

A GROUNDED THEORY OF CRITICAL INCIDENTS IMPACT MANAGEMENT AMONG
SAPS OFFICERS IN THE VHEMBE DISTRICT, LIMPOPO PROVINCE

VOLUME 1

by

ANDRONICA MASEFAKO GUMANI

submitted in accordance with the requirements
for the degree of

DOCTOR OF LITERATURE AND PHILOSOPHY

in the subject

PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF M E FOURIE

CO-SUPERVISOR: PROF M J TERRE BLANCHE

JUNE 2012

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THESIS ARRANGEMENT

This thesis consists of two volumes which are arranged as follows:

Volume 1: Introduction to the study; literature review (sections I and II); research design; results (section A).

Volume 2: Results (section B); discussion, conclusions and recommendations; references; appendices.

DECLARATION

I declare that A GROUNDED THEORY OF CRITICAL INCIDENTS IMPACT MANAGEMENT AMONG SAPS OFFICERS IN THE VHEMBE DISTRICT, LIMPOPO PROVINCE is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

.....

SIGNATURE

.....

DATE

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SUMMARY

A study was conducted to describe and interpret the personal strategies that South African Police Service officers in the Vhembe District, Limpopo Province, use in their line of work. These are strategies to deal with the impact of the primary victims' critical incidents of rape, domestic violence, murder and road accidents. The focus was on describing the impact of the critical incidents that the officers are exposed to, which manifest in a form of traumatic stress, namely, vicarious traumatisation, and management of this impact.

Twenty participants were selected through purposive and theoretical sampling techniques from the family violence, child protection and sexual offences, domestic violence, field training, detective and social crime prevention units. Unstructured open-ended interviews, diaries and follow-up telephone interviews were used as data collection methods and data were collected in the participants' home languages, Tshivenda and Xitsonga. Data gathered necessitated looking into both the aspects of the officers' organisational and operational work. Data were thus analysed through the content thematic and constant comparative data analysis methods.

The results first presented a profile of police vicarious traumatisation in the Vhembe District, which include the types of critical incidents exposed to, the organisational and operational stressors that lead to vicarious traumatisation, and the description of vicarious traumatisation symptoms. Second, a theoretical framework of the process of police critical incidents impact management (PCIIM) was developed. The framework shows that the management of the impact of the encountered incidents is inspired by various coping needs and subcultures of the officers, and the management takes place through the use of two styles of trauma management, namely, the linear and multilateral styles, which refer to application of coping strategies successively and the combination of horizontal and vertical application of coping strategies, respectively. The coping strategies used by the officers help them to have an objective understanding of the critical incidents encountered, have less severe symptoms of vicarious traumatisation, some symptoms last for shorter periods than before, and other symptoms are no longer experienced. Resilience to the encountered incidents is shown through the development of coping strategies to handle the incidents, facing them, and showing cognitive hardiness. The officers also manage to reflect on

the experiences encountered, engage in narratives about them and mutual help thus still working towards attaining posttraumatic growth.

Key terms:

Coping strategies; Critical incidents; Grounded theory; Linear and multilateral styles of trauma management; Police critical incidents impact management; Police operational vicarious stressors; Police subcultures; Resilience; SAPS; Vicarious traumatisation.

ACRONYMS

ARP - Accelerated recovery programme

CFST - Compassion Fatigue Self-Test for Practitioners

CISD - critical incident stress debriefing

CISM - critical incident stress management

COPE - Coping Orientations to the Problems Experienced Questionnaire

COR - conservation of resources theory

CSDT - constructive self development theory

DV - domestic violence

EAS – employee assistance services

EMS – emergency medical services

FCS - family violence, child protection and sexual offences

HPCSA - Health Professions Council of South Africa

ISU - internal stability unit

JCS - Jalowiec Coping Scale

MPS - municipal police services

NCPS - National Crime Prevention Strategy

PCIIM – police critical incidents impact management

PTSD – posttraumatic stress disorder

SAMRC - South African Medical Research Council

SAP - South African Police

SAPS – South African Police Service

SGBV - sexual and gender-based violence

TBVC - Transkei, Bophuthatswana, Venda and Ciskei

TRC - Truth and Reconciliation Commission

TVEP - Thohoyandou Victim Empowerment Programme

VEP - victim empowerment programme

VT – vicarious traumatising

WHO - World Health Organisation

ZTVA - Zero Tolerance Village Alliance

Curriculum Vitae of Andronica Masefako Gumani

Andronica Masefako Gumani obtained the following qualifications in Psychology, BA at Vista University in 1996, BA (Honours) at the University of South Africa in 1998, a certificate in Psychometry with the HPCSA in 2000, and MA (Psychology) at the University of Venda in 2005. She is currently in the process of completing a degree of Doctor of Philosophy and Literature at the University of South Africa in which she presents a model of how SAPS officers, as service providers, cope with the impact of critical incidents.

She has 11 years of teaching experience because after completion of the Honours and psychometric training, she joined the University of Venda as a tutor in January 2001, became a part-time lecturer in February 2001 and was appointed on a full-time junior lectureship position in June 2001. On completing the Masters degree she was appointed as a lecturer in 2005 at the same university. She has taught the following modules, Introduction to Psychology, Applied Psychology, Personality Theories and Psychological Assessment. She also supervised psychology clinical practicals and 9 Honours research projects between 2001 and 2011. Her administrative duties include the following: year level coordinator between 2001 and 2002, departmental secretary from 2003 to 2011, departmental psychological tests coordinator from 2005 to present date, departmental library matters coordinator from 2005 to present date, School of Health Sciences library committee member from 2010 to present date, and School of Health Sciences research and publications committee member from 2010 to present date. She has also been a member of the Psychological Society of South Africa (PSYSSA) from 2001 to present date.

Her research interest areas are trauma, suicide, HIV/AIDS, cross-cultural and gender studies. She has presented several papers and posters at peer-assessed national and international conferences ranging from polygamy, HIV/AIDS prevention, suicide prevention, domestic violence to secondary trauma. She published papers with the Journal of Psychology in Africa and the South African Journal of Higher Education. She also peer-reviewed papers for the Journal of Psychology in Africa and the African Journal for Physical, Health Education, Recreation and Dance (AJPHERD).

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CHAPTER 1

INTRODUCTION TO THE STUDY

INTRODUCTION

This chapter introduces the study and provides a historical background to trauma in the South African context. This is done with special reference to the traumatic crimes committed in the country, the National Crime Prevention Strategy (NCPS), the Service Charter for Victims of Crime and the Victim Empowerment Programme (VEP). Background information is also provided on the South African Police Service (SAPS) and its involvement in handling violence and crime in the country. The chapter further explains the South African Police Service Act and the Mental Health Care Act that have been established in consideration of the two challenges of violence and crime in South Africa. It also shows the World Health Organisation's (WHO) guidelines on trauma care. An outline of the research topic, the aim of the study and an orientation to subsequent chapters is also presented.

HISTORICAL BACKGROUND TO TRAUMA IN THE SOUTH AFRICAN CONTEXT

Description of traumatic crimes in South Africa

Today, South Africa is faced with an overwhelmingly high rate of incidents of extreme violence and trauma (Hamber & Lewis, 1997; Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). Violence and injuries that are both fatal and non-fatal are significant contributing factors to the phenomenon of trauma in this country, thus forming a type of trauma that is distinctive to South Africa (Higson-Smith, Thacker, & Sikhakhane, 2005). Violence and injuries take various forms such as homicide, suicide and road accidents, among others. They are also prevalent both in urban and rural areas (Matzopoulos, Prinsloo, Bopape, Butchart, Peden, & Lombard, 1999; Seedat et al., 2009).

South Africa's history of violence has taken different forms over the past centuries, from colonial rule, apartheid rule to civil conflict (Higson-Smith et al., 2005). While the dawn of a democratic era has led to a decline in political violence, interpersonal violence continues in this era. Rates of interpersonal violence in this country were said to be the highest in the year 2000. The high rate of injuries, both intentional and unintentional, resulted in a high proportion of deaths. These deaths were due to incidents such as homicides which formed the highest cause of injuries and cut across ages and gender, and also occurred in intimate relationships. The high rate of homicides was followed by road traffic and self-inflicted injuries rates respectively. The rate of family violence was also high even though evidence pertaining to it was thwarted by the problem of underreporting of the incidents (Norman, Matzopoulos, Groenewald, & Bradshaw, 2007). Deaths which are due to injuries were reported to be 157.8 per 100 000 people in South Africa and twice the global average. The rate of homicide involving women being killed by their intimate partners was said to be six times the global average. This pattern has not changed as factors such as homicide, intimate partner violence, child abuse, road traffic accidents and suicides are still regarded as the most common causes of injuries in this country (Seedat et al., 2009).

In addition, the country has to contend with a different form of violence, which is organised crime. This includes crimes such as dealing in weapons and drugs, car theft, bank robbery, cash in transit heist syndicates and trafficking in women and children. While violent crimes are said to be most prevalent in the urban areas, specifically the cities, the rural provinces in this country are not an exception (Higson-Smith et al., 2005).

On the basis of these patterns of violence and reported injuries, crimes in South Africa are categorised into the following clusters: (i) contact crimes, that is, crimes against a person through physical contact between the perpetrator and victim, which may last from a second to several days. These are said to have the potential to cause more psychological harm among the victims than the other categories of crime. They include murder, attempted murder, sexual crimes, assault with the intent to inflict grievous bodily harm, common assault, common robbery, and robbery with aggravated circumstances; (ii)

contact-related crimes which are arson and malicious damage to property; (iii) property-related crimes such as burglary in residential and non-residential premises, theft of motor vehicles and motorcycles, theft out of or from motor vehicles and stock-theft; (iv) crimes heavily dependent on police action for detection. These include the illegal possession of firearms and ammunition, drug-related crimes and driving under the influence of alcohol or drugs; (v) other serious crimes like all theft not mentioned elsewhere, commercial crime and shoplifting; (vi) subcategories forming part of aggravated robbery such as carjacking, truck hijacking, and robbery in residential and non-residential premises; and (vii) other crime categories which include culpable homicide, public violence, crimen injuria, neglect and ill-treatment of children, and kidnapping (SAPS Crime Report, 2010/11; SAPS Crime Statistics, 2010/11).

Research in 2007 cites the following as the main influential factors to the prevalence of crime in South Africa: income inequality and poverty; gender inequalities; family breakdowns; high unemployment; rapid social change; corruption and the lenient justice system; gang violence; easy access to firearms; and the use of alcohol and drugs, (Norman et al., 2007). However, recent research adds the following: patriarchal perception of masculinity as represented by the trait of toughness; defending one's honour; exposure to childhood abuse; weak parenting; and taking risks, among others. Yet what is interesting is that leniency in law enforcement is still emphasised (Seedat et al., 2009).

Due to these influential factors, crime statistics in the country over the past years show that between 1994 and 2004, robbery was leading in terms of prevalence statistics, followed by rape and then murder (Higson-Smith et al., 2005). The SAPS recorded that homicide cases made up 38.6 per 100 000 people in 2007-2008. This shows a decrease of 42% from the number of cases recorded in 1994 (Seedat et al., 2009). While a decrease was noted, the percentage was still alarming. The situation is so critical that trauma has become a major social problem in South Africa. Ludick, Alexander, and Carmichael (2007) show that the South African Police statistics indicate that more than 2.5 million people in South Africa have become victims of violent crimes. Dey, Thorpe, Tilley and

Williams (2010) confirm this phenomenon for the years 2009 and 2010. Seedat et al. (2009) indicate that in conjunction with the rate of violence that South Africans are faced with, are mental disorders such as posttraumatic stress disorder (PTSD), depression, and suicidality which are a result of the violence.

During 2010 and 2011, approximately 2.1 million serious crimes were registered in the country and contact crimes had the highest prevalence. While this figure is alarming, there was a total reduction of -2.4% (50 400 cases) from the cases recorded during 2009 and 2010. This percentage is said to be above the target that was set by the government, which was between -1.0% to -1.8% per annum. There was a reduction of 42.7 incidences of murder per population to 31.9; 142.5 of sexual offences to 132.4; 64.8 incidences of attempted murder to 31.0; 560.7 of assault with the intent to inflict grievous bodily harm to 397.3; and 605.7 of common assault to 371.8 between 2003 and 2011 (SAPS Crime Report, 2010/11).

Nevertheless, crimes such as murder and sexual offence were among those crimes which were perceived by South Africans to be the most feared in 2010. A serious decrease in statistics on feelings of safety when walking alone at night between 2003 and 2010 was also reported. In addition, in 2010, most households in this country avoided engaging in day-to-day activities, including recreational activities, as a result of the level of fear of crime. The majority of people believed that crimes were committed by perpetrators who lived in their areas. As a result, 21.0% of South Africans believed that the government should spend money on law enforcement and 13.1% believed that it should be spent on the judiciary/courts in order to effectively reduce crime. Following this pattern, the majority of these people reported that they first contacted the police if they suspected that they would become victims of crime (Statistics South Africa - STASSA) (2011). This shows the prevalence of violent crimes in this country and the extent of the need to involve police officers in combating the crimes.

Traumatic crimes in the Limpopo Province and Vhembe District

According to STASSA (2011), there were 38.4% of households in the Limpopo Province which perceived the levels of violent crime to have increased between 2008 and 2010. Only 24.0% of female-headed households and 24.7% of male-headed households felt safe when walking alone at night in this province in 2010. The percentages of households that avoided engaging in daily recreational and commercial activities when alone as a result of crime were as follows: 4.5% of individuals avoided using public transport; 5.0% avoided walking to shops; 7.9% avoided walking to work or town; 29.2% avoided going to open spaces or parks; 12.3% did not allow their children to play in particular areas; 9.1% did not allow their children to walk to school; 17.3% could not keep livestock or poultry; and 14.9% avoided investing in or starting a home business.

In this province, 61.7% of people believed that violent crimes were committed by perpetrators who lived in their areas of residence; 26.0% believed that these crimes were committed by South Africans living outside their residential areas; while 12.3% believed that the crimes were committed by people outside the country. On the basis of these perceptions, people in this province had to find ways of protecting themselves from the crimes. Such protective measures included using physical protection against their homes and cars, carrying weapons, resorting to private security and organising themselves in self-help groups. Limpopo was one of the provinces in which the protective measure of self-help groups was mostly relied on (STASSA, 2011).

In Thohoyandou in the Vhembe District, Limpopo Province, which is the focus of this study, a decrease in the statistics of some contact crimes was noted by the SAPS between April 2003 and March 2011. For instance, statistics show that the reported cases of murder decreased from 28 to 18; assault with intent to inflict grievous bodily harm from 1 371 to 700; common assault from 462 to 239; common robbery from 462 to 239; and robbery with aggravated circumstances from 179 to 133. A very slight decrease was recorded for sexual offences, from 354 to 321, thus showing that sexual crimes are still common (SAPS Crime Statistics, 2010/2011). However, there was a slight increase again in these crimes between 2011 and 2012. For instance, murder cases increased from 18 to

24; attempted murder from 53 to 58; sexual crimes from 321 to 391; assault with the intent to inflict grievous bodily harm from 700 to 794; common assault from 580 to 829; common robbery from 239 to 287; robbery with aggravating circumstances from 133 to 215 (SAPS Crime Statistics, 2012).

It should be noted that the percentages of statistics of contact crimes only represent the reported cases and that there could be many other cases that occurred but were not reported to the police. According to STASSA (2011), there are four main reasons that account for the underreporting of crimes in South Africa. These are as follows: (i) police issues, which include the police failing to solve the reported crimes and the inappropriate behaviour of police officers; (ii) perpetrator issues such as victims not being able to identify perpetrators of crimes committed against them or even being afraid of being punished by the perpetrators; (iii) crime-related issues, which include some crimes not being considered serious enough by the victims, or the victims claiming that they had solved the crimes themselves; and (iv) self-blame issues, which include fear of being blamed, belief that the crime was committed due to the victim being partly to blame, and fear of being exposed or embarrassed.

On the basis of the fluctuating rates of contact crimes, particularly an increase in such crimes in Thohoyandou between 2011 and 2012, patterns of underreporting, patterns of avoidance behaviour due to violent crimes and types of crimes occurring in different contexts of the South African society, it can be said that there are various sources of trauma which affect interpersonal, familial, occupational and academic human activities. STATSSA (2011) shows that most of the crimes described here occur at home or someone else's home, workplace and shop or place of business, among others. Relationships of perpetrators to the victims include relatives, spouses or partners, bosses or teachers, friends and acquaintances, police, known community members, and unknown community members, among others. These reports also suggest that there is still need to curb crime, not only in this country generally, but in the municipalities of the Limpopo Province specifically.

Service delivery to victims of crime in South Africa

Previous research shows that the South African government was battling with a problem of service delivery pertaining to the support, care and empowerment of the victims of violence (Higson-Smith et al., 2005). Nel (1999) shows that among the SAPS officers, the difficulty in offering adequate service to these victims, a few years after the beginning of democracy in this country, could be attributed to the political and social transformation that implied changes both at the individual and operational levels. The police officers had to adapt to changes that would affect their own lives and work, while ensuring stability, law and order in the country.

Nevertheless, there are current efforts to offer this kind of service at national level. For instance, there is a joint service provision by several government departments, namely social development, health, criminal justice, policing, education and correctional services. Interdepartmental government initiatives such as the Truth and Reconciliation Commission (TRC), the NCPS, and the VEP which was developed under the NCPS, are also involved (Higson-Smith et al., 2005). In addition, the government has provided the Service Charter for Victims of Crime in South Africa (Department of Justice and Constitutional Development, 2007).

The National Crime Prevention Strategy

The NCPS is an approach that was adopted by the South African government post the apartheid era in this country in 1996 to address the poorly managed ways of handling crime. This was due to lack of an organised and systematic plan to address crime and to coordinate policy development and implementation during the apartheid era. Another motivating factor was the South Africans' lack of confidence in the Bill of Rights of the Constitution, which was perceived as protecting the perpetrators at the expense of the victims. The citizens of this country thus did not feel safe and protected (Department of Social Development, 2009).

The strategy thus sought to reduce crime in the country by shifting focus from crime control to crime prevention; from seeing crime as a security issue to perceiving it as a social matter; from focusing on criminal justice to focusing on the victim. This means shifting focus to dealing with crime committed against an individual or community, restoring the well-being of the victims, and ensuring accountability of perpetrators for their actions and that the victims play an active role in the whole process, and receive an apology and compensation from the perpetrator. This establishes dialogue between the two, the victim and perpetrator, which is meant to enhance the healing of the victim, while ensuring the safety and dignity of all the parties involved. The NCPS thus ensures restorative justice through its four pillars, namely, the Criminal Justice Process; Community Values and Education; Environmental Design; and Transitional Crime. This is intended to be achieved through the following ways:

- i. Establishing a comprehensive policy framework to address all policy areas relating to crime;
- ii. Creating a shared understanding among South Africans of what crime prevention involves;
- iii. Integrating the policy objectives of different central government departments and to provide guidelines for programmes to be implemented by all these departments; and
- iv. Providing a basis for the development of a common vision regarding crime prevention (Department of Social Development, 2009).

According to the Department of Social Development (2009), the NCPS' areas of focus include the following:

- i. Social crime prevention;
- ii. Prosecution led and intelligence driven prosecution;
- iii. More effective border control;
- iv. Alternative containment mechanisms and reduction of awaiting trial prison population;
- v. Human resource development;
- vi. Quality service delivery; and

vii. Private public partnerships

The Service Charter for Victims of Crime

The Service Charter for Victims of Crime, also known as the Victims' Charter, contains rights for victims of crime in South Africa. It is supplemented by an information document on the Minimum Standards on Services for Victims of Crime. This document explains the rights of victims of crime as contained in the Victims' Charter and the Constitution. The Charter and the Minimum Standards document provide information that explains the government's commitment to improving service delivery for victims of crime. The Minimum Standards document specifically outlines the minimum standards that must be met by service providers, including those in the criminal justice system, in order to ensure that they uphold victims' rights as explained in the Charter (Department of Justice and Constitutional Development, 2007).

There are several relevant institutions, agencies and departments that monitor the application of these rights. For instance, (i) the police assist with on-site crisis intervention, referrals for medical or psychological assistance, explaining police procedures, providing information about victims' rights, referral to non-governmental and community-based organisations (NGOs and CBOs) or community-based victim support services, ensure victims' safety at the scene of the crime, preserving evidence, and advising victims on crime prevention; (ii) if there is any further threat to the victim after sentencing the offender, then the investigating officer or the prosecutor must immediately contact the office of the Witness Protection Unit to ensure safety and protection of the victim; (iii) the Department of Social Services and other social service providers offer emotional and practical support services, which include counselling or referral for professional counselling and court preparation programmes; (iv) health care workers ensure that the victim's rights, as contained in the Patients' Rights Charter, are upheld such as providing information on medical procedures to be performed, provide the victim with a copy of the medical records, on request, and inform the victim of the available community support services and relevant helplines; and (v) the Department of Education ensures that intervention programmes such as counselling, referral and support

procedures are available for the victims within the educational system such as informing the victims of the relevant school-based victim services available in their areas. These institutions, agencies and departments provide support throughout the process, from the stage of crime reporting to the end of offender prosecution (Department of Justice and Constitutional Development, 2007).

The Minimum Standards document contains four parts which are as follows:

- i. Part I: providing background information on the rights of victims of crime and outlining who can access those rights;
- ii. Part II: explains the processes in the criminal justice system and what will happen if a person becomes a victim of a crime and reports such a crime to the police;
- iii. Part III: contains minimum standards on services that a victim of crime can expect from the various role-players in the criminal justice system pertaining to the rights explained in the Victims' Charter. One group of the role-players are police officers in the SAPS, who are responsible for investigating crimes and charging the offenders. Other key role-players include the public prosecutor (in the magistrate's, regional or high court, who will decide on whether or not prosecution should proceed, and how it should proceed); court staff (giving support and information to the victim together with the police and public prosecutor); medical doctors (who provide medical reports in case of injuries and damages sustained by the victim); and
- iv. Part IV: outlines the complaints procedure pertaining to things that may go wrong during service provision by the various role-players/service providers. If the standards of service were not met as reasonably expected, then a procedure to follow in order to lodge a complaint is explained. Addresses and contact numbers of organisations to contact in this regard are listed. These include the office of the Public Prosecutor; the South African Human Rights Commission; the Independent Complaints Directorate; the Commission on Gender Equality; and the Health Professions Council of South Africa (HPCSA). These are organisations to which the key role-players who are supposed to assist the victims are affiliated.

A victim can also contact a lawyer of one's choice and at one's own expense (Department of Justice and Constitutional Development, 2007).

According to the Department of Justice and Constitutional Development (2007), the rights of the victims pertain to receiving appropriate assistance and services from the service providers. Reporting of crimes and giving evidence in court pertaining to those crimes by victims are regarded as responsible behaviour on the part of the victims. This alerts the criminal justice system to the needs of society and ensures that offenders are held accountable for their actions. Therefore, it is regarded as the responsibility of the criminal justice system to act promptly and courteously to those needs. These rights are applied regardless of race, gender, sexual orientation, pregnancy, marital status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, as well as language and birth. The specific rights are as follows:

- i. The right to be treated with fairness and with respect for dignity and privacy;
- ii. The right to offer information;
- iii. The right to receive information;
- iv. The right to protection;
- v. The right to assistance;
- vi. The right to compensation; and
- vii. The right to restitution

The Victim Empowerment Programme

Victim empowerment, according to the national policy guidelines for victim empowerment, is based on the legislature in South Africa as contained in the following legal documents: the South African Declaration on Gender and Development; Constitution of the Republic of South Africa, Act 108 of 1996; Domestic Violence Act, Act 116 of 1998; Children's Act, Act 38 of 2005; Criminal Law (Sexual Offences and Related Matters) Amendment Act, Act 32 of 2007; Older Person's Act, Act No. 13 of 2006; Service Charter and Minimum Standards for Victims of Crime in South Africa in addition to the United Nations Declaration of Basic Principle of Justice for Victims of Crime and Abuse of Power, which addresses the needs and rights of victims of crime and

violence internationally; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), an international bill of rights for women; and the United Nations Convention on the Rights of Children (Department of Social Development, 2009).

Victim empowerment refers to an approach that has been adopted by the South African government and is implemented at the national, provincial and local levels. It has been adopted to first, ensure easy access by all victims of trauma, violence and crime, national disaster, human accident and or socio-economic conditions to a range of services. Second, it helps the victims to be resourceful by using those services provided to them and building up their own capacity and support networks, and to act on the basis of their own choices. This means that they take control of their lives and situations by having a say, being listened to, being recognised and respected as individuals and having their choices respected by others. The loss or damage caused by the crime or violence exposed to is restored to a state that is as close to the initial state in which an individual was before as possible, and possibly to learn and grow from the experience encountered. In this way, an individual assumes the position of a survivor rather than a victim (Department of Social Development, 2009).

South Africa's Victim Empowerment Policy focuses on providing restorative justice. It promotes a victim-centred approach to criminal justice. While initially, the criminal justice system solely focused on bringing perpetrators of crime to book, the current focus is on serving the needs of the victim. The goals are (i) to create a victim-friendly criminal justice by reducing victimisation, even from the service providers, empowering the victims and improving service standards in the criminal justice system; (ii) to create a common understanding of victim empowerment among different government departments, victims, perpetrators, non-profit organisations (NPOs), including NGOs and CBOs, and the individual members of the community; and (iii) to manage service delivery as an integrated whole within and between the various government departments and other stakeholders that provide services to the victims of crime, thus making the services intersectoral, multidisciplinary and comprehensive. Therefore, the National

Policy Guidelines for Victim Empowerment provide for inter-departmental and intersectoral collaboration and the integration of effective arrangements with institutions for a multi-faceted approach to managing victim empowerment, thus making the victim “a key player in the criminal justice system” (Department of Social Development, 2009 p. 1).

This form of collaboration is done by ensuring that there are the following: (i) the establishment of partnerships in the victim empowerment sector; (ii) sector-specific victim empowerment policies and capacity development as the needs of each victim are seen as unique depending on who they are and the nature of crime they have been exposed to, thus requiring help from different service providers. Entry and exit points of a victim are determined by the immediate and long-term needs identified, including where the victim is when help-seeking is initiated. These points include contacting service providers in the health, social development, SAPS, education, local authority, justice, correctional services and NGOs; and (iii) the implementation of victim empowerment programmes by all relevant stakeholders.

According to the National Policy Guidelines for Victim Empowerment, the specific roles of SAPS officers within the VEP are:

- i. Professional and sensitive treatment of victims and witnesses during statement taking and investigation of crime;
- ii. Informing victims of their rights, taking statements in private, referral to victim support services, and notification of case number;
- iii. Providing feedback regarding status of their case, including outcome of bail hearings, and notification of closing of case or referral of case to court;
- iv. Training of personnel in victim empowerment and related legislation; and
- v. Establishment of victim support rooms at all police stations for privacy (Department of Social Development, 2009).

The roles of the other departments with which SAPS officers work are as follows:

- i. The Department of Social Development (serves as the lead department; coordinates the successful implementation of the VEP; development of policy; identification of relevant departments and facilitation of roles as well as maintain integration, partnerships, improved communication and accountability of the departments);
- ii. The Department of Health (provide professional and accessible medical and psychological services to the victims at the national, provincial and local levels);
- iii. The Department of Justice and Constitutional Development (this is where the National Prosecuting Authority is found; responsible for ensuring that victims and witnesses are treated professionally and with dignity, and also treated with respect during court proceedings to facilitate optimal participation in the criminal justice process);
- iv. The Department of Education (protecting learners from crime and violence within the school environment at the primary, secondary and tertiary levels; support learners if they become victims of crime or violence, especially when it occurs within the school environment, and even when it occurs outside the school environment);
- v. The Department of Correctional Services (protecting the interests of victims in relation to convicted offenders; the rehabilitation of offenders; preventing victimisation of offenders within the correctional services system); and
- vi. Civil Society Organisations (CSOs) (these form a strong component of the VEP; they defend vulnerable groups and serve as partners in policy development and service delivery; advocating for victims' rights and victim-focused projects; expanding knowledge in the field of victim empowerment) (Department of Social Development, 2009).

The seven principles of victim empowerment to adhere to which are based on the key principle of *Ubuntu/Batho Pele* are empowerment; human rights; participation and self-determination; family-centred approach; accountability, effectiveness and efficiency (by service providers); restorative justice; and multidisciplinary approach. These principles

have been set to help the target groups for victim empowerment which are women; victims of domestic violence; victims of sexual assault and rape; abused children, older persons and people with disabilities; victims of human trafficking; victims of hate victimisation; farm workers and dwellers; and excombatants (those deployed in the civil conflicts of the 1980s and 1990s and have a high likelihood of developing mental illnesses like posttraumatic stress disorder) (Department of Social Development, 2009). Therefore, victim empowerment strengthens the implementation of the objectives of the NCPS and The Service Charter for Victims of Crime.

Additional efforts to help victims of violence and crime

Government departments also work in collaboration with non-governmental, welfare, church and community-based organisations, which advocate for human rights and support the victims of the abuse of those rights. There are also private sector initiatives which involve the private sector organisations providing support and care for the victims of violence, in order to show their social responsibility and contribution to reconciliation, peace-making and the prevention of violence in the country (Higson-Smith et al., 2005).

The extent of injuries in this country also necessitates the reporting of those injuries at various levels of the health facilities, for example, private facilities (private hospitals and general and specialist practitioners) and state facilities (emergency medical services - EMS, mobile clinics, primary health care facilities, secondary/regional hospitals and tertiary/teaching hospitals attached to tertiary teaching institutions) (Higson-Smith et al., 2005; Matzopoulos et al., 1999). The injuries are also reported to other sectors and entities such as churches, health carers, pharmacists, sangomas, teachers and mothers (Matzopoulos et al., 1999).

The proportion of health facilities that treated trauma in the Limpopo Province by 1999 was found to be 96%. An annual total of caseloads of trauma for all the provinces in the country was over a million. This shows the estimate of trauma caseloads that South Africa has to handle. As a result, several attempts have been made over the years to monitor and even prevent the occurrences of these incidents. These include efforts made

by institutions such as the South African Medical Research Council (SAMRC), the University of South Africa, and the Council for Scientific and Industrial Research operating under the Violence and Injury Surveillance Consortium. The Presidential initiative on crime prevention has also been established to prevent and control violence-related injuries in this country, specifically injuries related to rape and the use of firearms (Matzopoulos et al., 1999).

STATSSA (2011) further shows that households in the different provinces in this country had knowledge of where to take someone to have access to medical help if they were victims of violent crime. Limpopo Province showed 96.3% of knowledge in this regard. However, knowledge of referral to counselling services and a place of safety or shelter was lower, 65.8% and 17.3% respectively. Despite this pattern, it is clear that all the efforts made by the government and non-governmental organisations indicate the extent to which the nation is concerned about violence and attempts to curb the violence and assisting the victims in this country.

Service delivery efforts in the Vhembe District

Services to deal with victimisation were found to be inadequate and with unequal access to them by people in different areas in the country, especially poor communities and those in rural areas. Therefore, victim empowerment forums were developed in such areas. At the local level, the victim empowerment forums are responsible for the following:

- i. Ensuring the provision of direct trauma support and assistance to victims of crime and violence;
- ii. Developing referral networks and procedures to ensure effective referral of victims to appropriate agencies;
- iii. Providing training to upgrade and develop services in line with standards set by the provincial management forum;
- iv. Keeping monthly statistics as indicators of service delivery;
- v. Providing information on crime prevention and support services available to community members; and

- vi. Encouraging individual service providers to network with all community groups and organisations that assist victims of crime and violence (Department of Social Development, 2009).

In the Vhembe District, the Thohoyandou Victim Empowerment Programme (TVEP) was established. This is a victim empowerment programme that started as a 24/7 One Stop Trauma Centre under the Victim Empowerment Committee (VEC) in 1997 by the Thohoyandou Community Policing Forum (TCPF) and the SAPS. It was registered as the Thohoyandou Victim Empowerment Trust in January 2002 and later established as the TVEP in accordance with the NCPS. The TVEP covers the Thulamela municipality and accommodates 1 regional and 2 district hospitals, 48 clinics, 3 health centres, 7 police stations and satellites, and more than 500 crèches, schools and tertiary education facilities for children and learners. It has the following facilities: community mobilisation, two 24/7 trauma centres, two 24/7 short-term shelters, access to justice, TVEP outreach, young perpetrator programme, HIV services, and 15 community help desks. The local main hospital, Tshilidzini hospital, has a Family Violence Trauma Centre, which is operated and managed by the TVEP (Carty, 2010/12).

The motto/dictum of the TVEP is “There is no excuse for abuse” thus focusing on Zero Tolerance Village Alliance (ZTVA). The ZTVA was adopted as a result of realising the culture of silence among the victims of sexual and gender-based violence (SGBV) and domestic violence (DV). Most of these victims were afraid of what their neighbours would say about their circumstances if they revealed such circumstances to the public. The ZTVA’s intention was to create a village-wide empowerment programme to speak about social concerns and to express support by the public for the victims, in order to strengthen feelings of safety and security and reduce SGBV- and DV-related assaults. This is thus a community-based intervention programme (Carty, 2010/12).

