

Exploring a psychological trauma management programme at a police station in the Gauteng Province

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requirements for the degree **Master of Commerce in Industrial
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REMARKS

The reader is reminded of the following:

- The editorial style as well as the references referred to in the mini-dissertation follow the format prescribed by the Publication Manual (6th edition) of the American Psychological Association (APA). This practice is in line with the policy of the Programme in Industrial Psychology of the North-West University (Potchefstroom) to use APA style in all scientific documents, as from January 1999.
- The mini-dissertation is submitted in the form of a research article. The editorial style specified by the *South African Journal of Industrial Psychology* (which agrees largely with the APA style) is used, but the APA guidelines were followed in constructing tables.

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DECLARATION

I, Duduzile Nomcebo Gama, hereby declare that this mini-dissertation entitled “Exploring a psychological trauma management programme at a police station in the Gauteng Province”, is my own work and that the views and opinions expressed in this work are those of the author and relevant literature references as shown in the references.

I further declare that the content in the research will not be handed in for any other qualification at any other tertiary institution.



Duduzile Nomcebo Gama

October 2018

DECLARATION FROM LANGUAGE EDITOR



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26 October 2018

To whom it may concern

I, Liezl Potgieter, hereby declare that I have done the language editing of the mini-dissertation by DN Gama (student number 26702665) titled: "Exploring a psychological trauma management programme at a police station in the Gauteng Province" submitted in partial fulfilment of the requirements for the degree Master of Commerce in Industrial Psychology at the North-West University.

Yours sincerely



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Table of Contents

	Page
List of tables	VIII
Abstract	IX
Opsomming	XI
CHAPTER 1: INTRODUCTION	1
1. Introduction	2
1.1. Problem statement	3
1.2. Expected contributions of the study	11
1.2.1. Contribution to the individual and the organisation	11
1.2.2. Contributions to Industrial/Organisational Psychology literature	12
1.3. Research objectives	13
1.3.1. General objective	13
1.3.2. Specific objectives	13
1.4. Research design	13
1.4.1. Research approach	14
1.4.2. Research strategy	15
1.4.3. Research method	15
1.4.3.1 Literature review	15
1.4.3.2 Research setting	16
1.4.3.3 Entrée and establishing researcher roles	16
1.4.3.4 Research participants and sampling methods	16
1.4.3.5 Data collection methods	17
1.4.3.6 Data recording	18
1.4.3.7 Strategies employed to ensure quality data	19
1.4.3.8 Data analysis	20
1.4.3.9 Reporting style	20
1.4.3.10 Ethical considerations	20
1.5. Overview of chapters	21
1.6. Conclusion	21
References	22

TABLE OF CONTENTS (CONTINUED)

CHAPTER 2: RESEARCH ARTICLE	31
CHAPTER 3: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS	97
3.1. Conclusion	98
3.2. Limitations	101
3.3. Recommendations	102
3.3.1. Recommendations for practice	102
3.3.2. Recommendations for future research	103

TABLE OF CONTENTS (CONTINUED)

LIST OF TABLES

Table	Description	Page
Research article 1		
Table 1	<i>Characteristics of participants (n=11)</i>	46
Table 2	<i>Defining psychological trauma</i>	51
Table 3	<i>Experiences of psychological trauma</i>	54
Table 4	<i>Types of traumatic incidents</i>	59
Table 5	<i>Effectiveness of the psychological trauma management programme (PTMP)</i>	62
Table 6	<i>Recommendations for an effective psychological trauma management programme</i>	64

ABSTRACT

Title: Exploring a psychological trauma management programme at a police station in the Gauteng province

Keywords: psychological trauma management programme, psychological trauma, traumatic stress, South African Police Service, police

Police officials play a crucial role in preventing crime and protecting society. In the line of duty, police members are exposed to situations that are outside of normal, everyday experience. As a result they suffer from psychological trauma PT, which often leads to more serious conditions such as Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD). Such conditions negatively impact the wellbeing of the individual and their ability to perform well on the job, as well as the organisation. This indicates a need for effective psychological trauma management. The general objective of the present study is to explore psychological trauma management at a police station. The study also focused on establishing the meaning of PT to police members and the types of events they regard as traumatic. The study also aimed to establish how police members value the effectiveness of the current psychological trauma management programme (PTMP).

The researcher used a qualitative design, with a social constructivist/interpretivist approach. Participants were recruited using non-probability purposive sampling. The sample consisted of eleven functional members of the South African Police Services (SAPS) from a police station in the Gauteng Province. A focus group discussion was used to collect data, which was transcribed and thereafter analysed using thematic analysis. Themes and

subthemes were extracted from the data and these were reported on in detail and substantiated with direct quotations.

The findings indicate that police members have a good understanding of the meaning of PT and regard various events as traumatic. From the findings, it was evident that the police members experience events where they are witnesses or victims of crime as traumatic. It was found that some of the members are aware of the PTMPs offered. The police employees indicated that the PTM programmes are not effective, mainly due to lack of awareness and support from the organisation. Furthermore, it was found that the role of the service providers influences the perception of PTMPs as ineffective, mainly due to their inability to maintain confidentiality and limited knowledge.

From the study it was evident that the SAPS could benefit from reviewing the current PTM programme in terms of implementation and quality of service offered by providers. The study concludes with recommendations for future research and practice.

OPSOMMING

Titel: Verkenning van 'n sielkundige traumabestuursprogram by 'n polisiekantoor in die Gauteng Provinsie

Sleutelwoorde: sielkundige traumabestuursprogram (STBP), sielkundige trauma (ST), traumatiese stres, Suid-Afrikaanse Polisie diens, polisie

Polisiebeamptes speel 'n deurslaggewende rol in die voorkoming van misdaad sowel as die beskerming van die samelewing. In die regsplig word polisielede blootgestel aan situasies wat buite normale, alledaagse ondervinding is. As gevolg hiervan ly hulle aan sielkundige trauma (ST), wat dikwels lei tot meer ernstige toestande soos akute stresversteuring (ASV) en post-traumatiese stresversteuring (PTSV). Sulke toestande het 'n negatiewe impak op die welstand van die individu en hul vermoë om hulle werk goed te doen, sowel as die organisasie. Dit dui op die behoefte aan effektiewe sielkundige traumabestuur. Die algemene doel van die huidige studie was om sielkundige traumabestuur by 'n polisiekantoor te ondersoek. Die studie het ook gefokus op die vasstelling van die betekenis van ST aan polisielede en die tipes gebeurtenisse wat hulle as traumaties beskou. Die studie was ook daarop gemik om vas te stel hoe polisielede die doeltreffendheid van die huidige sielkundige traumabestuursprogram (STBP) ervaar.

Die navorser het 'n kwalitatiewe ontwerp gebruik, met 'n sosiale konstruktivistiese / interpretatiewe benadering. Deelnemers is gewerf deur nie-waarskynlikheid- doelgerigte steekproefneming te gebruik. Die steekproef bestaan uit elf funksionele lede van die Suid-Afrikaanse Polisie diens (SAPD) van 'n polisiestasie in die Gauteng Provinsie. 'n Fokusgroepbespreking is gebruik om data in te samel, wat getranskribeer en daarna geanaliseer is deur

tematiese analise te gebruik. Temas en subtemas is onttrek uit die data en dit is in besonderhede aangemeld en met direkte aanhalings gemotiveer.

Die bevindings dui aan dat polisielede 'n goeie begrip het van die betekenis van ST en verskeie gebeurtenisse as traumaties ervaar. Uit die bevindings was dit duidelik dat die polisielede gebeurtenisse waar hulle getuies of slagoffers van misdaad is as traumaties ervaar. Daar is bevind dat sommige van die lede bewus is van die STBP's wat aangebied is. Die polisielede het aangedui dat die STB-program nie effektief is nie, hoofsaaklik as gevolg van die gebrek aan bewustheid en ondersteuning van die organisasie. Verder is bevind dat die rol van die diensverskaffers die persepsie van STBP's as ondoeltreffend beïnvloed, hoofsaaklik weens hul onvermoë om vertroulikheid en beperkte kennis te handhaaf.

Uit die studie was dit duidelik dat die SAPD voordeel kan trek uit die hersiening van die huidige STB-program ten opsigte van die implementering en gehalte van diens wat deur verskaffers aangebied word. Die studie sluit af met aanbevelings vir toekomstige navorsing en praktyke.

CHAPTER 1

INTRODUCTION

Note to the reader:

- This chapter follows the style and references as well as editorial guidelines as prescribed by the Publication Manual (6th edition) of the American Psychological Association. This practice is in accordance with the policy in the Programme of Industrial Psychology of the North-West University, which stipulate the use of APA style in all scientific documents as from January 1999.

Introduction

In South Africa, the Occupational Health and Safety Act (OHSA) requires employers to safeguard the health and safety of employees by establishing the risks inherent in the job (South African Department of Labour, 2004). The Act also requires employers to provide precautionary measures to mitigate the impact of these risks on the wellbeing of employees (South African Department of Labour, 2004). Thus it is crucial that organisations, especially those with employees who face traumatic incidents and develop psychological trauma as a result, put in place interventions to safeguard their employees' wellbeing. To this end, organisations employing first responders such as emergency services (ambulance, fire) and police officers, provide psychological trauma management programmes (PTMPs) (Kaminer & Eagle, 2010). The purpose of these are to not only maintain the welfare of the first responders (Deville, Gist, & Cotton, 2006) but also safeguard the organisation against possible negligence lawsuits (Tehrani, 2002).

A review of international literature reveals that a majority of the widely used PTMPs such as Psychological First Aid (PFA) and Critical Incident Stress Debriefing (CISD) include debriefing. This is in spite of lack of conclusive research evidence that indicates the effectiveness of debriefing (Antai-Otong, 2001; Lewis, 2003; Regel, 2007). In some studies participants found debriefing helpful (Bowman, Bhamjee, Eagle, & Crafford, 2004; Busuttil & Busuttil, 1997; Lewis, 2003) while other studies found that it intensified symptoms (Carlier, Lamberts, Van Uchelen, & Gersons, 2000; Rick & Briner, 2004; Van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002).

In South Africa, limited studies have been conducted on PTMPs. The very few studies conducted reveal that debriefing, which is part of the CISD model, is used in the healthcare (Mamabolo & Tjallinks, 2010) and law enforcement sectors (Boshoff & Strydom, 2015; Geldenhuys, 2015; Gumani, Fourie, & Terre Blanche, 2013). However, there are limited studies on the effectiveness of the PTMPs, particularly in law enforcement.

Thus this study aims to explore psychological trauma and management interventions thereof as experienced by employees in the South African Police Services in the Gauteng Province. In pursuit of this, this study explored the experience of police officers in terms of the types of events they regard as traumatic and PT. In addition the study explored the perception of police

officers with regards to the effectiveness of the available PTMP and elicited recommendations to improve the current programme.

This chapter includes the problem statement, research objectives, the general and specific objectives, and thereafter the research methodology and chapter overview. Key words utilised in this research include psychological trauma management programme, psychological trauma, traumatic stress, South African Police Service, police.

1.1. Problem statement

Police employees are often exposed to traumatic events (Geoffrion, Lanctot, Marchand, & Guay, 2015). Due to its socio-political history and prevalence of crime, South Africa is often referred to as a society of violence (Kaminer & Eagle, 2010; Williams et al., 2007) or a traumatised nation (Fattah & Parmentier, 2001). According to Hamber and Lewis (1997), a five-year study revealed that about 70% of a nationally representative sample experienced violence at least once during their lifetime. Given the high incidence of violence, it is not surprising that it has spilled over into the workplace (Di Martino, 2002; Kennedy & Julie, 2013), where it could lead to the development of psychological trauma (PT). The spill-over effect is mostly felt in the healthcare sector (Kennedy & Julie, 2013) followed by law enforcement (Steffgen, 2008).

There is limited literature on employees' lived experiences of traumatic events in South Africa (Kaminer & Eagle, 2010), and qualitative studies on psychological trauma management (PTM) in law enforcement are underrepresented. Furthermore, very little is known about psychological trauma management programmes (PTMPs) used in the South African Police Services (SAPS). It is neither known whether such programmes are effective, nor what recommendations can be made towards the improvement of PTMPs from the point of view of police members. Therefore, this study will focus on (a) the lived experiences regarding PT and PTM of police members (b) how police members would value the effectiveness of the PTMP, and (c) what recommendations police members would make towards the improvement of the PTMP.

Psychological trauma

Flannery (2015) defines psychological trauma (PT) as a response of fear and helplessness due to exposure to a traumatic event. Similarly Van der Kolk (2003) describes PT as a response to overwhelming stimulus characterised by helplessness, vulnerability, dissociation, hyperarousal and inability to control aggression. According to Ford (2009), PT or traumatic stress, refers to biological, spiritual and psychological reactions as a result of an actual or perceived threat to one's life. In the light of the above definitions, PT can be described as the exposure to a traumatic event, which negatively impacts emotional, cognitive and physical functioning. A traumatic event is a situation where a person experiences or witnesses actual or threatened death or serious injury to self and/or others (Adriaenssens, Gucht, & Maes, 2012).

PT results in a heightened state of awareness, sleep disturbances, avoidance of the area where the incident occurred and intrusive memories of the event (Ford, 2009; Flannery, 2015). Other research studies identified that PT also results in depression, anger and amnesia (Adriaenssens et al., 2012); and increases the risk of heart disease (Dulmus & Hilarski, 2003). When these symptoms persist and impact normal functioning, they may lead to psychological disorders such as Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD) (Adriaenssens et al., 2012; Ford, 2009). ASD was included in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) to describe post-traumatic symptoms within a month of experiencing a traumatic event, i.e. before PTSD develops (Bryant & Harvey, 1998). According to the DSM-5, ASD and PTSD share the same symptoms – exposure, intrusion, avoidance and negative mood (American Psychiatric Association, 2013). The symptom cluster for ASD also has dissociative symptoms, which may or may not be present in a diagnosis of PTSD. ASD and PTSD also differ in that symptoms in ASD start within three days and last for up to four weeks, whereas if symptoms are present for 30 days it leads to a diagnosis of PTSD (American Psychiatric Association, 2013).

International literature indicates that PT has been prevalent for many years. Several authors report that early accounts of the experience of soldiers point to PT, which was referred to as soldier's heart in the American Civil War (Flannery, 2015; Ford, 2009), and later on as war neurosis and shell shock in the World Wars (Jones & Wessely, 2007; Lasiuk & Hegaderen, 2006; Sher, 2004). Prisoners of war were also found to have the same symptoms as soldiers,

i.e. hyper arousal, flashbacks or nightmares and avoidance behaviour (Jones & Wessely, 2007). Eagle and Kaminer (2015) posit that PT was identified in hindsight due to the progress made with the DSM where PTSD was first included in the third edition (Ford, 2009; Stein, McLaughlin, Koenen, & Bogota, 2014; Van Dyk & Van Dyk, 2010).

Initially the diagnostic criteria for PTSD, classified under Anxiety Disorders, included an unusual stressor not typical of everyday experience, which resulted in significant distress, and three clusters of symptoms, i.e. re-experiencing, avoidance/numbing and hyper-arousal (Johnson, 2009; O'Connor, Lasgaard, Spindler, & Elklit, 2009). It also made a distinction between acute and chronic PTSD, specified the onset of symptoms and stipulated that symptoms should be present for at least 30 days (Bisson, 2007; Turnbull, 2011). Since then the diagnostic criteria has been revised in the subsequent editions of the DSM. In addition to the original criteria, the DSM-IV stipulated that symptoms must cause significant impairment in functioning (Bedard-Gilligan & Zoellner, 2008; Bisson, 2007; Ford, 2009). In the latest edition, the DSM-5, PTSD is classified under Trauma- and Stressor-Related disorders and the stressor is broadened to include learning that the traumatic event occurred to a close family member or friend, and first-hand experience of repeated or extreme exposure to details of the traumatic event excluding through printed and/or visual media (Carmassi et al., 2013; Elhai et al., 2012). Furthermore, another criterion of symptoms has been added and this relates to negative cognitions and mood. The DSM-5 does not make a distinction between acute and chronic PTSD but includes sub-types – preschool subtype and PTSD with dissociative symptoms (American Psychiatric Association, 2013).

In the DSM-5, the stressor criterion requires that the traumatic event is specified as experienced directly, indirectly or witnessed; and the reaction of intense fear, helplessness has been removed (North, Surís, Smith, & King, 2016).

According to Kaminer and Eagle (2010) and Williams et al. (2007), the identification of PT in South Africa follows a somewhat similar pattern in that a retrospective view of the consequences of the country's political violence in the early 80s and 90s indicate that large numbers of people suffered from PT. Kaminer and Eagle (2010) also report that it became evident during the Truth and Reconciliation Commission that many victims of political violence had suffered from PT, given that some had been diagnosed with and were suffering from PTSD. An earlier review conducted by Edwards (2005) indicates that political violence

in the Crossroads area resulted in 32% of the children showing post-traumatic stress symptoms while a further 10% met a diagnosis of PTSD. Post-apartheid, the country is reported to have one of the highest rates of violence in the world with about 80% of the population exposed to traumatic events (Atwoli et al., 2013). Given these high rates, it is surprising that very little research is available on the psychological impact of violence with even fewer research focussing on the workplace.

Psychological trauma in law enforcement

Police officers are reported to have a high risk of experiencing or witnessing a critical incident as part of their daily tasks (Deahl et al., 2000; Beech & Leather, 2006; Geoffrion, Lanctot, Marchand, & Guay, 2015; Leino, Selin, Summala, & Virtanen, 2011). In a study of 96 police officers, Pasciak and Kelley (2013) found that over 90% experienced at least one critical incident. The types of critical incidents police officers experience include dealing with violent community members and exposure to physical violence (Leino et al., 2011; Yuan et al., 2012). According to Weiss et al. (2010), 15% of police officers are assaulted at least once while on duty. The death of a colleague or member of the community (Dussich, 2003), hostage situations (Polusny et al., 2008), being confronted with a deadly weapon (Andersen & Papazoglou, 2014; Pasciak & Kelly, 2013), and exposure to injured victims and scenes with child victims (Amaranto, Steinberg, Castellano, & Mitchell, 2003) are also critical incidents that police officers experience in the line of duty. Exposure to these and other critical incidents has been found to manifest in PT and in some cases PTSD.

