis, The University of British Columbia, Vancouver, Canada). Retrieved from <https://open.library.ubc.ca/cIRcle/collections/ubctheses/24/items/1.0166016>

- Demerouti, E., Bakker, A.B., Nachreiner, F., & Schaufeli, W.B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86, 499 – 512.
- Denzin, N. K. (1983). Interpretive interactionism. In Gareth Morgan (Ed.), *Beyond method: Strategies for social research* (pp.129-146). Beverly Hills: Sage
- Department of Justice and Constitutional Development (2012). *The Marikana Commission of Enquiry*. Retrieved from <https://justice.gov.za/comm-mrk/index.html>
- Dhaniram, N. (2003). *Stress, burnout and salutogenic functioning amongst community service doctors in Kwazulu-Natal hospitals*. (Unpublished master's thesis). University of South Africa, Pretoria, South Africa.
- Dipela, M.P. (2016). *Evaluating the effectiveness of an employee assistance programme within South African police services in the Waterberg District, Limpopo Province* (Masters thesis, University of Limpopo, Limpopo, South Africa). Retrieved from [http://ulspace.ul.ac.za/bitstream/handle/10386/1807/dipela\\_mp\\_2016.pdf?sequence=1&isAllowed=y](http://ulspace.ul.ac.za/bitstream/handle/10386/1807/dipela_mp_2016.pdf?sequence=1&isAllowed=y)
- Dos Santos Cosac, D.C. (2017). Autonomy, consent and vulnerability of clinical research participants. Retrieved from [http://www.scielo.br/scielo.php?pid=S1983-80422017000100019&script=sci\\_arttext&tlng=en](http://www.scielo.br/scielo.php?pid=S1983-80422017000100019&script=sci_arttext&tlng=en)
- Du Plooy-Cilliers, F., Davis., & Bezuidenhout, R. (2014). *Research matters*. Claremont: Juta.
- Dyregrov, A. (1997). The process in psychological debriefings. *Journal of Traumatic Stress*, 10(4), 589–605. <https://doi.org/10.1023/A:1024893702747>
- Edwards, D. (2005). *Critical perspectives on research on Post-Traumatic Stress Disorder and implications for the South African Context*. Department of Psychology. Grahamstown: Rhodes University Press.
- Endler, N. S., & Parker, J. D. A. (1994). Assessment of multidimensional coping: Task, emotion, and avoidance strategies. *Psychological Assessment*, 6, 50 – 60.
- Eunsu Hong, S. (2012). *Korean American college students coping patterns in relation to academic stress, parenting style and acculturation*. (Doctoral thesis, Northeastern University. Boston, USA). Retrieved from <https://repository.library.northeastern.edu/files/neu:977>

- Fidel, R. (1993). Qualitative methods in information retrieval research. *Library and Information Science Research*, 15(3), 219 – 247.
- Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Brunner & Mazel.
- Florian, V., Mikulincer, M., & Taubman, O. (1995). Does hardiness contribute to mental health during a stress real-life situation? The roles of appraisal and coping. *Journal of Personality and Social Psychology*, 68(4), 687–695.
- Folkman S. (2011). *The Oxford handbook of stress, health and coping*. New York, NY: Oxford University Press.
- Fouka, G., & Mantzorou, M. (2011). What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing? *Health Science Journal*, 5(1), 3 – 14
- Garland, C. (1998). *Understanding trauma. A psychoanalytical approach*. London: Duckworth
- Geldenhuys, K. (2015). Violent crime & trauma. *Servamus*, 11 – 13.
- Godbout, N., & Briere, J. (2012). Psychological responses to trauma. In C.R. Figley (Eds.). *Encyclopedia of trauma: an interdisciplinary guide* (p. 485-488). Thousand Oaks, CA: Sage.
- Goh, Y. W., Sawang, S. & Oei, T. (2010). The Revised Transactional Model (RTM) of Occupational Stress and Coping: An Improved Process Approach. *Australian and New Zealand Journal of Organizational Psychology*, 3, 13-20.
- Government communicators' handbook*, (2014). Government Communication and Information System (GCIS). Pretoria: Government Printer.
- Greeff, M. (2002). Information collection: interviewing. In A.S. De Vos (Eds.). *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik.
- Green, R.G., Stonner, D., & Kelly, D.R. (1974). Aggression, anxiety and cognitive appraisal of aggression-threat stimuli. *Journal of Personality and Social Psychology*, 29(2), 196 – 200.

- Greenberg, N. (2001). A critical review of psychological debriefing and a proposal for the future: The management of psychological health after traumatic experiences. *Journal of the Royal Naval Medical Service*, 87(3), 158 – 61.
- Gulle, G., Tredoux, C., & Foster, D. (1998). Inherent and organisational stress in the SAPS: An empirical survey in the Western Cape. *South African Journal of Psychology*, 28(3), 129-134.
- Gumani, A.M. (2012). *A grounded theory of critical incidents impact management among SAPS officers in the Vhembe district, Limpopo province* (Doctoral thesis, University of South Africa, South Africa). Retrieved from [http://uir.unisa.ac.za/bitstream/handle/10500/9292/thesis\\_Gumani\\_am.pdf%3Bjsessionid%3D10114F86F8837A9B8333E06BAF256F08?sequence%3D1](http://uir.unisa.ac.za/bitstream/handle/10500/9292/thesis_Gumani_am.pdf%3Bjsessionid%3D10114F86F8837A9B8333E06BAF256F08?sequence%3D1)
- Haisch, D.C., & Meyers, L. S. (2004). MMPI-2 assessed post-traumatic stress disorder related to job stress, coping, and personality in police agencies. *Stress and Health*, 20(4), 223 – 229.
- Hart, P.M., & Cooper, C.L. (2001). Occupational stress: Toward a more integrated framework. In N. Anderson, D.S. Ones, H.K. Sinangil & C. Viswesvaran (Eds.). *Handbook of industrial, work and organizational psychology: Vol. 2. Organizational psychology* (pp. 93 – 114). London: Sage.
- Hart, P.M., Wearing, A.J., & Heady, B. (1995). Police stress and wellbeing: Integrating personality, coping, and daily work experiences. *Journal of Occupational Organisational Psychology*, 69, 133 – 156.
- He, N., Zhao, J. & Ren, L. (2005). Do race and gender matter in police stress? A preliminary assessment of the interactive effects. *Journal of Criminal Justice*, 33(6), 535-547.
- Hendricks, A. (2019, March 20). Police officers march to Parliament over promotions. *Daily Maverick*. Retrieved from <https://www.dailymaverick.co.za/article/2019-03-20-police-officers-march-to-parliament-over-promotions/>
- Herman, A.A., Stein, D.J., Seedat, S., Heeringa, S. G., Moomal, H., & Williams, D.R. (2009). The South African stress and health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *South African Medical Journal*, 99 (5), 339 – 344.
- Herman, J. L. (1992). *Trauma and recovery*. New York, NY: Basic Books