The objectives of the TVEP are (i) the creation of a supportive environment for survivors of sexual assault, domestic violence, child abuse and the HIV/AIDS pandemic; (ii) the education and capacitation of community members about their rights and responsibilities

as they pertain to sexual assault, domestic violence, child abuse and HIV/AIDS; (iii) the rehabilitation and empowerment of survivors of sexual assault, domestic violence, child abuse and HIV/AIDS; (iv) the provision of holistic survivor support services to ensure that justice is served; and (v) oversight to ensure the State delivers on policy mandates (Carty, 2010/12).

Challenges to service delivery

Specific challenges to service delivery include the fact that the violence the country is faced with leads to a form of stress, in particular traumatic stress, among the victims as their lives, safety and future well-being are threatened. As much as the responses of individuals towards the threats faced differ in many ways, various services are required to handle the stress experienced, hence the involvement of different government departments and non-governmental organisations in handling the stress. However, departments such as policing, the court system, social welfare services, prisons and health services are said to be still inefficient and ineffective in collaborating with those who offer mental health services to ensure the mental health of the victims. The departments are also still struggling to keep up with the demands of the transformation that is expected to take place in the country. Transformation that is expected includes having an equitable mental health care system, having coordinated services to meet the varied needs of the victims, and the provision of services that are both culturally and socially relevant to the victims. This is due to the diversity of the cultures of the people of this country and the social contexts in which violence takes place (Higson-Smith et al., 2005).

Prioritising of funding for various projects is also problematic due to the many areas that still need to be developed in this country. For instance, there is funding needed for mental health, HIV/AIDS programmes, adequate housing, water, nutrition, employment, crime prevention, and conviction and correction of offenders. In addition, those who are involved in the provision of services to assist the victims of trauma in various departments lack adequate training in offering quality service to the victims (Higson-Smith et al., 2005).

The following sections show the background and involvement of the SAPS in handling the reported violence and crime. They also explain the acts that have been established in consideration of these two challenges in South Africa.

Background to the SAPS

Prior to 1995, South Africa had the TBVC states (Transkei, Bophuthatswana, Venda and Ciskei) and self-governing territories (Gazankulu, Kangwane, Kwandebele, Kwazulu, Lebowa and Qwaqwa). Each homeland had its own policing agency in addition to the old South African Police (SAP), which amounted to 11 policing agencies. The dawn of the democratic era in 1994, the abolition of homelands and the establishment of a united South Africa resulted in 9 provinces being created, which in turn, led to the establishment of a single police agency, the SAPS, to serve the entire country. In 2009, the name of the Ministry in policing was changed from the Ministry of Safety and Security to the Ministry of Police. The objective was to emphasise the operational nature of the work of this Ministry and police officers. The focus was on reducing serious and violent crimes in South Africa (SAPS Profile/History, 2012).

The SAPS is presently a law enforcement institution that operates in the form of a service provider, hence the name South African Police was changed to South African Police Service (SAPS Annual Report, 2010/11). The SAPS was thus changed from being a police force to being a police service (Sekwena, Mostert, & Wentzel, 2007). The role of the police officers was also changed from state policing to community policing (Nel, 1999). The SAPS operates in the 9 provinces of South Africa, namely, Gauteng, North West, Free State, Limpopo, Mpumalanga, Northern Cape, Western Cape, Eastern Cape and KwaZulu-Natal. All these provinces put together have a total of 1 120 police stations with a police/population ratio of 1:323 (SAPS Annual Report, 2010/11).

The overarching mandate of the SAPS is: (i) to prevent, combat and investigate crime; (ii) to maintain public order; (iii) to protect and secure the inhabitants of the Republic and their property; and (iv) to uphold and enforce the law. In support of this mandate, the mission of the service is stated as preventing and combating anything that could threaten

the safety and security of any community, to investigate any crimes that could threaten this safety and security, to ensure that offenders are brought to justice and also to participate in efforts to address the causes of crime.

Based on this mission, SAPS' four operational priorities for the period 2010 to 2014 are crime prevention, which focuses on reducing the levels of serious crime, contact crime and trio crime (house robberies, business robberies and vehicle hijackings) through: (i) improving the police response; (ii) improving cooperation from communities through community policing and sector policing; (iii) effectively policing public order; and (iv) combating corruption (SAPS Annual Report, 2010/11). The SAPS mandate and mission thus give a clear picture of the role of police officers. They act as agents in the South African communities, who provide a service of support and protection of the community members from harm by ensuring that they are protected from violent crimes and also assisted when they are victims of such crimes.

This role is also enhanced through visible policing. This is the availability and accessibility of police officers in communities, which is ensured through different objectives, one of which is crime prevention. Crime prevention encompasses programmes that aim to improve services to women and children, and reduce crime through proactive policing which is preventative in nature, and give support to victims, which is investigative. On the basis of this, there is focus on gender-based violence, which entails preventing violence against women, improving the criminal justice response, and supporting victims of sexual offences, including rape and early marriages (SAPS Annual Report, 2010/11).

Training also takes place in the Domestic Violence Programme to equip police officers with knowledge on how to handle domestic violence cases. There is also focus on the VEP which is aimed at reducing and preventing victimisation and repeat victimisation. This includes the establishment and use of the victim support rooms in police stations for interviewing the victims, taking statements and consultations with the victims.

Consequently, by March 2011, there were 71 victim support rooms set up in the Limpopo Province alone (SAPS Annual Report, 2010/11).

The South African Police Service Act No. 68 of 1995 and the Amendment Act No. 83 of 1998

The extent of crime and violence is also recognised through the South African Police Service Act No. 68 of 1995 and the Amendment Act No. 83 of 1998. According to these Acts, any form of criminal conduct by an individual or a group of persons is regarded as organised crime. This is crime that warrants prevention and investigation. It requires specialised skills to perform these duties by the SAPS officers. The SAPS is also expected to collaborate with the South African community through the establishment of and working together with the community police forums at police stations, as well as area and provincial community police boards. The aim is to establish partnership and communication between the community and the SAPS, in order to improve transparency in the service and accountability of the SAPS to the community. This, it is hoped will fulfil the needs of the community regarding policing, and promoting joint problem identification at national, provincial, area and local levels. Applications by municipalities to have municipal police services have also been granted in order to prevent crime at the municipal level (South African Police Service Act No. 68 of 1995; South African Police Service Amendment Act No. 83 of 1998).

The Mental Health Care Act No. 17 of 2002

An act was also established in South Africa whose objective is to regulate the mental health care of South Africans. This is done through the regulation of the best possible mental health care, treatment and rehabilitation services. The Act also ensures access to these services and proper referral for the best treatment of those who need the services (Mental Health Care Act No. 17 of 2002). This is because the restoration of mental health has become a vital aspect in South Africa, especially considering the extent of mental illnesses, which is due to the crime, violence and injuries that take place in this country.

The Act also makes provision for the collaboration of mental health care practitioners and the SAPS officers in making decisions about the mental capacity of the users of such services. They have to collaboratively make decisions whether offenders should be arrested, released or undergo mental health care intervention, especially in cases where they have the potential to inflict harm on themselves or others. The SAPS officers are also required to apprehend and return state patients and mentally ill prisoners who are regarded as dangerous if they abscond from the health establishments in which they are being treated (Mental Health Care Act No. 17 of 2002). This further illustrates the role of the police officers in the management of traumatic crimes in this country.

WHO guidelines on trauma care

The extent of trauma as a result of violence is also taken into account by WHO. Guidelines for essential trauma care whose focus is on setting achievable standards for trauma treatment services that could be accessible to all injured persons in the world, including African countries like South Africa have been established. This is in recognition of the fact that trauma is a universal phenomenon. These guidelines also define the human resources (staff) and physical resources (infrastructure, equipment and supplies) that would be necessary to ensure the availability of trauma care. It focuses on the management of different types of injuries (Mock, Lombard, Goosen, Joshpura, & Peden, 2004).

In addition, methods for promoting the essential trauma care services have also been outlined. Some of these methods include training practitioners to enable them to acquire skills for trauma care across the health professions. The methods also ensure performance improvement which focuses on monitoring elements of diagnosis, treatment and outcomes both at the individual provider and system levels. Hospital inspection also takes place to monitor the functioning of hospitals depending on whether a country is a low- or middle-income country (Mock et al., 2004).

The SAPS' focus, the described Acts and the WHO guidelines show the extent to which the consequences of harm and trauma are considered worldwide and in this country.

These Acts and guidelines together with the general background of trauma that has been given necessitate an explanation of the focus of this study.

DESCRIPTION OF THE RESEARCH TOPIC

The topic of the study is: A grounded theory of critical incidents impact management among SAPS officers in the Vhembe District, Limpopo Province. This topic focuses on the impact of the critical incidents that SAPS officers in the FCS/domestic violence, field training, detective and social crime prevention units in the Vhembe District, Limpopo Province are exposed to. This impact is manifested in the form of traumatic stress which is vicarious traumatisation (VT) and which requires to be managed. A form of trauma management that is relevant to the distinctive way in which VT is manifested among these police officers, and the influence of the officers' individual, police unit and societal subcultures is also explained.

RESEARCH PROBLEM

Kgalema (2002) notes the prevalence of VT among members of one of the divisions of police officers in South Africa, namely, the Municipal Police Services (MPS) also referred to as the Metropolitan Police Services. This division works with issues encountered at municipal level. Currently, this division has been established in eThekweni (Durban), Johannesburg, Cape Town, Tshwane and Ekurhuleni. VT was also found to be prevalent within the SAPS (Kopel & Friedman, 1997).

Kleber, Figley, and Gersons (1995) indicate that the dynamic composition of the social interactions and culture in a particular society determine the nature of events that occur in that society, thus leading to trauma. For instance, in recent years the SAPS officers in the Vhembe District have had to deal with one form of ritual killing known as "*uviya*" (in Tshivenda). In this type of killing, the victim's body parts are removed while he/she is still alive. The removed parts are believed to be used for medicinal purposes (Labuschgne, 2004; Munthali, 2006).

Various other types of murder have been reported in other parts of the country such as Gauteng, Kwazulu-Natal, Western Cape and North-West Provinces. These murders include serial murders, which involve the murder of many people by one or more individuals over a period of time. These serial murders were a result of the social, cultural and political enculturation and transformations that were taking place in the 1990s (Del Fabbro, 2006).

Lennings (1997) argues that witnessing such violence which involves gruesome and mutilation incidents leads to trauma among police officers. These findings show the significant role the current study has to play in uncovering the nature of current cases leading to VT among the SAPS officers. Specific attention will be on the Vhembe District and the coping strategies that the SAPS officers in this district use.

Differences are not only noticed in the types of traumatic events that take place across societies, but also on the coping strategies used as well. On the basis of the literature reviewed, it is noticeable that coping strategies linked with trauma and traumatic stress among police officers are not only influenced by individual differences (Kirmeyer & Diamond, 1985) but by different cultural backgrounds of the individuals (Haarr & Morash, 1999). Saakvitne, Tennen, and Affleck (1998) emphasise that trauma and the way people respond to it take place within a socio-cultural context. People are shaped by the political and moral implications within that context. This, therefore, suggests that the application of such strategies among the SAPS officers could also differ across cultural groups.

Pienaar, Rothmann, and van de Vijver (2007) indicate that individuals analyse and perceive situations differently in terms of whether they are threatening or not; this depends on individual differences. This means that even if police officers are faced with the same traumatic situations, they still interpret the meanings of such situations differently and thus also apply different ways of dealing with them (Carlier, Lamberts, & Gersons, 2000).

In addition, Kleber, Figley, and Gersons (1995) show that a study of trauma and its effects cannot be understood if it is separated from people's social interactions and the culture which informs that society. The cultural values and norms shared with others within a culture in a specific society determine the interpretation of trauma causal factors, trauma effects and coping strategies.

Culture also serves as a crucial factor in determining the coping strategies used when people are faced with stressful events (Gaziel, 1993). Pienaar and Rothmann (2003) point out that the emotional response following the occurrence of stressors can be influenced by culture, among other factors, as this factor shapes the way that stressors are perceived, evaluated and understood. Culture also determines the type of coping strategies that are available to people and seem proper to use, in order to handle stress. In the case of traumatic events, the internalised cultural norms, beliefs, ways of thinking and others, determine how a person responds or copes when confronted with a shocking and unpredictable situation (Gaziel, 1993; Kleber et al., 1995).

In support of these findings, Kgalema (2002) indicates that police officers deal with VT in different ways around the world. This determines the coping strategies that they employ to alleviate this type of trauma. Literature also suggests that there are similarities, as well as differences in the ways that police officers cope with stress and trauma in South Africa. For instance, a cross-sectional survey with 1 431 police officers in 8 provinces (Limpopo, Gauteng, Mpumalanga, Northern Cape, Western Cape, Eastern Cape, Kwazulu Natal, and Free State) was conducted in 2003 (Pienaar & Rothmann, 2003).

One of the objectives of the survey was to determine whether there were differences in the coping strategies employed by police officers from different demographic groups in dealing with stress. The Coping Orientations to the Problems Experienced Questionnaire (COPE) was used to carry out the survey. It was found that there were common strategies used by police officers from different races. However, when police officers were

compared by race, among other factors, it was also discovered that they used the following coping strategies differently: active coping; avoidance; seeking emotional support; and turning to religion. Race was shown to be accompanied by culture in dealing with stress in this study (Pienaar & Rothmann, 2003).

Furthermore, variations in the analyses of some of the subscales of the COPE were found in Pienaar and Rothmann's (2003) study on police officers. They suggested cross- and inter-cultural comparisons of the following factors in the questionnaire: active coping; planning; positive reinterpretation and growth; as well as mental disengagement. This means that there are uncertainties in the comparability of these factors across and within cultures among police officers, especially considering that the content of some of the items used in the COPE by Carver, Scheier and Weintraub (cited in Pienaar & Rothmann, 2003) may not have equivalent meanings for different cultural and racial groups.

Following their findings on the differences in coping strategies used by police officers from different racial and cultural groups, Pienaar and Rothmann (2003) further highlighted the importance of conducting studies that focus on showing the relationship between stress-causal factors and coping strategies used. Kgalema (2002) also found that cultural beliefs were some of the factors that determined coping among the Metro police officers in South Africa. Taken together, these findings emphasise the correlation between cultural differences and trauma-coping strategies among police officers and that such correlation should be taken into account when efforts are made to help police officers to cope with trauma, including VT. Patterson (2001a) supports this by showing that mental health services should provide police officers who encountered trauma with support that is culturally relevant, in order to ensure the provision of an optimal service.

In addition to the necessity of further studies being carried out on the relationship between culture and coping strategies among police officers, there is need to study the inconsistencies in the findings on the types of coping strategies used by police officers. Discrepancies have been found between the use of emotion-focused (dealing with the emotional suffering) and problem-focused (facing the situations encountered) coping

strategies among police officers (Folkman, 1982; Pienaar & Rothmann, 2003). While literature on coping strategies used by police officers shows that police officers rely on the use of emotion-focused strategies (Kgalema, 2002; Pienaar & Rothmann, 2003), it was also discovered that problem-focused strategies are preferred over emotion-focused ones (Pienaar & Rothmann, 2003).

On the basis of the inconsistencies in the findings on culture and police coping strategies, in particular the use of problem- and emotion-focused coping strategies, it is vital to continue carrying out studies on this issue of coping strategies employed by police officers, in order to ultimately arrive at a common ground. The present study, therefore, focused on how the subcultures of police officers in the Vhembe District relate to the different coping strategies identified among police officers.

RESEARCH QUESTIONS

The following is the main research question that this study sought to answer:

- i. What coping strategies do SAPS officers in the Vhembe District use to deal with critical incidents that could lead to VT?

The following are subquestions that this study sought to answer:

- ii. What critical incidents that could lead to VT do the SAPS officers in the Vhembe District encounter during their work with community members?
- iii. What symptoms experienced by the SAPS officers are suggestive of VT?
- iv. How does the environment in the Vhembe District influence the coping strategies used to deal with the incidents that could lead to VT and symptoms of VT?

The first research question served as the main question of the study since the principal focus of the study was to understand how police officers in the Vhembe District cope with the critical incidents faced with when helping the primary victims of trauma. The other questions thus served the purpose of supporting the main question by uncovering information that led to answering the main question adequately.

AIMS OF THE STUDY

The aim of this study was to describe and interpret the personal strategies that SAPS officers in the Vhembe District, Limpopo Province use, in order to deal with critical incidents in their operational work and to develop a theoretical framework, which would take the officers' work context into account.

The objectives, therefore, linked to the aim of the study were as follows:

- i. to describe the critical incidents which lead to VT that the SAPS officers encounter during their work;
- ii. to describe the symptoms experienced by the SAPS officers which are suggestive of VT;
- iii. to uncover and interpret accounts by the SAPS officers on the coping strategies that they use to deal with the symptoms of VT; and
- iv. to develop a theoretical framework to manage the impact of critical incidents among SAPS officers in the Vhembe District.

OPERATIONAL DEFINITION OF KEY TERMS

The following terms serve as key concepts in the study aimed at understanding the phenomenon of VT and the process of coping with the critical incidents leading to VT.

Critical Incident

A critical incident is a gruesome scene in the work of a police officer (Rothmann & Jorgensen, 2007), which suddenly tempers with the officer's expectations of personal safety (Cross, 2004). It presents itself in the form of a dangerous, life-threatening and unexpected event that overwhelms the coping skills of an individual and causes distress, impairment and dysfunctionality (Caine & Ter-Bagdasarian, 2003; Levenson, 2007). In this line of work, such an incident has the potential to incite trauma reactions in the officers and, thus, requires adaptation.

Nel and Burgers (1996) show that among police officers, critical incidents refer specifically to traumatic events such as: (i) the serious injury or death of a child, a woman, or a mother who leaves her children behind, or even the death of a colleague either through homicide or committing suicide; (ii) being exposed to incidents in which there are odours, sounds and sights which trigger feelings of uneasiness. These include decomposing bodies, shooting and bomb blast scenes; (iii) dangers in the environment; and (iv) national disasters.

The terms critical incident, traumatic case and traumatic situation are used interchangeably in the current study depending on the context or situation. Furthermore, national disasters were excluded in this study as focus was only on the first three categories of critical incidents as described by Nel and Burgers (1996).

Trauma reaction

Trauma reactions refer to the symptoms or signs of trauma that individuals present with after exposure to a traumatic event. These vary in nature and can be physical, cognitive, emotional, behavioural, work-related and interpersonal (Jenkins & Baird, 2002; Moulden & Firestone, 2007). The terms trauma reaction and VT symptom are used interchangeably in the current study.

Stress

Stress is a reaction that people experience when there is a change in their lives or environment. This could lead to positive or negative outcomes. It also occurs as a result of a disturbance in the balance between one's cognitive and emotional functioning in relation to the environment in which one lives and works. This can be due to factors external to one, thus putting a strain on one's adaptive skills (Moe, 1995; Storm & Rothmann, 2003).

Posttraumatic stress

Posttraumatic stress is a form of stress that is different from the normal reaction to the usual day-to-day stressful life events because it is a chronic experience that presents with stressful symptoms that follow exposure to traumatic events (Benight & Bandura, 2004).

Trauma

Trauma is an emotional experience in the form of feelings of shock, fear and helplessness. It brings doubts about handling situations constructively in the future. It results from exposure to an unusual, overwhelming and dangerous experience or situation which may lead to a threatening experience or injury or, in extreme cases, death of an individual. It thus challenges and overpowers the individual's coping skills (Hamber & Lewis, 1997; Kgalema, 2002; Trippany, Kress, & Wilcoxon, 2004).

Vicarious traumatisation

Vicarious traumatisation is a type of trauma whereby an individual is not directly involved in a traumatic situation as a victim. Rather, he/she experiences trauma in the form of painful feelings and memories as a result of being sympathetic and empathic towards primary victims of trauma. It takes place when service providers put themselves in the victims' positions in order to understand what the victims are going through and what they are experiencing as they witness another person (victim) going through pain and suffering. This usually happens when the service providers are repeatedly exposed to such traumatic experiences either through observation or by assisting the victims. This can lead to the development of symptoms that signify trauma in one's being (Bell, Kulkarni, & Dalton, 2003; Kgalema, 2002). The term, vicarious traumatisation, is used as a collective word in this study to refer to the symptoms experienced by police officers as a result of exposure to critical incidents of the victims that they are assisting.

Victim of crime and violence

According to the 1996 National Crime Prevention Strategy in South Africa (Kgalema, 2002), the Minimum Standards on Services for Victims of Crime in South Africa (Department of Justice and Constitutional Development, 2007) and National Policy

Guidelines for Victim Empowerment (Department of Social Development, 2009), a victim of crime and violence is anyone, whether individually or in association with others, who experiences acts or omissions that impact on his/her physical or emotional functioning and adaptation. Such acts or omissions may be in the form of physical or mental injury, the violation of basic human rights, loss in one way or another of the individual's economic sustenance and leading to emotional suffering. These acts and omissions are determined on the basis of violating the criminal law in the country. Therefore, victims of crime and violence include both those who are directly affected (primary victims) and indirectly affected (secondary victims) by such acts or omissions (Hamber & Lewis, 1997).

Trauma-coping strategies

These refer to strategies employed to handle the experiences of trauma, which come in the form of external or internal demands, which might challenge an individual's resources of adaptation (Folkman, 1982; Latack & Havlovic, 1992). Kgalema (2002) argues that the strategies used should help an individual to manage trauma. Management in this case refers to restoring the sense of being in control over oneself and the environment in which the individual lives and works. This alleviates feelings of helplessness brought about by the trauma.

Coupled with control, is the use of cognitive functions such as perception, thoughts and judgement, as well as the behaviour that the individual executes, in order to deal with the stress caused by the traumatic events. This means that coping has the cognitive and behavioural elements to it (Cronqvist, Klang, & Bjorvell, 1997; Folkman, 1982; Latack & Havlovic, 1992; Pienaar & Rothmann, 2003).

Success of these strategies is dependent on the following factors: (i) whether an individual engages oneself to deal with the traumatic event faced with (Beasley, Thompson, & Davidson, 2003); (ii) makes an association among the following factors: (a) the individual's past, (b) one's family, (c) the beliefs held, and (d) one's community and society as a whole; and (iii) the individual manages to operate in connection with all

these aspects (Kgalema, 2002). It means that the strategies should help the victim of trauma to face and survive the trauma by functioning as a complete being and not by avoiding any of these aspects.

Critical incident stress management

Critical incident stress management (CISM) is an intervention method that is adopted at the workplace to help service providers, especially those involved in traumatic events, to deal with the sudden, unexpected critical events in their line of work. It encompasses critical incident stress debriefing, which enables the service providers to express their emotions relating to those critical events in a non-threatening environment (Caine & Ter-Bagdasarian, 2003). It also helps them to return to normal functioning (Malcolm, Seaton, Perera, Sheehan, & Van Hasselt, 2005).

In this study, the term critical incident stress debriefing and debriefing services among the SAPS officers are used interchangeably, while critical incidents impact management is used to refer to the process of coping embarked on by police officers, which is inclusive of individual coping resources, debriefing and the support of others. This form of management is aimed at helping the individual to cope with the effects of the traumatic scenes that they are exposed to.

Service provider

A service provider is a worker in a particular department or sector who delivers a service of victim empowerment as well as emotional and practical support to victims of violence and crime immediately at the scene or shortly after occurrence of violence or crime. The support is in the forms of availability to assist, provision of information pertaining to the event that the victims have encountered and their rights, identification of symptoms of posttraumatic stress, trauma management and referral to professional services, where necessary. Therefore, the task of the service providers is to care for and assist the victims (Department of Social Development, 2009). Police officers in the SAPS, as service providers, have the role of investigating the crimes committed against the victims, charging the perpetrators and submitting police dockets to the public prosecutor to make

a decision on whether to continue investigating the reported crimes or to withdraw charges against the perpetrators (Department of Justice and Constitutional Development, 2007). They thus attend to the needs of community members who are exposed to violence and injuries. Their role is specifically to serve and protect the rights of all South Africans through community policing (Nel & Burgers, 1996) and this exposes them to the trauma experienced by the victims of violence and crime. In this study, even the professionals who are in literature referred to as helping practitioners because of their helping role, will be called service providers.

Police subculture

Culture is a learned and internalised way of perceiving and understanding one's world. It translates into ideas, preferences, norms, beliefs, values, thoughts, evaluations, feelings, motives and material objects shared among people at a particular time and place. These factors direct the way of living and behavioural patterns of a group of people. They also ensure the survival of the people who follow them and are communicated among them through the use of language (Gaziel, 1993; Woody, 2005). Culture may thus be formed in people's communities or subgroups within those communities which share the norms and preferences. These subgroups include police subgroups which form a subculture. While there is a police culture which shows how police officers within law enforcement operate, a police subculture depicts differences in the behaviour and attitudes of police officers. Such differences include race, gender, education attained and the type of policing, among others (Paoline, 2004).

Grounded theory

A theory is a collection of meaningful concepts that explain the occurrence of a phenomenon and also shows conceivable and likely relationships between those concepts (Leedy, 1997). The relationships can be used to explain or predict the phenomenon (Strauss & Corbin, 1998). Grounded theory specifically refers to a systematic and qualitative approach to inductively generate a theory whose purpose is to explain the process, action or interaction under study on the basis of broad concepts. It is used to

analyse naturalistic fields, historical and documentary data, thus generating the theory from the data (Moghaddam, 2006).

CONCLUSION

This chapter provided an overview of the foundation of the study. The chapter discussed the focus of the study, the research problem and the objectives that the study aimed to achieve.

Chapters 2 and 3 focus on the **review of literature** and previous research studies on VT and coping. This review provides an evaluation of those studies and shows how they relate to the current study. Chapter 2 provides a general exposition of VT and chapter 3 gives an explication of VT in the SAPS context.

Chapter 4 presents the **research design**. Focus is on the applied research design, which is grounded theory. The chapter also presents sampling strategies and criteria used to sample participants of the study. Procedures and techniques used in data collection, and the content thematic, as well as constant comparative data analysis methods relevant to reaching the objectives of this study are also discussed and justified.

Chapter 5 presents the **results** of the study. In this chapter, the research questions and objectives of the study are answered. The results are also related to the data analysis methods used and their significance is discussed.

Chapter 6 focuses on the **discussion, conclusions and recommendations** of the study. The results are interpreted and compared to previous research studies. The chapter also discusses how the sampling procedure, sample size and interview techniques may have impacted on the data collection process, data analysis, and the results gathered. The issue of trustworthiness is also discussed in the chapter. Challenges encountered in the course of the study are also discussed and how these were overcome. Recommendations emanating

from the results and conclusions reached in the study are discussed and possible future studies are also suggested.

CHAPTER 2

LITERATURE REVIEW

SECTION I: A GENERAL EXPOSITION OF VICARIOUS TRAUMATISATION

INTRODUCTION

Bober and Regehr (2006) argue that trauma research gained attention in the previous three decades. This helped to develop intervention programmes for direct trauma exposure resulting in posttraumatic stress experiences. In subsequent years, trauma has been found to be extended to those who are indirectly exposed to traumatic situations through the type of work that they do. This is referred to as vicarious traumatisation (VT) (Figley, 1995; Sabin-Farrell & Turpin, 2003).

Consequently, Ludick et al. (2007) suggest the importance of identifying stress-inducing situations, specifically work-related stressors among different types of workers. This is because VT is regarded as a type of work-related stress. The aim is to lessen exposure to such situations and, thus, ensure that the workers' well-being is taken into consideration. While VT has been studied among various groups of workers, Ludick et al. (2007) show that there are some groups which can be regarded as less obvious populations among which VT takes place and, which have not formed part of the VT studies. This is the reason this study focuses on SAPS officers as one such group which is vulnerable to VT, but has received little attention in trauma research.

Pearlman and Saakvitne (1995b) indicate that apart from therapists, there are various people who enter the world of victims of trauma on the basis of the nature of their work. However, much VT literature focuses on trauma therapists as this form of trauma was first noticed among this subgroup of service providers. Therefore, a lot of research is based on studies carried out among therapists. Literature presented in this study is based on studies pertaining to therapists as the foundation of discussion and other subgroups studied later in the field of trauma. Thus, the term service provider is used throughout the literature review to refer to therapists and other subgroups in order to avoid taking much

space drawing lines and making comparisons among these subgroups, except where necessary. The focus of the present study is on the subgroup of police officers as service providers.

DIFFERENCES IN MEANING OF THE TYPES OF TRAUMA

Trauma

While trauma refers to direct exposure to or the witnessing of an event that is life-threatening or involves actual death, serious injury or physical integrity of self or others resulting in shock (Hamber & Lewis, 1997; Kgalema, 2002; Robins, Metzler, & Zelikvosky, 2009), different types of trauma manifest in different ways and also occur in different occupational settings. Therefore, the construct of trauma comprises of different dimensions.

Traumatic stress

One of the dimensions of trauma is traumatic stress. This is the kind of stress that involves stressful events and circumstances that are outside the scope of everyday stressors. It, therefore, challenges an individual's everyday coping mechanisms. This takes place when the stressors challenge the individual's normal psychological, cognitive, behavioural and physical functioning. It comes about as a result of occurrences of violence, among other factors (Hobfoll, Dunahoo, & Monnier, 1995). According to Suedfeld (1997), such stress also leads to unpredictability as the assumptions held about order, safety and identity are nullified.

In keeping with the definition of traumatic stress, Benight and Bandura (2004) show that traumatic stressors comprise of the following characteristics:

- i. they are perilous, that is, the events are hazardous in nature, thus putting an individual's life in danger, even close to death;
- ii. they are also unpredictable as they are not part of everyday living, but occur unexpectedly and, therefore, frighten the people exposed to them; and

- iii. they are also uncontrollable due to the fact that they challenge the daily adjustment mechanisms used to deal with daily stressors.

While these could also be applicable to police officers, this form of trauma is not comprehensive when applied to police trauma as it excludes the notion of vicarious exposure to trauma.

Posttraumatic stress

Another dimension of trauma is posttraumatic stress. This is represented by the recurring traumatic reaction that follows traumatic events that threaten the safety of an individual. These events could be in the form of injury, death or threat to the individual's integrity or that of other people (Benight & Bandura, 2004). Violanti, Andrew, Burchfiel, Dorn, Hartley, and Miller (2006) note that occurrences such as physical assault, shootings, witnessing violence and abuse within families and removing dead bodies can lead to this kind of stress among police officers. Posttraumatic stress leaves the individual with intense emotional reactions such as helplessness, intense fear or horror (Benight & Bandura, 2004). One of its characteristic features is the repeated exposure of individuals to traumatic events (Violanti et al., 2006). This explanation of trauma is also limited as it focuses on direct exposure to trauma without explaining what happens when a service provider, such as a police officer, has been exposed to a traumatic situation without being the primary victim.

Vicarious traumatization

This type of trauma is, according to some of the proponents of the phenomenon of VT like Pearlman and Saakvitne cited in (Jenkins & Baird, 2002), the permanent transformation of the inner experience of the service providers when they come into contact with the victims that they help. It is called by different names, namely vicarious trauma (Bell et al., 2003; Levin & Greisberg, 2003; Ludick et al., 2007; Ruzek, 1993); secondary victimisation; and secondary traumatization (Ludick et al., 2007; Tehrani, 2007).

The main shared aspect is the indirect or secondary exposure to trauma, specifically exposure to the primary victims' trauma materials (Ludick et al., 2007). These stressors such as a serious threat to a traumatised person or sudden destruction of the environment of a traumatised person are regarded as secondary stressors (Jaffe, Crooks, Dunford-Jackson, & Town, 2003). Vicarious traumatisation takes place in the form of terrifying and shocking images, strong disorganised affect and intrusive traumatic memories (Jenkins & Baird, 2002). Vicarious traumatisation is thus also called indirect traumatisation according to Ludick et al. (2007). These researchers also suggest that the use of these terms, including, compassion fatigue which is linked with therapists, may be associated with specific professions.

Whichever way this form of trauma is labelled, it is relevant to the focus of this study, which is investigating the vicarious exposure of police officers to traumatic situations of their clients, the effects of such exposure and the coping strategies used to manage those effects. The study focus thus goes beyond traumatic stress and posttraumatic stress. This is because secondary trauma encompasses some of the factors highlighted as characteristics of traumatic stress since there are stressors that are traumatic in nature, challenge everyday coping skills and, thus the psychological, cognitive, behavioural and physical functioning of an individual. The victims are also repeatedly exposed to the traumatic events leading to intense emotional reactions, thus suggesting that secondary trauma meets the characteristics of posttraumatic stress. What makes secondary trauma different is that it includes active participation in and witnessing the harm of others which affects their well-being (Bell et al., 2003; Levin & Greisberg, 2003; Palm, Polusny, & Follette, 2004; Trippany et al., 2004).

The term vicarious traumatisation is used throughout this study to refer to secondary trauma found among police officers. This term was chosen because: (i) in a South African study on the police conducted by Kgalema (2002) this type of trauma was referred to as vicarious traumatisation. Therefore, the same term is used for the sake of continuity in South African police research on this phenomenon; and (ii) Moulden and Firestone (2007) also indicate the relevance of the use of this term for the following

reasons: (a) it is the most preferred term in literature, which focuses on vicarious trauma that involves victims and perpetrators, thus showing the relevance of its use in the present study on police officers; (b) it shows the cumulative nature of this type of trauma; and (c) it accentuates the notion of experiencing the same emotional distress as another person as though one has experienced the distress directly.