PT has been linked to an increase in absenteeism, being prone to accidents at work (Edwards, 2005), and a loss in productivity (Adriaenssens et al., 2012), which were found to negatively impact the efficiency of the organisation (Kwok et al., 2006; Michael & Jenkins, 2001). In the policing sector 35% of police officers exposed to critical incidents experience PT, with between 10% and 19% developing PTSD (Andersen & Papazoglou, 2014). A study of 1 286 police officers located across five countries found that 21,6% manifested PTSD symptoms (Ménard, Arter, & Khan, 2016). Another study found that police officers experienced emotional, mental and physical exhaustion as a result of exposure to critical incidents (Amaranto et al., 2003). Other studies identified symptoms of impaired functioning (Leino et al., 2011; Patterson, Chung, & Swan, 2014), acute anxiety and depression (Beech & Leather, 2006; Pasciak & Kelly, 2013) after trauma. These symptoms have a negative impact on the

police force as a whole as service delivery is compromised due to absenteeism, high turnover rates (Geoffrion et al., 2015) and low staff morale (Beech & Leather, 2006).

Within the South African context, research conducted indicates that police members' experience of critical incidents significantly differs in quantity compared to the general population (Jones, 2005). Due to the high crime levels police employees experience one critical incident per day (Elntib & Armstrong, 2014) with over 150 members killed in the past three years (SAPS, 2018). Similar to their international counterparts, the SAPS experience critical incidents such as violent crime scenes, killing a person (Jones, 2005), exposure to cases involving child victims, and intense strike actions (Louw & Viviers, 2010). Other critical incidents include exposure to victims of assault (Geldenhuys, 2017) and witnessing the death of a colleague (Subramaney, Libhaber, Pitts, & Vorster, 2012). According to Elntib and Armstrong (2014), witnessing the death of a colleague results in significant trauma followed by exposure to car accidents. Jones (2005) reports that police members have a higher prevalence of PT symptoms, with 19,5% suffering moderate to severe symptoms). Other than PT symptoms, police members have been found to suffer from burnout, which reduces productivity and leads to higher rates of employees leaving law enforcement (Pillay & Claase-Schutte, 2004). Other studies found that critical incidents led to an increase in absenteeism (Minnaar & Mistry, 2006; Sieberhagen, Rothmann & Pienaar, 2009), suicide ideation (Geldenhuys, 2017; Rothmann & Van Rensburg, 2002); and anxiety (Young, Koortzen & Oosthuizen, 2012). These symptoms impair performance and results in poor service delivery (Minnaar & Mistry, 2006). These outcomes indicate that PT has a negative impact on the wellbeing of police members and, similar to findings from international research, also impact relationships with family members (Seedat, Van Niekerk, Suffla, & Ratele, 2014).

Given the widespread impact of PT, it is clear that this phenomenon is a serious problem for organisations where employees are routinely exposed to critical incidents (Edwards, 2005). Limited studies are available focussing on PT in police members thus this study will aim to richly describe the PT experiences of police members. Furthermore, fewer studies have provided an in-depth description of the available PT management interventions, which are important given that functional police employees are exposed to critical incidents on a daily basis.

Psychological trauma management

Psychological trauma management (PTM) refers to interventions that are delivered after a traumatic event to lessen the resulting distress and possibly prevent the development of PTSD (McNally, Bryant & Ehlers, 2003). Several research studies have been conducted on interventions such as psychological debriefing (PD), critical incident stress debriefing (CISD), critical incident stress management (CISM), psychological first aid (PFA), and cognitive behavioural therapy (CBT). (Flannery, 2015; Ford, 2009; Ruzek et al., 2007, Van Dyk & Van Dyk, 2010).

PD was originally used in the military to assist soldiers to cope with the traumatic stress before it was used with police officers, fire fighters and other emergency personnel in the 1980s (Rose, Bisson, Churchill, & Wessely 2002). The aim of PD is to reduce the negative effects of PT and prevent the development of PTSD (Mitchell & Everly, 1996). Through a seven-phase process, individuals exposed to trauma are encouraged to relive the traumatic event as a form of ventilation or catharsis (Deville, Gist, & Cotton, 2006). It is recommended that PD should be facilitated soon (one to three days) after the traumatic event. PD and CISD (a form of PD that developed independently) are interventions offered shortly after a critical incident i.e. 48-72 hours (Deahl et al., 2000). CISD (group debriefing) together with a pre-incident component where employees are prepared for traumatic events, and other self-help activities aimed at reducing the traumatic symptoms are incorporated in the CISM model (Rose et al., 2002). PFA is defined as a set of early interventions that are implemented immediately in relation to the person's needs after experiencing a traumatic event (Forbes et al., 2011). The aim of PFA is to reduce distress and facilitate coping with stressful events (Ford, 2009; Ruzek et al., 2007).

CBT is also used in PTM to challenge destructive thoughts about the traumatic incident and the resulting maladaptive behaviour (Johnson, 2009). Several studies indicate that using trauma-focussed CBT strategies such as cognitive restructuring (Ehlers, Clark, Hackmann, McManus, & Fennell, 2005; Kar, 2011), exposure to and/or reliving of the trauma through use of images (Kar, 2011; Vasile, 2014), psychoeducation and anxiety management skills (Ford, 2009) are effective in reducing the negatives effects of trauma. According to Flannery (2015) and Wald (2009), 4-8 sessions of CBT should be offered within 2-4 weeks post-trauma where ASD does not develop.

Kaminer and Eagle (2010) describe PTM interventions in three broad categories i.e. acute/front line, short-term, and long-term. According to Kaminer and Eagle (2010), acute/front line interventions are those offered immediately after experiencing a critical incident such as PD, PFA and CISD. Short- to medium-term interventions are for individuals diagnosed with ASD and PTSD and can last for a minimum of two sessions to several months (Kaminer & Eagle, 2010). These interventions include CBT, psychodynamic therapy, narrative therapy and Eye Movement Desensitisation and Reprocessing (EMDR) (Kaminer & Eagle, 2010). Interventions that take place over several months or years, such as psychodynamic or psychoanalytic therapy, are categorised into long-term approaches and are for treating complex cases of PTSD (Kaminer & Eagle, 2010).

Several authors report that the acute/frontline interventions offered in the police sector focus on educating police officers to recognise signs of traumatic stress and developing management techniques (Amaranto et al., 2003; Deahl et al., 2000). According to Patterson et al. (2014), these educational programmes are mostly used as they form part of training. Limited utilisation by police employees of post-exposure interventions such as CISD or group debriefing are reported due to the culture in law enforcement that promotes control of one's emotions (Patterson et al., 2014). According to Pasciak and Kelly (2013) the nature of CISD, which assumes that police members are close enough to share their emotions, could also be limiting uptake as the police culture promotes self-reliance and stoicism. As such, interventions have limited success as participation is viewed as a sign of weakness and leads to stigmatisation (Patterson et al., 2014).

Literature surveyed on the efficacy of PTM interventions is inconclusive. Earlier studies on the use of PD and CISD found that individuals with traumatic stress did not develop PTSD (Busuttil & Busuttil, 1997). However, later studies revealed that, while participants found these frontline interventions helpful, there was no evidence indicating its efficacy on preventing PTSD (Lewis, 2003; Rick & Briner, 2000; Van Emmerik et al., 2002). In contrast, encouraging the victims to relive the traumatic experience was found to subject them to more trauma and intensify the symptoms (Deville et al., 2006; Rick & Briner, 2000). Even with the development of CISM and PFA, there is still no conclusive research evidence on the effectiveness of these interventions in reducing traumatic stress (Jacobowitz, 2013; Vasile, 2014). However, CBT has been found to be more effective in reducing symptoms (Bryant, Friedman, Spiegel, Ursano, & Strain, 2011; Wald, 2009) such as avoidance and flashbacks

(Flannery, 2015); and the risk of PTSD (Devilly et al., 2006; Ford, 2009).

In their review of PTM interventions available to police officers, Ménard et al., (2016) found that 34% did not utilise such interventions as they were viewed ineffective. In particular, CISD was reported as ineffectual as it focuses on one critical incident at a time and thus ignores the cumulative effect of all incidents (Ménard et al., 2016). In addition, the use of peer counsellors (perceived to have limited psychological knowledge) and psychologists (perceived to have no knowledge on police work) contributed to the perception that the PTM interventions are ineffective (Ménard et al., 2016).

In South Africa, limited studies have been conducted on PTM interventions and their efficacy. However, the available research mirrors international findings in that in some cases, these interventions were not always available, or workers found these ineffective. The former is reportedly prevalent in the security industry where counselling is limited to extremely violent incidents and, even then, is an outsourced service (Pillay & Claase-Schutte, 2004). In the SAPS, the availability of PTM offsite left police members feeling unsupported (Young et al., 2012). However, the availability of PTM did not necessarily improve the opinion police employees have of feeling supported nor increased participation rates. CISD in particular, was perceived to be ineffective due to the counsellors not maintaining confidentiality (Geldenhuys, 2017). In addition, social workers were seen as lacking an understanding of police work and this created a negative impression of PTM and its efficacy. In some instances, police members perceived PD as optional or were reluctant to attend sessions as it was seen as a sign of weakness (Van Dyk & Van Dyk, 2010).

The available literature indicates that, while research has focussed on the nature and prevalence of violence in the workplace, the main focus was on PTSD and establishing PD as the main intervention. Limited research is available on the mental health needs of victims of workplace violence as well as on the actual impact of PT on the work ability and the organisation. According to Elntib and Armstrong (2014) suffering from PT puts excessive demands on the capacity of police officers, thus putting public safety at risk. Other studies found that PT compromises the efficiency of the organisation (Kwok et al., 2006; Michael & Jenkins, 2001). Furthermore, research has focused on events such as those mentioned above (abuse, conflict, et cetera.) whereas De Klerk (2007) reports that organisational factors such as downsizing, mergers and acquisitions cause PT, leading to less productivity and decreased

loyalty and commitment to the organisation. This indicates that PT is not characteristic of work environments that have a high prevalence of violent events. Thus, whether PT is a result of critical incidents or operational activities, it is crucial for organisations to put into place effective interventions to mitigate the negative impact. Although the controversial PD-type frontline interventions are widely adopted, it is not known how the current PTM programmes are experienced or what recommendations can be made to such programmes in order to improve its effectiveness. In the light of the above, this study aims to qualitatively explore the lived experiences of police members pertaining to the current PTMP and richly describe their recommendations towards improving its effectiveness.

Based on the problem statement, the following research questions are posed:

- How is PT, PT in the policing sector and PTM in the workplace conceptualised in scientific literature?
- What does PT mean to police members at a police station?
- How would police members describe their experience of PT?
- What type of events can be regarded as traumatic to police members working at a police station?
- How is the current PTMP experienced by police members at a police station?
- How would police members at a police station value the effectiveness of the PTMP?
- What recommendations can be made by police members for an effective PTMP at a police station?
- What recommendations can be made for future research and practice regarding PTM in the SAPS?

1.2. Expected contributions of the study

1.2.1. Contribution to the individual and the organisation

This study focused on the lived PTM experiences of employees in the SAPS and how they value the effectiveness of PTM programmes. The stories of these individuals will be heard, leaving them to feel acknowledged and valued. Employees in the SAPS will also benefit from management implementation of recommendations to increase the effectiveness of the current PTMP.

PT negatively impacts the performance of employees, resulting in an increase in absenteeism, high turnover rates, and loss in productivity (Adriaenssens et al., 2012). This negatively impacts the efficiency of the organisation (Kwok et al., 2006; Michael & Jenkins, 2001) which in law enforcement compromises service delivery to communities (Elntib & Armstrong, 2014). While the SAPS does have an Employee Health and Wellness (EHW) programme which, according to Geldenhuys (2017) addresses the impact of traumatic events experienced by police members, it is critical to understand the efficacy of the PTM interventions on treating PT and/or preventing the development of PTSD. Thus management interventions are critical to the successful performance of employees, which benefits the organisation.

On an organisational level, this study will empower management to evaluate and, where necessary, improve the effectiveness of their PTM programme which could possibly lead to a decrease in absenteeism and productivity. An effective PTM programme will also reduce training costs incurred when recruiting new employees to replace those who leave the organisation due to PT. In addition, organisations have a legal obligation to provide employees with safety, care and support (Tehrani, 2002). Thus understanding and implementing effective management interventions for PT will also protect the organisation from legal action.

1.2.2. Contributions to Industrial/Organisational Psychology literature

The available research indicates that few studies have been conducted on PTM in the workplace (Hensel, Bender, Bacchiochi, Pelletier, & Dewa, 2010; Minnie, Goodman, & Wallis, 2015) and within law enforcement in particular (Patterson, et al., 2014) where debriefing is seemingly provided to satisfy legal regulations (Elntib & Armstrong, 2014). In addition, qualitative research studies on PTM in the workplace are underrepresented internationally (Tehrani, 2004) and especially in South Africa (Kaminer & Eagle, 2010). This study will therefore contribute to the body of scientific knowledge on PTM in the workplace, and specifically in the SAPS. Furthermore, this qualitative enquiry will aim to richly describe the experience of PT from the perspective of the police members in the SAPS. This study will also explore the experiences of the current PTMP and its effectiveness as valued by police members in the SAPS. Another contribution this study can make to Industrial/Organisational Psychology literature will be recommendations for future research and practice regarding an

effective PTM programme in the SAPS.

1.3. Research objectives

The research objectives include a general objective and specific objectives.

1.3.1. General objective

The general objective of this study is to explore PTM at a police station in the Gauteng Province.

1.3.2. Specific objectives

The specific objectives of the study are:

- To establish how PT, PT in the workplace and PTM in the workplace are conceptualised in scientific literature
- To explore the meaning of PT according to police members at a police station
- To explore the experiences of PT according to police members at a police station
- To explore the types of events regarded as traumatic by police members working at a police station
- To explore how police members at a police station would value the effectiveness of the PTMP
- To explore what recommendations police members can make for an effective PTMP at a police station
- To make recommendations for future research and practice regarding PTM in the SAPS

1.4. Research design

This study takes the form of a research article which is qualitative in nature. According to Merriam (2014) qualitative research focuses on meaning and how people interpret and understand their world, instead of focusing on measures of quantity or frequency, thus focusing on insight (Noor, 2008). The study is explorative as it is unclear how the current PTMP is experienced by police employees.

In the following sub-sections, the proposed research approach, research strategy and research

method are discussed.

1.4.1. Research approach

The social constructivist/interpretivist worldview was utilised as the research approach for this study. According to Wagner, Kawulich and Garner (2012) these approaches are related as they try to understand how a person experiences the world. The social constructivist/interpretivist approach assumes that knowledge is created through interactions with others (Myers, 2013) and the notion that one cannot be separated from his/her knowledge and that of the researched (Morrow, 2007).

Ontology refers to a view of reality (Slevitch, 2011) or the nature of reality (Ormston, Spencer, Barnard, & Snape, 2013) individuals have about the world. The ontological assumptions of the social constructivist and interpretivist research approaches can be found in constructionism. Constructionism holds that: (a) social phenomenon and its meanings are fulfilled by social actors; (b) researcher's understanding and experience of society is also constructions; and (c) knowledge is viewed as unknown (Bryman & Bell, 2011).

In this study the assumptions were that police members working at a police station are frequently confronted with potentially traumatic events and will be in a position to define PT; identify the types of events that may cause PT; reflect on their experience of the current PTMP; value the effectiveness of the current PTM programme; and make recommendations on how the current PTMP can be made more effective.

The nature and scope of knowledge (epistemology) related to the social constructivist and interpretivist research approaches are as follows: (a) knowledge can be created by exploring the meanings and interpretations that people make; (b) meanings and interpretations made by researchers are informed by meanings and interpretations made by the people they study; (c) interpretation is mainly an inductive process because it is derived from the data level; (d) objective research is not possible; (e) social research is based on meaning and self-regulating action as opposed to laws of nature in natural sciences; and (f) social reality cannot be summarised or presented as the truth since social views and understandings can vary (Ormston et al., 2013). In this study the researcher explored, from the perspective of the SAPS employee: the meaning of PT; the types of events that may cause PT; the experiences

of the current PTMP; the effectiveness of the current PTMP; and recommendations to improve the current PTMP. In this process, new contextual knowledge related to the PTMP in the SAPS was created.

1.4.2. Research strategy

In this study, the research strategy took the form of a case study. According to Yin (2013) a case study approach enables the researcher to study phenomena in its real life context. This study focussed on SAPS employees' experiences of the current PTM programme. The units of analysis are the SAPS members at a police station and the current PTM programme in the SAPS. A case study approach was deemed suitable for this study as the causes of PT occur within the workplace and a PTM programme is offered to its employees by the organisation. Thus the researcher's aim was to understand the context and dynamics within which PT develops and how the PTM programme is experienced by employees of the SAPS. According to Salkind (2012) the advantages of a case study approach enable the researcher to get a richer account of what is happening in the object of study. One of the disadvantages of case study research is lack of generalisability, i.e. the findings in one case cannot be claimed to be the same in other cases. However, Yin (2013) reports that it is possible to make theoretical generalisations instead of statistical generalisations. Providing as detailed a description of the context as possible will also enable generalisability of findings (Yilmaz, 2013).

1.4.3. Research method

1.4.3.1 Literature review

A literature review on PT/traumatic stress in the workplace and management interventions was conducted. The focus was on the policing sector in particular. Articles published between 2000 and 2017 were utilised and accessed from databases such as PsycInfo, SAePublications, Emerald, PsycArticles, EbscoHost, Google Scholar and Science Direct. Accredited and peer-reviewed scientific journals that were consulted were selected based on the prevalence to the research topic and these included: *Journal of Traumatic Stress*, *South African Journal of Human Resource Management* *Aggression and Violent Behaviour*, *South African Journal of Industrial Psychology*, *Journal of Applied Psychology*, *Acta Criminologica*, *Journal of Occupational Psychology*, and *Psychological Trauma: Theory*,

Research, Practice, and Policy among others. Key words used in literature searches included psychological trauma management, psychological trauma, traumatic stress, South African Police Service, police.

1.4.3.2 Research setting

The setting for this study was at a police station in the Gauteng Province. Data collection was conducted during a day shift in a boardroom where the participants were able to feel comfortable. To ensure privacy, a “do not disturb” sign was posted on the door.

1.4.3.3 Entrée and establishing researcher roles

Following approval of the research proposal at the School of Industrial Psychology and Human Resource Management Scientific Committee, the researcher gained ethical clearance from the North-West University (NWU-00084-10-S4). A formal request to collect data was submitted to the Research Division of the South African Police Service (SAPS). The Research Division of the SAPS with the National Head: Employee Health and Wellness (EHW) appointed a local EHW facilitator in the Gauteng Province to coordinate practical arrangements for data collection. The researcher requested employees to participate by distributing a letter, which explained the purpose of the study and included a form for informed consent.

The researcher facilitated a focus group discussion and took field notes. The researcher transcribed the participant responses verbatim to a Microsoft Excel program and analysed the data. Furthermore, the researcher reported on the findings and recommendations in a professional and responsible way, and aimed to be objective, unbiased and uphold ethical matters.

1.4.3.4 Research participants and sampling methods

The population for this study consisted of SAPS employees in the Gauteng Province. The participants are functional police members meaning police employees who are tasked with crime prevention and crime detection duties. These functional SAPS members commonly carry the rank of constable (Cst), sergeant (Sgt), warrant officer (W/O) or Lieutenant (Lt).

