

Exploring helping professions' experiences of psychological trauma management programmes within the South African Police Services

TME Ramatsoma



orcid.org/0000-0002-8907-9645

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Supervisor: Dr BE Jonker

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Student number: 25136615

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- The study is submitted by using the structure of a research article. The formatting guidelines as set out by the South African Journal of Industrial Psychology (SAJIP) was used. Construction of tables was followed in accordance with SAJIP guidelines.
- Each chapter of this mini-dissertation has its own reference list.

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DECLARATION OF OWN WORK

I, **Tebogo Matsie Evelyn Ramatsoma**, hereby confirm that this mini-dissertation/dissertation/thesis with the registered title “*Exploring helping professions’ experiences of psychological trauma management programmes within the South African Police*” is my own work.

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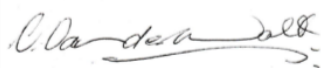
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1 December 2021

I **Ms Cecilia van der Walt** hereby declare that I took care of the **editing** of the dissertation of **Ms Evelyn Ramatsoma** titled *Exploring helping professionals' experiences of psychological trauma management programmes within the South African Police Services*.



MS CECILIA VAN DER WALT

BA (*Cum Laude*)

THED (*Cum Laude*),

Plus Language editing and translation at Honours level (*Cum Laude*),

Plus Accreditation with SATI for Afrikaans and translation

Registration number with SATI: 1000228

Email address: ceciliavdw@lantic.net

Mobile: 072 616 4943

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SUMMARY

Title: Exploring helping professions' experiences of psychological trauma management programmes within the South African Police Services

Keywords: Helping profession, law enforcement, psychological trauma, psychological trauma management, South African Police Services, trauma model, trauma programme, traumatic stress.

It is undeniable that certain occupational environments are more susceptible to traumatic incidents than others. The policing sector is one such agency, where exposure to traumatic incidents is an inherent part of the job. Exposure to such incidents lead to members in the policing sector experiencing psychological trauma. Psychological trauma is a prevalent mental-health challenge in the policing sector globally. This includes the South African Police Services (SAPS). This is why it becomes highly important for psychological trauma management programmes to be put in place to assist with managing the adverse aftermaths of traumatic incidents. More especially in a country as crime-ridden as South Africa. The SAPS has over the years adopted various psychological trauma interventions to support its members to better manage how they respond to traumatic events.

The main objective of this study was to explore the experience of helping professions' regarding the psychological trauma management programmes of the SAPS. This study employed a qualitative research design with a social constructivist/interpretivist paradigm. Data were collected from a population group that was sampled by means of purposive sampling ($N=16$). The participants were helping professionals from Employee Health and Wellness (EHW) that had more than a year's experience working with psychological trauma management programmes. The data were collected by conducting semi-structured telephonic interviews. Thereafter it was analysed by applying thematic analysis.

The findings of this study indicated that participants consider the psychological debriefing model outdated and that it needs redevelopment to enhance its effectiveness. Much focus also

needs to be placed on putting programmes and policies in place to assist EHW professionals with the secondary trauma they incur whilst implementing psychological trauma management programmes such as debriefing. Participants also indicated that they do find the psychological trauma management programmes educational and helpful. Recommendations were also made for future research and practice.

OPSOMMING

Titel: Exploring helping professions' experiences of psychological trauma management programmes within the South African Police Services [*’n Ondersoek na Helpende Professies se Ervarings van Psigologiese Trauma Bestuursprogramme binne die Suid-Afrikaanse Polisiedienste*]

Sleutelwoorde: Helpendeprofessie, wetstoepassing, psigologiese trauma, psilogologiesetrauma-bestuur, Suid-Afrikaanse Polisiedienste, traumamodel, traumaprogram, traumatiese stres.

Dit is onteenseglik waar dat sekere beroepsomgewings meer vatbaar is vir traumatiese insidente as ander. Die polisiëringsektor is een so ’n agentskap, waar blootstelling aan traumatiese insidente ’n inherente deel van die werk uitmaak. Blootstelling aan sulke insidente lei daartoe dat lede in die polisiëringsektor psigologiese trauma ervaar. Psigologiese trauma is wêreldwyd ’n heersende geestesgesondheidsuitdaging in die polisiëringsektor. Dit sluit in die Suid-Afrikaanse Polisiedienste (SAPDe). Dit is waarom dit van die allergrootste hoogs belang is dat psigologiese trauma bestuursprogramme gevestig moet word om met die bestuur van die nadelige nawerkinge van traumatiese insidente te help – nog belangriker veral in ’n land wat so misdaadgeteister is soos Suid-Afrika. Oor die jare heen het die SAPDe verskeie psigologiese trauma intervensies gevolg om sy lede te ondersteun om die wyse waarop hulle op traumatiese insidente reageer, beter te hanteer.

Die hoofdoel van hierdie studie was om die ervaringe hepende professionele persone rakende die psigologiese trauma bestuursprogramme van die SAPDe te ondersoek. Hierdie studie het ’n kwalitatiewe navorsingsontwerp met ’n sosiaalkonstruktivistiese/interpretiwistiese paradigma benut. Data is aan die hand van doelgerigte steekproefneming uit ’n populasiegroep ingesamel ($N=16$). Die deelnemers was helpende professionele persone van *Employee Health and Wellness* (EHW) wat reeds langer as ’n jaar se ervaring opgedoen gehad het met psigologiese trauma bestuursprogramme. Die data is ingesamel deur semi-gestruktureerde telefoniese onderhoude te voer. Daarna is dit geanaliseer deur tematiese analise toe te pas.

Die bevindinge van hierdie studie het aangedui dat deelnemers die psigologiese na-onderhoudmodel as uitgedien beskou het en dat dit nodig is om dit te herontwerp om die effektiwiteit daarvan te verhoog. Heelwat klem moet ook geplaas word op programme en beleide om EHW helpende professionele persone met die sekondêre trauma wat hulle opdoen terwyl hulle psigologiese trauma bestuursprogramme soos die na-onderhoud-metode implementeer. Deelnemers het ook aangedui dat hulle die psigologiese trauma bestuursprogramme opvoedkundig en nuttig vind. Aanbevelings is ook vir die praktyk en toekomstige navorsing gemaak.

CHAPTER 1

INTRODUCTION

Introduction

The current study explored the experiences of employee health and wellness (EHW) professions' regarding the psychological trauma management programmes within the South African Police Services (SAPS). The first chapter introduces the problem statement and presents an outline of the research objectives as well as the research design followed in this study. Finally, a chapter division is provided.

1.1 Problem statement

Globally, the experience of psychological trauma in the workplace appears to be prevalent and an ongoing situation that affects various individuals at some point in their careers (Morganstein et al., 2017). Different people from diverse backgrounds react differently to traumatic events (Beukman & Conradie, 2007). Individuals working in the law enforcement environment are often exposed to incidents that may lead to psychological trauma (Papazoglou & Tuttle (2018).

Police members in the SAPS are frequently exposed to incidents that may lead to psychological trauma due to their exposure to traumatic incidents (Boshoff et al., 2015). Ceccato (2011) points out that South Africa has a high crime rate and disturbing accidents and incidents prevail. The 2019/2020 crime statistics presentation by the SAPS (2020) revealed that crime is on the rise, especially in areas such as murder and assault. These accidents and incidents result in the police personnel having to deal with many traumatic scenes as first responders (Tehrani, 2011). Likewise, operational employees of the SAPS often find themselves confronted with life-threatening situations and are faced with criminal activities, head on (Masson & Moodley, 2020).

Kaminer and Eagle (2010) insisted that traumatic stress management in South Africa is an important field to be focused on, as citizens of this country are constantly exposed to Psychological Trauma. Richardson and Rothstein (2008) point out that programmes applied to manage the effects of psychological trauma should be effective. Such psychological trauma

management programmes should also be able to contribute to the psychological well-being of employees (Neff & Germer, 2013).

Currently a limited amount of literature is available on the programmes used within the SAPS for managing psychological trauma. It is also not clear how EHW professionals within the SAPS, who render services to traumatised members, view the effectiveness of the current programmes. Hence this study explores the EHW professionals' experiences of the psychological trauma management programmes of the SAPS.

Psychological trauma

Christensen et al. (2013) define *psychological trauma* as a threat to an individual's life, or that of a significant other, followed by feelings of stress or an experience of being overwhelmed. Psychological Trauma is synonymous with traumatic stress and the two concepts are often used in conjunction with each other. Flannery (2015) provides a broader definition of psychological trauma by describing it as the response of an individual to having witnessed or experienced an event that involves a threat to life, or loss of life, and causes intense fear or helplessness.

According to the fifth version of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) (American Psychiatric Association, 2013) a *traumatic event* is defined as an occurrence during which an individual is exposed to death or to a threat to life, severe injury, or sexual violence.

Following exposure to a traumatic event, an individual might experience psychological trauma and other conditions such as acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) (Bryant, 2011). Moreover, traumatic events are of an extraordinary nature that cause individuals to experience a disturbance in their lives, which affects their adaptation in life in an overwhelming manner (Weathers & Keane, 2007).

Psychological trauma is experienced across different ages, careers, cultures, and nationalities (Beukman & Conradie, 2007). Generally, Psychological trauma has been difficult to define; thus definitions vary from source to source. However, the DSM-5 has made it easier to identify psychological trauma-related disorders. The DSM-5 describes psychological disorders in a way that complements the earlier definitions and dissects them into a more clarified form (Stein et al., 2014). To the definitions presented above, the American Psychiatric Association (2013) adds that being informed of a traumatic event that a family member or close friend has experienced might also cause trauma for that individual. Additionally, the DSM-5 (American Psychiatric Association, 2013) includes situations in which an individual is repeatedly exposed to traumatic incidents. This provides a relation to the psychological trauma in reaction to accidents and incidents experienced by first responders, such as paramedics and police employees.

According to the DSM-5, mental-health symptoms of psychological trauma include, amongst others, the following (American Psychiatric Association, 2013):

- Exhibiting emotionally withdrawn behaviour where affected individuals do not react to situations in an appropriate or expected manner.
- Experiencing involuntary distressing memories and dreams of traumatic events.
- Exhibiting an inability to experience positive emotions even when positive events and situations occur.
- Experiencing an altered sense of reality, where affected individuals might develop intense fear, even in situations that wouldn't have simulated fear in them prior to the traumatic event. In extreme cases symptoms might also include hallucinations and delusions.
- Experiencing sleep disturbance where an individual has trouble sleeping at night or being unable to sleep for long hours.
- Exhibiting symptoms of psychopathology.
- Experiencing anxiety.

These symptoms can potentially result in individuals experiencing compromised health or being at a higher risk of experiencing health problems. O'Toole and Catts (2008) suggest that being exposed to trauma causes direct negative effects on the immune system. Individuals affected by trauma show symptoms of hormonal imbalances (too much and too little cortisol, reproductive disorders, migraines, unusual sweating (including palms), inflammation and gastrointestinal problems (Andrea et al., 2011; Kendall-Tackett, 2009). Victims correspondingly become more at risk of experiencing cardiovascular diseases, chronic pain, diabetes and even mortality (Maschi et al., 2013).

Internationally, several studies related to psychological trauma have been conducted. The American Psychiatric Association (2013) suggests that 50% of all individuals are likely to experience a traumatic event at least once in their lifetime. Topics included in these studies are the detrimental effects that psychological trauma can have on the well-being of individuals (Giorgi et al., 2018; Walker-Springett et al., 2017; West et al., 2018).

These effects can include stress, burnout, and PTSD (Terblanche & Van Wyk, 2014). Difficulties with concentration, memory, cognition and developmental problems have been reported (American Psychiatric Association, 2013; Bloom, 2014; Tehrani, 2011). Consequently the productivity of individuals in the workplace can be negatively affected. Additionally, Terblanche and Van Wyk (2014) point out that traumatic events can have a negative effect on families and the relationships of such employee.

South Africa's political history has consistently appeared to show its distasteful face in studies conducted on PT. Kaminer and Eagle (2010) indicate that state-sponsored violence and oppression during the Apartheid era characterised South Africa as a traumatised country. Even though the Apartheid era ended decades ago, the effects of it have lasted long after conflicting groups have reconciled (Mengel & Borzaga, 2012). This indicates that psychological trauma and disorders such as PTSD can have lifelong effects (Shonkoff et al., 2012).

Some studies focusing on psychological trauma have been conducted within the South African context. It has been found that trauma is profoundly imbedded in the South African society (Williams et al., 2007). Statistics show that South Africa is overly exposed to high crime rates and thus traumatic events. A publication released by Statistics South Africa (StatsSA) revealed that housebreaking is the number one crime in South Africa, with over 1.2 million reported cases in 2019/20 (Statistics South Africa, 2020). This indicates that criminal activities are prevalent even in the comfort of people's homes. Such incidents also affect secondary victims of the crimes such as family members and close friends; it also affects the first respondents to these crimes (Dekel & Goldblatt, 2008; Fuller, 2015). Furthermore, Kaminer and Eagle (2010) indicated that the repeated experiences of trauma or multiple victimisations is a regular occurrence in South Africa.

Current studies on psychological trauma are more popular in countries in the northern hemisphere. In the South African context, research focussing on psychological trauma is limited (Kaminer & Eagle, 2017).

Psychological trauma in the policing sector

Psychological trauma in law enforcement refers to the outcome of the reactions of law enforcers, such as police officials, to experience of and exposure to threatening situations that cause trauma (Marmar et al., 2006). These situations are described by Marmar et al., (2006) as *critical incidents*. The policing sector is prone to experiences of psychological trauma (Papazoglou et al., 2020) due to the high level of exposure of this sector to dangerous situations (Queirós et al., 2020). Police officials are often first respondents on traumatic scenes, or working under dangerous conditions (Raymond & Flannery, 2014). In a study conducted on 262 Dutch police officers, it was found that 7% of that population were experiencing PTSD while 34% had been experiencing subsyndromal PTSD (Marmar et al., 2006).