CONCEPTUALISATION OF TYPES OF OCCUPATIONAL STRESS

According to literature, there are various types of occupational stress which must be distinguished according to type, causes, type of engagement taking place at work, and symptom manifestation. Among these are burnout, compassion fatigue, secondary traumatic stress (STS) and VT (Jaffe et al., 2003; Sabin-Farrell & Turpin, 2003).

Burnout

Burnout is a form of occupational stress found among service providers (Jenkins & Baird, 2002). It manifests itself in three ways: (i) exhaustion, which is physical, emotional and mental in nature; (ii) reduced personal accomplishment, which is signified by disrupted work-related functioning such as a tendency of self-blame, having a sense of not achieving at work and perceiving work as a heavy burden; and (iii) depersonalisation of clients, which is in the form of behavioural symptoms like irritability, having a pessimistic attitude towards clients who are assisted and not caring for them, thus also disrupting interpersonal functioning at work (Jenkins & Baird, 2002; Pross, 2006; Robins et al., 2009). These symptoms are defensive responses to the work done (Jenkins & Baird, 2002).

Burnout results from three factors: (i) being emotionally involved in the work done, thus being emotionally overloaded; (ii) involvement in demanding interpersonal situations without receiving the necessary support at work to handle them, thus resulting in psychological strain; and (iii) working in a stressful environment and failing to cope with the demands of work, which can also include the incongruity between the effort put into doing the work and rewards received for it (Jenkins & Baird, 2002; Pross, 2006; Robins

et al., 2009). McCammon and Allison (1995) group these causal factors into three categories, namely, organisational variables, role perceptions, and working conditions.

Burnout takes place after a long period of engagement with work. The type of engagement referred to here is prolonged work exposure or involvement. While occurring gradually, it occurs due to working with any type of client. Its distinguishing characteristic is, therefore, prolonged exposure to work without trauma-related symptoms (Jaffe et al., 2003; Jenkins & Baird, 2002; Sabin-Farrell & Turpin, 2003). This form of occupational stress may, although not sufficient to do so, contribute to or exacerbate VT (Jaffe et al., 2003; Robins et al., 2009) as it alters the resources that an individual has towards managing VT, thus also magnifying the manifestation of VT (Jaffe et al., 2003). On the basis of this, Jenkins and Baird (2002) argue that measures of burnout and VT should only have moderate correlation because, although related, the two phenomena are not the same.

Compassion fatigue and secondary traumatic stress

Secondary trauma is another type of occupational stress as it is a customary form of occupational hazard encountered by service providers, specifically trauma and mental health workers (Jenkins & Baird, 2002). This type of trauma has been called by different names in different studies and newsletters. These names include compassion fatigue (Bell et al., 2003) and secondary traumatic stress (STS) (Bell et al., 2003; Bober & Regehr, 2006; Cornille & Meyers, 1999). These terms are actually used interchangeably. Figley (1995), for example, argues that compassion fatigue can be viewed as a substitute of STS. STS is a type of secondary trauma which manifests itself with symptoms similar to those of posttraumatic stress disorder (PTSD). The symptoms are re-experiencing, avoidance of material, physiological arousal and emotional numbing. These are the same symptoms as those encountered by the victim that is assisted. What distinguishes STS from PTSD is the empathic engagement of a service provider in primary victims' traumatic situations.

Empathic engagement with victims is also an aspect that distinguishes STS and compassion fatigue from burnout. While burnout also involves working with people and

their problems, it occurs as a result of prolonged involvement in work rather than empathic engagement. Therefore, unlike burnout, compassion fatigue and STS are caused by exposure to the primary victims' trauma material rather than stress related to the occupational environment. What makes them related to burnout, however, is that they share the symptom of exhaustion, which is experienced as a result of providing continuous support to chronically affected victims (Jenkins & Baird, 2002).

In addition, the focus of compassion fatigue and STS is on the emotional reactions experienced by service providers as a result of working with primary victims of trauma. However, they do not encompass changes in the cognitive schemas of the service providers, thus differentiating the two from VT. Nevertheless, like VT, their onset is sudden, that is, they occur without warning and have adverse symptom manifestation (Bober & Regehr, 2006; Jenkins & Baird, 2002; Ludick et al., 2007; Martin, 2006; Robins et al., 2009; Sabin-Farrell & Turpin, 2003; Salston & Figley, 2003). While STS may occur gradually, it can also take place after only one exposure to a traumatic situation (VanBergeik & Sarmiento, 2006).

A further distinction is made between STS and compassion fatigue, and between STS and VT. The difference between STS and compassion fatigue is that STS is a form of secondary trauma which may first affect one secondary victim and later spread to every other individual within an interpersonal network which these individuals are part of. These interpersonal networks may be in the form of a family, friendship, victims of crime and their supporters, and client-therapist relationship, among others. All these people who are affected within these networks provide a supportive role to the traumatised, specifically significant others. The result is that they become traumatised themselves which is why they are referred to as supporters by Figley (1995). This is because STS results from knowing about the other person's traumatic experience and helping or having the need to help them. This means that STS is not limited to service providers as VT is and, thus, not restricted to therapists as compassion fatigue is. It includes anyone who supports a primary victim of trauma and entails experiencing symptoms similar to PTSD, that is, symptoms of those who are supported.

The distinction between STS and compassion fatigue, however, is still confusing. For instance, Figley (1995) argues that he realised over a period of years of studying compassion fatigue that it is a type of occupational stress that is found among therapists and is linked to trauma work, thus confirming the difference stated above. On the contrary to Figley's (1995) finding, current studies show that compassion fatigue is not limited to clients in therapy, but also takes place as a result of exposure to traumatic experiences of any type of client at work, whereas STS occurs specifically due to exposure to the traumatic experiences of trauma survivors (Sabin-Farrell & Turpin, 2003).

Other current studies confirm this finding and indicate that the term compassion fatigue was specifically developed to describe this form of trauma reaction among service providers, while reducing the degree of stigma associated with those who experience it (Jenkins & Baird, 2002; Ludick et al., 2007). This means that all service providers who assist victims of trauma experience compassion fatigue and that compassion fatigue is not limited to therapists. This shows the extent to which further studies are still required to provide a clear understanding of what compassion fatigue and STS mean. For the purpose of this study, the term STS will be used to refer to both compassion fatigue and secondary traumatic stress throughout the study.

Vicarious traumatisation

While some scholars use the terms compassion fatigue, STS and VT interchangeably because they result from working with victims of trauma (Jaffe et al., 2003; Jenkins & Baird, 2002; Moulden & Firestone, 2007; Warren, Lee, & Saunders, 2003), others show that these concepts are different (Martin, 2006; Salston & Figley, 2003). The service providers who go through STS and VT may all encounter the PTSD-associated symptoms (Bober & Regehr, 2006; Jaffe et al., 2003). Disruption of cognitive schemas and immediate trauma reactions such as intrusive imagery, emotional numbing, nightmares and increased fear, among others, also take place in VT as they do in STS (Bober & Regehr, 2006).

Warren et al. (2003) also show that compassion fatigue and VT share a composite of the following symptoms: distress, avoidance, hypervigilance, heightened feelings of vulnerability, extreme helplessness, an exaggerated sense of control, chronic suspicion relating to the motives that others have in what they do, bitterness, hostility, cynicism and feeling alienated, some of which like distress and cynicism are present in burnout (Jenkins & Baird, 2002). Compassion fatigue, STS and VT also share the aspect of being caused by empathic engagement with clients and this forms part of the work that the service providers do (Jaffe et al., 2003; Sabin-Farrell & Turpin, 2003). Ludick et al. (2007) further show that STS is the actual measure of VT, thus Bober and Regehr (2006) argue that more research is still under way to try to understand the occurrence of STS and VT.

This analysis shows that there is a clear distinction among the phenomena of burnout, STS and VT. However, a marginal difference can be discerned between STS and VT. While burnout is a distinct construct of occupational stress, it may form part of secondary stress, including VT, as service providers may become emotionally exhausted as a result of caring for and being empathic towards their clients (Figley, 1995; Pearlman & Saakvitne, 1995b). Burnout may also be related to VT on the basis of its ability to contribute to or intensify VT. Compassion fatigue and STS may also be related to VT on the basis of their causal factor of empathic engagement and similar symptom manifestations (Sabin-Farrell & Turpin, 2003).

However, a distinction is made among these, specifically between STS and VT, as these are the closest forms of occupational stress. First, literature shows that the main distinguishing feature of VT is transformation that takes place in a service provider's inner experience (Pearlman & Saakvitne, 1995b). This is in the form of a disruption of the cognitive schemas of service providers regarding their world. It is cumulative in the sense that it develops over time through empathic engagement with victims' trauma. Its symptoms are also severe and last for a long time (Bober & Regehr, 2006; Ludick et al.,

2007; Martin, 2006; Robins et al., 2009; Sabin-Farrell & Turpin, 2003; Salston & Figley, 2003).

Second, Jaffe et al. (2003) emphasise that VT is an occupational hazard in its own right. It should, therefore, be distinguished from burnout and STS as it is a personal response of a service provider to the work done. Pearlman and Saakvitne (1995b) add that it is a natural response of service providers to a very specialised kind of work, which is very demanding and requires that practitioners develop certain personalised styles for protecting themselves against repeated exposure to traumatic experiences. Figley (1995) also indicates that individual service providers experience traumatisation differently due to particular types of victims that they assist. This means that VT is experienced uniquely by different service providers on the basis of the following factors: (i) the nature of work done; (ii) types of victims exposed to; and (iii) the protective resources available to them.

Last, VT focuses on the meaning derived from a traumatic experience and adaptation rather than on the symptoms experienced, thus making it different from STS (Pearlman & Saakvitne, 1995b). In table 2.1, the similarities and differences among burnout, STS and VT are shown.

TABLE 2.1: SIMILARITIES AND DIFFERENCES AMONG BURNOUT, STS AND VT

	BURNOUT	STS	VT
TYPE OF STRESS	Occupational stress	Occupational stress	Occupational stress
CAUSES	<p>Workplace structural strains</p> <p>Workplace conditions</p> <ul style="list-style-type: none"> • prolonged, tedious and emotional work involvement with people and their problems • emotional work overload • demanding interpersonal situations without support • stressful environmental-involvement without compatible rewards 	<p>General exposure to trauma of any type of client, including primary victims in interpersonal networks</p> <p>Empathic engagement with clients</p> <p>One severe exposure sufficient to cause symptoms</p>	<p>Specifically exposure to primary victim of trauma</p> <p>Nature of work done being traumatic in nature</p> <p>Type of trauma victim exposed to</p> <p>Degree of availability of personal protective resources</p> <p>Empathic engagement with clients</p> <p>Cumulative exposure over time is necessary</p>
SYMPTOMS	<p>General psychological distress</p> <p>Three-fold exhaustion</p> <ul style="list-style-type: none"> • physical • emotional • mental <p>Reduced personal accomplishment</p> <ul style="list-style-type: none"> • disrupted work-related functioning (self-blame; sense of not achieving at work/incompetence; negative work perception; hindered 	<p>General psychological distress</p> <p>Emotional exhaustion</p> <p>Hindered adequate service provision</p> <p>PTSD symptoms</p> <p>Emotional changes</p>	<p>General psychological distress</p> <p>Emotional exhaustion</p> <p>Hindered adequate service provision</p> <p>Rapid onset of PTSD symptoms</p> <p>Emotional changes</p> <p>Inner experience</p>

	adequate service provision) Depersonalisation <ul style="list-style-type: none"> behavioural symptoms (irritability; cynicism; interpersonal non-caring; disrupted interpersonal functioning) 		transformation <ul style="list-style-type: none"> process of self-perceived change profound trauma-related cognitive and belief system changes
ONSET	Gradual	Sudden	Sudden Gradual
PERIOD OF MANIFESTATION	Prolonged	Prolonged	Prolonged

Derived from Bober and Regehr (2006); Figley (1995); Jaffe et al. (2003); Jenkins and Baird (2002); Ludick et al. (2007); Martin (2006); Moulden and Firestone (2007); Pearlman and Saakvitne (1995b); Sabin-Farrell and Turpin (2003); Salston & Figley, (2003); Warren, Lee and Saunders (2003)

VT AS A MULTI-PROFESSIONAL PHENOMENON

Previous studies support the view of VT as a multi-professional phenomenon which cuts across professions because of the nature of the work done. Exposure to trauma experiences of primary victims appears to be the main common factor in these professions. On the basis of this, various service providers affected by VT have been noted and among these are those in the counselling services. Therapists, for instance, are exposed to the stressful emotional and social suffering of people (Courtois, 1993; Moulden & Firestone, 2007; Ruzek, 1993). This is especially the case with those therapists who have less experience in their work (Creamer & Liddle, 2005), have many caseloads which determine the levels at which symptoms are experienced, spend much time with victims of trauma during counselling, and have personally experienced trauma and received treatment for psychological disorders (Bober & Regehr, 2006; Levin & Greisberg, 2003). Listening to their clients' stories of what was experienced makes them vulnerable to VT (Robins, et al. 2009).

Bell et al. (2003) cite trauma therapists as the most affected subgroup. This subgroup even includes lay trauma counsellors. According to Bober and Regehr (2006), this phenomenon was found among lay trauma counsellors in South Africa, trained to help bank employees who were exposed to bank robberies. Social workers (Bell et al., 2003; Gentry, Baranowsky, & Dunning, 1997), sexual assault counsellors (Bell et al., 2003) and child protective service/welfare workers (Bell et al., 2003; Bober & Regehr, 2006; Cornille & Meyers, 1999) are all among those who experience VT.

VT has also been found in the field of medicine. Nurses experience VT as a result of continuous exposure to victims of trauma and intense emotional engagement that is required on their part as they come across the death of patients (Bell et al., 2003; Martin, 2006; Ruzek, 1993) and conduct painful and frightening procedures (Robins et al., 2009). Medical doctors are also among the identified medical service providers who experience VT (Gentry et al., 1997). Health care providers (in medicine, nursing, social work, psychology, child life, occupational therapy, physical therapy and audiology) in a children's hospital who are continuously exposed to the injury, life-threatening illnesses and medical treatment of children have also been found to be affected by VT. Their degree of VT is actually reported to be comparable to that of trauma workers (Robins et al., 2009).

The field of law is also affected as attorneys also encounter VT (Gentry et al., 1997; Levin & Greisberg, 2003). Judges are also among those who are affected as their work entails making decisions on highly emotional cases such as domestic violence, rape and murders, among others (Jaffe et al., 2003).

Research, interestingly, also forms part of the subfields in which VT is prevalent. Researchers who become empathically engaged with research participants that they are studying may develop VT (Pearlman & Saakvitne, 1995b). According to Bober and Regehr (2006), a previous study found an incident of VT among human rights workers who were collecting data on the violation of people's human rights. Exposure to the data made them vulnerable to VT.

Another interesting field in which VT was found is the insurance industry. Ludick et al. (2007) found the existence of this phenomenon among claims workers in Gauteng, South Africa. These workers were assisting traumatised clients in short-term insurance claims and were exposed to distressing materials such as the clients' experiences of road accidents. These included post-mortem reports, exposure to death certificates and the deceased or seriously injured parties' photographs. Property loss is another aspect of these materials. VT is experienced because of exposure to clients' physical and emotional trauma.

Last, VT also has an effect on those who are in the emergency services (Sabin-Farrell & Turpin, 2003). For example, literature cites disaster workers (Gentry et al., 1997) and emergency service providers who experience the suffering and death of people (Ruzek, 1993) as classic cases. Warren et al. (2003) specify emergency workers such as practising emergency medicine physicians and nurses as an example. Police officers are not an exception in this case (Bell et al., 2003; Kgalema, 2002), especially when one considers that police officers are among those who provide direct services to the victims that they assist (Jenkins & Baird, 2002) and whose work involves empathic engagement with the victims (Pearlman & Saakvitne, 1995b; Sabin-Farrell & Turpin, 2003). These findings, thus suggest the importance of exploring police stress, particularly VT, even further, in order to make necessary interventions possible.

Research, nevertheless, shows that despite exposure to the same traumatic events, individuals, including service providers, may react differently to such traumatic events (Carlier et al., 2000; Pienaar et al., 2007). It is, thus vital to establish whether or not VT exists, and which service providers experience it. It is important to explore some models of VT, which explain its manifestations, as well as personal and environmental characteristics which influence VT reactions among service providers.

EXISTENCE OF VICARIOUS TRAUMATISATION

The following questions arise when studying VT: who experiences VT? Is it normal or pathological? Figley (1995) shows that a lot of research over the past decades has focused on the direct impact of traumatic situations, thus concentrating on PTSD in order to understand traumatised individuals. However, the DSM-III and IV classifications of disorders grew to accommodate the indirect, secondary impact of such situations on others, thus suggesting the existence of a form of secondary stress.

Despite the discovery of this distinction between direct and indirect traumatisation, there is still confusion about what indirect traumatisation is and who is affected by it, specifically among service providers. For instance, Sabin-Farrell and Turpin (2003) acknowledge the possible existence of VT, but they conducted a literature review of this phenomenon and a number of concerns were raised. These are discussed below:

First, strong support for evidence of VT is generally little and also inconsistent in quantitative studies, especially relating to the relationship between exposure to traumatic situations of primary victims and changes in service providers' cognitions and beliefs (Sabin-Farrell & Turpin, 2003). Jenkins and Baird (2002) also show that theory and assessment measures of burnout, as one of the types of occupational stress, are better developed than theory and measures of STS and VT. Manifestations of countertransference symptoms, that is, emotional responses, also have to be studied among different subgroups of service providers as there is still uncertainty regarding this issue.

Qualitative studies, however, show support for evidence of VT in terms of its definition and effects (Sabin-Farrell & Turpin, 2003). Moulden and Firestone (2007) also provide a qualitative analysis which confirms the existence of VT among therapists based on symptoms experienced.

These researchers also cite confirmation of one of the prominent researchers in the field of VT, Stamm. Stamm argued that VT has been in existence among service providers such as therapists as early as the 1990s. Pearlman and Saakvitne (1995b) also indicate that they have found, based on their years of understanding of psychological trauma, the self and interpersonal therapeutic process, that VT does exist. VT can be predicted on the basis of both its theoretical foundation and the personal make-up of an individual service provider.

These contrasting research findings show the extent to which the phenomenon of VT still has to be studied in relation with specific subgroups of service providers. There is need to note VT definitions, symptoms and coping strategies relevant to those subgroups.

Second, Sabin-Farrell and Turpin (2003) also report that there is more and consistent evidence that supports the occurrence of the symptomatic response of intrusive symptoms than the occurrence of cognitive disruptions among health workers, yet cognitive disruptions are said to be some of the factors that distinguish VT from other forms of occupational stress. Variations of VT manifestations are also reported among the health workers and these include the following: PTSD symptoms, general symptomatic distress, and disruptions in cognitive schemas. These reports led me to asking the following questions:

- i. What is VT in actual fact?
- ii. How does it manifest itself among different subgroups of service providers, including police officers?
- iii. Which coping mechanisms are prevalent among those subgroups, especially considering the specific, distinctive VT manifestations among them?

Third, Sabin-Farrell and Turpin (2003) indicate that there are also different predisposing factors and combinations of these factors, thus leading to VT among health workers. These also call for further studies among different service provider subgroups to determine how these factors influence them individually or collectively.

Last, distinguished researchers in the area of VT such as Pearlman, Saakvitne and Stamm, agree that the degree to which research findings gathered on trauma therapists, which is the most studied subgroup of service providers, can be generalised to other subgroups of service providers is not clear (Sabin-Farrell & Turpin, 2003). This necessitates conducting more studies to accommodate these other subgroups.

Sabin-Farrell and Turpin (2003) ask whether or not it is necessary to use another term or develop a new construct, vicarious traumatisation, to refer to the phenomenon that has been found among several trauma workers and has already been referred to by other terms such as secondary traumatic stress and compassion fatigue, among others. This also indicates the importance of studying VT even further to determine its manifestation among different subgroups, such as police officers, in order to determine whether or not their vicarious trauma reactions can be classified under STS and compassion fatigue or VT as a different form of secondary trauma.

On the basis of these concerns, I conducted a study in the Vhembe District to ascertain the definition and manifestation of VT among a service providers' subgroup of police officers, as well as to determine the coping strategies relevant to them. A review of some of the current models of VT can also answer some of the questions raised by these concerns.

EXPLORATION OF MODELS AND THEORETICAL EXPLANATIONS OF VT

According to Sabin-Farrell and Turpin (2003), there is an overlap among the different theories and models used to explicate the phenomenon of VT. In addition, most of the models focus on therapists as the phenomenon of VT was first discovered among this subgroup of service providers.

Psychoanalytic theory and VT

While psychoanalysis has been formed through different schools of thought over the years which made various contributions to the understanding of trauma and how it causes

psychopathology, there are two models which are relevant to understanding VT within this field of study, namely, countertransference and the constructivist self development theory (CSDT) (Pearlman & Saakvitne, 1995a). These are discussed below.

Countertransference

According to psychoanalysis, countertransference refers to a therapist's empathic engagement with a trauma patient, which influences the therapist's feelings towards the patient's trauma. These feelings are experienced as though the therapist went through the traumatic experience directly. This whole process takes place unconsciously (Moulden & Firestone, 2007; Pearlman & Saakvitne, 1995a). It is thus, an unconscious affective response to the patient's trauma material (Pearlman & Saakvitne, 1995a).

According to Sabin-Farrell and Turpin (2003), countertransference is not only an affective response, but it is behavioural as well since the service providers tend to display some strong behavioural responses towards the traumatic experiences and material of the individual who is helped. In a therapeutic relationship, the emotional responses of a therapist include identifying with the patient's sense of helplessness and other emotions like grief, anger and feeling vulnerable.

Reviewed literature reveals that the management of countertransference is dependent on the characteristics of an individual service provider, specifically the ability to conduct introspection. This is so because countertransference requires intense self-analysis to get rid of. The task of self-analysis includes first, monitoring transference (that is, when a patient develops a close relationship with the therapist and expects certain roles to be performed by the therapist on the basis of the fulfilment of roles learned in other relationships with significant others). Second, it involves separating the self from therapy as therapists, just like everyone else, have internal coping resources that protect them from intrapsychic conflicts (Pearlman & Saakvitne, 1995a). Failure to overcome this affective-behavioural-response affects the therapist's functioning in several aspects of life, such as the personal and professional areas as the therapist's therapeutic competence is affected (Pearlman & Saakvitne, 1995a; Sabin-Farrell & Turpin, 2003).

Generally, countertransference serves as a predisposing cause of VT, especially if it is not acknowledged by the therapist. VT also makes a therapist vulnerable to countertransference on the basis of the VT symptoms of cognitive changes and changes in beliefs such as alterations in identity, worldview and personal safety. Low levels of self-awareness and being highly defensive of what one is going through also takes place hence the reciprocal influence between countertransference and VT (Sabin-Farrell & Turpin, 2003). Therefore, countertransference and VT interrelate on the basis of the decreased self awareness, increased use of defence mechanisms and changes to identity and beliefs. Thus, countertransference is regarded as one of the means through which VT develops (Moulden & Firestone, 2007).

Constructivist self development theory (CSDT)

According to Pearlman and Saakvitne (1995a), CSDT is an integrative and comprehensive personality theory as it is based on and integrates various theories such as the psychoanalytic, cognitive, interpersonal psychiatry, self psychology, object relations and social learning constructivist and cognitive developmental theories. It thus has an all-inclusive stance towards understanding trauma. It accommodates individual differences in terms of the experience of an event, responses exhibited, adaptation resources possessed and pace of recovery, as well as understanding an individual holistically. This is because the individual is understood within the developmental, social and cultural contexts.

Its focus on the holistic understanding of an individual disregards the notion of making generalisations about the experience of trauma among different individuals. Consideration of individual differences is not in line with the idea that individuals fit within a particular model of trauma resulting in individuals' behaviour being classified as pathological. Rather it acknowledges that understanding of trauma adaptation requires understanding of the interplay among the following factors: (i) an individual's personality; (ii) his/her personal history; (iii) the traumatic event encountered; and (iv)

the wider context within which the traumatic event and its effects take place (Pearlman & Saakvitne, 1995a).

The theory was developed with a therapeutic setting in mind and, thus, focuses on the relationship between a patient and therapist as a service provider. It helps in understanding how a traumatic event impacts on the psychological, interpersonal and transpersonal aspects of an individual (Pearlman & Saakvitne, 1995a). It also helps with understanding trauma manifestation among service providers as secondary trauma victims. Thus, VT was developed on the basis of this theory (Moulden & Firestone, 2007). It is based on the premise that every individual is faced with a set of life events that he/she has to manage and survive. It also shows that an individual's behaviour and beliefs play an adaptive role (Pearlman & Saakvitne, 1995a).

According to Pearlman and Saakvitne (1995a), the influence of the different theories is apparent in the following assumptions held by the CSDT:

- i. *Meaning construction*: this assumption concurs with the view of constructivism that individuals are the ones who construct realities about what happens in their own lives, including meanings of experiences. What is regarded as a traumatic event is what an individual perceives and defines as such. A traumatic experience can, thus be understood from the perspective of the one who experienced it. This includes exposure to the same traumatic event. If the same event has been experienced by different individuals then different views of the event may be held and different degrees of being affected by the event should be expected.

In addition, as new information and experiences are encountered, new meanings are constructed and these are incorporated into the individual's held beliefs and systems of meaning. Integration of an experience among individuals with a history of trauma means taking the current experience and assimilating it into the beliefs and worldview, which were shaped by previous traumatic experiences that they have been having all along. The previous experiences, thus made them to view themselves and the world in a particular way. When a new traumatic

experience is encountered, the experience is added to the previously developed beliefs and worldview (Saakvitne et al., 1998). This suggests an ever-changing system of meanings and beliefs. Therefore, change of a traumatic meaning can be guaranteed through introducing a new meaning of an experience.

- ii. *Individual differences:* various theories have explained individual differences in response to trauma on the basis of differences in the types of traumatic events experienced and how an individual interacts with the circumstances that he/she is surrounded with. However, vast dimensions of responses to trauma varying from individual breakdown to individual thriving post exposure to traumatic events have been noted, thus calling for more explanations of such differences (Saakvitne et al., 1998). This theory explains that the basis for such different responses to trauma is the fact that individuals differ. Different individuals adapt differently to situations because of the following factors: different life experiences; personal history; personality, including self-identity; worldview; spirituality; types and degree of psychological needs varying from prominent to minor needs; self-capacities; ego resources; and meanings attributed to trauma. Different individuals, thus encounter different situations, attribute different meanings to them and also adapt differently to them because of these individual differences.

According to Saakvitne et al. (1998), when similarities are observed among individuals in response to traumatic events, it is because the individuals share values, biological resources, expectations and needs, which make them to share attributions (that is, explanations of what causes the events), share meaning, as well as adaptations. Pre-trauma personality traits, in combination with the salient traumatic situation experienced determine how one adapts after a traumatic experience (Moulden & Firestone, 2007).

- iii. *Impact of early life experiences:* experiences early in life, specifically childhood sexual abuse, have a great influence on the way that individuals experience and

interact with themselves and others later in life. The experiences of trauma during the early developmental stages are reinterpreted and reconstructed as individuals grow older. Childhood trauma is regarded as more overwhelming than adult trauma.

Adaptation thus requires dealing with traumatic experiences that were not managed in the past as an individual undergoes developmental processes that were not embarked on previously. In addition, repeated exposure to trauma during childhood tends to disturb cognitive schemas and frame of reference and make them constant, and to last longer. However, changes in cognitive schemas associated with acute traumatic events during adulthood are moderated by the beliefs that have been developing in the individual over a long period of time and, thus, making the cognitive schemas short-term and less affected. This means that the effects of childhood trauma are more devastating than the effects of adulthood trauma (Saakvitne et al., 1998).

- iv. *Trauma in context*: as trauma occurs within different contexts, recovery is also seen as possible when embarked on within those contexts. Contexts in which trauma experiences and adaptation take place include the personal, family, other interpersonal, socio-cultural and historical contexts. Dynamics within the family, socio-cultural and historical contexts determine the type of trauma that takes place, definition and understanding of the trauma, support available and chances of survival.

The way that the familial and socio-cultural structures within which an individual lives, perceives and understands trauma, determines accessibility of the individual to survival resources. The characteristics of the individual such as age, gender, the developmental stage that one is in at a particular time, biological and psychological resources (Saakvitne et al., 1998), race and socio-economic status, all determine survival and one's perception of trauma, as well as how others respond to one and access to help.

- v. *Cognitive changes:* according to the theory, there are five areas of self that are affected by traumatic experiences. These are the areas through which an individual organises the experiences encountered and the organisation takes place at the experiential and cognitive levels. The areas are the frame of reference, which refers to the way an individual habitually perceives and understands oneself and the world around oneself; central psychological needs because the individual's beliefs in and expectations of safety, trust, control, esteem and intimacy are transformed to assume a negative stance; perceptual and memory system, as perception, memory, sensory experience and biological or neurochemical adaptations are also affected; self-capacities, because one's ability to recognise, tolerate and integrate affect in the way that one views oneself and others is also changed; and ego resources, which are the coping mechanisms available to the individual to use when confronted with an overwhelming event. These resources are challenged when a traumatic event occurs.

All these changes take place through a process of incorporating the new traumatic experience encountered. What are specifically incorporated into an individual's cognitive schemas when a new experience is encountered are the traumatic event itself, the context in which it takes place and the consequences of the event (Saakvitne et al., 1998). These changes are discussed in detail in subsequent sections.

- vi. *Symptoms as adaptive strategies:* symptoms displayed by an individual post exposure to a traumatic event are not seen as pathological. Rather they are viewed as adaptive strategies used to manage the thoughts and feelings experienced which appear to threaten the integrity and safety of the individual and, thus, help with survival. If a strategy is perceived as having a positive function in the sense of helping the individual to adapt to changes experienced, then the strategy is regarded as adaptive.

According to the theory, the following have to be considered and understood when looking at the adaptation of an individual: (a) the context in which the strategies used developed; (b) the purposes they served in the past; (c) the purposes that they serve currently; and (d) ways in which the strategies no longer serve their purpose of helping the individual to adapt. Helping a patient to understand these factors makes him/her aware of the constructive or (destructive) role of these factors, and to do so from their own perspective and, thus, whether or not change is necessary.

The cognitive theory of VT

Due to the contributions made towards the development of CSDT by different theories, including the cognitive theory, there are some theoretical assumptions about trauma between CSDT and this theory that overlap.

The cognitive theory of VT explains several ways in which this phenomenon is manifested among service providers. The following are the cognitive symptoms that take place according to Sabin-Farrell and Turpin (2003):

- i. *Disruption of cognitive schemas*: cognitive schemas, as the core or central beliefs, assumptions and experiences about oneself and the world held by one, determine one's outlook of oneself and the world. Any changes in these schemas lead to changes in the personal view (personal identity) and worldview. Any new experience that one encounters is treated in one of the two ways: (a) assimilation whereby the experience is found to be compatible with the core beliefs held and is absorbed into the held beliefs as it is; or (b) accommodation as an experience which is contrary to the individual's core beliefs influences change in the held core beliefs. The new experience, thus has to be incorporated, that is, included in the held beliefs.

In the case of VT, accommodation of new experiences takes place as there is a connection created between the primary victims' cognitive changes and such changes in service providers. Interaction between service providers and victims of

trauma that they assist makes the service providers' views and beliefs about themselves and their world to change as they receive information of the changed views and beliefs of the primary victims. The primary victims' experiences serve as a new experience to the service providers. These are adapted into the practitioners' beliefs, thus modifying those beliefs which, in turn, influence their new way of viewing things, particularly themselves and the world in which they live.

These changes are also said to last for a long time and specifically refer to changes in beliefs, assumptions and expectations pertaining to psychological needs, personal identity, a meaningful and just world, and spirituality (Saakvitne et al., 1998).

An encounter with the traumatic experiences of a primary victim thus leads to holding contrary beliefs to what was known before. These aspects are also encompassed in the definition of trauma in CSDT (Pearlman & Saakvitne, 1995a), thus showing further the connection between this theory and the cognitive explanation of VT.

- ii. *Disturbance of memory processes:* the cognitive theory also explains the disturbance of service providers' memory due to listening to the primary victims' narrations of traumatic experiences relating to particular objects. Seeing those objects by the service providers (which initially served as neutral objects or stimuli) can lead to trauma reactions such as seeing images or having flashbacks in the practitioners. This suggests that an association is formed between the initially neutral objects, which did not cause any problems for the practitioners before, with the secondary traumatic, new experiences incorporated into their cognitive schemas. When the practitioners think about the primary victims' objects of trauma, these are later experienced as real memories, that is, as experiences that are encountered as though the practitioners personally went through them (Sabin-Farrell & Turpin, 2003).

- iii. *Perception of threat:* the theory also shows that continuous exposure to the primary victims' traumatic experiences is one of the causes of VT. The assumption is that the perceived presence of threat may lead to trauma reactions such as PTSD. Therefore, service providers who are continuously exposed to those secondary traumatic experiences are likely to perceive continued threat of victimisation (Sabin-Farrell & Turpin, 2003).