Participants were selected using non-probability, purposive, convenient and voluntary sampling. Non-probability purposive sampling ensured that particular individuals who have a perspective on the phenomena under study are included (Robinson, 2014). Purposive sampling ensured that functional SAPS members who are at risk of traumatic incidents in the line of duty and have been exposed to at least one work-related traumatic event before are included. The use of convenience and voluntary sampling ensured that SAPS members who were readily available and selected to participate are included in the study.

The group discussion continued until no new themes/information emerged, i.e. when data saturation was reached. The sample size consisted of 11 group members.

1.4.3.5 Data-collection methods

Data was collected by using a focus group, as this technique is ideal for developing an understanding of the participants' perceptions of the current PTMP. Such a group discussion (Flick, 2009) enabled the interviewer to capture interviewees' responses in a face-to-face interaction and, with a semi-structured format, to strategically drive the interview to focus on information relevant to the study (Noor, 2008).

The discussion followed five stages described by Ritchie and Lewis (2003) as setting the scene, introductions, starting the topic, getting into the discussion and ending the discussion. In the first stage, the interviewer briefly introduced the topic, the purpose of the study and how the findings will be used. The enquirer also encouraged participants to share their views as there are no right or wrong answers and assured them of confidentiality before starting to record. In the second stage, the interviewer requested participants to introduce themselves and share some information about themselves, for example, duration working in the SAPS. In the third stage, the interviewer introduced the topic and started the discussion by posing questions to the participants. At this stage, the interviewer encouraged each participant to give input to create interaction between the members rather than responses aimed at the interviewer. This flowed into the next stage where the interviewer used probing techniques to elicit more information or gain a better understanding of responses and raise topics that have not been spontaneously brought up. The discussion continued until all relevant topics were sufficiently covered, at which point the interviewer indicated that the session is almost at the end. This was done to avoid abruptly ending the session and to also give the participants an

opportunity to mention any other views they may have and to ask questions. In the last stage, the interviewer thanked all participants and assured participants of confidentiality.

All discussions were conducted in English, audio recorded and thereafter transcribed.

The discussion guide contained the following questions:

- In your experience, how would you define PT?
- How would you describe your experience of PT?
- In your opinion, what types of events/incidents at work are traumatic?
- What can you tell me about the effectiveness of the PTMP?
- What recommendations can you make concerning an effective PTMP in your workplace?

A pilot study was conducted with three functional SAPS members prior to the focus group to determine whether the participants understand the abovementioned questions (Ritchie & Lewis, 2003). Where questions were not understood clearly, the researcher made alterations to the question before the main data collection.

1.4.3.6 Data recording

As part of the written consent form, the researcher explained to the participants the recording of the data-collection session. By signing the consent form, the participant gave the researcher permission to record the session. The researcher explained the importance of speaking loud and clear as well as having only one speaker at a time. Only the researcher had access to the recording in order to ensure confidentiality. Following the focus group, the recordings were transcribed verbatim to a Microsoft Excel spreadsheet. After transcription had taken place, the Excel file was saved with an encrypted password on various memory devices, for example a computer hard drive, external hard drive and memory stick. The transcript and data recording were compared in order to ensure that no information was lost. Only the researcher and supervisor had access to the transcription. The recording on the digital recorder was erased after it had been transcribed. No names or identifiable information of participants was transcribed.

In addition, the researcher took field notes as well as observational notes to supplement the recorded focus group discussion. Field notes served as a reflection of the focus group while

observational notes captured the details of the focus group (time, date, et cetera.) (Sunstein & Chiseri-Strater, 1997).

1.4.3.7 Strategies employed to ensure quality data

The strategies used to ensure quality data included conformability, authenticity, transferability and dependability.

Conformability refers to the researcher's ability to remain objective when interacting with data about the data's accuracy, relevance or meaning (Elo et al., 2014). The researcher achieved this by ensuring that reported findings are based on the data and are separate from his personal bias, beliefs and values. In order to increase confirmability, the researcher used a co-coder in this study.

Authenticity means the ability of the researcher to present the findings in a true or credible manner. According to Yilmaz (2013) the authenticity of a study is achieved through a rich and detailed description of the phenomena and settings such that readers can understand what and how the phenomena occurred. Creswell (2009) suggests peer debriefing to ensure authenticity. The researcher provided another researcher with descriptions or themes identified from the data so they could comment on the accuracy of the findings.

Transferability, or the generalisability, is important where the research aims to transfer the findings of one study to another situation, i.e. extrapolation (Elo et al., 2014). However, given that a case study approach was used and thus the findings are specific to the SAPS in the Gauteng Province, generalisability may be impossible. Yilmaz (2013) reports that with a thick description of the phenomena, i.e. the setting, context, people, actions and events researchers may be able to generalise findings from one context to another. The researcher provided detailed contextual information to enable transferability.

Dependability refers to the stability of the research findings, that is, achieving the same results when the study is conducted over time and under different conditions (Elo et al., 2014). Yilmaz (2013) posits that dependability can be achieved if processes, procedures and methods are clearly explained and evaluated by the researcher. Therefore the researcher provided a clear explanation of the research process to ensure dependability.

1.4.3.8 Data analysis

Thematic analysis was used to analyse the data. Braun and Clarke (2006) explain that thematic analysis is a qualitative descriptive method of searching across the data and arranging it into themes or patterns. The researcher used Creswell's (2009) six step process as follows to analyse the data.

The first step involved organising and preparing the data, i.e. transcribing the interviews, typing field notes and reading through the data. In the second step, the researcher read through the data several times to get a general idea of the information and the meaning of the data. The third step entailed coding the data and labelling categories to give them meaning. The researcher used Microsoft Excel 2013 to code and sort the information to be able to describe and identify themes, which is step four. A co-coder was used in order to ensure that themes are consistently represented by the data (Hosmer, 2008). In step five, the researcher presented the data as a discussion using as much details as possible and also presenting the data in tabular form where possible. The researcher also included direct quotations from participants. In the final step, the researcher interpreted the data to give it meaning.

1.4.3.9 Reporting style

The findings extracted from the transcribed data were reported in a qualitative narrative. Themes and sub-themes were identified and discussed in detail. Direct quotations were used to illustrate authenticity and substantiate the sub-themes which then informed the themes. The themes, sub-themes and direct quotations were also presented in tables in text to validate findings.

1.4.3.10 Ethical considerations

Ethics and compliance to ethical standards are important in all research endeavours. Thus the researcher had the responsibility of ensuring that the participants were not negatively impacted during the research process (Wasserman, 2006). In light of this, the researcher followed the ethical standards prescribed by the Health Professions Council of South Africa. Firstly, the researcher explained the purpose of the study and use of results to the participants in order to gain informed consent. Secondly, the researcher made the participants aware that participation and/or withdrawal from the study is voluntary and will not cause any harm to

any individual and/or the organisation. Thirdly, the researcher ensured that an Employee Health and Wellness professional of the SAPS was available should the participants experience distress. Fourthly, participants were made aware that their information would remain confidential and use of the results would be at group level rather than individual level. Where reference is made to individual input, as in direct quotes, their personal details were not revealed.

1.5. Overview of chapters

The chapters in this dissertation are presented as follows:

- Chapter 1: Introduction
- Chapter 2: Research article
- Chapter 3: Conclusion, limitations and recommendations

1.6. Conclusion

This chapter entailed a discussion of the problem statement and the research objectives. The research method followed by the chapter overview was then explained.

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CHAPTER 2

RESEARCH ARTICLE

Notes to the reader:

- This research article follows the style and references as well as editorial guidelines as prescribed by the Publication Manual (6th edition) of the American Psychological Association. This practice is in accordance with the policy in the Programme of Industrial Psychology of the North-West University, which stipulate the use of APA style in all scientific documents as from January 1999.
- The format style of this research article is in accordance with the guidelines for authors of the South African Journal of Industrial Psychology.

Exploring a psychological trauma management programme at a police station in the Gauteng Province

Orientation: Police employees are exposed to critical incidents such as shootings and violent crime scenes, which predispose them to experience adverse mental health reactions such as psychological trauma (PT). PT has a negative effect on both the wellbeing of the police officers and the functioning of the law enforcement organisation. Previous research has focused on identifying the critical incidents police employees experience, but very little is known about the psychological trauma management (PTM) in the South African Police Service (SAPS) as well as the effectiveness of such interventions as experienced by police employees.

Research purpose: The general objective of this study is to explore PTM at a police station in the Gauteng Province.

Motivation for the study: This study is motivated by the fact that there is limited knowledge on how police employees experience the available PTM interventions and the effectiveness of the psychological trauma management programme (PTMP).

Research design, approach and method: The study used a social constructivist/interpretivist worldview research design, with non-probability, purposive, convenient and voluntary sampling of 11 participants. Participants consisted of police employees working in the Gauteng Province. A focus group was used to collect data. The focus group interview was transcribed verbatim and analysed using thematic analysis.

Main findings: It was found that participants have a clear understanding of PT, the types of critical incidents that result in PT, and the impact of PT on wellbeing. It was evident that participants regard the current PTM programme as ineffective.

Practical implications: The study highlights the perceived ineffectiveness of the current PTM programme. It could be beneficial for the organisation to address shortcomings of the current PTMP to safeguard the wellness of employees and the organisation.

Contribution/value-add: The main contribution of this study is the revelation to management the participants' perception of the PTMP as ineffective. Another contribution of the study is the addition to existing knowledge as qualitative studies conducted on PTMPs are limited.

Keywords: psychological trauma management programme, psychological trauma, traumatic stress, South African Police Service, police

Introduction

Orientation

The South African Police Service (SAPS) reports that serious crimes such as murder and sexual assault have increased by 6.9% and 0.5%, respectively, from 2017 to 2018 (SAPS, 2018). Such increases put pressure on the law enforcement agencies, more so police officials whose main function is to keep members of the public safe (Elntib & Armstrong, 2014). As part of their jobs, police personnel are required to respond to and manage emergency and traumatic or disaster accidents (Anderson, Litzenberger, & Plecas, 2002). Due to the nature of such tasks, they are routinely exposed to critical incidents (Fjeldheim et al., 2014, Neyland et al., 2002), which include shootings, attending to crime scenes and car accidents. Critical incidents not only expose police officials to gruesome scenes but also threaten their lives (Patterson, 2009). As a result, police employees are at a greater risk of developing traumatic stress or psychological trauma (PT) (Ford, 2009).

PT has far-reaching negative consequences. Studies of police members show that at individual level, PT leads to high rates of absenteeism, early retirement, substance abuse (Ballenger et al., 2011), and suicide (Chae & Boyle, 2013; Kgalema, 2002; Rothmann & Van Rensburg, 2002). Furthermore, the police population has also been found to have significant rates of employees suffering from post-traumatic stress disorder (PTSD) (Anderson et al., 2002). The impact at the organisational level is indicated by high turnover rates, an understaffed and compromised police force that is unable to effectively render its services to society (Elntib & Armstrong, 2014). The impact of PT also extends outside of the workplace (Bowman, Bhamjee, Eagle, & Crafford, 2004) where an inefficient policing system prevents foreign investment thus affecting the economy of the country (Tengpongsthorn, 2017). Given this, it is important that organisations, especially those employing first responders, develop and use effective psychological trauma programmes (PTMPs).

Research purpose and objectives

The general objective of this study was to explore psychological trauma management (PTM)

at a police station in the Gauteng Province. The specific objectives of the study were:

- To establish how PT, PT in law enforcement and PTM in the workplace are conceptualised in scientific literature
- To explore the meaning of PT according to police members at a police station
- To explore the experiences of PT according to police members at a police station
- To explore the types of events regarded as traumatic by police members working at a police station
- To explore how police members at a police station would value the effectiveness of the PTMP
- To explore what recommendations police members can make for an effective PTMP at a police station
- To make recommendations for future research and practice regarding PTM in the SAPS

Literature review

Psychological trauma

First responders are required to attend to and manage emergency and traumatic incidents as part of their daily duties (Arble & Arnetz, 2017; Arnetz, Nevedal, Lumley, Backman, & Lublin, 2009). Several authors report that first responders, such as police officials and healthcare professionals, are at a higher risk of suffering from PT, acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) (Anderson, Litzenberger, & Plecas, 2002; Antai-Otong, 2001; Faust & Ven, 2014; Frommberger, Angenendt, & Berger, 2014). Flannery (2015) defines PT as a bodily response that occurs due to a sudden situation that threatens the victim's wellbeing and sense of control. Kaminer and Eagle (2010) seem to share this view but also posit that witnessing a situation where another person's life is under threat will cause PT. In addition, Kaminer and Eagle (2010) are of the view that, although the event may be life threatening, it does not necessarily need to cause injury. A study of telecommunications workers by Bowman et al. (2004) demonstrates this as workers who were directly exposed to a violent event were found to have experienced stress associated with PT.

Other authors focus on the level of symptoms in their definition of PT. PT, also referred to as post-traumatic symptoms (Allen & Ortlepp, 2000) or partial PTSD (Arnetz et al., 2009) is

defined as the presence of symptoms seen in PTSD at a level where a diagnosis of PTSD cannot be made (Chapin, Brannen, Singer, & Walker, 2008; DeFraia, 2015; Faust & Ven, 2014). Chae & Boyle (2013) refer to PT as traumatic stress symptoms whereas Chopko, Palmieri and Adams (2013) refer to PT as subjective traumatic stress. Young, Koortzen and Oosthuizen (2012) focus on social support and define PT as a sudden loss of social support in response to a traumatic experience. Malinauskiene and Einarsen (2014) refer to PT as an overwhelmed coping ability. In light of the above, PT can be defined as a sudden situation, experienced or witnessed, that threatens a person's wellbeing and renders one unable to cope.

According to Faust and Ven (2014) PT occurs at a higher rate (15%) compared to PTSD. This is not surprising given the high prevalence of traumatic events in the workplace, known as critical incidents (Antai-Otong, 2001; DeFraia, 2015; Fjeldheim et al., 2014; Ward, Lombard, & Gwebushe, 2006). Critical incidents are sudden traumatic events that, whether witnessed or experienced in person, threaten one's physical and emotional wellbeing (Elntib & Armstrong, 2014; Fjeldheim et al., 2014; Liberman, Metzler, Fagan, & Marmar, 2002; Prati & Pietrantonio, 2010; Ward et al., 2006). Maguen et al. (2009) defines a critical incident as a distressing event that overwhelms one's emotional resources. These incidents render the person unable to cope and function in a normal way (Anderson et al., 2002; Antai-Otong, 2001; Malinauskiene & Einarson, 2014). Based on this, critical incidents are traumatic events that negatively impact one's physical and psychological health such that they are not able to cope.

Research shows that critical incidents occur in most work environments (DeFraia, 2015; Weiss et al., 2010). However, not much is known about the experiences of PT from the perspective of employees in the SAPS.

Psychological trauma in law enforcement

The law enforcement sector is reported to experience among the most critical incidents (Elkonin & van der Vyer, 2011; Steffgen, 2008). According to Harell's (2011) national study of workplace violence in the United States of America (USA), during the 2005 to 2009 period police personnel were more at risk of critical incidents compared to healthcare professionals. Weiss et al. (2010) report that about 15% of police officials working in the New York and California urban departments reported being assaulted at least once a day while on duty. In

another study of 96 USA police officials Pasciak and Kelley (2013) reported that over 90% suffered at least one traumatic incident at work while over 60% experienced two incidents.

Comparatively, Elntib and Armstrong (2014) report significantly high rates for South African police officials who experience one critical incident per day and between 200-600 incidents per year. The death toll of South African police officials is much higher than the global average (Young et al., 2012), indicating the high prevalence of critical incidents in the line of duty.

The types of critical incidents police officers are exposed to include assisting people with severe injuries and handling dead bodies (Karaffa & Tochkov, 2013; Karlsson & Christianson, 2003). However, some critical incidents are distinct to the law enforcement in that the lives of police officers are put at risk (Prati & Pietrantonio, 2010). Such instances include where police officers have to use appropriate force when arresting suspects (Chapin, et al., 2008; Liberman et al., 2002) and pursue suspects at high speed (Anderson et al., 2002; Yuan et al., 2012). Police officers also have to manage uncontrollable crowds and face attacks with a knife, gun or other weapon (Beech & Leather, 2006). One study found that fighting with a perpetrator elevates the heart rate much higher than other critical incidents (Anderson et al., 2002). Experience of these symptoms results in acute reactions such as PT (DeFraia, 2015) which police officers are not exempt from suffering although they are exposed to critical incidents on almost a daily basis (Liberman et al., 2002).

Some of the common reactions in PT include arousal, intrusive thoughts and avoidance symptoms (Harris, Baloglu, & Stacks, 2002; Tehrani, 2002). Arousal or hyper-vigilance negatively affects sleep patterns, which leads to irritability and difficulties with concentration (DeFraia, 2015). The former impacts relationships with colleagues, family members and friends (Allen & Ortlepp, 2000). Avoidance symptoms also affect relationships negatively in that PT sufferers isolate themselves from people associated with the traumatic event (Chapin, et al., 2008). DeFraia (2015) states that people suffering from PT completely withdraw from social interaction. In the workplace this is indicated by absenteeism (Cross & Ashley, 2004) and in extreme cases, it leads to resignation (Antai-Otong, 2001). De Klerk (2007) reports that intrusive thoughts, dreams and flashbacks also lead to avoidance of the workplace. These overwhelm the sufferer and affect the ability to perform well at work (Maia et al., 2011). In a study of telecommunications workers Bowman et al., (2004) found that their symptoms

worsened when they went back to the site where they had a traumatic experience. Intrusive thoughts also manifest as nightmares, which tend to last longer than the other symptoms (Karlsson & Christianson, 2003). Antai-Otong (2001) and Kaminer and Eagle (2010) state that while symptoms are normal reactions to unusual situations, failure to resolve them within a few days will likely lead to more acute disorders such as ASD and PTSD.

The presence of the three symptom clusters, i.e. intrusive thoughts, avoidance and arousal, together with peritraumatic dissociation and negative mood symptoms, meets the conditions required for diagnosis of ASD (Bryant, Friedman, Spiegel, Ursano, & Strain; 2011). The American Psychological Association (APA) (2013) specifies that at least nine symptoms from the five clusters should be present for three days to a month and impair one's ability to function normally to fulfil a diagnosis of ASD. When these symptoms persist for longer than a month, PTSD develops (APA, 2013). Although PTSD has the same symptom clusters, the fifth edition of the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-5) stipulates a specific number of symptoms from each of the clusters for a diagnosis of PTSD to be made. Several studies report that police officials have a higher likelihood of developing PTSD compared to general society (Antai-Otong, 2001; Ballenger et al., 2011; Karaffa & Tochkov, 2013).