- Hesse-Biber, S. N., & Leavy, P. (2011). *The practice of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, *44*, 513–524.
- Hobfoll, S.E., & De Vries, M. W. (Eds.). (1995). *Extreme stress and communities: Impact and intervention*. Dordrecht: Kluwer.
- Hobfoll, S.E., Freedy, J.R., Green, B.L., & Solomon, S.D. (1996). Coping reactions to extreme stress: The roles of resource loss and resource availability. In M. Zeidner & N. S. Endler (Eds.). *Handbook of coping: Theory, research, applications* (pp. 322 – 349). New York: Wiley.
- Hodges, B.T. (2015). *A comparative study of perceived work stress among police officers of color and white officers and its implications for management* (Doctoral thesis, Hamline University, Minnesota, USA). Retrieved from [https://digitalcommons.hamline.edu/cgi/viewcontent.cgi?article=1003&context=hsb\\_all](https://digitalcommons.hamline.edu/cgi/viewcontent.cgi?article=1003&context=hsb_all)
- Holman, D., Johnson, S., & O'Connor, E. (2018). Stress management interventions: Improving subjective psychological well-being in the workplace. In E. Diener, S. Oishi, & L. Tay (Eds.). *Handbook of well-being*. Salt Lake City, UT: DEF Publishers.
- Horowitz, M. (1976). *Stress response syndromes*. New York: Jason Aronson.
- Hunter, S. (2016, February 3). SA Police have a suicide problem. *Two Oceans Vibe News*. Retrieved from <https://www.2oceansvibe.com/2016/02/03/sa-police-have-a-suicide-problem/>
- Ibrahim, N., Kamsani, S. R., & AznizzaIshak, N. (2016). Psychological debriefing model: post-disaster intervention. *International Journal of Education, Psychology and Counselling*, *1*(2), 24 – 30.
- Ingersoll, R., & Strong, M. (2011). *The Impact of Induction and Mentoring Programs for Beginning Teachers: A Critical Review of the Research*. Retrieved from [https://repository.upenn.edu/gse\\_pubs/127](https://repository.upenn.edu/gse_pubs/127)

- Iwasaki, Y., Mannell, R.C., Smale B. J. A., & Butcher, J. (2002). A short-term longitudinal analysis of leisure coping used by police and emergency response service workers. *Journal of Leisure Research*, 34(3), 311 – 339.
- Jacobs, E. (1992). *Stresontlontingsmodel - Mitchell se CISD-model*. Onafgehandelde proefskrif. (Ongepubliseerd) Universiteit van Stellenbosch, Stellenbosch, Suid Afrika.
- Jacobs, E. (1993). *Ontlonting van getraumatiseerde lede: Voorgestelde doelwitaksieplan*. March, 9-18.
- Jacobson, E. (1959). Depersonalization. *Journal of the American Psychoanalytic Association*, 7, 581 – 610.
- Jaramillo, F., Nixon, R., & Sams, D. (2005). The effect of law enforcement stress on organizational commitment. *Policing: An International Journal of Police Strategies & Management*, 28(2), 321 – 336.
- Jenkins, S.R. (1996). Social support and debriefing efficacy among emergency medical workers after a mass shooting incident. *Journal of Social Behaviour and Personality*, 11(3), 477-492.
- Johnson, A. (2001). *Police stress, social support and essential hypertension*. (Unpublished master's thesis). University of the Western Cape, Cape Town.
- Johnson, G. (2016). *Increasing police officer resilience to stress in a suburban police service in British Columbia* (Master's thesis, Royal Roads University, British Columbia, Canada). Retrieved from [https://viurrspace.ca/bitstream/handle/10170/913/johnson\\_greg.pdf?sequence=1&isAllowed=y](https://viurrspace.ca/bitstream/handle/10170/913/johnson_greg.pdf?sequence=1&isAllowed=y)
- Joja, J. G. K. (2004). *The need for an employee assistance programme at the Department of Health* (Unpublished master's thesis). University of Johannesburg, Johannesburg.
- Jones, R., & Kagee, A. (2005). Predictors of post-traumatic stress symptoms among South African police personnel. *South African Journal of Psychology*, 35(2), 209 – 224.
- Joubert, Y. & Grobler, A. (2013). The value and extent of religious participation of members of the South African Police Services, HTS Teologiese studies/Theological studies. *AOSIS Open Journals*, 69(1), Art. #1180, 10 pages.

- Kaminer, D., Grimsrud, A., Myer, L., Stein, D.J., & Williams, D.R. (2008). Risk for post-traumatic stress disorder associated with different forms of interpersonal violence in South Africa. *Social Science & Medicine*, 67, 1589 – 1595.
- Kampfe, C. M., Mitchell, M.M., Boyless, J.A., & Sauers, G. O. (1995). Coping strategies used by undergraduate interns: Implication for rehabilitation education. *Rehabilitation Counselling Bulletin*, 38(4), 318-334.
- Kaplan, Z., Iancu, I., & Bodner, E. (2001). A review of psychological debriefing after extreme stress. *Psychiatric Services*, 52(6), 824 – 827.
- Kardiner, A. (1941). *The traumatic neuroses of war*. New York: Hoeber.
- Ketefian, S. (2014). Ethical considerations in research: Focus on vulnerable groups. Retrieved from [http://www.scielo.org.co/scielo.php?script=sci\\_arttext&pid=S0120-53072015000100019](http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0120-53072015000100019)
- Khan, S. N. (2014). Qualitative research method – Phenomenology. *Asian Social Science*, 10(21), 298 – 310. doi:10.5539/ass.v10n21p298
- Kirschman, E., Kamena, M., & Fay, J. (2014). *Counselling cops. What clinicians need to know*. New York: Guilford.
- Kleinke, C.L. (1998). *Coping with life challenges* (2nd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.
- Klopper, J. (2003). *Burnout, stress and coping in the South African Police Service in the Free State*. Potchefstroom: Potchefstroom University.
- Kop, N., & Euwema, M.C. (2001). Occupational stress and the use of force by Dutch police officers. *Criminal Justice and Behaviour*, 28, 631-652.
- Kossuth, S.P. & Cilliers, F. (2002). The relationship between leadership dimensions, cultural beliefs and salutogenic functioning. *South African Journal of Labour Relations*, 26(1), 65 – 95.
- Kotler, P., & Armstrong, G. (2014). *Principles of marketing*. Upper Saddle River, N.J.: Pearson Education.
- Krohne, H. W. (2002). *Stress and coping theories*. Mainz: Johannes Gutenberg-University.