- iv. *Trauma appraisal:* the way that service providers assess and understand the currently occurring secondary traumatic experiences, their responses to those experiences and coping resources available to them, determines how they deal with the experiences. Trauma appraisal determines the extent to which they are affected by the experiences encountered (Sabin-Farrell & Turpin, 2003).

Other Explanations of VT

Empathy

According to Sabin-Farrell and Turpin (2003), empathy is another explanation for the occurrence of VT. It refers to a therapist's empathic engagement with a client's trauma material as the therapist has to gain a deeper understanding of the client's traumatic experience and related stories. This level of understanding is regarded as a vital aspect of a therapeutic relationship, in order to ensure change in the client's understanding of their traumatic experience.

From the neurophysiological perspective, empathy starts with unconsciously copying the client's facial expressions and gestures which are associated with particular emotions. When this association is formed, the service providers and clients start to share the same feelings such as sadness, anger and others. Listening to stories of or observing a traumatic event also leads to auditory and visual material in the mind, which may result in empathy. The service providers will start to experience sensual responses which were suggested by the primary victims' trauma material. This is because there are mirror neurons, that is, brain cells, which reflect the activity that is taking place in another person's brain cells

through observing their traumatic encounters. This makes the service providers to respond with certain emotions or behaviour (Rothschild, 2006).

Seeing or imagining the victims' trauma material and their responses to the material elicits empathic responses from the service providers. In addition, people who have a high tendency for empathy tend to copy other people more than those with low levels of empathy (Rothschild, 2006). This also applies to highly empathic service providers who come into contact with victims of trauma (Pearlman & Saakvitne, 1995a).

On the basis of this, types of empathy have been found to include affective empathy. Affective empathy involves service providers empathically connecting with clients' occurrences. When they connect with their past occurrences in order to assist with the current situations encountered, this is referred to as past affective empathy (Sabin-Farrell & Turpin, 2003). According to Hojat, Vergare, Maxwell, Brainard, Herrine, Isenberg, Veloski, and Gonnella (2009), the service providers experience the same feelings such as pain and suffering as those of the other people who are being helped. This is especially found among therapists and makes them very vulnerable to VT. The clients' feelings, which the therapists interact with, may change the therapists' views of themselves and their worldview (Sabin-Farrell & Turpin, 2003).

There is also somatic empathy in which service providers' feelings such as sadness, anger and fear, due to exposure to the primary victims' trauma material, become evident in observable manifestations such as facial expressions, gestures and mannerisms. The feelings felt are also accompanied by non-observable activities such as changes in heart rate, breathing and skin temperatures (Rothschild, 2006).

Hojat et al. (2009) also cite cognitive empathy. It is: (i) the way an individual understands another person's traumatic concerns; (ii) being able to communicate the understanding of the concerns; and (iii) the intention to help the person to lessen the pain and suffering experienced or even preventing it. This includes appreciating and understanding what is experienced by the individual who is being assisted without going through the same

experience. Cognitive empathy, thus enhances the service providers' role while it prevents the practitioners from being affected by the assisted clients' experiences.

This is the reason why Hojat et al. (2009) show that cognitive empathy is beneficial for personal development, career satisfaction and optimal intervention outcomes as it helps the service providers to hold an objective stance when assisting other people. Therefore, cognitive empathy is appraisal in nature as it leads to an intellectual state of mind; it compels the practitioners to examine and understand what is happening in other people.

While a distinction is made between affective and cognitive empathy, a combination of the two is also possible. In this case, the understanding of the client's situation is accompanied by feeling the same way that the client feels (Hojat et al., 2009).

Hojat et al. (2009), therefore, warn about the impact of affective empathy. These researchers distinguish empathy from sympathy in terms of the affective reaction to the assisted person's experience. What is sometimes regarded as affective empathy by some researchers (Sabin-Farrell & Turpin, 2003), is labelled as sympathy by these researchers. They also acknowledge that empathy and sympathy often co-occur hence other researchers are compelled to make a distinction between cognitive and affective empathy. In other words, sympathy may be mistaken for affective empathy.

Empathy and sympathy, in the field of Psychology, both lead to the same outcome of prosocial behaviour, that is, socially-acceptable behaviour. However, the behaviour is motivated by different reasons. While empathy is inspired by helping another person to be relieved of a distressing situation, sympathy is motivated by relief from personal distress. Empathy is other-help oriented whereas sympathy is self-help oriented. Due to its nature, sympathy is actually seen as one of the factors that makes service providers vulnerable to developing VT. An increase in the manifestation of sympathy leads to an increase in trauma reactions as the service providers join in the feelings experienced by those they are assisting. Sympathy is, thus arousal by nature as it causes an emotional state of mind and is also subjective (Hojat et al., 2009).

The questions that arise from the analysis of the empathy model are thus as follows: Which type of empathy is helpful among service providers in different fields of work? Is there a difference between sympathy and affective empathy among the subgroups of service providers studied? How can affective empathy be prevented if it is harmful? Who is more likely to engage in cognitive, affective or the combination of both types of empathy?

Emotional contagion and the trauma transmission model

Sabin-Farrell and Turpin (2003) show that emotional contagion is a phenomenon that refers to reflecting on and actually experiencing the emotional trauma reactions observed in a primary victim even though this occurs unconsciously. According to Figley (1995) and Sabin-Farrell and Turpin (2003), these reactions include distress or suffering, depression, fear which may take the form of anxiety and pain.

Service providers whose work involves working with, listening to stories of, caring for and assisting to relieve suffering of clients predisposes them to VT because of the element of care that is embedded in their work (Figley, 1995). Emotional contagion is also referred to as an aspect of empathy as it takes place when the service providers engage in an empathic process with the primary victims who are being assisted. Emotional contagion, just as empathy, has also been found to be common among therapists (Sabin-Farrell & Turpin, 2003). Consequently, the service providers experience the same trauma reactions which are encountered by their clients.

This, therefore, underscores the fact that feelings are contagious and can be passed on from one individual to another, thus making service providers to view themselves contrary to who they are (changes in self identity) and what they believe about themselves (changes in personal beliefs). They lose a sense of who they are, and start to associate with those clients and their experiences. The situational factors that affect the clients also affect them. This is called mirroring or the contagion effect as the service providers start to view themselves through the “eyes” of their clients. This mostly affects

those practitioners who have a tendency to feel and express empathy towards their clients and view themselves as the “saviours” or “rescuers” of the clients (Figley, 1995).

This contagion is also described as a state of having “taken over the pathology” as a result of the change in the service providers’ self-identity that is brought about by the clients’ situations. They begin to require help as much as their clients do in coping with their trauma, that is, trauma is transferred to them through the absorption of information about suffering, and the absorption of the suffering itself (Figley, 1995). The emotional transference occurs when occupational stressors affect the service providers’ personal resources of dealing with them, thus leading to lower self-awareness. Lower levels of self-awareness prevent the service providers from blocking the primary victims’ emotions from being transferred to them (Sabin-Farrell & Turpin, 2003).

The contagion experienced, as a result of empathic engagement, is so intense that the service providers may recall images or other materials observed or heard from the primary victims as though such materials are the practitioners’ own recollections. The memory or recollections of the trauma materials are associated with feelings that the practitioners experienced when they were helping the victims. The recollections, therefore, turn into traumatic reactions in the practitioners (Moulden & Firestone, 2007).

A form of emotional contagion is compassion fatigue. This refers to the service providers’ traumatic stress reactions in the forms of exhaustion and biological, psychological and social dysfunction. They also experience emotions such as fear, pain, depression, and psychological reactions of anxiety, paranoia and intrusions such as flashbacks, and sleeping problems. The emotional reactions are the same as those experienced by the clients that they are helping, hence the notion of the contagion effect (Figley, 1995).

The service providers’ experience of the traumatic stress reactions is said to be at a secondary level as a result of helping clients, meaning that the service providers do not experience the reactions due to personal encounters of traumatic situations. Their

experiences are attributed to exposure to the clients' trauma material or narrations (Pross, 2006), particularly prolonged exposure and their empathy towards the clients (Rodrigo, 2005), as well as having a sense of responsibility towards them (Figley, 1995). Figley (1995) refers to this empathic engagement as the cost of caring as the service providers focus on trying to relieve the primary victims from suffering.

The trauma transmission model is used to explain the emotional contagion. It is shown that in pursuit of trying to understand the primary victims' situations and to help, the service providers identify with and feel sympathy for the victims and, therefore, ask themselves the following questions: What happened? Why did it happen? Why did I act as I did then? Why have I acted as I have since? If it happens again, will I be able to cope? In order to help, the service providers try to answer these questions on behalf of the victims with the aim of adjusting their own behaviour, including their lifestyles, social status and personal responsibilities. This is called victim-helper identification which leads to the transmission of the victims' suffering to the service providers (Figley, 1995).

The empathy involved can be viewed in two ways, empathic ability and empathic concern (Rodrigo, 2005). Empathic ability refers to the ability to notice pain in another person which shapes interest in having a career in the helping professions such as being therapists, social workers and others, and makes them vulnerable to being compassionate towards others and, thus, experience emotional contagion. Empathic concern is the action element of empathic ability. It refers to being motivated to act empathically on the basis of the compassion felt. The combination of these two leads to empathic response, that is, acting compassionately towards the victim and makes service providers prone to developing compassion fatigue (Figley, 1995).

The infection model

The infection model indicates that VT can be viewed as a disease that infects an individual. The model is based on a therapeutic relationship between a client and a therapist. It is postulated that the symptoms that are experienced by primary victims contaminate the therapist, leading to the therapist manifesting PTSD symptoms. There is,

thus symptom-transference between the victim and therapist as a result of the nature of the relationship entered into (Pross, 2006).

The need to heal

The need to heal is a model that advocates that there are wounded healers. This refers to therapists who have gone through personal encounters of trauma and, thus, show even more empathy towards clients when they come into contact with them and their trauma material. They have a need to assist others deal with the traumatic experiences encountered, that is, the need to heal others. This, however, is used as a way of avoiding to deal with their own traumatic experiences which have not been managed (Pross, 2006). Current exposure to clients' trauma material makes them revisit the personal trauma experienced, resulting in them being wounded again. In the process, they learn to accept their own trauma and use it to relate empathically with their clients (Rodrigo, 2005).

EVALUATION OF THE CONTEXTUAL APPLICATION OF THE VT MODELS AND THEORIES

The models of countertransference, the infection model, compassion fatigue and the need to heal have one aspect in common. They were all specifically developed with trauma therapists in mind, thus offering a one-sided explanation of the causes and manifestations of VT among service providers. They only cater for particular types of service provider-client relationships and dynamics that take place in a therapeutic context, but exclude contexts in which other service providers such as police officers work and face trauma work. This makes it difficult to apply the models as literature suggests that there is a possibility of special and different causal factors and VT manifestations among different service providers (Figley, 1995; Sabin-Farrell & Turpin, 2003). Other service provider context-specific causal factors and VT manifestations are not explored by these models.

Pearlman and Saakvitne (1995a) also show that there is a difference between countertransference and VT. These two have in common the aspect of the emotional response of service providers to the experiences of the clients who are being assisted. In

addition, countertransference and VT also acknowledge the use of defence mechanisms by the service providers to either consciously or unconsciously deal with the aspects of the clients' situations. However, VT is different because of four factors: (i) it refers to being affected over time, that is, being cumulatively affected by trauma work; (ii) it occurs with different types of clients who are exposed to trauma and, thus, not limited to clients in a therapeutic relationship. It affects different subgroups of service providers such as police officers, emergency personnel, journalists, researchers and many others; (iii) its effects have a negative impact on various aspects of the service providers' areas of functioning; and (iv) unlike countertransference which focuses on making diagnosis on the basis of the symptoms displayed, VT focuses on the meaning developed from traumatic experiences and ways of adaptation used. This also rules out the infection model which views VT as a disease. On the basis of these factors, the model of countertransference cannot be exclusively relied on to explain the phenomenon of VT.

One could argue, therefore, that it is safe to apply the empathy, emotional contagion and the trauma transmission models, as well as CSDT and cognitive theories to studies such as those on police officers whose work differs tremendously from that of therapists. This is suggested on the basis that police work, like other service providers' work, involves mainly empathic engagement with the victims of trauma who are being assisted and that there is transference of the victims' suffering to the officers' suffering (Kgalema, 2002). The empathy and emotional contagion/trauma transmission models thus help to understand how the empathic engagement takes place, how trauma is transferred and subsequently, the development of VT.

CSDT also provides a general, comprehensive approach that cuts across different service providers' work. It also focuses on understanding the service providers as individuals. Consequently, it helps to understand how individual service providers experience VT and define it on the basis of the meaning attached to the experiences. It also helps to understand the diverse contextual factors unique to the service providers that predispose them to VT, and how the 'symptoms' that they present with can be understood within the contexts in which they live and work.

The cognitive theory provides an elaborative explanation of the cognitive processes that different service providers embark on when traumatic situations are encountered. Cognitive processing of both positive and negative information is a universal activity that does not take place within a specific group of service providers. In addition, this theory lends support to one of the basic premises of CSDT, which focuses on changes in cognitive schemas, an aspect that forms the basic identification element of VT among service providers.

DIFFERENCES IN PRIMARY AND VICARIOUS TRAUMA SYMPTOMATOLOGY

It has been noticed that the symptoms of VT tend to be similar to some extent to those of the victims of trauma assisted by service providers. Research findings between the years 1995 and 2003 cited in Bell et al. (2003), Cornille and Meyers (1999) and Gentry et al. (1997) confirm that VT presents with symptoms that are similar to PTSD. The difference between the two is that with PTSD the victims are primary, that is, they have directly and personally experienced traumatic events, while secondary victims are classified under VT. It is, thus important to understand the nature of PTSD symptoms before exploring those of VT which are experienced by the service providers.

PTSD symptomatology

PTSD comprises four major categories of symptoms whose presentation varies from subclinical, mild, moderate to severe (Violanti et al., 2006). First, there is intrusion, which involves thoughts, dreams in the form of nightmares, recurring flashbacks, feelings and images that constantly take place without the individual intentionally recalling the traumatic event experienced. These intrusive symptoms reflect the occurrences that took place during the traumatic events and, thus, make the individual to re-experience them (Carlier et al., 2000; LeBlanc, Reger, Jelley, & Barath, 2008; Nel, 1999; Violanti et al., 2006).

Second, physical symptoms, which encompass the disruption of the body’s biological cycle can occur. The biological patterns that an individual routinely lives according to are disturbed. These include the sleep, eating and sexual patterns (Nel, 1999). The disturbed sleep patterns are associated with the intrusive nightmares and also lead to self-injuries during sleep (Mohr, Vedantham, Neylan, Metzler, Best, & Marmar, 2003). These disturbed biological patterns are accompanied by hyperarousal symptoms leading to being overly-startled and extremely cautious in the environment (Carlier et al., 2000; LeBlanc et al., 2008).

Third, avoidance has also been noted when the affected individual tries to avoid any material in the form of thoughts, events, feelings and ideas that remind him/her of the traumatic event encountered (Carlier et al., 2000; LeBlanc et al., 2008; Nel, 1999; Violanti et al., 2006).

Last, emotional reactions such as anger, crying and emotional numbing or unresponsiveness, among others, may take place as a result of the traumatic encounter (Nel, 1999; Violanti et al., 2006). Table 2.2 gives a summary of PTSD symptomatology.

TABLE 2.2: SUMMARY OF PTSD SYMPTOMATOLOGY

CATEGORY OF SYMPTOMS	SYMPTOM TYPE
Cognitive Symptoms	<p>Intrusions</p> <ul style="list-style-type: none"> • interfering thoughts • unintentional recollections of traumatic event-related feelings and images • dreams, specifically nightmares • recurring flashbacks <p>Cognitive avoidance</p> <ul style="list-style-type: none"> • traumatic event-related thought avoidance <p>Loss of memory</p> <ul style="list-style-type: none"> • amnesia
Physical Symptoms	<p>Physiological Changes</p> <ul style="list-style-type: none"> • heightened physiological arousal • disturbed sleep patterns • disturbed eating patterns • disturbed sexual patterns • being overly-startled
Behavioural Symptoms	<p>Avoidance</p> <ul style="list-style-type: none"> • avoidance of cues similar to traumatic event characteristics/aspects <p>Hypervigilance</p> <ul style="list-style-type: none"> • being extra cautious
Emotional Symptoms	Emotional Reactions

	<ul style="list-style-type: none"> • emotional distress • fear • anxiety • horror • anger • crying • emotional numbing or unresponsiveness • emotional detachment from others • irritability • helplessness
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Derived from Carlier et al. (2000); LeBlanc et al. (2008); Mohr et al. (2003); Nel (1999); Violanti et al. (2006)

VT symptomatology

It is important to mention that the symptoms of VT may vary from one individual to another in terms of how long they last and their degree of severity (Cornille & Meyers, 1999; Ludick et al., 2007). Robins et al. (2009) also suggest such differences among different subgroups of service providers. This is supported by Ludick et al.'s (2007) findings which show that claims workers in the insurance industry have less intense VT reactions compared to health and mental health workers. These researchers also indicate that while individuals may experience VT, the types of symptoms presented with may differ. These findings suggest differential manifestations of VT among different individuals and across professions.

Steed and Downing (1998) indicate that the contributory factors to VT are two-faceted. These are aspects of work and intrinsic individual aspects. Interestingly, among the aspects of work, cultural issues are included. This means that the way the culture of service providers defines trauma, perceives and prescribes trauma-coping mechanisms, determines the severity of VT and also how it is dealt with. These researchers indicate that the combination of these work and individual aspects makes service providers experience VT in different ways.

VT has proven to have the following characteristics:

- i. *Secondary, subclinical level symptoms:* VT is regarded as secondary trauma due to the fact that while service providers may experience the same symptoms as the victims they help, such symptoms are experienced at a secondary, subclinical

level. The symptoms are naturally less severe than those of the primary victims and include PTSD symptoms, anxiety and depression (Lennings, 1997; Pearlman & Saakvitne, 1995b; Steed & Downing, 1998).

- ii. *Pervasive impact:* despite the subclinical symptom experience, the trauma material that service providers encounter is still disruptive in its own right as it goes to the extent of affecting every aspect of the service providers' lives such as the intrapersonal, interpersonal and occupational relationships (Benight & Bandura, 2004; Steed & Downing, 1998). Thus, it is regarded as pervasive in nature (Moulden & Firestone, 2007).

This is, however, experienced differently by different service providers. While some practitioners may find some aspects of their work more difficult and having a more negative impact than others, other practitioners may be affected more in other areas (Pearlman & Saakvitne, 1995b).

- iii. *Intense symptoms:* while the symptom manifestation is intense (Jenkins & Baird, 2002), the impact of the clients' trauma material is subtle as the clients' post-trauma frame of reference (beliefs, values and assumptions) is absorbed into the service providers' minds at the preconscious or unconscious level. Consequently, the whole process takes place unconsciously, without the service providers' awareness (Tehrani, 2007).

- iv. *Service provider distinctive symptoms:* the traumatic experiences leading to VT also have additional effects which are characteristic of the role of service providers. The symptoms of VT are not experienced by primary victims as they (primary victims) do not play a helping role. Those service providers' distinctive symptoms include feelings of sadness, lack of hope, seriousness, anger, grief and heightened sensitivity to daily stressors, which are a direct symbolisation of the service providers' conceptualisation of the primary victims' traumatic experiences. These emotional effects are developed in the course of the service providers' empathic role (Steed & Downing, 1998; Tehrani, 2007).

Trippany et al. (2004) show that the service providers may but not necessarily have been trauma victims in their past. If so, VT co-occurs with countertransference as the service providers associate the victims' traumatic experiences with personal past experiences. These researchers further emphasise that VT specifically occurs in service providers who work with trauma survivors.

- v. *Sudden onset*: the onset of VT symptoms is sudden and unexpected, but the symptoms may not be noticed immediately (Trippany et al., 2004). Bober and Regehr (2006) also show that there are immediate and longer term reactions to the traumatic experiences service providers are exposed to. Immediate reactions include intrusive imagery, increased fear relating to one's own safety and that of loved ones, nightmares, emotional numbing, avoidance of stimuli, difficulty listening to primary victims' trauma stories and irritability.
- vi. *Cumulative effect*: lack of immediate symptom detection is due to the fact that VT occurs in process form as the service providers are exposed to the traumatic experiences or accounts of the primary victims over time. The practitioners' beliefs about themselves, the world around them, their spirituality, certainty about personal safety, a sense of being in control of the situations encountered as well as their coping mechanisms are gradually and accumulatively altered through the repeated exposure to traumatic events (Moulden & Firestone, 2007; Steed & Downing, 1998).
- vii. *Permanent effect*: Jenkins and Baird (2002), Moulden and Firestone (2007) and Pearlman and Saakvitne (1995b), also show that apart from the cumulative effect, the effects encountered have the potential of being experienced permanently. The long term reactions experienced comprise emotional and physical exhaustion, a sense of hopelessness and a change in the view of the world (Steed & Downing, 1998).

- viii. *Modifiable effects:* Pearlman and Saakvitne (1995b) nevertheless, show that the effects of VT can be modified. This is through the introduction of moderating factors in the service providers' lives. These moderating factors lessen the impact of the trauma material that they are exposed to and provide ways that they can use to curb VT.

Literature shows that the symptoms of VT can basically be classified into the following categories which show some similarities to the classification of PTSD symptoms, but differences as well:

- i. *Physiological/persistent arousal symptoms:* changes in the sensory system include bodily experiences in the forms of physiological reactions (Pearlman & Saakvitne, 1995b) displayed by service providers which look like those of PTSD. The practitioners may have the same heightened physiological arousal which is experienced by the victims that they help (Bell et al., 2003; Gentry et al., 1997). These include sleep disturbances, being startled and irritable (Levin & Greisberg, 2003).
- ii. *Intrusive/re-experiencing symptoms:* changes in the sensory system also lead to imagery in the form of intrusions (Sabin-Farrell & Turpin, 2003), PTSD symptoms and disruption of memory (Bell et al., 2003; Jenkins & Baird, 2002; Levin & Greisberg, 2003). Pearlman and Saakvitne (1995b) show that intrusions are usually present earlier in the service providers' work and the forms of intrusions experienced are connected to the practitioners' prominent psychological needs.

Intrusions are a way in which the physiological symptoms experienced, as another form of sensory changes, manifest themselves (Bell et al., 2003; Sabin-Farrell & Turpin, 2003). This is when there is the formation, internalisation and reoccurrence of the uncontrollable interference of thoughts (obsessive thoughts), flashbacks and nightmares in the service providers. All these are based on the clients' descriptions of their traumatic experiences (Bell et al., 2003; Gentry et al.,

- 1997; Levin & Greisberg, 2003). These disruptions entail painful experiences of images and emotions which are linked to remembering the primary victims' traumatic experiences (Jenkins & Baird, 2002).
- iii. *Constrictive symptoms*: these are also a manifestation of the physiological symptoms (Bell et al., 2003). They are also a form of sensory experience as they resemble a narrowing effect of the trauma that service providers are exposed to through emotional numbing. The practitioners isolate themselves from the affect that is related to trauma. They also experience dissociation as they become detached from others in relationships in and outside work. This is evident when they no longer live and interact with others the way they used to (Bell et al., 2003; Levin & Greisberg, 2003; Palm et al., 2004; Trippany, et al., 2004). They might also show indifference (that is, lack of interest) towards work by being neutral and unresponsive towards their work and clients. This is a way of protecting themselves from the harm experienced (Ludick et al., 2007). The practitioners can also be sensitive to and avoid things such as sounds and smells associated with primary victims' trauma material to protect themselves. These may take precedence over intrusions in service providers whose sensory modalities are more developed than the imagery system (Pearlman & Saakvitne, 1995b).
- iv. *Disruptions of cognitive schemas*: disruptions of cognitive schemas reflect the premises of the theory of CSDT. They refer to the disturbances that take place in the cognitive organisation of the service providers' psychological needs. According to Pearlman and Saakvitne (1995b), changes in service providers' psychological needs include transformations in the following:
- (a) trust, which refers to the inability to feel independent, not having confidence in one's own perceptions and judgement of others and things around oneself, relying on external directives to survive and trusting everyone. Trusting everyone can lead to danger. Lack of trust in others and rejecting them can also result;

- (b) safety, as a service provider may begin to be suspicious, have increased levels of fearfulness, hypervigilance and a perception of vulnerability to harm pertaining to oneself and loved ones;
- (c) changes in esteem mean having a negative sense of self-esteem which entails negative perceptions of self. These include competence at home, in intimate relationships and at work. Changes in other-esteem also take place. This means viewing others negatively;
- (d) transformation in intimacy means experiencing emotional numbing as a result of exposure to the victim's trauma material, which hinders a practitioner from expressing feelings of intimacy with oneself in terms of connecting to one's own thoughts and feelings (loss of self-intimacy), and lack of intimacy towards others, especially to avoid disappointment and harm (loss of interpersonal-intimacy); and
- (e) changes in independence or control as the primary victims' helplessness translates into a loss of sense of self-control by believing that their lives are dependent on others. This means that they are not in charge of their own lives and, therefore, cannot exercise control even in situations where this is possible.

Changes in the frame of reference also take place. These extend to various areas of the service providers' functioning. There are transformations experienced in the beliefs about oneself, other people, the world in which a service provider lives and works and spirituality. The frame of reference helps with perception and interpretation of life experiences (Pearlman & Saakvitne, 1995b).

There is thus a disengagement process in which there is a sense of loss of vital beliefs and goals that initially formed the core existence of service providers. There is also a formulation of new assumptions about the world in which the service providers live. This occurs as changes take place in the perceptions and beliefs that they had before (Levin & Greisberg, 2003; Palm et al., 2004; Steed & Downing, 1998; Tedeschi, 1999). The changes cause disorientation and stress in

the service providers and occur over a long period of time as they engage empathically with their clients (Pearlman & Saakvitne, 1995b).

Regarding self, there are changes in the service providers' experiences of their bodies and physical presence in the world because they unconsciously disconnect from sensuality as a mechanism of protecting themselves from the traumatic experiences they face. There are also changes in self-identity as any challenge to an aspect of the identity leads to disconnection from the way the practitioners usually view themselves (Pearlman & Saakvitne, 1995b). They may start to have a low self-esteem, such as having a negative perception of and attitude towards themselves and their abilities. They have perceptions of themselves as helpless and isolated from other people (Tehrani, 2007).

Unacknowledged personal history of trauma may lead to uncertainty about their identity as trauma survivors, especially when exposed to the primary victims' trauma. An encounter with victims of a particular gender also raises questions about their own gender. Trauma relating to the victims' sexuality also leads to changes in the view of their own sexuality. As self-identity encompasses one's racial, gender, cultural and vocational identities, among others, negative perceptions and reinterpretation of self also take place in all these areas. It also affects how one identifies with significant others as self-identity influences how one interacts with the world around oneself. A traumatic encounter thus changes beliefs about oneself which were held for a long time (Pearlman & Saakvitne, 1995b).

Tedeschi (1999) describes this change in self-identity as a division of life into two on the basis of how individuals perceived themselves before the occurrence of a traumatic situation and how they perceive themselves after the experience. There is thus no continuity or permanence in self-perception, but separation between who one was and who one is now.

This self-identity transformation spills over into other areas of functioning. For instance, self-identity extends into identity of oneself as a service provider. A negative impact on day-to-day functioning in and outside work can thus take place. The service providers can become serious and pessimistic concerning their work. They may lose confidence in their ability to do the work and even question their significance of doing the work (Pearlman & Saakvitne, 1995b). They may start to perceive their work and the victims they help in a different way. They may experience reduced levels of care for the victims and, thus, provide a service of less quality to them (Levin & Greisberg, 2003; Palm et al., 2004; Trippany, et al., 2004).

Avoidance of material leading to recalling the traumatic situations can also be experienced (Bell et al., 2003; Gentry et al., 1997). Talking about work or one's profession outside the work environment can lead to distress and is, therefore, avoided to a point of lying about what one does for a living. As much as aversive behaviour takes place in victims of trauma, service providers can also develop such behaviour (Pearlman & Saakvitne, 1995b).

Changes in the self-identity are also accompanied by changes in the view of their world. The changed identity leads to being affectively numb and distant from others. New traumatic experiences cannot be integrated into what the service providers know. Questions are asked which are contrary to what they are used to and know. Changes take place regarding the following: moral principles; what occurrences are attributed to; predictability of events; their attitude towards life; and locus of control (whether they or external factors have the ability to control what happens around them). They also generalise occurrences to all other people of the same gender, age, race, and others depending on the nature of traumatic situations that they are exposed to (Pearlman & Saakvitne, 1995b).

The service providers may no longer feel safe in their environment. Their world may start to be perceived as dangerous, beyond their control and meaningless,

thus leading to a pessimistic view of the future (Steed & Downing, 1998; Trippany, et al., 2004). A feeling that they are no longer understood by their friends and relatives, and also questioning their worth also results. They may doubt the value and respect that others are worthy of (Sabin-Farrell & Turpin, 2003). They also lose the assurance that there is still any good in the world and are suspicious of humankind (Pross, 2006). Such perceptions and beliefs are informed by the clients' painful and devastating experiences (Levin & Greisberg, 2003; Ludick et al., 2007; Palm et al., 2004; Steed & Downing, 1998).

Basically, they start to live lives of suspicion and hopelessness. What was once ordinary is regarded as bizarre, and people and occurrences are labelled negatively. Consequently, the significance of moral and ethical values such as avoidance of harm to others, which were held and guided the practitioners' way of living, may be questioned (Pearlman & Saakvitne, 1995b).

Changes in spirituality can, as a result of exposure to the primary victims' trauma material, be experienced (Palm et al., 2004). Spirituality refers to awareness of a supernatural, indefinable, mysterious aspect of life which every individual is born with. It gives meaning to life when experienced. It includes possessing virtues such as hope, faith, love, joy, acceptance, forgiveness, gratitude and creativity, which are beyond material existence, that is, living on material things. It helps with leading a meaningful life. It is regarded as the most important aspect of practitioners' lives (Pearlman & Saakvitne, 1995b).

Once it is affected by traumatic encounters, the sense of hope within oneself is lost. Therefore, the sense of hope needed by the clients who are assisted cannot be given by the practitioners as those encounters challenge the meanings which were lived by and shaped by the spirituality of the practitioners. Psychological survival is, thus hindered, and isolation, despair, confusion and helplessness result. Becoming emotionally numb towards others and dissociating from them shows transformation in the practitioners' spirituality (Pearlman & Saakvitne, 1995b).

- v. *Changes in self capacities:* self capacities refer to the practitioners' capability to maintain a positive sense of self-esteem and soothe themselves when confronted with traumatic experiences. If challenged, practitioners may focus on criticising themselves and find it difficult to comfort and calm themselves down. They may thus resort to external sources for support and relief as they spend most of their time experiencing anxiety, depression, loneliness and even crying, especially when they remember the primary victims' traumatic experiences that they have been exposed to (Pearlman & Saakvitne, 1995b).

- vi. *Ego resources:* the inner sources of adaptation used when confronted with stressful situations, may be transformed. These include the ability to conduct introspection to examine themselves and be aware of themselves; their psychological needs; to make judgements in pursuit of protecting themselves; to be aware of boundaries that should be maintained between themselves and others or work; and to take a perspective of what is happening around them and strive for personal growth. The ability to process information cognitively, which is vital to determine survival, is also impeded (Pearlman & Saakvitne, 1995b).

Consequently, the practitioners resort to maladaptive behaviours in pursuit of survival. These include loss of empathy and lack of interest in others, difficulty in making decisions, shortening personal growth, overworking and others. These impact negatively on their personal lives and, possibly, put their clients through re-traumatisation (Pearlman & Saakvitne, 1995b).

Ludick et al. (2007) indicate that these cognitive changes extend into every life situation and ultimately into every domain of existence. These schemas are said to remain relatively stable over time, but are changed by those traumatic encounters (Bell et al., 2003; Carlier et al., 2000). Table 2.3 shows a summary of VT symptomatology.

TABLE 2.3: SUMMARY OF GENERAL VT SYMPTOMATOLOGY*

AREAS AFFECTED	CATEGORY OF SYMPTOMS	SYMPTOM TYPE
<p>Psychological needs (changes in trust, safety, esteem, intimacy and control/independence)</p>	<p>Physiological symptoms</p>	<ul style="list-style-type: none"> • Heightened physiological arousal (sleep disturbances, being startled and irritable)
<p>Personal functioning (changes in self-identity, and low self-esteem regarding self and abilities)</p>	<p>Intrusive symptoms</p>	<ul style="list-style-type: none"> • Intrusive thoughts, flashbacks and nightmares
<p>Spiritual functioning (loss of hope and dissociation from others)</p>	<p>Constrictive symptoms</p>	<ul style="list-style-type: none"> • Emotional exhaustion, numbing and dissociation
<p>Professional functioning (different perception of work and the assisted victims, and reduced levels of care)</p>	<p>Disruptions of cognitive schemas</p>	<ul style="list-style-type: none"> • Transformed psychological needs
<p>Worldview (perceptions and beliefs of the world in which they live as dangerous, beyond one's control and meaningless)</p>		<ul style="list-style-type: none"> • Transformed frame of reference
<p>Sensory and imagery systems (altered memory, introduction of images and numbing and dissociation)</p>		<ul style="list-style-type: none"> • Transformed self-capacities
<p>Ego resources (inability of introspective, sound judgement and maintaining necessary boundaries for self-protection)</p>		<ul style="list-style-type: none"> • Transformed ego resources
<p>Self-capacities (inability to maintain positive self-esteem and hindered self-</p>		

soothing)		
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Derived from Bell et al. (2003); Carlier et al. (2000); Gentry et al. (1997); Jenkins and Baird (2002); Levin and Greisberg (2003); Ludick et al. (2007); Palm et al. (2004); Pearlman and Saakvitne (1995b); Pross (2006); Sabin-Farrell and Turpin (2003); Steed and Downing (1998); Tedeschi (1999); Tehrani (2007); Trippany, et al. (2004)

*General VT symptoms refer to those symptoms that have been found among the general population of service providers, not specific to a particular service provider subgroup.