A range of other symptoms has been reported in police employees who develop PT. Officers were also found to have a weakened immune system (Chapin, et al., 2008). Anderson et al. (2002) reports that police officers suffered from short-term/long-term illness following a traumatic incident. Some police officers suffered from shock, intense fear and fatigue as a result of PT (Cross & Ashley, 2004). Other studies found that police officers suffered from depression, became aggressive (Karaffa & Tochkov, 2013; Karlsson & Christianson, 2003) and abused alcohol and drugs (Ballenger et al., 2011; Faust & Ven, 2014). According to Cross and Ashley (2004) a quarter of police officers with PT have substance dependency, which according to Ballenger et al. (2011) is much higher than what is reported. Faust and Ven (2014) note that all these symptoms lead to a vicious cycle and aggravate each other. For instance, in an effort to cope with nightmares or flashbacks, the sufferer may turn to alcohol and drugs (Chae & Boyle, 2013), which leads to increased absenteeism from work or a decline in work performance. Substance abuse also leads to an increased preoccupation with suicidal thoughts (Chae & Boyle, 20013). The symptoms impact the ability of the police

officers to do their work effectively and this may result in the injury or death of their colleagues or even citizens (Arnetz et al., 2009).

The impact of PT thus spills over and negatively affects the organisation, interpersonal relationships and society. At organisational level, the impact is felt through legal costs that the force becomes liable for due to recklessness of police officers (Arnetz et al., 2009). Further costs arise due to recruitment and training of new officers to replace those who resign or commit suicide due to inability to cope (Cross & Ashley, 2004; Geldenhuys, 2015). DeFraia (2015) reports that costs are also incurred from disability and worker compensation claims. At a personal level, PT impacts relationships inside and outside the work environment. Chapin et al. (2008) reports that sufferers isolate themselves from family and friends. In some instances marriages break down and ultimately end in divorce (Arnetz, Arble, Backman, Lynch, & Lublin, 2013; Geldenhuys, 2017). Family members are also at risk of becoming victims of domestic abuse, which is intensified by substance abuse (Pillay & Claase-Schutte, 2004). At societal level, the society may lose trust in the police force's ability to keep it safe (Cross & Ashley, 2004). Based on this, organisations need to have effective interventions in place. Tehrani (2002) states that organisations exposed to critical incidents are legally required to provide their employees with protection and care following such events. However, there are a limited studies that provide conclusive evidence of the effectiveness of psychological trauma management (PTM).

Psychological trauma management

It is crucial for employers to offer PTM to maintain the wellbeing of employees (Elntib & Armstrong, 2014). PTM refers to interventions aimed at assisting individuals effectively to resolve the trauma following a critical incident (McNally, Bryant, & Ehlers, 2003). According to Kaminer and Eagle (2010) PTM interventions fall into three categories, namely, acute or frontline, brief/short-term and medium-term, and long-term interventions.

Acute/frontline interventions are implemented shortly after a critical incident and can include psychological debriefing (PD), critical incident stress debriefing (CISD) and psychological first aid (PFA). The first acute intervention, PD, is offered soon after a traumatic event, i.e. one to three days (Deahl et al., 2000). The main aim of PD is to have the victim describe the traumatic event, thus relive the traumatic experience to reduce its negative impact and the

development of PTSD (Mitchell & Everly, 1996). The second acute intervention, CISD, is a group debriefing, which is also offered one to three days after the traumatic event (Kaminer & Eagle, 2010). Developed by Mitchell, CISD is implemented in seven phases (Chabalala, 2005): (a) the facilitator introduces the process and informs members of confidentiality and voluntary participation, (b) participants give their own account of the incident, focusing on the facts, (c) participants focus on the thoughts they had at the time of the incident, (d) focus turns to emotions or reactions following the incident, (e) the assessment phase where participants describe the symptoms they experienced, (f) facilitator teaches the participants about stress, the management thereof and coping skills, and (g) concludes with the re-entry phase by debriefing and allowing participants to ask questions.

CISD is one of various components that make up the Critical Incident Stress Management (CISM) model (Rose, Bisson, Churchill, & Wessely, 2002). The CISM model consists of the following seven components (Reyes, Elhai, & Ford, 2008):

- (a) *Pre-crisis preparation* for educating others on stress management
- (b) *Demobilisation* occurs after a critical incident where responders may be required to debrief before leaving the workplace,
- (c) *Defusing* is a three-part discussion that includes introductions, setting ground rules, discussing the incident and assessing whether further intervention is required. The third part entails providing information on coping skills.
- (d) Applying the seven-stage *CISD model*
- (e) *Individual crisis intervention* is conducted to educate participants basic procedures of interventions offered for individuals
- (f) *Family crisis intervention/organisational consultation* entails determining ways of ensuring continuing support
- (g) *Follow-up* and offer referral/s

The third acute intervention is PFA. PFA, similar to debriefing, also aims to reduce the negative impact of a traumatic event and assist the victim to cope with the experience (Ruzek et al., 2007). PFA is different from debriefing in that it is customised to meet the victim's needs and includes providing information and support (Reyes, Elhai, & Ford, 2008; Lewis, Varker, Phelps, Gavel, & Forbes, 2013). It is implemented according to eight core functions: (Ruzek et al., 2007): (a) contact and engage with victims to develop a relationship based on

trust, (b) ensure that victims feel safe and have a sense of comfort, (c) stabilise victims to calm them down, (d) gather information relating to most important needs and concerns, (e) offer practical assistance, (f) assist the victim to connect with sources of primary support, (g) provide information on ways to cope, and (h) help the victim link with relevant services.

Short- to medium-term interventions, which can last from at least two sessions to a number of months, are used with people who have been diagnosed with ASD and PTSD (Kaminer & Eagle, 2010). These can include cognitive behavioural therapy (CBT), narrative therapy and psychodynamic therapy. CBT helps the victim to gain control over the stressful feelings and thoughts resulting from the traumatic event (Johnson, 2009). Other effective CBT techniques include cognitive restructuring (Edwards, 2009; Ehlers, Clark, Hackmann, McManus, & Fennell, 2005), using images to enable re-experiencing of the traumatic event (Kar, 2011), education on trauma and treatment options (Wald, 2009) and anxiety management skills (Ford, 2009). Cognitive restructuring entails helping the victim identify and change negative thoughts and beliefs related to the traumatic incident (Reyes, Elhai & Ford, 2008; Richards & Lovell, 1997) whereas the use of images, or imaginal exposure, focuses on helping the victim relive the thoughts, emotions and perceptions experienced during the incident (Ford, 2009). Anxiety management skills include techniques that help victims manage reactions to fear such as muscle relaxation, breathing exercises and self-talk (Rosen, 2004). Narrative therapy, although seldom used to treat psychological trauma, focuses on rewriting the story of the victim of the traumatic experience so that he/she is empowered (Kaminer & Eagle, 2010).

Long-term interventions are used for treating people with complex PTSD and therefore last a number of months or years, such as psychoanalytic therapy (Kaminer & Eagle, 2010). According to Van Velsen (2011), the aim of psychoanalytic interventions is to assist PTSD sufferers to manage their condition rather than overcome it. The intervention involves identifying the defence mechanisms that keep the sufferer confined in the trauma and altering these to help the victim cope (Van Velsen, 2011).

In the law enforcement PTM is mostly conducted within two to seven days following a traumatic event (Chabalala, 2005), i.e. use acute/frontline interventions. These include CISD, which is integrated into the more comprehensive CISM model (Antai-Otong, 2001; Cross & Ashley, 2004). The CISM model also consists of a pre-accident component, which provides police members with training on trauma, the common reactions to trauma and resources

available (Amaranto, Steinberg, Castellano, & Mitchell, 2003; DeFraia, 2015). According to Faust and Ven (2014) the awareness of the reactions to traumatic events, signs of psychological trauma, and available resources prepare officers and enable them to better handle some of the trauma they experience. In their study of 18 Swedish police officers, Arnetz et al. (2009) found that pre-accident skills training effectively prepared the officers for traumatic events and helped to minimise negative stress reactions following a simulated critical incident. The pre-accident educational programmes are incorporated into training and therefore the most used (Patterson et al., 2014).

In contrast, police officers seldom use the post-accident component, such as debriefing (Chapin, et al., 2008; Karaffa & Tochkov, 2013; Rose & Unnithan, 2015). This component focuses on helping victims to recover from the traumatic event (DeFraia, 2015). According to Chapin, et al. (2008) implementing the post-accident interventions, i.e. debriefing, as soon as possible after critical incident exposure minimises the severity of the trauma response. The CISD model allows this as it gives the victim the opportunity to evaluate their experience and put it into perspective (Antai-Otong, 2001). As CISD includes group debriefing, it assumes that the companionship that exists among police officers will enable them to openly share their experiences and emotions (Pasciak & Kelly, 2013). However, police sub-culture values self-reliance and emotional control and thus officers who share their emotions are seen as weak and cannot be trusted to provide their police partners with support (Chapin, et al., 2008; Karaffa & Tochkov, 2013; Patterson et al., 2014). The fear of being stigmatised and losing one's job also prevents police officers from using PTM interventions (Chapin, et al., 2008). Furthermore, the use of mental health professions who do not have a police background was found to limit the use of available interventions (Cross & Ashley, 2004). The health professionals are perceived as insensitive to the difficult experiences of police officers (Dussich, 2003).

In South Africa, the SAPS uses the Jacobs model, which is adapted from Mitchell's CISD model (Chabalala, 2005; Van den Heever, 2013). Similar to the CISD model, it has seven phases, namely (a) introduction, (b) fact phase, (c) thinking phase, (d) feeling phase, (e) reaction/emotional phase, (f) stress management, (g) final phase (Van den Heever, 2013). The model is delivered in three stages, i.e. at the scene, initial and formal debriefing (Chabalala, 2005). According to (SAPS, 1998), the first stage involves debriefing police officers at the scene while the initial and formal debriefing are conducted within the first five hours and 72

hours respectively. Jacobs' model is implemented on a set of principles referred to as the acronym IMPRESS A RAVEN (Chabalala, 2005).

IMPRESS A

- I **Immediacy:** Treat member immediately after the incident.
 - M **Military milieu:** Remain within work environment, carry out duties in uniform
 - P **Proximity:** Provide treatment within one's work unit
 - R **Rest and replenishment:** Allow victims some time to rest and replenish
 - E **Expectancy:** Emphasise expectations with regards to returning to work
 - S **Simplicity:** Keep treatment simple and practical
 - S **Supervision:** The EHW or other professionals monitor those affected
- A **Activity:** Keep members involved in their units and active

RAVEN

- R **Reaction:** Explain the symptoms the member is likely to get
- A **Awareness:** Regularly make member aware of own feelings, emotions and thoughts
- V **Ventilation:** Encourage members to share
- E **Encouragement:** Encourage members to express their feelings
- N **Normal behaviour:** Assist affected members to realise that the symptoms they may experience are normal reactions

The SAPS (1998) also stipulates that a police employee involved in a traumatic event has 12 hours to report the incident to a debriefer, who may either be another employee who has completed debriefing training or the Employee Health and Wellness (EHW) services. Professionals including chaplains, psychologists and social workers deliver the health and wellness services to police personnel (Grobler & Joubert, 2012). Geldenhuys (2015) reports that even though debriefing is available, it is not mandatory, i.e. police officers are not forced to attend debriefing sessions. Similar to their American counterparts, the South African police employees avoid debriefing due to fear of stigmatisation from showing emotions (Geldenhuys, 2015). In a study of traffic police officers, the lack of confidentiality by providers was identified as a barrier to using post-trauma interventions (Kgalema, 2002). A

study of police officials in the Gauteng Province also revealed that a breach in confidentiality affected their uptake of debriefing services (Minnaar & Mistry, 2006). In a different study of police members in a specialised unit in the North-West Province, lack of confidentiality was also a barrier – with over 60% of the sample stating that providers did not always maintain confidentiality (Boshoff & Strydom, 2015). In addition, this study revealed that police employees were of the view that using the EHW services would threaten their chances to advance in their careers (Boshoff & Strydom, 2015).

The efficacy of PTM interventions is inconclusive. Busuttil and Busuttil (1997) report that earlier studies of PD and CISD on individuals with traumatic stress found that they did not develop PTSD. However, the nature of PD, which encourages victims to re-experience the traumatic event, was found to aggravate the symptoms instead of reducing the negative impact (Deville, Gist, & Cotton, 2006; Rick & Briner, 2004). Other studies revealed contrasting findings – with participants finding them useful although there was no evidence to indicate that the intervention prevented PTSD (Lewis, 2003; Rick & Briner, 2004; Van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). PFA, which later became widely used, also has limited research evidence showing its effectiveness in reducing traumatic stress (Forbes et al., 2011; Jacobowitz, 2013; Vasile, 2014). Of the medium-term to long-term interventions, CBT has been found to be more effective in alleviating symptoms (Bryant et al., 2011) in particular avoidance and re-experiencing symptoms (Flannery, 2015).

The perception of PTM interventions as ineffective has also influenced uptake in law enforcement. Ménard, Arter and Khan (2016) found that 34% of police officers were of the view that PTM interventions, CISD in particular, are ineffective and thus did not use them. According to Ménard et al. (2016) the nature of CISD to focus on one critical incident at a time and thus discount the cumulative effect of all incidents influenced the view of it as ineffective. In law enforcement, peer counsellors or psychologists implement interventions and the counsellors are perceived to lack psychological training, while the psychologists are thought to have no knowledge of what police work entails (Chapin, et al., 2008; Ménard et al., 2016). This adds to the perception held by police officers that interventions are not effective (Cross & Ashley, 2004; Ménard et al., 2016). Arnetz et al. (2009) therefore suggest that police interventions need to be appropriate for the sub-culture that exists within the force to improve usage.

There are limited studies on the efficacy of PTM intervention in the South African context. As mentioned, police employees perceive CISD to be ineffective due to a lack of confidentiality (Geldenhuys, 2017). Police members did not use services where the EHW was not based within the organisation as they perceived this as a lack of support from their respective units (Young et al., 2012). Similar to international findings, police officials regarded attending debriefing sessions as a sign of weakness (Elntib & Armstrong, 2014; Van Dyk & Van Dyk, 2010).

The available literature indicates that PT is a huge burden on individual sufferers, work and social relationships, and organisations. In the law enforcement environment ineffective policing due to PT leaves communities vulnerable to threats when police officers are unable to provide them with safety and protection (Elntib & Armstrong, 2014). This highlights the need for effective PTM interventions, which will help police officers overcome PT and enable the SAPS to be an effective organisation. It is not known how police officers experience the current PTM interventions and what recommendations can be made to improve its efficacy. Thus, a qualitative study was conducted to firstly explore the lived experiences of police members concerning the current PTMPs. Secondly, the study sought to elicit recommendations that can improve the efficacy of PTMPs.

Research design

In the following section, the research approach, research strategy and research method used in this study will be discussed.

Research approach

This study used a social constructivist/interpretivist worldview approach. Schurink (2009) states that a social constructivist approach is based on the idea that reality is constructed. Human beings are capable of changing this reality (Scotland, 2012). This is related to the interpretivist approach, which assumes that reality is a subjective construction (Scotland, 2012). The approach is based on the understanding and explaining of behaviour from the research participant's perspective (Ormston, Spencer, Barnard, & Snape, 2013; Scotland, 2012). Kim (2014) states that the focus of social constructivism is using social, historical and cultural partners to create meaning of one's experience.

The social constructivist/interpretivist paradigm has a constructionism view of reality, i.e. ontology. It recognises and encourages individuals to share their truth. This informed the assumptions of the study in that the aim was to understand the phenomena under study from the perspective of police members. The study thus explored the meaning of PT, the types of critical events that lead to PT, the experience of the PTMP, the perceived effectiveness of the current PTM programme and recommendations to improve this programme from the perspective of the police members.

Research strategy

The research strategy used was a case study. A case study strategy facilitates a complete, comprehensive understanding of the case within its context (Ritchie & Lewis, 2003). In this instance, the study focused on the SAPS's functional (operational) members and their experience of the PTM programme.

Research method

Research setting

Data collection took place at a SAPS station in Gauteng Province. The board room of this station was used as it was familiar and easily accessible to SAPS employees. The boardroom was also large enough to accommodate the focus group and was situated away from busy offices, creating a safe environment where participants could feel free to express their views. Data was collected during the daytime shift at the SAPS station at a time and date indicated by the Station Commissioner so as to not impede service delivery to the community.

Entrée and establishing researcher roles

This study forms part of a larger project that explores PT and the management thereof in the South African workplace. The ethical clearance number that was obtained from the North-West University for this study is NWU-00084-10-S4.

An application to conduct research in the SAPS was forwarded to the Divisional Commissioner: Research at the SAPS Head Office. The Divisional Commissioner provisionally gave permission provided that the Provincial Commissioner of Gauteng Province (where the police station was situated) gave consent to the study. The Provincial Commission afforded permission and informed the principal researcher and the Divisional Commissioner as such. Finally the Divisional Commissioner: Research gave final permission to the principal researcher to commence with data collection. The principal researcher was provided with the name and contact number of a coordinator within the SAPS who could assist in making arrangements for data collection.

The researcher verified arrangements for data collection, facilitated the focus group, verified the quality and accuracy of data transcription, analysed the data and reported the findings.

Research participants and sampling methods

Non-probability, purposive, convenient and voluntary sampling was used for this study. Non-probability purposive sampling identifies participants who are relevant to the issue under study and selects them intentionally (Creswell, 2009; Gray, Williamson, Karp, & Dalphin, 2007). In the current study, this sampling method was used to ensure that functional SAPS members whose work puts them at risk of being exposed to critical incidents at work are included in the study. Convenient sampling ensured participants who were available to participate in the study. A voluntary sampling strategy was used to include those participants who are willing to be part of the study. A focus group composed of participants who fit all the above was conducted. The sample size was made up of eleven ($n = 11$) functional members of the SAPS. The focus group discussion continued until no new themes emerged.

In Table 1 below, is an overview of the participants.

Table 1

Characteristics of participants (n=11)

Item	Category	Frequency	Percentage
Gender	Male	10	91%
	Female	1	9%
Age	31 – 35	4	37%

Item	Category	Frequency	Percentage
	36 – 40	2	18%
	41 – 45	3	27%
	50 – 65	1	9%
	Undisclosed	1	9%
Ethnicity	African	9	82%
	White	2	18%
Home language	SeSotho	3	28%
	Afrikaans	2	18%
	SePedi	2	18%
	IsiZulu	2	18%
	Setswana	1	9%
	Xitsonga	1	9%
Years of experience	1 – 10	4	37%
	11 – 20	5	45%
	21 – 30	1	9%
	31 – 40	1	9%
Nature of duties	Functional	11	100%

Table 1 indicates that the sample consisted of 11 participants, who are functional members of the SAPS. The majority of the participants were male (91%). Regarding age, the majority of the participants fell between the 31 to 35 year range. Most (82%) of the participants were African. The majority of participants indicated Sesotho (28%) as their home language. Most (45%) of the participants have between 11 to 20 years of work experience in the SAPS.

