

**EXPERIENCES AND PERCEPTIONS OF SOUTH AFRICAN POLICE SERVICE MEMBERS
REGARDING TRAUMA AND DEBRIEFING SERVICES IN THE MAFIKENG AREA.**

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DECLARATION

I hereby declare that the dissertation submitted for the degree of Master of Public Health at the University of Limpopo (MEDUNSA Campus), is my own original work, and that it was not previously in its entirety or in part, been submitted at any university for a degree. All the reference material used in this study have been duly acknowledged.

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ACRONYMS

CISD : Critical Incident Stress Debriefing

EAP : Employee Assistance Programme

MSD : Multiple Stressor Debriefing

NTDC : National Trauma Debriefing Committee

PD : Psychological Debriefing

PTSD : Post Traumatic Stress Disorder

SAPS : South African Police Service

C.S.C: Community Service Centre

DEFINITION OF TERMS

Traumatic incident: Is any event that has significant emotional power to overwhelm usual coping methods (Davis, 1998). It involves any situation or events faced by emergency or public safety personnel that causes a distressing, dramatic or profound change or disruption in their physical and /or psychological functioning.

Debriefing: Debriefing means emotional ventilation of feelings in a controlled and safe environment (Botha, Watson, Volschenk & Van Zyl, 2001).

Initial Debriefing, Defusing or Informal debriefing: This denotes a support procedure normally conducted immediately after a traumatic incident to provide a positive atmosphere to those exposed to trauma (Botha *et al* 2001).

Initial Debriefing or Defuser: Someone who has been trained in initial debriefing, who conducts initial debriefing or defusing to traumatized employees immediately after a traumatic incident (Botha *et al* 2001).

Formal Debriefing: An intervention conducted by trained professionals shortly after a catastrophe (preferably within 72 hours), allowing victims to talk about their experience and receive information on “normal” types of reactions to such an event (The British Psychological Society, 2002).

Formal Debriefing: Someone who is trained in the trauma debriefing model. This person is usually a professional, e.g. social worker, psychologist, police chaplain and psychometrist, who conducts formal debriefing to traumatized employees within 72 hours of an incident (Psychology & Society,2009).

Post Traumatic Stress Disorder: A reaction to a traumatic incident which falls outside the usual field of experience for example, direct personal experience of actual or threatened death or serious injury, threat to another person’s physical integrity, or learning about the unexpected or violent death, serious harm, or threat of death or injury of a family member or close friend. The person’s experience of the traumatic event usually involves intense fear, helplessness or horror (American Psychiatric Association, 2000).

Co – debriefer: The co – debriefer is the person who supports the facilitator/ debriefer during the formal debriefing session (Botha *et al* 2001).

Duty officer: A police officer, usually on supervisory/ management level, who is on 24 hour stand by for a particular week, responsible for smooth running of crime prevention operations and strategies, and also of reporting back to the station commissioner regarding what transpired during that week regarding cases / crimes committed and traumatic incidents reported to a particular police station or unit (Researcher defined according to observation and experience in the SAPS).

Gruesome scene: An extremely horrible traumatic incident scene (American Psychiatric Association, 2000).

Community Service Centre(C.S.C): An office at every police station where complaints are presented and criminal cases opened by the victims of crime, the complaints and cases are then registered and attended to by SAPS members from this specific office(Researcher defined according to observation and experience in the SAPS).

ABSTRACT

EXPERIENCES AND PERCEPTIONS OF SOUTH AFRICAN POLICE SERVICE MEMBERS REGARDING TRAUMA AND DEBRIEFING SERVICES IN THE MAFIKENG AREA.

Exposure to trauma continues to be a major health problem specifically in the South African Police Service. During the span of their career, police officers are generally exposed to traumatic events more often and more intensely than employees in other occupations. This frequent exposure to trauma, if not effectively dealt with, can lead to psychological dysfunction and illnesses such as Post Traumatic Stress Disorder (PTSD) and trauma – related stress.

The aim of this study was to explore the experiences and perceptions of police officials stationed at the Mafikeng Accounting station and cluster stations of the SAPS. Much of the researcher's daily work is to assist SAPS members who have been exposed to trauma, by offering trauma debriefing and counseling. This work environment contributed immensely to the researcher developing interest in finding out how SAPS members experience and perceive trauma and debriefing services offered within the organization. The challenges that the researcher is faced with while working as a psychometrist and trauma debriefer within the SAPS were the main motivation for this study to be carried out. Furthermore, lack of adequate research and literature on the experiences and perceptions of trauma debriefing among SAPS members also motivated the researcher to conduct the study.

A mainly quantitative approach was used for this study and self-constructed questionnaires were used to gather data about the experiences and perceptions of police members regarding trauma and debriefing services. The instrument had some open-ended questions. Utilizing the structured questionnaire, 300 study participants were included in the main study. Of the 300, a total of 257 questionnaires were returned back to the researcher completed, 24 of them were not returned whereas 19 were returned uncompleted, leading to a total of 257 questionnaires being analyzed. The participants were operational police officers at the rank of Constable, since they are the ones who are to a large extent exposed to trauma than police officers of other ranks.

No sampling was done. The constables at the Mafikeng station are 310 in number. The entire population was included in the study. A pilot study was conducted among 10 of these. This 10 was excluded from the main study. In the SAPS there are different types of constables namely Reservist constables, Student / trainee constables, and Permanent constables. The researcher included all three types falling under Mafikeng and its cluster police stations in the study population as they all carry out the same police constable duties and are exposed to the same level of trauma in view of the nature of their work. For the purpose of this study, no consideration was given to the different groupings. A descriptive design was used to gain a picture into trauma and debriefing services.

This study aimed at answering the following research questions: "What are the perceptions of Mafikeng SAPS members regarding trauma and debriefing services?", and "What are the experiences of Mafikeng SAPS on exposure to trauma?."

A detailed literature review on the process and impact of trauma and debriefing services was done, including a theoretical overview of the different debriefing models and the specific model adopted by the SAPS in order to help the researcher in gathering information to complement the information obtained from the study.

The research findings showed that Mafikeng SAPS members perceive trauma debriefing services as helpful counseling sessions, also as support from the SAPS as the employer, and support from colleagues as it encourages team solidarity. The findings seem to indicate that the most members experience exposure to trauma as shocking.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Community violence in South Africa has a direct and severe impact on the economy and workplaces (Terblanche, 2007). Community violence in the form of frequent carjacking, bank robberies, ATM robberies, street robberies, beatings, rape, burglary, workplace sexual harassment, bullying, victimizing and homicides are having a substantial negative impact on the South African workplace. South Africa has a well-developed system of internal and external Employee Assistance Programs (EAP's) all of which are aimed at handling trauma resulting from community violence that has spilled over into the workplace.

The work of the South African police can be compared to the most dangerous and demanding in the world (Botha, Watson, Volschenk & Van Zyl 2001). Occupational stress exists in all work environments but the intensity and emotional demands of the policing environment, which is often life threatening, places exceptionally high performance expectations and stress on police members. A major hazard involved in being a police officer is the possibility of being involved in traumatic or critical incidents (Chabalala 2005).

Members of the SAPS have to contend with numerous stressors. These stressors include among others the following:

- External stressors e.g. community hostility and court systems that are traumatic to the members.
- Internal stressors e.g. inadequate logistics, organizational changes and labor issues.
- The work itself e.g. awkward shift schedules, risk to personal safety and responsibility.
- Personal stressors e.g. fear, anxiety and feelings of incompetence.

The above includes also the stressors inherent in police work itself, and the potentially traumatic nature of events which often occur in the line of duty. These can include the very real possibility of being shot at, attacked, wounded,

or killed, including dealing with accidents, postmortems, murder and suicide scenes and in addition, working with the victims of crime and violence (Tuckey 2004).

Other than these situations faced by police officials in general, there are also those faced by members of the specialized units, many of whom deal with specific potential trauma on a daily basis. Some of the units are: SAPS Medical - Legal Laboratory, Serious and Violent crimes, Video and Photography, Child Protection and Crime Investigation. Due to the continuous repeated exposure to trauma associated with victims on a daily basis, members of the South African Police Service often become traumatized (Botha *et al* 2001).

Members of SAPS who experience trauma are offered a debriefing service. The debriefing service is in the form of a trauma debriefing session which is an intervention strategy adopted by the South African Police Service. This allows members of the service and their immediate family members who were directly and indirectly involved in a critical incident to consult with a psychologist, social worker, or a chaplain of the SAPS within 72 hours after the incident.

The debriefing service is aimed at providing immediate psychological first aid to prevent more serious problems. This process also assists in identifying high risk individuals who have been traumatized and who need professional help. The process of trauma debriefing defuses potential emotional buildups and prevents a range of negative consequences.

The members of SAPS Mafikeng and cluster police stations are informed about the programme and process of trauma debriefing through regular information sessions. The sessions are arranged and conducted by a trained debriefer, who is also a member of the Employee Assistance Programme (EAP) in the SAPS. The information sessions are usually held during station and unit parade sessions held every morning at different stations/ units and also during lecture sessions held once a month.

The debriefer visits the station/ unit and offers a detailed presentation to the members on trauma and debriefing services in the SAPS, while marketing EAP services and products, highlighting the advantages of attending and disadvantages of not attending trauma debriefing sessions. The members also get informed during the actual debriefing session about the ground rules including the benefits of the session. This is also to give them an opportunity to decline the session at that stage if they so wish.

The SAPS trauma debriefing programme is implemented in two forms: firstly through what is called initial debriefing or defusing (Informal debriefing), followed by formal debriefing. Both forms derive from the Initial Debriefing Model

(Botha et al, 2001). Initial debriefing is an important part of the debriefing model. This intervention normally begins immediately after a traumatic incident, usually one to two hours later, but preferably before the end of a particular working shift. The session is facilitated by a trained initial debriefer or a commander who is trained in the defusing model. The initial debriefing session provides immediate support and assistance after trauma, to stabilize the members so that they can return home without undue stress, and also to enable ventilation of the initial thoughts and feelings regarding the traumatic incident.

On the other hand formal debriefing is usually done after initial debriefing has been conducted, preferably within 72 hours of the incident. The initial debriefer must refer the traumatized employee for formal debriefing, which focuses on an in - depth exploration of member's thoughts and feelings regarding the incident.

The goals of trauma debriefing are to prevent Post Traumatic Stress Disorder (PTSD) and to enable people to regain control of their lives, responsibilities and tasks and to create a safe environment. Research conducted on this subject shows that constant exposure to trauma and ineffective coping leads to PTSD (Tehrani, 2004 & Moralgroup ,2009). In the SAPS there are members who present with cases of PTSD, and when the history is taken, it shows that they were exposed to trauma and did not have effective coping resources (Anecdotal: Observation by researcher). PTSD is a health hazard and problem and can eventually lead to a stage where a person commits suicide, as he constantly relives the past traumatic experiences which can be psychologically painful and harming to close relationships.

1.2 PROBLEM FORMULATION

Almost all of the police population in the Mafikeng area are aware of trauma debriefing in the SAPS. The members are constantly informed of the advantages of attending and disadvantages of not attending debriefing sessions by trained debriefers, but they generally do not report to be debriefed after experiencing trauma.

As the coordinator for the debriefing programme in the SAPS, the researcher has got access to information on traumatic incidents that the members are exposed to on a daily basis. The information is acquired from different police stations and units and it is accessed from what is called an Occurrence Book (OB). This OB is kept in every police station for recording each and every incident that occurs at the station and units falling under a particular station, including traumatic incidents, per date.

The information is usually accessed during police station/ unit visits. There are almost 5-10 trained initial debriefers at every station and unit whose task is to conduct

initial debriefing immediately after trauma and to immediately refer affected parties for formal debriefing. This does not happen as expected. Statistical information is available to the researcher on how many members should attend and how many do attend. Approximately 40% of police officials do report. The questions constantly asked by the researcher within the service are what about the remaining 60%? How are they coping with the effects of trauma? What do they think of trauma and debriefing services? What are their views and perceptions in this regard? The main concern is why don't they use the debriefing services which are meant to help them?

This study stemmed from a practical concern of the researcher with the problem of only a limited number of police officials in the Mafikeng area reporting for trauma debriefing sessions.

1.3 PURPOSE, GOAL AND OBJECTIVES

1.3.1 Purpose

The purpose of this study was to explore the perceptions and experiences of police officials stationed at the Mafikeng Accounting station and cluster stations of the SAPS, regarding trauma debriefing services within the SAPS.

1.3.2 Goal

The goal of the study was to determine the perceptions and experiences of SAPS members stationed in the Mafikeng area regarding trauma debriefing services and to describe their experiences on exposure to trauma.

1.3.3 Objectives

The objectives of the study were:

- To determine the perceptions of Mafikeng SAPS members regarding trauma debriefing services.
- To describe the experiences of Mafikeng SAPS members on exposure to trauma.

1.3.4 Rationale

It is anticipated that the study will enlighten decision makers about the perceptions of SAPS members and their experiences and that it will hopefully identify areas requiring attention in the form of new programmes to be implemented in the SAPS.

1.4 RESEARCH QUESTIONS

Research questions refer to the relationships among a small number of variables from the research topic and specifies the relationships among them (Neuman 2000). Another technique for focusing a research question is to specify the universe to which the answer to the question can be generalized.

The research questions for this study were as follows:

- What are the perceptions of Mafikeng SAPS members regarding trauma debriefing services?.
- What are the experiences of Mafikeng SAPS on exposure to trauma?.

The variables identified from these two research questions are perceptions, experiences and trauma debriefing services. The universe is the set of all units that the research covers, or to which it can be generalized. In this study, the universe is Mafikeng SAPS personnel.

CHAPTER 2

METHODOLOGY

2.1 RESEARCH DESIGN

According to Punch (2005), the design of a study refers to the way the researcher guards against, and tries to rule out, alternative interpretations of study results. A quantitative research design was used for this study. A descriptive design was used to gain a picture of the independent variable of trauma and the dependent variable of debriefing. This approach was deemed appropriate, since the intention of the researcher was to gain an understanding of the perceptions and experiences of police members regarding trauma and debriefing. Open-ended questions in the instrument were meant for gaining more insight into the respondents' perceptions and experiences.

2.2 STUDY POPULATION

The study population comprises all the constables that are stationed within the Mafikeng area. Constables are the ones that are to a large extent daily exposed to traumatic incidents. The total number/strength of members in the ranks of constables is 310 and these include permanent constables, reservists and trainee constables. Of this study population, 10 were included in the study questionnaire pre – testing and 300 in the main study. The ones which were in the pre – test were 4 permanent constables, 3 reservists and 3 student constables, while in the main study 102 were permanent constables, 98 were reservists and 100 were student / trainee constables. All three categories do exactly the same work and become exposed to the same traumatic incidents.

2.3 STUDY SETTING

The study was conducted at different police stations and units which fall under the cluster of Mafikeng Accounting Police Station. There are 9 police stations and 8 specialized units falling under the command of the Mafikeng police station. The station's duties include general crime prevention which exposes the members to trauma. For example, arresting crime perpetrators, attending to reported cases from the Community Service Centre (CSC/ Charge Office) such as suicides gruesome vehicle accidents, shooting incidents, house and business

robberies, etc. The specialized units include units such as the Local Criminal Record Centre (LCRC), Family violence, Child Protection and Sexual Offences (FCS), Crime Information Gathering (CIG), Crime Investigation Services (CIS), Commercial Branch, 10111 and Flying Squad. These units carry out specialized duties which constantly exposes them to trauma as compared to the general crime prevention service members. The specialized units' duties range from conducting postmortems at the mortuaries, taking photographs at crime scenes, investigating serious and violent crimes and gathering information of critical criminal cases and closely dealing with perpetrators and victims of domestic violence, rape and abuse.

There are 9 stations in total in this area. Five stations are situated in the urban area of Mafikeng, while the other 4 are in rural areas (villages) around Mafikeng. All specialized units are situated in the Mafikeng town.

2.4 SAMPLING PROCEDURE

In this study, the researcher studied the whole population of 300 constables (including reservists, permanent constables, and trainee/ student constables) therefore no sampling was done.