- Kruger, P. (2005). *Psychological skills, state anxiety and coping of South African rugby players: A cognitive perspective*. Potchefstroom: North-West University.
- Kureczka, A.W. (1996). Critical incident stress in law enforcement. *FBI Law Enforcement Bulletin*, 65(2/3), 10 – 17.
- Kusel, M. (2016). *The impact of critical incident stress debriefing on coping in emergency health care providers: a rapid review* (Master's thesis, North-West University, Potchefstroom, South Africa). Retrieved from <https://repository.nwu.ac.za/handle/10394/25428>
- Lana, B. (2017). What to know about general adaptation syndrome. Retrieved from <https://medicalnewstoday.com/articles/320172.php>
- Lazarus, R. S. & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lazarus, R. S. (1990). Theory-based stress measurement. *Psychological Inquiry*, 1(1), 3 – 13.
- Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, 44, 1 – 21.
- Le Blanc, V.R., Regehr, C., Birze, A., King, K., Scott, A.K., MacDonald, R., & Tavares, W. (2011). The association between Post Traumatic Stress, coping and acute stress responses in paramedics. *Traumatology*, 17(4), 10 – 16. doi: 10.1177/1534765611429078
- Leino, T.M., Selin, R., Summala, H., & Virtanen, M. (2011). Violence and psychological distress among police officers and security guards. *Occupational Medicine*, 61, 400 – 406. <https://doi.org/10.1093/occmed/kqr080>
- Leshner, A.F., Kelly, C. M., Schutz, K. E, & Foy, D. W. (2012). *Encyclopedia of Trauma: An interdisciplinary guide*. Los Angeles, CA: Sage.
- Letsoalo, R. M. (2016). *The effectiveness of the Employee Assistance Programme (EAP) on substance abuse in the Limpopo Department of Public Works in the Sekhukhune District*. (Master's thesis, University of Limpopo, Limpopo, South Africa). Retrieved from <http://ulspace.ul.ac.za/handle/10386/1557>
- Levin, N., Ngubeni, K. & Simpson, G. (1994). *Meeting the challenges of change? Notes on policing and transition in South Africa*. Johannesburg: Centre for the Study of Violence and Reconciliation.

- Lewis, G.W. (1996). *Critical incident stress and trauma in the workplace: recognition, response, and recovery*. Accelerated Development Inc. Open Library.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141–148. doi: 10.1176/ajp.101.2.141
- Lindqvist, R., Carlsson, M. & Sjoden, P. (2000). Coping strategies and styles assessed by the Jalowiec Coping Scale in a random sample of the Swedish population. *Scandinavian Journal of Caring Science*, 14(3), 147-154.
- Lopez-Ibor, J.J., Christodoulou, G., Maj, M., Sartorius, N., & Okasha, A. (2005). *Disasters and mental health*. West Sussex: Wiley.
- Louw, G. J., & Viviers, A. (2010). An evaluation of a psychosocial stress and coping model in the police work context. *SA Journal of Industrial Psychology*, 36(1), Art. #442, 11 pages.
- Lovallo, W.R. (1997). *Stress and health: biological and psychological interactions*. London: Sage Publications.
- Luthans, F. (2002). *Organizational behaviour* (9th ed.) Boston, MA: McGraw-Hill Irwin.
- Lynch, J. (2007) *Burnout and engagement in probationary police officers: A scoping paper*. The Australasian Centre for policing research (ACPR), Scope 1, Australia.
- Maabela, S. M. (2011). *Experiences and perceptions of South African police service members regarding trauma and debriefing services in the Mafikeng area*. (Master's thesis, University of Limpopo, South Africa). Retrieved from <http://ulspace.ul.ac.za/handle/10386/456>
- Maabela, S. M. (2015). *Guidelines for management of post traumatic stress disorder among South African Police Service workers in Mahikeng, North West province of South Africa* (Doctoral thesis, University of South Africa, South Africa). Retrieved from <http://uir.unisa.ac.za/handle/10500/19026>
- Mabe, S.E. (2004). *Perceptions of personnel on police suicides and the role of a chaplain* (Master's thesis, University of South Africa, South Africa). Retrieved from <http://uir.unisa.ac.za/handle/10500/1146>

- Macritchie, V. J. (2006). *Secondary traumatic stress, level of exposure, empathy and social support in trauma workers* (Master's thesis, University of Witwatersrand, Johannesburg, South Africa). Retrieved from <http://wiredspace.wits.ac.za/bitstream/handle/10539/2060/SECONDARY%20TRAUMATIC%20STRESS%20PDF.pdf>
- Maharaj, A. (2018). Wellness factors impacting student academic performance from a higher education perspective. *Educator Multidisciplinary Journal*, 2, 75.
- Malach-Pines, A., & Keinan, G. (2007). Stress and burnout in Israeli police officers during Palestinian uprising. *International Journal of Stress Management*, 14(2), 160 – 174. doi: 10.1037/1072-5245.14.2.160
- Malcolm, A.S., Seaton, J., Perera, A., Sheehan, D.C., & Van Hasselt, V.B. (2005). Critical incident stress debriefing and law enforcement: an evaluative review. *Brief treatment and Crisis Intervention*, 5(3), 261 – 278.
- Malefo, V. (2000). Psychosocial factors and academic performance among African women students at a predominantly white university in South Africa. *South African Journal of Psychology*, 30(4), 40-54.
- Maree, K. (2016). *First steps in research* (2nd ed.). Pretoria: Van Schaik.
- Martocchio, J.J., & O'Leary, A.M. (1989). Sex differences in occupational stress: A meta-analytic view. *Journal of Applied Psychology*, 74, 495 – 501.
- Masson, J.M. (1984). *The assault on truth*. New York: Farrar Strauss, Giroux.
- Matsakis, A. (1992). *I can't get over it: A handbook for trauma survivors*. Oakland: New Harbinger Publications.
- McCarty, W.P., Zhao, J.S. & Garland, B.E. (2007). Occupational stress and burnout among male and female police officers. *Policing: An International Journal of Police Strategies & Management*, 30(4), 672-691.
- McDevitt, T., & Jones, J. (2013). We are all in this together: Stress reduction and team building activities for modern library organisations. *Journal of Louisiana, Chapter of the ACRL*, 2(3), 83 – 84.