In the SAPS, traumatic events are listed as follows (SAPS, 1998):

- A shooting incident, whether or not the employee was the victim and whether or not persons were injured or killed.
- A suicide or attempted suicide incident.
- A bomb explosion incident.
- A gruesome scene, such as a murder scene, serious collision or disaster.
- A hostage situation.
- A case of extreme provocation which may cause frustration or aggression; or
- Any other incident that causes trauma

The Employee Health and Wellness (EHW) section of the SAPS consists of a diverse group of employee health and wellness professionals, namely psychologists, psychometrists, chaplains and social workers (Boshoff et al., 2015). Individuals working at EHW are tasked with ensuring that support for employees to flourish in an organisation is prioritised (Sieberhagen et al., 2011) and to promote physical and psychological wellness (Cavico & Mutjaba, 2013). Jankowski et al. (2020) explain that flourishing is a state of feeling physically and psychologically well and functioning in an effective manner.

Research conducted by Young et al. (2012) revealed a high prevalence of PTSD in the SAPS. This finding is supported by a presentation by the SAPS EHW section which reported that the most common psychological disorders in the SAPS are depression, PTSD, and stress disorder (SAPS, 2016). The presentation covered a total of 19 097 cases. Of these, 89% were active employees (those currently working in the SAPS). However, Young et al. (2012) postulate that not all cases are reported. Additionally, employees do not always report their need for psychological support (Boshoff et al., 2015). Raymond and Flannery (2014) clarify that employees who are first respondents might feel that they are complaining unnecessarily or might not even consider counselling. In addition, the authors report that the low incidents of support-seeking behaviour are related to the lack of time between incidents. This indicates that curative measures need to be put in place to ensure that employees remain optimally productive.

Psychological trauma management in the policing sector

Various organisations employ ways of managing psychological trauma by employing designated employees such as counsellors, psychologists, and wellness practitioners (Shayman, 2018). In the SAPS, these employees resort under the EHW section (SAPS, 2017). These counsellors, psychologists and wellness practitioners are tasked with creating programmes and innovative interventions to ensure that employee well-being is maintained and, where possible, enhanced. This leads to better productivity, job satisfaction and work engagement (Liona & Yurniardi, 2020; Watson et al., 2010).

For a helper to manage psychological trauma it is important to consider the uniqueness of the individual before anything else, as this affects the severity of the experience (Diepold & Goldstein, 2009). Harvey (1996) reported that, for psychological trauma to be managed, it is important for a helping professional to be cognisant of the ways in which people respond to trauma and how they recover from it. Recovery is influenced by social interactions, life events and environmental factors (Maercker, & Hecker, 2016). This is an important aspect that might be easily forgotten when it comes to psychological trauma management. For example, a police official who has been a hostage before, might be severely traumatised after responding to a hostage situation (Rubin et al., 2008).

Organisations are legally obligated to keep the safety of their employees as one of their main priorities. In South Africa, legislation such as the Basic Conditions of Employment Act (South Africa, 1997) and Occupational Health and Safety Act (South Africa, 1993) protects employees against harmful working conditions, including those who do high-risk work.

Sieberhagen et al. (2009) state that even though legislation enforces occupational health and safety, it does not specify whether it obligates organisations to manage psychological illness. However, the South African government, through legislation, has the power to impose this and compel organisations to prioritise psychological health through the Occupational Health and Safety Act published by the Department of Labour (2004). Sieberhagen et al. (2009) suggest

that, for effective psychological trauma management to be implemented, government needs to invest in supporting the research, innovation and implementation of psychological trauma management.

One of the most common programmes applied for psychological trauma management, is psychological debriefing (PD) (Ehlers et al., 2010). PD is a method well-known within the military (Adler et al., 2009; Bryant 2021) and in law enforcement (Augustin & Fagan, 2011; Bryant 2021). This method is an initial process of reacting to psychological trauma after a critical incident. Interviews are conducted after an employee has experienced trauma, to explore their experience of the event, from a helping perspective (Rick & Briner, 2004). This assists the helper in assessing the extent to which the employee might have been affected by the incident.

The SAPS (1998) states that the main purpose of trauma debriefing is to promote wellness in the members of the SAPS. However, PD has raised concern as it forces participants to relive their traumatic experiences, potentially causing more harm than good (Mendeloff, 2009). Currently debriefing is divided into two types, namely the initial debriefing and formal debriefing (SAPS, 1998). *Initial debriefing* facilitates a process by means of which employees can give their first thoughts and feelings regarding a traumatic event they had experienced. This process lasts for about 15 minutes. *Formal debriefing* involves a procedure whereby employees, with the assistance of a debriefer, unpack everything concerning a traumatic event they had experienced. This group session lasts one to three hours (SAPS, 2002). Debriefing is conducted by employees that are trained (debriefers) to debrief traumatised employees (SAPS, 1998).

The early debriefing intervention, applied in the SAPS, is referred to as critical incident stress debriefing (CISD). Pillay (2008) explains that CISD is a form of trauma management intervention that is aimed at the prevention of traumatic stress disorder. CISD is described by Boshoff and Strydom (2017) as a debriefing programme that is group-based, where group members discuss a current traumatic event that is taking place, or one that has already occurred. Pillay (2008) points out that the helping professionals are mainly responsible for implementing

the CISD programme in the SAPS. Because this is an intervention of choice for the SAPS, it is important to explore the helping professions' experiences thereof.

It is extremely important for a psychological trauma management programme, such as the CISD which is applied in the SAPS (SAPS, 2002), to be optimally efficacious. This is because employees experiencing trauma are likely to be less effective in their jobs as opposed to those who are generally well (Raymond & Flannery, 2014). Psychological trauma affects employees on four levels, namely on a living, working, learning and social level; therefore psychological trauma management programmes need to provide on all these levels to be effective (Fernando & Jayatunge, 2011).

To understand the effectiveness of psychological trauma management programmes from the employees' perspective, it is important for sufficient data to be available. Previous literature in the SAPS such as the works of Gumani (2012), Gumani et al. (2013) and Maabela (2011) have made recommendations on how these psychological trauma management programmes can be developed. A limitation of these studies is that the perspectives of employee health and wellness professionals were not included. Some studies have focused on the perceptions of general SAPS members regarding trauma and debriefing (Maabela, 2011). Others investigated the needs of SAPS members regarding psychological trauma management programmes offered (Boshoff & Strydom, 2015). These studies did however not account for the experiences of those trained in the psychological trauma management programmes.

In the light of the discussion above, the problem statement to guide the investigation of the phenomenon in the current study can be formulated as follows: It is not clear what the experiences of EHW professionals are regarding the psychological trauma management programmes offered in the SAPS.

1.2 Research questions

Based on the problem statement, the following research questions were posed for the study:

- How is psychological trauma, psychological trauma in the policing sector and psychological trauma management in the policing sector conceptualised in the scientific literature?
- What psychological trauma management programmes are being used in the SAPS?
- What are the experiences of helping professionals regarding the psychological trauma management programmes of the SAPS?
- What recommendations can be made, if any, to improve the effectiveness of the psychological trauma management programmes from the perspective of helping professionals in the SAPS?
- What recommendations can be made for future research and practice regarding psychological trauma management programmes in the SAPS?

1.3 Expected contributions of the study

1.3.1 Contributions to Industrial/Organisational Psychology literature

Currently, limited research is available on psychological trauma in the South African workplace (Kaminer & Eagle, 2010). Moreover, information regarding the psychological trauma management programmes applied in the SAPS is sparse and not easily accessible to the researcher. This study contributed to the body of scientific knowledge by exploring the experiences of helping professionals regarding psychological trauma management programmes in the SAPS.

1.3.2 Contributions to the individual and the organisation

By asking EHW personnel about their experiences of the psychological trauma management programmes, and what recommendations they could make to improve its effectivity, these professionals felt that their inputs were valued.

The organisation benefited from this study because it gained a contextualised understanding of how the employee health and wellness professionals have experienced the psychological trauma management programmes. After receiving the final report compiled by the researcher, the SAPS can take into account the recommendations of the study and possibly improve the psychological trauma management programmes currently presented to support employees more effectively.

1.4 Research objectives

1.4.1 General objective

The general objective of the current study was to explore the experience of helping professionals regarding the psychological trauma management programmes of the SAPS.

1.4.2 Specific objectives

To ensure that the general objective of the study had been reached, specific objectives were set, as explicated below:

1. Establish how psychological trauma, psychological trauma in the policing sector and psychological trauma management in the policing sector are conceptualised in the scientific literature.

2. Establish which psychological trauma management programmes are being used in the SAPS.
3. Explore the experiences of helping professionals regarding the psychological trauma management programmes of the SAPS.
4. Explore what recommendations can be made, if any, to improve the effectiveness of the psychological trauma management programmes from the perspective of helping professionals in the SAPS.
5. To make recommendations for future research and practice regarding psychological trauma management programmes in the SAPS.

Next, the research design will be discussed.

1.5 Research design

This research study was of a qualitative nature. A *qualitative research design* is defined by Hennink et al. (2020) as a study that facilitates the process of using different data sets to explore a certain phenomenon in its unique context. Specifically, the researcher was seeking to explore the experiences of helping professionals regarding the psychological trauma management programmes of the SAPS. Mohajan (2018) notes that a qualitative research design allows for different, complex facets of a phenomenon to be uncovered by looking at it through the eyes of a variety of individuals. Hereafter, the research approach, research strategy and research methods will be discussed in detail.

1.5.1 Research approach

This study was approached from a social constructivist/interpretivist paradigm. This paradigm focuses on phenomena that are created as a result of the social relations and interactions that individuals experience (Lewis, 2015). *Social constructivism* refers to the approach whereby the researcher acknowledges that individuals create their own meanings and realities (Doubleday

et al., 2015). This means that social constructivism is based on specific assumptions regarding reality, knowledge, and learning (Kukla, 2013). In this study the researcher explored the experiences of professionals in the EHW section of the SAPS concerning the psychological trauma management programmes. Social constructivism emphasises that knowledge is acquired in diverse ways and that there is no single way of doing things, as individuals differ (Galbin, 2014).

The ontology of social constructivism thus refers to the manner in which reality is created, based on an individual's way of thinking or his/her mindset (Doubleday et al., 2015). In this study the ontology focused on the EHW professionals as social beings, and how their experiences shape the meaning they attach to the psychological trauma management programmes. The reason this approach was chosen is that everyone has a way in which they experience the programmes and the researcher endeavoured to understand these different realities and experiences from multiple viewpoints.

The epistemological assumptions that social constructivism holds is that the knowledge that people develop is derived from the predetermined rules, culture, and any shared information between individuals (Kham, 2013). Epistemology acknowledges that the way in which people perceive reality, is based on the personal meaning they attach to their reality; therefore, making it subjective as opposed to objective information (Booth et al, 2008). In this study emphasis was placed on the personal experiences that each individual encountered, specifically pertaining to the psychological trauma management programmes in the SAPS environment.

In addition, this study employed a phenomenological approach. *Phenomenology* refers to the way in which individuals experience things (Booth et al., 2008). The lived experiences of EHW professionals regarding the current psychological trauma management programmes in the SAPS were explored.

1.5.2 Research strategy

The research strategy used in this study was a single-case study. Such a *case study* is defined as a method whereby different perspectives are explored pertaining to a single setting (Booth et al., 2008). In this current study the researcher explored the experiences of the EHW professionals regarding the psychological trauma management programmes in one organisation, namely the SAPS.

1.6 Research method

1.6.1 Literature review

An extensive literature review on psychological trauma and traumatic stress was conducted for this study. Focus was placed on the workplace setting; more specifically the policing sector and the current programmes available for managing psychological trauma. Most of the literature sources used were published between 2008 and 2021. However, other sources dating before 2008 were considered on a minimal basis, based on their relevancy to the study. Several databases were explored with a view to gather information. Databases such as Google Scholar, EBSCOhost, Sabinet Online, Emerald, SAePublications were used for this study. Furthermore, academic books related to psychological trauma were used to describe the phenomenon. The researcher also made use of various accredited scientific journals, including *Journal of police and criminal psychology*, *Journal of Emerging Trends in Educational Research and Policy Studies*, *Southern African Journal of Criminology*, *SA Journal of Human Resource Management*, *The Journal of Clinical Psychiatry*, *SA Journal of Industrial Psychology*, *Journal of Traumatic Stress*, *International Journal of Health Policy and Management*, *International Journal of Clinical and Experimental Hypnosis* and *Interdisciplinary Journal of Problem-Based Learning*. The journals, books and literature sources that were used were those that are aligned specifically with the keywords of this study, which are: *helping profession*, *law enforcement*, *psychological trauma*, *psychological trauma management*, *South African Police Services*, *trauma model*, *trauma programme*, *traumatic stress*.

1.6.2 Research setting

EHW professionals in Gauteng and the North West Province were contacted and interviewed telephonically. In line with national protocol concerning social distancing during the COVID-19 pandemic, no face-to-face interviews were conducted. The telephonic interviews were conducted during working hours, at a date and time convenient to EHW personnel. Therefore, data collection was conducted with the participants being in a familiar environment where they could feel safe to contribute freely. EHW members were interviewed separately. Before the interviews commenced the researcher requested confirmation from those participating in the study that they had ensured that they would not be disturbed during the session.

1.6.3 Entrée and establishing researcher roles

The research proposal for this study was submitted to the School of Industrial Psychology and Human Resource Management at North-West University. It was presented to the scientific committee for approval. Furthermore, the proposal along with an application was submitted to the Faculty of Economic and Management Science's Research Ethics Committee for ethical clearance. Once the ethical clearance certificate had been issued, a copy thereof, along with a copy of the proposal, was sent to the Divisional Commissioner: Research of the SAPS. This was a formal process to seek approval and permission for the study to continue.

The researcher fulfilled various roles during the process of this study. Firstly, the role of planner, where extensive planning was conducted to be adequately prepared. Thereafter the researcher took on the role of obtaining consent from research participants, which was followed by the telephonic semi-structured interviews. The researcher was highly attentive during the interviews. This included listening skills and requesting clarity when it was required. Once all the interviews had been conducted the researcher transcribed the recorded telephonic interviews verbatim. Thereafter the researcher analysed and interpreted the data. Lastly, the researcher compiled a report in the form of a scientific article.

1.6.4 Research participants and sampling methods

The participants for this study were employees from the EHW section within the SAPS in Gauteng and the North West Province. EHW consists of psychologists, registered counsellors, social workers, and chaplains. These participants render psychological trauma management services to affected SAPS personnel.