2.5 DATA COLLECTION

In research, there are many ways of gathering information directly from participants (Bless, Higson – Smith & Kagee 2006). A self - constructed, pre – tested questionnaire with structured and open – ended questions was used in this study. Babbie, (2001) states that a central element in survey research is the standardized questionnaire in terms of the fundamental issue of measurement. This kind of questionnaire ensures that exactly the same observation technique is used with each and every respondent in the study. Questionnaires can be used to explore or describe a situation and to assess a correlation between two variables. This method of data collection was considered appropriate as the goal and objective of this study was to describe the perceptions and experiences of SAPS members regarding trauma and debriefing services. Due to the fact that the study participants work under different circumstances, for example some are working outside the office environment, doing police patrol and emergency duties, general crime investigation and prevention, the researcher had to issue out study questionnaires under different circumstances, that is, every unit in every police station dictated the manner of collecting data due to nature of work done there. From the 300 participants who were included in the main study, 198 participants were gathered together in a station lecture hall after arranging for such a gathering with different station/ unit commanders. This was

done immediately after the morning parade / prayer session which is normally held every morning at the stations. This kind of gathering was held 4 times at 4 different police stations in the urban areas of Mafikeng with different groups of members to reach up to 139 of them. The researcher also traveled to further police stations/ units, which are in the rural areas to reach 59 of the participants. This was incorporated with client consultations, conducting workshops which the researcher normally does at these further stations/ units, subsequently issuing out questionnaires for completion by members and collecting them immediately after completion.

With regard to questionnaire completion, two groups of respondents emerged; 198 who could complete and return the questionnaires at the time for the study and 102 who were given a specific date to return the completed questionnaires. This latter group were either on night duty or had pressing duties (take prisoners to court, arrest criminals and conduct postmortems) at the time set for questionnaire completion. From this group, 24 questionnaires were not returned and 19 that were returned were not completed. This led to a total of 257 questionnaires captured for data analysis.

2.6 DATA ANALYSIS

The researcher used a computerized data analysis tool - Statistical Analysis Software Enterprise Guide (SAS) to analyze data. This quantitative data analysis software generated graphs and tables indicating a total number and percentages for the different aspects of data that was analyzed. The researcher also qualitatively analyzed by gathering themes from open – ended questions included in the questionnaire to generate a better understanding in the perceptions and experiences of SAPS members regarding trauma and debriefing services.

2.7 VALIDITY AND RELIABILITY

Reliability is a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time. Validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie 2000). In order to ensure validity and reliability in this study, relevant measures were taken, which included ensuring that the study was dependable and consistent. Through this the researcher ensured that if the same study is conducted again, it will yield the same results. This was achieved by using truthful constructs to ensure a good fit between the social reality that is being measured through research, with the constructs that are used to understand it, for example , that the construct of

trauma debriefing fits well into police officer's daily exposure, perception and experiences of trauma, and trauma debriefing.

2.8 BIAS

Bias refers to errors that might arise during the study conducted either arising from the researcher or the respondent (Neuman 2000). The errors can be both intentional or unintentional, for example, errors by the respondent e.g. forgetting or lying because of feeling uncomfortable to complete a study questionnaire. Unintentional errors by the researcher may include, handing out a questionnaire to the wrong respondent who does not fall under the study population (sample) or misunderstanding or misreading what the respondent wrote on the questionnaire. Intentional subversion by the researcher involves purposeful alteration of answer given, influence due to the researcher's expectations about a respondent's answers based on the respondent's living situation, kind of work or position, his appearance etc. And also an influence on the answers due to the respondent's title or position at work, attitude or comments made before questionnaire completion.

Given the nature of police work, it was difficult for the researcher to get all study participants to complete the study questionnaire under the same circumstances, 198 questionnaires were returned immediately after completion while 112 had to be collected later on, the researcher is of the view that this kind of situation encountered during data collection process places chances of possible bias for the study. The possible bias is that with the 112 participants that took the questionnaire away to complete at their own time, there is a possibility that the study questionnaire was not completed by the participant himself as they completed it in the absence of the researcher. In order to minimize this bias, the researcher emphasized the importance of the respondent completing the questionnaire by himself in order for the researcher to obtain relevant information as their own experiences and perceptions regarding trauma and debriefing services.

The researcher also minimized possible bias by pre – testing the study questionnaire on 10 people with the same characteristics as the respondents. The pre – test population was not included in the main study. This was done at one of the police stations falling under Mafikeng accounting police station. The reason for choosing the specific police station was that it is a bigger station, with a larger number of police officials at the rank of constables as compared to the other smaller stations (72 constables including reservists, permanent constables and student / trainee constables). The pre – test of the data collection tool gave the researcher the latitude to check the relevancy of the questions, and to see if the amendments needed to be done to the questionnaires.

2.9 PILOT STUDY

A pilot study is a process whereby the research data collection instrument is being tested with a small set of respondents similar to those in the larger population (Bless *et al* 2006). In this process, the researcher asks the respondents in the pilot test whether the questions were clear and explores their interpretations to see whether the intended meaning was clear.

The New Dictionary of Social Work (1995) defines a pilot study as a small – scale trial run of all aspects planned for use in the main study. The researcher views a pilot study as small pre-test to a small group of the study population taking all heterogeneous factors into consideration, that is it is important that the pilot study population should have the same characteristics as the larger population of the study, the aim is to see how the pilot population will respond to the questionnaire, will it be clear and easy to respond to or difficult to comprehend.

With this study the researcher distributed ten (10) questionnaires to ten members with the same characteristics as the larger group of participants to fill in the questionnaire. All of the pre – test participants were given the questionnaires to complete at their own time as they all could not complete and immediately return them due to work related reasons as they had to attend to court proceedings and conduct other duties. The situation experienced with pilot study completion assisted the researcher in strategizing for the larger group of participants, hence arrangement were made to distribute study questionnaires during station / unit morning parade/prayer sessions and during lecture sessions where almost everyone at the station/unit is present before they depart for different places to complete their daily duties. This also assisted the researcher in minimizing time frame for questionnaire distribution due to the fact that most questionnaires were distributed simultaneously. They researcher hoped that the main study participants would be able to adhere to the questionnaire return date as it was the case with the pilot study participants. All of the pilot study population were able to respond to the questionnaire without difficulty and all of them returned the completed questionnaires. This allowed the researcher to go on with the process of data collection.

2.10 RESEARCH ETHICAL ISSUES

According to Punch (2005), all social research involves ethical issues. This is because the research involves collecting data from people and about people. Bless *et al* (2006) mention that inclusion of ethics in research helps to prevent research abuses and assists researchers in understanding their responsibilities. Research ethics places an emphasis on the humane and sensitive treatment of

research participants who may be placed at varying degrees of risk by research procedures. They further state that it is always the researcher's responsibility to ensure that his research is ethically conducted.

Taking into consideration the sensitivity of the issue of trauma and debriefing the researcher highly considered the following ethical issues: The aspect of informed consent, whereby the researcher requested all police officials at the rank of constable, who are stationed at the Mafikeng and surrounding police stations and units to give their consent by signing a consent form (attached as Annexure A) before they got involved in completing the questionnaire. The form also served as an indication that the respondents understood what the study was all about. The participants were also given the opportunity to choose to go on participating in the study or to withdraw at an early stage or later on as they so wished.

The researcher also obtained permission from the SAPS management. Telephonic and face – to – face discussions were held and arrangements made with the Provincial Psychological Services Head and also the Section Head: National Strategic Management who granted written permission (Annexure F), that served as a “go ahead” with the study also as a gate opener to all stations and unit commanders falling under the cluster of Mafikeng Accounting station. As an additional gate opener, the researcher also obtained written consent from the Accounting station commander, whose consent enhanced smooth communication and liaison with station and unit commanders falling under her command (Annexures C & D). The Provincial Commissioner: North West also granted a written consent. (Annexure E). Finally, ethical clearance by the MCREC (MEDUNSA Campus Research Ethics Committee) at the University of Limpopo was obtained (Annexure G).

With regard to avoiding harm to participants, the researcher was aware of the fact that the study posed an extensive degree of danger and risk, specifically emotionally, as the participants had to share their previous experiences regarding trauma, most of which involved painful memories, thoughts, and feelings. A professional support system was arranged with psychologists, psychometrists, social workers and chaplains in case there was a need for immediate professional assistance/ counseling/ debriefing during and after questionnaire completion.

The aspect of deceiving participants (deception) in research was strictly avoided by clearly outlining the aim, objectives and goal of the study to the participants and not pretending as if the study was about something else. The participants were allowed ample time to ask any questions they might have regarding the study.

The researcher ensured the participant's privacy, anonymity, and confidentiality by not including their names or any other form of personal identification in the study questionnaire, and the information given was kept under the strictest secure conditions at all times, inside a locked cabinet stored in a restricted office.

Reporting back to research participants was done in a form of a narrative presentation to the senior ranking officials and to all general members within the SAPS. Graphs, tables and charts were also used to complement the narrative report presentation.

2.11 RESEARCH LIMITATIONS

Limitations in research imply issues that normally arise in the process of research. Every study no matter how well it is conducted, has some limitations (Psychology & Society.com). According to Psychology & Society.com. limitations are often imposed by time and budget constraints. In this study, the major limitation was the problem of failure by some of the study participants to respond to all items of the study questionnaire. Some of the respondents did not furnish information to most of the open – ended questionnaire items and this situation prolonged the research process as the researcher and supervisor had to revisit raw data for clarification on other aspects. It seems as though some of the study participants did not give much time and necessary attention during questionnaire completion. This could be due to the nature of work that participants do every day, having to constantly attend to complaints by the community, attend to court proceedings and so forth, the researcher had to make follow up for most of the study participants to return the completed questionnaires.

Another limitation was that not all study questionnaires were returned to the researcher. Out of the 300 issued questionnaires, the researcher received back 257 questionnaires which were analyzed and interpreted. While both qualitative and quantitative approaches to describing and determining the perceptions and experiences of SAPS members generated a wealth of data, it is uncertain as to what extent the findings of this study may be generalized to other areas and to other levels (ranks) in the SAPS. This study involved a specific group of police officers, i.e. the ones at the rank of Constable.

Most of the study participants form part of the researcher's clientele, they have attended trauma debriefing sessions conducted by the researcher before. This aspect may also be considered as a limitation as rapport has already been established, the researcher is well known to the study participants as she interacts with them on daily basis as an EAP practitioner within the SAPS.

Familiarity with the researcher could have also influenced the rate of responses to some questions, where respondents did not provide information due to not being certain of confidentiality despite assurances.

The researcher incurred financial constraints as she had to make constant telephone calls to respondents who took long to return completed questionnaires, this also caused a delay in the research process, some of the respondents went out of town for weeks on duty calls, for example to attend to outstanding police cases, attend training and to do investigations without having completed the study questionnaire nor returning it.

CHAPTER 3

LITERATURE REVIEW

3.1 INTRODUCTION

Bless, Higson-Smith and Kagee (2006) state that in order to conceive the research topic in a way that permits a clear formulation of the problem, some background information is necessary. The process of literature review involves obtaining information by mainly reading whatever has been published that appears to be relevant to the research topic. Based on the literature reviewed for this study, in this chapter the following will be discussed: workplace trauma, trauma debriefing, goals of trauma debriefing, different models of trauma debriefing, beneficiaries and benefits of trauma debriefing in the SAPS, management of trauma debriefing in the SAPS, perceptions and experiences of trauma debriefing, effectiveness of trauma debriefing, typical reactions of victims of trauma and steps for helping oneself after a critical incident.

3.2 WORKPLACE TRAUMA

According to Matsakis (1996), trauma in simple terms means wounding. Trauma on a physical level could mean that some part of a particular organ of the body has been suddenly damaged by a force so great that the body's natural protection (the skin, skull etc) is unable to prevent injury. Another meaning refers to injuries in which the body's natural healing abilities are inadequate to mend the wound without medical assistance. Just as the body can be traumatized, so can the psyche (Botha *et al* 2001). Rose (2005) emphasizes that during trauma the brain works in a different way than under normal circumstances; it works under severe threat and anxiety; it essentially "scans" or "photographs" everything going on at that time. Sensory perceptions are stored in a different way in memory than under normal circumstances. Later, the perceptions become "triggers" which cause the person to feel like they are back in the moment of trauma. Rosenbloom & Williams (2010:13) describe it as "... an event that usually involves actual or feared death or serious physical or emotional injury. The more severe and repeated the circumstances, the more likely they are to be traumatic."

A study by Kgalema (2002), indicates that Metro police officers in Gauteng Province, South Africa just like the SAPS officers are required to effectively interface with both perpetrators and victims of crime, including violent crimes which are physical in nature like domestic abuse, assault, and sexual violence. He further noted that traumatized individuals are more likely to overcome their trauma rapidly if they receive immediate and appropriate assistance. Apart from working with victims traumatized by crime, police officers themselves are inevitably exposed to high levels of workplace stress and direct and secondary incidence of trauma.

On the psychological level trauma refers to the wounding of a person's emotions, one's will to live, their beliefs about themselves and the world, their dignity and sense of security. The assault on a person's psyche becomes so great that their normal ways of thinking and feeling and the usual ways of handling stress in the past becomes inadequate (Matsakis, 1998, Botha *et al*, 2001 & Tuckey, 2004). For example Botha *et al*, (2001) noted that during traumatic incidents, people may sustain physical injuries. As a physical wound is easy to see, people almost always receive help, sympathy and treatment they need for healing, however psychological injury is often not noticed because it cannot be seen as easily.

Workplace trauma has been shown to have serious implications for employees and organizations alike. It is also known that there is a high level of underreporting of traumatic incidents, and there is a need to establish effective organizational policies, procedures and interventions if the problems are to be addressed (Tehrani, 2004). The commitment of senior management is crucial to the success of any trauma support programme and its implementation within an integrated organizational approach to the reduction of risk to staff from accidents or violence (British Psychological Society, 2002). Commitment should be demonstrated through a formal policy that is translated into systems, procedures and practice. This includes providing realistic resources, including budgetary provision and staffing that includes not only competent people to design, oversee and review the system but also administrative support for record keeping, monitoring, referral and follow up. Managers in fields such as security and safety must be aware of trauma-related stress and find ways to assist employees in dealing with it (Kris, 2004). For employees to cope, managers must first understand what types of employees are most at risk for trauma-related stress.

Ahnsel (2000) highlights that a productive and healthy police force is important for economic growth, stability and the development of a country. In South Africa, various potential stressors such as high crime levels and violence continue to challenge members of the SAPS. Ahnsel, (2000) further states that increased rates of illness, post traumatic stress, burnout, alcohol/substance

abuse and suicide, as well as decreased levels of job satisfaction and job performance when compared with the norms of the general population are evident among police members.

A major hazard confronting any police official is that of being involved in traumatic incidents. Traumatic incidents to which police officers become exposed include among others gruesome scenes when serving as mortuary assistants during postmortems, picking up mangled and charred bodies with their faces shot or crushed by trains, loosening up dead bodies of people who committed suicide from house roofs, etc. These traumatic situations affect any police official in different ways, depending on whether they are involved as victims, rescuers or bystanders. Such events often have a range of negative consequences on these individuals. The effects of stress symptoms can be devastating, both at a personal and professional level and may include guilt, anxiety, depression, sleep disturbances, flashbacks and excessive anger. There is considerable interest in finding ways to prevent or at the very least, alleviate the symptoms (Leonard & Alison, 1999 & News items, 2009).

Tehrani (2004) highlights that within South African organizations, the Occupational Health and Safety (OHS) legislation places specific requirements on the employer to provide a safe working environment. Tehrani (2004: 36) further states that "It should be the duty of every employer to ensure so far as is reasonably practicable, the health, safety and welfare at work of all his employees". Some government departments in South Africa such as the department of Health, Education, Agriculture, Defense Force etc. use staff psychologists, social workers and chaplains to ensure employee wellness. The SAPS also employs and uses these kinds of professionals within the organization to debrief police officials after trauma.

3.3 TRAUMA DEBRIEFING

Raphael & Wilson (2000), PSCA (2009) & CISD (2008) observed that trauma debriefing meets many needs within organizations. These include the need of survivors to articulate what has happened, understand and gain control, the need of employers to aid those who suffer, display concern and master vicariously the traumatic encounter to overcome employees' sense of helplessness and survivor guilt.

Since its development as an early post-trauma intervention, psychological/trauma debriefing has become widespread in its use within organizations and following large-scale disasters in communities. Developed in the early 1980's trauma debriefing was designed specifically to prevent the development of PTSD among emergency service professionals and other high risk disciplines (The British Psychological Society, 2002).