Data-collection methods

A focus group discussion was used to obtain the participants' understanding of PT and perceptions of the current PTMP. This was semi-structured so that the researcher could pose predetermined questions but also elicit more information by probing. The focus group discussion followed five stages (Ritchie & Lewis, 2003): (a) the researcher set the scene by giving a brief introduction of the topic and encouraging participation, (b) participants introduced themselves, (c) the research posed questions to the participants and encouraged an open discussion by encouraging participants to provide input, (d) the researcher used probing questions to elicit more information and encouraged participants to ask questions before ending the session, and (e) the researcher ended the discussion by thanking all participants.

During the discussion, the researcher posed the following questions to the participants:

1. In your experience, how would you define PT?

2. How would you describe your experience of PT?
3. In your opinion, what types of events/incidents at work are traumatic?
4. What can you tell me about the effectiveness of the PTMP in your workplace?
5. What recommendations can you make concerning an effective PTMP in your workplace?

Data recording

The focus group discussion was recorded using a digital voice recorder. A second recorder was used as a backup. Participants were informed of the purpose of recording the session and gave the researcher permission to do so by signing the consent form.

When the discussion was completed, the recording was transferred to a computer before it was transcribed verbatim in a Microsoft Excel spreadsheet. Both the recording and transcript were securely saved as password protected documents on a computer hard drive to ensure confidentiality.

The researcher compared the transcript with the recording to ensure that all information had been captured. The data in the recorders was erased after ensuring that the transcript had no missing information.

Strategies employed to ensure data quality and integrity

The researcher used the following strategies to ensure data quality and integrity:

The researcher remained objective to achieve *conformability*. The researcher ensured that personal bias, beliefs or values did not influence the findings reported in the study.

Authenticity refers to maintaining the participants' perspective when describing findings. The researcher ensured that the findings are presented accurately by working with another researcher to check that the findings reflect the participants' input. The researcher also included direct quotations of the participants' responses to ensure credibility of findings.

Transferability refers to the ability to apply one study's findings to a broader population (Shenton, 2004) or similar setting (Yilmaz, 2013). The researcher provided a detailed explanation of the context as well as the phenomenon under study to enable transferability.

Dependability refers to the consistency of the study, meaning that when repeated at a later stage and under different conditions, the study should yield the same findings. The researcher provided a clear explanation of processes and methods (data collection and analysis) followed in order to ensure dependability.

Data analysis

The data was analysed using thematic analysis. The researcher followed Creswell's (2009) six steps, detailed below, to analyse the data.

Step 1: Organising and preparing the data

The recording was transcribed verbatim using the Microsoft Excel programme. The researcher created separate Excel sheets for each specific research objective and arranged the answers provided by the participants under these objectives.

Step 2: Reading through the data

The researcher read through the transcript several times to get a general idea of the findings. While reading through the data, the researcher noted down any general views that were emerging about the data.

Step 3: Data coding and labelling categories

The researcher coded and sorted the transcribed data using the Microsoft Excel 2013 program. The researcher used the questions asked in the focus group to develop categories and coded the data accordingly. The following categories were identified: *definition of PT, experience of PT, types of critical incidents, effectiveness of PTMP, and recommendations for an effective PTMP.*

Step 4: Themes – identify and describe

The coded data was used to identify themes and sub-themes, which fit into the categories previously mentioned. The researcher used a co-coder to ensure that the data represented the appropriate themes and sub-themes.

Step 5: Data presentation

The researcher presented the data as a detailed discussion, with direct quotations included in some instances. The themes and sub-themes for each category were also presented in tabular form.

Step 6: Data interpretation

In the final step, the researcher interpreted the data to give it meaning. The researcher also compared findings with information from other similar studies.

Reporting style

A qualitative narrative that provides a detailed description of the themes and sub-themes identified was used. In addition, direct quotations were used to substantiate findings.

Results

The discussion from the focus group was analysed and the findings were arranged into categories, themes and sub-themes. These are presented in tabular format and include direct quotations from participants to substantiate the findings. The quotation attributed to a particular participant is indicated with the letter P followed by a number. For example, P3 would signify that Participant Three provided the direct quotation. The findings are provided in categories organised in the same order the group discussion proceeded. The categories are presented as follows:

Category 1: Definition of psychological trauma

Participants were asked to share their understanding of PT, that is, to define PT in their own words. The responses show a clear understanding as several themes and sub-themes emerged

from the definitions the participants provided. These are indicated in Table 2 below and include the most descriptive responses.

Table 2

Defining psychological trauma

Theme	Sub-theme	Response
Traumatic incident that affects a person	Traumatic incident that affects a person mentally	“I think it is something that affects you mentally, so it prevents you from uhm doing your day to day work or uhm your day to day life.” (P1) “Ja, ja, you cannot sort it yourself inside your head because you will continuously think about it and uhm what if they killed me, why, what if they shot me ... But it will stay there, ja and then it will create a trauma” (P2)
	Traumatic incident that leaves a person unable to cope	“I just think if something bad happened to you ... you are in a situation like a hijacking or a rape case ... you will not be able to cope daily with other things you need to do.” (P2) “Actually psychological trauma is, is a situation that you cannot deal with, or you cannot get a solution for that.” (P6)
	Traumatic incident that changes a person’s behaviour.	“... I was hijacked in Johannesburg, so you know my behaviour has changed.” (P6) “I was also almost hijacked I was on duty ... after that I would say for quite a while I would have been what you would call almost trigger happy.” (P1)
	Death of a colleague	“... your colleague has been shot and dead, that situation it’s a very traumatic situation.” (P7) “Someone that you work with closely uhh maybe for instant, uhh the person was having some problems at home or at work, then decide to take, take away his life, commit suicide, so aai that, it’s a very traumatic event for, to you ...” (P6)
Witnessing a traumatic incident	Witnessing a mutilated/autopsied body	“For me I can say uhh psychological trauma is ... I think about 8 years back I was at an accident scene here in K, whereby someone's skull was crushed.” (P3) “I have to go for post-mortem for those 18 people, that situation it was hard.” (P5)
	Touching a corpse	“I have picked up many dead bodies in my life so this one is no different but sometimes one is different, some, it will affect you differently.” (P1)

Theme	Sub-theme	Response
	Witnessing someone/people dying	<p>“If they expect me to hold a body even if it is cold. You do hold it, you become sick.” (P8)</p> <p>“This one colleague of us he is from task force ... he killed three of them on my eyes, so those things even when I am sleeping, it comes again, it comes again. (P5)</p>
Life threatening situation	Being shot at	<p>“There was a taxi start to go in an accident, all the passengers died, 18 only a child survived.” (P5)</p> <p>“... what if they killed me, why, what if they shot me.” (P2)</p>
	Being hijacked/almost hijacked	<p>“While we were on the lookout we just came across them. They started shooting randomly.” (P5)</p> <p>“... I was hijacked in Johannesburg ...” (P6)</p>
	Physical attack by community	<p>“I was also almost hijacked I was on duty...” (P1)</p> <p>“The mob justice I saw it, yoh it’s a trauma that one. But you can’t shoot a small kid, but they will kill you, if you didn't come out of that police station, they are going to burn us, we are going to die there ...” (P8)</p>
	Threats by community	<p>“I remember the one night a guy we tried to pull him over and he was like he tried to hit me before he drove off” (P1)</p> <p>“And then other time uhh me and my friends planning on a night out ... one guy saw me and then came to me. Now you are coming to spy at us ... Eish, they might come for me you see (P6)</p>
	Unexpected event	<p>“If you want to take one of those uhh illegal miners that are very strong, they have money, you cannot take out this man. We are not going to have money here, we are not going to have food, leave him here, no one is going out, otherwise you will die here. You have to leave him.” (P9)</p> <p>“I went to buy somewhere around here and then there is, people were screaming I don't know what was happening, I take out my gun because I know there was something wrong. The car that was, was robbing he passed right in front of me, they are going to shoot me because I didn't know what is happening ...” (P3)</p>

Theme	Sub-theme	Response
		“While we were on the lookout we just came across them. They started shooting randomly” (P5)

*P = participant

Table 2 indicates the three themes that capture the participants’ definition of PT and the sub-themes within each theme. The themes, namely, traumatic incident that affects a person, witnessing a traumatic incident and life-threatening situation, are discussed below.

Traumatic incident that affects a person: According to the participants PT is the result of a traumatic incident that affects a person mentally. One of the participants stated that the traumatic incident prevented him from performing his daily tasks or living. Another participant mentioned that the effect is such he is unable to make sense of the incident and will continuously think about it and what could have happened. Participants also stated that PT left them unable to cope. For example, one participant described trauma as an event that an individual cannot deal with or get a solution for. Some of the participants also defined PT as a traumatic incident that changes their behaviour. One participant reported that his behaviour changed in that he became trigger-happy after he experienced a traumatic incident. Another participant stated that she became more vigilant after she experienced a hijacking incident. Participants also defined PT in terms of an incident where a colleague was shot dead or committed suicide.

Witnessing a traumatic incident: According to the participants, PT can be explained by seeing or touching a dead body. Another participant mentioned an instance where he had to touch dead bodies when picking them up. Participants also described PT as witnessing the death of someone. For example, one participant mentioned witnessing the death of 18 people in a motor vehicle accident. Another participant stated that he was at an accident scene where he saw someone whose skull had been crushed.

Life-threatening situation: Participants explained PT as situations where they were being shot at, hijacked, and threatened or attacked by the community. Participants mentioned instances where they were randomly shot at or physically attacked by community members while attending to a case. Group members also defined PT as being threatened by the community.

For example, one participant mentioned that he was identified as a police member and threatened while he was out with friends, while another referred to being threatened by illegal miners. Participants also mentioned that PT can be defined as unexpected events that threaten their lives. For example, a participant reported that he experienced PT when he inadvertently found himself in the midst of a crime scene and realised afterwards that the perpetrators had passed in front of him.

The next section reports on the findings of category 2.

Category 2: Experiences of psychological trauma

The themes in Table 3 present the participants' description of their experience of PT. The most descriptive statements are also presented in the table to substantiate the findings.

Table 3

Experiences of psychological trauma

Theme	Sub-theme	Response
Change in behaviour	Hesitant to act	“And it ended up uhh resulting in a fear. Fear to act at the end of the day.”(P2) “And then if you, like you see somebody with a gun, you don't have to think ... if you are thinking too much you can make a mistake, you can shoot him unnecessary or you can shoot him tomorrow and you have a problem.” (P3)
	Increased vigilance	“Anything that happened that looked like it, I could see threats very quickly ...”(P1) “I am more vigilant, yes. The things that I am worried about, what will I do if somebody get in there.” (P6)
	Irrational behaviour	“I experienced something as a threat very quickly and I would immediately be firearm out uhm if, I remember the one night a guy we tried to pull him over and he was like he tried to hit me before he drove off and I was just flippen shooting at the car. I, I shot the car, I hit the car a few times and afterwards I thought, yuss if I shot that guy dead now, uhm I would be, I would be in prison today.” (P1) “... That's when you lose to do what you are supposed to do in a, in a good manner, then

Theme	Sub-theme	Response
		you start doing something, like people see a different person within yourself. You lose it.” (P8)
	Aggressive behaviour	“If you were sweet then you change to something else that its, sometimes, some of the people become animals out of what they experienced.” (P4)
		“Others will be angry and wants to fight and things like that, I think it’s your, uhm character.” (P5)
Changes in cognitive functioning	Difficult to concentrate	“You tend to lose concentration in whatever that you are doing ... sometimes you end up doing a mistake, you can be in an accident and you end up dying.” (P4)
		“If you are thinking too much you can make a mistake.” (P3)
	Recurring thoughts	“We think, we think maybe we can deal with it, but when you are in a process of living then you are in a different situation and it tend to, to hit you back.”(P8)
		“... you cannot sort it yourself inside your head because you will continuously think about it and uhm what if they killed me, why, what if they shot me. Things like that. But it will stay there.” (P2)
	Becoming suspicious	“But driving close to that car, and everything, so you see the situation it’s just traumatic to think of the, of getting close to the G4S cars, you don’t know if those guys inside are also involved or not.” (P4)
		“You know what cause the delay, people when they, when the police drive in, they block the road, they want to see what you are there for ...” (P9)
	Negative attitude	“The next thing our colleagues were arrested and at the cells ... the suspect he was the one who started shooting at the police but then the police start to shoot back and killed the guy and then there was footage and they were arrested ... if there was a robbery we couldn’t even go there immediately because we know if we go there and react to the situation and kill somebody we end up in cells.” (P7)
		“Well I think ... it will affect you in all ways. It will even affect your attitude that you have towards uhm life in general.” (P1)
	Concern for own and family’s safety	“They know you, they know your family. Should you act, they will deal with your family.” (P9)

Theme	Sub-theme	Response
		“And they strike and they start to call me. Now I am thinking of my family, and my safety as well. And you can imagine I wasn’t there.” (P6)
	Invasive images	“So those things even when I am sleeping, it comes again, it comes again. Sometimes we will find I dream of something, maybe I am at work, out of, out of the blues I wake up, like as if it is happening again in front of me.” (P5)
		“I can still see that person inside the car with the skull crushed.” (P3)
	Learning curve	“It can be healthy ... but obviously I have seen people that deal with advice.” (P1)
		“Me, when thing happen to me, I take it as a learning curve.” (P4)
Negative emotions	Anger	“Like now you are shouting at everybody because of the anger now inside, because you cannot deal with the idea of what happened to you.” (P2)
		“Sometimes it changes your attitude, you become angry or you have that anger with small things.” (P5)
	Fear	“I hate somebody who knocks at my window because I don’t know what will I do ... The things that I am worried about, what will I do if somebody get in there.” (P6)
		“I am afraid of that situation.” (P8)
	Mentally ill/depressed	“Should you become sick or maybe you will be, you will want to contain it and deal it as if you are strong. It affects those people ... in your mind-set you will react a different way.” (P8)
		“But if I tell you, you are not that strong, strong mentally, so this trauma it ... makes you to be depressed and eventually, eventually you can use, lose your life.” (P9)
	Feeling trapped	“Because when I am outside I can fight for myself, I won’t be traumatised, if I can die outside I will die peacefully because I can fight for it, not inside because ... the police station is burning, now how will we come out now?” (P8)
		“You have to drive around and go somewhere, places, seeing people but you are limited now ... you are not living your own life anymore. So we are trapped.” (P9)
Coping resources	Unable to cope	“Just think if something bad happened to you like uhm you are in a situation like a hijacking

Theme	Sub-theme	Response
constrained		or a rape case, uhm then it will affect you in a way that uhm you will not be able to cope with that idea that's in your mind." (P2) "That's why psychological trauma, I can say it can be a small thing to us when we talk here to you its, its more because you can't handle it." (P4)
	Difficult to cope with normal duties	"Ja, I remember years back was ... there was a taxi start to go in an accident, all the passengers died, 18 – only a child survived and I have to go for post-mortem for those 18 people, that situation it was hard." (P5) "Uhm well it's basically your, your mentality to do your work like you have always been doing, gets affected, uhm through the trauma that you have experienced that you cannot ... cope with it. (P1)
Organisational factors	Lack of organisational support	"But the most traumatic experience is being caused by our management. You, you are in a trauma situation, they don't counsel you, that means they traumatise you more." (P9) "It was not even uhh go and sleep, go relax and come back and give a statement – they wanted that statement on the spot, ja." (P1)
	Re-traumatisation	"Ja, especially the management in the police, they will add to the trauma, so you haven't even dealt with the real trauma then they will add more. So then which way must you go?" (P2) "In some cases especially in our, in the police, the police officer they are hijack ... what they do departmentally or in our police ... they don't concentrate much on your health, they tend to open the case and even, immediately it happen ... they want to take a statement immediately, can you, can you feel how you are, you are dealing with two things now, your personal life and the work issue now. Same time." (P3)

*P = participant

Table 3 indicates PT as experienced by the participants. Participants described their experience of PT as *changes in behaviour, changes in cognitive functioning, negative emotions, constrained coping resources* and *organisational factors*. These are discussed in detail below.

Changes in behaviour: The participants reported that they experienced a change in behaviour such as being hesitant to act or fearful to make a mistake at work. The group members also reported that their experience of PT made them more vigilant. Another behavioural change participants mentioned was irrational and aggressive behaviour. One participant illustrated this point by describing an incident in which he felt threatened by a motorist and started shooting at the motorist's car as it drove off. Another participant mentioned that a person starts behaving irrationally, such as shouting at other people. Participants also mentioned that behaviour becomes aggressive, such as being angry and fighting with others.

Change in cognitive functioning: The participants reported that changes in cognitive functioning are experienced as difficulty concentrating at work, which they said could lead to mistakes. Participants also mentioned that they experience recurring thoughts where they continuously think about the traumatic incident they experienced. Another change in cognitive functioning that participants mentioned is the tendency to be suspicious of other people's intentions. One of the participants stated that he questions the involvement of cash delivery employees in cash-in-transit robberies. Participants mentioned that they had a negative attitude towards their work and life in general as a result of PT. Participants also reported that they had invasive images, that is, they see the images associated with the traumatic event. One participant described an experience as if it is happening at that moment. Participants also regard experiences of PT as a learning opportunity.

Negative emotions: The group members mentioned experiencing anger and fear. Some participants explained that they found themselves angry because they were unable to cope with the traumatic experience. Others mentioned that previous traumatic experiences made them fearful of what could happen. Another aspect of negative emotions included the impact on mental wellness with participants stating that experiences could lead to depression. Participants also reported feeling trapped and unable to lead normal lives.

Constrained coping resources: Participants reported that being in a traumatic incident results in an inability to cope or deal with the situation. Furthermore, participants stated that their experience of PT made it difficult to cope with normal duties.

Organisational factors: Participants also mentioned that organisational factors such as lack of support and re-traumatisation are part of their experience of PT. According to the participants,

management does not offer any support or counselling following involvement in a traumatic incident. A participant stated that the lack of counselling aggravates the trauma. Participants also stated that management re-traumatizes them, as they are immediately required to provide a report on the criminal case before they can deal with the initial experience of trauma.

In the next section, the findings of category 3 are presented.

Category 3: Types of traumatic incidents

Participants were asked to describe the events that are, in their opinion, traumatic incidents. Their responses are presented in Table 4 below.