Purposive sampling was used in this study to identify suitable participants. *Purposive sampling* refers to a sampling method whereby knowledgeable individuals are selected to contribute rich information on experiences, theories, and concepts of a certain topic (Palinkas et al., 2015). EHW personnel are trained to assist traumatised SAPS officials and were therefore best positioned to share their experiences of the current psychological trauma management programmes. Inclusion criteria for participation in this study were that EHW personnel had: a) to be trained in at least one official trauma management programme of the SAPS; and b) conducted at least one psychological trauma management programme to traumatised employees of the organisation.

1.6.5 Data collection methods

Telephonic, semi-structured interviews were conducted to gather data in the current study. The reason for selecting this data collection method was twofold: Firstly, the researcher observed the social distancing protocol, advised by the National Command Council of South Africa, during the COVID-19 pandemic – it would have been unethical for the researcher to meet participants face-to-face, because it might have put the health of participants at risk. Secondly, EHW personnel do not have access to cloud-based, peer-to-peer video conferencing platforms such as Zoom, MicroSoft Teams or Skype.

Telephonic interviews for qualitative studies are growing in popularity – the main reason being that it allows participants to share information regarding sensitive topics from the comfort of their own spaces (Farooq, 2017). In addition, telephonic interviews allow researchers to reach a much larger population without having to be limited by travel costs and venue hires (Farooq, 2015). It is therefore through careful consideration that this type of data collection process was selected. This method has allowed for past studies to yield rich and valuable data (Drabble et al., 2016).

All telephonic interviews were conducted in English. The interviews were recorded, with permission from the participants, and later transcribed by the researcher.

The interview guide included the following open-ended questions:

- In your experience, what psychological trauma management programmes are used in the SAPS?
- What are your experiences of the psychological trauma management programmes of the SAPS? (Alternatively, what is your perception/opinion of the psychological trauma management programmes of the SAPS?)
- What recommendations can you make, if any, to improve the effectiveness of the psychological trauma management programmes of the SAPS?

The format of the telephonic semi-structured interviews contained open-ended questions. *Open-ended questions* in an interview require that participants create their answers using their own unlimited expressions and words (Züll, 2016). The advantages of open-ended questions are that they encourage participants to be more elaborative in their answering and that they might reveal other relevant phenomena (Friborg & Rosenvinge, 2013). Probing was also done, and follow-up questions posed to obtain as rich as possible data in terms of more clarified and descriptive responses.

Additionally, a biographical questionnaire was used to accurately describe the sample. Transferability of results were enhanced by describing the demographic characteristics of the participants. Other researchers can then determine whether the finding of the current study could be applicable to different settings. Demographic information, which was required in the biographical questionnaire, included the following categories: gender, age, rank, job title, highest qualification, job proficiency, years of experience in EHW of the SAPS, and province.

1.6.6 Recording of data

As part of gaining consent for the collection of data for the study, the researcher indicated that the telephonic interviews would be recorded on an electronic device. This was explained to the participants before the interviews commenced. Once the interviews had been concluded, the researcher took all the data and transcribed it verbatim in a Microsoft Word document. No names of participants were included in the transcriptions to maintain confidentiality and protect the privacy of the participants. Once all the data on the voice recorder had been transcribed and coded, the voice recorder was formatted. Thereafter the Word document file was saved with a password known only to the researcher and the researcher's supervisor.

1.6.7 Data analysis

For the data analysis process, the researcher made use of the thematic analysis method. *Thematic analysis* involves identifying, analysing, and reporting patterns (themes) within data (Braun & Clarke, 2006). The Researcher and research Supervisor also utilised the qualitative research analysis software ATLAS.ti (version 9.0.24.0.4), which was able to process the text and audio data collected (ATLAS.ti Scientific Software Development GmbH, 2021). This method was employed to ensure that rich and quality data are extracted. To perform thematic analysis effectively, several detailed phases were implemented as prescribed by Braun and Clarke (2006):

Phase 1: Familiarise yourself with the data

The researcher thoroughly read and reread the verbatim transcriptions of all the interviews. This repetitive action yielded a detailed knowing of the data. Memos were written by the researcher and the researcher's supervisor about thoughts and observations of the data as advised by Braun and Clarke (2006).

Phase 2: Generate initial codes

In this phase the researcher and the researcher's supervisor began by extracting codes from the data. Operational definitions were created for each code, resulting in a comprehensive code list with clear boundaries. Open coding was used in the current study, since thematic data analysis promotes the inductive scrutiny of raw data, to generate meaning.

Phase 3: Searching for themes

In this phase the researcher and the researcher's supervisor grouped codes into overarching categories that represent the diverse experiences and recommendations of the participants. Careful inspection of the code categories and the inter-relations between codes, allowed for themes to emerge from the data.

Phase 4: Reviewing of themes

In this phase the researcher and the researcher's supervisor reviewed the candidate themes. This review process involved verifying that the themes are represented by the experiences and recommendations of the EHW participants. The researcher and the researcher's supervisor therefore confirmed that themes were corroborated by direct quotations from the data level.

Phase 5: Defining and naming of themes

Each theme was clearly defined which allowed the essence of the experiences and recommendations of the EHW participants to be captured. By thoroughly defining each theme, the researcher unlocked the meaning thereof that emerged from the data. In this way, new

knowledge was created. An appropriate and concise label was selected for each theme to represent its meaning.

Phase 6: Producing the report

Once all the phases had been concluded, a report was written on all the themes that were extracted from the data. The report explained the data in a simplified manner and was presented in a narrative format. The narrative report was supplemented by direct quotations from the participants.

1.6.8 Strategies employed to ensure data quality

When conducting a research study, it is vital for confirmability, authenticity, transferability, dependability, and reporting style to be highly prioritised (Trochim, 2006). By following these guidelines, it ensured that the study is of high quality as it remained organic and not influenced by any personal biases of the researcher.

1.6.8.1 Confirmability

Confirmability relates to the extent to which the data analysis process of the researcher can be established by the reader or another researcher (Bertram & Christiansen, 2014). In the current study the researcher collected data from (N=16) participants across two provinces, interrogated applicable literature and incorporated the findings from other studies. Hence the researcher collected data from multiple data sources (triangulation) to share different experiences of and recommendations for the psychological trauma management programmes in the SAPS.

In addition to this, the researcher provided the reader with detailed descriptions of the methodology used and thereby established a data and theoretical audit trail. An example of such an audit trail can be found in the memos written by the researcher and the researcher's

supervisor pertaining to the data analysis process. Another example of the audit trail is the detailed code list with operational definitions which served as the key to code data sources.

The researcher further enhanced the confirmability of the current study by acknowledging own beliefs underlying the research decisions made and methods employed. The limitations of the study also served to provide the reader and other researchers with information on areas that could be improved upon in future.

The culmination of these aspects mentioned above should aid the reader and other researchers to judge whether the data analysis process was transparent, and the same or similar findings could be confirmed.

1.6.8.2 Credibility

Merriam and Tisdell (2015) state that the *credibility* of a study is the ability to prove that the study was done in a truthful and honest manner. Relatedly, Bertram and Christiansen (2014) define credibility as the degree to which the data and findings of a study represent the lived experiences and reality of the participants. The actions taken by the researcher to enhance the credibility of the current study are summarised as follows: The researcher used well-established methods, such as semi-structured interviews and thematic analysis in the current study. These methods were described comprehensively, and an audit trail was established. Participation in the current study was voluntary and participants could withdraw from the study at any time without any explanation. The researcher is not an employee of the SAPS and the study was not funded by this organisation. Therefore, the researcher acted independently and has no conflict of interest to report. Furthermore, the researcher employed iterative questioning (follow-up, clarifying and probing questions) to identify and understand the varied experiences of helping professionals regarding the psychological trauma management programmes in the SAPS. In addition, the researcher and the researcher's supervisor had frequent debriefing sessions to discuss the data collection process and align the operational definitions of the codes. The researcher also provided thick descriptions of the phenomenon and compared the findings of

the current study with the results and conclusions of previous studies. Verbatim transcriptions of each interview were meticulously made by the researcher to ensure that no data were lost and that the transcripts were a true reflection of the experiences and recommendations of the EHW participants.

In summary, the actions of the researcher, as outlined above, were taken to assure the reader, and other researchers, that the study was conducted in an open, transparent, and truthful manner.

1.6.8.3 Transferability

According to Anney (2014) *transferability* refers to the extent to which one can take results from a research study and use them to make general assumptions in a context different from that of the original research study. Another researcher should therefore be able to take the results of this study and use them in their own work. The researcher provided detailed information pertaining to entrée to the SAPS, contact with participants and the research setting. A thorough description of the anonymised characteristics of the research sample was provided, along with the inclusion criteria used to identify participants who would be in the best position to shed light on the phenomenon under investigation. A detailed description of the data collection process was provided, including the: use of telephonic semi-structured interviews; interview guide; number of interviews; average duration of an interview; and period of the data collection phase. In addition, thick and rich descriptions of the experiences of helping professionals concerning the psychological trauma management programmes in the SAPS were provided.

1.6.8.4 Dependability

A study needs to be able to yield the same or comparable results when retested using the same research design and participants (Cope, 2014). Therefore, *dependability* of a study is the ability of the data to remain stable when assessed by other researchers using the same research process,

participants, and setting, but in a different context (Elo et al., 2014). For dependability to be proven, the researcher ensured that the research process and the data collected from participants were well-documented in a scientific manner.

The researcher enhanced the dependability of the current study by thoroughly describing the strategy of inquiry (single case-study) and how it was implemented. In addition, the researcher provided a detailed description of the data collection process. Specifically, comprehensive accounts were given of the interview guide for the telephonic interviews, the pilot study prior to the main data collection phase, and the content of the biographical questionnaire.

1.6.8.5 Methodological coherence

The researcher enhanced the rigour of the current study by ensuring alignment between the purpose, research methodology, paradigm, research design, methods, and procedures of the study. The purpose of the current study was to explore the experiences of helping professionals regarding psychological trauma management programmes in the SAPS. To best achieve this objective, the researcher decided on a qualitative research methodology which allowed for a deep understanding of the mentioned phenomenon from the perspective of EHW participants directly exposed thereto.

Enabling such a deep understanding of the phenomenon, the researcher elected to use social constructivism as the paradigm to explore the socially constructed realities (ontology) of employing psychological trauma management programmes in the SAPS. Social constructivism allowed for knowledge of the experiences of helping professionals of these organisational programmes and the recommendations of these experts, to enhance the effectiveness of psychological trauma management programmes, to be co-created (epistemology).

The socially constructed realities and co-created (new) knowledge was facilitated by the choice of a single case study as the research design. The case study explored the varied experiences

of helping professionals concerning psychological trauma management programmes in one organisation, namely the SAPS.

Purposive sampling, to collect data from specifically helping professionals who use psychological trauma management programmes in the SAPS, was intentionally selected to provide insights into the phenomenon under investigation. This sampling technique was perfectly aligned to the purpose, methodology and research strategy as described above.

Thematic analysis was selected to examine the collected data. This data analysis technique is recommended for explorative studies, such as the current one, where little is known about the phenomenon under investigation. The application of thematic analysis enabled the researcher to generate meaning from the data level without being bound by existing theoretical perspectives. Hence a deep understanding of the phenomenon in the SAPS could be attained, making thematic analysis suitable in quantitative studies employing social constructivism and a case study research design.

1.6.9 Reporting style

The researcher discussed the findings of the current study in the form of a qualitative narrative. In addition, the researcher made use of tables to present the extracted themes and sub-themes. The most descriptive direct quotations of participants were used with the purpose of making the study and information authentic and evidence based.

1.6.10 Ethical considerations

The aim of any research study should be to enhance the lives of humans, by creating a new source of knowledge or information that can be used to make positive changes, in a certain field or in society (Koocher & Keith-Spiegel, 2008). It thus follows that a study should not do harm in any way, especially to humans.

The field of industrial psychology focuses on human behaviour, which also involves cognitive functioning. This means that it involves human beings and taps into their mental health at times. The Health Professions Council of South Africa (HPCSA) regulates the conduct of industrial psychologists in a manner that adheres to the legislation of South Africa (HPCSA, 2016). Therefore, the researcher took care to comply with applicable regulations of the HPCSA.

Specifically, the participants were thoroughly informed of the study and the process to be followed when conducting the research. Participants who were eligible to participate in the study were those who gave consent to participate. Throughout the course of the study the researcher ensured confidentiality and indicated to the participants that they could, at any given time, stop participating should they feel the need to do so. Relatedly, no names of participants were recorded at any time. The voice-recorded data were permanently deleted after verbatim transcriptions had been made and controlled for accuracy. This was to ensure that participants could not be identified by voice. The identification of participants was therefore protected. Transcribed data were safely stored on a computer hard drive with an encrypted password. The only individuals who could gain access to the data were the researcher and the supervisor.

1.7 Overview of chapters

Chapter 1: Introduction

Chapter 2: Research article:

Chapter 3: Conclusions, limitations, and recommendations

1.8 Chapter summary

Chapter 1 consisted of the problem statement, a description of the research objectives along with the research questions. Furthermore, the research design, with the details of the various processes, was included, along with the outline of the rest of the chapters in the Chapter overview.

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CHAPTER 2

RESEARCH ARTICLE

EXPLORING HELPING PROFESSIONS' EXPERIENCES OF PSYCHOLOGICAL TRAUMA MANAGEMENT PROGRAMMES WITHIN THE SOUTH AFRICAN POLICE SERVICE

Orientation: Health Professionals are often tasked with having to implement trauma management programmes in order to mitigate the effects of trauma on members of SAPS following traumatic events. It therefore becomes vital that we understand their experiences of these programmes in order to gain a perspective on their effectiveness. This will contribute positively to the development the trauma management programmes of the South African Police Service (SAPS).

Research purpose: The overarching objective of this study is to explore and understand the experiences of helping professionals when it comes to the trauma management programmes that are currently being used in the SAPS. This insight along with the suggested recommendations will give a different perspective on the development of these programmes.

Motivation for the study: When it comes to the effectiveness of trauma management programmes in the SAPS, studies often focus on the perspective of the trauma victims. The researcher however endeavoured to understand the perspective of the helping professionals in the SAPS in order to contribute towards the development of these programmes. Many studies have reported on the effects of traumatic events on first responders such as Members of the SAPS. These studies have from time to time revealed that members of the SAPS suffer from trauma-induced mental illnesses. For this reason, the researcher aimed to study a topic that would contribute positively to literature surrounding the effectiveness of trauma management programmes in the SAPS.