There is a dearth of literature in South Africa on debriefing within the SAPS. Studies done on the subject in South Africa include those done earlier on by Ncokazi (2002), SAPS psychologist and another by Chabalala (2005), SAPS psychometrist. The study by Ncokazi (2002) investigated factors that inhibit individual participation in trauma debriefing. The aim of the study was to investigate factors that could hinder SAPS members from optimally participating in the internal trauma debriefing programme. The study focused on SAPS stations and units in the Gauteng Province. Ncokazi (2002) used the cross-sectional survey design, among a stratified sample of 350 police members.

Both studies included members from units and stations that were thought to be more exposed to traumatic incidents and included members with high incidents of murder or physical attacks and those dealing with homicide cases. Ncokazi (2002) found that only 37% of the respondents indicated that they regard trauma debriefing as helpful and important. The majority of the respondents indicated dissatisfaction with the SAPS trauma debriefing services and pointed out various factors that seem to hinder them from participating fully in the programme. The factors mentioned include lack of knowledge about trauma, about the existence of trauma debriefing, and about trauma debriefers in the SAPS, a poor referral system, the view that trauma debriefing is not necessary, unavailability of trauma debriefers when needed and lack of time to attend trauma debriefing sessions.

The study by Chabalala (2005) was also exploratory in nature and looked at the experiences and perceptions of police officials stationed at National Head Office (Pretoria), regarding the effectiveness of trauma debriefing within the South African Police Services (SAPS). The researcher interviewed ten (10) police officials who were exposed to trauma and who received trauma debriefing approximately six (6) months prior to the interviews.

The findings of this study were that trauma victims do experience shock, a sense of powerlessness and frustration, confusion and a sense of losing one's life. There was also an indication that there seems to be a positive view regarding the effectiveness of trauma debriefing, as the majority of the respondents regarded debriefing as most effective, while few were uncertain about its value. It was also reported that trauma debriefing seems to offer more benefits to individuals who were exposed to traumatic situations by normalizing the overwhelming feelings of anxiety, fear and many psychological disturbances. It also offers benefits to the organization by improving the quality of worker's lives and consequently increases productivity. Trauma debriefing within the SAPS was also regarded as lacking follow-up service on those cases that were dealt with (Chabalala 2005).

In their capacity as a psychometrist and psychologist respectively, and also of trauma debriefers, both Chabalala (2005) and Ncokazi (2002) reported that they occasionally experienced some resistance and skepticism by police members regarding the effectiveness of trauma debriefing. Some members expressed their dissatisfaction with the program by refusing to participate or sometimes not showing up for appointments.

In Australia, Tobler and Smith (2003) conducted a study on the rescue of personnel after an earthquake. The findings were that there was no effect of the trauma debriefing during the two years following the disaster. On the other hand, Bisson, Bannister and Jenkins (1997), randomized patients in England who were wounded in a fire to what was called a debrief group and a control group. The intervention was given to single patients and couples and it lasted for an average of 44 minutes and was carried out by a trained nurse or research psychiatrist. The results showed that 26% of the debrief group was found to have PTSD following 13 months after debriefing, while in the control group, 9% were diagnosed with PTSD. The conclusion was that the debriefing sessions had no positive effect on the traumatized members.

Studies conducted in the United Kingdom include one by Dyregrov (1998), which concluded that trauma debriefing is usually followed by a positive effect for the participants. Dyregrov (1998) mentioned that a number of published and unpublished reports and case studies showed positive effects of debriefing. In almost all of the reports and case studies, the participants of the debriefing groups when asked to rate their satisfaction or the helpfulness of the sessions, mentioned that they experienced the debriefing sessions as being helpful.

According to Tehrani (2004) there is inconsistency and confusion with regard to debriefing literature. The writer mentions that guidance and information provided to help organizations deal with trauma in the workplace is less than helpful. Tehrani (2004) further cites reports produced by the institute of Employment Studies on behalf of the UK Health and Safety Executive. These reports are not particularly useful to organizations in developing systems and processes. He avers that these reports do little more than review existing literature and raise concerns over effectiveness of existing approaches to the management and treatment of traumatized employees, not offering organizations an alternative way forward. With the growing body of negative literature relating to trauma debriefing and counseling, organizations end up being uncertain as to whether trauma debriefing will be beneficial or not in assisting employees to cope.

Tehrani (2004) further states that for most organizations, the major problem faced is the lack of clear direction on which procedures and interventions are effective and appropriate in supporting vulnerable employees. The responsibility to assess and manage the risk of traumatic incidents occurring is essential in

every organization, as is the need to provide appropriate training and support for employees undertaking work with the risk of traumatic exposure. Tehrani (2004) also emphasizes the fact that it is vital that organizations are able to assess the nature and severity of the psychological harm suffered by employees exposed to traumatic events in the work environment, as the assessment will enable them to meet their duty of care and identifying which employees require psychological support and treatment. Interval monitoring of employees following the incident is immensely salient. This will enable organizations to identify any delayed trauma responses and to track the effectiveness of the treatment and rehabilitation programme on the employees.

As an EAP professional within the SAPS, the researcher is of a view that the latter statement by Tehrani (2004), is difficult to pursue and achieve due to the fact that most police officials tend to hide their true emotions, thoughts and reactions after trauma, which could be due to the 'macho' culture of the organization, where the mantra is that "Cowboys don't cry neither do policemen". There is also a problem of underreporting of traumatic incidents which makes it difficult to monitor and track the effectiveness of the intervention (Anecdotal: experience and observation by researcher). Most of SAPS members seem to view and regard expression of feelings of distress as a sign of inadequacy.

What is more difficult is how to support traumatized employees following a traumatic event in these organizations. This uncertainty is likely to continue until the workers in the field of trauma provide more evidence on the effectiveness or otherwise of post trauma care, including debriefing and counseling (PCLEC,2008). In the meantime, it is important for organizations to protect their employees and themselves by monitoring and evaluating their trauma care programmes to ensure that their employees are recovering rather than being made ill by post-trauma interventions.

3.4 GOALS OF TRAUMA DEBRIEFING

The goals of trauma debriefing include the prevention of PTSD which is likely to affect a person who is constantly exposed to trauma and not effectively dealing with the effects thereof. According to Mitchell and Everly (1997) and Brewin, Andrews and Kirk (1999) debriefing aims to achieve the following goals:

- To provide immediate support after a traumatic incident.
- To lessen the psychological impact of a traumatic event.
- To reduce the risk of PTSD occurring.
- To facilitate early identification of individuals who may require professional mental health.
- To help people to make sense of traumatic incidents and educating them on the normalcy and predictability of the reaction.
- Helping people realize that they are still normal even after experiencing the reactions after trauma.
- To help people regain control of their lives, responsibilities and tasks.
- Examining future needs of an individual, family peer and social group.
- To raise awareness at personal, group and organizational level.

3.5 MODELS OF TRAUMA DEBRIEFING

Over the past years, a variety of debriefing models have been developed and some people feel strong that talking through the traumatic incident may help with the psychological recovery for those who have suffered psychological wounding (Rose & Tehrani 2002).

This section will briefly focus on describing the current and popular four models of trauma debriefing namely: The Mitchell's model of group debriefing, Dyregrov's model, Raphael's and Armstrong, O'Callahan and Marmar's model.

Mitchell (1993) termed the intervention "Critical Incident Stress Debriefing" (CISD); while Raphael (1986) and Dyregrov (1989) both use the term

“Psychological Debriefing” (PD) and Armstrong, O’Callahan, and Marmar (1991) use the term “Multiple Stressor Debriefing” (MSD). Although there are differences between the models; for the purpose of this study the term “Psychological Debriefing” (PD) is used. According to Rose, Brewin, Andrews & Kirk (2002) the feature common to all the models is that they have a structured format and are essentially formal group meetings held shortly after the traumatic event.

3.5.1 Mitchell’s Model

Jeffrey T. Mitchell is well known for his work in the field of psychological debriefing. He is the one who termed the intervention Critical Incident Stress Debriefing (CISD). The CISD protocol that Mitchell (1993) describes is a group process of seven distinct phases:

During the first phase, the members are welcomed to the session where they introduce themselves and the purpose of the session is explained to them and the ground rules are set. Confidentiality is emphasized and rapport established at this stage to encourage a supportive environment.

The second phase entails the gathering of information about the incident from the traumatized members.

The third phase is regarded as the cognitive phase and this is where the members are encouraged to talk about their thoughts surrounding the trauma. Members are asked some open ended questions and at this point they are made to realize the normality of their thoughts about the experience.

During the next stage, the emotions and reactions associated with the trauma are discussed. The debriefer focuses more on the impressions of what people felt, saw and heard, i.e. on the human senses. There may be expressions of feelings of sadness, anxiety, anger, fear, hostility, etc.

In the next stage that follows, a review of stress symptoms at the scene and afterwards is done. Typical questions to be asked could be “how have you been since the incident”. This allows the debriefer to get an idea of whether the symptoms are improving or getting worse. Support, reassurance and understanding about normal responses is done. The symptoms may be physical, cognitive, emotional or behavioral in nature.

The next phase of the CISD is concerned with teaching, focusing specifically on coping resources. Participants are taught of stress reactions in general and the

“normal” nature of these. The use of coping strategies is emphasized. Miller (1995) regards this stage as the one which aims at cognitive understanding. Normalcy of reactions is also emphasized and participants are prepared for the possibility of experiencing even more reactions.

The final stage is re-entry, where there is an opportunity to summarize all that was shared throughout the session and to raise further issues if necessary. A plan of action is developed, looking at the future, looking also at the available support system for the traumatized members, both at home and work. Referral for follow up or for other specialized services that the members may need is done at this stage. The debriefers contact details are handed out and made available to participants for further consultation and support.

3.5.2 The Dyregrov Model

According to Rose *et al*, (2002) the Dyregrov model of PD is based on Mitchell’s work, with slight differences when comparing the two models, however both the models aim at reducing unnecessary psychological after - trauma effects.

Mitchell (1993) begins his trauma debriefing at the time of the trauma whereas Dyregrov begins it just before the incident. Dyregrov model is based on the following crisis intervention methods:

RAPID OUTREACH: Dyregrov (1989) is of the view that debriefing should not be done immediately nor a day after trauma. Unlike Mitchell, he is of the opinion that victims are still traumatized and in shock and may not be able to talk about the incident if debriefed immediately. To him, premature intervention could interfere with the natural way of coping and could cause harm, as such with Dyregrov’s model, the victims of trauma must be given ample rest periods before a session is conducted.

FOCUSING ON THE PRESENT: The main focus is placed on the present reactions, however feelings and emotions from previous experiences are allowed to surface. The main aim is to deal with the present emotions experienced.

MOBILIZATION OF RESOURCES: According to Dyregrov (1989), it is crucial for organizations to have professionals at all times to assist traumatized employees e.g. psychologists, chaplains, social workers, medical professionals (internal and external resources). The professionals should be on stand-by. Resource lists should be within reach for all employees who are directly and indirectly exposed to trauma.

Dyregrov's model consists of seven phases which appear to be slightly different from Mitchell's model. They include:

The introductory phase, during which the debriefer introduces the PD process. This stage is basically like Mitchell's first phase where rapport is established with the participants.

This phase called the expectation and facts is similar to Mitchell's second phase. The difference is that in Dyregrov's model, the participants share their expectations at this stage.

The thoughts and decision (sensory impressions) stage moves on to look at the individuals' decision making process during the cognitive stage asking questions on why they made certain decisions. Dyregrov suggests that these forms of questions enables the participants to reduce tendencies of self blame. Sensory information is also gathered here.

The emotional reaction phase is where feelings are shared. The debriefer watches out for a variety of feelings that are shared; e.g. shock, hopelessness, helplessness and frustration. This stage is equivalent to Mitchell's feelings phase. Both explore into detail the participants emotions related to the traumatic incident.

During the normalization phase, emphasis is placed on the fact that the reactions experienced are very normal. Group solidarity is encouraged during this stage, whereby members are able to realize that they are not weak or unique in terms of how they reacted to the incident, that other members experienced the same reactions while others had even the worst experience.

The future planning and coping stage is according to Miller (1995), the stage where normalcy of the reactions is still emphasized and coping strategies are shared with participants. Mental preparation of participants is done regarding possibilities of more symptoms surfacing (late reactions).

The final stage of disengagement is the stage when the debriefer closes the session identifying specific members who need referral and concludes the session. General group solidarity is still emphasized at the closing stage.

From the discussions above it is evident that Dyregrov and Mitchell's model are almost the same in terms of approach to reducing psychological effects of trauma on the victims, the difference noted is the wording used for different phases, both the authors used seven phases in helping victims of trauma.

3.5.3 Raphael's Model

Raphael's (1986) model is again quite similar to Dyregrov's and Mitchell's although not as prescriptive. Just like Dyregrov, Raphael begins the debriefing before the traumatic incident and asks the participants about the level of preparation or training received before the experience (Rose *et al* 2002).

Raphael (1986) suggests different areas of focus that may assist during PD, namely:

- Traumatic stressors personally experienced such as loss of loved one through death, shooting and survivor conflict.
- Roles held during the traumatic event, both negative and positive feelings are encouraged.
- The victims and their frustrations.
- Emphasis of empathy.
- Frustrations and logistical problems experienced to complete the task, e.g. inadequate resources, uncertainty regarding role to play at the scene or responsibilities, inadequate training or lack of adequate skills.
- Special relationships with friend, family and colleagues and other who went through the same experience.
- Personal and individualistic responses, such as guilt, blame anxiety and anger.
- Difficulties in moving away from the scene of trauma.

Raphael (1986) further suggests that the topics should be handled cautiously by the group debriefer in order to fully encourage or facilitate emotional ventilation. She emphasizes that questions should be asked about the experiences and perceptions related to the trauma. Questions such as "Was your life threatened?", "How so?". The difference noted is that although this type of open ended questioning is seen in Mitchell and Dyregrov models, Raphael is much more direct in questioning and there is an emphasis of positive aspects of being involved with the catastrophe. Types of questions asked are: "Did you feel good about anything you did?", "What are the feelings of fulfillment that you experienced?". This is something that is not found in either of the other models highlighted earlier on but is included in Raphael's. Another aspect included only in Raphael's model is the inclusion of the feelings of the other victims, in the final stage, there is a focus on what the participants have "learnt" from their traumatic experience and is transferred back to their working environment, including problems or difficulties that this can create.

3.5.4 Multiple Stressor Debriefing (MSD) Model

Multiple Stressor Debriefing (MSD) model was described by Armstrong, O'Callahan and Marmar, (1991). Unlike Mitchell and Dyregrov's models, MSD consists of four main stages as follows:

- (i) The introductory phase where rules are outlined.
- (ii) Phase two is where the attendees describe in detail the aspects of the trauma that are most troubling to them, and to describe their feelings and reactions to the incident.
- (iii) In phase three, much focus is placed on coping strategies and participants are provided with information on normal and abnormal responses to stress. Participants are encouraged to share information on how they normally coped with stress in the past and also how they are coping at that time.
- (iv) In the termination stage, participants are asked how they feel about leaving the disaster site. Emphasis is placed on continuation of talking about the incident to friends, colleagues and family. Referrals are made where necessary.

One of the main differences between this model and the other PD models is that MSD places much emphasis on past reactions to stressors and coping styles. The MSD model recognizes the effect of the other stressors on the participants including the need to leave colleagues and return home.

3.5.5 SAPS Trauma Debriefing Model

The trauma debriefing model used by the SAPS was developed by Jacobs and Watson (1992), and was adapted from the CISD model developed by Mitchell (1983). This model like the Mitchell model has seven phases. After robustly examining the theoretical and practical implications of the CISD model in a study on Red cross disaster personnel following the 1999 California earthquake, Armstrong, O' Callahan & Marmar (1991) saw the CISD model as being relevant to groups that were exposed to intensive long term chronic stress. The authors emphasized that the model can be modified to suit the need of different organizations.

3.5.5.1 Principles of The Model

Just like most theoretical constructs, trauma debriefing in the SAPS also has some guiding principles for implementation and the principles can be captured within the acronym "IMPRESS A RAVEN".

Botha and Watson (2001) describe the acronym as follows:

I: IMMEDIACY: Treatment takes place soon after the identification as possible.

M: MILITARY MILIEU: The operational service is continued in uniform as far as possible. Members must see themselves as not being sick, but as police officers.

P: PROXIMITY: Traumatized members are treated in the proximity of the command unit, preferably within reach of the group and command elements.

R: REST AND REPLENISHMENT: A period of rest and an opportunity to replenish the internal resources (psychologically and physically) is given.