On the basis of the specific manifestations of these symptoms, Trippany, et al. (2004) show that the VT symptoms have the physical, emotional, behavioural, work-related and interpersonal aspects to them.

EFFECTS OF PERSONAL CHARACTERISTICS ON VT REACTIONS

Personality

Findings in Kirmeyer and Diamond (1985) show that different personality traits determine differential reactions to trauma. For instance, it was found that police officers with different personality traits respond differently to stressful situations because of the differential coping strategies that they use. Type A police officers, who exhibited aggression, impatience and were competitive used strategies that focused on confronting situations and dealing with them with the goal of changing them. However, Type B police officers were non-aggressive, patient and easy-going, and reacted to stressful situations in a slow manner, considered what was happening and distanced themselves from such situations.

Ludick et al.'s (2007) study also suggests that high levels of self-esteem in individuals are a protective factor against traumatic reactions, including VT, thus suggesting that low self-esteem makes individuals vulnerable. Tedeschi (1999) also indicates that there is a relationship between self-efficacy and trauma. Confidence in one's abilities is accompanied by a strong self-image and the ability to handle stressful situations well.

Personal history of trauma

Research findings on the effect of service providers' personal exposure to trauma in relation to the development of VT are still shown to be contradictory (Moulden & Firestone, 2007). Nevertheless, there is more research in support of the impact of this exposure than research which refutes it (Bell et al., 2003; Jenkins & Baird, 2002; Sabin-Farrell & Turpin, 2003). Jaffe et al. (2003) confirms this effect among judges.

Even though prior exposure to trauma led to fewer experiences of anxiety when participants were exposed to traumatic scenarios in LeBlanc et al.'s (2008) study, Wright, Powell, and Ridge (2006) argue that prior exposure to trauma, particularly childhood maltreatment, leads to heightened experiences of symptoms of VT in service providers. Otte, Neylan, Pole, Metzler, Best, Henn-Haase, Yehuda, and Marmar (2005) confirm the association between childhood trauma and reactions to stressful events later in life among police recruits. They show that exposure to trauma during childhood increases the reactivity of the amygdala, which is responsible for behavioural responses to stressors in adulthood.

Interpersonal trauma history in service providers is reported as one of the factors that make them vulnerable to developing VT, specifically when measured through the Compassion Fatigue Self-Test for Practitioners (CFST). Personal trauma history may lead to VT, specifically with regard to changes in cognitive schemas, that is, beliefs, assumptions and expectations (Sabin-Farrell & Turpin, 2003).

Empathy

In terms of developing VT, dimensions of empathy have been found to have different effects on service providers. Affective empathy, which is in the form of fantasy and personal distress, was a positive prediction of compassion fatigue among health care providers in Robins et al.'s (2009) study. It especially showed that affective empathy can make service providers perceive the primary victims' emotions as similar to their own. One form of cognitive empathy, perspective taking, was not found to be predictive of compassion fatigue. Empathic concern, another form of cognitive empathy, has been

found to lead to compassion fatigue (Figley, 1995). Empathic engagement is reported to be part of and predictive of secondary traumatic stress (Sabin-Farrell & Turpin, 2003).

Age of service providers

Bell et al. (2003) argue that the younger the service providers, the higher levels of distress they experience when they come across clients' traumatic material. The reason for the high prevalence of distress in younger service providers is that they have not had enough time to incorporate the trauma material into their belief systems and, therefore, have not found effective ways of coping with the material.

Gender of service providers

The gender of service providers seems to be another influential factor. Cerney (1995) argues that male and female service providers may react differently to traumatic encounters because of their gender. This is dependent on the gender of the victims that they assist and the gender of the perpetrators of trauma. While female practitioners may respond to female victims' distress with fear, may feel vulnerable and be overprotective of the primary victims, especially in cases such as rape, male practitioners may respond with feelings of guilt due to being men or as a result of acting aggressively in the past, or having rape fantasies or even being attracted to female clients. The overprotection displayed by male practitioners towards female victims may be incited by the need on the part of the practitioners to prove that they are different from the perpetrators and, therefore, good.

Both male and female practitioners thus associate the victims' and perpetrators' genders with their own. This influences the type of VT reactions displayed. In addition, Jaffe et al. (2003) found in their study that more female judges reported more symptoms of VT than male judges who were exposed to cases such as domestic violence, murder and rape, among others. The influence of gender, therefore, leads to countertransference as the practitioners react to the victims' experiences with a certain degree of emotional and behavioural response (Cerney, 1995).

Level of work experience

The combination of insufficient work experience, lack of supervision at work and personal trauma history may predispose service providers to VT, especially pertaining to the disruption of their cognitions. High PTSD symptoms are also correlated with less work experience, particularly being new at work (Sabin-Farrell & Turpin, 2003). Jaffe et al. (2003) also found that the level of work experience determined the experience of VT symptoms among judges. Interestingly, judges with seven and more years of work experience were more likely to report the manifestation of VT symptoms, specifically hostility and internalising symptoms, than those who had less years of experience.

Moulden and Firestone's (2007) study showed no difference between therapists with less and more years of work experience. The study revealed that therapists with the least and those with most years of work experience were most vulnerable to developing VT. The impact of the level of work experience thus still has to be studied further.

ENVIRONMENTAL EFFECTS ON VT REACTIONS

Lack of organisational resources

While these are not part of the trauma work done, the context in which service providers work, which encompasses the physical setting, types of colleagues they work with, caseload, supervision and services available to clients that are assisted, as well as the social and professional climate, and the way that financial issues, such as staff remuneration are run in an organisation, can determine the development of VT (Sabin-Farrell & Turpin, 2003). Pearlman and Saakvitne (1995b) add factors such as lack of time off work, a working environment that is not conducive such as an environment of disrespect, lack of confidentiality and boundaries. These can have a negative impact on the service providers.

Exposure to critical incidents

The work environment is one of the factors that may lead to VT. One of the environmental factors is exposure to traumatic events (Robins et al., 2009). Literature

shows that there are four forms of exposure, namely, continuous/ongoing, routine, frequent and more/overload exposure. These determine the possibility of being affected by VT and the extent of its effect. These may sound as if they overlap and are not separated. However, they actually have different properties and are worth studying separately, in order to understand occupational groups or service providers who are affected by each, how they are affected and the extent to which they are affected.

The impact of differential types of exposure is shown and the degree of exposure is one of them. There are varying degrees in which the primary victims' traumatic experiences impact on service providers. Bober and Regehr (2006) indicate that service providers' degree of exposure to different trauma experiences of primary victims have different effects on them. For instance, they found in their study that therapists who were only exposed to rape victims experienced more disruptive beliefs, while those who were working with victims of both rape and other interpersonal violence, such as wife assault and child abuse, encountered higher traumatic stress scores. Jaffe et al. (2003) also show that recent and difficult divorce cases may lead to VT among judges.

Proximity of exposure is also cited. Being geographically in close proximity to a traumatic incident can lead to PTSD symptoms in vicarious observers of the incident, including service providers (Blanchard, Khun, Rowell, Hickling, Wittrock, Rogers, Johnson, & Steckler, 2004; Warren et al., 2003). The close proximity to a traumatic situation in terms of physical and emotional involvement, such as in the work of service providers who treat injured victims, actually leads to more emotional distress than among service providers whose involvement does not require such proximity. Proximity also determines the level of interest in and awareness of psychological issues relating to trauma (Warren et al., 2003).

Close proximity among service providers leads to heightened interest in and awareness about such issues than among practitioners who are not so close to a traumatic situation (Warren et al., 2003). Close proximity to the client in the environment in which help is offered, such as in an office, leads more to affective empathy than cognitive empathy.

This results in the practitioner experiencing feelings associated with those of the client (Rothschild, 2006). The impact of the degree of proximity also includes interpersonal relationships or acquaintances with victims involved in traumatic situations who are assisted by the service providers (Warren et al., 2003).

Continuous and ongoing exposure has also been found to have an impact. While exposure to the primary victims' trauma material is cited as one of the causes of VT, more experience in working with victims of trauma has been found to lessen traumatic reactions to clients' trauma material among service providers. The reason for this is that experienced practitioners know how to separate the clients' experiences from their own lives. The level of experience thus determines the development of VT in service providers (Bell et al., 2003). Continuously working with victims of trauma has been found to be a contributing factor in assisting service providers to learn and gain experience on how to handle potential causes of VT (Bell et al., 2003).

This has, nevertheless, been cited as a disadvantage in some cases (Levin & Greisberg, 2003). For example, Ludick et al. (2007) show that there is a possibility of being affected, especially among claims workers whose traumatic work is ongoing and continuous.

In some studies, continuous exposure to critical incidents was also found to lead to traumatic reactions in police officers (Nel, 1999; Waters & Ussery, 2007). Even though counselling taking place after such exposure can help prevent traumatic reactions, Nel (1999) shows that in some cases acute reactions occur in the presence of counselling. While they start police work with good physical and psychological health (Neylan, Brunet, Pole, Best, Metzler, Yehuda, & Marmar, 2005), the more time police officers spend in their traumatic work, the more their resilience is affected (Waters & Ussery, 2007).

Tedeschi (1999) also shows that removal of individuals from the traumatic situations to which they are continuously exposed may help develop growth after the traumatic exposure. This suggests that continuous exposure impedes such growth. While these

findings show an inconsistency in the effect of continuous exposure, generally, there is a somewhat negative effect of such a pattern of exposure.

Routine and frequent types of exposure also determine whether or not VT will develop. Robins et al. (2009) found routine exposure to be a cause of VT among health care providers such as those in medicine, nursing, social work, psychology, child life, occupational therapy, physical therapy and audiology in a children's hospital. An increase in severity of VT symptoms that is associated with repeated exposure to traumatic situations is not clearly known as in PTSD. However, this form of exposure (repeated exposure) is regarded as a determinant of VT (Warren et al., 2003). Bober and Regehr (2006) found that therapists who spent more time per week counselling victims had higher levels of traumatic stress symptoms.

Patterson (2001a) also shows that the effect of frequency of exposure to traumatic incidents in police officers is associated with the geographic location of police stations. Police officers working in large urban areas tend to be more exposed to such incidents (Patterson, 2001a; Sekwena et al., 2007).

On the contrary, Warren et al. (2003) found that service providers exposed more to media coverage of a traumatic situation did not report more emotional distress than those who had less media coverage. This suggests that a type of repeated exposure, in this case media coverage as opposed to other forms of repeated exposure, could determine the degree of experience of emotional distress, as repeated exposure itself is a determinant factor of the emotional distress.

Workload exposure

The impact of workload exposure refers to the number of cases of victims of trauma that service providers are working on, the number of primary victims' traumatic events which they are exposed to and the cumulative caseload exposure. PTSD symptoms are reported among trauma workers who work on high percentages of trauma survivors' caseload. These symptoms also take place where there is increased exposure to primary victims'

trauma (Sabin-Farrell & Turpin, 2003). Ludick et al. (2007) supports this, showing that there is a possibility of being affected even among resilient claims workers, if their workload is increased. Jaffe et al. (2003) show that the impact of workload is particularly influential if it is accompanied by insufficient support from peers in the work setting.

FACTORS THAT MEDIATE AND MODERATE VT REACTIONS

The description of VT and its symptoms among service providers indicates the degree of frustration and harm that can be caused by exposure to clients' trauma material. There are, however, factors that have proven to play the mediating and/or moderating role during traumatic encounters. The role of these factors determines the degree to which the effects of the traumatic encounters are experienced. It should be noted as well that there is an overlap between factors that make service providers vulnerable to developing VT and those factors that mediate VT manifestations. This is because these factors can be understood by being put on a continuum. On one hand, a low occurrence of a particular factor predisposes one to VT; while on the other hand, its high occurrence may mediate it or the other way round. These can be divided into the individual, social and organisational factors. While the list is long, a few of these will be discussed for the sake of forming a foundation for this study.

Individual mediating/moderating factors

Individual factors are reported to have a significant moderating effect on the severity with which VT symptoms are experienced (Warren et al., 2003). An explanation of the following specific individual factors shows how such symptoms can be lessened on the basis of these factors.

Personality

Personality type determines both predisposition to and protection from VT. Saakvitne et al. (1998) argue that individuals with personality traits of extraversion and openness tend to rely on drawing strength from traumatic events. Their personality traits drive them towards engaging in beneficial coping skills such as seeking support in interpersonal

relationships. They do this by being outgoing, open to experiences and devising new plans to make it in life. The extraverted individuals are said to put their insights about the situations encountered into action. They do not merely think about and label situations negatively, but do something about the situations in order to ensure the desired change. Conversely, individuals who are prone to feeling out of control of situations tend to be more affected by the traumatic situations experienced (Tedeschi, 1999).

Pre-trauma levels of adjustment determine the type of perception of a traumatic experience and the actual coping that results (Tedeschi, 1999). Carson and Butcher (1992) support this showing that the types of personality traits possessed by an individual and emotional adjustment before trauma determine reaction to trauma. Tedeschi (1999), however, suggests looking beyond the effect of personality traits on surviving trauma to self-identity which is also part of personality.

Internal locus of control and positive expectancy

Saakvitne et al. (1998) show that internal locus of control, the ability of an individual seeing oneself in control of what happens around one, serves as a mediating factor when working in an environment that makes a service provider vulnerable to VT. This is so because it enables an individual to give meaning to the experience encountered and helps one towards growth that emerges as a result of experiencing a traumatic event.

In addition, individuals may develop from exposure to traumatic events because they expect positive outcomes from the events (Saakvitne et al., 1998). This concurs with Carson and Butcher (1992) who argue that preparedness for a stressful experience makes individuals better able to deal with the expected stressful encounters. In both cases, the anticipation of overcoming the expected situation helps individuals to cope better.

Cognitive hardiness and cognitive styles

Perception of benefits that can be extracted from a traumatic experience is associated with a decrease in the severity of the experience. Cognitive processing of information, specifically reflecting on what happened (rumination), is regarded as a crucial factor that

determines whether or not an individual will perceive and interpret a situation as traumatic. Intrusions in the form of flashbacks are specifically cited as aspects of VT that are reduced through this cognitive process (Tedeschi, 1999).

Thus some cognitive aspects serve as VT mediating factors. These include cognitive hardiness which is a personality characteristic that helps individuals to manage stressful situations through using their cognitive abilities and executing behaviour that leads to resilience against stressors. They achieve this through self-efficacy by believing that they can change stressful situations effectively. They do not allow their lives and relationships to be affected because of such situations. This is because they take into account their uniqueness from others and have confidence in their abilities. They are also cognitively flexible as they are not intimidated by change, but see it as a challenge to be faced. Cognitive hardiness thus helps lessen the effects of stressful life events (Beasley, Thompson, & Davidson, 2003).

Saakvitne et al. (1998) show that it is the combination of the two factors, cognitive hardiness and self-efficacy, which helps individuals to develop from traumatic experiences, thus managing to grow from the experiences.

Tedeschi (1999) also cites the cognitive style as a factor that determines reaction to trauma. This refers to the cognitive processing of information in such a way that it helps an individual to develop original and creative ways of dealing with a traumatic situation. It entails the following aspects: hopefulness, which is the ability to be open to the experience encountered and its possible outcomes; the willingness to look at the experience in a different way; and being actively involved in the process of trying new ways of handling the experience. This puts the individual in a better position to cope with the experience.

There is also creativity which involves elements of being inquisitive and imaginative. This leads to searching or probing for information relating to alternative ways of perceiving situations, and not being judgemental of the situation. This means labelling the

situation positively, and not embarking on behaviours that may be regarded as risky with the aim of resolving the situation encountered (Tedeschi, 1999).

Last, there are individuals who are called “chaotic thinkers” who already view life as complicated and chaotic even before a traumatic situation is encountered. This helps them to thrive when chaotic or traumatic situations occur in their lives (Tedeschi, 1999).

Use of coping strategies

Ludick et al. (2007) recommend early intervention as a vital approach in preventing VT rather than looking for reactive measures to deal with severe symptoms of this phenomenon.

Coping strategies, especially if they are consciously initiated to deal with stress in a cognitive or behavioural manner, are shown to succeed in mediating between stressful encounters and psychological health (Beasley et al., 2003; Folkman, 1982; He, Zhao, & Ren, 2005), including physiological reactions (LeBlanc et al., 2008). Sabin-Farrell and Turpin (2003) also show that individual differences in adapting to stressful situations determine coping. The use of good coping skills helps with lessening the impact of trauma work. LeBlanc et al. (2008) specifically found that using strategies that are aimed at facing and dealing with the stressful encounters is more useful in dealing with trauma than using strategies that control emotions or avoid traumatic situations.

The emotion-control and avoidance coping strategies did not succeed in preventing trauma symptoms in a sample of police recruits in LeBlanc et al.’s (2008) study. Trauma symptoms of avoidance and arousal were associated with strategies of controlling emotions while intrusion and arousal were associated with strategies of avoidance. Strategies of facing problems and dealing with them, on the contrary, did not show any association with trauma symptoms, thus showing their success. While Moulden and Firestone (2007) report of some research studies that show an increase in VT symptoms following the use of both positive and negative coping strategies. It is indicated that there

are numerous studies that support the mitigating effect of the use of positive coping strategies.

Spirituality and spiritual practice

A distinction is made between spirituality and spiritual practice. Yassen (1995) argues that spirituality refers to the beliefs held which guide how one should live. While to some service providers this is related to a specific religion, to others it is not necessarily connected to a particular religion. Spiritual beliefs help with finding meaning in a traumatic situation encountered. Utsey, Bolden, Williams, Lee, Lanier, and Newsome (2007) and Robins et al. (2009) also show that spirituality plays a mediating role during stressful situations as it reduces the effects of exposure to traumatic situations because of the belief that there is a supernatural being that is higher than an individual. It assists individuals to find solutions in such situations by helping them to choose specific and effective coping strategies to use.

When accompanied by spiritual well-being, spirituality basically leads to good health, including psychological health. This is because of the use of its coping resources, which are spiritual-based coping resources. It thus helps individuals to derive inner resources and strength to cope effectively (Utsey et al., 2007). For instance, Utsey et al.'s (2007) study revealed that spiritual well-being improved the quality of life of African Americans by influencing the way that they coped with adversity. This shows that spiritual well-being serves as a mediator between culture-specific coping and quality of life. It is advocated that spiritual well-being helps individuals to use their culture-specific coping resources, thus suggesting a link between an individual's spirituality and cultural practices or behaviour.

In addition, Tehrani (2007) shows that spiritual practice is one of the factors through which exposure to clients' trauma material can lead to positive outcomes such as personal and professional growth. This is due to the appraisal role provided by spiritual practice whereby service providers are able to make sense of their clients' traumatic experiences

and, thus, give meaning to them. Tehrani (2007) refers to this form of adaptation as posttraumatic growth.

Yassen (1995) cites spiritual meditation as one example of spiritual practice. It encompasses paying attention to one's breathing and changing one's attitude towards life to maintain a positive perspective of what is happening in one's life. It leads to the healing of the body by lowering levels of blood pressure, normalising breathing and relaxing bodily muscles, and healing of the spirit. It provides these forms of healing without changing the fact that a traumatic situation has been encountered. This is because it helps one to employ constructive coping strategies. Thus, Robins et al.'s (2009) findings suggest that when service providers' spirituality and beliefs do not help them cope with traumatic work, it is because they tend to separate their spiritual beliefs from their work. This means that they do not practice their spiritual beliefs in the work setting.

Sleep

Posttraumatic stress and VT produce the symptom of sleep disruption. This may come in different forms such as facing difficulty in falling asleep, waking up earlier than expected, waking up in the middle of the night and having regular nightmares. This could be due to a recent traumatic event encountered. Sleep deprivation also impairs cognitive and neurological functioning and leads to irritability. Getting adequate sleep may be a solution to dealing with this form of disruption (Yassen, 1995). In a study by Mohr et al. (2003) involving a sample of police officers, for instance, the subjectively perceived quality of sleep showed a mediating effect between traumatic stress symptoms and physical health.

Social mediating/moderating factors

Most forms of trauma result from violating close relationships with others (Yassen, 1995). Connection to others within interpersonal networks such as family, friendships, social clubs and others, as a form of social support, is reported to be effective in lessening traumatic reactions. It enhances coping after a traumatic experience (Figley, 1995), especially in a busy, fast-paced medical context (Robins et al., 2009). It is thus suggested

that the understanding of and coping with trauma should be understood within contexts such as the family and community in which an individual lives and functions. This is based on the fact that the way that trauma is understood and the social support received in these contexts determines the effect of the traumatic experiences encountered (Tedeschi, 1999).

Yassen (1995) shows the importance of evaluating the quality of the social relationships established. The quality of the relationships sheds light on how the people related to in those relationships understand one's traumatic encounter and their beliefs regarding the encounter, their availability and resources possessed to assist, the ability to give and receive feedback, as well as how they perceive change. The decision on whether or not such relationships are beneficial and should be maintained can be determined on the basis of this evaluation. As a service provider, making people in those social relationships aware about one's needs and experiences is important. This enhances their understanding of the service provider's situation and helps them to devise relevant ways of offering support.

Disclosure of trauma to and social support from family members was found to be protective in the midst of traumatic events. Due to the support of spouses or partners, heart rate responses were lowered among police recruits who anticipated exposure to stressful work experiences (LeBlanc et al., 2008). Robins et al.'s (2009) findings show that health care providers' reliance on external social support in the form of receiving advice and emotional support from others was accompanied by compassion satisfaction (satisfaction with one's role as a service provider). The combination of the two coping strategies helped to mediate traumatic reactions.

Organisational mediating/moderating factors

Trauma disclosure in the work setting

In a study by Stephens and Long (2000), the communication of police officers with peers about their work experiences proved to be more beneficial than communication with their supervisors. This is because talking about trauma was easier among peers than with

supervisors. The content of talk accompanied by the people with whom communication took place, thus determined the success of social support. The ease with which talks about trauma at work took place among police officers showed a significant success in moderating trauma symptoms. Moderate talks about disturbing traumatic and negative experiences with peers moderated effects of trauma and deeper positive talks with the peers about work led to low trauma symptoms.

Communication between police officers and their supervisors only mediated trauma reactions when talking about negative experiences relating to work and not with the other types of communication. A study by Morash, Kwak, Hoffman, Lee, Cho, and Moon (2008) also shows that work-related stress among police officers was only moderately mediated by support from superiors, leading to experiencing of lower levels of stress.

Supervision and peer consultation

Peer supervision and consultation form important organisational aspects that moderate VT (Bober & Regehr, 2006). Pearlman and Saakvitne (1995b) note that these are in-house strategies that are offered by peers within a field of work of service providers who assist victims of trauma. It is also said that these strategies are not a luxury that can be avoided, but a necessity that should be attended to. These provide the service providers with ongoing collaboration with the peers, being evaluated by them and, thus, receiving essential support from them without shame. It is also indicated that trauma work with therapists should not be done individually, but with the help of others because of the following effects of the work: emotional exhaustion; psychological distress; not being able to maintain clear boundaries between the service providers and clients; and intense emotional and fantasy or imagination arousal. Less experienced practitioners are said to require more hours of this form of intervention than more experienced practitioners.

Consultation aims at assisting the service providers to manage the feelings and responses experienced post exposure to trauma by being afforded an opportunity to express the distress and helplessness encountered regarding both work and personal life. In a therapeutic relationship, this role is referred to as 'holding' the service provider's distress.

It also helps the service providers towards attaining growth and continuing with the work done productively. This is done by separating what an ordeal means to the client from the meaning that the service providers have of their personal lives. This is basically drawing a boundary between work and personal life. Hence seeking psychotherapeutic treatment for the distress experienced is regarded as vital (Bober & Regehr, 2006) as some degree of mental health in service providers helps to mediate the magnitude of changes that occur after exposure to traumatic situations (Tedeschi, 1999).

Consultation for VT that is conducted either individually or within a group first focuses on addressing the effects of the personal trauma history of the service providers. Second, the consultation identifies and manages salient need areas that have been disrupted by VT by identifying the specific psychological needs (safety; trust; control; intimacy; esteem) and the self-identity, worldview and spirituality aspects that have been affected. This helps the service providers to process trauma material more quickly in the future and find ways of managing it. Last, are reality checks whereby the service providers monitor, through the help of the consultants, any possible changes and risks that may be encountered (Pearlman & Saakvitne, 1995b).

Service provider supervision entails the involvement of colleagues or supervisors who assist service providers with self-examination outside of the working environment, and which is controlled. The supervision helps the practitioners to identify aspects such as service provider-client distance, which includes over-identification with clients and detachment from work, among others, in order to find ways of dealing with them (Pross, 2006). The following aspects of supervision are recommended for therapists by Pearlman and Saakvitne (1995b): (i) supervision should provide service providers with a good, solid theoretical or knowledge base of the work that they do, including responses to trauma; (ii) the conscious and unconscious elements that go into the work done to raise their awareness of these; (iii) providing a respectful interpersonal atmosphere during supervision that makes them aware of the possibility of countertransference when interacting with clients and the necessity of maintaining clear boundaries between them and their clients; and (iv) being educated about and regulation of VT responses, that is,

self-care. It is, therefore, important to explore these aspects as there might be a possibility of their application among other subgroups of service providers, including police officers.

By concentrating on these tasks during supervision, the supervisors also model the tasks to suit the service providers, under supervision. A guardianship relationship is thus formed between the supervisors and the service providers. However, it is also important to define the relationship in terms of the service providers' and supervisors' needs, resources and roles. These should include the supervisors' sensitivity and respect, so as to avoid confusion or further challenges. Mutual sharing with the supervisors about own struggles, nevertheless, also helps with normalising the consulting service providers' experiences and redirecting the disrupted cognitive schemas (Pearlman & Saakvitne, 1995b).

Critical incident debriefing

An alternative to in-house consultation and supervision is critical incident debriefing, which may be offered by a professional who is not part of the work done by the service providers or comes from outside the organisation of the practitioners, that is, an outside consultant. It specifically focuses on assisting service providers to process thoughts and feelings relating to a traumatic situation immediately after its encounter and, thus, managing VT. This requires leadership within the organisation that understands the effect of trauma and the need for intervention to prevent or manage it (Pearlman & Saakvitne, 1995b).

Professional training and self-assessment

Professional training and self assessment are also vital aspects of the organisation that help to moderate VT (Bober & Regehr, 2006). Education on trauma management is regarded as a moderating factor that should take place before exposure to trauma. It does not only provide service providers with the necessary information to handle 'human elements', that is, work with people and traumatic situations, but also promotes collaboration between service providers such as those in emergency services and police officers and the mental health practitioners (McCammon & Allison, 1995).

Without such education, the emergency services personnel and police officers may perceive mental health services as unnecessary or a nuisance and, thus, be resistant towards the very service that they need in order to handle VT experiences. It also helps them to deal effectively with the distress of the primary victims that they assist and reduce the trauma reactions experienced as a result of exposure to these victims. Such education includes crisis intervention skills, stress management skills, coping with difficult patients and situations, communication and conflict resolution skills, and peer support services (McCammon & Allison, 1995).

The amount of training received is thus vital. While Warren et al. (2003) did not find a significant difference between emergency service providers who received four or less hours of training in personal reactions to trauma and those who did not receive training at all, this insignificant difference is attributed to the very minimal, inadequate training received. This is because training is reported, in other studies, to make a difference in the way that service providers respond to traumatic situations, particularly in terms of lessening emotional distress. For instance, Sabin-Farrell and Turpin (2003) confirm this, showing that less training at work predisposes service providers to VT, while more training mediates it. Jenkins and Baird (2002) also cite the level of education and training of service providers as one of the main determinants of vulnerability to VT.

In addition, service provider professional training, as a buffer for VT experience, may include the following three factors: compassion satisfaction, self-efficacy and self-awareness. Compassion satisfaction, which refers to satisfaction with one's role as a service provider, is one of the factors that shield service providers against traumatic reactions (Robins et al., 2009). This, according to Robins et al. (2009), may be a result of having a sense of purpose and connection to the clients that are being helped. This was particularly found among a sample of nurses.

Tehrani (2007) suggests that the impact of the degree of exposure to critical incidents and experience working with such incidents should be looked at in association with the issue

of self-efficacy, that is, the degree of confidence that service providers have in their abilities. These findings show that service providers who have less confidence in their abilities as professionals can be disturbed by the trauma material of their clients. The material, particularly inhibits professional growth and development.

However, belief in one's capability to exercise control over traumatic hardships helps an individual to cope better (Benight & Bandura, 2004). While supervision by superiors helps in lessening traumatic reactions, training in one's field which leads to self-awareness by examining oneself, outweighs the benefits of supervision in VT prevention (Pross, 2006). Sabin-Farrell and Turpin (2003) also show that lower self-awareness in a service provider can lead to VT. The opposite is obviously suggested, that is, high self-awareness can lead to the prevention of VT, specifically when the service providers prevent the primary victims' feelings from being transferred to them (preventing emotional contagion). Self-awareness helps with identification of symptoms of oneself and enhancing responsiveness to one's mental status or functioning, thus increasing the chances of processing the symptoms experienced and managing them.

Maintaining balance

Creating balance, a concept used by Pearlman and Saakvitne (1995b), can be two-dimensional, that is, maintaining balance within work and balance between work and personal life. Regarding within-work balance, there is maintaining balance among the various types of work that a service provider may do. Pearlman and Saakvitne (1995b) talk about therapists having the need to maintain balance among tasks such as teaching, writing, supervising and conducting research. In this way, they feel that they are able to reach and help a lot of people through their work. This, therefore, creates a creative value for them. This is what Victor Frankl, a personality theorist, suggests that it helps an individual to have a sense of contribution towards mankind (Meyer, Moore, & Viljoen, 2003). The rewards of making such a contribution are tangible and may be immediate. They include breaking the monotony of doing trauma work, establishing professional networks with other service providers in one's field, and even generating an extra income.

Having a variety of caseloads, that is, not focusing on caseloads of the same nature, also helps. These forms of creating balance within work curtail the effects of working with the same types of clients and repeated exposure to the same type of trauma, which may lead to making generalisations that all people's experiences are traumatic (Pearlman & Saakvitne, 1995b). These, specifically the issue of caseload variety, can be interesting to look at within the policing field of work as police officers are assigned to particular police units that deal with specific crimes.

Creating balance also refers to maintaining a sense of stability between the work done and personal life. This is described by Pearlman and Saakvitne (1995b) as "having a personal life" and "balancing work with play and rest". Yassen (1995) uses the concept of body work to refer to this type of balance and shows that it entails listening to one's body as it has the ability to tell the service provider what it needs. The body may know this before the service provider notices. Cerney (1995) talks about maintaining physical and mental health which refers to attending equally to all of the practitioner's physical, personal and professional needs. This balance, albeit labelled differently by Pearlman and Saakvitne (1995b), Yassen (1995) and Cerney (1995), it also mediates trauma reactions as the service provider is able to separate aspects of work from personal-related issues (Bober & Regehr, 2006).

One of the ways of doing this is to balance the service provider's day or week by introducing self-care strategies into the work space. This includes furnishing or decorating the work space with objects that remind the practitioner of self, personal meaning and associations that he/she has. Inclusion of extramural activities such as exercising, stepping out of the office, attending to social calls, listening to music and others, if work allows. Attending to these after work as a way of leaving work behind is also helpful. Planning vacations and spending time with family, and having private time are other balancing strategies (Pearlman & Saakvitne, 1995b). Yassen (1995) adds activities such as having massages, therapeutic body work, and wearing clothes that make a service provider feel good.

The objective of embarking on these activities is to pay attention to one's personal feelings and needs. It leads one to not attending to work at the expense of neglecting the self (Pearlman & Saakvitne, 1995b).

According to Jaffe et al. (2003) this form of mediating factor is in line with the preventative framework of the ABC model of mediating VT among service providers that is centred around three areas of intervention. These areas are: (i) awareness, which focuses on assisting service providers to be familiar with their needs, limits, emotions and resources; (ii) balance, which focuses on striking a balance between different activities in a service provider's life, specifically work, play and rest rather than merely concentrating on work alone; and (iii) connection, which emphasises being linked to oneself, others and something larger in life.

Reducing workload

Pearlman and Saakvitne (1995b) and Bober and Regehr (2006) indicate that reducing workload is also advantageous. Pearlman and Saakvitne (1995b) add the aspect of scheduling appointments according to times that are convenient to the service providers. These help on the basis that the work of helping victims of trauma is emotionally engaging and exhausting. While the work done, including that of police officers, may not provide the freedom to choose which cases to work on and which ones not to take, and when to take them, these authors advise that the decision made should be informed by the service providers' type of work, the ethical principles guiding it and their personal issues. This is because distress, which results from their work, is unavoidable.