Research design, approach, and method: The nature of this study is one of a qualitative nature. This study also follows a social constructivism approach and single-case study strategy. The sampling method applied was that of purposive sampling, which resulted in finding N=16 helping professionals working in the EHW department of the SAPS. Data was collected

through semi-structured telephonic interviews. Following the data collection process, thematic analysis was used to analyse the data collected

Main findings: What emerged from the data collected with regard to the psychological trauma management programmes in the SAPS were themes related to pre-trauma, post-trauma, referrals, positive and negative experiences and lastly recommendations presented on ways in which the effectiveness of the programmes can be improved. It is evident from the findings that the participants are aware of the programmes applied in the SAPS and that they understand the importance of these programmes to be effective.

Practical implications: This unique insight into how helping professionals experience the psychological trauma management programmes will contribute to the holistic improvement of psychological trauma management in the SAPS. It is evident from literature that the programmes are not as effective as they intended to be. This study will challenge organisations to look into relooking their current trauma management programmes.

Contribution/value add: This study will provide qualitative insights into the psychological trauma management programmes used in the SAPS. It will also provide us with the experiences of helping professionals when it comes to the psychological trauma management programmes that are currently being used in the SAPS. Furthermore, this study also provides insight into what can be done to improve these programmes based on the perceptions and experiences of the helping professionals.

Key words: Helping professions, law enforcement, psychological trauma, psychological trauma management, South African Police Service, trauma model, trauma programme, traumatic stress

INTRODUCTION

Global trends continue to show a constant rise in criminal activities and incidents in Africa (van Dijk et al., 2021). It remains a constant concern to many stakeholders because criminal activities are seen to be a source of income for criminals (Adikson, 2020). This results in the exposure of law enforcers to traumatic events also continuing to rise. This is because the role they play as first responders to criminal activities, various incidents and accident scenes can cause a threat to their lives or others (Ogińska-Bulik & Juczyński, 2021). They are therefore more prone to psychological trauma because of the nature of their Job. In South Africa, the criminal activities are one of the highest in the world, placing members of the SAPS in a vulnerable position. This psychological trauma along with other stressors can result in police officials suffering from various mental-health ailments, including burnout (Ogińska-Bulik & Juczyński, 2021). It therefore becomes significant that organisations such as the SAPS have strategies and resources in place to assist those employees

The resources employed by the SAPS with trauma related issues, are the trauma management programmes. These programmes are there to be used before the occurrence of a traumatic experience (as a proactive measure) (Wasserman et al., 2019) and post a traumatic incident to assist in dealing with the trauma (Van Dyk et al., 2010). While implementing these programmes it becomes evident that different individuals react differently to the interventions (Gumani et al., 2013). It becomes paramount for the interventions utilised to be research-based and studied to ensure that they are effective (Lyon et al., 2019). This involves following a holistic approach to trauma management such as the trauma debriefing model (Van Dyk et al., 2010).

For psychological trauma management programmes to be effective, it is important for various stakeholders of the SAPS to work jointly in their support to members (Hesketh & Terahni, 2018). It is also important to have specialised departments that assist with the overall wellness of police officers. In the SAPS the section responsible for providing emotional and well-being, related assistance is called the Employee Health and Wellness (EHW) section. This section consists of helping professionals such as chaplains, social workers, psychometrists and psychologists (Wasserman et al., 2019). These helping professionals are also responsible for implementing the trauma management programmes in the SAPS.

Literature on helping professionals' experiences concerning psychological trauma management programmes used in the SAPS is however sparse. It is not clear what officials of the EHW section think about the trauma interventions used in this law enforcement organisation. Likewise, it is not clear what recommendations these helping professionals would make to enhance the effectiveness of the current psychological trauma management programmes.

Hence the researcher set out to address these gaps that occur in the scientific literature.

Research purpose and objectives

The overarching objective of this study is to explore the experiences of helping professionals regarding the psychological trauma management programmes used in the SAPS. The researcher also aimed to establish what recommendations the helping professionals can make in the interest of improving the effectiveness of the psychological trauma management programmes. The specific objectives of the present study were to:

- Establish how psychological trauma, psychological trauma in the policing sector and psychological trauma management in the policing sector are conceptualised in the scientific literature.
- Establish which psychological trauma management programmes are being used in the SAPS.
- Explore the experiences of helping professionals regarding the psychological trauma management programmes of the SAPS
- Explore what recommendations can be made, if any, to improve the effectiveness of the psychological trauma management programmes from the perspective of helping professionals in the SAPS.
- To make recommendations for future research and practice regarding psychological trauma management programmes in the SAPS.

Literature review

Psychological trauma

Mental-health awareness has gained much needed platforms in the 21st century (Saxena et al., 2014). This is because the world is gaining more insight into what mental health entails. Individuals' mental health has a significant impact on their daily functioning, and subsequently, on how they adapt to life itself (Connell et al., 2012). As important as it is for individuals to consciously take care of their physical health, many are starting to understand the benefits of taking care of their mental health as well. A poll ran by the American Psychiatric Association reported that 62% of employees between the ages of 20 and 37 years are willing to openly discuss their mental health at work (Oaklandon, 2020).

As life evolves there are however certain occurrences that can threaten people's mental health. From time-to-time individuals face a negative life event and stressors that can evoke overwhelming feelings of distress and destabilising behaviour (Fuhrer & Keyes, 2019). Adimula and Ijere (2018) mention that events that are more severe and induce impairment to psychological functioning are referred to as *traumatic events*. Some of these traumatic events can lead to psychological trauma. *Psychological trauma* is a disturbance to the human psyche due to a single, or series of, traumatic events (Gerber & Gerber, 2019). Psychological trauma is often identifiable by impacting psychological well-being negatively. Psychological trauma is therefore the response or reaction to a life event that causes enormous distress to someone's life (Wright, 2017). Baldwin (2013) describes behavioural responses as often being included in the classification of the symptoms of psychological trauma. These include behaviours such as heightened sensitivity and paranoia.

South Africa has high rates of violent crimes and car accidents (Burn, 2013), making the country susceptible to psychological trauma. However, numerous South African families do not prioritise mental-health care due to dire socioeconomic issues such as poverty. Many simply cannot afford it, making mental-health care inaccessible to the vulnerable (Swain et al, 2017). Furthermore, Kleintjes et al. (2013) report that stigmatisation remains a problem among those already suffering from mental health problems in South Africa. The limited available research and gaps in literature pertaining to psychological trauma in the country as opposed to western countries (Montaner, 2019) further adds to the challenges with regard to managing

psychological trauma is South Africa. Any psychological trauma intervention measures proposed in the South African context (in both personal care and the workplace) need to take these points into consideration.

An increasing need exists for evidence-based research pertaining to psychological trauma and the management thereof, which can be met by investigating mental wellness interventions (Purba & Demou, 2019). Specifically, research needs to be conducted at a multi-disciplinary level, and the perspectives of all those involved need to be taken into consideration (Cuevas et al., 2012). Therefore, this study will focus on the experiences of EHW officials concerning psychological trauma management programmes used in the SAPS.

Globally numerous movements are focussing on mental health, ranging from creating awareness to advocating for the rights of those dealing with mental-health illnesses (Škorić, 2020). This is a positive development for mental-health fields such as psychological trauma. It could possibly lead to more contributions in the form of literature towards research in this field. A study by Myers et al (2013) revealed that most people will experience psychological trauma at least once in their lives, making this field of study important to be thoroughly explored.

Psychological trauma in the policing sector

Experiences of trauma in the policing sector is overly complex compared to other trauma-exposed population groups (Chopko et al., 2018). The reason being that police members are exposed to trauma in the form of threat to their lives and those of others. Hesketh and Tehrani (2018) define psychological trauma in the policing sector as trauma experienced due to: a) responding to a traumatic incident such as a crime scene; b) performing specialist tasks such as investigating cases of murder, rape, assault etc; and c) being a first responder to natural disasters where appropriate action is crucial. Young et al. (2012) explain that this means that trauma is an unavoidable part of a job as a police member.

Although the psychological trauma experienced might at times be subtle, it can leave individuals feeling demoralised and less enthusiastic about the future (Center for Substance Abuse Treatment, 2014). Police members often have fears of being perceived as incompetent

and they suffer low self-esteem, which causes them to not seek mental-health care. This can lead to poor job-performance and interpersonal relationships (including family and intimate relationships), resulting in an added stressor on the individual (Foley, 2019). Researchers have identified a culture among police members of perceiving those who seek mental health as weak (Velazquez & Hernandez, 2019). However there have been reports that this occasionally is a misconception on the part of the members seeking help (Karaffa & Koch, 2016). It is however important to note that some individuals at times suffer self-stigma (Corrigan et al., 2011). *Self-stigma* is defined as an act of endorsing stereotypes about one's self and condition (Corrigan & Roa, 2012). Mental-health illnesses are often marred by labels that include "danger to society" or "lack of competence," which is dangerous for people suffering from mental health illnesses (Corrigan & Roa, 2012).

Psychological trauma can lead to mood disorders such as major depression (Athanasiadou-Lewis, 2019) and when prolonged it poses the risk of post-traumatic stress disorder (PTSD) (Collazo, 2020). Relatedly, there is a significant correlation between PTSD and the high suicide rate in the SAPS (Williams et al., 2013), which is extremely concerning because of the significant role the SAPS holds in society.

The SAPS is undeniably one of the most essential entities in the country. According to the police act, members of the SAPS are there to provide safety to the people and property within the South African borders whilst also maintaining the rights of all citizens (SAPS, 1995). Law enforcement is a sector that comes with a large amount of exposure to different traumatic events and incidents (Civiloti et al., 2021) – this resulting from South Africa recording a high prevalence of crime, motor vehicle accidents and murders targeting police members (Mushwana et al., 2019). The April 2021 to June 2021 crime statistics, as published by the SAPS, revealed that contact crimes such as murder have risen by 66.2% compared to the same period the previous year (SAPS, 2021). These types of activities tend to evoke feelings of stress and in some cases the development of psychological trauma (Carlenton et al., 2018).

Members of the SAPS come from diverse backgrounds. Their uniqueness means that their experiences of traumatic stress will differ (Miller et al., 2017). It is therefore important to note that the impact of trauma on each member will be aggravated by various psychodynamic systems (Young et al., 2012). Relatedly, the suicide rate in the SAPS is high (Grainne, 2016). It is therefore vital for factors related to traumatic events to be carefully studied and researched

to assist in managing the post-traumatic stress and other mental-health challenges that result from them.

Psychological trauma management in the policing sector

Psychological trauma in the policing sector manifests in numerous ways (Gumani et al., 2013). Therefore, law enforcement organisations such as the SAPS seek effective ways of managing trauma in their employees (Erlank et al., 2019). It is important for the overall well-being of police members to be intact as it has an impact on the quality of service they offer to the public (Williams, 2016). Any ill health, be it physical or mental, is often counterproductive and overwhelming when left unmanaged (Martin et al., 2015).

Many mental-health interventions and training programmes in the policing sector focus on increasing resilience. A deterioration of resilience in police officials is seen as a cause of concern posing the risk of suffering from a mental ailment (Carl-Johnson et al., 2020). However, according to Janssens et al. (2021), research does not provide sufficient evidence that resilience increases the psychological well-being of police officers. Proactive measures such as psychological screening and monitoring are commonly performed on police members to identify their susceptibility to mental ill health (Marshall et al., 2017). However physical health surveillance appears to still be highly prioritised over mental-health surveillance (Hesketh & Tehrani, 2018).

Beidel et al. (2020) maintain that the theory of trauma management therapy, which is widely used in many police forces worldwide, suggests that an improvement in avoidance behaviour, intrusive symptoms of trauma, social skills, and emotion modulation can help manage and treat psychological trauma.

Another common intervention for trauma management is Psychological Trauma Debriefing, also referred to as Critical Incident Stress Debriefing (CISD) (Richins et al., 2020). This intervention seeks to make individuals more aware of what their trauma entails by encouraging them to share how they are currently feeling post a certain traumatic incident (Vasile, 2014).

The SAPS developed a psychological debriefing model in 1992 (the Jacobs model) due to the high occurrence of psychological trauma (Colley (1995). This intervention was based on the CISM model and adapted by Jacobs (SAPS, 2007). Akin to CISM, the Jacobs model consists of seven phases (Van den Heever, 2013):

1. *Introduction phase*: introductions, the aim of the session, what can be expected from the intervention, commitment to confidentiality.
2. *Facts phase*: details about the traumatic event, sensory information.
3. *Thinking phase*: initial and current thoughts during the traumatic event.
4. *Feeling phase*: ventilation of feelings.
5. *Stress reaction phase*: symptoms experienced during and after the traumatic event, trauma education.
6. *Stress management phase*: positive and negative coping mechanisms, support from friends and family.
7. *Conclusion phase*: ascertaining how SAPS officials are feeling at the end of the intervention, follow-up arrangements, closing.

The phases of the Jacobs model do not need to be chronological – they may be combined (Van den Heever, 2013) The Jacobs model is referred to as *formal debriefing* in the SAPS (SAPS, 2008).

Debriefing has been reported to be an effective psychological trauma management technique, which is widely used and often administered by mental-health practitioners with the assistance of operational members (Tuckey & Scott, 2014). However, CISM is a controversial topic in literature (Pender & Anderton, 2016). No evidence has been presented that CISM decreases the likelihood of individuals experiencing PTSD (Litz, 2008; Van Emmerik, 2002). In addition, Boshoff and Strydom (2017) are of the opinion that formal debriefing in the SAPS is generally a single-session intervention, without long-term therapeutic value

Various international studies such as Maran et al. (2015) and Ryu et al. (2020) have been published with regard to how police officers cope with work-related stress and trauma, However, literature pertaining to the SAPS context is sparse (Wassermann et al., 2019).