- McFarlane, A. C. (1992). Avoidance and intrusion in posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, 180, 258 – 262.
- McFarlane, A. C. & Van der Kolk, B.A. (1996). Trauma and its challenge to society. In B. A van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress. The effects of overwhelming experience on mind, body and society* (pp.24-46). New York: The Guilford Press.
- McFarlane, A. C., & Bookless, C. (2001). The effect of PTSD on interpersonal relationships: Issues for emergency service workers, 16(3), 261 – 267.  
<https://doi.org/10.1080/14681990124457>
- McLeod, J., & McLeod, J. (2001). How effective is workplace counselling? A review of the research literature. *Counselling Psychotherapy Research*, 1(3), 184 – 191.
- McMains, M.J., & Mullins, W.C. (2006). *Crisis negotiations: Managing critical incidents and hostage situations in law enforcement and corrections*. Newark, NJ: Matthew Bender & Company.
- McNally, V.J. (2012) Law enforcement officers. In Figley, C.R. (Eds.). *Encyclopedia of trauma: an interdisciplinary guide* (p. 341-343). Thousand Oaks, CA: Sage.
- Melnick, M. (2002). *An investigation of the coping strategies of caregivers providing home-based care for people with advanced HIV/AIDS infection* (Unpublished master's thesis). University of the Western Cape, Cape Town.
- Mercer, M. (2007). *Survey of health, productivity and absence management programs*. New York, NY: March and McLennan Companies.
- Meyer, M.E. (2008). Developing cynicism among male and female recruits in the South African Police Services. *Acta Criminologica*, Special Edition, 2, 1-20.
- Mirzamani, S. M. (2006). PTSD and psychological debriefing. *Iranian Journal of Psychiatry*, 1(3), 88 – 92.
- Mitchell, J.T., & Everly, G.S. (1996). *Critical incident stress debriefing: An operations manual for the prevention of traumatic stress among emergency services and disaster workers*. Ellicott City, MD: Chevron Publishing Corporation.

- Mitchell, J.T. & Everly, G.S. (2001). *The basic critical incident stress management course: basic group crisis intervention*. Ellicott City, MD: International Critical Incident Stress Foundation.
- Mofamere, T.J. (2003). *Managing cultural diversity in the South African Police Service (Gauteng Province): The role of a chaplain*. (Doctoral thesis: Religious studies). Pretoria: UNISA Press.
- Mogorosi, L. (2009). Employee assistance programmes: their rationale, basic principles and essential elements. *Social Work/Maatskaplike Werk: 45(4)*, 342-357.
- Mokgobu, T.S. (2010). *An investigation of the effects of police suicide on the well-being of the South African Police Service members in Polokwane, an area in Limpopo Province*. (Master's thesis, Polokwane, University of Limpopo, South Africa). Retrieved from <http://ulspace.ul.ac.za/handle/10386/128>
- Moller, A. (2008). *The relationship between coping behaviour, personality, characteristics and psychological distress in South African police trainees* (Master's thesis, University of Pretoria, Pretoria, South Africa). Retrieved from <https://repository.up.ac.za/handle/2263/29821>
- Moos, R. H. (1994, July). Conceptual and empirical advances in stress and coping theory. Paper presented at the 23rd International Congress of Applied Psychology, Madrid, Spain.
- Moos, R. H., & Shaefer, J.A. (1993). Coping resources and processes: Current concepts and measures. In L. Goldberg & S. Breznitz (Eds.) *Handbook of stress: Theoretical and clinical aspects* (2nd ed., 234 – 257). New York, NY: Free Press.
- Mostert, K. & Joubert, A. F. (2005). Job stress, burnout and coping strategies in the South African police service. *Sajems NS*, 8(1), 39 – 53.
- Mourfield, R. (2014). *Organizational Change: A guide to bringing everyone on board*. Indianapolis, IN: University of Indiana
- Myendeki, A.L. (2008). *Job stress, burnout and coping strategies of South African police officers* (Master's thesis, University of Fort Hare, Eastern Cape, South Africa). Retrieved from <http://www.southafricanpoliceofficersmemorial.com/uploads/1/2/5/3/12536113/pdf10.pdf>

- Naude, J. L. P. (2003). *Occupational stress, coping, burnout and work engagement of emergency workers in Gauteng* (Master's thesis, North-West University, Potchefstroom, South Africa). Retrieved from [https://repository.nwu.ac.za/bitstream/handle/10394/3694/naude\\_jlp.pdf?sequence=1&isAllowed=y](https://repository.nwu.ac.za/bitstream/handle/10394/3694/naude_jlp.pdf?sequence=1&isAllowed=y)
- Ncokazi, V. (2003). *Trauma debriefing in the SAPS: An investigation into factors inhibiting individual participation* (Unpublished master's thesis). University of Pretoria, Pretoria, South Africa.
- Ndelu, S. (2017). *Liberation is a falsehood: Fallism at the University of Cape Town*. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Nel, J.A. (1994). *A contextual approach to post-shooting trauma in the South African Police Service*. (Unpublished master's thesis). University of South Africa, Pretoria.
- Nel, J. & Burgers, T. (1996). The South African Police Service: 'Symptom bearer' of the new South Africa? *Track Two*, 17 – 20.
- Nel, J. (1999). Police officials as victims of trauma and crisis. *Unisa Psychologia*, 26(1/2), 32 – 42.
- Nel, J.A., & Steyn, M. (1997). Safety and Security and Mental Health. In D. Foster (Ed.), *Mental Health in South Africa*. Cape Town: Lexicon.
- Nielsen, E. (1986). Post-shooting trauma in police work. In J. Reese & H. Goldstein (Eds.). *Psychological services for law enforcement*. Washington, DC: U.S Government Printing Office.
- Nieuwenhuizen, E., Eloff, I., & Moen, M. (2014). Rethinking early school transitions as social transactions. *South African Journal of Childhood Education*, 4(2), 73 – 89.
- Nijhuis, B.A. (2018). *Support needs of informal caregivers in the municipality of Hellendoorn* (Master's thesis, University of Twente, Hellendoorn). Retrieved from <https://essay.utwente.nl/75106/>
- Oberholzer, D.J. (1983). The crisis – identification and intervention. *SA Medical Journal*, 64, 249 – 251.

- Oliver, W. M. (2009). Policing for Homeland Security: Policy & Research. *Criminal Justice Policy Review*, 20(3), 253–260. <https://doi.org/10.1177/0887403409337368>
- Omar, B. (2008). Coping with stress within SAPS. Crime and justice programme. Retrieved from <https://www.issafrica.org/iss-today/coping-with-stress-within-the-saps>
- Oosthuizen, J., & van Lill, B. (2008). Coping with stress in the workplace. *SA Journal of Industrial Psychology*, 34(1), 64 – 69.
- Ortega, A., Brenner, S. & Leather, P. (2007). Occupational stress, coping and personality in the police: an SEM study. *International Journal of Police Science and Management*, 9(1), 36-50.
- Outhoff, K. (2016). Stress-related IBS. *South African Family Practice*, 83(7), 33 – 37.
- Parkinson, F. (1997). *Critical incident debriefing: understanding and dealing with trauma*. Canada: Souvenir Press.
- Patterson, B.L. (1992). Job experience and perceived job stress among police correctional, and probation/patrol officers. *Criminal Justice and Behavior*, 19, 260 – 285.
- Patterson, G.T. (2001). The relationship between demographic variables and exposure to traumatic incidents among police officers. *The Australian Journal of Disaster and Trauma Studies*, 2, 1 – 9.
- Paulsen, R. (2008). *Levels of stress and coping strategies employed by police service officers in Cape Town, South Africa* (Master's thesis, University of the Western Cape, Bellville, South Africa). Retrieved from <http://etd.uwc.ac.za/xmlui/handle/11394/2738>
- Perrewé, P. L., & Zellars, K. L. (1999). An examination of attributions and emotions in the transactional approach to the organizational stress process. *Journal of Organizational Behaviour*, 20(1), 739 – 752.
- Petr, H. (2017). 25 countries with the highest murder rates in the world. Retrieved from <http://list25.com/25-countries-with-the-highest-murder-rates-in-the-world/4/>
- Pienaar, J. & Rothmann, S. (2006). Occupational stress in the South African Police Service. *SA Journal of Industrial Psychology*, 32(3), 72-78.