Table 4

Types of traumatic incidents

Theme	Sub-theme	Response
Armed robbery	Cash-in-transit/hijacking	“You know that situation seeing now that there is too many cash in transit that is happening eish, its traumatising.” (P4) “I was hijacked in Johannesburg, so you know my behaviour has changed ...” (P6)
Disturbing incidents	Motor vehicle accidents	“There was a taxi start to go in an accident, all the passengers died, 18 only a child survived.” (P5) “I was at an accident scene here in K, whereby someone’s skull was crushed.” (P3)
	Mutilated / decomposing bodies	“I have to go for post-mortem for those 18 people, that situation it was hard. (P5) “The body was, it was stinking, something was wrong, it was bad ...” (P8)
	Touching / handling dead bodies	“I have picked up many dead bodies in my life so this one is no different but sometimes one is different, some, it will affect you differently” (P1) “... if they expect me to hold a body even if it is cold. You do hold it, you become sick, it is not so easy.” (P8)
	Witnessing someone dying	“... he killed three of them on my eyes, so those things even when I am sleeping, it comes again, it comes again.” (P5) “They burn people in front of you as a police officer.” (P9)
	Rape cases	“I am seeing all the trauma cases, and the

Theme	Sub-theme	Response
		people crying if they were, are raped.” (P2) “You look now dealing with the abuse against the women and children and when the call come it was a rape case.” (P9)
	Death of a colleague in the line of duty	“One of my friends was shot at, at P Crossing a colleague of mine ... it was a very close friend of mine.” (P2) “You are on duty and then you just hear from the phone or on the radio to say your colleague has been shot and dead, that situation it’s a very traumatic situation.” (P7)
	Suicide of a colleague	“Someone that you work with closely uhh maybe for instant, uhh the person was having some problems at home or at work, then decide to take, take away his life, commit suicide, so aai that, it’s a very traumatic event for, to you ...” (P6)
Public violence/ unrest	Physical assault	“They are just throwing you with stones, but you can die.” (P8) “... he tried to hit me before he drove off.” (P1)
	Being trapped	“They trap and want to burn that, can you imagine somebody is pregnant they wanted to save somebody, they want to serve, they want to, to practice their own work as well. But in some situations we are trapped, you can’t go there assist somebody.” (P3) “Now they start to burn the car, we could see, now they are burning the car. Now they are burning the police station, we are inside the police station ... I have never been traumatised like that.” (P8)
	Being shot at	“This guy was shooting at the police.” (P7) “I was once in a cross-fire where we, the suspect who take the vehicle of, cigarette vehicle and then while we were on the lookout we just came across them. They started shooting randomly.” (P5)
	Death threats to SAPS member and family	“They know you, they know your family. Should you act, they will deal with your family.” (P9) “And they strike and they start to call me. Now I am thinking of my family, and my safety as well.” (P6)
Organisational factors	Leadership style	“But the most traumatic experience is being caused by our management ... you are in a trauma situation, they don't counsel you, that means they traumatise you more.” (P9)

Theme	Sub-theme	Response
		“It was not even uhh go and sleep, go relax and come back and give a statement they wanted that statement on the spot and ja. (P1)
	Departmental / criminal investigation	“... The fact that you are being investigated for something where you actually think you did the right thing, is already loading the stress and trauma on you.” (P1)
		“I know one of our colleagues is also in hospital uhm because he was actually a victim ... there is a case against him and I mean it is more trauma to, to that person ... I don't think he can really deal with it, that's why he is in hospital.” (P2)

*P = participant

In Table 4 the themes describing the types of incidents that participants regard as traumatic are listed. According to the participants traumatic incidents include *armed robberies*, *disturbing incidents*, *public violence/unrest* and *organisational factors*. Each theme is discussed in detail below.

Armed robberies: Participants stated that armed robberies such as cash-in-transit and car hijackings are traumatic incidents. Some of the participants shared instances where they were victims of a hijacking. One participant mentioned that even as a police official he was hijacked.

Disturbing incidents: These include attending to motor vehicle scenes and dealing with dead bodies. One participant reported that he came across a motor vehicle accident victim whose skull had been crushed. Another participant described a traumatic incident where he had to pick up dead bodies. Other disturbing incidents the participants regard as traumatic include rape and death-related events. Participants mentioned instances such as witnessing a person's death, the death of a colleague at work and a colleague's suicide. One of the participants shared that he witnessed a Task Force member kill three perpetrators in a shootout, while another participant stated that he witnessed people being burnt to death as a result of mob justice. Participants also mentioned that the death of a colleague while on duty, or as a result of suicide, is a traumatic incident.

Public violence/unrest: According to participants these involve incidents where they are assaulted, trapped, being shot at, or threatened by other people. The participants mentioned

that they have found themselves in situations where the members of the public physically assault them. One of the participants mentioned an instance where the public threw stones at them while another participant shared how someone tried to hit him. Participants also stated that they regard incidents where they are trapped as traumatic. A participant related an incident where members of the community attacked the police station and trapped them inside. Participants also mentioned that they experienced being shot at by suspects and receiving death threats as traumatic.

Organisational factors: These include leadership style and departmental/criminal investigations. According to the participants, the response of the leadership to police officials when they have been in a traumatic event further traumatises them. Participants mentioned that they are not given time following a traumatic experience but are required to provide their statements immediately after the incident. Participants seemed to share the view that management does not provide support to members dealing with a traumatic experience. According to the participants, management tends to focus on conducting an internal investigation, which adds to the stress they are already experiencing.

In the next section, findings related to the effectiveness of psychological trauma management programmes are presented.

Category 4: Effectiveness of psychological trauma management programmes

The themes for category 4 are presented in Table 5 below. These emerged from probing on the effectiveness of PTMPs offered in the organisation.

Table 5

Effectiveness of the psychological trauma management programme (PTMP)

Theme	Sub-theme	Response
Ineffective	Not aware of any PTMP	“I see no one. Maybe somebody who was helped can talk because I never, I never saw anything but maybe somebody will get this.” (P4) “Uhh since I have been in this organisation” ... [laughing] (P3)
	No counselling offered after	“If we come across a traumatic uhh incident or something they don't counsel

Theme	Sub-theme	Response
	traumatic incident	us” (P3) “We never experienced them. Like that one of counselling and going for counselling after you came across a situation that has traumatised you.” (P5)
	Not confidential	“But the end of the day after two weeks, the very same social worker that assisted me, they were still gossiping about me so I said, you know so what’s the point and I, I lost trust totally.” (P9) “Your story will be all over the building, before the end of the, before the end of the day.” (P3)
	Do not follow-up	“It took them three months to visit that person, to send somebody in the location to go there and check and look what is happening with them and how far, is there any progress. Or to interact with them. So I think professionalism in terms of supporting ...” (P5) “So I was counselled quickly over the phone it was probably a three minute talk and them uhm ja, that is the counselling I have received.” (P2)
	Lack advanced skills and knowledge	“... it seems everything is fixed with medication. Rather than actually getting to the root of the problem so I won’t even go to that.” (P1) “They have knowledge that is, that I can say is squeezed, it is too much limited.” (P4)

*P = participant

Table 5 lists the theme and sub-themes on the effectiveness of PTM programmes offered in the SAPS. Based on the participants’ responses, the PTMPs offered are *ineffective*.

Some participants stated that they are not aware of any PTMPs offered in the organisation. Other participants mentioned that they were not offered counselling at all or it was offered only to certain members. One of the participants shared how he was informed that uniform members would receive counselling while detectives were told to leave. In instances where counselling was offered, participants stated that confidentiality was not maintained. A participant mentioned that he lost trust when a social worker that provided him with counselling started gossiping about him. Participants also stated that there is no follow-up

from the counsellors, for example, not visiting or checking up on members who are hospitalised. A participant explained that the only time that management will visit is on the day of admission to hospital and upon returning to work. Another participant recalled an instance where he was provided with brief telephonic counselling only and there was no follow up. Participants also mentioned that counsellors lack advanced skills and knowledge. According to participants, victims are told to get medication or they are referred to medical doctors.

Next, the findings for category 5 are presented.

Category 5: Recommendations for an effective PTMP

Following the participants’ views on the effectiveness of the PTMPs, they were asked to provide recommendations for an effective programme. The themes are presented in Table 6 below.

Table 6

Recommendations for an effective psychological trauma management programme

Theme	Sub-theme	Response
EHW	Adhere to confidentiality	“You cannot be hearing anything in the passage if they are professional. And they are acting upon their whatever; it is a place for them to do the work.” (P3)
	Improve skills and knowledge	“Even if they can say go there, I won’t do that because you know at the end of the day they will gossip about the very same situation that you are telling them.” (P9)
		“They have knowledge that is, that I can say is squeezed, it is too much limited.” (P4)
	Approach affected members personally	“They can hire them, let them be there for us and then they can support the team and then we will see, the difference in the effectiveness of the police as well, as well as the attitude, was anything that they do, now I will be supported in decent ways” (P3)
		“Let them see that docket and maybe come to you as an individual, let them talk to you and ask you what happened and how do you feel about it so that they can carry on

Theme	Sub-theme	Response
		with their counselling and whatsoever due to him. I think that will be the best.” (P4)
		“Oh I just said that uhh, oh HEW mustn’t be like doctors, they must come to us and, yes they must approach us.” P7)
	Approach commanders after shifts	“They must go to the commanders every shift or every unit that has got a commander, and ask what uhh incidents happened or trauma like things happened during the day, if there is one they must call those people to come and counsel them. Not just to wait for everyone to go to them.” (P5)
	Market services offered to members	“To tell the truth I do not know what services do they run exactly so – but if they can come to us and like maybe workshops and tell us what do they uhh what type of a services do they render to the members when you are involved in which situations and all those things. Then it would help a lot also.” (P8)
		“I don’t understand. We have them but why are they recommending us to other people?” (P9)
	Attend parades	“Because like my colleague has alluded, in our daily lives we, in our daily work functions we have got parades in the morning half past seven. Everybody gather, gather there and we discuss the plans of the day, so maybe at least for instance detectives we must have two, two in the morning and in the afternoon, just to, to hear what happened during the day. Assist those who were involved in bad uhh situations.” (P3)
		“Maybe twice a week or once a week then they must just visit our parades and everything and ask if everything is still well and then if we need them then we should come to them.” (P4)
	Market medical aid benefit pertaining to free consultations with specialists	“But most of us are not aware. We are not aware about this. You see on those psychological factors we are not aware of that. Because our medical aid, what I know about it, it’s, it’s minimised. It is not that, like the GEMS.” (P4)
		“But is POLMED not also like that because I know with other things that they only pay for like say four or five sessions and if you

Theme	Sub-theme	Response
		need more than that then you have to start paying ...” (P1)
Management	Employ more EHW professionals	“Ja, I think another factor is uhh they must employ more, more psychology personnel” (P3) “Or maybe each and every component must have, each and every component I think if each and every component can have two it will be something because they will know each detective they have two, any problems its each and every component. They have social workers.” (P9)
	Commanders take responsibility	“They can make an appointment with EHW and say listen come to the office, uhh every now and I don’t know, every week, every month or whatever to, to deal with things.” (P1) “I went there by the station and I told the commander, uhm I ask him for leave I lost my son, and he just said no we are very sorry here is the form, you complete it you get money and just like that and I say not here for the state money, I am just reporting that this and that and that. I went, do, did everything, buried everything, I came back, then it was just like that klaar. Life goes on. So you see if something like this is very painful but now you report, it is just that you are very sorry, then it’s gone.” (P6)

*P = participant

Table 6 lists the recommendations participants provided with regards to an effective PTMP. According to participants, an effective programme will involve *Employee Health and Wellness (EHW) programme and management*.

EHW: Participants mentioned that service providers have to maintain confidentiality. A participant explained that he will not use the service due to lack of confidentiality. Another aspect of EHW that participants mentioned is skills and knowledge of providers. Participants are of the view that service providers need to improve their skills and knowledge. Participants also mentioned that it would be beneficial if service providers approached the affected member directly. A participant explained that it would be better if the providers had access to the case docket and approached the member to get more details about the traumatic event and offer counselling. Participants also recommended that service providers could approach Unit

Commanders after every shift to identify which members have experienced traumatic events and offer them counselling.

Participants expressed a lack of knowledge on what services are offered. Furthermore, participants did not understand the reasons members are referred to external service providers like doctors. Participants therefore suggested that the EHW provider could market the services that are offered.

Participants stated that EHW could use the time during parades to hear about the events that members have experienced and assist those who were involved in traumatic situations. Another suggestion was that EHW could attend parades and encourage those who need assistance to visit them.

Participants mentioned that they are not aware of the offering provided by their medical aid with regards to free consultations. They suggested that the EHW markets medical aid benefits to provide them with clear information on free consultations with specialists.

Management: The participants suggested that the organisation could employ more EHW professionals. A participant stated that they could use police members who are studying to be psychologists, as they will have a better understanding of their experiences. Participants also mentioned that commanders have to take responsibility and lead the process by making appointments with the EHW provider. Furthermore, according to the participants the commanders also need to be more involved in terms of identifying members that need help. A participant shared an instance where he informed his commander of his son's death and the commander did not follow up on his wellbeing.

Discussion

Outline of the results

The main objective of this study was to explore the PTMP at a police station in the Gauteng Province. Based on the results, it is evident that participants have an understanding of PT and have some experience of the PTM programme offered at the police station. The participants

had a generally negative perception towards the effectiveness of the PTMP and provided suggestions on how it can be improved.

The *first objective* of the study was to establish how PT, PT in law enforcement and PTM in the workplace are conceptualised in literature. According to Flannery (2015), PT is a response characterised by fear and helplessness as a result of experiencing a sudden, life-threatening event. Malinauskiene and Einarsen (2014) define PT as an unexpected event that negatively impacts a person's ability to cope. Ford (2009) defines PT as a psychological and biological response to a threat to an individual's life. Ford (2009) also states that PT can occur where there is no physical injury. This is similar to Kaminer and Eagle's (2010) definition of PT as a response that threatens a person's wellbeing as a result of witnessing another person's life being threatened without necessarily causing injury. In light of these definitions, it is evident that PT is conceptualised in literature as a sudden, life-threatening situation that, whether experienced or witnessed, has a negative impact on an individual's overall wellbeing.

According to literature, PT in law enforcement is characterised by a variety of critical incidents. Police members are at a high risk of exposure to these incidents compared to healthcare professionals (Harell, 2011). The types of critical incidents include exposure to severely injured and dead people, motor vehicle accidents, violent confrontations with suspects and being attacked. According to Liberman et al. (2002) the high frequency of exposure does not exempt police members from developing symptoms. Symptoms associated with PT include arousal, avoidance and intrusive thoughts (Allen & Ortlepp, 2000; Chae & Boyle, 2013). Literature indicates that when these symptoms are not treated, acute conditions such as ASD and PTSD may develop (Antai-Otong, 2001). Other symptoms associated with PT include substance abuse (Faust & Ven, 2014), fatigue (Cross & Ashley, 2004), and depression (Karlsson & Christianson, 2003). These symptoms impact the overall wellbeing of sufferers and in police members this could impact the ability to protect others (Gumani, 2014). This highlights the need for effective PTM interventions.

Kaminer and Eagle (2010) report that three categories of interventions are available, namely acute, medium-term, and long-term. Acute interventions are implemented soon after a traumatic event and include PD, CISD, and PFA. Medium-term or short-term interventions (e.g. CBT) are used when an individual has been diagnosed with acute disorders (ASD and

PTSD) whereas long-term intervention, such as psychoanalytic therapy are for use to treat complex PTSD (Kaminer & Eagle, 2010).

According to Chabalala (2015), CISD is used within law enforcement, where it is called the Jacobs model. Several studies have shown that PTM programmes within law enforcement are seldom used (Chapin et al., 2008; Rose & Unnithan, 2015). Barriers to uptake include fear of stigmatisation (Geldenhuys, 2015), lack of confidentiality (Boshoff & Strydom, 2015) and perception of personnel who do not have a police background as not adequately experienced (Cross & Ashley, 2004).

The *second objective* was to explore the meaning of PT to police officials. The participants' conceptualisation of PT is presented by three themes, namely a traumatic incident that affects a person, witnessing a traumatic incident, and a life-threatening situation.

Participants reported that they conceptualise PT as a *traumatic incident that affects a person*. According to the participants the incident affects a person mentally in such a way that it interferes with an individual's ability to continue with his/her daily activities. This is in accordance with Herbert and Sagemen (2004) who state that daily activities may be impaired following a traumatic incident due to persistent symptoms. Cross and Ashley (2004) state that impaired daily functioning presents as an inability to concentrate at work, which may lead to work-related injuries (Arnetz et al., 2009; Maabela, 2015) and reduced productivity (Cross & Ashley, 2004). Participants also reported that the mental effect is characterised by constant thoughts of the incident. This concurs with Kaminer and Eagle (2010), who state that PT victims tend to have disturbing thoughts and memories about the traumatic event. These intrusive thoughts intensify the stress reactions leading to difficulty concentrating (Johnson, 2009), increased use of alcohol as a means avoiding having such thoughts (Pasillas, Follette, & Perumean-Chaney, 2006), and self-destruction (Steyn, Vawda, Wyatt, Williams & Madu, 2013).

Participants also reported that PT is a traumatic event that impairs their coping ability and changes behaviour. According to Antai-Ontong (2001) the traumatic event overwhelms the victim's ability to function and may leave the victim struggling to cope. In this case, victims are likely to turn to abnormal coping strategies, which influence behaviour (Patterson, 2014). Participants stated that the traumatic event results in a change of behaviour such as becoming

trigger-happy, i.e. being ready to use a gun with very little provocation or reason to do so. This could be seen as an exaggerated startle response, which can have negative social and safety outcomes due to over-reaction (Johnson, 2009). In their study, Steyn et al. (2013) found that an exaggerated startle response was associated with an increased suicide risk. According to Steyn et al. (2013) it may be the lack of impulse control and regulation that heightens the risk for police members to commit suicide. In another study an exaggerated startle response was associated with alcohol use, which was seen as a way of medicating the hyperarousal symptom (Chopko, Palmieri, & Adams; 2013).

The second theme that was found was *witnessing a traumatic incident*. Participants reported that PT can be defined as witnessing a mutilated body, a corpse or someone dying. This concurs with Kaminer & Eagle (2010) who state that PT is any traumatic event that one witnesses another person experiencing. The nature of police work is such that members attend to scenes where it is not only their lives that are under threat but those of colleagues and civilians as well (Anderson et al., 2002). Police members also defined PT as having to touch a corpse. Literature reveals that police officials have to deal with corpses as part of their jobs (Boshoff & Strydom, 2015; Carlier, Lamberts, & Gersons, 2000; Edwards, 2005; Yuan et al., 2012). Different studies found that police encounter a decaying corpse the least and this was found to have the least impact (Polusny et al., 2008; Weiss, 2010; Williams, Nicholas, & Bawa, 2011). The findings on the impact of physical contact with a corpse or body parts differ. Alexander's (2000) study found that police officials who had assisted with recovering bodies after an oil disaster had no significant residual stress up to three years after the event. Another study found that contact with a corpse was not regarded as traumatic (Steyn, 2009). In contrast, Gumani's (2012) study found that detectives, who are tasked with removing dead bodies, experienced significant trauma. Karlsson and Christianson (2003) echoed this by reporting that police members who had handled corpses or body parts had memories of the sensations they experienced at the time (i.e. how the corpse looked, felt and smelled). Henry (2001) is of the view that the trauma was most overwhelming when the police members had to touch a corpse at a more advanced stage of decomposition. In addition, Henry (2001) reports that the experience of the police members mediated the trauma, i.e. the less experienced the member, the more severe the trauma.