For mental-health practitioners to be aware of their own reactions to trauma and to those of others, it is important to enhance their knowledge in the field of traumatology (Masson & Moodley, 2020). This will assist them in rendering psychological trauma management services that follow a more holistic approach and further in being able to assist in the development of existing psychological trauma management programmes. Individuals tasked with ensuring that programmes are in place to manage and help those with trauma need to possess updated information on ways in which trauma can be managed. Inadequate knowledge and training in trauma can lead to ineffective treatments (Brand, 2016).

A study conducted by Karaffa and Tochkov (2013) revealed that police members who reported on the importance of receiving mental-health services from competent practitioners, found that it was highly influencing their eagerness to seek help. It is also important to understand the perspectives of these helping professionals so as to gain insight into whether these programmes work as effectively as they are expected to. However, to date limited literature exists regarding helping professionals' experiences concerning psychological trauma management programmes in the SAPS. In addition, it is unclear what recommendations these helping professionals could offer towards the possible enhancement of current interventions. By gaining insight into how helping professionals experience these programmes, and the recommendation they can make to enhance the effectiveness thereof, improved services can be rendered to traumatised members of the SAPS. The present study therefore aims to address the above-mentioned gaps in the available body of knowledge.

RESEARCH DESIGN

The research design consists of the research approach, research strategy, research method, strategies employed to ensure data quality and integrity, data analysis, reporting style, and ethical consideration.

Research approach

An explorative and descriptive qualitative research approach was used for this study. Flick (2018) accentuates that *qualitative research* attaches people's individualistic meanings to phenomena. Relatedly, Sutton and Austin (2015) postulate that a qualitative study should aim to report on the meaning attached to a phenomenon that occurs by exploring the experiences, feelings, and thoughts of the participants from their own perspectives.

This approach was deemed appropriate for the present study because the researcher aimed to establish the experiences of helping professionals concerning the psychological trauma management programmes used in the SAPS. This study therefore sought to provide a comprehensive summary of these viewpoints and perceptions as experienced by the participants (Lambert & Lambert, 2012).

The research approach employed for this study is social constructivism. Researchers, whose point of departure is to investigate their participants' knowledge, experiences, and perceptions regarding their topic of interest, follow the social constructivism approach (Thanh & Thanh, 2015).

The ontology of social constructivism refers to the way in which individuals view the world, which is highly influenced by their social interactions (Bryman, 2016). Different people attach different meanings to phenomena due to their diverse experiences. It was substantial for the researcher to study the phenomena with consideration of these perspectives. Relatedly, the epistemology of social constructivism refers to extracting an individual's understanding of the social world by examining the participant's interpretation thereof (Killiam, 2013).

In the current study, the researcher aimed to explore helping professionals' experiences of Psychological Trauma Management Programmes within the SAPS; therefore the social constructivism approach complemented the nature of this study.

Research strategy

A single-case study was used as the research strategy. *Case-studies* are used in qualitative research studies such as this current one because they offer an interpretive way of understanding a specific unit or entity's behaviours, perceptions, and experiences (Duff & Anderson, 2015). When applying a single-case study strategy, a researcher studies a certain phenomenon in a particular setting. A case study can therefore aid in discovering new and valuable information as it explores the realities of multiple participants who share the same/similar entities (McLeod, 2019)

In the present study, the unit of analysis is the psychological trauma management programmes of the SAPS, as seen from the perspectives of the EHW professionals. The single case constitutes the organisation, in this study the SAPS.

Research method

The research method includes the research setting, entrée and researcher roles, research participants and sampling, data collection method, recording of data, data analysis, strategies employed to ensure data quality and integrity, reporting, and ethical considerations. A concise description of each of these aspects is offered below.

Research setting

No physical setting was used to collect data during this study. Instead, data was collected via telephonic, semi-structured interviews. Helping professionals from the EHW section of the SAPS in the North-West province and Gauteng participated in the study by consenting to be contacted telephonically by the researcher. The researcher made use of telephonic semi-structured interviews due to restrictions on social contact during the COVID-19 pandemic, and

the lack of access to video conferencing platforms such as Zoon and Microsoft Teams in the SAPS.

Thus, the study was conducted in an environment that was familiar and convenient to the research participants. This familiar and convenient environment aimed to encourage participants to feel a sense of security and freedom to express their thoughts and feelings.

Data were collected during office hours at a time and date that was convenient for each participant. Before data collection commenced the researcher sought assurance from the participants that they were in a space where they would not be interrupted. This was to minimise disturbances.

Entrée and establishing researcher roles

Once the formal application process had been followed, the researcher was granted an ethical clearance certificate (NWU-0094-19A4) by the Faculty of Economic and Management Sciences' Research Ethics Committee (EMS-REC) of North-West University to conduct the study.

Thereafter an application was submitted, by the researcher, to the Head of Research at the SAPS for permission to collect data. This application was approved, and the researcher obtained a letter to that effect. SAPS coordinators were then appointed to assist the researcher with the contact information of potential participants. The researcher contacted potential participants telephonically to gauge their willingness to participate in the study. Some participants indicated their willingness to be interviewed telephonically by the researcher. Before the interviews could commence the researcher provided participants with a letter that informed them on the background of the study and its intended purpose. The researcher furthermore included a consent form that ensured that participants understood that they were taking part voluntarily. In addition, participants were reminded that they could withdraw from the study at any time without reprisal.

Research participants and sampling

The research participants in this study were the EHW personnel from Gauteng and the North-West province of the SAPS. The EHW section consists of psychometrists, psychologists, registered counsellors, social workers, and chaplains. These EHW professionals are trained in various psychological trauma management programmes offered by the SAPS.

To ensure that the relevant participants were selected, the purposive sampling method was used in this study. *Purposive sampling* entails deliberately choosing a population/sample of people that have certain attributes and characteristics that relate to the nature of the study (Etikan, 2016). To study the experiences of EHW professionals concerning the psychological trauma management programmes presented in the SAPS, it was vital for the individuals to be invited to participate in the study to be a member of staff in the EHW section of the SAPS. EHW officials use psychological trauma management programmes to help members of the SAPS manage trauma. An additional requirement for participation was for the members to have used a programme at least once. They were therefore able to contribute valuable information based on their first-hand experiences of these programmes. This process is not randomised and involved careful planning (Robinson, 2016). This was to ensure that the suitable candidates are given an opportunity to contribute their knowledge and experiences and to make recommendations on how the current programmes can be improved.

Table 1

Characteristics of participants (N=16)

Item	Category	Frequency (f)	Percentage (%)
Gender	Female	10	62.50%
	Male	6	37.50%
Age	31-40	3	18.75%
	41-50	10	62.50%
	50+	2	12.50%
	MV	1	6.25%
Ethnicity	Setswana	5	31.25%
	Afrikaans	1	6.25%

	SiSwati	1	6.25%
	IsiXhosa	4	25.00%
	Sepedi	3	18.75%
	TshiVenda	2	12.50%
Rank	Warrant Officer	7	43.75%
	Captain	9	56.25%
Profession	Chaplain	5	31.25%
	Social Worker	6	37.50%
	Psychometrist	2	12.50%
	Psychologist	3	18.75%
Highest qualification	Degree	3	18.75%
	Higher Degree	12	75.00%
	Other	1	6.25%
English proficiency	Good	4	25.00%
	Excellent	12	75.00%
Years of experience in EHW of SAPS	1-10 years	7	43.75
	11-20 years	9	56.25%
Province	Gauteng	7	43.75%
	North-West	9	56.25%

MV = Missing value (See age groups of females)

The majority (62.50%) of participants were females while the minority (37.50%) were males. Most (62.50%) of the participants are between the ages of 41 and 50 years. The participants' ethnicity included the following diverse language groups: Setswana, Afrikaans, SiSwati, IsiXhosa, Sepedi and TshiVenda. The language group with the largest representation in the current sample were Setswana (31.25%) followed by IsiXhosa (25.00%) and Sepedi (18.75%). The majority (56.25%) of participants carried the rank of Captain and 43.75 % were Warrant Officers. Most (37.50%) participants were Social Workers by profession, followed by Chaplains (31.25%). Moreover, the majority (75.00%) of the participants held a higher degree. Most (56.25%) participants reported to have between 11 and 20 years' work experience in the

EHW section. 75.00% of the participants rated their English proficiency as excellent. Lastly 56.25% of the participants were based in the North-West province, while 43.75% of the participants worked in Gauteng.

Data collection method

The data collection for this study was done by means of a process of semi-structured, telephonic interviews. A semi-structured interview assists the researcher to narrow down interviews into a method that focuses on a specific topic (Rabionet, 2011). The reason for conducting data collection telephonically was to adapt to the unprecedented COVID-19 regulations that highlight the need for social distancing. The researcher realised that video conferencing platforms were not available in the SAPS, making semi-structured telephonic interviews best suited for this study. According to Bryman and Bell (2014), semi-structured interviews are flexible and allow the researcher to probe and ask clarifying questions.

Interview guide

During the telephonic semi-structured interviews, participants were asked the following questions:

- In your experience, which trauma management programmes are used in the SAPS?
- What are your experiences of the psychological trauma management programmes of the SAPS? (Alternatively, what is your perception/opinion of the psychological trauma management programmes of the SAPS?)
- What recommendations can you make, if any, to improve the effectiveness of the psychological trauma management programmes of the SAPS?

Recording of data

During the process of data collection, the data was stored using an electronic voice recorder. This was to ensure that the data collected would be available to the researcher in its original

format. The researcher obtained consent from participants to record interviews. Confidentiality was highlighted again to ensure that the participants were aware that the only individuals who would have access to the raw data were the researcher and the researcher's supervisor. The data were later transcribed verbatim, depersonalised by assigning numbers to participants, and saved on a Microsoft Word document which was protected with a password. The password was known only to the researcher and the researcher's supervisor. The computer and external hard drive on which the data were stored were also encrypted with passwords. Transcribed data will be kept for five years after which time it will be deleted.

Data analysis

Thematic analysis was applied to process the data. *Thematic analysis* refers to extracting and analysing themes that emerge from qualitative data (Braun & Clark, 2012). In service to the thematic analysis method, the researcher and the researcher's supervisor made use of ATLAS.ti (version 9.0.24.0.4). ATLAS.ti is a qualitative analysis software programme that can be used to process textual, graphical, audio and video data (ATLAS.ti Scientific Software Development GmbH, 2021). To gain a concise understanding of the data, the following phases of thematic analysis were followed as prescribed by Braun and Clarke (2006):

Phase 1: Familiarise yourself with the data

Once data collection had been completed and transcribed, the researcher read the interview transcriptions on numerous occasions to understand the essence of the data collected. Memos and notes were used to note down key details that emerged.

Phase 2: Generating initial codes

In this phase the researcher began to formulate codes as they emerged from the data. Open coding was used by employing ATLAS.ti 9 to label the data. In addition, the codes were provided with initial operational definitions that are descriptive and clear. A code list was generated by the mentioned software programme, which enhanced dependability because the researcher and the study supervisor could code the data consistently from the same code list.

Phase 3: Searching for themes

ATLAS.ti was used to merge all similar codes under a designated code name. All related codes were then grouped to form code categories. These code categories were named to describe the codes it represented. By accurately naming the code categories, themes and subthemes started to emerge from the data.

Phase 4: Reviewing of themes

The researcher, along with the research supervisor, reviewed the themes and subthemes (code categories) that were generated. This was done to ensure that all the data were covered and organised into relevant themes and subthemes. Themes or subthemes that appeared irrelevant to the study were eliminated. Thereafter, the remaining themes and subthemes were refined in a manner that was appropriate for the study.

Phase 5: Defining and naming of themes

The themes and subthemes were defined and a final name that appropriately described the codes they represent were provided. These names characterised the themes and subthemes that emerged from the data. The researcher attached meaning to each theme and subtheme to ensure that they are well understood and to avoid ambiguity or overlapping of themes or subthemes. In addition, the way in which the themes/subthemes related to one another were also clarified. A true representation of the data under the relevant themes and subthemes were achieved.

Phase 6: Producing the report

The researcher concluded the data analysis by producing a report containing the findings from the data collected. In this report a qualitative narrative format was followed to ensure that the data collected were represented in a scientific manner. The report has been written in a clear and concise manner. The results have been tabulated under their designated themes and subthemes and were substantiated by using direct quotes from the participants. The interpretation of the results can be found in the Discussion section of chapter 2. In addition, the results were triangulated with findings from existing literature.

Strategies employed to ensure data quality and integrity

Several strategies were employed to ensure and maintain the quality of the data of the present study. These strategies are discussed briefly below:

Confirmability refers to the researcher remaining objective throughout the study process (Bryman, 2016). Objectivity was achieved in this study by making use of a co-coder who meticulously reviewed the codes, themes, and subthemes, based on the original data. The co-coder is an expert in the field of Industrial Psychology and was thus well-suited to serve in this capacity. Therefore the researcher was guided by the data collected and guarded against biases or personal judgements.

Credibility denotes the degree to which the results of a study are consistent with reality (Nieuwenhuis, 2016). Credibility can also be increased by using well-established research methods. In the present study the researcher employed semi-structured interviews and thematic analysis. The research design and research methods, chosen for the present study, are highly regarded and established research tools, making them ideal for addressing the research questions posed earlier in this article. The researcher maintained the credibility of the current study by adopting a qualitative research design, social constructivism as research approach, and a single case study as research strategy. Furthermore, the researcher and the researcher's supervisor had frequent meetings to calibrate their understandings of codes, themes, and subthemes.

Transferability refers to the ability of a study to be used in the works of other researchers given the same or similar context (Bertram & Christiansen, 2014). Transferability still remains a challenge in qualitative data. However, the researcher endeavoured to enhance transferability by sourcing data from EHW personnel who regularly use psychological trauma management programmes in the SAPS. In addition, the researcher used rich and comprehensive descriptions of the research methods used such as the research setting, participants and sampling, and data analysis. Furthermore, the researcher remained truthful, clear, and concise in reporting the research findings included in this article.

Dependability involves keeping record of every phase of the study to ascertain whether proper procedures have been followed (Bryman, 2016). To ensure dependability of the study, the researcher remained consistent with the research process. The research process followed in the current study was documented meticulously by the researcher and verified by the researcher's supervisor. Furthermore, the researcher made use of a co-coder in the data analysis process to ensure that findings, interpretations, and recommendations are aligned to the original data.

Methodological coherence was achieved by aligning the general objective, specific objectives, research questions, research design, and research methods of the present study. By so doing, the researcher enhanced the overall rigour of the study.