- Pienaar, J., Rothmann, S. & van de Vijver, F. J. R. (2007). Occupational stress, personality traits, coping strategies, and suicide ideation in the South African Police Service. *Criminal Justice and Behavior*, 33(3), 1 – 19.
- Pillay, K. 2008. *Critical incident stress debriefing in the South African Police Services: Trauma debriefers' perceptions*. (Masters thesis, Durban, University of Kwa-Zulu Natal, South Africa). Retrieved from <https://researchspace.ukzn.ac.za/xmlui/handle/10413/521>
- Plug, C., Louw, D.A., Gouws, L.A., & Meyer, W.F. (1997). *Verklarende en vertalende sielkunde woordeboek*. Sandton: Heinemann.
- Rahman, S. (2016). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language. *Journal of Education and Learning*, 6(1), 102 - 112.
- Rajin, J. (2012). *Employee Assistance Programme in the South African Police Service: A case study of Moroka police station* (Master's thesis, University of South Africa, South Africa). Retrieved from <http://uir.unisa.ac.za/handle/10500/5761>
- Ramokolo, M.E. (2004). *The exploration of the resistance of troubled employees to utilise the Employee Assistance Programme at Aventis Pharma* (Unpublished master's thesis). University of Pretoria, Pretoria.
- Rao, V. S. P. (2005). Second Edition, Human Resource Management - Text & Case, Chapter 29: Job stress, *Counseling and Monitoring*, pp. 643 – 676.
- Raphael, B., & Wilson, J. (2000). *Psychological debriefing: theory, practice and evidence*. Cambridge: Cambridge University Press.
- Ravitch, D. (2010). *The death and life of the great American school system: How testing and choice are undermining education*. New York, NY: Basic Books.
- Ray, S.L., & Vanstone, M. (2011). *The impact of PTSD on veteran's family relationships: Phenomenological inquiry*. London, Ontario: The University of Western Canada: Canada School of Nursing Press.
- Reese, J.T., Horn, J.M., & Dunning, C. (1991). *Critical incident in policing*. Washington: US Government Printing Office.

- Regel, S. (2007). Post trauma support in the workplace: The current status and practice of critical incident stress management (CISM) and psychological debriefing (PD) within organizations in the UK. *Society of Occupational Medicine*, 57, 411 – 416.
- Reiker, P.P., & Carmen, E.H. (1986). The victim-to-patient process: The disconfirmation and transformation of abuse. *American Journal of Orthopsychiatry*, 56, 360 – 370. doi: 10.1111/j.1939-0025.1986.tb03469.x
- Richmond, R. L., Wodak, A., Kehoe, L., & Heather, N. (1998). How healthy are the police? A survey of lifestyle factors. *Addiction*, 93(11), 1729 – 1737.
- Richter, J., Lauritz, L.E., du Preez, E., Cassimjee, N., & Ghazinour, M. (2013). Relationships between personality and coping with stress: An investigation in Swedish police trainees. *Psychology*, 4(2), 88-95. Doi:10.4236/psych.2013.42012
- Ringel, S., & Brandell, J. (2012). *Trauma: contemporary directions in theory, practice, and research*. Thousand Oaks, CA: Sage.
- Robinson, R. (2004). Counterbalancing misinterpretations of critical incident stress debriefing and critical incident stress management. *Australian Psychologist*, 39(1), 29 – 34.
- Rojas, V. M., & Kleiner, B, H. (2001). The art and science of effective stress management. *Management Research News*, 24, 86 – 89.
- Rose, S., & Tehrani, N. (2002). History, methods and development of psychological debriefing. In The British Psychological Society (BPS) (Ed.), *Psychological Debriefing* (pp. 2 – 7). Leicester: BPS.
- Rose, N. (2005) Human relations theory and people management. *European Management Journal*, 2(1), 43-62.
- Rosenbaum, M. (1988). Learned resourcefulness, stress and self-regulation. In S. Fisher & J. Reason (Eds.), *Handbook of life stress, cognition and health* (p. 483–496). Hoboken, NJ: John Wiley & Sons
- Rotherham, S. (2016, February 3). SA Police have a suicide problem. *Two Oceans Vibe News*. Retrieved from <https://www.2oceansvibe.com/2016/02/03/sa-police-have-a-suicide-problem/>

- Rothmann, S., & Strijdom, G. (2002). Suicide ideation in the South African Police Service in the North West Province. *SA Journal of Industrial Psychology*, 28(1), 44 – 48.
- Rothmann, S., & Van Rensburg, P. (2002). Psychological strengths, coping and suicide ideation in the South African Police Services in the North West Province. *South African Journal of Psychology*, 28(3), 39 – 49.
- Rotter, J. (1990). Internal versus external control of reinforcements: A case history of a variable. In K. Oosthuizen & B. van Lill (Eds.). *Coping with stress in the workplace: Vol 34. SA Journal of Industrial Psychology* (pp. 64 – 69).
- Sa Joe, W. (2003, January 30). Job stress big factor in police suicides. *Daily Dispatch*, p. 8. East London, South Africa. Retrieved from <http://0-reference.sabinet.co.za/innopac.up.ac.za/document/SAM1520031285>
- SACN. (2019). *State of urban safety in South African Cities Report 2018/19: A report of the Urban Safety Reference Group*. Johannesburg: South African Cities Network.
- Sallee, M. W., & Flood, J. T. (2012). Using qualitative research to bridge research, policy, and practice. *Theory into Practice*, 51(2), 137-144. doi: 10.1080/00405841.2012.662873
- SAPS (2011). SAPS Annual Report 2010/2011. An analysis of the national crime statistics. Retrieved from [https://www.saps.gov.za/about/stratframework/annual\\_report/2011\\_2012/saps\\_crime\\_stats\\_report\\_%202011-12.pdf](https://www.saps.gov.za/about/stratframework/annual_report/2011_2012/saps_crime_stats_report_%202011-12.pdf)
- SAPS (2013). SAPS Annual Report 2012/2013. An analysis of the national crime statistics. Retrieved from [https://www.saps.gov.za/about/stratframework/annual\\_report/2012\\_2013/ar2013\\_00\\_front\\_content.pdf](https://www.saps.gov.za/about/stratframework/annual_report/2012_2013/ar2013_00_front_content.pdf)
- SAPS (2017). *SAPS Annual Report 2016/2017*. Retrieved from [https://www.gov.za/sites/default/files/gcis\\_document/201810/saps-annual-report.pdf](https://www.gov.za/sites/default/files/gcis_document/201810/saps-annual-report.pdf)
- SAPS (2019). *SAPS Annual Report 2018/2019*. Retrieved from [https://nationalgovernment.co.za/department\\_annual/296/2019-south-african-police-service-\(saps\)-annual-report.pdf](https://nationalgovernment.co.za/department_annual/296/2019-south-african-police-service-(saps)-annual-report.pdf)