Exposure to victims and survivors of trauma put police members at risk of developing trauma-related disorders (Patterson, 2009). Chapin et al. (2008) substantiate this by stating that

dealing with the gruesome aftermath of car accidents is traumatic for police employees. It is therefore understandable that the participants would associate PT with witnessing the suffering of others.

The third theme that was found was *life-threatening situations*. According to participants PT can be defined as a life-threatening event such as being shot at, hijacked, attacked or threatened by community, and experiencing an unexpected event. Chapin et al. (2008) state that although shootings are somewhat expected in police work they can still be traumatic for police members. Plani, Bowley and Goosen (2003) substantiate this by stating a review of police members who were admitted to hospital over a nine-year period indicated that over 60% had been shot. According to Williams, Nicholas and Bawa (2011) being threatened with a firearm caused the most intense stress reaction in a sample of 66 SAPS members. Leino, Selin, Summala and Virtanen (2011) substantiate this by stating that this type of event is more severe and tend to result in more intense and long-term effects. Participants also mentioned that physical attacks by community are related to PT. This is in accordance with Geldenhuys' (2017) account that South African police members are not respected by the community and tend to be accused for all that is going wrong. According to the author, police officials are therefore at risk of being attacked by community members. Arnetz et al. (2009) concur by explaining that by virtue of their work, which requires police officials to deal with traumatic incidents, they have a higher risk of getting assaulted.

From the analysis it was clear that participants define and understand PT as a traumatic event, that is either witnessed or experienced, and as a life-threatening situation. This concurs with Boshoff and Strydom's (2015) view that trauma refers to a situation that is outside of a person's normal experience.

The *third objective* of the study was to establish how police officials experience PT. The themes that emerged from the data analysis were changes in behaviour, changes in cognitive functioning, negative emotions, coping resources constrained and organisational factors. These findings can be substantiated by Cross and Ashley (2004) who state that the experience of PT leads to cognitive, physical, behavioural and emotional responses.

Participants reported that they experience PT as change in behaviour such as increased vigilance, being hesitant to act, irrational behaviour and aggressive behaviour. Some

participants shared that they became more vigilant and detected threats quicker. This is in accordance with Kaminer and Eagle (2010) who explain that victims of trauma experience hyper-vigilance, which means continuously being on guard to detect threats and other hazards. Violanti, Castellano, O'Rourke and Paton (2006) found that police employees that experienced the World Trade disaster experienced hyper-vigilant behaviour. In addition, Anderson et al. (2002) reported that police members who had just experienced a traumatic incident tended to be hyper-vigilant.

The police members stated that they become hesitant to act due to fear of the consequences such as being the subject of an internal investigation. A participant related this to an instance where his colleague shot back and killed a suspect who had started shooting at them. The participant stated that his colleague was arrested following an internal investigation. According to the participant, this has resulted in a fear to act. Regehr, Johanis, Dimitropoulos, Bartram, & Hope (2003) report that in situations where a police member uses force or kills someone, an investigation is initiated. The author states that this results in double trauma for the member, i.e. from the event itself as well as the investigation. In a study of 66 police members, Vaughn, Cooper and Del Carmen (2001) report that over half reported that the fear of being investigated made it difficult to do their duties.

The SAPS members reported that they experience irrational behaviour such as impulsivity, shouting at others and losing control. This concurs with Jaffe, Segal and Dumke (2005) who state that impulsive behaviour is a common experience of PT. In addition, Jaffe et al. (2005) report that behavioural changes can also manifest as overreactions. Participants also stated that they engage in aggressive behaviour. A few studies found that victims of PT tend to show aggression and outbursts (Chabalala, 2005; Karaffa & Tochkov, 2013).

Group members also mentioned that they experience PT as changes in cognitive functioning. Participants reported that they experience difficulty in concentrating. This is in accordance with Allen and Orllepp (2000) who state that PT causes sufferers to experience arousal symptoms, which impair concentration and interferes with the ability to perform well at work. Arnetz et al. (2009) state that the inability to perform at work may lead to workplace accidents or death of other police officials or even citizens.

The SAPS officials mentioned that PT manifests as recurring thoughts and invasive images. For example, a participant stated that a person will continuously think about the event and possible consequences such as what if he had been killed. Another participant relayed how he experienced the event as if it was happening again. According to Karlsson and Christianson (2003) the sufferer experiences vivid images of the event as if watching a movie. This is substantiated by the APA (2013), which states that reliving the event occurs through nightmares, intrusive images and flashbacks.

The functional police members stated that they experience PT as negative attitude towards their own lives and work. One of the participants explained that situations where a colleague was arrested following the death of a suspect could lead to instances where he does not attend to a crime scene due to fear of a similar outcome. Reynolds, Fitzgerald and Hicks (2018) describe this as self-protective behaviours where police employees changed the way they worked to protect themselves from cases they thought would threaten their welfare or occupation.

The SAPS employees explained their experience of PT as negative emotions. Participants mentioned feelings of anger, fear, depression and feeling trapped. This is in accordance with Young, Koortzen and Oosthuizen (2012) who report that anger is generally linked with trauma. Elntib and Armstrong (2014) found that police employees experienced anger when dealing with the death of a colleague and/or mutilated victims. According to Wiese, Rothmann and Storm (2003) the anger seen in police employees is part of ineffective coping strategies they adopt post trauma.

The group members reported experiencing feelings of depression. This concurs with Arnetz, Arble, Backman, Lynch, and Lublin (2013) who state that exposure to traumatic events led to high levels of depression. Ward, Lombard, and Gwebushe (2006) reported that the more traumatic events police officials experienced, the more the depression intensified.

Participants stated that they experience PT as constraining their coping resources, which is characterised by an inability and difficulty to cope. Participants mentioned traumatic incidents such as dealing with a rape case, being hijacked, and observing dead bodies in a car accident as taxing on their coping resources. Literature reveals that the ability to cope differs from one person to another (Dussich, 2003). Ménard and Arter (2013) reported that police employees

who did not have a lot of experience were found to lack appropriate coping skills. Police members who struggle with PT have been found to use negative avoidant coping such as abusing alcohol (Ménard & Arter, 2013; Violanti, 2004). Based on this, it is understandable that the participants' experienced difficulty to cope as a result of different traumatic events.

The functional SAPS employees explained that PT is characterised by organisational factors, such as lack of organisational support and re-traumatisation. According to participants, the organisation does not offer support following a traumatic event but focuses on conducting their internal processes (investigation). Shane (2010) states that police management is supposed to play a protective role, which entails providing counselling when members experience traumatic events. The author further states that when police officials perceive the support they receive during an internal investigation as inadequate, they could feel abandoned and deceived. The participants' experience of lacking organisational support is in accord with Ménard and Arter (2013) who state that management does not always provide support. Chopko, Palmieri and Adams (2013) establish the above by stating that both the lack of support and pre-emptive questioning when investigating a police member's action in the line of duty have been found to be more traumatic than critical incidents.

From the analysis it was clear that participants have experienced PT at a behavioural, cognitive and emotional level. These are well established in literature as common reactions to PT (Allen & Ortlepp, 2000; Cross & Ashley, 2004; DeFraia, 2015). The analysis also indicates that participants' experience of PT was characterised by organisational factors.

The *fourth objective* of the study was to explore the types of events police members regard as traumatic. Participants were asked to describe traumatic events they have experienced at work. The group members mentioned armed robberies, disturbing incidents, public violence/unrest, and organisational factors as types of traumatic events.

Participants stated that cash-in-transit and hijacking incidents were perceived as traumatic. Kaminer and Eagle (2010) support this finding by stating that cash heists and hijackings are some of the main crimes committed in South African. Given the recent increase in cash-in-transit heists by over 50% in the past year (SAPS, 2018), it is not surprising that participants mentioned them.

The group members mentioned disturbing incidents, which include motor vehicle accidents. This is in accordance with Boshoff and Strydom (2005) who report that police members are constantly exposed to motor vehicle accidents. Participants also mentioned that dealing with mutilated or decomposing bodies was regarded as a traumatic event. This corresponds with Williams et al. (2011) whose findings indicate that a sample of SAPS members rated finding a dead body after a murder as the most frequent traumatic event. Another disturbing incident participants mentioned was witnessing someone dying. This critical incident was identified as occurring the most in another study conducted with SAPS members (Subramaney, Libhaber, Pitts, & Vorster; 2012). Participants stated that they regarded the death of a colleague as a critical incident. This is in accordance with Jones (2005) who states that 49% of a sample of 97 police employees reported that they had experienced the death of a colleague as a traumatic incident. Participants also considered a colleague's suicide a critical incident. Chabalala (2005) supports this by stating that the suicide of a colleague was considered one of the most traumatic incidents for police members.

The police officials reported that public violence/unrest involving physical assault, being trapped, being shot at, and receiving death threats are traumatic incidents. Participants described traumatic incidents as situations where the general public threw stones at them or tried to assault them. Several studies report that physical assault of police employees is one of the most frequently occurring incidents (Dussich, 2003; Pasciak & Kelly, 2013; Peltzer, 2001; Wiese, Rothmann & Storm, 2003). Heffren and Hausdorf (2016) found that 144 out of 421 Canadian police members had experienced at least one physical assault in a year.

Literature also states that police are also exposed to shootings (Geldenhuys, 2015; Leino et al., 2011; Yuan et al, 2012). Weiss et al. (2010) found that 40% of 700 USA police officers had been shot at, with 38% of these reporting that this had occurred at least once. According to Williams, Nicholas and Bawa (2011) police reported that being shot at caused the most intense emotional reaction.

A group member mentioned that the police officials sometimes find themselves trapped. The participant related an incident where the community trapped police officials inside a police station and set it on fire. In a USA study of 233 police employees, Yuan et al. (2012) found that 33% had experienced being trapped in a life-threatening situation.

Participants stated that receiving death threats counted as a critical incident. They mentioned that this could be directed to them and/or their family members. In a study of 700 USA police employees, Weiss et al. (2010) found that family members of about 35% of the employees had received threats.

The SAPS officials reported that they regard organisational factors such as leadership style and departmental/criminal investigation as traumatic incidents. According to the group members, the leadership style involves lack of counselling from management and focusing on administrative issues rather than the member following a traumatic incident. Liberman et al. (2002) state that aspects of the police work environment such as administrative policies and lack of support are also stressful. Young, Koortzen and Oosthuizen (2012) found that when police members were not offered counselling they perceived it as lack of support and this resulted in negativity towards the organisation.

The participants stated that management tends to focus more on following internal processes (criminal investigation) than the wellbeing of a member. Shane (2010) states that while police members acknowledge that they need to be held liable for some outcomes, not having control over such situations makes the experience traumatic. This author posits that the perception of internal investigators as breaking the solidarity that is part of the law enforcement subculture influences the stressed members' experience.

In summary, it is evident that police members are exposed to various critical incidents. This is not surprising given the high crime rate in the country, which increases risk of police members' exposure to critical incidents (Young, Kortzen, & Oosthuizen, 2012).

The *fifth objective* was to determine the effectiveness of psychological trauma management programmes (PTMPs) from the police members' perspective. The group members reported that they regard the current PTMP as ineffective. This perception was informed by lack of awareness i.e. participants stated that they are not aware of any PTMPs offered. This corresponds with Gumani (2012) whose study of SAPS members in the Vhembe district revealed that some members were not aware of available PTM programmes due to shortages of personnel responsible for disseminating information about these. This finding is echoed by Geldenhuys (2017) who states that some police members may not know that the SAPS offers PTMPs.

Participants' view of PTMPs as ineffective was also influenced by not having counselling offered after a traumatic incident. According to participants, this was either due to counselling not being offered at all or as a result of counselling being offered to specific members of the organisation. The latter is similar to Gumani's (2012) study, which found that PTMPs were not available at some police stations in Limpopo Province.

The SAPS officials also mentioned that where counselling was offered, the provider did not maintain confidentiality of the recipients of counselling. This concurs with Kgalema (2002) who states that police members reported that service providers shared their personal issues with others, violating their confidentiality. Minnaar and Mistry (2006) state that lack of confidentiality prevented police members from seeking counselling and debriefing from social workers.

Another reason participants provided about the ineffectiveness of PTMPs is the lack of follow up by managers. According to Adriaenssens, De Gucht and Maes (2012) and Maabela (2015), this refers to social support, which makes trauma victims feel cared for and offered help by peers, managers and family. Plaxton-Hennings' (2004) study revealed that police managers seemed to have little or no regard for officials recovering from traumatic incidents. According to Young, Koortzen and Oosthuizen (2012) members feel deserted when management fails to provide them with support.

Group members also mentioned that EHW personnel lack advanced skills and knowledge. This concurs with Van Dyk and Van Dyk's (2010) finding where police members did not use PTMPs because providers were regarded as inexperienced. Cross and Ashley (2004) further substantiate this finding by stating that social workers do not have proper knowledge as they lack insight into the nature of police work. Elntib and Armstrong (2014) also report that chaplains lack the knowledge and skills to be effective in providing PT management.

From the analysis it was clear that participants have negative views on the effectiveness of PTMPs in the SAPS. Some participants were not aware of the availability of PTMPs while others have had negative experiences with these programmes. According to Maabela (2015), all new police recruits undergo induction and training to make them aware of trauma and management programmes thereof. However, the findings above indicate that some members are not aware of such programmes while others are excluded from utilising these

programmes. This is in accordance with Perkins' (2016) view that there is a poor distribution of interventions in the SAPS. Participants who have experienced PTMPs regarded them as ineffective based on the unprofessional and unethical conduct of service providers.

The *sixth objective* of this study was to elicit recommendations that can be made to improve PTMP in the SAPS. Participants made several recommendations towards improving EHW services and management.

SAPS officials recommended that the EHW service adhere to confidentiality. Participants stated that they avoid using PTMPs because it means that co-workers will be privy to their personal issues. Several studies have found that confidentiality is a serious concern for police members (Geldenhuys, 2017; Karaffa & Tochkov, 2013; Minnaar & Mistry, 2006). The reason for this could be that police members want to maintain the attitude of masculinity and bravery versus counselling which is regarded as for the weak. It is understandable why participants value confidentiality even if it is to maintain a culture of stoicism.

The police members also suggested that EHW providers should improve their knowledge and experience. Some participants stated that it is futile to consult with a social worker who has a limited understanding of the nature of police work. This was also indicated in a study of SAPS members who reportedly experienced difficulties with social workers that did not understand the police environment (Minnaar & Mistry, 2006). Participants suggested that the organisation could use police members who are training/trained as psychologists. This is supported by Cross and Ashley (2004) who state that law enforcement should utilise officials who have internal knowledge of the police force.

The SAPS officials also stated that EHW providers could approach members directly or approach unit commanders regularly to hear of their experiences in the line of duty and provide help. Boshoff and Strydom's (2015) study revealed that police members, whites in particular, showed preference for group interventions during unit parade. According to Heffren and Hausdorf (2016), sharing experiences will encourage members to openly discuss traumatic incidents they experience at work. The participants explained that the EHW should not be like doctors where members have to make an appointment when they want to see them. Participants stated that EHW should come to members. Furthermore, the group members stated that EHW providers should not use a blanket approach and should remind them to

access their services. This is echoed by Sheehan, Everly and Langlieb (2004) who state that core competencies of best interventions should include the ability to recognise when assistance is required and discard the one-size fits all approach in terms of always using group interventions.

Participants suggested that the organisation markets the EHW services and medical aid benefits available for members. One of the group members stated that he received the booklet from the Police Service Medical Scheme (POLMED) at the beginning of the year but has not read it. This is contrary to what Maabela (2015) states that various methods are used to market EHW services including the intranet, educational workshops, pamphlets and posters. This author however states that shortages of personnel impact delivery of these services, in particular face-to-face sessions, which means that some members will not learn of the EHW services offered. The participants also seemed confused with regards to the benefits available for post-trauma management. The group members stated that marketing these services would help them understand some aspects such as the referral system and funds available for various services. According to POLMED (2018) the SAPS members are allowed four sessions a year for psychological services through its Psycho-Social Network. Once the member exhausts this benefit, the consultations will be covered by the standard scheme benefits (POLMED, 2018).

Participants provided recommendations for management. They suggested that the organisation could capacitate the EHW by employing more professionals. Given that Perkins (2016) states that mental health interventions in the police tend to have poor resources, it is understandable why participants would make this suggestion.

Participants also recommended that management should take responsibility for the wellbeing of police members. Participants mentioned that they feel that part of the role of managers is to look after them. According to the participants, the managers regularly access their docket and are aware of their experiences. As such, participants suggested that where managers see the need, they should initiate the process of accessing PTMPs. This is in line with the SAPS (2017), which allows commanders to approach the EHW when they are concerned about the psychological wellbeing of a member.

The analysis reveals that lack of confidentiality is a serious concern for members. It is one of the factors that influence members to reject PTMPs. Participants suggested that maintaining

confidentiality and improving the knowledge and skills of EHW providers could enhance the effectiveness of PTMPs. The police officials also mentioned that a proactive approach from EHW and management, where they initiate engagement with police members, would be best. The aim of this would be to firstly establish the members' experiences with regard to critical incidents and then establish whether members require any psychological services. The findings also indicate that most of the members did not have knowledge about available services and suggested that these are marketed to them.

Practical implications

Based on the results of the current study, the following practical implications emerged:

Duty-related events that are regarded by functional members at the station as traumatic are: cash-in-transit incidents, being hijacked, attending horrific motor vehicle accidents, witnessing mutilated or decomposing bodies, touching/handling dead bodies, witnessing a person dying, investigating rape cases where victims are crying, dealing with the death of a colleague in the line of duty or as a result of a suicide, being assaulted or trapped by the public, being shot at and receiving death threats directed at the member or his/her family.

PT can lead to irrational behaviour, for example, overreacting (such as shooting at a perpetrator or doing something he/she would not normally do). After experiencing a traumatic event some members at the station might find it difficult to concentrate, which might result in the making of mistakes in the field. PT may result in a negative attitude towards the workplace or life in general. After experiencing a traumatic incident, SAPS members might be hesitant to act in the field as a result of a fear of departmental repercussions.