Reporting

The findings of the study were reported in a qualitative narrative. Furthermore, tables were provided reflecting the themes and subthemes extracted for the data level. Direct quotes from the study's participants were offered to substantiate the themes and subthemes. In addition, the researcher discussed the findings and offered interpretations. The findings were scrutinised against existing literature to support or refute the results.

Ethical considerations

Throughout the study, ethical considerations remained the highest priority. This was done by ensuring that clearance for executing the study was granted by the relevant bodies, namely the university's ethics committee and the office of the SAPS Head of Research.

Participants were given letters that explained the background to the study. The researcher also reminded the participants of the purpose of the study. In addition, the researcher made certain to inform the participants about the voluntary participation in the present study. Confidentiality was discussed, and the researcher further ensured that names were omitted from the voice

recordings and biographical questionnaire. During the data collection process, no harm (physical or mental) was endured by the participants. The researcher made sure of this by being cognisant of the participants and their responses. Throughout the data collection process, the researcher remained observant to ensure that any discomfort cues from the participants were identified and addressed appropriately. After data collection the researcher and research supervisor ensured that the data remained confidential by storing it in an encrypted Microsoft Word document. Access to the document was limited to the researcher and research supervisor. Objectivity was observed throughout the data analysis process to eliminate any biases.

Protection of Personal Information Act (POPIA)

The researcher acknowledges that personal information was collected in the present study such as participants' demographic information. In addition, the participants' experiences and recommendations also constitute personal information (POPIA, 4 of 2013).

Various strategies were employed to protect the identity of participants. The protective strategies are set out below:

- ☐ The researcher identified the data during the transcription process. The names of participants were omitted from the transcripts and replaced with numbers.
- ☐ Demographic information was presented in broad categories (see Table 1) to reduce the possibility of participant identification.
- ☐ Data are kept safe by using encryption and passwords when saving it to computer hard drives.
- ☐ Data will only be used for the reasons for which the participant gave written consent.
- ☐ Before commencing with the semi-structured interviews the researcher obtained permission from the SAPS to collect data from EHW personnel.

FINDINGS

The findings from this study were organised into categories, themes, and subthemes. The categories were derived from the research questions that the researcher posed at the onset of the research process, and from specific outcomes. In addition, the findings were presented in

tabular format, which includes the themes and subthemes extrapolated from the data, groundedness (the number of times the subtheme appears in the data), and direct quotes from the EWH professionals. The findings were discussed following each table. Three categories were identified during data analysis and are named as follows: category 1 – types of psychological trauma management programmes; category 2 – negative and positive responses; and category 3 – recommendations.

Category 1: Type of psychological trauma management programmes

In this category the participants' experiences regarding the types of psychological trauma management programmes offered in the SAPS were analysed. The findings are presented in Table 2 below.

Table 2

Types of psychological trauma management programmes

Theme	Subtheme	Groundedness	Response
Pre-trauma interventions	Multiple-stressor debriefing	3	P6 "These members need to constantly be debriefed. Or there needs to [be] an intervention in terms of a psychological intervention or social work intervention" P16 "We also give them what we call multi-intervention [for] trauma because they [are] exposed to trauma every day. So now what do we do? We see them once in two months."
	Psychoeducation	8	P12 "And we also do presentations on trauma, just to educate them." P15 "And social work services, we have stress management workshops. That's what we are doing from our side."
	Resilience training	4	P7 "... we are also training them how to be resilient when they are faced with the challenges of life" P9 "We can't prevent them from the traumatic incident, but the only thing we can do is resilience [training]. For them to come [for training] to [help them] go back to where they were before the incidents."

Post-trauma interventions	Follow-up	5	P11 "... you also check if there's maybe a need to make a follow-up session. Make sure they have your numbers in case, maybe even before the session, that you have scheduled with them" P12 "... and we also have the follow-ups to check up on them [to see] how they are doing. [Are] they still experiencing the same feeling they experienced the first day?"
	Formal debriefing	45	P8 "It [debriefing] is then that they call us and then we go out and then we explore their emotions, we explore their thoughts. And then we explore again their coping skills or mechanisms that they can use." P16 "All members of EHW are trained for formal debriefing, not only psychological team but all members including social workers, including child services, we are all trained for trauma."
	Initial debriefing	18	P6 "But we do also have the initial debriefing, which is done by commanders. As helping profession, we train the commanders to assist members at the scenes with trauma." P14 "There is initial trauma debriefing which is done by the commanders or whoever [is] in the commanding position, who is trained to debrief the members immediately after they experienced trauma."
	Trauma maintenance	14	P8 "Trauma management, but it's also similar as a trauma debriefing. It just that the 72 hours has lapsed, so we are doing maintenance now of trauma." P5 "And then if the person is not coping, then we do what we call trauma management after that, or trauma counselling."
Referral	Commander referral	7	P6 "... and then from there, within 72 hours they [commanders] must refer them to EHW helping profession for formal debriefing." P7 "Now the formal referral is when the members' commander do a referral ..."
	Referral to external service provider	8	P6 "And then from there if the person doesn't recover, maybe after 2 months, [and] is still experiencing the symptoms of trauma, then we can refer the person outside for further assistance. Should it be required." P12 "... and then we [EHW] refer them if we see the need."

Self-referral

2

P10 “But even if they say they cannot go further, when they feel like afterwards they experience those signs of trauma, they can come back. We cannot say you have declined.”

P7 “So we also have is what we call a voluntary referral where a member who feels that he or she can't cope, refers themselves to our offices for assistance”

P = Participant

Pre-trauma interventions

Pre-trauma interventions refer to proactive measures which are put in place to equip members of the SAPS to be able to recover from experiencing traumatic events.

Multiple stressor debriefing: One of the interventions that emerged with regard to the pre-trauma category is multiple stressor debriefing.

Psychoeducation: Several participants mentioned psychoeducation as an intervention to manage psychological trauma caused by traumatic events to which members of the SAPS are exposed. Psychoeducation in the SAPS refers to workshops and campaigns aimed at creating awareness of trauma. For members to understand their own mental state and to identify situations in which they might require psychological assistance, psychoeducation also involves awareness of psychological well-being. In addition, EHW uses these workshops to market the services they offer as a section.

Resilience training: Participants have indicated that training members of the SAPS on resilience can have positive effects on how they are able to recover from experiencing traumatic events. Resilience training in this instance is a pre-trauma intervention aimed at ensuring that members are emotionally equipped to manage traumatic events, without having to later suffer from adverse symptoms of trauma. Resilience training is there to equip members emotionally so that they are able to recover from traumatic experiences faster.

Post-trauma interventions

The term *post-trauma interventions* refer to various interventions that exist in the SAPS which are implemented after members have been exposed to traumatic events.

Follow-up: Participants have indicated that EHW present follow-up sessions for members of the SAPS. It is important for members of the SAPS to attend follow-up sessions following debriefing. However, this is done when the traumatised member feels the need, or when a member of EHW establishes that there is a need for a follow-up session with the employee. This is to gain an impression of how they have been coping since the traumatic incident and having undergone the formal debriefing intervention.

Formal debriefing: Most participants (Groundedness of 45) indicated that formal debriefing is a preferred type of psychological trauma management programme used post-trauma in the SAPS. Many participants described formal debriefing as a psychological trauma intervention that is conducted within 72 hours after members have been exposed to a traumatic event. This is done by a member of EHW following the initial debriefing. Participants also added that, during formal debriefing, members are asked to talk about their emotions before, during and after the traumatic event that they have witnessed. Details of the incident, based on sensory information, are explored during formal debriefing sessions, and SAPS officials are encouraged to share their thoughts during and after the traumatic event. Moreover, SAPS members are requested to identify when they are not coping, as well as coping strategies that they can employ to ensure that they are able to effectively deal with the trauma that they have experienced. Reactions to the traumatic event are normalised to allow those affected to share what they are currently thinking and feeling.

Initial debriefing: The majority of the participants (Groundedness = 18) mentioned initial debriefing as a post-trauma intervention. Initial debriefing is conducted by trained commanders of the SAPS on first responders who were exposed to traumatic events. Initial debriefing is

usually conducted less than 24 hours after the traumatic event has taken place; therefore requiring the service from trained debriefers that are close to the affected members.

Trauma maintenance: As reported by the participants, trauma maintenance refers to steps that are put in place to continue to manage a member's emotions post the trauma debriefing sessions. It is an extended intervention aimed at ensuring that those that need assistance after they have undergone initial and formal debriefing, still receive assistance.

Referral

In this study, participants reported on three distinct types of referrals that exist in the SAPS.

Commander referral takes place after commanders have taken members through initial debriefing. They then lodge a referral for members to undergo formal debriefing, which is conducted by members of EHW. Commanders execute this by completing a referral letter that is then sent to the EHW section.

Referral to external service provider: Participants also reported on the referral of members to external service providers. Participants have indicated that, in the SAPS, they receive specialised psychological service from external service providers. This is because they have little to no psychologists that offer clinical services. Members of EHW refer members who they find to still be struggling with trauma weeks or months after the member has experienced a traumatic event and debriefing was not sufficient to assist them. They also refer members who appear to have suffered from multiple traumas or are showing signs of post-traumatic stress disorder.

Self-referral refers to members voluntarily referring themselves to receive assistance with challenges they might be facing regarding their mental health. The participants explained that the SAPS has a process in place whereby members can self-refer as and when the need arises.

Category 2: Experiences of helping professionals regarding the psychological trauma management programmes in the SAPS

In this category the findings regarding the helping professionals' experiences of the current programmes used in the SAPS to address psychological trauma are presented in Table 3 below.

Table 3

Experiences regarding psychological trauma management programmes

Theme	Subtheme	Groundedness	Response
Negative experiences	Debriefing model	23	P11 "But sometimes when you do debriefing, it's a formal model, so you can do it by the book or sometimes you feel like, let me get it over and done with. And the member also was there, has been to the sessions a few times. So, we end up not really feeling like doing it by the book. So those are some of the challenges." P12 "But again they are also traumatic to us, they traumatise us as members of EHW."
	Members declining debriefing	16	P11 "And also the members, the senior management themselves don't come to the debriefing. They do not show up. They refer people, except themselves." P4 "... it's only that our members, they are not cooperating with it. They don't realise that they've got a need, that [formal debriefing] is there for them. They don't take it seriously."
	Personnel constraints	6	P10 "EHW we no (longer) more have clinical psychologists" P2 "You find only six people from psychological services who are serving. How many stations are there? So, you find the work is too much for us, and if it's like that we can't be effective."
	Time constraints	2	P9 "Or maybe they don't even have time to come to us early, when it's happening." P4 "... because even the management of SAPS is more concerned about crime. So, crime is put at the front of everything, so we are not given enough time with their members to engage with them."
Positive experiences	Educational	3	P12 "What I would say is that they are educational, I will start with that. I've learnt a lot."

		P9 “Debriefing is helping the members because sometimes they actually, if they don’t debrief, they won’t know that they [are] psychologically, emotionally and physically [experiencing] reactions [that] are actually because of the trauma they experienced.”
Helpful		P8 “My experience is that they are, it is helpful to the member. It is useful.”
	14	P6 “Well I think it's good because it helps people to talk about the incident, until they feel that it's no longer given them those negative feelings and thoughts that they had during the time of the incident. So, it really helps them to cope.”

P = Participant

Negative experiences

Participants have reported several negative experiences that they have regarding the psychological trauma management programmes of the SAPS. These negative responses relate to the reasons why participants believe that the psychological trauma management programmes are not as effective as they intend to be.

Debriefing model: The majority (Groundedness = 23) of EHW personnel in this sample expressed negative experiences with the current debriefing model. Many participants are of the opinion that the trauma debriefing model they are currently implementing in the SAPS is repetitive. This causes members of EHW to lose interest in applying it step by step. In addition, the EHW professionals indicated that, over time, SAPS members start to lose interest in debriefing because they already know what to expect. Moreover, participants added that the current CISD-related model often leaves them traumatised as well.

Members declining debriefing: Many participants (Groundedness = 16) indicated that SAPS officials often decline to attend debriefing interventions following a traumatic incident. This is because members have the right to choose whether or not they would like to attend debriefing. Participants also indicated that interest in attending debriefing sessions from senior officials is lacking, which influences members negatively in that they are not interested in being debriefed.

Personnel constraints: Some participants have also noted that exposure to traumatic incidents occurs frequently in the SAPS, which makes it challenging to be able to manage the trauma experiences of SAPS members. They also indicated that at times they are understaffed, which makes it difficult to service all members efficiently.

Time constraints: Some participants have indicated that the SAPS is a fast-paced organisation that focusses on reaching certain statistics related to arrests. Some participants expressed the opinion that the drive to combat crime may be prioritised above the mental well-being of members. It also shifts the focus of members to operational duties such as arrests and not on their mental health. This in turn also affects the time that members of EHW can assist members with their mental health.

Positive experiences

Participants also shared several positive experiences that they have had with psychological trauma management programmes.

Educational: Some participants expressed the opinion that the psychological trauma management programmes are educational and offer insight into SAPS members on ways in which they can identify when they are experiencing challenges psychologically – also on how to adopt positive coping mechanisms that they can also make use of in their everyday lives.

Helpful: Many participants were of the opinion that the psychological trauma management programmes are helpful when used properly by EHW staff and the members of the SAPS. Participants reported that they sometimes receive positive feedback from members who had received trauma interventions. This feedback related to the ability to cope and generally doing better than before, after receiving a trauma intervention.

Category 3: Recommendations to improve the effectiveness of psychological trauma management programmes in the SAPS from the perspective of helping professionals.

In this category the recommendations offered by EHW personnel regarding the improvement of psychological trauma management programmes are presented in Table 4 below.