E: EXPECTANCY: The debriefer encourages only the expectation of resuming normal duties.

S: SIMPLICITY: Treatment for trauma is practical and simple.

S: SUPERVISION: The member's condition and adapting is constantly monitored by professional health workers, the debriefers, as well as commander.

A: ACTIVITY: The member remains involved in the unit as well as in therapeutic activities as far as possible.

R: REACTION: Individuals are made to realize that certain symptoms can be experienced as a reaction to the traumatic event.

A: AWARENESS: Individual members are constantly made aware of their feelings, emotions and thoughts regarding the traumatic event.

V: VENTILATION: Individuals are encouraged to ventilate their feelings.

E: ENCOURAGEMENT: The traumatized members are encouraged to unload emotionally on friends, family members and during the debriefing process. They are also encouraged to return to work as soon as possible.

N: NORMAL BEHAVIOR: Individuals are made to realize that the symptoms they experience are normal.

3.6 THE STRUCTURE OF SAPS DEBRIEFING MODEL

The programme of trauma debriefing in the SAPS is implemented in two forms, firstly through what is called Initial debriefing or defusing (Informal debriefing), then followed by Formal debriefing. Both forms derive from the Initial debriefing model. Botha *et al* (2001).

3.6.1 Initial (Informal) Debriefing (Defusing)

Initial debriefing is an important part of the SAPS debriefing model. This intervention normally begins soon after the traumatic incident, usually one to two hours later, but preferably before the end of a particular shift. The group is facilitated by a trained debriefer, or a commander who is trained in initial debriefing (a defuser). The debriefing session occurs in an informal way and the “buddy” support principle is encouraged, that is:

B- be available; **U**-understand; **D**-don't interrupt; **D**-don't be critical; **Y**-you can make a difference.

Initial debriefing can be done in either small groups or on a one- to-one basis, with the session lasting up to fifteen minutes. The session is ideally conducted in a room free from distractions, where members are comfortable. It is also conducted in a safe area, preferably away from the traumatic scene.

In order to maximize the benefits of initial debriefing, The EGAN Model is used. This is a model focusing mainly on the skills that a helper/ debriefer should have or focus on in order to achieve effective facilitation during a debriefing session. The model is mainly about basic skills to counseling and helping. The SAPS used part of the model to compliment, their adopted model of debriefing, the aim of including this part of the EGAN model is to highlight and put much emphasis on the following listening skills which are crucial during a trauma debriefing session:

Sitting squarely - That is, the debriefer's right shoulder should be next to the traumatized member's left shoulder. This sitting position is good for effective eye contact as it does not allow for people to sit facing one another (direct eye contact), which can make the debriefed person to feel uncomfortable and they may tend to feel threatened and eventually withdraw from the session.

Openness - Refers to the debriefer maintaining an open sitting position, not folding arms, not crossing legs, as this can serve as a barrier to the listener.

Lean - Leaning forward with an expression of interest. This is normally complimented by nodding the head sending a message of interest and also non verbally sending a message that is really listening to the sharer.

Eye contact - Effective eye contact expresses concern and a desire to hear more. Not sitting directly faced to one another allows for this as it does not encourage direct eye contact (Direct eye contact can be uncomfortable/threatening for people from other cultures). This sitting position normally makes both parties feel comfortable as it allows for enough space between the sharer and listener. Practically this kind of position allows for effective eye contact.

Relax - The debriefer should maintain a relaxed posture, not panic nor be over anxious as this can lead to the debriefed member losing confidence in them.

The initial debriefing session is conducted to provide immediate support and assistance after trauma, to stabilize the members so that they can return home without unusual stress and also to enable ventilation of initial thoughts and feelings regarding the traumatic incident. After conducting this kind of a session, the defuser refers the traumatized members for formal debriefing.

3.6.2 Formal Debriefing

In the SAPS, it is a requirement that each and every member who was exposed to trauma must report for trauma debriefing. This is stated in a clause in the SAPS National Instruction, Instruction No 18 of 1998. Formal debriefing involves an emotional ventilation of feelings in a controlled and safe environment. It is meeting with one or more individuals who were exposed to trauma, reviewing the impact of the trauma on these individuals, and helping them ventilate their feelings. This kind of a session is usually conducted after initial debriefing was conducted, preferably within 72 hours of the traumatic event.

Formal debriefing is characterized by an educational, supportive and open experience with absolute confidentiality. There is restricted access to only those directly impacted by the traumatic incident. It is designed to be useful even for those not affected by traumatic stress, that is, even if some people who were exposed to trauma do not feel that they need to be debriefed, they can sit in during the session, in order to support fellow officers who could benefit from this.

The session is conducted in a suitable room where there are no interruptions, and everyone is seated comfortably, with some rules outlined at the beginning of the session, such as confidentiality, mutual respect, honesty, no personal attacks or criticism among the group members and members are not forced to share own feelings and experiences. Members are also required to remain for the full duration of the session, which normally lasts up to an hour or two, depending on the extent of the sharing of information. In essence, the SAPS formal debriefing session follows all the phases in the Mitchell's model of PD. With the SAPS model, much emphasis is placed on the fact that formal debriefing must be conducted within 72 hours of the critical incident. Botha *et al* (2001).

3.7 BENEFICIARIES AND BENEFITS OF TRAUMA DEBRIEFING IN THE SAPS

Trauma debriefing in the SAPS is offered to the members of the service and their immediate family members, i.e. husband, wife and children, however in most cases the police officials are debriefed as a group who have attended a gruesome scene, e.g. members belonging to the same shift. Family members normally benefit from this service in cases of loss through death, threat to life and disaster. They are not excluded from being debriefed, as in some cases the reactions of a traumatized member eventually affect family relations. The debriefing is done upon request by family or by the member himself.

The benefits of trauma debriefing, as outlined by the SAPS National Trauma Debriefing Committee (NTDC) include the following:

- A reduction of short and long term after-effects of trauma.
- Reduction of interpersonal problems.
- Reduction in anxiety if one has to ask for help.
- Reduction of work related problems, such as incidence of absenteeism.
- Reduction of anxiety about post - trauma reactions being thought of as a sign of weakness.
- Encourages and emphasizes the idea that the organization does care Botha *et al* (2001).

3.8 MANAGEMENT OF TRAUMA DEBRIEFING IN THE SAPS

In order to manage debriefing on national, provincial and station level, trauma committees have been appointed. These committees consist of the following role players Botha *et al* (2001).

The National Trauma Debriefing Committee (NTDC)

The Provincial Coordinator / Managers

Trauma Committee

Administrative / Area Coordinator

Debriefer

Co-debriefer

The officer in command of the scene

The different role players have different responsibilities, which revolve around keeping the trauma debriefing programme active. Liaison and communication among all of them assist in determining areas of concern. The concerns include among others funding for presentation of debriefing training sessions, ensuring that all traumatized members get debriefed, that a data base of all trained members is kept, including those who still need training and submission of monthly statistics for record keeping.

3.9 PERCEPTIONS OF TRAUMA DEBRIEFING

Tehrani (2004) points out that for most employees, exposure to traumatic incidents is much less dramatic than a major incident. Events such as workplace violence, bullying, victimization and accidental injuries can lead to traumatic stress. Unfortunately many of the traumatic incidents go unreported, therefore the size of their impact on employee health is largely unrecognized. He further states that underreporting, although unfortunate, is less surprising when one considers the attitudes held by many workers exposed to high levels of violence, victimization and abuse. The workers have come to regard personal attacks and violent abuse as “part of the job”. This “macho” culture has been found to be particularly prevalent in hospitals and in the police services. Most police officers hold the view that trauma debriefing is “unnecessary”, that they are “used to” the critical incidents, “they are part of our daily job” (Tehrani 2004). This could lead to police officials perceiving and experiencing trauma debriefing as not useful or as a waste of time.

The study by Ncokazi (2002) revealed aspects such as lack of empathy and referral, where most police officers perceived trauma debriefers as lacking sufficient empathy. Lack of referral by commanders was also perceived as an inhibiting factor to participating in debriefing sessions. On the other hand Chabalala (2005) found that police officials have positive views regarding trauma debriefing, the same view was also indicated in a study by Young (2003) who examined the effectiveness of Periodic Stress Debriefing with law enforcement personnel in Texas. He found that almost all police officers studied perceived trauma debriefing as helpful to relieve stress. Almost all comments in Young's study were centered around the perceived benefits of getting support from other officers and having the opportunity to hear that others have similar frustrations and experiences. Other officers reported that they were able to sleep after the debriefing session, they mentioned the confidential nature of the meetings as an extremely necessary component (Young 2003).

Other perceptions from the Chabalala (2005) study included views that trauma debriefing should be pro-active rather than re-active, that is; there should be educational sessions provided before the trauma occurs than when it has already happened. That police officers should be well equipped with information and skilled (prepared and trained) on how to handle the trauma when it happens. The latter statement from Chabalala's (2005) findings refers back to Raphael's model of PD, where the model emphasizes beginning debriefing before the traumatic incident arming the members with skills to cope before trauma happens. Most of the respondents in the three studies by Ncokazi (2002), Young (2003) and Chabalala (2005), perceived trauma debriefing as an educational session, motivation to carry on with work, uplifting the morale because of support received, giving insight into dealing with the problems associated with law enforcement work and increasing officer's mental health and welfare.

3.10 EXPERIENCES OF TRAUMA DEBRIEFING

Almost all police officers in a study by Young (2003) experienced trauma debriefing as positive and helpful and thought that the intervention should be continued in some form. In contrast, most of the respondents in the Chabalala (2005) study indicated that they experienced trauma debriefing as a repetition of what friends and family members have asked in finding out exactly what happened, however some of them experienced it as helpful as it was indicated also in a study by Ncokazi (2002). In all three studies, some experienced it as irritating because one is being asked the same questions that have already been asked (Ncokazi 2002, Young 2003 & Chabalala 2005).

3.11 THE EFFECTIVENESS OF TRAUMA DEBRIEFING

According to Everly, Flannery and Mitchell (2000), a number of studies examined the effectiveness of trauma debriefing programs. One such study by Leeman - Conley (1990) found that a trauma debriefing programme (which comprised a training session prior to a bank robbery for bank employees, individual crisis intervention, training for managers, group debriefing and professional counseling) reduced the rate of sick leave by 60% and workers compensation by 68% when compared with rates before the debriefing sessions. Trauma debriefing sessions were thus perceived as helpful.

A robust study by Campfield and Hills (2001) examined the effectiveness of debriefing at different time intervals on civilian victims of robbery. One treatment group (n=36) was debriefed within 10 hours of the traumatic incident. The second treatment group, (n= 41) was debriefed a week after the traumatic incident. There were 42 women and 35 men in the sample. The authors used the Post Traumatic Stress Diagnostic Scale to gather information about the traumatic effects of the incident. Family support was also assessed. The number and severity of symptoms was significantly reduced for the treatment group. There was also significance for time intervals. The immediately debriefed group had the fewest symptoms, but it was due, in part, to not experiencing the symptoms such as having trouble sleeping or experiencing nightmares, which are symptoms of PTSD.

Another reason why the immediately debriefed group did better was shown by the pattern of improvement from the debriefing to the follow-up assessments at day two, day four and two weeks later. At each time interval, the immediately debriefed group had significantly lower symptom severity scores and fewer symptoms. The delayed debriefing group did not do as well. This study basically indicated that the earlier the debriefing session is conducted, the lower the symptoms of PTSD will be present on the victims of trauma.

Rose (2005) concluded that there is no current evidence that psychological debriefing is a useful treatment for the prevention of PTSD after traumatic incidents, and that compulsory debriefing of victims of trauma should cease. Another finding by Kagee (2002:1) about the effectiveness of trauma debriefing is that the intervention is actually not beneficial to the survivors of trauma, stating that "thus far, the effectiveness of debriefing is almost overwhelmingly negative". For example it was found that among police officers who were involved in a civilian plane crash, those who underwent debriefing exhibited significantly more hyper arousal symptoms at an 18 month follow-up than those who did not receive trauma debriefing.

Research on the effectiveness of applied CISD techniques has demonstrated that those who are provided with CISD within a 24 - 72 hour period of the incident experience less short-term and long-term crisis reactions or psychological distress/ trauma (Botha *et al*, 2001). Subsequently, emergency service workers, rescue workers, police and fire personnel as well as the trauma survivors themselves who do not receive CISD, are at a greater risk of developing many of the clinical symptoms of trauma.

A study by Van Emmerik, Kamphuis, Huisbosch & Emmelkamp (2002) focused on the efficacy of trauma debriefing. Use and non-use is viewed as intertwined with how effective the debriefing sessions are to traumatized members. This study aimed at assessing the efficacy of single session trauma debriefing in prevention of chronic symptoms of PTSD and other disorders after trauma. In a meta-analysis, the researchers selected appropriate studies from databases of Medline Advanced, PsychINFO and PubMed, the journals of traumatic stress, reference lists of articles and book chapters. Inclusion criteria were that single session debriefing had been done within one month after trauma. Symptoms were assessed with widely accepted clinical outcome measures, and data from psychological assessments had been done before (pre-test data) and after (post-test data) interventions. In the final analyses, the researchers included seven studies, in which there were five CISD interventions, three non-CISD interventions, and six no-intervention controls. The results of this meta-analysis revealed that individuals exposed to trauma debriefing failed to experience symptomatic relief, whereas individuals who were not exposed to CISD did show improvement, that is; CISD had no efficacy in reducing symptoms of PTSD and other trauma related symptoms and it in fact suggested that it had a detrimental effect.

Donaldson (2001) highlighted a number of studies conducted, which includes among others a study which was titled Mental Health of trauma exposed firefighters and Critical Incident Stress Debriefing. Out of this specific study, 852 members met the selection criteria for the study. Of these, 264 had attended CISD sessions, following the Mitchell model, 396 non-debriefed fire fighters were randomly selected by a computer as the comparison group. The findings of the study was that within the Mitchell model, they found no evidence of a significant direct contribution of debriefing to coping skills or traumatic stress reaction. And there was no relationship found between debriefing and PTSD.

Other negative comments regarding CISD include: It is ineffective, there is no evidence that it works, it does nothing at all, it prevents healing, it makes people worse, it causes PTSD, and not only does it not work, but it hurts, does more harm and has no value in preventing psychological disorders (Donaldson 2001, Lewis 2002, Tobler Smith 2003 & Findtarget, 2009).

The psychological stresses faced daily by law enforcement personnel can be overwhelming. This reality makes formulations and testing the effectiveness of psychological intervention of utmost importance and really needed. If these interventions prove effective in reducing a police official's level of stress, anxiety, and depression, the benefits can be immeasurably immense. Not only will the police benefit, those close to them such as family and friends will benefit because the members will experience fewer and less severe symptoms and effects of depression. The community at large will also benefit because the police will automatically be equipped with psychological resources to perform their duties effectively, compassionately and to their utmost best (Young 2003 & Springerlink, 2009).

3.12 TYPICAL REACTIONS OF VICTIMS OF TRAUMA

Critical incidents produce a characteristic set of psychological and physiological reactions or symptoms in all people, including emergency workers and law enforcement personnel (Young 2003). The physical symptoms which develop as part of a stress response are considered normal in every way, and the reactions differs from one individual to the other. Some people experience early reactions while others react late, long after the incident. The following physiological, emotional, cognitive and behavioral reactions were identified by Botha *et al* (2001), as those which may be experienced especially after trauma.

These reactions include the following: muscle pains, palpitations, dry mouth, cold hands and feet, anxiety, guilt feelings, worry, helplessness, poor concentration, disorientation, forgetfulness, confusion, avoiding places where trauma took place, booking off sick, reckless use of money, increased/ decreased sexual activity, painful memories, etc.

Rosenbloom & Williams (2010: 14) described trauma as "... a major stress and it is common for the body to react. Physically, one may have a rapid heartbeat, muscle tension, nervousness and sleep difficulties". Mentally, changes in the way one thinks about themselves and the world may happen, and disruptions in a person's thoughts and hyper vigilance may be experienced by victims of trauma. Emotional reactions include feelings of fear, inability to feel safe, feeling chronically empty, angry and irritable. On the behavioral level as with other reactions, Rosenbloom & Williams concurred with Botha *et al* (2001) that reactions of withdrawal, isolation, becoming confrontational, avoiding places or situations form part of normal behavioral reactions after trauma.