- Sarafino, E.P. (2002). *Health psychology: Biopsychosocial interactions* (4th ed). Hoboken, NJ: John Wiley & Sons.
- Saunders, B. (2012). *Research: critical incident management*. [E-mail, 10 July 2012.]
- Scharff, J.S., & Scharff, D.E. (1994). *Object relations therapy of physical and sexual trauma*. Northvale, NJ: Jason Aronson.
- Schaubroek, J.M., Riolli, L. T, Peng, ARC., & Spain, E. S. (2011). Resilience to traumatic exposure among soldiers deployed in combat. *Journal of Occupational Health Psychology, 16*(1), 18 – 37. doi: 10.1037/a0021006
- Schaufeli, W.B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*. Philadelphia, PA: Taylor & Francis.
- Schiffman, L.G. & Kanuk, L.L. (2009). *Consumer behavior* (10th ed.). New Jersey: Prentice Hall.
- Schulz, H., Van Wijk, T. & Jones, P. (2000) Trauma In Southern Africa. *Understanding Emotional Trauma And Aiding Recovery*. Traumatology Services International.
- Seanego, K. (2012, June 22). Police blues: SAPS depression rates a worry- Crime and courts. *IOL*. Retrieved from: <http://www.iol.co.za/news/crime-courts/police-blues-saps-depression-rates-a-worry>
- Seguridad Justicia y Paz (2019). Ranking newsletter: Ranking 2018. Retrieved from <https://translate.google.com/translate?hl=en&sl=es&u=http://www.seguridadjusticiaypaz.org.mx/seguridad/1564-boletin-ranking&prev=search&pto=aue>
- Seidel, J.V. (1998). Qualitative data analysis. Retrieved from <https://www.scribd.com/doc/86008326/Seidel-1998-Qualitative-Data-Analysis>
- Sekaran, U. (2000). *Research methods for business: A skill-building approach* (3rd ed).Hoboken NJ: John Wiley & Sons.
- Sekwena, E., Moster, K., & Wentzel, L. (2007). Interaction between work and personal life: experiences of police officers in the North West Province. *Acta Criminologica, 20*(4), 37 – 54.
- Selye, H. (1976). *The stress of life* (rev. ed.). New York: McGraw-Hill.

- Selye, H. (1956). *The stress of life*. New York, NY: McGraw-Hill.
- Sethi, A.S. & Schuler, R.S. (1984). *Handbook of organizational stress and coping strategies*. Cambridge, MA: Ballinger
- Shakespeare-Finch, J., & Daley, E. (2017). Workplace belongingness, distress, and resilience in emergency service workers. *American Psychological Association*, 9(1), 32 – 35
- Shimazu, A., & Kosugi, S. (2003). Job stressor, coping and psychological distress among Japanese employees: Interplay between active and non-active coping. *Work & Stress*, 17(1), 38 – 51.
- Slawinski, T. (2005). A strengths-based approach to crisis response. *Journal of Workplace Behavioural Health*, 21(2), 79 – 88.
- Smith, E. (2005). *Trauma and family*. Retrieved from <https://www.betterhealth.co.au>
- Smith, G.B., & Rooney, T. (1999). EAP intervention with workers' compensation and disability management. In J. Oher (Eds.). *The Employee Assistance Handbook*. NY: Wiley.
- Smith, J.A., Flower, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Soraya, Y.E. (2013). *A comparison of police cadets personality characteristics, coping behaviour and psychological health before and after basic training* (Master's thesis, University of Pretoria, Pretoria, South Africa). Retrieved from [http://univofpretoria.worldcat.org/title/comparison-of-police-cadets-personality-characteristics-coping-behaviour-and-psychological-health-before-and-after-basic-training/oclc/864992687&referer=brief\\_results](http://univofpretoria.worldcat.org/title/comparison-of-police-cadets-personality-characteristics-coping-behaviour-and-psychological-health-before-and-after-basic-training/oclc/864992687&referer=brief_results)
- South Africa crime stats 2019: Everything you need to know. (2019, September 12). Retrieved from <https://businessstech.co.za/news/government/340513/south-africa-crime-stats-2019-everything-you-need-to-know/>
- South Africa's first Covid-19 epicentre is showing signs of plateauing. (2020, July 29). Retrieved from <https://businessstech.co.za/news/lifestyle/420910/south-africas-first-covid-19-epicentre-is-showing-signs-of-plateauing/>

- South African Police Media Statement. (2013 April 16). Police Minister Nathi Mthethwa urges police officers to utilize the South African Police Services (SAPS) wellness programs. Retrieved from [http://www.saps.gov.za\\_dynamicModules/internetSite/newsBuild.asp?myURL=3122](http://www.saps.gov.za_dynamicModules/internetSite/newsBuild.asp?myURL=3122)
- Stephens, C., & Miller, I. (1998). Traumatic experiences and post-traumatic stress disorder in the New Zealand police. *Policing: An International Journal of Police Strategies & Management*, 21(1), 178–191.
- Stolhaug, C. M. (2016). *Stress: Does it matter? A review of mechanisms and fitness consequences of stress in large herbivores* (Master's Thesis, Hedmark University College, Norway). Retrieved from <https://brage.inn.no/inn-xmlui/handle/11250/2392481>
- Storm, K. (2002). *Burnout and work engagement in the South African Police Service* (Unpublished doctorate thesis) North-West University, Potchefstroom.
- Straub, R. O. (2002). *Health psychology*. New York, NY: Worth Publishers.
- Strydom, H. (2011). The pilot study in the quantitative paradigm. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C. S. L., (eds.). *Research at grass roots: For the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers. pp. 236-247.)
- Sue, D., Sue, D., & Sue, S. (1997). *Understanding abnormal behaviour* (5th ed.). Boston, MA: Houghton Mifflin.
- Suls, J., & Fletcher, B. (1985). The relative efficacy of avoidant and non-avoidance coping strategies: A meta-analysis. *Health Psychology*, 4, 249 – 288.
- Sundaram, M.S. & Kumaran, M.J. (2012). A study on occupational stress and coping strategies among police head constables. *Research journal of management sciences*, 1(1), 44 – 47.
- Sutherland, V. J. & Cooper, C.L. (2000). *Strategic stress management: an organisational approach*. New York, NY: Palgrave.
- Swart, M. (2016, January 28). Campus security: Students are not the enemy. *Mail & Guardian*. Retrieved from <https://mg.co.za/article/2016-01-28-campus-security-students-are-not-the-enemy/>