Table 4

Recommendations by helping professionals in the SAPS to improve the effectiveness of psychological trauma management programmes

Theme	Groundedness	Response
Commanders to refer members	9	P9 “Our commanders they must encourage the members to attend the sessions.” P12 “The importance of looking after them and making sure that they are referred for professional assistance.”
Compulsory debriefing	5	P14 “It should be compulsory that every member, after every traumatic incident can receive trauma debriefing. It can really improve the well-being of the members.” P15 “The commanders must just make it a mandate for them. Each and every police official or whoever is working in the saps, who is exposed to the trauma that they experience must [attend debriefing]. They must attend [debriefing].”
Encourage self-referral	3	P8 “... they mustn't wait for the managers to refer them. Although yes, we are still doing the marketing, whereby we will tell them that they must come, but they mustn't wait for their managers to refer them, they must do the self-referral.” P5 “However we have what we call [the] psychosocial network whereby we encourage members to use [the] psychosocial network [of POLMED].”
Increase EHW personnel	4	P5 “My recommendation maybe will be, if we have more staff in the EHW, especially in the Psych services, in order to cover all our members. Because right now we are struggling to cover them. Especially in terms of implementing the trauma programmes with our members.” P18 “The recommendations that I would make is, to have more psychologists.”

the effectiveness of the trauma management programmes according to the proponents of this strategy.

Encourage self-referral: A few participants (Groundedness = 3) recommended that members should be encouraged to self-refer to manage their mental health instead of waiting for their managers to refer them. Members are also encouraged to make use of psychological networks that have been established for members to use as and when they need to. Operational SAPS employees' official medical aid, POLMED, provides a psychosocial network as part of its benefits to its members. SAPS officials can refer themselves to psychologists, psychiatrists, and social workers external to the organisation.

Increase EHW personnel: Some participants have recommended an increase in EHW personnel to improve the effectiveness of psychological trauma management. The participants state that the EHW section is currently understaffed, which affects the response time to members that need trauma-related assistance. Participants specifically recommend that more psychologists be employed in the SAPS.

PTM training for EHW Members: Some participants recommended updated trauma management training, from reputable institutions, for members of EHW to render a more effective and specialised service.

Secondary trauma support for EHW: Some participants have reported that they experience secondary trauma because of assisting members that have experienced traumatic events. These participants recommend that the EHW members are offered support to help them cope with the secondary trauma to which they are exposed. This recommendation is offered by participants who state that they currently have no services aimed at assisting them.

Trauma education for commanders: Participants recommend that commanders be trained in and be informed about trauma-related aspects. What this entails is receiving buy-in from the commanders and their support when it comes to the trauma management programmes.

According to the participants, commanders appear to lack an understanding of trauma and how it manifests. Members are thus not able to receive the kind of support from commanders that they require when exposed to trauma and when experiencing challenges with mental health. Moreover, participants recommend that senior management attend debriefing so that they can understand what it entails. They also added that commanders themselves should also attend debriefing and not only refer their members.

Update trauma management model: Participants strongly recommended (Groundedness = 10) that the trauma management programme be reviewed to ensure that it remains relevant. Many participants were of the opinion that the current debriefing intervention is outdated. In addition, some participants suggested that debriefing also be adapted to a telephonic intervention so that distance should not be a barrier. Lastly, some participants suggested that members of EHW be held accountable for any trauma management-related issues. According to these participants, trauma management should be more of a responsibility as opposed to being a task as it currently is.

DISCUSSION

Outline of the findings

The first objective of this study was to conceptualise psychological trauma, psychological trauma in the policing sector and psychological trauma management in the policing sector according to scientific literature. According to literature, *psychological trauma* occurs when an individual is exposed to actual or threatened death, violence of a sexual nature and grave injury (American Psychiatric Association, 2013). Moreover, psychological trauma can occur as a result of a single, or multiple event(s), that leave individuals feeling vulnerable and overwhelmed, with limited resources to cope (Carrión, 2018).

Psychological trauma, in the policing sector, is caused by exposure to critical incidents (Strydom et al, 2015). According to Terblanche et al (2014) the term *critical incidents* refer to unexpected occurrences with which police officers are tasked to attend to as first responders, which can evoke feelings of stress and can leave them feeling less in control and uncomfortable. These include (but are not limited to) criminal activities, shooting incidents, assault, witnessing death, natural disasters, and accidents (Moad, 2011). Experiencing such incidents holds the potential of leaving police officers feeling psychologically overwhelmed (Digliani, 2012). Without the necessary psychological trauma management interventions, members can develop negative coping mechanisms such as substance abuse (South African Police Service, 2016).

Psychological trauma in the SAPS is managed through programmes such as formal debriefing, also known as critical incident stress debriefing (CISD). Debriefing in general is a process that grants members an opportunity to discuss their experiences of a certain event (Gardner, 2013). CISD is conducted in group-based settings and is aimed at providing individuals, who have experienced a traumatic event, an opportunity to reconstruct the event in detail and ventilate their current emotions (Devilly et al., 2006). It can be stated that the first objective of this study was reached.

The *second objective* of the study was to establish which psychological trauma management programmes are currently being used in the SAPS. It is evident that in the SAPS there are *proactive interventions* that are conducted prior to members experiencing traumatic events (Wasserman et al, 2019). These proactive, pre-trauma interventions include multiple stressor debriefing; psychoeducation; and resilience training. Multiple stressor debriefing is an intervention that consists of 21 lesson plans such as to address the effects of psychological trauma over an extended period (Van den Heever, 2013). In the SAPS the multiple stressor debriefing intervention is aimed at units that are at high risk or are experiencing traumatic incidents from time to time and is conducted every two months (Van den Heever, 2013).

According to Matlova et al (2017), psychoeducation refers to the systematic, updated information regarding treatment and diagnosis of both physical and mental conditions. Psychoeducation in the SAPS refers to several ways in which the EHW provides education on

and awareness of psychological trauma and its effects on those who are exposed to it. Wessley et al (2008) state that psychoeducation provides an overview of what trauma is and the ways in which individuals can cope with it. The purpose of psychoeducation regarding trauma is to empower members of SAPS with knowledge on how to cope with the negative effects it may bring, it is used both as a proactive measure (Van Hasslet et al, 2020) and post a traumatic event (Wessley et al, 2008). Even though participants have indicated that psychoeducation has been an effective intervention for managing trauma, there is however limited literature in the SAPS context that supports this. A presentation by the EHW section (South African Police Services, 2016) indicated that even though awareness is created around psychological matters, attempted suicides, post-traumatic stress disorder, stress disorder, and substance abuse continue to recur annually.

The goal of resilience training is to ensure that members of the SAPS are mentally equipped to be resilient in the face of adversities, which are inherent to the nature of their job. Participant 7 (11-20 years' experience in the EHW) indicated that

“...we are also training them how to be resilient when they are faced with the challenges of life.”

Christopher et al (2020) maintain that resilience training has helped in assisting individuals to acclimatise to stress to which they are exposed. Likewise, McCarty et al. (2012) reports that resilience training enhanced the coping capabilities among police officers. Relatedly, Anderson et al (2015) found that resilience training improved the physiological stress responses (e.g. heart rate) of members of the special forces police unit in Finland.

Post-trauma interventions include follow-up sessions, initial and formal debriefing, and trauma management. Participants reported that follow-up sessions form part of the measures put in place to manage psychological trauma in SAPS. Follow-up sessions take place after a member of the SAPS has been afforded an opportunity to receive psychological assistance from the EHW section. The following excerpt from the data illustrates the rationale of follow-up sessions:

“... and we also have the follow-ups to check up on them [to see] how they are doing. [Are] they still experiencing the same feeling they experienced the first day?” (P. 12. years’ experience in the EHW)

The importance of post-trauma follow-up sessions is supported by Bonazza et al (2020) who found that psychological visits and psychosocial support improved the mental health of traumatised individuals significantly.

Debriefing was reported to be one of the programmes currently being used for trauma management. Debriefing in the SAPS is divided into two parts, the first being initial debriefing, which is usually conducted by commanders following a traumatic incident. Maabela (2011) explains that initial debriefing is conducted immediately after a traumatic event has taken place. Thereafter, within the next 72 hours, members of EHW then conduct the formal debriefing (Maabela, 2011). Debriefing is used to assess the impact of a traumatic event on individuals by granting them the opportunity of speaking about the incident in greater detail.

The *third objective* of this study was to explore the experiences of helping professionals regarding the psychological trauma management programmes of the SAPS. Members of the SAPS shared their experiences about the psychological trauma management programmes that are currently being used in the SAPS. Both *negative* and *positive experiences* emerged. The most common negative experiences that participants shared were those of the debriefing model being outdated and of members of the SAPS refusing to attend debriefing. Regarding the debriefing model, participant 13 (11-20 years’ experience in EHW) stated that the model currently being used by the SAPS would need to go for redevelopment or should be updated so that it remains relevant to the issues and environment of today. It is noteworthy that the practice of debriefing after exposure to a traumatic incident has sparked much controversy in literature, citing a lack of evidence of its efficacy and the possibility of doing more harm (Bisson et al., 2019; Regel, 2007). World leading authorities such as the International Society for Traumatic Stress Studies and the Inter-Agency Standing Committee of the United Nations have advised against the use of debriefing in trauma management (Litz, 2008).

Another theme that emerged from the present study was that members are declining debriefing. The following excerpt illustrates this reluctance:

“... it's only that our members, they are not cooperating with it. They don't realize that they've got a need that is there for them” (P. 4. 1-10 years' experience in the EHW)

According to the participants this reluctance in members to attend debriefing sessions results in ineffective management of psychological trauma in the SAPS. However, Pillay (2008) reports that formal debriefing might be less effective because SAPS members became familiar with it due to its extensive application. The overuse of formal debriefing might explain SAPS employees' hesitance to participate in this intervention.

The positive experiences that participants shared about the psychological trauma management programmes in the SAPS is that employees find the programmes educational. The participants stated that the programmes teach members about psychological trauma, what it entails and how it can affect them and those around them (both in their work and personal lives). It also teaches them to be able to be aware of when they are not coping and need assistance with managing their psychological problems. The following excerpt from the data supports this observation:

“... they are educational, they've said that. I've learnt a lot, some of the things I wasn't aware of.” (P. 9. 1-10 years' experience in the EHW)

Members also added that the psychological trauma management programmes in the SAPS are helpful in that they (the helping professionals) can see members cope whenever they undergo interventions, such as debriefing, after having experienced traumatic events. Participant 4 (11-20 years' experience in EHW):

“In my experience the model itself has worked for many members who have been exposed to incidents of trauma, it has worked for some. They applaud it, they appreciate it”

This finding is supported by Maabela (2011) who reports increased coping abilities of SAPS members who had undergone debriefing following a traumatic incident.

Taking into consideration the discussion above, it can be said that the third objective was achieved.

The *fourth objective* of this study was to explore what recommendations can be made, if any, to improve the effectiveness of the psychological trauma management programmes from the perspective of helping professionals in the SAPS. Participants made several recommendations which can aid in improving the effectiveness of the psychological trauma management programmes currently being used in the SAPS. The first recommendation was for members of EHW to undergo further training aimed at enhancing their current competence in trauma management, such as debriefing. Participant 7 (Male, Warrant Officer, 14 years' experience in the SAPS) recommended that:

“... our HRD comes up with a programme where they at least do, let's say, a year course with the members with reputable institutions like North-West University, or let's say other institutions and let our practitioners learn to specialise.”

Research has also indicated that helping professionals that are tasked with administering trauma related interventions need to be effectively skilled and knowledgeable to ensure that they are able to successfully implement trauma management interventions (Cook et al, 2019). This is also important to ensure that no further harm is incurred by police officers undergoing trauma-management programmes.

Another recommendation from the participants of the present study was that EHW professionals receive support for the secondary trauma they are experiencing. Participants reported that they have been experiencing secondary trauma because of assisting members that had experienced a traumatic event. The following quote summarize the recommendation:

“I can encourage the management to also offer the trauma management for service providers because you also suffer from secondary trauma” (P. 16. 1-10 years' experience in the EHW)

Participants shared that debriefing entails listening to members share their experiences of gruesome events in detail, which also leaves them with trauma. This finding is in line with Van Wyk and Edwards (2005) who recommends that trauma counsellors should routinely address their own traumatisation after having been exposed to the trauma content of their clients.

The discussion above explored the recommendations that can be made to enhance the effectiveness of the current psychological trauma management programmes in the SAPS. It can be concluded that the fourth objective of the current study was achieved.

The *fifth objective* of the current study was to make recommendations for future research and practice regarding psychological trauma management in the SAPS. This objective will be addressed in the section titled *Limitations and recommendations*.

Practical implications

It became evident during data collection that members of EHW are highly interested in the topic at hand and would like to effectively engage in ways in which the psychological trauma management programs of the SAPS can be improved. The findings of the present study draw attention to some consequences for the SAPS. Consequently, the most important practical implications are briefly discussed below.

It is clear from the findings that formal debriefing (a CISD-type trauma intervention) is still used in the SAPS. However, this trauma management technique seems to have fallen out of favour both with its recipients and practitioners. The general reluctance of traumatised SAPS members to attend formal debriefing sessions, presumably because they know beforehand what it entails due to repeated past experience, could serve to support this finding. EHW professionals likewise aired their concerns about the formal debriefing model. These practitioners were of the opinion that the model is outdated, well-known to the members and therefore less effective and even cumbersome to some EHW employees to implement step by step. In addition to not being favourable to SAPS members and its EHW professionals, trauma debriefing also fell out of favour with leading international trauma management authorities. By continuing to use formal debriefing as one of the programmes to support its traumatized employees, the SAPS is finding itself increasingly beyond the scope of international best practices.

Relatedly, EHW professionals voiced their eagerness to be upskilled in the latest theory and techniques concerning effective trauma management. Relying on outdated knowledge and skills may have direct consequences on the effectiveness of EHW personnel and also goes

against the ethical responsibility placed on each professional to apply current and evidence-based theory and techniques when providing services to clients.

Another concern from the findings is the apparent lack of a formalised policy or guideline to address the occurrence of secondary trauma of EHW professionals. The implication is that these trauma counsellors will become increasingly unable to help traumatized police members due to their own repeated exposure to trauma content.

Limitations and recommendations

The first limitation of this study was the gender make-up of the participant group which included six males and ten females, which highlights an imbalance in gender. However, the EHW section consists of mostly females as it is made up of professions that are mostly female dominated. These are professions such as social work and psychometry.

The *second* limitation of the study was concerned the age groups of the participants. The majority of the participants were between the ages of forty-one and fifty years. This means that the study did not have many participants from younger age groups. The participants of the study were however well-experienced in their roles, meaning that they had vast experience in making use of the psychological trauma management programmes in the SAPS. It would however still have been beneficial to the study to include a younger generation of EHW helping professionals.