This suggests that various organisations should be cognisant of this VT moderating factor. Educating those in positions of authority in these organisations about the negative effects of big caseloads and personal reasons for reducing caseloads is also recommended by these authors in order to enhance understanding and facilitate the implementation of this coping strategy within the work environment (Pearlman & Saakvitne, 1995b).

COPING WITH VT

Balance between knowledge and application of coping strategies among service providers

Bober and Regehr (2006) show that therapists as professionals who help victims of trauma with counselling, in order to manage it, have knowledge and skills of trauma management, but do not use such knowledge to deal with their own experiences of VT. This was found particularly in relation with the recommended coping strategies of leisure and self-care activities. Disengagement from leisure activities was specifically a concern among those with longer term reactions of trauma. Supervision was considered by those who had the supervisory role than frontline therapists. This means that trauma management knowledge does not necessarily translate to the practical activity of trauma management. This raises the question of whether or not the trauma management knowledge and skills are used among other subgroups of service providers such as police officers.

Effectiveness of VT coping strategies

Bober and Regehr (2006) did not find evidence in their study to support the effectiveness of recommended coping strategies such as leisure and self-care activities and supervision in protecting therapists from acute distress and immediate traumatic symptoms. The degree of effectiveness of education of therapists was also questioned.

Bober and Regehr (2006) recommended structural coping strategies (the structure of work and working conditions, for example, workload) more than individual ones among therapists. This was in view of the fact that the number of hours spent counselling victims per week was a predictor of traumatic symptoms among the therapists. This recommendation was extended to all organisations, in order to protect workers from trauma symptoms. This, however, suggests that the main predictors of traumatic symptoms among other service providers should be sought and this can shed light on the types of coping strategies needed by those service providers to manage the trauma symptoms. This includes trauma management among police officers.

On the basis of the imbalance between knowledge and application of coping strategies among service providers and questions on the effectiveness of coping strategies used, it is important to look at the models that explain how effective coping with VT can be implemented among service providers.

Models of coping with VT

Conservation of resources theory (COR)

This theory helps to explain the stressful nature of situations and how individuals react to such situations. It also provides an understanding of how situations that are regarded as traumatic are different from everyday stressful situations. In this way, it thus delineates how coping or recovery from traumatic stress takes place (Hobfoll et al., 1995).

Its basic presupposition is that individuals focus on obtaining resources in life. Resources refer to things that are highly valued by an individual or ways through which those valued things can be obtained. When obtained, the resources have to be retained and protected. Four categories of resources are outlined: (i) object resources; (ii) condition resources; (iii) personal resources; and (iv) energy resources (Hobfoll et al., 1995). Rothmann and Jorgensen (2007) indicate that when facing a stressful situation, an individual strives to minimise the loss of such resources as much as possible.

Personal resources, the focal aspect in this study, include resources such as skills acquisition and sense of self-esteem. They are, therefore, geared towards the ability to carry out particular tasks and having positive regard of oneself. The theory thus shows that extreme life situations temper with such resources. This is done when those situations pose a threat to the resources, or when they are actually lost or when the resources are used, but do not provide good returns or benefits. In order to cope, individuals strive to maintain these resources (Hobfoll et al., 1995).

The pathogenic paradigm

The pathogenic paradigm focuses on the pathology that develops as a result of exposure to traumatic incidents. Its basic premise is that exposure to such incidents impacts negatively on individuals' ability to function normally. It, therefore, disturbs their normal way of doing things on a day-to-day basis. It thus perceives the management of exposure to traumatic events, that is, either avoiding or decreasing frequency of exposure to the events, as a coping mechanism (Burke & Paton, 2006).

Suedfeld (1997) argues that due to its 'disease-causing' view, this paradigm sees trauma as a phenomenon that can only be dealt with through professional intervention, particularly psychotherapy. The paradigm is thus viewed as limiting those who restrict trauma to the prescriptions of science without taking into cognisance the resources that individuals have at their disposal which can be used to help themselves to remain resilient in the midst of traumatic events.

The salutogenic paradigm

The salutogenic paradigm is not a substitute for, but an alternative of the pathogenic paradigm in the sense that it provides a health promotion model that focuses on the well-being or health of individuals than ill-health. It thus sets out to understand how individuals deal with and cope in the midst of stressful situations (Bekwa & de Beer, 2009). While it acknowledges the impact of traumatic events on human functioning, it mainly regards individuals' outlook on life as important in the recovery process. The basic premise, therefore, is that the more a traumatic event is seen as rational, manageable and meaningful, the better coping strategies will be used (Burke & Paton, 2006).

Thus, Bekwa and de Beer (2009) argue that the specific aspects looked at are the ability to maintain competence, the strength to face challenges in life, being able to pull through after a stressful encounter and being able to strike a balance between a life-threatening situation and the inner strength and protective traits possessed by an individual. Six salutogenic constructs are, thus outlined as follows:

- i. *Sense of coherence*: this is the perception of stressful situations as consistent, predictable, meaningful and, thus, worth facing. They are seen as manageable on the basis of the perceived inner resources possessed;
- ii. *Locus of control*: internal locus of control, particularly, enables individuals to view outcomes of stressful situations as dependent on them, that is, it is up to them to bring changes to the situations encountered. Such individuals make more effort to control their environments, in order to ensure that the desired changes occur and, thus, value and rely on the skills that they possess to bring about such changes. This results in a strong sense of purpose in them;
- iii. *Self-efficacy*: individuals who believe in their capabilities to handle stressful situations do in actual fact overcome such situations as this belief influences them to take steps or act with the aim of achieving the desired goal of being above the stressful situations encountered. They are thus initiative and face challenges head-on rather than avoiding them;
- iv. *Hardiness*: this is the mental capacity to handle stressful situations. It entails being committed to oneself, others and to life in general, thus making an individual determined to make life work for them. It involves exercising control over the stressful situations and viewing challenges positively as an opportunity for change and growth. The individual thus acts in a way that will lead to attaining the expected outcomes;
- v. *Potency*: this is being confident and committed to overcoming the stressful situations on the basis of self-efficacy, that is, belief in one's capabilities to be above them, and lessons learned from past experiences of coping with other stressful situations; and
- vi. *Learned resourcefulness*: in this case, an individual combines cognitive and behavioural skills to control the internal responses that they display towards the stressful situations encountered and to ensure that they receive the desired outcomes. These are mastered in order to use them to control the way that they will behave in the future when faced with other, similar stressful situations.

Suedfeld (1997) advocates for this paradigm by showing the importance of its view of the maintenance of health. This is because it helps one to see traumatic events as challenges (that is, when the events are seen as expected opportunities that can be used to master or gain something out of them) (Folkman, 1982) rather than seeing them as crippling incidents. This, therefore, leads to the development of better coping skills even in the future. Suedfeld (1997) writes about the existence of “survivors of trauma” even among firefighters and rescue workers whose work is similar in nature to that of police officers since they all deal with common cases such as the removal of dead bodies or body parts and face other horrifying incidents. Bekwa and de Beer (2009) also indicate that the strengths emphasised by this paradigm are the strengths needed to cope with police work.

While the negative impact of traumatic events is not undermined and the evidence of their negative impact on service providers is recognised, a positive look at such events and adaptation are emphasised. This calls for the reappraisal of events that are regarded as traumatic just as much as a distinction is made between distress and eustress in stress literature (Suedfeld, 1997). Suedfeld (1997) shows that the persistence of both distress and eustress can put a strain on an individual’s coping strategies. This is the same outcome that has been noticed in traumatic incidents. He argues that adaptation is possible in both stressful and traumatic situations. Oner, King, Avery, Bretherton, Stolz, and Ormerod (2003) also emphasise that psychotraumatology should develop towards the recognition of personal coping strategies even among police officers to determine their resilience when encountering traumatic incidents rather than relying on the professional, pathologising debriefing services that are offered. The emphasis is on gathering relevant information from these officers regarding the availability and effectiveness of personal coping strategies and also encouraging the use of such strategies.

This view is supported by some researchers who argue that spirituality and religion have been found to be good coping strategies against traumatic encounters. These two factors have been found to lead to well-being and better job performance among service providers. This is a result of the reappraisal of situations that takes place and the attachment of new meanings to critical incidents (Bell, Busch, & Fowler, 2005; Pienaar

& Rothmann, 2003). Personal beliefs were also found to assist service providers to view and do their work better (Bell et al., 2005).

Posttraumatic growth theory

According to Saakvitne et al. (1998), there are various possibilities to responding to exposure to traumatic events. While some individuals may be devastated by the traumatic events experienced to a point of not functioning optimally, others may show posttraumatic growth, that is, positive transformation that comes as a result of exposure to trauma. Still others may appear to be overwhelmed by the events encountered through presentation with severe symptoms of trauma but, at the same time, display strong characteristics to an extent of helping other victims of trauma. Pearlman and Saakvitne (1995b) refer to these possibilities of response to events as gains and losses. This conveys the message of the possibilities of being inspired by traumatic events and also being disturbed by them. This shows how complex trauma coping is and the need for further and extensive studies in this area.

According to Tedeschi (1999), posttraumatic growth is defined as positive change in: (i) an individual's perception of self; (ii) life in general; and (iii) relationships with others after encountering a traumatic incident. The process that leads to traumatisation is said to be the same process that is applied in order to benefit from the traumatic experience encountered. This is due to the fact that it is not the traumatic event itself that leads to trauma reactions, but the effect of the traumatic event on the individual. This means that understanding new reality after exposure to trauma determines whether the individual will be traumatised or will attain posttraumatic growth. Being engaged in the process of cognitively processing information pertaining to the trauma, applying ways of dealing with it and the changes that result are the basis for posttraumatic growth.

Tedeschi (1999) indicates that different aspects of this growth are also influenced by the type of trauma experienced and social support available. Posttraumatic growth is said to be multidimensional. Nevertheless, this growth can be accounted for by changes taking

place in the areas that traumatic situations affected. These are changes in beliefs, goals, identity and interpersonal behaviour, which are the same areas which are affected by VT.

According to Tedeschi (1999), some of the domains of this growth which reflect these changes are:

- i. *Spiritual change and appreciation of life:* posttraumatic growth is seen when the negative beliefs that an individual held due to trauma are now replaced with new ones that work for the individual. There is basically an integration of three aspects of the individual, namely, life before trauma, the changed schemas that the individual has been trying to grapple with, and a new way of living. An experience of trauma and overcoming it makes the individual to find meaning in the experience encountered, embrace life and make critical decisions on the new way of living now adopted and, thus, resulting in a change in lifestyle.

This includes living life beyond superficial things and attaching value to deeper aspects of life such as interpersonal relationships, nature and others. This is accompanied by spiritual changes. Such changes include using spiritual beliefs held to view and handle situations differently, being on a mission for a spiritual philosophy that can be used to manage such situations, turning to religion as a way of coping if one was not a spiritual person, and even strengthening the spiritual beliefs held. The shared goal of all these spiritual changes is trauma management. Strengthening spiritual beliefs, specifically leads to an increased sense of control, intimacy and finding meaning in life and, thus, relief from emotional distress. The individual, therefore, develops the wisdom to handle life situations.

- ii. *New possibilities:* this refers to changing goals that an individual had in life. It is linked to appreciation of life and making spiritual changes as such appreciation and changes require the achievement of relevant goals.

- iii. *Personal strength:* changes in the belief system and goals require that the individual view oneself in a new light. Personal strength thus refers to effecting changes in one's identity. This includes viewing oneself as a survivor rather than a victim. Therefore, the new way of living adopted is dependent on the new identity formed by the self. The individual starts believing that overcoming current trauma means that the individual can handle other future challenges, and perceptions of personal growth. It means having a sense of self-reliance and self-efficacy as the individual gains confidence in one's ability to handle situations and relies on personal resources to do so.

The experiences encountered, thus, serve as a way of revealing the strength of the individual in dealing with such experiences which one was not aware of. Even though this new self-identity may be irrational or misleading, it is said to work for the individual who upholds it and it contributes to their psychological well-being and puts them in a better position to cope with future traumatic events.

- iv. *Relating to others:* this refers to interpersonal behaviour in terms of how the individual relates to others. Exposure to a traumatic event leads to discussions about one's experience with others and, thus, disclosing what the individual went through. The need to discuss the experience, that is, emotional expressiveness, and the actual act of self-disclosure, encourage closeness to others in interpersonal relationships. Self-disclosure, in particular, creates an arena for trying new behaviours. These are behaviours that are relevant to different interpersonal relationships that one establishes. Emotional support is sought in such relationships. This necessitates the improvement of relationships and trying to be close to others if the support needed is to be received.

The need to help others who have gone through the same experience also strengthens relationships. It also enhances recovery of the one who is offering the help. This is because the strength of handling situations of the one who is

offering help tends to be perceived as superior to the strength of the people who are being assisted.

According to Tedeschi (1999), the central response of individuals when faced with a traumatic event is coping. This means finding relief from the emotional distress experienced and dealing with the negative effect that is experienced on cognitive schemas. This is done by finding a personal way of understanding the trauma experienced. The processes of achieving posttraumatic growth by an individual, which should also be considered when intervention is provided to attain this growth, include the following:

- i. *A life narrative*: this is seen as another way of achieving meaningful trauma understanding. The more individuals narrate about their traumatic experiences, especially comparing who they were before trauma and who they are after trauma, helps with integrating the two experiences. This experiential integration helps in increasing chances of growth, especially when one considers aspects of self which might have been overlooked before. The life narrative brings together the losses caused by the trauma and lessons learned through the trauma, thus integrating the losses and gains. This forms the basis for the development of a new and comprehensive identity.

The life narrative, however, leads to growth depending on how the story of trauma is told. Specific focus is on telling the story with modifications that show openness to the experience encountered in such a way that it leads to survival over time. This openness includes rumination about the experience.

- ii. *Rumination*: this is a process of reflecting on the situation encountered, thus increasing the chances of revising the schemas held. This helps individuals to view the world as meaningful again, even though this belief was shaken by the traumatic experience. This form of reflection makes the perception of positive

change possible, thus ensuring growth since the more exposure to trauma becomes meaningful, the more the emotional distress diminishes.

It is, however, emphasised that there are two types of rumination which yield different results. Automatic rumination following immediately after the experience of a traumatic experience is important for laying the foundation for a more deliberate form of rumination later. This increases chances of growth through constructive information processing and schema revision. However, prolonged automatic rumination hinders growth as it leads to intrusions and increases failure to manage emotional distress.

- iii. *Mutual help*: taking advantage of other people's similar experiences which may be narrated differently helps. This is useful in helping to put an individual's perspective of the experience into context and, thus, perceiving and interpreting it positively.
- iv. *Attempts to create growth*: recognising one's individual attempt to achieve growth even if evidence of the growth cannot be seen yet is also vital.
- v. *Recognition of developing schemas*: consideration of the individual's developing belief schemas and how they can help one is important. It is vital to note that posttraumatic growth may vary across individuals. This growth is also a process which takes place gradually as the individual tries to make sense of and integrate the experience that has been encountered. It may also occur abruptly varying from a period of a few weeks to even two years (what is called delayed recovery).

EVALUATION OF THE VT COPING THEORIES

The focus of the current study concurs with the principles of the conservation of resources theory and the salutogenic paradigm. Those principles emphasise (i) individual discovery of the meaning of trauma that is derived from the encountered critical incidents; (ii) having and maintaining personal resources to deal with the trauma; and (iii) exploring the effectiveness of such coping resources. Hence the objective of this study is to discover personal coping strategies used by SAPS officers in the Vhembe District which are reflective of their cultural backgrounds. The pathogenic paradigm is thus not supported due to its negative tone towards recovery.

It is noticed that there may be incompatibility between survivors' self-reports of growth and significant others' reports which do not confirm the growth. However, posttraumatic growth cannot be completely labelled as unreal as the reports of some of the survivors of trauma also include the emotional distress experienced. Growth is thus reported while the negative impact of traumatic experiences is also acknowledged (Tedeschi, 1999). This discrepancy shows the importance that other studies, including the current one, can contribute toward understanding whether this growth takes place and if it does then how it is attained.

According to Saakvitne et al. (1998), there are methodological problems in research studies of posttraumatic growth that show how individuals thrive after experiences of traumatic events. One of the striking problems is the use of the nomothetic approach, whereby comparisons are made among individuals on growing after such traumatic experiences as expected in thriving theories. The nomothetic approach thus ignores the importance of individual differences. Non-consideration of the individual differences is a shortcoming of the vulnerability and coping research studies, which thriving research was developed to overcome.

The relevant, idiographic approach, which embraces individual differences and studies processes within an individual over time, is not used when posttraumatic growth is

studied. For instance, while vulnerability and coping research shows thriving among individuals with “positive” personality traits such as extroversion, openness, optimism and self-confidence, among others, thriving has also been found among individuals with introversion, pessimism, hopelessness, fatalism and who are not open to experience (Saakvitne et al., 1998).

An eclectic approach that combines the nomothetic and ideographic approaches to achieve the dual goal of noticing individual differences in thriving and also determining whether or not such differences can be generalised across individuals is recommended by Saakvitne et al. (1998). It is also shown that the level of understanding of individual differences also requires studying posttraumatic growth over a long period of time, as it is a process rather than a once-off occurrence. Another problem is that posttraumatic growth also requires studying individuals in their natural setting when undergoing a traumatic event and when the process of thriving is actually taking place rather than receiving reports after a traumatic event has been experienced (Saakvitne et al., 1998).

It is the goal of the present study to address the issues identified by Saakvitne et al. (1998) regarding posttraumatic growth. It was shown that some studies focus on comparing people to determine whether or not they fit within the held supposition of what pathology is (nomothetic approach). The present study focuses on the coping strategies used to manage traumatic experiences as conceptualised by sampled individual police officers in the Vhembe District. Its focus is on whether or not the individual officers perceive themselves as coping or not. It is also conducted within the natural setting as the process of coping is taking place. The results of the study should, therefore, make some valuable contributions towards the understanding of thriving after exposure to traumatic experiences.

CONCLUSION

This chapter focused on understanding the construct of VT among different subgroups of service providers. It laid the foundation for the understanding of VT and how coping with VT may be conceptualised. Various models and theories of the manifestation of and coping with VT were analysed to determine their relevance to the current study. The significant aspects of application of some models/theories to the current study were identified. The following were thus found to be applicable regarding the conceptualisation of the phenomenon of VT: the empathy, emotional contagion, trauma transmission, CSDT and cognitive models/theories. The following were found appropriate to understanding of coping with VT: the salutogenic paradigm, the conservation of resources and posttraumatic growth theories. The following chapter focuses on VT manifestations, specifically among SAPS officers, the type of contexts in which they experience such and how coping is understood, specifically among these officers.

CHAPTER 3
LITERATURE REVIEW
SECTION II: VICARIOUS TRAUMATISATION IN THE SAPS CONTEXT

INTRODUCTION

The bulk of research on trauma in previous years focused on the development and treatment of posttraumatic stress disorder (PTSD). It looked at the direct impact of traumatic situations on victims as classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) and International Classification of Diseases (ICD-10) editions (Figley & Kleber, 1995; WHO, 1992). Research focus today has been redirected to invest in making discoveries on the effect of such traumatic situations on secondary victims as classified in the DSM-III-R and DSM-IV editions (Figley & Kleber, 1995). This is done because it is not only those who are directly involved in such trauma-inducing situations who are affected, but also all others who are associated in one way or another with the victim. This association with victims of trauma, thus impacts negatively on the quality of the lives of South Africans.

This chapter of literature review entails an integrative literature examination (Neuman, 1997) of the phenomenon of vicarious traumatisation (VT) among the South African Police Service (SAPS) officers and the coping strategies that they use. This literature review was done with the aim of understanding the context in which VT manifests within this subgroup of service providers, its prevalence, and causes by looking at the nature of police work in the SAPS and its characteristics that lead to VT. The coping mechanisms used by police officers were also studied, in order to understand how the operational experiences encountered are managed.

CHARACTERISTICS OF A TRAUMATIC EVENT AND THE PREVALENCE OF CRITICAL INCIDENTS AS CAUSES OF VT AMONG POLICE OFFICERS IN SOUTH AFRICA

Scotti, Beach, Northrop, Rode, and Forsyth (1995) show that a traumatic event is comprised of the following characteristics: (i) physical harm to oneself; (ii) witnessing the death of others; (iii) active participation in the event; (iv) the death of a close family member; (v) extreme loss or threat of loss of personal property and other resources; and (vi) frequency and duration of traumatic events.

The types of cases that SAPS officers deal with indicate that their working environment meets some of the outlined characteristics of a traumatic event. The cases encompass physical harm since the cases that they deal with have the potential to cause injuries to them and others. The officers' active involvement and day-to-day participation in the traumatic events indicate the frequency and duration with which they are exposed to such events. Witnessing the death of others is inevitable and so is the possibility of losing particular resources in the process. The prevalence of critical incidents in South Africa depicts a picture of the nature of cases that SAPS officers deal with and, therefore, the possibility of experiencing VT by these officers.

The SAPS working environment and types of critical incidents leading to VT

Studying the nature of police officers' work sheds some light on the effects of this work on SAPS officers' mental health, particularly how it leads to VT. The compelling reason in support of the focus of the current study is that police work has been deemed one of the professions accompanied by high levels of stress (Carlier, et al., 2000; Sekwena et al., 2007; Storm & Rothmann, 2003). Researchers identified this nature of work as one type of the stressors that predispose police officers to psychological and physical harm (Stephens & Long, 2000; Storm & Rothmann, 2003). Wright et al. (2006) suggest that where VT is not reported among police officers who work with victims of trauma, such as abused children, questions should be raised about whether or not police officers can

accurately identify sources of negative stress and the impact of the cases that they deal with on their psychological well-being, as VT is unavoidable in such cases.

An environment of violence and crime

Some of the stressors that lead to harm in police officers' psychological and physical well-being include violence and crime. These are currently considered to be social problems in South Africa as the Nedcor Project (cited in Pienaar & Rothmann, 2003) shows that the SAPS deals with one of the highest crime levels globally. Research findings in the 1990s show high levels of crime and violence in South Africa which were dealt with on a daily basis by the SAPS officers (Pienaar et al., 2007; Storm & Rothmann, 2003). Findings by Kgalema (2002) show that there has not been a decrease in this pattern. In reality, the SAPS and the Government's Justice, Crime Prevention and Security (JCPS) Cluster noted an increase in statistics of violent crimes in the country in 2006 (SAPS Annual Report, 2005/6).

The SAPS Journal (2006) supports this assertion by indicating that crime prevention forms part of the police regular work today mainly dealing with cases of rape, murder, robbery, assault and possession of drugs, with the latter inciting people to commit alcohol and drug-related crimes (SAPS Annual Report, 2005/6). This contributes to the stressful nature of police work. The SAPS Annual Report (2005/6) also shows that though there was a slight decrease in statistics of contact crimes such as common robbery, attempted murder, common assault and violent assault by an average of 15.03%, little decrease was noted in crimes such as murder, rape and indecent assault, which showed an average decrease in percentage by only 2.23. This is very small compared to the decrease in the other contact crimes.

Statistical indicators of the Institute for Security Studies (2006/7) show that the crimes of murder, rape and indecent assault (including assault with the intent to inflict grievous bodily harm) were still prevalent in the Vhembe District in the years 2005 and 2006. The crime with the highest prevalent rate was assault with the intent to inflict grievous bodily harm followed, by rape. This shows that crimes that lead to traumatic experiences had not

yet been curbed even in the Vhembe District. In 2004, the then Deputy Minister of Safety and Security, Susan Shabangu showed in her Budget Vote speech that these crimes lead to trauma and posttraumatic stress (SAPS Journal, 2004). The SAPS Annual Report (2005/6 p. 2) further shows that the percentages on these crimes are “a cause for concern” and the government is still striving to bring down these percentages.

Involvement in community policing

Minnaar and Mistry (2006) and Sekwena et al. (2007) show that the violent environment in which the SAPS officers work requires them to be actively involved in community policing. This type of policing encompasses the day-to-day encounters of community members’ experiences of trauma. The officers’ work incorporates tasks such as providing support to victims of crime, violence and abuse, as well as upholding their rights (victim support). They work with individuals, community structures, the government and non-governmental organisations (NGO’s) in carrying out these tasks. They thus deliver a service to victims aimed at identifying the trauma-inducing factors and ways of dealing with them.

The main objective of this service is to make police officers more visible in communities and ensure that the effects of trauma are as less devastating as possible to the victims. This exposes police officers to the physical, psychological and emotional effects of trauma of the victims that they work with. This is in line with a paper published in 1996 on victim support (Nel, 1999). Victim support is a programme which was later approved and established by the government in June 2000, and referred to as the Victim Empowerment and Support Programme (Ministry of Safety and Security, 2000). In offering this kind of support, the officers work in collaboration with other service providers such as psychologists, social workers and lawyers (Kgalema, 2002).

Some of the municipalities in the Vhembe District, including Thulamela in which Thohoyandou is situated, are examples of the areas in which community-based crime-prevention strategies were initiated (SAPS Journal, 2004). This means that police officers in this district may also be vulnerable to the identified trauma-inducing factors.

From incident managers to victims

The types of critical incidents that these police officers deal with increase on a yearly-basis. The increase in the prevalence of these incidents in South Africa has changed the status of police officers, including those in the SAPS, from managers of the incidents to victims as they become traumatised by working with victims and perpetrators of the incidents (Nel, 1999; Nel & Burgers, 1998). Most of these critical incidents are hazardous to human life and, therefore, lead to injury or death even among the police officers (Patterson, 2001b; Plani et al., 2003).

According to Carson and Butcher (1992) and WHO (1992), events that lead to trauma can either be natural or man-made. It has been found that man-made events that lead to primary traumatic stress can lead to trauma in secondary victims, particularly the service providers (Gentry et al., 1997). Police officers' trauma is also caused by these intentional, man-made factors rather than natural ones (Patterson, 2001b). Such man-made sources of trauma include violence (Bell et al., 2003; Patterson, 2001b; Plani et al., 2003).

The experiences of violence encountered mean a rise in the stress levels that people in various settings such as the workplace, schools, the home environment and the general community have to deal with everyday. This means, therefore, more settings of exposure to traumatic events for police officers as their work involves assisting the primary victims in all these settings.

Some of the SAPS units exposed to trauma

The SAPS officers' work is divided into different units in which the officers deal with different traumatic cases. The cases in these units make them vulnerable to suffering from VT. The different units are discussed next.

Family violence, child protection and sexual offences (FCS) unit

The SAPS has the family violence, child protection and sexual offences units. According to the report of the SAPS Department of Police (2011), the child protection unit was

established within the SAP in 1986 to work with crimes committed against children who are younger than 18 years. It provides a service that takes into consideration the age and needs of children, thus ensuring that children are protected from any harm, including trauma. It, therefore, focuses mainly on preventing and combating such crimes against children.

Since 1995, a need to combine the family violence, child protection and sexual offences (FCS) units under the detective service was realised. It was discovered that the victims in all three units needed to be dealt with sensitively as their experiences in the crimes encountered are similar and leave them traumatised. Child protection units in some parts of the country have already been transformed into the FCS units, while others still have to undergo the process pending availability of resources and prevalence of relevant cases in those areas. This process of amalgamation of the units led to the creation of 32 child protection units and 13 FCS units in the main centres in the country by 2003. Eight additional FCS units were planned to be established between 2003 and 2004. The three main crimes dealt with by the FCS units are crimes committed within the family, against children younger than 18, and sexual offences involving victims who are 18 years and older (SAPS Department of Police, 2011).

Literature cites various crimes and critical incidents falling under this unit, which have the potential to lead to VT in police officers. These include the following:

Domestic violence

Plani et al. (2003) show that violence in South Africa takes the form of interpersonal conflicts, among others. Bell et al. (2003) note that helping victims of domestic violence is one of the causes of trauma among the service providers. Kgalema (2002) supports this and shows the prevalence of VT among South African police officers who work with domestic violence cases as they have to be sensitive to victims' trauma and needs. The inability to provide such victims with adequate help, results in emotional distress in the officers. The negative effect of domestic violence can also be due to the fact that couples involved in this form of violence may turn against the police officers who assist them as a

result of the use of alcohol and/or drugs. Police officers are often killed during the process of intervention (Waters & Ussery, 2007).

Sexual abuse

Sexual abuse is another source of VT (Way, VanDeusen, Martin, Applegate, & Jandle, 2004; Jaffe et al., 2003). Patterson (2001b) cites working with victims of rape as a source of trauma in police officers. The South African Law Commission (1997) shows that South Africa is one of the countries in which the prevalence of child abuse is alarming and such cases take place within the children's families. According to the commission, in 1996 the child protection unit of the SAPS dealt with 35 838 cases of child abuse, amongst which were child sexual abuse cases. Within a period of a month, child sexual abuse cases formed 23% of the cases referred to the social services and it is possible that this is not a true reflection of the actual occurrence of this type of abuse as there is generally a problem of low reporting of such cases. Way et al. (2004) argue that working with the sexually abused survivors can lead to symptoms of intrusion and avoidance which are associated with VT in the service providers. South African police officers thus become hurt when they cannot help victims of this form of trauma (Kgalema, 2002).

Injury and neglect of children by mothers

The neglect and injuries of children are additional sources of VT. Coming across small children who are abandoned by their mothers and who are left on their own is a kind of critical incident that SAPS officers encounter. This incident affects the officers' psychological well-being (Nel & Burgers, 1998). These officers also witness serious injuries and death of children. This is another potential cause of VT (Patterson, 2001b).

The public order policing and accident response units

The other units are the public order policing and the accident response units. While the public order unit focuses on ensuring the control of public disorder (Minnaar & Mistry, 2006; Patterson, 2001b), the accident response unit helps road accident victims with recording accident information and is, therefore, responsible for assessing road fatalities (Moodley & Allopi, 2008). Moodley and Allopi (2008) show that there was a significant

increase in deaths due to road accidents in South Africa between the years 2001 and 2006. The general outcomes of road accidents are reported to be injuries, death and property damage. These outcomes indicate the type of incidents that could make SAPS officers prone to developing VT symptoms. Some of the cases dealt with by these units include the following:

Taxi violence

SAPS officers also become involved during taxi fights in order to control the clashes among the fighting parties. Trauma is brought about when their role compels them to intervene between taxi groups fighting against one another, thus exposing them to potential danger, injuries or death. Observation of these occurrences makes the officers prone to developing VT reactions (Nel, 1999).

Witnessing serious injury or death of another person or a colleague

When on duty, SAPS officers usually witness serious injuries or even the death of people, including children and colleagues. Disturbing images of death, therefore, serve as stressors that lead to trauma in the officers (Minnaar & Mistry, 2006; Nel & Burgers, 1998; Stephens & Long, 2000). These officers become affected when colleagues commit suicide (Nel & Burgers, 1998; Sekwena et al., 2007). The trauma is not only brought about by the death of the colleague, but also by questions about whether or not there was nothing that they could have done to prevent the suicide of the colleagues (Waters & Ussery, 2007). Witnessing their colleagues dying or being brutally murdered is, therefore, a cause of VT (Nel, 1999; Patterson, 2001b).

Dealing with corpses

The work of some SAPS officers incorporates removing dead bodies in case of death, whether by suicide or homicide. This becomes particularly traumatic to police officers when they witness the bodies that have decomposed or are mutilated (Nel, 1999; Nel & Burgers, 1998; Patterson, 2001b; Violanti et al., 2006). The officers' experiences during such encounters make them have recollections of odours, sounds and sights which may

be triggered by some stimuli in various environments and, thus, reminding them of the bodies they have had to remove (Nel & Burgers, 1998; Waters & Ussery, 2007).

Shooting events

Kgalema (2002) and Nel (1999) argue that there is poor control of the availability of firearms in South Africa. Public members have easy access to firearms and, therefore, police officers become involved in shootouts with members of the public during crime scenes (Minnaar & Mistry, 2006; Nel, 1999; Patterson, 2001b; Plani et al., 2003). These police officers become traumatised as the shootings are often influenced by their need to protect their own or other peoples' lives, which are put at stake by the criminals. The trauma takes place when the SAPS officers are shot at, have to shoot at people, or witness another person being shot (Nel, 1999; Nel & Burgers, 1998). This has been the case since the dawn of democracy in South Africa as the officers are forbidden from the use of force and violence to deal with the perpetrators of crimes (Minnaar & Mistry, 2006). Some police officers even attempt suicide using firearms as a result of the trauma that they face (Plani et al., 2003).

Hostage situations

Working with people who have been held hostage is another cause of VT. The relationship between such situations and VT is determined by witnessing the suffering of the hostages. Observation of such suffering leads to distress in the officers (Minnaar & Mistry, 2006; Patterson, 2001b).

The explosives unit

The SAPS also has a unit which deals with incidents of bomb blast scenes. Events that involve the use of explosives in which people are seriously injured or even die may lead to trauma as the officers are actively involved in controlling the situations and attending to victims (Waters & Ussery, 2007).

All these units (FCS, public order policing, accident response and explosives units) and the types of cases police officers are exposed to indicate the type of work-related stress

that SAPS officers have to deal with. A distinction, therefore, has to be made between organisational and operational stress.