According to Psychology & Society, 2009, knowledge about the different reactions to trauma and stress is crucial, it enables a person who is traumatized to know if they need professional attention, thus being able to manage and

deal with trauma in an effective manner thereby being able to positively contribute to their daily completion of duties.

3.13 STEPS FOR HELPING ONESELF AFTER A CRITICAL INCIDENT

In order to cope with the challenges and demands of especially traumatic incidents, one should have effective ways of coping or reducing the effects of the traumatic event. The International Critical Incident Stress Foundation, (1999) and Rosenbloom & Williams (2010) provides the following guides in order to help oneself after trauma:

- Within the first 24-48 hours after the incident one should do some exercises, alternated with relaxation, to alleviate some of the physical reactions.
- Spending time with others is also important. It helps one to shift focus on the trauma, not necessarily avoiding the thoughts related to it, but rather taking a break.
- Keeping of a journal, writing about those sleepless nights experienced, thus ventilating the thoughts and feelings through writing.
- Giving oneself permission to feel emotionally broken, grief loss and share the feelings with others.
- Maintaining as much as possible a normal routine.
- Keeping busy by structuring time.
- Not labeling oneself as being crazy. The reactions are normal to an abnormal situation experienced.
- Not making any big life changes. At this stage one is working towards their normal selves and sometimes they might not be themselves, losing contact with reality which could not be a suitable time to make drastic life decisions or changes.
- Eating a well balanced meal and getting enough physical rest will help one to regain the physical energy.
- Spending time outdoors in nature, go for a walk.
- Renting a movie, read favorite books and listen to music.

- Discovering and participating in an enjoyable hobby.
- Breathing deeply and fully.
- Practicing meditation and relaxation exercises.
- Talking to others who survived similar experiences.

The following support mechanisms were identified by Rosenbloom & Williams (2010) as helpful when implemented by family and close friends to help trauma survivors:

- Ask the survivor how you can be helpful and then really try to do it.
- Try to stay available for the person. Follow their lead in conversation. Sometimes just making a small talk about the “normal” things in life can be a great comfort.
- If you don’t live with the survivor, try to maintain some connection, even if it is just an occasional supportive phone call or note.
- Try to be patient. Healing from trauma takes time.
- Help the survivor to find other resources, such as a support group, psychotherapy or relevant professionals in the community.

3.14 CONCLUSION

In all the studies reviewed in this document, those conducted within the SAPS and also those conducted globally, there is an indication of both positive and negative perceptions and experiences regarding trauma. The experiences and perceptions differ in all respects. A review of psychological debriefing as outlined above also suggests that debriefing brings into focus the fact that in reality, human beings are faced with and have to deal with death and loss, injury and disasters at some point in their lives. There is a need for those who become exposed to trauma to be able to share their experiences with others, and a need for the victims to be recognized for doing a good job during the traumatic event, both as rescuers and survivors.

There is a need to gain empathy, sympathy and support, to be understood and forgiven, to help others by sharing skills, handle guilt, shame and fear, to be informed about the event and potential reactions, to meet and learn from others who have suffered the same experience and learn that one is just reacting normally towards the abnormal situation. There is a need to make the

traumatic event more understandable, and most importantly identify and learn different ways to cope better.

The comparison between the different models of PD allows one to approach the victims of trauma in a structured manner. Regardless of the differences in approach of the different models, their main aim is to assist those involved in traumatic incidents to return to normal and to cope well with the effects thereof.

It can be concluded that trauma debriefing is all about assisting trauma victims to ventilate their emotions and experiences regarding a traumatic event. Despite much criticism on the effectiveness of this intervention, based on the reviewed models of PD, trauma debriefing seems to be beneficial to victims of trauma and their families, as the models focus on working on the most important areas which trauma normally affects, namely the thoughts and feelings (emotions). The debriefing process equips trauma survivors with the necessary skills of dealing with trauma.

CHAPTER 4

FINDINGS

4.1 INTRODUCTION

In this chapter, research findings will be discussed based on data analyzed on the perceptions and experiences of South African Police members regarding trauma and debriefing services in the Mafikeng area. The aim of the study was to find out how Mafikeng police service personnel perceived and experienced trauma and debriefing in the police service. The total population for the study was 300 and there was a response from only 257 (85.6%). Of this response number, 24 (8%) of the study questionnaires issued out to study participants were not returned, whereas 19(6.3%) of the questionnaires were returned uncompleted. As will be observed in the tables below, not all respondents (257) answered all the questions.

4.2 SAPS Respondents Profile

4.2.1 Age

Table 1: Frequencies of ages of respondents

Age Group	Frequency	Percentage
21-25	26	12
26-30	70	32
31-35	105	49
36-40	15	7
Total	216	100

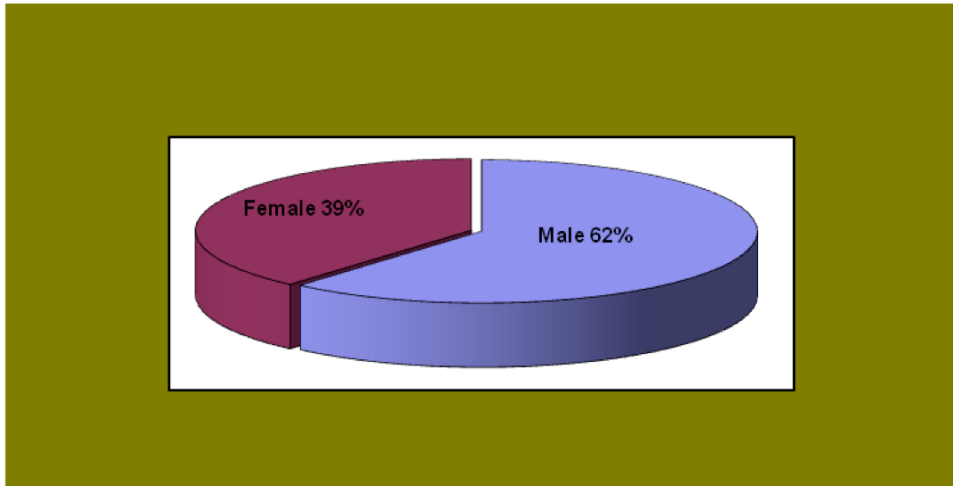
n =216

The study population of SAPS members in this rank are adults between ages of 20- 40 years, some of them had just completed SAPS basic training. The above Table (Table 1) shows that close to half of those who responded to this question (49%) were in the age group cluster of 31-35 years. The second highest group was almost a third (32%) within the age group 26-30 years. There is an age limit of admission at the basic training college, which is between the age of 18-35 years. The reason for having 15 respondents who fell between the age group

of 36-40 is the aspect of promotion, some members remain in the same rank for longer periods before being promoted to the next rank of sergeant. The study respondents' maximum value for the profile was 39, the minimum value was 21, the mean value calculated to 30 while the mode was 31.

4.2.2 Gender

Figure 1: Gender of respondents



n=216

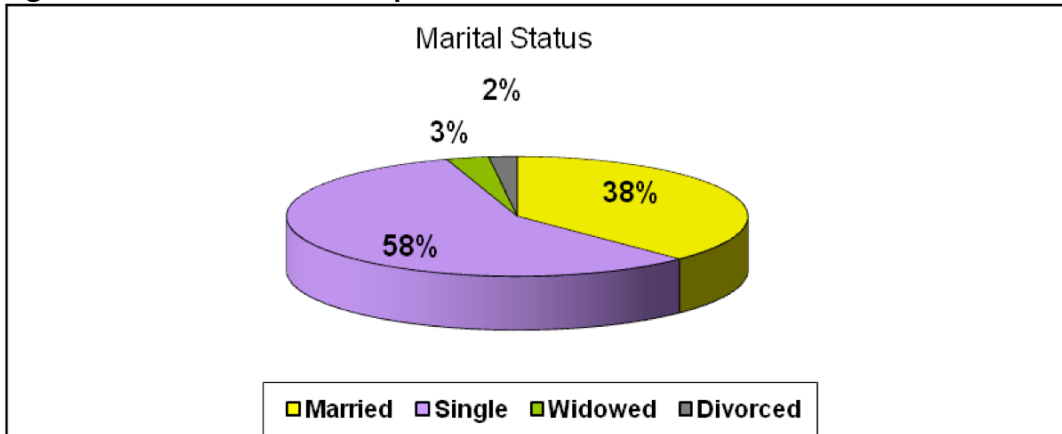
Figure 1 above shows that most of the respondents who indicated their gender (n=216) were males, and they formed 62%.

4.2.3 Marital Status

The response rate under this specific questionnaire item was 100%; that is all 257 respondents who took part in the study indicated their marital status.

The profile of study respondents in terms of their marital status shows that the highest category is that of single respondents (58%) as reflected in figure 2 below. A little above a third (38%) are married while a very small minority (3%) was widowed, with only 2% being divorced.

Figure 2: Marital status of respondents



4.3 ORGANIZATIONAL PARTICULARS

Respondents were required to indicate the number of years they have served in the SAPS. Table 2 below shows that among those who responded to the question (n=219), a majority of 83% had between 1 and 5 years of service experience. Very few (14%) served between 6 and 10 years, and a very negligible 3% only served for less than a year.

Table 2: Years of service in the SAPS

No. of years	Frequency	Percentage
Less than 1 year	6	3
1 - 5	182	83
6 - 10	31	14
Total	219	100

The maximum value for study respondents profile under years of service was 8. The minimum was 10 months. The mean was 4 while the mode was 3.

4.4 PERCEPTIONS OF SOUTH AFRICAN POLICE SERVICE MEMBERS REGARDING TRAUMA

This section comprises different subsections that focused on South African Police Service members' perceptions regarding trauma and debriefing services. These include: understanding trauma debriefing, SAPS members' opinion as to who should form part of debriefing, the member's view on the procedure for reporting trauma to trauma debriefers and knowledge of other SAPS members about trauma debriefing.

Responses under this subsection were prompted through open ended questions and themes were gathered from responses.

4.4.1 Perceptions of SAPS members regarding trauma debriefing

As in the case of daily stress, trauma is subject to interpretation by an individual person. That is, different people view and perceive trauma in different ways. This study probed SAPS members' perception about trauma debriefing.

In response to an open-ended question, a majority of study respondents indicated that they understood trauma debriefing in the SAPS as: "Help", others said "It is counseling after being exposed to trauma". Yet other respondents perceive it as: "...a stage where one's state of mind is brought back to normal" and also as: "support we receive from the organization (employer) and from colleagues". The themes gathered around this aspect revolved around debriefing sessions as being understood to be: "counseling and help to cope". "It is helpful...every time after debriefing I feel lighter... diffused within".

Themes gathered from study participants revolved around perceiving and viewing trauma debriefing as helpful counseling sessions and as a way of reducing Post Traumatic Stress. Others viewed it as "... a way that makes the member from horrific scenes to feel that they are not alone".

Some of the members said that it is a service that helps all SAPS members and their families to cope with the situation and to accept their loss, illness and other family related matters. Some perceived it as support from colleagues, commanders and SAPS. Other members expressed gratitude and said: "Thank you SAPS for the sessions".

Almost all excerpts from respondents highlighted having experienced trauma debriefing sessions as helpful/ beneficial, that they felt much better, and were able to effectively manage the trauma. A small minority indicated that they experienced the sessions as bad because they had to relive the painful memories and feelings attached to the traumatic incident.

4.4.2 SAPS members opinion as to who should be part of trauma debriefing

Due to a variety in the work done by SAPS members, not every member gets exposed to trauma. SAPS members doing purely operational work get directly exposed to trauma as they often have to confront perpetrators of crime. When compared to those members who largely render administrative support (Support Services personnel), operational members are the ones mostly exposed to

trauma. This study measured the participants opinion as to who should be part of trauma debriefing, and Table 3 below reflects their responses.

Table 3: SAPS members opinion as to who should be part of trauma debriefing

	YES		NO		TOTAL	
	Frequency	%	Frequency	%	Frequency	%
Only student constables who have just joined the SAPS and have been exposed to trauma	18	7	231	93	249	100
All police members who are regularly exposed to trauma	196	79	53	21	249	100
Specialized unit members constantly exposed to trauma	48	19	201	81	249	100
Every police member irrespective of being exposed to trauma	62	25	187	75	249	100
Community Service Centre (CSC) members	35	14	214	86	249	100
Other	6	2	243	98	249	100

n=249

It is noted in Table 3 among those who responded (n=249) out of all the different options that were given to respondents to choose from, a considerable majority (79%) of the respondents felt that all police members who are regularly exposed to trauma should be part of trauma debriefing. About a quarter (25%) of these respondents mentioned every police member irrespective of being exposed to trauma.

4.4.3 SAPS members' view on what should be the procedure for reporting traumatic incidents to trauma debriefers

SAPS has standard procedures that are followed for a variety of processes. The same applies to dealing with trauma and trauma debriefing. In this study, participants were asked as to what should be the procedure for reporting traumatic incidents to trauma debriefers.

A large proportion of study participants mentioned that duty officers and the commanders should report traumatic incidents to trauma debriefers. That commanders should arrange for members under their supervision to be

debriefed. Another way of reporting traumatic incidents was indicated as one of the traumatized members themselves reporting directly to the trauma debriefer, thus “self referrals” by members themselves should be done.

4.4.4 Knowledge of other SAPS members about trauma debriefing services

The study participants were asked whether they think that other members of their stations/ units do know about trauma debriefing services within the organization. Their responses are indicated in Table 4 below.

Table 4: Knowledge about trauma debriefing services by other SAPS members

Response	Frequency & Percentage
Yes	105 (48%)
No	49 (22%)
Not sure	67 (30%)
Total	221(100%)

n = 221

The Table above shows that less than half of the participants who responded to this question (48%), think that other members of their stations/ units do know about the trauma debriefing programme within the organization.

When probed as to what are reasons for their response, most of those who responded in the affirmative indicated that they got information from Employee Assistance Services (EAS) personnel who are also trauma debriefers, who normally visit their stations and units for marketing trauma debriefing services. Those that said ‘no’ said that they do not have information about trauma debriefing services, the same applies to their colleagues. Some typical responses were: “...we are never informed about such services... Some of the information does not reach us... Sometimes we work night shifts and do not get more information as compared to others who work straight shifts.” Those that said they were unsure did not provide reasons.

4.5 EXPERIENCES OF SOUTH AFRICAN POLICE SERVICE MEMBERS REGARDING TRAUMA

In their daily work police officials get exposed to different types of traumatic scenes. In this study, the exposure of SAPS members to different traumatic scenes and the frequency thereof was measured and their responses are reflected in Table 5 and Table 6 below. Reactions of SAPS members to trauma and the frequency of the different reactions were also measured. Table 7 to 12 below indicate the study participants responses.

4.5.1 Traumatic incidents frequently experienced

Table 5: Traumatic incidents SAPS members frequently experienced

Traumatic incident	Yes	No
Shooting	64 (26%)	185 (74%)
Suicides	123 (49%)	126 (51%)
Horrible motor vehicle accidents	163 (65%)	86 (35 %)
Postmortems	103 (41%)	146 (59%)
Murder scenes	155 (62%)	94 (38%)
Other	21 (8%)	228 (92%)

n = 249

Table 5 above shows that the majority of respondents to this question (65%) were frequently exposed to horrible accidents. This is closely followed by those exposed to murder scenes (62 %). Almost half (49%) were involved with suicides and Less than half (41.4%) were exposed to postmortems. Slightly less than a quarter (26%) were opposed to cases of shooting.

4.5.2 Frequency of exposure to traumatic incidents

SAPS members are often exposed to trauma to varying extents as they go about their daily duties as police officers. The extent of exposure differs daily, depending on the nature of work done at crime scenes. Frequency of exposure to traumatic incidents was measured and the responses are as reflected in the Table below.

Table 6: Frequency of exposure to traumatic incidents

Frequency of exposure	
Daily	86 (41%)
Once in a week	36 (17%)
Twice in a week	23 (11%)
Once in six months	51 (24%)
Once in a year	15 (7%)
Total	211(100%)

n =211

Table 6 above reflects that less than half of the respondents (41%) from among those who responded to the question (n= 211), indicated that they were exposed to trauma on a daily basis. Almost one quarter (24%) reported experiencing trauma once in six months. Close to a fifth (17%) experienced trauma once in a week. A minority of 11% were exposed twice in a week while a very small minority of 7% reported being exposed to trauma once in a year.

4.5.3 Reactions after trauma

SAPS members in the study were asked about their reactions to trauma. Table 7 below reflects their responses.