The third limitation of the study was the data collection method. Data were collected telephonically due to the COVID-19 regulations that were put in place, which limited conducting face-to-face interviews. The EMS-REC and the SAPS had prohibited face-to-face interviews, to limit the risks of spreading/contracting COVID-19. In addition, the SAPS had limited resources to accommodate the use of video conferencing platforms such as MS Teams

and Zoom. The researcher therefore collected data telephonically and was unable to observe the body language of the participants.

The fourth limitation relates to the collection of data during the COVID-19 pandemic. The researcher was however sensitive to the potential added stress that participants might have been facing due to them navigating their way through the COVID-19 pandemic. The pandemic has undoubtedly been stressful and could have impacted participants' overall well-being at the time of data collection.

Below, the following recommendations for future research are discussed briefly:

Firstly, future studies can sample an equal number of males and females when exploring the experiences of professionals regarding psychological trauma management programmes.

Secondly, it can be considered to include an equal number of younger and older participants who are experienced in trauma management programmes. By doing so, the experiences of professionals from various generations could be better represented.

Thirdly, future studies can consider using face-to-face interviews or face-to-face focus groups as data collection technique when replicating this study after conditions have normalised post-COVID-19. Such techniques will allow the researcher to observe the body language of participants

Lastly, it is recommended that the study be replicated post-COVID-19 when the working environment of EHW employees is potentially less stressful.

The following recommendations can be made for practice.

Firstly, the SAPS should strongly consider abandoning the use of formal debriefing as a post-trauma intervention. This recommendation is based on international best practices which no longer support the use of debriefing-related techniques. Alternatively, the SAPS should embrace evidence-based approaches that best suit its needs.

Secondly, the SAPS is recommended to invest in the training of EHW professionals regarding the latest psychological trauma management theories and techniques. This will empower EHW personnel to render more effective services to SAPS members and adhere to the ethical responsibility placed on professionals to apply updated and evidence-based knowledge and skills.

Lastly, it is recommended that the SAPS formalise a policy or guideline to ensure that EHW professionals receive appropriate and adequate support to address the concern of secondary traumatisation.

Conclusion

This chapter highlighted how psychological trauma and psychological trauma management in the policing sector are conceptualised according to literature. Furthermore, it highlights the experiences of EHW helping professionals regarding the psychological trauma management programmes currently being used in the SAPS. Participants have shared both negative and positive experiences of the programmes. Training of EHW members is currently perceived as a need to enhance the effectiveness of the psychological trauma management programmes. Participants also indicated that there is a need for psychological support for EHW members as they experience secondary trauma when conducting interventions such as debriefing. Lastly, the debriefing model is perceived as being outdated and in need of being updated in order for it to be effective on police officers.

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CHAPTER 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

This final chapter presents conclusions drawn from the findings discussed in chapter 2. The conclusions are based on the general objective and specific objectives set for this study. In addition, the limitations of the study and recommendations for future research and practice will be discussed.

3.1 Conclusions

Objective 1: Establish how psychological trauma, psychological trauma in the policing sector and psychological trauma management in the policing sector are conceptualised in the scientific literature.

Psychological trauma refers to the response to a traumatic event, which causes individuals to experience distress, it is caused by incidents such as natural and man-made disasters and incidents such as those of shooting, to name but a few (McCraty & Atkinson 2012). Marzillier (2014) explains that psychological trauma is caused by unforeseen events in life that bring shattering changes to people's lives. When psychological trauma is left untreated it can result in adverse psychological ailments such as post-traumatic stress disorder (Marzillier, 2014). Psychological trauma thus needs to be managed, especially for individuals working in environments that are prone to repeated experiences of trauma such as the policing sector.

As noted in McCraty and Atkinson (2012), in the policing sector the operational work in which police officers need to participate can be highly stressful and at times life-threatening. This is because police officers are often first responders to dangerous incidents such as live crime scenes and violent situations (Papazoglou & Tuttle, 2018). Police officers experience trauma through direct exposure, being a witness to another person experiencing trauma, being informed of a traumatic event and/or in detail (Teaff, 2019). Such incidents hold the potential of causing psychological trauma in police officers, especially when effective interventions aimed at mitigating the effects of psychological trauma are lacking.

Psychological trauma in the policing sector is managed through various programmes. One of the most popular programmes is that of Psychological Debriefing. *Psychological debriefing*

refers to the group-based intervention that is structured and allows for those participating to share their emotions (Regel, 2007). It remains highly significant for law enforcement organisations to manage the psychological trauma of their members to ensure that they are able to remain in good mental health; especially because their jobs require protecting and serving people.

Objective 2: Establish which psychological trauma management programmes are being used in the SAPS.

According to the findings of this study, the South African Police Services (SAPS) has employed various interventions to assist with managing the psychological trauma experienced by its members. The trauma interventions are conducted pre-trauma and post-trauma. According to Murray (2020) it is important to have law enforcement strategies that focus on managing traumatic stress before, during and after exposure. The pre-trauma interventions (proactive measures) and post-trauma interventions aim to equip members of the SAPS with the necessary skills to be able to overcome traumatic experiences. Some of the programmes used in the SAPS are: Multiple Stressor Debriefing, Psychoeducation, Resilience training, Initial and formal debriefing, and trauma maintenance.

Multiple Stressor debriefing is a form of debriefing that is aimed at assisting individuals working in sectors such as law enforcement (Armstrong et al., 1995). It is a formalised debriefing process which is administered by trained helping professionals and is not only limited to those that have experienced a traumatic event, but to everyone (Armstrong et al, 1995). It differs from other forms of debriefing in that it is conducted continuously for an indefinite period which can range from months to years. In the SAPS Multiple stressor debriefing is often aimed at high-risk units to assist with preventing and/or managing the adverse eventualities resulting from psychological trauma (Van der Heever, 2013).

Psychoeducation refers to the various ways in which the Employee Health and Wellness (EHW) section educates and raises awareness on topics related to the mental health of police officials. In the findings of this study, participants indicated that the EHW hosts workshops and they market their services, for members to be equipped with knowledge of the different dynamics of psychology and psychological trauma. Participants reported that police officers

often refer to psychological interventions administered by the EHW professionals as being educational. Which means that they can learn from these interventions. The advantages of using psychoeducation as an intervention are that it allows for those receiving the help, to be well-informed and to actively participate in the recovery process (BäumI et al., 2006).

Resilience training, in this context, refers to the training of police members to be mentally resilient. Police officials that lack mental resilience can be identified as those that become easily agitated by the situations that would not normally cause stress in others. It is particularly important for police officials to remain resilient because a lack of resilience can result in poor abilities to make decisions (McCarty & Atikson, 2012).

Psychological debriefing, which is also known as Critical Incident Stress Debriefing (CISD), is an intervention that is implemented post a traumatic event and is aimed at assisting those affected by a traumatic experience to re-adjust to life (Arnetz et al., 2009). Initial debriefing is conducted within less than 24 hours following a traumatic event. It is the first post-trauma intervention conducted in the SAPS. This type of debriefing is conducted by commanders who have been trained to conduct such services. According to the South African Police Services (2013), police officers rendering operational services are required to be debriefed at the end of each shift, this debriefing is also to be conducted by their commander on duty. Formal debriefing is a more specialised debriefing that is conducted by EHW helping professionals. According to the findings of this study, this debriefing is conducted within 72 hours of the traumatic incident taking place.

Trauma Maintenance refers to multifaceted trauma interventions aimed at the detection, treatment, and management of trauma. It is designed to be applicable to individuals and groups. One can sub-divide trauma maintenance into three components, which are: a) assessing the need for intervention; b) rendering support to those exposed to trauma; and c) following up with those exposed to trauma to ensure that they are still coping post their experiences (Regel, 2007). Studies such as this current one contributes to literature pertaining to the effectiveness of these programmes to ensure that organisations can re-invent and redevelop such programmes to ensure they remain relevant. In a study performed by Dipela (2017) it is stated that, when assessing the effectiveness of programmes in the SAPS, it is important to also consider the goals and objectives that were put in place for those specified programmes. It therefore

becomes valuable to also consider this perspective when assessing the effectiveness of the psychological trauma management programmes of the SAPS.

Objective 3: Explore the experiences of helping professionals regarding the psychological trauma management programmes of the SAPS.

Participants of the study reported both negative and positive experiences with regard to the psychological trauma management programmes that are currently being used in the SAPS.

The first negative experiences that the majority of the participants shared pertained to the psychological debriefing model currently implemented in the SAPS. Participants described this model as “outdated”, and needs to undergo redevelopment. Furthermore, participants shared that, from time-to-time, they experience hesitation from police officials to participate in the psychological trauma management programmes presented by the EHW sector. An important factor that was mentioned by participants is that they, along with police members, are quite familiar with the psychological debriefing model to the extent that it leaves them feeling less engaged in the programme. This points to the dangers of repetitive and excessive use of such programmes.

The positive experiences shared by participants were that they find the programmes educational, in that they can learn valuable information from them. They also received feedback from individuals that had undergone the trauma interventions as it being helpful.

Objective 4: Explore what recommendations can be made, if any, to improve the effectiveness of the psychological trauma management programmes from the perspective of helping professionals in the SAPS.

Participants of the study presented a number on insightful recommendations to improve the effectiveness of the psychological trauma management programmes of the SAPS. The first recommendation made was that of enhancing the skills/competence of the EHW helping

professionals through retraining them. It is important for helping professionals to remain competent and be equipped with the most updated skills and knowledge, to ensure that their services remain relevant. The second recommendation that participants made was for the SAPS to come up with a programme, specifically for EHW members, which would focus on the secondary trauma that they incur during implementation of psychological trauma management programmes. According to Becier (2014), research has shown that employees in helping professions do incur secondary trauma. Which therefore validates the need for EHW helping professionals to receive secondary trauma interventions.

Objective 5. To make recommendations for future research and practice regarding psychological trauma management programmes in the SAPS.

This objective is discussed in 3.3

3.2 Limitations

This study has given several valuable insights into the subject of psychological trauma management in the SAPS. However, we acknowledge that limitations were observed in this study that reflect the shortcomings of this research which need to be taken into account when interpreting the findings and that also need to be addressed in future research,

Firstly, the sample included more females than males. It should be noted that EHW section generally is composed of more female helping professionals than their male counterparts. This is because the EHW section consists of professions such as Psychometrists, Psychologists and Social Workers; these are professions that are female dominated. Hence it is not surprising that the sample of the present study reflected this skewed composition.

Secondly, younger participants were in the minority in the current study. Most of the participants were between ages 41- and 50-year. However, the older participants contributed valuable insights which led to a deep and rich understanding of the phenomenon under investigation.

Thirdly, the data collection technique, telephonic semi-structured interviews, used in this study can be viewed as a limitation. The researcher was not able to interpret non-verbal communication cues that are generally visible during face-to-face interviews. Non-verbal communication was therefore limited to auditory cues such as breathing and periods of silences. However, the participants did not have access to video conferencing platforms such as MS Teams and Zoom. Therefore, the researcher opted for telephonic semi-structured interviews which still allowed for probing and clarification questions to ensure that rich and thick data could be obtained from the experienced professionals. Telephonic interviews also allowed for the barrier of distance to be mitigated. This means that participants could be reached from various locations, during the COVID-19 lockdown, to participate in the study.

Lastly, EHW professionals from only two provinces in South Africa, namely North West Province and Gauteng were included in the present study. However, the qualitative nature of the research study favoured a deep exploration of the phenomenon based on the experiences of EHW professionals; therefore did not require representation from all provinces for the purpose of generalisation. The researcher therefore opted for two provinces instead of all nine so as to reach the objectives of the present study.

3.3 Recommendations

Recommendations for practice and future research are made below:

3.3.1 Recommendations for practice

The following recommendations can be made for practice.

It is strongly recommended that the SAPS ceases using formal debriefing as a post-trauma intervention based on international best practices that no longer support the use of debriefing-related techniques. Researchers have become contentious about the use of formal debriefing as a psychological trauma management tool. However, the SAPS has remained steadfast in using this method. The SAPS should instead adopt strategies that are evidence-based and best suited to its requirements. This is especially critical because psychological trauma continues to plague the SAPS, despite limited evidence that debriefing is effective.

According to the current study, EHW professionals are aware of the importance of adequate competence in managing psychological trauma. Hence it is recommended that the SAPS support the EHW by upskilling its members who are tasked with dealing with trauma interventions. In addition, research suggests that helping professionals must have specialised skills to deal with a topic as sensitive as psychological trauma. Individuals who are not qualified to deal with psychological trauma can end up harming the police officers who are seeking help. Helping professionals in EHW and the SAPS also have an ethical obligation to ensure that the programmes they use are currently applicable and evidence-based. This involves continuous learning and upskilling for both the EHW and the SAPS as an organisation.

Lastly, an area that needs urgent attention that has been observed in this study is that of secondary trauma experienced by EHW professionals. Participants indicated the need for more support to help manage their own experienced trauma resulting from listening to traumatised police officers. It is therefore recommended that the SAPS formulate a policy that will ensure EHW professionals receive support to address and manage their experiences of secondary trauma. This is to ensure that they remain optimally competent to help manage psychological trauma experienced by police officers.

3.3.2 Recommendations for future research

The following recommendations can be made for future research.

The first recommendation is that future studies consider having a population group that has a balanced representation of males and females when researching the topic of the effectiveness of the psychological trauma management programmes in the SAPS.

The second recommendation is for future researchers to also ensure that they include participants that are balanced in terms of the age groups. This will ensure that the study is inclusive of young, middle-aged, and older professionals' experiences of the psychological trauma-management programmes presented.

The third recommendation is that future researchers consider conducting studies pertaining to this study using a face-to-face interview method. This will allow the researcher to interpret

non-verbal communication clues of participants easier and bring more sensitivity to the data collection phase.

Lastly, it is undeniable that the COVID-19 pandemic has impacted a vast number of individuals in various ways. It has become an added stressor in the lives of many, and this does not exempt members of EHW. This added stressor can impact the way participants are actively engaged in topics such as the one for this study. It is therefore recommended that this study be replicated in future, when COVID-19 and its impact has become less of a stressor as it currently is.

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