ORGANISATIONAL STRESS VS. OPERATIONAL STRESS

The organisational environment of police officers has been found to lead to a particular type of stress referred to as organisational stress. This stress is caused by the conditions, policies and procedures under which police officers work (Burke & Paton, 2006; Kohan & Mazmanian, 2003; Minnaar & Mistry, 2006).

Four categories of police stressors were thus identified in the past. First, the external stressful events that are outside the police organisation, such as the justice system and socio-political changes, were detected. Second, are the internal stressful events that comprise the policies, administration and availability of resources. Third, the task-related stressful events such as workload and shifts were highlighted. Last, are the individual stressful events referring to individual life characteristics that impact on their work as police officers (Nel, 1999; Patterson, 2001b).

Job content and job context categories later emerged. Job content refers to aspects such as job demands which include workload, working long hours and exposure to demanding crime and traumatic scenes, which require physical and psychological effort on the part of police officers when doing their work. Job context refers to administrative duties (Patterson, 2001b; Rothmann & Jorgensen, 2007). These categories do not clarify the effect of the traumatic nature of events to which police officers are frequently exposed. This is in the form of stress that affects their psychological well-being and functioning. The categories, therefore, ignore the degree of impact of the operational effects of the officers' work (Patterson, 2001b).

While some findings show that traumatic events are less influential on police officers' well-being than the organisational environment (Burke & Paton, 2006), Kohan and Mazmanian (2003) argue that exposure to traumatic events does have an impact on police

officers' well-being. This impact can be overlooked only if such exposure is sporadic. When there is continuous exposure to such events, then their effect on police officers' well-being can be noted.

Kohan and Mazmanian (2003) found an explanation in their study for different perceptions held by police officers about organisational and operational work. It is shown that police officers' evaluations of their work depend on the nature of work that they do on a regular basis. Supervisors and administrators whose work involves policies and procedures found organisational work to be more stressful, while patrol officers found operational work to be more stressful as it involves a lot of case investigations. In a study by Brough (2004), traumatic stress experiences also predicted psychological strain in police officers and fire fighters, whereas this strain was a result of organisational stressors in ambulance officers. Consequently, in Brough's (2004) study, police officers' operational work, which comprises exposure to traumatic events, was found to be stressful in its own right due to the production of trauma symptoms.

Gulle, Tredoux, and Foster (1998) also found that operational stress, which is also called inherent stress, was common among SAPS officers in the Western Cape. This is due to the nature of critical incidents that they deal with. The incidents are life-threatening and, thus, pose serious danger to the lives of the police officers. It was found that this type of work affected the officers' psychological and social well-being (Minnaar & Mistry, 2006; Nel, 1999; Patterson, 2001b). Researchers show that witnessing the death of a colleague and killing during their line of duty were regarded as the most traumatic incidents in police officers' work (He et al., 2005). Gulle et al. (1998) thus noted the importance of making a distinction between operational stress and organisational stress. Patterson (2001b) also shows that operational stress, which includes VT, warrants classification as a separate category of study under police stress.

EXPOSURE TO OPERATIONAL WORK AND VT SYMPTOMATOLOGY AMONG SAPS OFFICERS

There are some of VT symptoms that have been reported among SAPS officers and other sections of the South African police due to exposure to operational work. This section does not provide a comprehensive list of these symptoms, but an indication of the types of symptoms experienced by SAPS officers. These are as follows:

Psychological reactions

Psychological reactions have been noted. These include confusion and frustration about officer role and responsibilities, particularly when helping injured victims. This is because these officers are the first service providers to arrive at scenes of crime, but are not allowed to handle injured victims. They thus have to spend some time with the victims without offering them any form of assistance. This also results in disempowerment (Kgalema, 2002).

Disempowerment is also experienced due to lack of training on delivering traumatic messages to relatives of victims. The officers may also blame others such as the communications officers in the communication control centres and ambulance services personnel when they do not respond to the scenes within the time expected by the officers. These delays also lead to frustration. Frustration is also caused by poor relations between police divisions such as the SAPS and Metro Police, particularly in terms of handling victims' cases (Kgalema, 2002).

Disengagement may also take place when the officers separate themselves from victims when they feel that they have fulfilled their expected responsibilities and do not want to be further involved in the care of the victims. They morally distance themselves from the victims. Despite the occurrence of disengagement, there are some who may experience preoccupation with thoughts about the scenes; these scenes might not leave their minds (Kgalema, 2002).

Emotional reactions

The officers may also experience emotional reactions such as feelings of being hurt and anger, particularly when they feel incompetent to help the victims of trauma. There is also fear of handling injured victims due to restrictions in their operation. This also results in feeling demotivated by the procedures that they have to follow during the scenes. They also become emotional when relating their traumatic work-related experiences, and express feelings of pain and uselessness in relation to watching victims in agony, but being unable to attend to their medical needs. Lack of resources such as vehicles, firearms and others or mismanagement of these resources can also lead to feelings of frustration and inadequacy when they have to attend to victims of violence (Kgalema, 2002).

Behavioural reactions

Behavioural reactions also take place. These include revenging against suspects of violent crimes, thus also becoming perpetrators of violence. They also become aggressive as a result of observing people like tow truck drivers treating victims without care and, thus, re-traumatising them. The use of alcohol to manage the effects of traumatic experiences they are exposed to also takes place. Suicide among these officers has been found to be very high as well (Kgalema, 2002).

Table 3.1 gives a summary of VT symptoms found among SAPS and other divisions of the police service in South Africa.

TABLE 3.1: SUMMARY OF SOUTH AFRICAN POLICE OFFICERS VT SYMPTOMATOLOGY*

CATEGORY OF SYMPTOMS	SYMPTOM TYPE
Emotional Reactions	Hurt Anger Fear Pain Being emotional Feeling demotivated Feeling inadequate
Cognitive Reactions	Confusion Frustration Helplessness

	Blaming others Perception of disempowerment Moral disengagement Preoccupation with thoughts
Behavioural Reactions	Revenge Aggression

Derived from Kgalema (2002)

* This is not an exhaustive list of VT symptoms among these officers.

The nature of the operational work they are exposed to and the symptoms experienced by the SAPS officers show the extent of the need to cope. Coping strategies among these officers are discussed next.

COPING STRATEGIES AMONG SAPS OFFICERS

Methodological issues in understanding the relationship between trauma and coping

It appears that much of research on trauma and coping among police officers focuses on the organisational context than on the effects of police work on their mental health. Pienaar and Rothmann (2003) conducted a study on the coping strategies used by police officers in 8 provinces in South Africa. The study focused on stress caused by individual police officers' experiences of the organisational context of their workplaces. Storm and Rothmann (2003) also conducted a study focusing on organisational stressors encountered by the SAPS officers. The problem of burnout was highlighted in this study. Madu and Poodhun (2006) looked into coping strategies used to deal with organisational factors such as salaries, the number of working hours, and working relationships with superiors, among others, which led to high levels of stress among the SAPS officers in the Limpopo Province, in particular, the Central Region which excludes the Vhembe District, situated in the Far North Region. This study also looked into stress caused by the organisational structure and functioning. These studies, however, did not study the phenomenon of VT.

Focus on VT, nevertheless, began to develop as Kopel and Friedman (1997) conducted a quantitative study with members of the Internal Stability Unit (ISU) of the South African Police to determine whether the situations under which they worked had the potential to predispose them to posttraumatic stress. VT was uncovered as they found that witnessing

other people going through a traumatic situation led to symptoms of intrusion and avoidance in the police officers. Since coping strategies were not researched in this study, further studies on how the South African police officers are assisted to cope with the identified symptoms when they arise should be carried out.

In addition, a qualitative, focus group study on trauma management was carried out by Kgalema (2002), specifically among junior Metro Police officers in the five metropolitan municipalities of eThekweni, Johannesburg, Cape Town, Tshwane and Ekurhuleni. This study revealed the frustration caused among the police by factors such as the police officers' involvement with victims of trauma. These factors include: (i) lack of or insufficient first aid training to help victims since they are the first ones to arrive at accident scenes; (ii) lack of training in informing the next-of-kin of victims about accidents; (iii) lack of follow-up mechanism on the victims as the police remain with mental pictures of scenes of accidents or crime without knowing what happened to the victims afterwards; and (iv) repeated exposure to traumatising situations. These aspects were cited as causal factors of VT.

Coping strategies such as internal strength, cultural beliefs, social support, alcohol and substance abuse were highlighted (Kgalema, 2002). This study opened a way into uncovering the experiences that lead to VT among police officers in the country. Interestingly, it was revealed that there is a relationship between police officers' cultural beliefs and coping. The study' focus on the five municipal areas and on the Metro Police officers means that there is a need to conduct studies in other municipal areas not covered in this study, as well as with other police officers not classified under the Metro Police who deal with the same cases of crime, violence and accidents. It would be interesting to gather data on other police officers in other settings in terms of the type of cases leading to VT, degree of official support, if any provided, as well as the individual coping strategies employed. The focus of the present study, therefore, is on the SAPS officers in municipalities in the Vhembe District.

Jonas (2003) conducted a study on the impact of trauma debriefing on debriefers working in the Helping Professions Division in the SAPS. The study did not focus on VT among the SAPS officers who experience VT as a result of observing and helping community members who encounter traumatic situations. This is the main objective of the current study. Rather, Jonas' study focused on those who provide debriefing sessions to the SAPS officers when exposed to traumatic incidents.

Because of the identified gaps in these studies, I sought to fill-in the gaps. I planned to do this by uncovering the nature of experiences encountered by the SAPS officers, specifically in the Vhembe District, Limpopo Province, when they help community members. I also planned to look into the symptoms of VT encountered and specific coping strategies that they use for those particular experiences since Pienaar and Rothmann (2003) emphasise that studies on coping strategies of police officers should determine the coping strategies that are preferred over others.

Scarcity of research on police coping with VT

It is apparent from previous research that there is lack of sufficient research on VT that affects service providers who work with victims of crime, including those in law enforcement (Salston & Figley, 2003; Trippany et al., 2004). Pienaar and Rothmann (2003) also noted the scarcity of such research focus in the South African context, particularly within the SAPS. Wright et al. (2006) show that where such studies took place, much research focused on the symptoms experienced and not much on the coping strategies used to deal with those symptoms.

Pienaar and Rothmann (2003) highlighted the danger of not having sufficient research conducted in this area as a contributing factor to having the SAPS officers not coping well with the stress that they encounter, to a point of poor job performance, as well as somatic and psychological illnesses leading to suicide in extreme cases. Thus, Gibson, Swatt, and Jolicoeur (2001) show the necessity of having more research conducted to discover the coping strategies that benefit police officers.

It is also clear that coping strategies relevant to police officers from specific cultures that can be adopted, in order to deal with VT and to ensure their survival, need to be identified and used. In this study, I identified police officers within the SAPS in the Vhembe District, Limpopo Province as participants in order to add to the body of knowledge on VT. The objective of the study is to uncover the coping strategies used by members of the police service in this specific area, as there could be other coping strategies that have not yet been uncovered among police officers.

Current formal programmes for prevention of VT in police institutions

Literature suggests various ways in which formal programmes at the workplace can be put in place to assist police officers to deal with stress and trauma that come as a result of the nature of their occupation. These are discussed below.

Primary techniques of prevention

Relaxing and leisure as one of the preventative measures used among the police was correlated with coping with stress in a study by Iwasaki, Mannell, Smale, and Butcher (2005). Involving police officers in exercise programmes and teaching them ways of relaxing are some of the important coping strategies formally used by police agencies to alleviate trauma in police officers (Kgalema, 2002).

Social support is also recommended for the police (Kgalema, 2002). Bell et al. (2003), Palm et al. (2004) and Salston and Figley (2003) confirm Kgalema's recommendation by maintaining that some of the organisational social support activities that can be engaged into to reduce cases of VT include among others, allowing service providers to take vacation leave from work, provision of sick leave, the establishment of peer support groups with regular interaction and communication with co-workers concerning difficult situations and work. Social support from co-workers and supervisors, and the avoidance of poor communication at work are thus recommended. Social support outside the work environment is also vital.

Educational programmes aimed at educating police officers about trauma and its management have also been suggested (Bell et al., 2003). Patterson (2001a) found that the level of education of police officers determines the type of coping strategies used. It has been reported that higher education achievements correlate with the ability to regulate emotions and seek social support. Education thus sensitises people to the importance of not alienating themselves from significant others when faced with stressful situations. It also makes them highly sensitive to the impact of stress and the analysis of their emotions.

Redirecting the cognitive focus of police officers is equally important. Understanding, normalising and accepting the feelings of sadness, anger and shame that may be encountered when working with trauma victims, rather than interpreting these feelings as inadequacy and ineffectiveness in doing one's work, is emphasised as such feelings can lead to pathological ways of coping (Palm et al., 2004).

Altering the organisational structure of police work is also vital. Varying cases that police officers attend to has been found to be beneficial (Bell et al., 2003). Reducing the number of cases and schedules of working with trauma victims or reducing exposure to material related to those victims has also been suggested (Palm et al., 2004).

Ensuring adequate training in providing services to victims of trauma has been recommended (Palm et al., 2004). Kgalema (2002) also found that receiving adequate training in handling issues relating to crime and violence among South African police officers would serve as an effective way of dealing with trauma. Such training should encompass understanding the degree to which police work impacts on the officers psychologically. This strategy coincides with what Carson and Butcher (1992) recommended for dealing effectively with stress. They indicate that being prepared beforehand for the type of stressful situation that an individual will encounter, puts the individual in a better position to handle the situation and its effects. Nel and Burgers (1998) show that such training in which psychologists help police officers to undergo stress-management training related to their work does take place in the SAPS.

Palm et al. (2004) suggest an eclectic approach to the prevention of VT. They emphasise the combination of both personal and organisational coping strategies to assist service providers to deal with VT before they are overpowered by it. This approach thus shows the necessity of exploring the organisational coping strategies such as the critical incident stress debriefing specifically provided by the SAPS, as well as personal coping strategies used by individual SAPS officers.

Critical incident stress debriefing (CISD) and coping in the SAPS

Critical incident stress debriefing refers to a process of intervention that follows immediately after the experience of a traumatic event (Nel & Burgers, 1998), preferably between 48 and 72 hours (Oner et al., 2003). It is based on the pathogenic paradigm whose main premise is that the functioning of personnel exposed to traumatic events is adversely affected by those events (Burke & Paton, 2006). It encompasses the provision of support and education to the victims of trauma by the helping professionals. Victims are also given an opportunity to express their emotions, thoughts and impressions relating to the traumatic events, thus redirecting the negative emotions, thoughts and impressions and setting up organisational support (Oner et al., 2003; Patterson, 2001a).

Police work is viewed as an occupation that requires coping (Woody, 2005) hence the SAPS acknowledges the occurrence of post-service trauma resulting in VT among the police and makes provision for assistance with such trauma. It thus provides the debriefing service to police officers after they have been exposed to traumatic cases.

The debriefing is offered at three levels of helping professions: psychologists, social workers, and chaplains. The Psychological Services Unit provides counselling in the form of psychological stress debriefing after involvement in a critical incident, particularly for police officers who are traumatised. Continuous psychotherapy is also provided where needed (Nel & Burgers, 1998). Other related sessions by social work and religious professionals within the police also take place. The services have been

established for some time now. For instance, in the year 1997 alone, there was a referral of 5 329 police officers to such sessions in the country (Kgalema, 2002).

According to Levenson (2007) and Malcolm et al. (2005), the service follows the following steps to normalise the police officers' trauma symptoms:

Introduction phase: description of the process, rules and expectations of the CISD;

Fact phase: description of who the officers are and what their role was in the critical incidents;

Thought phase: the officers describe their first thoughts about the critical incidents;

Reaction phase: explores the officers' personal reactions when in the events;

Symptom phase: discussion and normalisation of the signs and manifested symptoms of critical incident stress;

Teaching phase: teaching of different ways of dealing with the critical incident stress; and

Re-entry phase: discussion of other relevant issues and asking questions by police officers with the aim of helping them to return to duty.

Availability and effectiveness of trauma debriefing in the SAPS

Literature shows that debriefing programmes take different forms in various areas and that the effectiveness of such programmes has so far not been fully supported. In some cases, debriefing has been found to be inconclusive, contradictory and not necessarily leading to the psychological well-being of police officers (Oner et al., 2003; Patterson, 2001a). Bell et al. (2003) show that debriefing at the workplace may not be effective in managing repetitive exposure to traumatic material.

One of the contributing factors to ineffective debriefing services is lack of sufficient research evidence to inform the type of debriefing required for specific trauma. Specific debriefing programmes should be related to specific evidence of trauma manifestations and causes as there is a possibility of harm after involvement in a debriefing programme (Sabin-Farrell & Turpin, 2003).

Challenges with the debriefing services have also been noted in the SAPS. These are experienced both at the management and helping professions levels. Police managers do not have the necessary knowledge and skills to detect trauma in police officers. Therefore, this results in most police officers not being referred for debriefing or the required referrals not being arranged. Three consequences of this lack of trauma detection are cited as follows: (i) an increase in small crises; (ii) police officers feeling overwhelmed by the crises; and (iii) an increase in stress experiences. These lead to persistent police trauma (Nel, 1999).

According to the Nedbank ISS Crime Index (2000), the SAPS counselling services conducted psychological counselling sessions in the years 1998 and 1999 amounting to 5 778 and 9 674 sessions respectively. However, very few such sessions were reported in the Limpopo Province which only had 2% in 1998 and 3% of these sessions in 1999 compared to other provinces. This low provision of the services is, according to this report, attributed to lack of sufficient psychological counsellors and lack of interest among police officers in these services as there is a stigma attached to using the services among the police officers themselves.

The stigma is a result of lack of confidentiality by the helping professionals and the belief that the helping professionals have the best interests of the SAPS at heart rather than those of the police officers (Nel, 1999; Minnaar & Mistry, 2006). The issues of lack of confidentiality among police officers and competence of counsellors have also been found in debriefing services in other countries (Waters & Ussery, 2007).

The two issues, insufficiency of psychological counsellors and lack of interest among SAPS officers in counselling sessions, necessitate the task of discovering how SAPS officers cope with trauma if they do not go for these debriefing services. The current study points out the types of coping strategies used by these officers in the Vhembe District, as well as their effectiveness in helping the individual officers to cope with VT symptoms.

In addition, the form of assistance whereby mental health practitioners wait for victims to approach the practitioners with traumatic symptoms, in order to intervene, was seen as reactive in nature (Gulle et al., 1998; Hobfoll et al., 1995). Nel and Burgers (1998) refer to it as reactive support. Hobfoll et al. (1995) show that proactive and preventive intervention is scarce, and therefore, underplays the prevalence of traumatic stress. The debriefing programme designed for the SAPS officers thus assumes a reactive manner as it is provided after exposure to traumatic events and, thus, focuses on alleviating the symptoms that these officers face when they come from the traumatic scenes.

Police culture, attitude towards debriefing and effective coping

The dynamic composition of the environment in which people live and operate determines the general treatment that victims of trauma receive from others in society after the experience of traumatic situations (Kleber et al., 1995). This means that the degree of effectiveness of the coping strategies used by police officers can be affected by factors such as the organisational structure and policies at work, the nature of relationships with colleagues and family members, the nature of police officers' work and recognition of the traumatic encounters by their superiors. These factors determine communication and intervention efforts provided.

The dynamic composition of the police environment also influences the officers' emotional reaction to stressful and traumatic events. The police culture in South Africa is organised in such a way that police officers are expected to present a 'macho' composure, a sense of masculinity, be in control and have the problem-solving ability regardless of the traumatic nature of incidents they are involved in. Emotional reactions such as crying and complaining, for instance, which express how they feel, are inhibited. This further influences how they value debriefing services offered in the workplace, as they usually shun such services (Nel, 1999; Nel & Burgers, 1998).

Such a culture is not exclusive to the South African police as it has been found among police officers in other countries. Specific characteristics of the culture include appearing superhuman, thus avoiding signs of weakness such as seeking help. They also include

appearing independent, knowledgeable and skilled in dealing with dangerous situations and protecting others. The selection of candidates for police work requires that the candidates be of good mental health. Therefore, once employed as police officers, the officers may not want to disclose that they seek help to handle their problems as they may be afraid that this will make them lose their jobs. Consequently, they want to appear unaffected by their work (Minnaar & Mistry, 2006; Patterson, 2001a; Waters & Ussery, 2007).

Woody (2005) shows that police officers focus on the culture of protecting and serving the public to a point of having ideologies that are different from those of the general public. Those police officers who do not adhere to such ideologies may be ruled out of the group. These ideologies include being stronger than other individuals in society, which unfortunately may result in various forms of harm, including psychological harm. Woody (2005) thus indicates that, in order for psychological services provided to police officers to be successful, such services should take into account the police culture and not try to disregard it. These include debriefing services.

Transition from professional-debriefing to peer-debriefing

A recent need for transition from professional-debriefing to peer-debriefing is shown (He et al., 2005; Waters & Ussery, 2007). The shortcomings noted in professional-debriefing services led to the need for the establishment of peer-debriefing. Waters and Ussery (2007) show that one of the areas in which such a service was established is New Jersey. This involves support being provided by retired police officers whose major task is to ensure support and confidentiality, a COP-2-COP programme. The belief generally held by police officers in South Africa and elsewhere is that a person who can help them cope with their traumatic experiences is one who has gone through similar encounters, understands the pressure that is met at work and has a police background.

The purpose of the support is thus to provide peer counselling. People who meet these criteria are cited as their colleagues and, in some cases, their unit commanders or supervisors (He et al., 2005; Minnaar & Mistry, 2006; Waters & Ussery, 2007). Bell et al.

(2003) show that peers are able to understand their colleagues' emotional states, put into perspective the traumatic reactions of their colleagues and, thus make them aware of any distortions in their frame of reference. Consequently, Nel (1999) shows that the value of establishing peer-support was recognised by SAPS officers in a conference titled "Police officials as victims of trauma and crises" which was held in 1998 at the Technikon of South Africa.

Waters and Ussery (2007), nevertheless, emphasise the importance of the careful selection and training of these peer counsellors by mental health professionals if this service is to be adopted. Such training should be in the following areas: (i) counselling skills; (ii) crisis intervention theory and practices; (iii) skills in identifying early warning signs of acute or chronic stress, alcohol and drug abuse, and suicide; and (iv) the maintenance of confidentiality. This, therefore, requires the police force to invest both financial and human resources for this service to be properly established and maintained.

IMPLICATIONS OF THE IMPORTANCE OF PERSONAL COPING

Even though workplace programmes have been established to deal with VT among the police, literature shows the importance of using individual strategies to both identify and deal with this type of trauma in this professional sector.

For instance, Kgalema (2002) highlighted the services available to police officers at work in South Africa in order to manage trauma, but also found that there were some police officers in the country who were not aware of such services within the police force and, thus, had never had an opportunity to receive the necessary assistance despite the trauma that they were repeatedly exposed to. The stigma attached to debriefing also hampers receipt of assistance (Nel, 1999). These show the extent to which having good personal coping strategies is vital when formal assistance proves to be ineffective, cannot be provided or is still being arranged.

The importance of looking at personal coping strategies in addition to the support network systems available in the workplace, in order to deal with the aftermath of helping victims of trauma as a means of survival was noted (Ruzek, 1993). Myers (cited in Kgalema, 2002) supports this and shows the danger of maladaptation if the programmes adopted by employers do not work. Wright et al. (2006) found that even though formal strategies of coping with work-related stress were provided to police officers in the Australian states, the police officers tended to opt for informal coping strategies.

It is not only formal workplace debriefing that should be used in conjunction with personal coping strategies. Bell et al. (2003) indicate that even when peer-support is available at work, it should not replace self-care as it has its own shortcomings. This shows the importance of the use of personal coping strategies in addition to peer-support. The significance of SAPS officers being able to recognise and identify the symptoms of trauma in themselves in order to know how to manage them effectively was thus highlighted (Kgalema, 2002; Nel, 1999).

The review of law enforcement stress management programmes in the USA by Finn and Tomz (cited in Minnaar & Mistry, 2006) also suggests that such programmes should not only recognise coping strategies at the organisational level, but at the personal level as well. The aim is to identify signs of stress in oneself, as a result of frequent exposure to traumatic incidents so as to develop strategies of dealing with them.

Minnaar and Mistry (2006) further show that stress management programmes cannot be equally applicable to all law enforcement agencies and individual police officers. Consequently, personal coping strategies are a necessity. Such programmes are reported to play a role of educating police officers about coping. However, the development of beneficial coping strategies depends on individual police officers. This, according to Minnaar and Mistry (2006), does not suggest that debriefing services be withdrawn. The objective here is to restructure the intervention programme to include raising awareness about trauma and coping among police officers, thereby making the intervention not only reactive in nature but proactive as well; not only treatment-based but also preventative.

Burke and Paton (2006) also maintain that the critical incident stress debriefing programme based on the pathogenic paradigm assumes that the traumatic reactions of service providers are solely dependent on the traumatic events encountered and, thus, avoidance of such events equals mental health. In this way, the approach is seen to overlook other factors that assist service providers to cope with traumatic experiences, especially that exposure to critical incidents is inevitable in this line of work. Individuals' positive perception of life is preferred as it is the aspect that promotes coping with trauma, and based on the salutogenic paradigm. Focus is, therefore, shifted from the nature of the traumatic event to the interpretation of the event by service providers and dealing with it, thus embracing the issue of psychological growth (Waters & Ussery, 2007).

EFFECTIVENESS OF PERSONAL COPING STRATEGIES

According to Evans, Coman, Stanley and Burrows (cited in Pienaar et al., 2007) effective coping when applied to police stress refers to: (i) the efficacy with which the individuals deal with their emotional responses to stressors and act to resolve the stressors; and (ii) the cost of their effectiveness to the individual. This means that when faced with stressful or traumatic situations, police officers should be able to face the situations rather than avoid them. They should also execute particular behaviour to deal with the trauma and confidently manage the way in which they respond to such situations emotionally, in order to be regarded as effectively coping.

Beasley et al. (2003) and Latack and Havlovic (1992) emphasise the importance of making a distinction between coping and coping effectiveness. It is shown that coping strategies may not necessarily produce a good outcome because they merely show the efforts used by an individual in dealing with stressors regardless of whether they possess the ability and the cost it takes to deal with the stressors. Coping strategies may thus differ in their degree of effectiveness from one individual to another. Their success is also determined by the type of coping strategy used as some may serve a mediatory role while

others have a negative direct effect on stress, meaning that they increase the experience of stress.

Such differential effects have been observed between the strategies of facing situations and those of regulating emotions, respectively (Beasley et al., 2003). Folkman (1982) also shows that the success of the two strategies, facing situations and regulating emotions, depends on the short- and long-term goals that they achieve. While short-term goals refer to mastering the demands of the situation and minimising its effects, long-term goals refer to the enhancement of the health, morale, social and psychological functioning of an individual.

Furthermore, good coping strategies assist service providers to achieve the goals that they set for themselves and also enhance the efficiency with which they do their work (Storm & Rothmann, 2003). This is what can be regarded as a short-term goal on the basis of the definition given by Folkman (1982). The focus on work efficiency among service providers was also emphasised by the Green Cross Project (cited in Gentry et al., 1997) in which a programme called the Accelerated Recovery Program (ARP) was developed, in order to assist service providers to deal with the causes and symptoms of VT and improve their skills in helping victims of trauma. This was done by implementing strategies of self-care. Emphasis was put on the concept of empowering service providers with coping strategies as it encouraged them to personally work towards regaining stability in their personal and professional lives.

In agreement with this programme, Waters and Ussery (2007) cite specific personal coping strategies as the following: (i) developing a dependable support system; (ii) improving communication skills; (iii) finding ways of expressing feelings appropriately; (iv) regular physical exercise of a minimum of 30 minutes; (v) proper diet; (vi) involvement in activities that promote recreation, change of focus and positive feedback; (vii) regular vacations; (viii) muscle relaxation exercises; (ix) meditation; (x) use of biofeedback; and (xi) participation in self-help groups.

Even though Latack and Havlovic (1992) advocate for coping research to focus on coping rather than its effectiveness, I saw it as vital in the present study to identify both the coping strategies that the SAPS officers use, as well as the perceived effectiveness of such strategies when applied. The importance of studying both the coping strategies used and their effectiveness is supported by Cronqvist et al. (1997) who show that measuring both the coping strategies and their effectiveness helps with the investigation of their adaptiveness and maladaptiveness. Unearthing the effectiveness of the strategies can help in making a significant contribution towards the personal and professional functioning of the SAPS officers. Waters and Ussery (2007) show that when police officers manage to resolve the traumatic experiences currently encountered then psychological growth takes place and, thus, develop new and effective ways of coping even in the future.

Latack and Havlovic (1992) also show that the study of the coping process cannot be separated from studying coping resources as coping depends on the resources that an individual has at his/her disposal. They also argue that it is more beneficial to study the coping resources or behaviour used in relation with a specific stressful situation rather than occupational stress in general. Maynard, Gorsuch, and Bjorck (2001) also support the assertion that the type of stressor encountered determines the type of coping strategy that will be chosen. This is particularly so depending on whether a situation is viewed as a challenge, loss, harm or threat (Folkman, 1982; Maynard et al., 2001).

TRAUMA AND MALADAPTIVE COPING WHICH MAKE FOCUS ON PREVENTION OF POLICE VTN NECESSARY

The literature reviewed shows that the use of coping strategies does not necessarily equal effective coping. This means that the adaptive and maladaptive ways of coping used by the SAPS officers have to be explained.

Trauma and mental health problems in the police

One of the important reasons for ensuring police officers' mental health is the contribution that these service providers make towards society's stability (Sekwena et al.,

2007; Storm & Rothmann, 2003). This is because disorder in society affects the safety and well-being of its inhabitants.

Palm et al. (2004) argue that success in dealing with traumatic experiences depends on the interaction between the characteristics of the situation encountered and the characteristics of an individual. Mental health has been cited as one of the individual characteristics that should be considered in managing stress and trauma as it determines the type of coping strategies used and ensures survival (Moller & Petr, 2002; Palm et al., 2004; Waters & Ussery, 2007). It means that optimal mental health contributes significantly to adapting to traumatic situations.

However, the SAPS officers' mental health is of concern as it is often compromised by work-related stress, among other factors (Pienaar et al., 2007). Moller and Petr (2002) also found that the mental health of police officers on active duty in South Africa was significantly lower compared to that of police officers performing the same duty in the Ceske Budejovice, Czech Republic. Moller and Petr (2002) further show that this could affect their coping abilities.

Somatic illnesses

Mental health has also been shown to affect various areas of functioning of police officers. For instance, reporting psychosomatic illnesses may be a sign of the inability to cope with job-related stress (Schiff, 2010). Several work-related stress reactions manifest as physical symptoms such as ulcers, respiratory illnesses, and cardiovascular diseases among the officers (Waters & Ussery, 2007). Other conditions include cancer and arteriosclerotic disease. These are due to the highly stressful environment in which they work, having irregular sleeping patterns and eating habits, poor health habits and inconsistent exercise. Digestive disorders have also been found, which is one of the factors that make officers to retire from work early. The most common factors that lead to diseases are working on alternating shifts, eating at unusual times and not having sufficient time to relax (Schiff, 2010).

Interpersonal problems

Interpersonal problems have been found among both male and female officers. These are mainly due to not having sufficient emotional contact with others within their interpersonal relationships or emotional outbursts which, at the end, lead to feelings of guilt (Schiff, 2010). The interpersonal problems include marital discord and domestic violence (Plani, et al., 2003; Waters & Ussery, 2007). After trying to handle the traumatic experiences at work, the officers are often left with no strength to deal with interpersonal challenges, especially in their families. They thus resort to being aggressive, insensitive and emotionally detached from their family members. Other consequences are not communicating with their spouses, being moody and tense, emotionally numb, isolated, low self-esteem, loss of interest in activities that they enjoyed outside work, and the abuse of spouses (Schiff, 2010).

Posttraumatic stress disorder

Psychological problems which are of major concern have been noted in the police as a result of experiences of stress and trauma. Among these are PTSD (Levin & Greisberg, 2003; Waters & Ussery, 2007). Stephens and Miller (1998) show that the number of traumatic cases that police officers are exposed to determines the intensity of PTSD symptoms that are experienced. The nature of the stressors, critical incident stressors, that the SAPS officers are subjected to serve as situations that are beyond normal human functioning (Schiff, 2010).

Critical incidents among officers leading to PTSD include occurrences such death, including suicide or violent death of colleagues, gruesome scenes, including attending scenes where sudden death took place or where violent perpetrators were arrested, environmental dangers, officers killing suspects in the line of duty to protect themselves or others, fear of life-threatening situations and national disasters. Therefore, the four identifying characteristics of PTSD, intrusion, physiological arousal, avoidance, including resignation from policing, and emotional reactions are common among these officers. Other problems related to PTSD that are experienced by officers are divorce, various medical consultations, depression and suicide ideation (Schiff, 2010). Bing (cited

in Schiff, 2010) shows that PTSD among police officers, including the SAPS, may be a political or socially constructed phenomenon. This means that police officers may claim to be having PTSD, which is used for secondary gain such as retiring from work on grounds of medical reasons and getting pension earlier.