Table 7: Reactions experienced after trauma

Reaction	Yes	No
Nightmares	66 (27%)	183 (73%)
Headaches	132 (53%)	117 (47%)
Loss of appetite	100 (40%)	149 (60%)
Tiredness	114 (46%)	135 (54%)
Loss of concentration	133 (54%)	116 (46%)

n=249

Of those that responded to this question (Table 7), more than half (54%) reported experiencing loss of concentration after trauma, closely followed in number (53%) by those who reported experiencing headaches. Close to half (46%) reported tiredness. Only a little above a quarter reported having nightmares.

4.5.4 Frequency of reactions to trauma

The respondents reported experiencing the above reactions to trauma to varying extents as reflected in Table 8 to Table 12.

▪ Nightmares

Of the 26.5% (n=66) that said that they have experienced nightmares, a very large majority (79%) reported experiencing the nightmares frequently. Those who reported that they experienced nightmares always were a small minority (6%).

Table 8 Frequency of nightmares

Reaction	Frequency of experience	Percentage
Nightmares	Always	4 (6%)
	Frequently	52 (79%)
	Sometimes	10 (15%)

n=66

▪ Headaches

Of those respondents who reported experiencing headaches (n=132), only a very small minority (2%) reported that they always experienced headaches. A considerably large majority (78%) reported that they experienced headaches. Slightly below a quarter (20%) experienced headaches frequently.

Table 9 Frequency of headaches

Reaction	Frequency of experience	Percentage
Headaches	Always	3 (2%)
	Frequently	26 (20%)
	Sometimes	103 (78%)

n=132

▪ Loss of appetite

Of those respondents who reported a loss of appetite as their reaction to trauma (n=100), the majority (59%) reported this as occurring only sometimes.

Above two thirds (39%) had this experience frequently and a negligible number (2%) reported always experiencing a loss of appetite as a reaction to trauma.

Table 10 Loss of appetite

Reaction	Frequency of loss of appetite	Percentage
Loss of appetite	Always	2 (2%)
	Frequently	39 (39%)
	Sometimes	59 (59%)

n=100

▪ **Tiredness**

A total of 114 respondents mentioned tiredness as a reaction to trauma. A very large majority (89%) of these mentioned that they experience tiredness frequently. Only 7% mentioned that they always experience tiredness and a negligible 4% experience it only sometimes.

Table 11 Tiredness

Reaction	Frequency of reaction to trauma	Percentage
Tiredness	Always	8 (7%)
	Frequently	102 (89%)
	Sometimes	4 (4%)

n=114

▪ **Loss of concentration**

Out of 133 respondents who experienced loss of concentration after trauma, far above half of them (78%) experienced this reaction only sometimes, with 17% reporting that they frequently lost concentration. A very small minority of 5% indicated always experiencing loss of concentration.

Table 12 Loss of concentration

Reaction	Frequency of reaction to trauma	Percentage
Loss of concentration	Always	7 (5%)
	Frequently	22 (17%)
	Sometimes	103 (78%)

n =133

4.6 FEELINGS NORMALLY EXPERIENCED AFTER EXPOSURE TO TRAUMATIC INCIDENTS

Respondents mentioned that they experienced different types of feelings after they were exposed to trauma. Table 13 below reflects the different feelings ranging from the most felt to the least felt. More than half (57%) of the respondents felt shock with close to half (49%) feeling sad. More than a third (39%) experienced fear and a little below a third (31%) reported anger and confusion was mentioned by 29%. Guilt and anxiety were felt by small minorities of 13% and 11% respectively. Other unmentioned feelings made up a negligible 5%.

Table 13 Feelings normally experienced after exposure to traumatic incidents

Feeling	Percentage(%)
Shock	57
Sadness	49
Fear	39
Frustration	35
Anger	31
Confusion	29
Helplessness	23
Bitterness	19
Emptiness	17
Blame	15
Guilt	13
Anxiety	11
Other	05

n=257

4.7 COPING MECHANISMS USED BY SAPS MEMBERS TO DEAL WITH TRAUMA

The respondents reported differing coping mechanisms used for coping with stress resulting from exposure to trauma. Table 9 below shows different coping mechanisms used by study participants.

Responses to this subsection were in a form of either a 'yes' or 'no'.

Table 14 Coping mechanisms used by SAPS members to deal with trauma

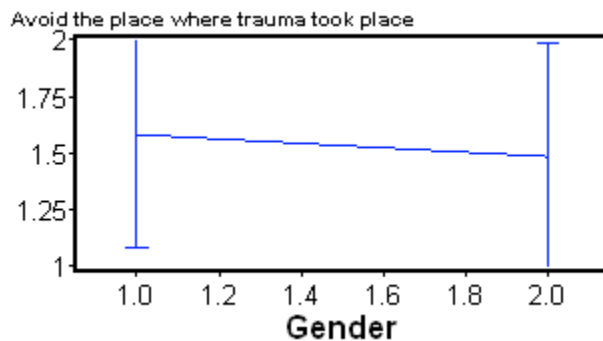
Coping Mechanism	Yes	No
Talk about the incident	209 (84%)	40(16%)
Exercise a hobby	120 (48%)	129 (52%)
Drink a lot of water	155 (62%)	94 (38%)
Isolate myself	55 (22%)	194 (78%)
Engage in physical exercises	127 (51%)	122 (49%)
Drink a lot of alcohol to forget about the incident	29 (12%)	220 (88%)
Get enough physical rest	127 (51%)	122 (49%)
Not let myself think about the incident	88 (35%)	161 (65%)
Smoke a lot of cigarette	22 (9%)	227 (91%)
Avoid the place where trauma took place	110 (44%)	139 (56%)
Other	13 (5%)	236 (95%)

n = 249

In terms of coping with trauma, as highlighted in Table 14 above, the most used methods of coping are talking about the incident (84%). Close to half (48%) mentioned that they exercised a hobby, while close to two thirds (62%) mentioned that they drank a lot of water. A little more than half (51%) mentioned getting physical rest. Close to half (44%) avoided the place where the trauma took place. Slightly more than a third (35%) said that they do not let themselves think about the incident and a very small minority (12%) mentioned drinking alcohol to forget about the incident.

From the data analyzed under this subsection of coping mechanisms used, it was observed that there were significant gender differences except with regard to avoiding the place where trauma took place. Males and females who took part in this study differed in this regard, as indicated in figure 3 below. More women appeared to avoid the place where trauma happened than me.

Figure 3: ANOVA (Means Plot) by gender – Avoid the place where trauma took place



4.8 Role played at a traumatic scene

When confronted with a traumatic scene, officers usually find themselves playing different types of roles depending on what is happening or they may just stay back and not get involved.

In the Table 15 below, study respondents were able to choose more than one role they normally play at traumatic incident scenes, depending on the nature of the incident. The Table shows that more than half of respondents (52%) reported that they do get physically engaged at traumatic incident scenes by for example picking up body parts in gruesome accidents. A little more than half (51%) facilitate smooth running of the scene. Half of respondents (50%) reported their role at the scene as being that of calling other role players to the scene. A similar percentage controls traffic and by-standers. A very small minority (12%) mentioned that they stay behind and avoid being involved.

Table 15 Role usually played at traumatic incident scenes

Role played	Yes	No
Control traffic and bystanders	125 (50%)	123 (50%)
Call other role players to the scene	123 (50%)	125 (50%)
Physically get engaged	130 (52%)	118 (48%)
Stay behind and avoid being involved in the scene	29 (12%)	219 (88%)
Facilitate the smooth management of the scene	127 (51%)	121 (49%)

n = 248

Significant gender differences were noted from data analyzed under this specific subject. Males and females differed in terms of controlling traffic and bystanders, calling other role players, physically getting involved in the scene and staying behind not being involved. More males get physically involved, control traffic than women, while more women appeared to make phone calls, calling other role players and staying behind avoiding to be involved (Figures 4 - 7 below).

Figure 5: ANOVA (Means Plot) by gender – Physically get engaged in the scene, e.g. pick up body parts.

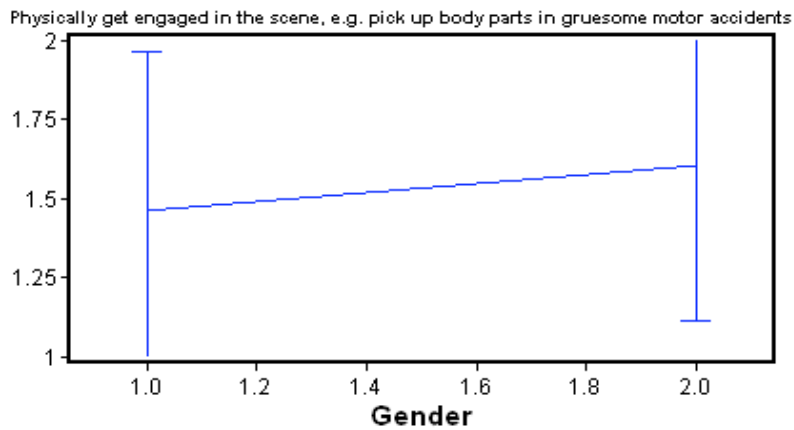


Figure 4: ANOVA (Means Plot) by gender – Control traffic and bystanders

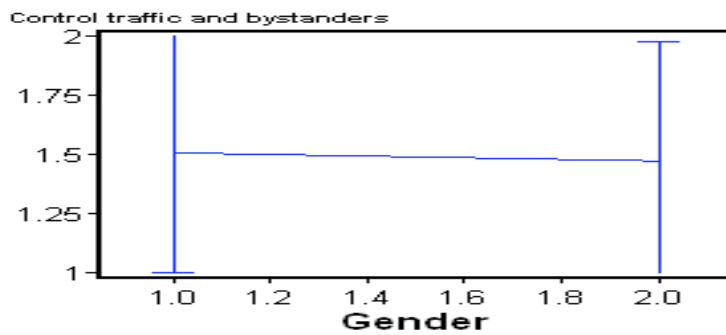


Figure 6: ANOVA (Means Plot) by gender – Call other role players to the scene.

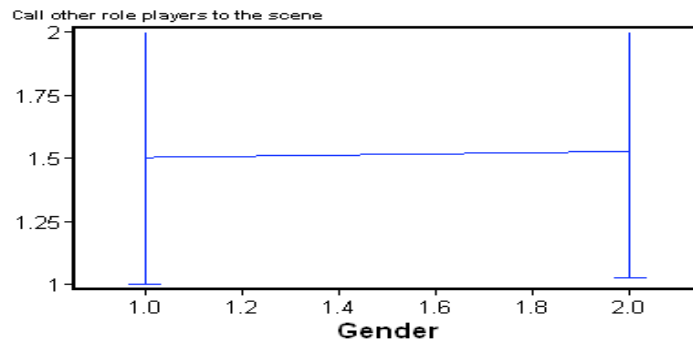
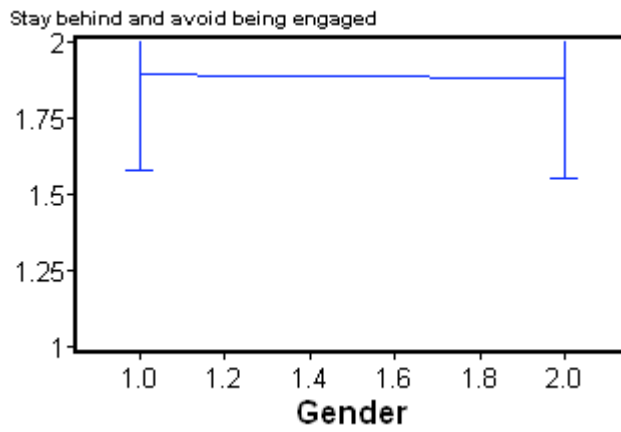


Figure 7: ANOVA (Means Plot) by gender – Stay behind and avoid being engaged



4.9 Attendance of trauma debriefing sessions

After being exposed to trauma, SAPS members are advised to report and attend a trauma debriefing session. Below is a discussion of attendance and non attendance of the sessions by SAPS members who took part in this study.

When asked whether they have attended trauma debriefing sessions, out of a total of 239 who responded to the question, 58.2% responded in the affirmative. A further probe of why those who responded in the negative have responded as they did was done. Some of the respondents said that they did not feel a need for debriefing; others said that they knew little or nothing about the service or how it would benefit them: "I was never aware of such services...I have never been informed of such services... Know nothing of EAS services...not knowing who to call for debriefing services".

Yet another group said that while they knew about the services, the pressures to attend to victims made them prioritize their victims rather than attend to their own personal needs: "Not knowing who to call for debriefing professionals... another problem is that police officials attend crime scene after crime scene because of lots of complaints received at the station from community members, so there is no time to attend these sessions". Some of the respondents said that they did not feel a need for the services as they never felt traumatized, a typical response was: "I never thought that it was serious..I always cope with trauma on my own"

4.10 Frequency of reporting for trauma debriefing sessions

Among those that did attend debriefing sessions (n=139), the following responses were given to a question on how often they attended the sessions (See Table 16 below):

Table 16: Frequency of attendance of trauma debriefing sessions

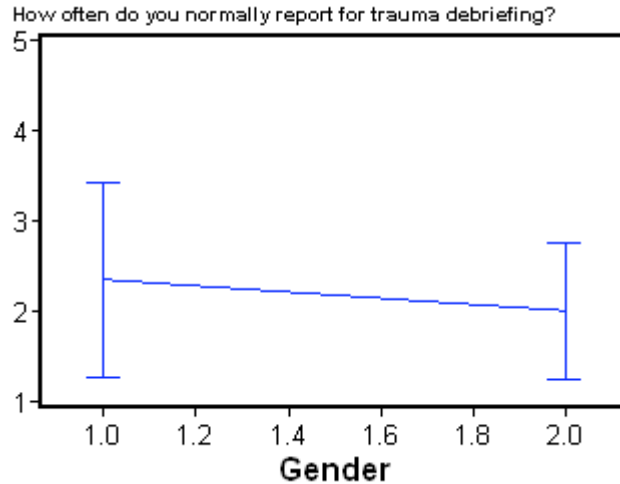
Frequency of attendance	Frequency & Percent
Every time I am from a traumatic incident	14 (10%)
Sometimes	110 (79%)
Once in every 5 traumatic incidents exposed to	6 (4%)
Twice in every 20 traumatic incidents exposed to	4 (3%)
Other (Attended only once)	5 (4%)

n=139

Out of a total of 139 respondents who attended trauma debriefing sessions before, only (10%) indicated that they attended the sessions “every time they are from a traumatic scene”, while a very negligible 3% said that they report twice in every 20 incidents exposed to. A small minority of 4% attended only once, while a large majority (79%) shared that they only reported ‘sometimes’ for trauma debriefing sessions. Another small minority of 4% reported once in every 5 traumatic incidents they were exposed to.

Figure 8 below shows a significant gender difference with regard to the rate/frequency of reporting for trauma debriefing sessions. Female members tend to report more than their male counterparts.

Figure 8:ANOVA(Means Plot) by gender–How often do you report for trauma debriefing



4.11 Helpfulness of trauma debriefing sessions

This study also measured the effectiveness and helpfulness of trauma debriefing sessions on the participants who have attended the sessions before. The following information was gathered from their responses.

A total of 58.2% out of 139 respondents who indicated that they attended trauma debriefing sessions said that they found the sessions to be helpful, mentioning their reasons as feelings of relief they normally experienced after they got debriefed: “I felt so much better I could relate well to my colleagues afterwards without being short tempered I felt lighter and diffused inside”. Some said that they could put the trauma into perspective, others mentioned that they learned how to manage the effects of trauma.

Some of the study participants indicated that they had an experience of being debriefed in a group. They said that the group setting made some of them feel that they were not alone in this, that the feelings they experienced were also experienced by fellow colleagues: “I could realize that I am not unique or weak, that my colleague and my friend also had headaches and nightmares after the incident.

Another theme that came through was feelings of self-exploration and normalcy that were expressed by some of the respondents: “Trauma debriefing sessions taught me something new about my bodily reactions to trauma... I have learned

that the reactions are so normal for a normal person like me who has been exposed to such an abnormal situation... These sessions are really helpful... We must all attend... They help one with hints of coping”.

4.12. Improvement of trauma debriefing sessions

Study participants were asked as to whether they think that debriefing sessions need to be improved in some way. Close to half of participants who responded to this question (n = 201) said that they think the sessions need to be improved in some way, while a little above a third indicated that they were unsure with regard to improving the sessions.