- Tajfel, H. (2016). Types of social groups. Retrieved from <https://www.boundless.com/sociology/textbooks/boundless-sociology-textbook/social-groups-and-organization-6/types-of-social-groups-53/in-groups-and-out-groups-338-10455/>
- Taillac, P., Hammond, R., & Miller, K. (2015). At-risk EMS employees: A model of assessment and intervention. *International Journal of Emergency Mental health*, 2(1), 453–458.
- Tehrani, N. (2004). *Workplace trauma: concepts, assessment and interventions*. New York, NY: Brunner-Routledge Hove.
- Tehrani, N. (2011). *Managing trauma in the Workplace: Supporting workers and organizations*. New York: Brunner-Routledge Hove.
- Terblanche, L., & van Wyk, A. (2014). Critical incidents and critical incident stress management (CISM) – an employee assistance programme (EAP) perspective. *Journal of Social Work*, 50(1), 19 – 37.
- Thaba, R.L. (2018). *Organisational culture and employee health and wellness programme service delivery in South African police service in Limpopo* (Master's thesis, University of Pretoria, Pretoria, South Africa). Retrieved from [https://repository.up.ac.za/bitstream/handle/2263/70508/Thaba\\_Organisational\\_2019.pdf?sequence=1](https://repository.up.ac.za/bitstream/handle/2263/70508/Thaba_Organisational_2019.pdf?sequence=1)
- Thompson, B. M., Kirk, A., & Brown, D. (2006). Sources of stress in policewomen: A three-factor model. *International Journal of Stress Management*, 13(3), 309–328. <https://doi.org/10.1037/1072-5245.13.3.309>
- Tull, M. (2011). *The effect of PTSD on a person's life*. USA: Medical Board Press. Retrieved from <http://www.ptsd.about.com>
- Ulman, R.B., & Brothers, D. (1988). *The shattered self: A psychoanalytic study of trauma*. Hillside: The Analytic Press.
- Van den Heever, C.W. (2013). *Evaluating the multiple stressor intervention of the South African Police Service as a trauma management tool* (Master's Thesis, Pretoria, University of South Africa, South Africa). Retrieved from <http://uir.unisa.ac.za/handle/10500/13853>

- Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (Eds.). (1996). *Traumatic stress. The effects of overwhelming experience on mind, body and society*. New York, NY: The Guilford Press.
- Van der Merwe, A., Rothmann, S., Pienaar, J. (2004). Coping-strategieë, stres en selfmoord-denkebeeldvorming in die Suid-Afrikaanse polisie diens in die Vrystaat [Coping strategies, stress and suicide ideation in the South African police service in the Free State]. *SA Journal of Industrial Psychology*, 30, 29–36. Retrieved from <http://sajip.co.za/index.php/sajip/article/viewArticle/136>
- Van der Westhuizen, M., & Swart, I. (2015). The struggle against poverty, unemployment and social injustice in present day South Africa: Exploring the involvement of the Dutch Reformed Church at congregational level. *Stellenbosch Theological Journal*, 1(2), 731 – 759.
- Van Dyk, G.A.J. (1999). Psychological Trauma Debriefing as a Therapeutical Tool in the treatment of victims of political or ethnic violence in Africa. In S.M. Madu, P.K. Baguma, & A. Prity (Eds.) *Cross Cultural Dialogue on Psychotherapy in Africa* (p. 69-86). Pietersburg: University of the North.
- Van Dyk, E., & Van Dyk, G. (2010). Psychological debriefing (PD) of trauma: a proposed model for Africa. *The Journal of Transdisciplinary Research in Southern Africa*, 6(2), 379 – 394.
- Van Teijlingen, E. R., & Hundley, V. (2001). The importance of pilot studies. *Social Research Update*, (35). Retrieved from <http://sru.soc.surrey.ac.uk/SRU35.html>
- Van Wyk, G., & Edwards, D. (2005). From trauma debriefing to trauma support: A South African experience of responding to individuals and communities in the aftermath of traumatizing events. *Journal of Psychology in Africa*, 3(2), 126 – 143.
- Viljoen, J. O. (2001). *Deconstructing secondary trauma and racism at a South African police service station* (Master's thesis, Pretoria, University of South Africa). Retrieved from <https://narrativeapproaches.com>
- Vineburgh, N. T., Ursano, R. J., Gifford, R. K., Benedek, D. & Fullerton, C. S. (2006). Disaster preparedness in the 21st Century. *Journal of Employee Assistance*, 36(4):14-17.

- Violanti, J.M. (1993). What does high stress police training teach recruits? An analysis of coping. *Journal of Criminal Justice*, 21(4), 411-417.
- Violanti, J. M., & Aron, F. (1994). Ranking police stressors. *Psychological Reports*, 75, 824 – 826.
- Violanti, J. M., & Aron, F. (1995). Police stressors: Variations in perception among police personnel. *Journal of Criminal Justice*, 23, 287 – 294.
- Violanti, J.M. (1996). Trauma, stress and police work. In D. Paton & J.M. Violanti (Eds.), *Traumatic stress in critical operations* (pp. 87 – 112). Springfield, IL: Charles C. Thomas Publishers.
- Viviers, A.M. (1998). Stress: Identifying non-copers and helping them. *Management Today*, 14(7), 38 – 39.
- Vuma, P.R. (2011). *An analysis of crime prevention as a core function of the South African Police Service* (Master's Thesis, Pretoria, University of South Africa, South Africa). Retrieved from <http://uir.unisa.ac.za/handle/10500/5241>
- Wasserman, A. (2015). *Stress and coping in the South African Police Force* (Master's thesis, University of Pretoria, Pretoria, South Africa). Retrieved from <https://repository.up.ac.za/handle/2263/58245>
- Wassermann, A., Meiring, D., & Becker, J. R. (2019). Stress and coping of police officers in the South African Police Service. *South African journal of psychology*, 49(1), 97-108.
- Watson, R., Jorgensen, L., Meiring, D., & Hill, C. (2012). The development and evaluation of an emotion competence intervention in the South African Police Service. *Journal of Social Science*, 30(2), 183 – 203.
- Welman, J. C & Kruger, S. J. (1999). *Research methodology for the business and administrative sciences*. Johannesburg: International Thompson.
- Wessely, S., & Deahl, M. (2003). Psychological debriefing is a waste of time. *The British Journal of Psychiatry: the Journal of Mental Science*, 12(4), 183. Doi: 10.1192/bjp.183.1.12.