A lack of organisational support from managers is experienced at station level as they do not recognise the psychological impact of traumatic events on members. Members experience being investigated for actions/decisions made in the field (often within seconds) as re-traumatising.

Functional members at the police station are concerned about their own and their family's safety, because many of them reside in the same communities that often clash with the SAPS.

It is difficult for members at the station to perform official duties or move freely in communities, which are hostile towards the SAPS. Members can feel trapped by the same community which they serve and where they reside.

After experiencing a traumatic incident, some members are unable to cope on their own and others find it difficult to cope with normal duties.

The PTMP is generally viewed as ineffective. Some members at the station are not aware of this service offering of EHW. A perception of a lack of confidentiality of social workers created an unwillingness to make use of EHW services. Follow-up sessions do not happen according to members.

Members at the SAPS station recommended that EHW personnel approach them personally instead of relying on referrals. In addition, members recommended that EHW personnel acquaint themselves more with what members experience by attending parades and approaching Unit Commanders regularly.

Members view the level of knowledge and skills of EHW as limited. According to members there are not enough EHW personnel at the station.

Functional members at the police station are unaware of the medical aid (POLMED) benefits available to them, free of charge, pertaining to a limited amount of specialist consultations per year.

Limitations and recommendations

The study was conducted with a small sample. However, the study was qualitative in nature and the aim was to explore PTM at a police station. The themes and sub-themes were extracted until data saturation was reached.

The sample used for this study consisted of 11 functional members of the SAPS. From the 11 participants, there was only 1 female. This is representative of the gender distribution within the SAPS, where functional members are predominantly male. The sample did not have

Coloured and Indian participants, however these minority groups are underrepresented in Gauteng Province at station level.

The ranks of the participants included those of Constable, Sergeant and Warrant Officer; which represent the lower structures of the SAPS in terms of rank. As the study used purposive sampling, this necessitated that those police officials who are exposed to traumatic events be included. At station level, the functional SAPS members who are first responders are usually representative of these lower ranks.

Recommendations for future research

From the study, it is evident that there is limited awareness and use of PTMPs from the perspective of functional police officials. A recommendation for future research would be to conduct extensive studies on PT and PTMPs in law enforcement. These studies could establish the understanding of PT and explore the experiences of PTMPs from the perspective of station management and the EHW.

This study focused on functional/operational SAPS members who are typically first responders to accidents and crime scenes. Other employees, such as forensics and ballistics analysts, who render support duties may also be traumatised at the workplace and need trauma-related services. Future research could focus on such employees.

The study was conducted at one police station in Gauteng. Future studies could include more police stations to allow generalisability of findings to law enforcement in general.

Recommendations for practice

Law enforcement members will benefit from this study by having a better understanding of PT and how it impacts them. With this insight, individuals can identify effective coping skills.

Participants expressed the lack of support from managers. Management will become aware of the role that functional members expect them to play, such as being able to identify signs of trauma, taking the initiative in seeking help for members, and offering support. In addition,

management may be more sensitive towards members and prioritise their wellbeing when they are facing an internal criminal investigation for their actions in a traumatic incident.

The organisation could train management to identify signs and symptoms of PT. This training could also capacitate management to administer a basic, primary intervention when functional members return to the station following exposure to a traumatic event.

Conclusion

The research and findings of the study indicate that participants experience PT as part of their job. The participants have a clear understanding of PT, which they describe as a sudden, traumatic event. According to the participants, PT is a life-threatening, traumatic event that a person experiences or witnesses. The group members stated their experience of PT was in the form changes in behaviour and cognitive functioning, limited coping ability, negative attitude and organisational factors. The findings indicate that participants associated PT with various types of incidents. The types of incidents they mentioned included armed robberies, disturbing incidents that expose them to human suffering and/or death, attacks from members of the public, and organisational factors. The findings also indicate that the participants place very little value on the effectiveness of PTM programmes. In fact, participants stated that they regard the offered PTMP as ineffective. This view was influenced by factors regarding implementation, professionalism, knowledge and support.

The implication from the above findings is that the ability of SAPS members to function efficiently is compromised due to a perceived lack of and/or ineffectiveness of PTMP. It is recommended that the SAPS review the current PTMP in terms of marketing, implementation and conditions of service.

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CHAPTER 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Note to the reader:

- This chapter follows the style and references as well as editorial guidelines as prescribed by the Publication Manual (6th edition) of the American Psychological Association. This practice is in accordance with the policy in the Programme of Industrial Psychology of the North-West University, which stipulate the use of APA style in all scientific documents as from January 1999.

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter indicates the conclusion reached in the study with regards to the general and specific objectives and discusses the limitations. The recommendations for future research are also presented.

3.1. Conclusion

The general objective of the study was to explore psychological trauma management (PTM) at a Gauteng police station.

The findings are discussed next based on the specific objectives of the study.

The first objective was to establish how psychological trauma (PT), PT in law enforcement and PTM in the workplace are conceptualised in literature. A review of literature revealed that PT is defined as a sudden, traumatic event that, when experienced or witnessed, compromises an individual's normal functioning (Flannery, 2015; Kaminer & Eagle, 2010) and ability to cope (Malinauskiene & Einarsen, 2014). PT is characteristic of high-risk sectors that are prone to critical incidents such as law enforcement (Steffgen, 2008).

Police members are reported to experience at least one critical incident per day (Elntib & Armstrong, 2014; Pasciak & Kelley, 2013). Critical incidents, such as being exposed to dead bodies, assisting injured people, chasing criminals and being attacked predispose law enforcement officials to reactions similar to those seen in post-traumatic stress disorder (PTSD) (Antai-Otong, 2001). As such police members are said to be at a greater risk of developing PTSD (Antai-Otong, 2001). Literature reveals that other symptoms are associated with PT, such as fear (Cross & Ashley, 2004), depression (Karaffa & Tochkov, 2013) and these lead to substance abuse (Ballenger et al., 2011). The latter is estimated to be much higher in the police sector compared to the general population (Chopko, Palmieri, & Adams, 2013). The negative impact of these symptoms, i.e. increased absenteeism, suicide ideation necessitates that organisations make available effective interventions to employees.

Within law enforcement, psychological trauma management (PTM) is offered as an adapted critical incident stress debriefing (CISD) model called the Jacobs model (Van den Heever, 2013). The seven-phase model is delivered up to 72 hours after a traumatic incident using psychologists, chaplains and social workers (SAPS, 1998). Studies indicate that uptake of the psychological trauma management programme (PTMP) in law enforcement is negatively impacted by issues of confidentiality (Geldenhuys, 2017) and fear of stigmatisation (Pasillas, Follette, & Perumean-Chaney, 2006).

The aim of the second objective was to explore the meaning of PT according to police members. It is evident from the study that participants have an understanding of PT as a traumatic event that they either experience or witness and is deemed life threatening. This follows the American Psychiatric Association's (2013) finding, which states that traumatic events are either witnessed, experienced directly or indirectly.

The third objective was to explore the experience of PT according to police members. The participants in the study associated PT with various reactions such as changes in behaviour and cognitive functioning, inability to cope and negative emotions. This is similar to Glanville (2012) who stated that physical, emotional and mental reactions are characteristic to PT. According to Chapin, Brannen, Singer, & Walker (2008), these reactions occur progressively and could lead to the development of post-traumatic stress disorder. Individuals with PT also have difficulty functioning and adopt maladaptive coping strategies such as alcohol abuse (Chae & Boyle, 2013).

Participants also associated PT with organisational factors such as lack of support and internal procedures that exacerbate the trauma. Gumani (2012) reports that organisational stressors such as lack of support, in the form of debriefings, have been found to worsen PT resulting from traumatic incidents (Buker & Wiecko, 2007).

The fourth objective was related to the types of events that participants regard as traumatic. Participants reported that they have experienced various traumatic or critical incidents. Critical incidents differentiate police work from other professions (Clark-Miller & Brady, 2013) in that the occupation predisposes members to such events (Beech & Leather, 2006; Pasillas, Follette, & Perumean-Chaney, 2006; Sheehan, Everly, & Langlieb, 2004; Steffgen, 2008). From the analysis, it became evident that participants have experienced critical

incidents through witnessing the suffering of others and as victims. In their role to protect and serve, participants are exposed to incidents where the members of the public are victims such as in gruesome car accidents, rape cases, suicides and murders. Participants also experience critical incidents as victims such as when they are assaulted, hijacked, shot at and threatened by the public. This is not surprising as the situations that police members have to respond to sometimes threaten their wellbeing (Anderson, Litzenberger, & Plecas, 2002). Participants also experienced organisational aspects as traumatic such as lack of counselling following a critical incident and being subject of an internal investigation. Plaxton-Hennings (2004) found that police members who did not receive support in terms of locating counselling services following a critical incident were further traumatised. Re-traumatisation was also prevalent in instances where police officials were being investigated as they felt victimised by internal investigators (Minnaar & Mistry, 2006).

The fifth objective was to explore how the participants value the effectiveness of PTMP. The participants reported that they find the PTMP ineffective. This view was perpetuated by lack of awareness of available interventions and the poor quality of the services. There was evidence that the members are provided with a booklet, which details the available services, but even so members stated that they were not aware of PTM programmes. Gumani (2012) reported that the Employee Health and Wellness (EHW) use various methods to disseminate information about available services. However, the author found that some police members were not aware of available PTMPs and personnel shortages were cited as the main reason.

From the analysis, it became evident that issues such as a lack of confidentiality, limited skills and knowledge influenced the view of PTMPs as ineffective. Several studies have found that confidentiality is one of the key barriers to the uptake of and trust in using PTMPs in law enforcement (Boshoff & Strydom, 2015; Geldenhuys, 2017; Ménard, Arter, & Khan, 2016; White, Shrader, & Chamberlain, 2016). According to Minnaar and Mistry (2006) police members are of the view that breach in confidentiality will affect their opportunity for promotion in the future.

Participants reported that PTMP providers lack knowledge and skills. Minnaar and Mistry (2006) found that police members viewed social workers as lacking and suggested that counsellors should have a background in police work. Van Dyk and Van Dyk (2010) also found that SAPS members regarded social workers who were contracted to offer debriefing as

inexperienced. According to Karaffa and Tochkov (2013), it was important to police members that service providers are not only competent but have knowledge on the nature of police work to be able to understand to and relate to their experiences.

The sixth objective was to elicit what recommendations can be made for an effective PTMP. Participants recommended that service providers act professionally by maintaining confidentiality.

Participants suggested that the mode of delivery can be such that the providers approach them, either directly or through their commanders, to offer them services. They want providers to have access to their dockets to establish what they have experienced in the line of duty and approach members to offer counselling.

The members are not aware of the services that are available to them and some do not understand how benefits are structured. They recommended that the organisation markets the available services to them through workshops. They also suggested that the organisation markets the medical aid benefits available through their scheme.

Participants proposed that management could hire more EHW professionals, with some suggesting that these could be police officials trained as psychologists. The group members recommended that commanders take the initiative with regards to getting them to use EHW services. They also suggested that commanders be more compassionate.

3.2. Limitations

The first limitation of the study was that the sample was small. However, the study was qualitative in nature and the primary focus was to explore the perceived effectiveness of a PTM programme.

Another limitation was that the sample had limited diversity in terms of gender, race and rank thus limiting generalisability. However, the demographic distribution of the sample was consistent with that within the SAPS, i.e. mostly male, and African.

Another factor that limits generalisability is that the study is specific to law enforcement and may not be representative of other first responders in other industries.

3.3. Recommendations

3.3.1. Recommendations for practice

The following recommendations are based on the suggestions offered by participants. It is evident from the findings that participants regard the current PTMP as ineffective. From the analysis, it became evident that there is generally a lack of awareness of PTMP. While members admitted that they are provided with information at the beginning of each year, it may seem that the manner in which it is done is not efficient. Management could establish more interactive methods of disseminating information about PTMPs, which could be implemented more frequently, e.g. once a quarter.

The limited uptake of PTMPs was influenced by several reasons. Firstly, participants stated that the EHW providers are inexperienced and unprofessional. The organisation could ensure that providers who are employed have the appropriate experience to effectively offer services to members. In addition, the organisation could make it compulsory for EHW providers to regularly attend training to improve their proficiency. The organisation likely has codes of ethics, which guide each of the professions within EHW. The organisation should become acquainted with these guidelines, specifically the sections dealing with confidentiality.

Secondly, participants reported that providers are unable to relate to their experience in the field. The organisation could consider developing programmes that will provide EHW professionals with insight into a functional member's experience of critical incidents and PT. Another recommendation is to employ EHW professionals who have a police background and will be able to understand the experience of police members. While this may not be easy to achieve, another option would be to develop current members to fulfil roles within EHW.

Lastly, participants stated that the organisation does not have enough personnel to deliver PTMPs. The organisation could also employ more professionals as suggested by members.

3.3.2. Recommendations for future research

Based on the findings, it is evident that police members would benefit from an intervention by EHW services. A recommendation for future research would be to conduct studies focussing on establishing the best way of implementing PTMPs to encourage uptake by members. Future studies could also focus on quantifying the effectiveness of PTMPs.

Participants mentioned that both operational factors (i.e. critical incidents) and organisational factors re-traumatise them. Most of the available research focussed on operational factors. Future research could establish the impact of organisational factors such as lack of support and ways to mitigate the negative effect.

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ADDENDUM: LETTER TO PARTICIPANTS



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16 January 2018

Dear participant

EXPLORING A PSYCHOLOGICAL TRAUMA MANAGEMENT PROGRAMME AT A POLICE STATION IN THE GAUTENG PROVINCE

Thank you for your interest in this research project. You are herewith invited to participate in this research project as part of my Masters studies at the North-West University. If you agree to participate in this study, your individual information and contributions will remain confidential and no individual information discussed during the focus group will be disclosed to fellow employees, commanders or any employee within the South African Police Service (SAPS). No individual will be identified. Only themes identified on group level will be anonymously shared with SAPS management, presented at a conference and published in an accredited journal. Please take some time to consider the details of the project as outlined below. Your name and information shared during the focus group will remain entirely confidential and therefore no identifiable information will be shared with employees or the SAPS. It is important that you understand that if you do not participate, it will not be to your disadvantage.

What is this research study all about?

The general objective of this study is to explore a psychological trauma management programme at a police station in the Gauteng province. This study is part of a larger research project which aims to explore psychological trauma management in the South African workplace. By listening to employees such as yourself who are exposed to potential traumatic situations on a regular basis as part of your work, recommendations can be made regarding the improvement of current psychological trauma management programmes.

What will your responsibilities be?

If you agree to participate in this study, it will be essential that you participate in a focus group facilitated by the researchers. The focus group will be conducted at your place of work at a time determined by the Station Commissioner. The venue will be private and the researchers will ensure an open and informal setting in order for participants to feel at ease. During the focus group session a voice recorder will be used to enable the researchers to recall all your valuable contributions. This recording will be locked away safely and erased once it has been transcribed. The transcription will be saved by means of a password, on a computer to which only the researchers will have access to.

What information will be asked in the focus group?

The following biographical information will be asked during the focus group in order to ensure that the sample is representative and to be able to describe the sample population to future readers of the mini-dissertation or future publications. It will not be used for comparative purposes. The following will be asked of you:

- Gender
- Ethnicity
- Home language
- Nature of duties
- Rank

During the focus group the following themes will be explored:

- The meaning of psychological trauma according to the group.
- The types of events/incidents at work that might be traumatic according to the group.
- The effectiveness of the psychological trauma management programme according to the group.
- Recommendations concerning an effective psychological trauma management programme according to the group.

Will you benefit from taking part in this research?

This study will create awareness about:

- The meaning of psychological trauma from the perspective of the functional police member.
- The types of event/incident that are perceived as traumatic from the perspective of the functional police member.
- The effectiveness of the current psychological trauma management programme from the perspective of a functional police member.

- Recommendation to make the psychological trauma management programme more effective, from the perspective of the functional police member.

By providing the SAPS with group level feedback concerning these issues, the current psychological trauma management programme can be improved/adjusted in order to be more effective for the SAPS.

Are there risks involved in you taking part in this research?

This study focusses on the psychological trauma management programme in the SAPS in general and not on your personal experience particularly. Having said that, there is a risk that talking about the topic might make you feel uncomfortable. Discussing one or more of the above mentioned themes might elicit an emotional response due to personal reasons. The researcher will take the necessary steps in order to assist you in dealing with these emotions. Personnel of the Employee Health and Wellness (EHW) section will be available in a nearby venue to render professional services should you require it. Additionally, the Life Line Johannesburg crisis phone number **011 728 1347** may be called if you do not want to speak to EHW. Counselling services at Life Line are rendered at no charge.

Who will have access to the data?

The researchers are the only persons who will have access to the focus group data collected. Data collected will be safely locked away and saved by means of a password on a computer. Data on the voice recorder will be erased once it has been transcribed. No answers of individuals will be communicated to any party and therefore no individual will be identified through the research results. The researcher will give the organisation feedback on group level (a summary of themes and sub-themes identified), therefore no individual results will be shared. Your name and information shared during the focus group will be entirely confidential and therefore no identifying information will be shared with other employees or SAPS management. Since this study forms part of my Masters research project, the research will be submitted to the NWU in the form of a mini-dissertation and also published in an accredited scientific journal. However, no names of participants or police station will be made known and will be kept confidential.

What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?

Participation in this study is completely voluntary. Therefore no consequence whatsoever will be incurred if you decide not to take part in this study. Also, if you do decide to take part in this study, you are free to withdraw your participation at any stage of this research free from any consequence. However, if it might happen that you feel uncomfortable to answer certain questions or a question might elicit an emotional response due to personal reasons, the researcher will take the necessary steps in order to assist you in dealing with these emotions. The researcher will arrange that personnel of EHW is available in a nearby venue to assist you. Should you not wish to make use of EHW, the researcher can also provide you with the Life Line Johannesburg crisis telephone number which is **011 728 1347**. Life Line Johannesburg render professional counselling services free of charge.

Will you be paid to take part in this study and are there any costs involved?

Your participation in this study will be completely voluntarily and no compensation will be offered. Due to the fact that the focus group will be conducted at your place of work, there will be no additional costs involved.

Is there anything else that you should know or do?

If you require any assistance or further information, you can contact any of the involved researchers. Miss Duduzile Gama (072 326 7748, gamadn@hotmail.com) or Mr Boucher Jonker (018 299 1386, bouwer.jonker@nwu.ac.za).

Duduzile Gama
Researcher

BE Jonker
Supervisor

***PLEASE COMPLETE AND SIGN THE DECLARATION ON THE NEXT PAGE**

Declaration by participant

By signing below, I (name and surname) agree to take part in a research study entitled: Exploring psychological trauma management at a police station in the Gauteng province.

I declare that:

- I have read this information and consent form and it is written in a language which I understand.
- I have had an opportunity to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) on(date) 2018.

.....

Signature of participant