Amongst those that responded in the affirmative, some mentioned their reasons as being that the debriefers should make the sessions as practical as possible: “Bring along someone who is traumatized or videos/ pictures so that we can relate to the trauma... Use more material to debrief... More workshops must be done at the police stations/ units to provide members with more information... If we get more knowledge we will be able to be assisted by EAS personnel.”

Constant visits by the trauma debriefers to all police stations/ units was also stated as one way of improving the sessions: “Debriefers must visit the stations/ units and be part of the station lectures This must be done often so that we get information... We should have a trauma debriefer placed at each station”

Some of the respondents indicated that the sessions need not be improved or changed in any way, stating that they experienced them as beneficial in the manner that they are currently conducted: A typical quotation was: “The way they conduct the sessions help you to ventilate more and realize new aspects about yourself as an individual... I think they are fine the way they are done... They should be left the way they are, they allow us to deal with our feelings about the traumatic incident... I learned how to accept myself after the debriefing it is fine that way...”. Some of the respondents were unsure about this aspect and did not give reasons for being unsure.

4.13 Recommendation of trauma debriefing to other SAPS members

Individual experience about a specific service rendered is likely to determine future use or non-usage of the particular service. There is a likelihood of recommending a specific service to others in cases of positive experience. This study measured participants level of recommendation to other SAPS members

for trauma debriefing. Table 17 below reflects qualitative data gathered under this aspect

Table 17 Recommendation to another SAPS member to attend a debriefing after they have experienced trauma

Yes	No	Unsure
180 (88%)	4 (2%)	21 (10%)

n = 205

Amongst those who responded to the question on whether they will recommend, (n =205) A considerable majority (88%) indicated that they can recommend another SAPS members to attend trauma debriefing sessions, with very small minority of 2% reported that they cannot recommend. On probing amongst those that said that they will recommend trauma debriefing to other SAPS members, a large majority said they would do so because they benefited and some said that they knew of someone who has benefited from the sessions: There was a lot of positive feelings about trauma debriefing services: “ It is advisable for all police officials to undergo debriefing ... It is important to help us with our problems... I will refer someone because I experienced the sessions as very helpful... One get the necessary help... It enables one to cope with the effects of trauma. “ Debriefing is “necessary” for all police personnel, especially those who are directly exposed to trauma.

Some viewed attending trauma debriefing as being proactive. Among some comments made were as follows: “The manifestation of trauma results in sickness, this would render an employee unhealthy and eventually unfit for work and the organization need to be responsible for that eventually employees will be affected by PTSD...Trauma affects us in different ways the most important thing is for us to get professional help from the social workers... The recommended/ referred members will get counseled, thereby being helped with their problems... Some of the respondents indicated that they will recommend based on the acquired information in this regard: “I will recommend, as I was taught about the importance of this kind of service during the stress management workshop that I once attended”.

There were views that trauma debriefing service is a social intervention and life saving technique: “It can help to curb the problem of individuals engaging in drug and alcohol abuse... I will refer to avoid loneliness, isolation and drug abuse...So that they are not traumatized and not to resort to excessive alcohol use... The service can help save a person’s life...It is important to attend this kind of counseling to avoid thinking about killing oneself.”

Some of them realized that some of their colleagues think that they are strong and do not want to attend the sessions as such they will strongly recommend and help them experience the importance of being debriefed after trauma: "Because they always pretend to be strong and when exposed to a similar incident, they start to relive the trauma...Trauma affects all of us irrespective of the rank, so we all need to attend, I recommend for all of us to attend...From the way I was informed, trauma debriefing can help one to recover from the trauma so I will refer."

There was also feelings of empowerment expressed: "Trauma debriefing is an amour to help fight effects of trauma... After debriefing session, the member have(*sic*) weapons to fight against trauma ...They will be counseled to forget about the trauma and be able to combat crime effectively...It sounds to be a good service to me... I will definitely recommend someone, and in future I will also form part of the sessions... I have gained a lot of new knowledge...It is the right thing to do... Enables a person to get relevant information from relevant people."

A few (2%) that expressed reluctance to use trauma debriefing services indicated their reasons as being that they know of their colleagues who had a bad experience in the sessions because they had to relive all the trauma, as such they will not recommend this service.

Some participants who were unsure about this aspect indicated that they have never attended the debriefing sessions before, as such do not have the experience. Others did not state their reasons for being unsure.

Themes gathered from open-ended questions included the following:

- An understanding of trauma debriefing as counseling and help to cope with trauma related demands.
- All police officials who are regularly exposed to trauma should be part of trauma debriefing.
- Duty officers and commanders should arrange for members to get debriefed.
- Members themselves should arrange directly with trauma debriefers for trauma services.
- Most members seem to know about trauma debriefing services in the SAPS.
- Trauma debriefing services were found to be helpful
- Trauma debriefing sessions need to be improved by making the sessions as practical and more visits should be made by trauma debriefers at stations/ units with information sessions on trauma.

- Debriefed SAPS members can recommend others for trauma debriefing services.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 INTRODUCTION

The findings of the study are discussed in this chapter. The goal of the study was to determine the perceptions and experiences of SAPS members stationed in the Mafikeng area regarding trauma debriefing services and to describe their experiences on exposure to trauma.

The findings are discussed under the following headings: Profile of respondents, perceptions of Mafikeng SAPS members regarding trauma debriefing services and experiences of Mafikeng SAPS members on exposure to trauma.

Conclusions will be drawn based on the data analysis and recommendations will be presented.

5.2 PROFILE OF RESPONDENTS

All respondents were members of the SAPS, at the rank of constable. The reason for having a study sample of members at the rank of constable was that members at this rank are the ones who in most cases do purely operational duties, and are therefore the ones mostly exposed to trauma as compared to other police members at other higher ranks, who in most cases do managerial duties. The age of respondents ranged between 21- 45 years with almost half aged between 31 and 35 years. The majority of respondents were males. This bias towards males is because the police service is historically mostly a male dominated occupation (Anecdotal: Observation by researcher).

The profile of the study respondents in terms of their marital status indicated that most of them were single. Those who were divorced were the smallest number. The reason for having most respondents who are single, could be that most of the respondents are young adults who have just been out of school and have just joined the police service. The majority of them have been in the service for between 1 and 5 years. The least number which formed part of respondents who served the longest were between 6 and 10 years.

95.3 PERCEPTIONS

Perceptions of Mafikeng SAPS members regarding trauma debriefing services

In this section, the following are discussed; respondents' opinion as to who should be part of trauma debriefing, views on what should be the procedure for reporting traumatic incidents to trauma debriefers and respondents' knowledge about trauma debriefing services.

Most of the respondents described trauma debriefing as 'help' or something to do with helping them. They related it to dealing with feelings after an experience of trauma. This is confirmed in a study by Chabalala (2005) which describes SAPS members' perceptions and views on trauma and debriefing services. The study found that most of the participants perceived and viewed trauma debriefing as "A sense of a caring attitude from management, it encourages us to continue to serve with pride"(Chabalala 2005:70).

An aspect of support and care was also pointed out by Botha *et al* (2001:37), as one of the benefits of trauma debriefing, where they described trauma debriefing as giving "... the commanders a chance to show that they care about their members". A general perception and view about trauma debriefing gathered from this study was that it is seen by most as support from the employer and from colleagues. Most of the respondents in the study by Chabalala (2005) described debriefing as helpful although it seems irritating.

Respondents in this study also shared the same sentiments as the ones presented in a study conducted by Ncokazi (2002) and Young (2003), whereby most of respondents in these studies perceived trauma debriefing as an educational session, motivation to carry on with work, upliftment of morale because of support received, giving insight into dealing with the problems associated with law enforcement work and improving officer's mental health and welfare. Most of the statements about the respondents' perceptions in the mentioned studies revolved around seeing it as help. In this study, the findings concurred with the findings from literature (as cited above), as themes gathered from this study revolved around trauma debriefing as counseling after trauma and talking about the traumatic incident resulting in relief.

The majority of respondents in Chabalala's (2005) study found trauma debriefing to be effective, i.e. that it helped them. Leeman-Conley(1990) also found that a large majority of respondents found trauma debriefing to be helpful. Dyregov (1998) concluded that trauma debriefing is usually followed by a positive effect on the participants.

From the positive comments given by respondents, it appears as though Mafikeng SAPS members understand trauma debriefing as something that has much to do with helping them specifically psychologically in the workplace.

5.3.1 SAPS members opinion as to who should be part of trauma debriefing

It was found that out of all the different options given, a considerable majority of respondents (79%), pointed out that all police members who are regularly exposed to trauma should be part of trauma debriefing.

A study by Kgalema (2002) emphasized the importance of all police officials regularly being exposed to trauma to get debriefed, stating the fact that SAPS members are required to effectively intervene with both the perpetrators and victims of crime. Kgalema also states that the high levels of work stress that police officers experience, which mostly emanate from the type of work they do as police officials, including effectively handling domestic abuse, assault, sexual violence cases calls for trauma debriefing. Kgalema (2002) further noted that traumatized individuals are more likely to overcome their trauma rapidly if they receive immediate and appropriate assistance. Thus all police officials who are regularly exposed to trauma are highly likely to recover from the trauma as trauma debriefing sessions are immediate, conducted within 72 hours of exposure. The most important aspect is according to Kgalema(2002)that officers should report to get debriefed. In this study, about a quarter (24.9%) felt that every policeman irrespective of whether they were exposed to trauma should report for debriefing.

5.3.2 SAPS members' view on what should be the procedure for reporting traumatic incidents to trauma debriefers

On the aspect of research participants sharing about their thoughts on how should traumatic incidents be reported to trauma debriefers, most of them mentioned that the commanders and duty officers should be the ones to report to the trauma debriefers and arrange for the sessions to take place, also that traumatized members themselves should take responsibility for their wellbeing by reporting for the sessions. It appears that most of the study participants view is that both commanders, duty officers and traumatized members themselves should report traumatic incidents to the trauma debriefers so that debriefing takes place. Comments from respondents on this issue were contradictory where some respondents placed the responsibility on police officers involved in trauma and others placed it on senior officers.

Psychological debriefing literature by Tehrani (2004) indicated that there is a high level of underreporting of traumatic incidents. According to the British Psychological Society, (2002) the commitment of senior management is crucial to the success of any trauma support programme and its implementation within an integrated organizational approach to the reduction of risk to staff from accidents or violence. Tehrani (2004) observed that for most organizations, the major problem faced is the lack of clear direction on which procedures and interventions are effective and appropriate in supporting vulnerable employees.

In the SAPS, there is a trauma management policy document, in which all the procedures for reporting traumatic incidents are outlined. What the researcher has observed and experienced as what seems to be the problem within the organization is the implementation of policies and procedures. (Anecdotal: experience and observation by researcher). The researcher concurs with the statement by the British Psychology Society (2002) that management commitment is crucial in this regard. This commitment should be demonstrated through a formal policy translated into systems, procedures and practice.

5.3.3 Knowledge about trauma debriefing services

Less than half of the participants (48%), seem to think that other members of their stations/ units do know about the trauma debriefing programme within the organization. Some of them reported that information on trauma and debriefing services is normally presented to them by the functionaries of the Employee Assistance Services, who are also trained trauma debriefers. Respondents reported that information about debriefing services was shared during station/ unit lectures, parade sessions and visits often conducted by the EAS professionals.

5.4 EXPERIENCES

5.4.1 Experiences of Mafikeng SAPS members on exposure to trauma

In this section, the following are discussed; traumatic incidents frequently experienced by respondents, the role played at traumatic scenes, coping mechanisms used by respondents to deal with trauma, reactions to trauma, and the feelings normally experienced by respondents after exposure to trauma.

5.4.2 Traumatic incidents frequently experienced

The most common traumatic incident experienced by the respondents was motor vehicle accidents (65%), followed by murder scenes (62%). Close to half (49%) mentioned suicides. These traumatic incidents appear to be experienced on a daily basis as reported by close to half of the respondents. Some of the traumatic incidents experienced by officers in this study were corroborated by Leonard & Alison (1999) wrote about police officers that are confronted by a major hazard of being exposed or involved in traumatic incidents. This involves gruesome scenes when serving as mortuary assistants during postmortems, picking up mangled and charred bodies with their faces shot or crushed by trains, and suicides, having to loosen up dead bodies from house roofs, some in an extreme state of decomposition. Any police official is at risk of being exposed to trauma daily.

5.4.3 Role usually played at traumatic incident scenes

Significant gender differences were noted on the aspect of the roles police officials play at trauma scenes. Males and females differed in terms of controlling traffic and bystanders, calling other role players, physically getting involved in the scene and staying behind and not being involved. More males appeared to get physically involved and control traffic than women did, while more women appeared to make phone calls, calling other role players and staying behind avoiding to be involved in the scene. The literature did not specify gender differences on the roles usually played at trauma scenes. Only a general indication on the roles played was mentioned. (Botha *et al* 2001 & Tehrani 2004).

5.4.4 Coping mechanisms used by SAPS member to deal with trauma

The most common coping mechanism (by a very large majority = 84%) was to talk about the incident. Gender differences were observed in terms of other coping mechanisms used by study participants, whereby more women appeared to avoid the place where trauma took place than men. The literature highlighted in general the coping mechanisms used by victims of trauma immediately and long after trauma has happened (Anhsel 2000, Bisson *et al* (1997) & Tuckey 2004)

5.4.5 Reactions experienced after trauma

Each person has a unique reaction to trauma depending on the type of trauma and on the unique personality of that individual and their history of handling similar situations (Rosenbloem & Williams 1999). Chabalala (2005) also found that respondents reacted differently to trauma experienced. In this study, the majority of the study participants experienced loss of concentration (54%) and headaches (53%). In terms of the frequency of these main reactions, it was found that loss of concentration was experienced frequently than headaches which respondents reported as sometimes experiencing these. Tiredness, loss of appetite and nightmares appeared to be experienced by some frequently while some experienced these reactions only sometimes. Leonard & Alison (1999) mention that the effects of trauma can be devastating both at a personal and professional level. The findings of this study are corroborated by the findings of Leonard & Alison (1999), who reported that they found the following amongst their respondents: loss of concentration, anxiety excessive anger, nightmares, sleepless nights, headaches, loss of appetite, flashbacks and tiredness.

5.4.6 Feelings normally experienced after exposure to traumatic incidents

With regard to feelings experienced after trauma, it appeared as though most of the respondents experienced feelings of shock (57%). Sadness, fear, frustration and anger were also mentioned as being experienced by some. Chabalala (2005) also found that the most experienced feelings by participants after trauma were also shock, frustration, a sense of powerlessness, confusion and a sense of losing one's life.

Botha *et al* (2001) identified both physiological, cognitive, behavioral and emotional reactions which may be experienced after trauma and these included among others, worry, helplessness, forgetfulness, guilt, avoiding the place where the trauma took place, confusion, painful memories and constantly booking off sick. Some of the reactions identified in a study by Botha *et al* (2001) seem to have been experienced also by respondents in this study.

5.5 CONCLUSION

The aim of this study was to obtain information on the perceptions and experiences of Mafikeng SAPS members regarding trauma and debriefing services, with the specific objectives of determining how do they perceive trauma debriefing and also of describing their experiences of exposure to trauma, focusing specifically on the information that they already have.

The following conclusions are drawn from the data collected and analyzed:

A majority of the study respondents have been in the service for more than one year.

A large number of participants seem to view and perceive trauma debriefing as helpful and as a sign of support from the employer.

A large majority of the respondents seem to feel that all police members who are regularly exposed to trauma should attend debriefing sessions.

Of those who indicated their experience to traumatic incidents, it would seem that most frequently experienced horrible motor vehicle accidents.

Two mostly experienced reactions resulting from exposure to trauma from amongst those who responded to the relevant question, appears to be loss of concentration and headaches.

Most of the police service members who responded to a question on feelings after experiencing trauma, seemed to experience a feeling of shock after exposure to traumatic incidents.

Focusing specifically on the study objectives, the findings of this study shows that Mafikeng SAPS members seem to perceive trauma debriefing services as helpful counseling sessions, also as support from the SAPS as the employer, and support from colleagues as it encourages team solidarity. The findings also were that the members appear to experience exposure to trauma as shocking.

5.6 RECOMMENDATIONS

Although a quantitative approach with few open-ended questions used in this study to describe and determine the perceptions and experiences of SAPS members regarding trauma generated quite adequate information, the findings cannot be generalized to a wider population because of the limitations. More studies in this field are still needed, with a larger sample size, both of qualitative and quantitative nature in order to modify, confirm or differ with the findings of this study.