- Wiese, L., Rothmann, S., & Storm, K. (2003). Coping, stress and burnout in the South African Police Service in Kwazulu-Natal. *South African Journal of Industrial Psychology*, 29(4), 71 – 80.
- Williams, M. (2016). Police social work in South Africa. Retrieved from [http://www.scielo.org.za/scielo.php?script=sci\\_arttext&pid=S0037-80542016000100008&lng=en&nrm=iso&tlng=en](http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0037-80542016000100008&lng=en&nrm=iso&tlng=en)
- Wilson, F.C., Poole, A.D., & Trew, K. (1997). Psychological distress in police officers following critical incidents. *The Irish Journal of Psychology*, 18, 321 – 340.
- Wisker, G. (2001). *The postgraduate research handbooks*. London: Palgrave.
- Wrzesniewski, K. & Chylinska, J. (2007). Assessment of coping styles and strategies with school-related stress. *School Psychology International*, 28(2), 179-194.
- Young, A. (1995). *The harmony of illusions: Inventing post-traumatic stress disorder*. Princeton, NJ: Princeton University Press.
- Young, M. (2004). *Exploring the meaning of trauma in the South African Police Service* (Doctoral thesis, University of Pretoria, Pretoria, South Africa). Retrieved from <https://repository.up.ac.za/bitstream/handle/2263/27855/Complete.pdf?sequence=9>
- Young, M., Koortzen, P., & Oosthuizen, R. M. (2012). Exploring the meaning of trauma in the South African Police Service: A systems psychodynamic perspective. *SA Journal of Industrial Psychology*, 38(2), Art. #1004, 11 pages.
- Zellars, K. L., & Perrewé, P. L. (2001). Affective personality and the content of emotional social support: Coping in organizations. *Journal of Applied Psychology*, 86(3), 459 – 467.

## APPENDICES

### Appendix A: Approval Letter

<i>South African Police Service</i>	<i>South African</i>		<i>Polisie</i>
Privaatsak Private Bag X94	Pretoria 0001	Faks No. Fax No.	(012) 334 3518

Your reference/U verwysing:

My reference/My verwysing: **3/34/2**

Enquiries/Navrae: **Lt Col Joubert  
AC Thenga  
(012) 393 3118  
JoubertG@saps.gov.za**

Tel:  
Email:

THE HEAD: RESEARCH  
SOUTH AFRICAN POLICE SERVICE  
PRETORIA  
0001

Mr JD Borien  
**UNIVERSITY OF THE WESTERN CAPE**

**RE: PERMISSION TO CONDUCT RESEARCH IN SAPS; EVALUATION OF THE DIFFERENCES IN PERCEPTION TOWARDS STRESS AND TRAUMA INTERVENTION STRATEGIES IN THE SOUTH AFRICAN POLICE SERVICE (SAPS); UNIVERSITY OF THE WESTERN CAPE; MASTERS DEGREE: RESEARCHER: JD BORIEN**

The above subject matter refers.

You are hereby granted approval for your research study on the above mentioned topic in terms of National Instruction 1 of 2006.

Further arrangements regarding the research study may be made with the following office:

The Provincial Commissioner: Western Cape:

- **Contact Person:** Lt Col SM Jeebodh
- **Contact Details:** (021) 417 7105
- **Email Address:** wc.od.stratcomm@saps.gov.za

Kindly adhere to paragraph 6 of our attached letter signed on the **2018-10-11** with the same above reference number.

  
**MAJOR GENERAL**  
**THE HEAD: RESEARCH**  
**DR PR VUMA**

**DATE:** 2019-11-11

## Appendix B: Consent Form for Learners



### Consent Form for questionnaire for participants

University of the Western Cape

**Title:** Evaluation of the differences in perception toward stress and trauma intervention strategies in the South African Police Service

**Researcher:** Jason Borien, 3475570

**Supervisor:** Prof. F Abrahams

**Please initial box**

1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. (If I wish to withdraw I may contact the lead researcher at any time)
3. I understand my responses and personal data will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports or publications that result for the research.
4. I agree for the interview to be audio-recorded
5. I agree for the data collected from me to be used in future research.
6. I agree for to take part in the above research project.

\_\_\_\_\_  
Name of Participant  
(or legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent  
(If different from lead researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Lead Researcher  
(To be signed and dated in presence of the participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be filed and kept in a secure location for research purposes only.*

**Researcher:**  
Address: 7 Pama Close, Bothasig,  
7441  
Contact: 084 533 3766  
Email: 3475570@myuwc.ac.za

**Supervisor:**  
Department of Industrial  
Psychology  
Contact: (021) 959 3179  
Email: fabrahams@uwc.ac.za

**HOD: Department of Industrial  
Psychology**  
Contact: (021) 959 2212  
Email: bmahembe@uwc.ac.za  
**Humanities and Social Sciences Ethics  
Committee**  
Contact: (021) 959 2948/49/88  
Email: research-ethics@uwc.ac.za

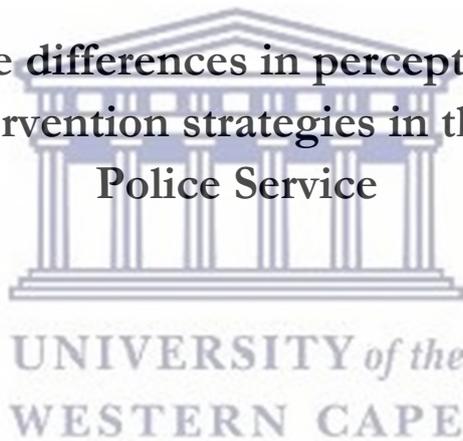


## Appendix C: Interview Guide



**UNIVERSITY of the  
WESTERN CAPE**

### **Evaluation of the differences in perception toward stress and trauma intervention strategies in the South African Police Service**



You are asked to participate in a research study conducted by Jason Borien.  
You were selected as a possible participant in this study because you are an  
employee employed at the SAPS in the Western Cape.

## Individual Interview Guide

- 1) What is your understanding of work-related stress?
- 2) What is your understanding of trauma?
- 3) How does police officers cope as a result of exposure to stressful and traumatic incidents?
- 4) What is your understanding of an intervention strategy?
- 5) What intervention strategies are offered to police officers to manage work-related stress and trauma?
- 6) What is your experience of these intervention strategies?
- 7) Do police officers make use of these intervention strategies?
- 8) How often do they make use of these interventions?
- 9) How often are these interventions offered?
- 10) Does the intervention strategies offered, assist police officers to manage stress and trauma?
- 11) What intervention programmes should be established to address work-related stress and trauma?



**THANK YOU FOR YOUR TIME**

UNIVERSITY *of the*  
WESTERN CAPE