5.7 CONCLUDING STATEMENT

This study has determined the perceptions and described the experiences of SAPS members regarding trauma debriefing services and exposure to trauma. This study has contributed towards gathering information to describe the perceptions and experiences of police members regarding trauma and debriefing

services. Regardless of the limitations of this study, it has provided a basis for future studies in this field and has provided more insight in this regard.

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ANNEXURE A: INFORMED CONSENT

DOCUMENTS FOR SOUTH AFRICAN POLICE SERVICE PERSONNEL.

TITLE: PERCEPTIONS AND EXPERIENCES OF SOUTH AFRICAN POLICE MEMBERS REGARDING TRAUMA AND DEBRIEFING SERVICES IN THE MAFIKENG AREA

RESEARCHER: SHIRLEY MAABELA

INSTITUTION: UNIVERSITY OF LIMPOPO (MEDUNSA CAMPUS)

PROGRAMME: MASTERS IN PUBLIC HEALTH (MPH)

DEAR SAPS EMPLOYEE.

You are hereby invited to participate in a research project aimed at obtaining information on the perceptions and experiences of SAPS members regarding psychological trauma debriefing in the Mafikeng area (Mafikeng Accounting Police Station). The objective of this study is to find out how police service personnel view and experience trauma and debriefing, specifically focusing on the information they already have and how they perceive it.

It is hoped the study will benefit you and the SAPS as an organization, as it will enhance constant interaction among personnel, management and Employee Assistance Services personnel, with the goal of ensuring good health and well-being for all.

Your name will not be included in the questionnaire, so that data provided cannot be linked to your name. No identifying particulars will be asked for. The information you are going to share will be treated with the strictest confidentiality, and no one except the researcher will have access to it. Your identity will not be revealed when the results of the study are reported or published. Your information will be treated ethically and professionally. Please note that the researcher is a registered professional with the Health Professions Council of South Africa (HPCSA). The researcher is compelled by Act 56 of 1974 on Physicians, Dentists and Supplementary Health Professions, to treat your information confidentially and ethically.

If you have any questions concerning the study or subjects participating in the study, please feel free to contact the researcher, Shirley M. Maabela at (018) 397 4175, 082 856 1634, or alternatively at smaabela@telkomsa.net. Your concerns will be gladly addressed. Please note that you are under no obligation to participate, and you have the right to withdraw from the study at any point if you so wish, without being victimized.

ANNEXURE A: CONSENT FORM

UNIVERSITY OF LIMPOPO (Medunsa Campus) CONSENT FORM

Statement concerning participation in a Research Project*.

Name of Study

EXPERIENCES AND PERCEPTIONS OF SOUTH AFRICAN POLICE MEMBERS REGARDING TRAUMA AND DEBRIEFING SERVICES IN THE MAFIKENG AREA

I have read the information on the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular work that I do as a police member.

I know that this Study has been approved by the Research, Ethics and Publications Committee of the University of Limpopo (Medunsa Campus) and that the SAPS has granted permission that the study should be conducted in my station/unit. I am fully aware that the results of this study will be used for scientific purposes only and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study.

.....
Place.

.....
Date.

Statement by the Researcher

I provided written information regarding this Study.
I agree to answer any future questions concerning the study as best as I am able.

I will adhere to the approved protocol.

.....
Name of Researcher

.....
Signature

.....
Date

.....
Place

ANNEXURE B: STUDY QUESTIONNAIRE

I am S.M Maabela conducting a study on the perceptions and experiences of South African Police members with regard to trauma and debriefing in your area. The study subjects include operational members within the service, as they are directly exposed to trauma . I would like to ask you a few questions about your work, and the manner in which you view, perceive and experience trauma and debriefing. Your answers will be kept completely confidential and will not be shared with any person outside of this study project. No one will be able to identify your personal answers.

If you feel uncomfortable with any of the following questions, you do not have to answer. It is expected that the questionnaire completion process will not take more than 45 minutes.

INSTRUCTION: Kindly respond to the following questions and statements by ticking the appropriate answer with ✓ in the spaces below and also give detailed explanations where required. Please note that you can tick more than one aspect.

Demographic Data

1. Age in years:

2. Gender: Male
Female

3. Marital Status: Married
Single
Widowed
Divorced

ORGANIZATIONAL PARTICULARS

Years of service in the SAPS

PERCEPTIONS

1. What do you understand by trauma debriefing in the SAPS?

2. Who in your opinion should be part of trauma debriefing? Please Tick (✓)

Role Player	Yes	No
Only student constables who have just joined the SAPS and have been exposed to trauma		
All police members who are regularly exposed to trauma		
Specialized unit members constantly exposed to trauma		
Every police member irrespective of being exposed to trauma or not		
CSC members		
Other. Please specify		

3. Kindly describe your perception and view of trauma debriefing?

<hr/> <hr/> <hr/> <hr/>

4. In your opinion, what do you think should be the procedure for reporting traumatic incidents to the trauma debriefer?

<hr/> <hr/> <hr/> <hr/>

5. What do you think should be done to get all traumatic incidents reported to trauma debriefers?

<hr/> <hr/> <hr/> <hr/>

6. Do you think other members of your station / unit know about trauma debriefing programme within the organization?

1 = Yes

2 = No

3 = Not sure

7. What makes you say that? Please elaborate.

EXPERIENCES

1. Which of the following traumatic incidents are you frequently exposed to in your daily work? Please tick (✓)

Traumatic incident	Yes	No
Shooting		
Suicides		
Horrible motor vehicle accidents		
Postmortems		
Murder Scenes		
Other. Please specify		

2. How frequently are you normally exposed to traumatic incidents? Please tick (✓)

Frequency	Yes	No
Daily		
Once in a week		
Twice in a week		
Once in six months		
Once in a year		
Other. Please specify		

3. Which of the following reactions do you experience after trauma? Please tick the one applicable to you(✓)

Reaction	
Nightmares	
Headaches	
Loss of appetite	
Tiredness	
Loss of concentration	
Other. Please specify	

4. How often do you experience the reactions? Please tick (✓)

Reaction	Always	Frequently	Sometimes	Never	Other Please Specify
Nightmares					
Headaches					
Loss of appetite					
Tiredness					
Loss of concentration					
Other. Please specify					

5. Kindly tick most of the feelings you normally experience after being exposed to traumatic incidents.

- Helplessness
- Anxiety
- Anger
- Emptiness
- Sadness
- Confusion
- Guilt
- Bitterness
- Blame
- Shock
- Fear
- Frustration
- Other (Please specify).....

6. Which of the following coping mechanisms do you normally use to deal with trauma?
Please tick (✓)

Coping mechanism	Yes	No
Talk about incident		
Exercise a hobby		
Drink a lot of water		
Isolate myself		
Engage in physical exercises		
Drink a lot of alcohol to forget about the incident		
Get enough physical rest		
Not let myself think about the incident		
Smoke a lot of cigarettes to calm myself down		
Avoid the place where trauma took place		
Other. Please specify		

7. Please indicate the role you usually play at traumatic incident scenes. Please tick (✓)

Role Played	Yes	No
Control traffic and bystanders		
Call other role players to the scene		
Physically get engaged in the scene, e.g pick up body parts in gruesome motor accidents		
Stay behind and avoid being involved		
Facilitate the smooth management of the scene		

8. Have you ever attended trauma debriefing sessions before? Please tick (✓)

1 = Yes

2 = No

9. If you answered NO, what are the reasons for that?

<hr/> <hr/> <hr/> <hr/>

10. If you answered Yes, how often do you normally report for trauma debriefing? Please tick (✓) the applicable area

Every time I am from a traumatic incident	
Sometimes	
Once in every 5 traumatic incidents exposed to	
Twice in every 20 traumatic incidents exposed to	
Other. Please specify	

11. Did you find the sessions helpful? Please tick (✓)

1 = Yes

2 = No

3 = Not sure

12. What are the reasons for your response in question 11 above?

<hr/> <hr/> <hr/> <hr/> <hr/>

13. Do you think debriefing sessions need to be improved in some way? Please tick (✓)

1 = Yes

2 = No

3 = Not sure

14. Please provide reasons for the response in question 13 above.

<hr/> <hr/> <hr/> <hr/>

15. Can you recommend to another SAPS member to attend a debriefing session after they have experienced trauma? Please tick (✓)

1 = Yes

2 = No

3 = Not sure

16. Please provide reasons for your response to question 15 above.

<hr/> <hr/> <hr/>

END

THANK YOU FOR YOUR ASSISTANCE

**ANNEXURE C: LETTER OF REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE SAPS :
MAFIKENG POLICE STATION**

The Station Commander
Mafikeng Police Station
South African Police Service

Att. Director T. A. Tauetsile

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT A STUDY IN THE SAPS.

1. This letter serves as a request to the Mafikeng accounting station commander to allow the member No 2125085-5, Inspector (Psychometrist) S. Maabela, to conduct a research study in the South African Police Service.

1.1. The title of the study is “Experiences and perceptions of South African Police Service members regarding trauma and debriefing services in the Mafikeng area.”

1.2. The study aims at finding out the perceptions and experiences of SAPS members regarding trauma and debriefing.

1 The wish to conduct the study is raised by the concern of low reporting for trauma debriefing by SAPS members, which is experienced by the members of the office of Employee Assistance Services (EAS), as trauma debriefers within the SAPS in the Mafikeng area, specifically by the researcher, S. Maabela.

2 The researcher is one of the employees of EAS in the SAPS and is registered with the University of Limpopo (MEDUNSA Campus) for Masters Degree in Public Health (MPH) and hereby requires your office’s permission to conduct the study within the organization.

3 The information gathered shall be treated with the strictest confidentiality.

4 It is hoped that the study will benefit the organization in terms of providing important information, which is hoped to allow for identification of areas requiring attention.

6 Hoping that my request will receive your dearest attention.

Yours in service delivery

ORIGINAL SIGNED (Insp.)Psychometrist
Employee Assistance Services
Mafikeng
S. Maabela

ANNEXURE C: LETTER OF PERMISSION BY MAFIKENG POLICE STATION COMMANDER

*South African Police
Afrikaanse*



*Service Suid-
Polisiediens*

Private Bag X 2004, Mafikeng, 2745
Privaatsak

Fax No (018) 397 4179
Faks No:

Reference / Verwysing: 3/1/5/1/245
Enquiries / Navrae: SNR.PSYCHOMETRIST. S. M. MAABELA
Telephone / Telefoon: 018 - 397 4175 /082 856 1634

OFFICE OF THE STATION COMMISSIONER
SELKUNDIGEDIENSTE
PSYCHOLOGICAL SERVICES
MAFIKENG

2008-09-03

**A. STATION AND UNIT COMMANDERS
SOUTH AFRICAN POLICE SERVICE
MAFIKENG CLUSTER**

**SUBJECT: PERMISSION TO CONDUCT RESEARCH; NO. 2125085-5: SNR
PSYCHOMETRIST (INSP.) S. MAABELA FROM EMPLOYEE ASSISTANCE
SERVICES: MAFIKENG.**

1. The above mentioned member is a professional at Psychological Services : EAS, and is currently pursuing a Master's Degree in Public Health with The University of Limpopo.
2. As part of the project she is conducting a research on "THE PERCEPTIONS AND EXPERIENCES AMONG SAPS MEMBERS WITH REGARD TO TRAUMA AND TRAUMA DEBRIEFING IN THE MAFIKENG AREA".
- 2.1. The study population involves members at the rank of constable only. That is Constables, Reservist Constables and Trainee Constables.
3. Kindly allow Insp. Maabela to access required information from the constables placed at your station/ unit, by communicating a date for all constables at your station/ unit to be available for voluntary completion of the study questionnaire, which is envisaged to take approximately 45 minutes.
- 3.1. Please also see attached Permission Letter from Head Office : Strategic Management.
4. Your assistance in this regard will be appreciated.
5. Please contact this office for enquiries.

THANK YOU/ REA LEBOGA / BAIE DANKIE

WITH KIND REGARDS

DIRECTOR
MAFIKENG CLUSTER STATION COMMISSIONER
T.A. TAUETSILE

ANNEXURE D: LETTER OF PERMISSION BY PROVINCIAL COMMISSIONER :NORTH WEST



AFRIKAANSE POLISIEDIENS

SOUTH AFRICAN POLICE SERVICE

Privaatsak/Private Bag X 801,Potchefstroom, 2520

Verwysing Reference	3/34/2	THE PROVINCIAL COMMISSIONER SOUTH AFRICAN POLICE SERVICE NORTH WEST PROVINCE DIE PROVINSIALE KOMMISSARIS SUID AFRIKAANSE POLISIEDIENS NOORDWES PROVINSIE
Navrae Enquiries	Supt Jorgensen	
Telefoon Telephone	(018) 299-7221	
Faksnommer Fax number	(018) 299-7324	

The Provincial Head
EAS
North West

(S/Supt Mofamere)

Research Proposal: The perception and experiences among saps members with regard to trauma and trauma debriefing in the Mafikeng area: Insp S Maabela


1. Approval is hereby granted for mentioned research to be conducted in this province, on the following conditions:
 - 1.1 The student should submit a name list of all employees included in her sample (par 1.4.2.2 of the research proposal) as well as a time frame for the research (including; the station, members involved, date and time of research) to this office prior to commencing with the research.
 - 1.2 The final research results should be made available to this office.
 - 1.3 The student should liaise with The Head: Strategic Management before publishing any research results in the media.

Thank You

**ORIGINAL SIGNED
ASST. COMMISSIONER: DEPUTY PROVINCIAL COMMISSIONER
SUPPORT SERVICES
NORTH WEST
J D BASSON**

ANNEXURE E: LETTER OF PERMISSION BY THE NATIONAL HEAD: STRATEGIC MANAGEMENT SAPS HEAD OFFICE

2008 Aug 13 2:15PM HP LASERJET FAX

South African Police Service  Suid-Afrikaanse Polisie diens

Private Bag	284	Fax no	(0)21 363 3178
Poststasie		Faks no	

Your Reference / U verwysing	3/15/1/245	OFFICE OF THE HEAD STRATEGIC MANAGEMENT PRETORIA 0021
My Reference / My verwysing	3/342	
Enquiries / Verwys	S/Sgt J SHAWWA / Supt G J Joubert	
Tel no	012363 3177 / 3118	

7 August 2008

The Provincial Commissioner
NORTH WEST

A/E: Capt Jonker


RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH : THE PERCEPTION AND EXPERIENCES AMONG SAPS MEMBERS WITH REGARD TO TRAUMA AND TRAUMA DEBRIEFING IN THE MAFIKENG AREA; INSP SHIRLEY MAABELA : MASTERS IN PUBLIC HEALTH: UNIVERSITY OF LIMPOPO

1. Your fax dated 2008-07-29 with reference number (3/15/1/245) regarding the above mentioned topic refers.
2. This office perused the research proposal and the applicant can continue with the study.
3. With regard to the issue of concern raised in your letter (point 5) this office recommends that the following measures are taken:
 - 3.1 The anonymity of the study population, consisting of a sample of constables in the Mafikeng area, should be guaranteed.
 - 3.2 The informed consent principal must apply whereby participation in the study should be voluntarily and with the consent of the respondents.

2008 Aug 13 2:15PM HP LASERJET FAX

4. This means in effect that it cannot be expected of the researcher to submit a name list of employees included in her sample.

Kind regards


 ASSISTANT COMMISSIONER
 HEAD: STRATEGIC MANAGEMENT
 GE MOORCROFT

ANNEXURE F: CLEARANCE CERTIFICATE BY MREC (MDUNSA CAMPUS) ETHICS COMMITTEE AT UNIVERSITY OF LIMPOPO

UNIVERSITY OF LIMPOPO

Medunsa Campus



MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

P O Medunsa
Medunsa
0204
SOUTH AFRICA

Tel: 012 - 521 4000
Fax: 012 - 560 0086

MEETING: 06/2008

PROJECT NUMBER: MREC/PH/138/2008: PG.

PROJECT :

Title: Experiences and perceptions of South African Police Service members regarding trauma and trauma debriefing in the Mafikeng area
Researcher: Ms S Maabela
Supervisor: NE Chinkanda
Department: SBHS
School: Public Health
Degree: MPH

DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: 6 August 2008


PROF GA OGUNBANJO
CHAIRPERSON MREC



Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

African Excellence - Global Leadership