Burnout

Burnout, which is exhaustion that is work-related due to continuous exposure to the type of work done (Schiff, 2010) and lessened job resources of coping with the work, can also occur among police officers (Bell et al., 2003). The characteristic symptoms experienced are physical and emotional exhaustion, having a pessimistic attitude towards the police organisation, diminished personal achievement and inability to function under stressful situations (Bell et al., 2003; Kohan & Mazmanian, 2003; Rothmann & Jorgensen, 2007; Schiff, 2010; Storm & Rothmann, 2003). While stress can be followed by return to normal functioning, adapting to the situation encountered, burnout is basically the breakdown in adaptation at work. Among police officers, exhausting incidents include being shot or wounded in the line of duty, informing relatives of victims of violence and crime of the victims' sudden death, being at a scene where suicide or a fatal accident occurred, being compelled by the situation encountered at the scene of crime to use force against a perpetrator, and handling criminal or sexual offences crimes committed against children (Schiff, 2010).

Burnout is reported to be expressed differently between male and female officers. Female officers often report of internalised symptoms such as feeling drained by the job. Male officers usually externalise burnout by treating members of the public as objects that they are not related to and thus maintain distance between themselves and the public. The difference between the internalised and externalised symptoms among female and male officers respectively is due to the fact that female officers hardly experience aggression from perpetrators and, therefore, perceive themselves through the conception of their womanhood. Any negative treatment from male colleagues is interpreted as threats to their self-esteem. The male officers, on the contrary, seem to be ever ready to handle

dangerous situations, which can be regarded as the male culture of being competitive, assertive, and maintaining physical strength (Schiff, 2010).

Anxiety, depression and sleep problems

Reports of occurrences of anxiety and depression among police officers due to the inevitable high levels of crime and conflict that come with their work have also been given (Levin & Greisberg, 2003; Pienaar et al., 2007; Waters & Ussery, 2007). Police officers experience, to a great extent, sleep problems (Levin & Greisberg, 2003; Waters & Ussery, 2007). While Neylan, Metzler, Best, Weiss, Fagan, Liberman, Rogers, Vedantham, Brunet, Lipsey, and Marmar (2002) show a somewhat correlation between traumatic stress exposure and general poor sleep quality among police officers, a significant correlation was found between traumatic stress exposure and nightmares. Job-related problems like poor job performance have also been noted. In addition, are road accidents which take place as a result of such stress (Plani, et al., 2003; Waters & Ussery, 2007).

Personality changes

The nature of police work and the inherent police culture of being tough, macho, aggressive, objective, superior and expected to be efficient at work, may lead to changes in personality patterns. Young police officers are said to change over time from being conforming, less interested in theoretical work and with a lower need to understand their own and other people's feelings tend to develop characteristics of cynicism, being over-serious, emotionally isolated, having an authoritarian attitude, and classifying situations and values into dichotomies such as good and bad. This is what is called the 'John Wayne Syndrome' whereby a new identity that is in line with the demands of the work develops over time. A process of value transference takes place as new recruits learn these police cultural expectations from older officers. In no time, the recruits who become fully-fledged officers learn those values (Schiff, 2010).

This means that the effectiveness of police officers is affected in their work and it also necessitates more research and efforts of alleviating another form of mental illness in the

SAPS, which is vicarious traumatisation. The addition of VT to the pool of already existing mental health problems will ultimately lead to alarming statistics of absenteeism, resignation from work and suicide within the SAPS. This shows the necessity for uncovering personal coping strategies to deal with this problem.

Maladaptive coping strategies among SAPS officers

Some police officers have been found to use maladaptive coping strategies and literature indicates that maladaptive coping strategies have proven to be a significant factor that leads to the experience of work-related stress among police officers (Pienaar et al., 2007). Researchers emphasise that such strategies actually heighten the experience of work-related stress as they are destructive in nature (He et al., 2005; LeBlanc et al., 2008; Pienaar & Rothmann, 2003). Such maladaptive coping strategies can also make the stress to be long-term (Pienaar & Rothmann, 2003). Some of the maladaptive coping strategies adopted by police officers to deal with the stressors that they come across at the workplace include the following:

Suicide

Learned behaviours such as aggression among police officers may translate into aggressive tendencies towards self such as suicide. However, suicide is one of the maladaptive strategies among police officers that are underreported. This is mainly due to the shame experienced by family members of officers who committed suicide or hiding the information to ensure that insurance benefits are received (Schiff, 2010). Taking one's life has been documented as a mechanism that is used by police officers in South Africa to escape the trauma that comes with the nature of their work (Kgalema, 2002; Madu & Poodhun, 2006). They reach a point where they cannot find constructive ways of coping and see death as the only way out of distressing experiences. This proves an unbeneficial strategy as it does not impact positively on the police officers' lives and it also has negative implications as far as manpower in the police force is concerned. Insufficient manpower means that many cases of crime and violence will be left unattended to.

It is indicated that the suicide rate among the South African police officers increased by an average of 36% between 1991 and 1994. In the middle of the 1990s, about 100 police officers per 100 000 members committed suicide in South Africa (Kgalema, 2002). This implies an increase in the levels of stress experienced within the police force in South Africa. It also means that empowering police officers in this country on how to handle VT should be one of the main priorities in the police force.

Even though the rate of suicide within the SAPS has decreased over the years, particularly from the onset of democracy in South Africa (Nel & Burgers, 1998), officers in this police force still experience a higher prevalence of suicide than other police divisions in the country (Pienaar et al., 2007), and it is even higher than that observed in the general population of South Africa (Nel & Burgers, 1998; Pienaar et al., 2007). This finding is supported by Masuku (2000) who argues that the prevalence of suicide among these police officers was eleven times more than that of the general public in 1995. The prevalence of suicide within the SAPS is thus alarming. Pienaar et al. (2007) found that in a sample of 1 781 SAPS officers, 8.3% of them had high levels of suicide ideation. In 1999, even though the Limpopo Province had the lowest rate of suicide among SAPS officers compared to the other provinces, suicide still occurred (Masuku, 2000). Masuku also indicates that reporting suicide by police officers is regarded as a shame. A conclusion can thus be reached that the statistics indicated are an underestimation of the actual prevalence of this phenomenon within the SAPS.

Some of the factors that can lead to suicide ideation and suicide among police officers include physical harm, exposure to dangerous situations and being faced with unknown situations (Masuku, 2000; Pienaar et al., 2007). Peltzer (cited in Pienaar et al., 2007) mentions involvement in incidences that are emotionally stressful, including exposure to the death of victims, as one specific factor.

The link between suicide ideation and the nature of work of the SAPS was associated with the coping strategies that the SAPS officers use to deal with the stress caused by work (Pienaar et al., 2007). This means that the nature of their work may somewhat

impact on the occurrence of suicide ideation, but their coping strategies actually have a great influence on whether suicide ideation occurs or not. Suicide ideation in a study by Rothmann and Van Rensburg (cited in Pienaar et al., 2007) among the SAPS officers in the North West Province, was associated with avoidance behaviour when faced with work-related stress.

Masuku (2000) shows a weak link between the psychological counselling services available to SAPS officers in the various provinces and the reduction of suicide. This means that such services have not been effective in decreasing the rates of suicide in these provinces.

Substance abuse

Due to the facts that substance abuse among police officers is also kept a secret and that drinking while on duty is prohibited and condemned, the rate of alcohol abuse among officers is not clearly recorded (Schiff, 2010). Martin, Blum, and Roman (1992) found that the characteristics of a job can cognitively condition an individual to have a set of reasons which are used to justify the excessive use of alcohol. This is used as a way of escaping the unpleasant emotional states evoked by the job done. This is thus seen as coping, a phenomenon they refer to as self-medicating behaviour. As a result, Pienaar and Rothmann (2003) mention the excessive consumption of alcohol as a common maladaptive strategy within the police force used in an attempt to cope with stress.

The police force around the world has been found to have a problem of alcoholism (Kgalema, 2002), and alcohol abuse has been noted in the SAPS officers in dealing with constant exposure to trauma (Nel, 1999). This cannot be a beneficial strategy as it affects both the individual police officer using it, the police force and society as a whole.

Barlow and Durand (1995) indicate that alcohol is one of the substances that alter cognitive functioning, including judgement. It also leads to mood changes and affects motor ability. It can lead to alcohol abuse and results in work-related functions and relationships being affected. Intoxication with this substance can lead to acts of crime and

violence; yet society cannot depend on violent police officers who are the ones who are supposed to enforce laws that are against crime and violence. Waters and Ussery (2007) warn that alcohol abuse among police officers leads to more problems such as poor job performance, domestic violence, suicide and road accidents, among others.

In conjunction with alcoholism, the use of drugs, especially marijuana, cocaine and glue (Madu & Poodhun, 2006), as well as smoking cigarettes (Pienaar & Rothmann, 2003), have also been found to be maladaptive ways of coping with stress at work among police officers.

Absenteeism, resignation, early retirement and death within the SAPS

Staying away from work has also been used as a way of averting work-related stress among SAPS officers. As much as continuous exposure to critical incidents is a cause of traumatic reactions, avoidance of such exposure is seen as a solution (Pienaar et al., 2007). Absenteeism may develop further into complete distancing from the work. High levels of resignation from work due to the stress encountered as a result of the nature of the SAPS officers' job have thus been reported by Pienaar et al. (2007). Schiff (2010) shows that patterns of absenteeism may be a reflection of the inability to cope with job-related stress among officers. They do this by calling in sick. There are also causes of early retirement from work include PTSD, digestive disorders, cardiovascular disease and alcoholism. Job-related stress disorders can also lead to death.

Eating problems

Overeating is another poor coping strategy found among police officers. Police officers may resort to eating that is beyond their normal eating patterns as a way of dealing with the trauma experienced (Pienaar & Rothmann, 2003). They thus comfort themselves with food rather than face the experiences. They may also not eat properly due to not having sufficient time within their demanding work schedules to eat properly (Schiff, 2010).

APPLICATION OF PERSONAL COPING STRATEGIES

Personal coping strategies that have been identified this far in other studies were studied so as to compare them with the ones that the study would unearth and the possible varying meanings attached to the same coping strategies. This was done in order to understand the value of such coping strategies to the police officers, and thus, the importance of applying them.

Latack and Havlovic (1992) indicate that when looking into the process of coping, the issue of comprehensiveness should be considered. This refers to the inclusion of two dimensions of coping which are the focus of coping and method of coping. The focus of coping refers to the situation that coping is directed at, in order to deal with it and the emotional reactions shown by individuals during stressful situations. The method of coping, however, refers to the actual mechanism or strategy that the individual uses to deal with the situation. These researchers make a distinction among cognitive, behavioural, proactive, escape, social and solitary methods of coping.

The cognitive method of coping refers to the involvement of cognitions such as perception of and thinking about the stressful situation, planning and organising how to deal with it. The behavioural method encompasses being actively involved in executing some action to deal with the situation. The control method is used when one puts oneself in charge of the situation, is optimistic about dealing with it and acts proactively to ensure that it is handled accordingly, while the escape method is used when the individual tries not to be concerned or involved with the stressor thus, avoiding it. The social method incorporates the involvement of help from other people during the coping process, whereas the solitary method focuses on dealing with the situation alone (Latack & Havlovic, 1992).

Categories of the coping strategies

While some researchers condensed coping strategies into two categories, namely, problem- and emotion-focused strategies (Beasley et al., 2003), other researchers show

that coping strategies can be divided into three categories, which are problem -, emotion- and avoidant-focused coping strategies. These are the strategies through which behavioural or cognitive efforts of dealing with stressful situations can be executed (LeBlanc et al., 2008; Pienaar & Rothmann, 2003). In their study, Pienaar and Rothmann (2003) found that a fourth category could be added, the reappraisal coping strategy. Latack and Havlovic (1992) confirm this category.

Problem-focused coping strategies also known as the task-oriented coping strategies refer to those strategies that are aimed at actively dealing with the problem itself by making changes to what is happening around an individual because of stress. They involve the execution of certain actions, in order to reduce or eliminate the source of stress (Beehr, Johnson, & Nieva, 1995; Folkman, 1982; LeBlanc et al., 2008; Pienaar & Rothmann, 2003). These strategies demonstrate resilience in individuals and, thus, enabling them to cope better (Suedfeld, 1997). These strategies include examples such as the actual work of planning and organising how a situation will be dealt with, gathering more information about the situation and talking about the situation (Cronqvist et al., 1997; Latack & Havlovic, 1992).

Emotion-focused strategies focus on dealing with the emotional distress caused by the problem through embarking on cognitive and behavioural actions to regulate the emotional reactions to stress and ensuring stability in emotional responses (Beehr et al., 1995; Folkman, 1982; LeBlanc et al., 2008; Pienaar & Rothmann, 2003). Specific examples of emotion-focused strategies include looking at the positive side of a situation, thinking about the situation as a challenge that is manageable and helping to learn new adaptive skills, expressing how one is feeling to others which includes crying, as well as worrying. Actions such as exercising more and drinking more are also included (Cronqvist et al., 1997; Latack & Havlovic, 1992).

Avoidant-focused coping strategies involve the aversion of the stressor that an individual is faced with and avoiding emotional stress (LeBlanc et al., 2008). Such strategies are signified by an example such as trying to get out of a situation (Cronqvist et al., 1997).

The reappraisal coping strategy, also called cognitive reappraisal, refers to using ways of re-evaluating the meaning of a stressful situation, in order to find new and constructive ways of handling it (Latack & Havlovic, 1992; Pienaar & Rothmann, 2003). Coping and appraisal thus influence each other. As appraisal leads to coping, the coping achieved will lead to reappraisal. This is done by specifically weighing the meaning of the situation and what can be lost (primary appraisal) on the basis of an individual's values, beliefs, goals, physical safety and commitments against the availability of resources required to handle the situation and, therefore, what the individual can do to deal with it (secondary appraisal). Coping succeeds when coping resources equal the meaning attached to the situation (Folkman, 1982; LeBlanc et al., 2008).

Religiosity or spirituality refers to adhering to beliefs in God or a higher power, things that are regarded as sacred or even a heightened level of consciousness in individuals. Religiosity specifically reflects affiliation with a specific religious group or institution, while spirituality mainly focuses on the search for meaning in life and wholeness (Utsey et al., 2007).

Therefore, there is agreement in literature that turning to religion, as one of the factors that carry the individuals' belief systems and values, is one of the ways through which reappraisal is conducted. Turning to religion is a useful coping strategy within the police, including the SAPS, in dealing with trauma (Pienaar & Rothmann, 2003; Pienaar et al., 2007). Pienaar et al. (2007) further show that religion helps SAPS officers not to avoid stressful situations at work, and also to find meaningful explanations for the occurrence of such situations and how to effectively deal with them within their religious doctrines.

Pienaar and Rothmann (2003) emphasise that though the positive influence of turning to religion has been highlighted, it is also vital for other studies to show how it actually functions, as well as its degree of effectiveness in helping SAPS officers to deal with trauma. Four religious coping styles are discussed in Maynard et al. (2001), namely, the self-directing style through which one deals with a situation directly by employing the

problem-focused approach and does not involve God directly; the deferring style in which one allows God to deal with the situation and one is not involved; the collaborative style that encompasses the active involvement of both the individual and God in dealing with the situation; and last, the surrender style in which one works with God, but surrenders oneself under the direction of God. It is thus important to look into these styles of coping when the factor of turning to religion is studied during the coping process.

Maynard et al. (2001) found in their study that the concept of God, that is the type of God in which individuals believe, had a high correlation with the religious coping styles used. Specifically, when the participants perceived their God to be benevolent, guiding, omni and stable, the participants used the surrender and deferring coping styles. The self-directing coping style, however, was used when the participants viewed their God as false, deistic and worthless.

It is, therefore, clear that the six methods of coping described by Latack and Havlovic (1992), namely, cognitive, behavioural, proactive, escape, social and solitary methods of coping, fall within these four categories of coping strategies, that is, problem-focused, emotion-focused, avoidant-focused and reappraisal coping strategies.

The complex use of coping strategies

Coping literature shows that the use of these four categories of coping strategies is not as simple as it appears. First, the strategies do not operate independently. They are interdependent and are, therefore, used according to the demands of stressful or traumatic situations encountered. For instance, Folkman (1982) shows that the two coping strategies, problem-focused and emotion-focused strategies, can either facilitate or inhibit each other. The use of one can lead to the necessity to use the other, while in other instances, the use of one of them can block the use of the other.

Second, the beneficial use of coping strategies also varies across situations (Cronqvist et al., 1997) and the differential applicability of the two coping strategies, problem-focused and emotion-focused strategies, has been noted. For instance, it is suggested that the use

of problem-focused coping strategies among police officers may prevent suicide ideation from taking place. Low approach (which is problem-focused) and high avoidance (which is emotion-focused) coping strategies can lead to suicide ideation (Pienaar et al., 2007).

Even though the use of problem-focused coping strategies was found to be useful in avoiding suicide ideation, Pienaar et al. (2007) indicate that such strategies may lead to alcohol abuse among police officers. This suggests that problem-focused coping strategies may be effective in dealing with specific work-related stress, but have disadvantages when applied to other work-related stress problems. This assertion is supported by findings in Kohan and Mazmanian (2003) which show that problem-focused and emotion-focused coping strategies are beneficial in specific contexts. It is argued that they cannot be generally labelled as either adaptive or maladaptive.

Third, Beasley et al. (2003) show that the emotion-focused coping strategy is two-fold. The strategy can take two forms depending on situations in which it is applied. Expressing emotions reflects its approach aspect, thus showing that it is problem-focused, while sealing over the emotions that are experienced serves an avoidance purpose. Findings in Beasley et al.'s (2003) study confirm that this strategy can be viewed as an avoidance strategy. Avoidant behaviour was noted among police officers as they tend to avert any emotional experiences associated with the pain or suffering of the victims they help. They dissociate their emotions from such encounters, that is, refusing to be affected by such experiences as a way of shielding themselves from the emotional impact that the experiences can have on them (Kgalema, 2002). Therefore, they use emotion-focused strategies that are aimed at controlling their emotional distress (Pienaar & Rothmann, 2003).

Kgalema (2002), nevertheless, shows that such avoidance behaviour is not good as individuals who acknowledge the cause of stress and its nature are better able to deal with such stressors than individuals who do not recognise them. In actual fact, it is shown that such avoidance behaviour can lead to psychological problems such as maladaptation. Storm and Rothmann (2003) also note that avoidance behaviour, as a coping strategy,

increases feelings of cynicism. The emotion-focused strategies also lead to heightened psychological distress (Pienaar & Rothmann, 2003). This is particularly due to the demands of the policing environment in which police officers are not allowed to express their emotions (Pienaar et al., 2007). This inhibition of the expression of emotions is shown to be inherent in the training programmes of police officers as emotion expression is viewed as an element that affects their job performance (Madu & Poodhun, 2006).

However, some researchers show that police officers seldom use emotion-focused strategies (Pienaar & Rothmann, 2003). It is argued that they use problem-focused coping strategies. Violanti (cited in Pienaar & Rothmann, 2003) found an advantage in the use of the problem-focused approach as it leads to a decrease in experiences of work-related stress.

Fourth, the reappraisal coping strategy also determines the extent to which problem-focused and emotion-focused strategies are used depending on how a situation is appraised. If the situation is appraised as practical to handle, then more problem-focused coping strategies are used as persons involved perceive themselves as capable of dealing with the problem. The opposite is true where appraisal portrays the situation to be intimidating or hopeless and, thus, leads to more emotion-focused coping strategies (Folkman, 1982).

Last, the dynamic nature of the functioning of these coping strategies also applies to the methods of coping outlined, which are the cognitive, behavioural, proactive, escape, social and solitary methods. Latack and Havlovic (1992) show that these methods of coping can either take the problem-focused or emotion-focused forms of coping, thus showing that these categories of coping can each be divided further into specific dimensions. These dimensions show the extent of and specific ways in which these methods can be displayed during the coping process.

Cronqvist et al. (1997) confirm the multi-dimensional nature of the coping strategies, particularly the problem-focused and emotion-focused strategies, on the basis of the

review of the Jalowiec Coping Scale (JCS). This scale suggests the addition of another coping strategy, the palliative coping strategy which is a strategy that combines both the problem and emotional aspects of coping. While Latack and Havlovic (1992) mention the methods of coping discussed above, the JCS mentions coping styles which include the following: confrontational, evasive, optimistic, fatalistic, emotive, palliative, supportive and self-reliant (Cronqvist et al., 1997). Looking at the Latack and Havlovic's methods of coping and the JCS coping styles, it can be seen that there are some similarities, but also differences.

Beehr et al. (1995) also mention the use of rugged individualism, which is preference to take control of one's own situation, as one of the coping styles specifically found among police officers. This is due to the nature of their work that requires them to be in charge of situations, which can be classified under the problem-focused coping category. This addition, therefore, suggests the importance of further studies of coping strategies and the nature of their dimensions, especially in specific settings and specific stressful or traumatic situations, in order to understand their applicability in those settings and situations. In their study, Cronqvist et al. (1997) actually found that patients with different illnesses use different coping strategies. There may also be a possibility of differences in patterns of strategy application within those different groups of patients.

Based on the foregoing, Gazieli (1993) shows that within the outlined problem-focused, emotion-focused and avoidant-focused cognitive and behavioural categories of coping strategies, individuals may exhibit active or inactive styles. These include the following:

- i. Active cognitive strategies which encompass an active involvement of an individual's cognitive functions leading to the analysis of the situation, talking about it and seeking information on how to deal with it;
- ii. Inactive cognitive strategies involve maintaining a passive role of perceiving one's position in the situation as helpless because of external directives and expectations, particularly those of superiors and, thus, not being in a position to do anything about it. The individual shows feelings of resentment towards the situation;

- iii. Active behavioural strategies involve confronting the situation and doing something to change it and its cause; and
- iv. Inactive behavioural strategies comprise mainly of avoidance behaviour whereby the cause of the situation and anything associated with the situation is averted.

Gaziel (1993) shows that the active behavioural, inactive behavioural, active cognitive and inactive cognitive coping strategies found to be related to coping with occupational stress can actually be seen as elements of the emotion-focused and problem-focused coping strategies. This means that under the emotion-focused coping strategies, which comprise avoidance behaviour, police officers use inactive cognitive and inactive behavioural strategies. They tend to perceive themselves as helpless when confronted with traumatic situations and also avoid dealing with them. Those police officers who use problem-focused coping strategies employ active cognitive and active behavioural strategies. This means they analyse and confront the situations encountered. Storm and Rothmann (2003) support the effective use of active coping strategies.

The complex and interdependent nature of these coping strategies necessitates studying the strategies in different settings in order to understand their application in those specific settings. This study, therefore, focused on the use of such strategies among SAPS officers in the Vhembe district with the objective of uncovering their applicability in this setting. The focus was on determining whether or not they are used and if used, more strategies, that could be classified elsewhere, could be uncovered. The relationship between such strategies and culture could also be studied.

Social constructions of coping

As much as police officers have different perceptions of traumatic events due to the way the events are understood within social forums in their cultures (Waters & Ussery, 2007), coping with such events is also socially constructed (Morash et al., 2008). Cronqvist et al. (1997) show that such construction takes place through the value system followed in a specific society. This warrants a review of literature on the connection among culture, trauma and coping.

Race, culture, trauma and coping

Researchers give support to the connection between race and culture (Pienaar & Rothmann, 2003). In addition, the culture followed has a connection with the type of coping strategy used. For instance, He et al. (2005) found that racial cohesion within the African-American culture promotes coping. African-American police officers, as a minority group in America, for example, tended to depend on strong relationships with fellow minority police officers as a way of coping. Consequently, they experienced less stress than their White counterparts. These findings confirm that there is a relationship between individuals' cultural backgrounds and the strategies that they use to cope with the trauma encountered.

Traditional culture of SAPS officers and effective coping

Minnaar and Mistry (2006) found that the consideration of cultural sensitivity and diversity in the intervention programmes designed for police officers is vital. This is because culture is reported to have an influential role on coping strategies against stressors. Thus people from different cultural backgrounds respond to stressors differently because of what their cultures emphasise (Cronqvist et al., 1997; Morash et al., 2008). Culture influences the way in which individuals understand and define stressors, the evaluation of coping resources, perceptions of the types of coping strategies available to them, the emotional reactions that they will show towards such stressors, and preference of coping strategies (Cronqvist et al., 1997; Pienaar & Rothmann, 2003; Utsey et al., 2007).

Support for this influential role of culture was found in Morash et al.'s (2008) study in which the response of South Korean police officers to stressors was contrasted to findings in literature on police stress in the United States. Differential responses between the two groups were explained on the basis of the collectivist culture followed by the South Korean police officers and individualistic culture followed by the police officers in the United States.

Gaziel (1993) maintains that culture is more of a strong determinant factor of behavioural coping strategies than cognitive coping strategies. He maintains that while cognitive strategies involving situational appraisal and information-seeking depend more on individual differences, behavioural strategies focusing on actions implemented to deal with the situation are more dependent on environmental factors, such as culture. Gaziel (1993) further shows that when people use coping strategies that are influenced by their environment, in this case, the cultural environment, they do not see each traumatic event as requiring new coping strategies. Rather, they use a set of coping strategies which they have grown to prefer over time. The strategies are used consistently regardless of when and where the traumatic events take place.

Waters and Ussery (2007) also show that culture determines the events that are regarded as traumatic and those that are not. Coping with such events is thus dependent on how individual cultures define the events and how they are expected to react to them. Suedfeld (1997) also shows that the nature, meaning and success of problem-focused coping strategies vary across cultures. Morash et al. (2008) suggest that where variations are found in the mediating effects of some coping strategies among different cultural groups, cultural differences account for such variations.

Other findings in Gaziel (1993) however, suggest that culture also influences cognitive strategies in addition to behavioural ones. These findings indicate that culture determines different ways in which men and women cope with stressful situations because of the way they are socialised. In a society in which girls are taught and expected to be less assertive and less active than boys, the girls tend to rely on inactive cognitive and inactive behavioural strategies. When using inactive cognitive strategies, they depend on others' expectations, which prescribe how they should respond and also believe that there is nothing that they can do to change the situation. In inactive behavioural coping strategies, they assume an avoidance position rather than confront the situation to bring change. Males would thus display the opposite, active cognitive and behavioural coping strategies.

In a cross-cultural study between Israeli Jewish and Israeli Arab teachers, Gaziel (1993) also observed that the cultural environment of the Jewish teachers involved a lot of external expectations and democracy which accounted for inactive cognitive coping strategies and active behavioural coping strategies. Among the Arab teachers whose cultural environment is comprised of less involvement of others and having authoritative figures, active cognitive coping strategies and inactive behavioural coping strategies were used.

It was also found that in cultures where supportive social interactions and networks are encouraged, active cognitive and behavioural strategies are used. This is because such networks encourage an arena of information-sharing whereby people talk about, analyse and confront stressful situations together, than in cultures where autonomy and individualism are emphasised (Gaziel, 1993). In support of this, Green and Solomon (1995) show that traumatic events that affect natural social networks (families; friendships) in a community may make coping very difficult.

A high correlation between strong social support and less experiences of PTSD symptoms is also indicated in PTSD studies (Pole, Gone, & Kulkarni, 2008). It was also found that more Latinos in the United States tended to seek support from others after the September 11 attack than the non-Latinos due to their cultural differences. The culture of the Latinos is said to emphasise collectivity, thus explaining their desire for social support during traumatic encounters. This difference in coping was also noted by these researchers between Latino police officers and civilian survivors of terrorism.

The foregoing findings suggest that cultural factors should be considered when studying interpretations of VT and the accompanying coping strategies utilised. Waters and Ussery (2007) confirm this by showing that trauma intervention must be matched with the victims' cultural backgrounds as their cultures determine mental health and coping. The findings further show the extent to which research on the relationship between culture and the use of cognitive and behavioural coping strategies in specific settings still has to be conducted. In addition, the findings suggest that police officers from different cultural

backgrounds cannot be expected to use the same coping strategies to manage VT, thus giving rise to the necessity to explore these strategies even further among police officers.

STUDY OBJECTIVES AND CONTRIBUTIONS TO BE MADE BY THE CURRENT STUDY

This study aimed at answering the following research questions: (i) What critical incidents that lead to VT do SAPS officers in the Vhembe District encounter during their work with community members? (ii) What symptoms suggestive of VT are experienced? (iii) What coping strategies do SAPS officers in the Vhembe District use to deal with VT? (iv) How does the cultural environment in the Vhembe District influence the coping strategies used to deal with symptoms of VT?

The following are contributions that this study envisaged making in the field of trauma, specifically VT and coping: first, the nature of critical incidents that SAPS officers in different police units deal with on a daily basis will be described. This will show how the incidents are related to the VT symptoms reported. Second, the significance of highlighting the symptoms of VT among these police officers will enable me to compare them to those uncovered in literature to determine the similarities and differences to be noted. This will be done to show the extent of the impact that VT has on SAPS officers' mental health and efficiency at work in the Vhembe District. It will also confirm the necessity of the application of the construct of VT among police officers.

Third, Pienaar and Rothmann (2003) show the importance of combining quantitative and qualitative approaches in studies that focus specifically on the functions and effectiveness of coping strategies. This points to the contribution that the current qualitative, grounded theory study will make in this area of research on VT. The coping strategies to be revealed will be grounded in data and described from the participants' perspective with a possibility of unearthing new coping strategies that were not revealed in other studies or even different meanings attached to the same coping strategies.

The objective of the study was to develop a theoretical model of the management of the impact of critical incidents that is relevant to SAPS officers in the Vhembe District on the basis of their cultural background. A grounded theory on the coping strategies used by SAPS officers to deal with the impact of such incidents has not been found in literature, hence my interest in studying the process of coping with VT, in particular the influence of culture in this specific setting. Cross- and inter-cultural comparisons could be made by other researchers in the further exploration of this coping process.

CONCLUSION

The literature that was reviewed in this chapter provided answers from other contexts to this study's research questions. It showed common symptoms that account for VT and confirmed the importance of describing coping strategies of police officers within their cultural backgrounds. However, it also cautioned that the applicability of the coping strategies is complex. It, therefore, suggested that I should be open-minded when studying the application of these strategies among the SAPS officers in the Vhembe District, in order to develop a theoretical model that depicts the relevance of these strategies in this setting. The following chapter, on the research design, will show how answers to the research questions were derived and objectives met in the present context. It will also show how the relevant theoretical model was ultimately formed.

CHAPTER 4

RESEARCH DESIGN

INTRODUCTION

This chapter discusses the research process followed in carrying out the current study. The assumptions that I held before embarking on the study are reflected upon to show that they were considered from the beginning of the study. The chapter also discusses the research questions that were answered in this study, as well as the research design of grounded theory that was relevant in answering the questions. Finally, the thematic content and constant comparative analysis methods are described to show how the data were analysed and how the envisaged theoretical model was developed.

RESEARCH QUESTIONS

The following research questions which were derived from the objectives of the study formed the focus of the study, and showed the purpose of and context in which the study was conducted. The central question was:

- i. What coping strategies do SAPS officers in the Vhembe District use to deal with critical incidents that could lead to VT?

The following served as sub-questions that helped me to answer the central question:

- ii. What critical incidents that could lead to VT do the SAPS officers in the Vhembe District encounter during their work with community members?
- iii. What symptoms experienced by the SAPS officers are suggestive of VT?
- iv. How does the cultural environment in the Vhembe District influence the coping strategies used to deal with the incidents that could lead to VT and symptoms of VT?

ASSUMPTIONS

In order to answer these questions, it was important for me to bracket the assumptions that I had about the process of coping described in the study. This was necessary owing to the fact that I had made some observations regarding police work in the Vhembe District and drew personal conclusions about the nature of police work in this area. I also drew conclusions about possible coping strategies that police officers could be using to manage the impact of the critical incidents that they come across during their work. Consequently, a self-reflexive process, which is important in qualitative research, particularly in the current type of study, was conducted. The importance of reflecting on the personal values and views of the social constructions of police critical incidents and coping with VT that I held was noted. I did this to ensure that the impact these had on the interaction with research participants, as well as the data collection and analysis processes could be taken into consideration in evaluating the value of the study (Carter-Gentry & McCurren, 2004; Grbich, 2007).

I developed assumptions about police work on the basis of my background. I am originally from Gauteng in the East Rand where I spent most of my teenage and early adulthood years in Daveyton, Benoni. This was an area known for gangsters who were involved in car hijacking and kidnapping of young women for rape. This practice was known as “jackrolling”. One of my high school friends was kidnapped by a group of boys whose family was well-known for such acts. However, she managed to escape before they could inflict harm on her through the help of one of the boys’ girlfriends. I, therefore, spent most of my time unhappy and afraid to live in such an area. I was specifically afraid of the boys who had kidnapped her to a point of avoiding going to shops and the community library to study, as I was studying through distance learning with Unisa at the time.

I relocated to the Vhembe District in Thohoyandou in 1996 because I got married and I continued to stay there due to employment at the University of Venda. When I arrived in

Thohoyandou, I had an impression that I had come to a peaceful place where I could walk during the day and at night without any concerns as the area is predominantly a semi-rural area. I concluded that crime and violence were phenomena that were distinctive to cities, specifically townships such as those in Gauteng.

To my surprise, I began hearing of types of crimes which I had not been exposed to when I was in Gauteng. These included ritual murders in which people were brutally murdered for their body parts, as well as housebreaking. I thus started to associate the Vhembe District with a rural setting, witchcraft and labelled these types of crimes as rural-based crimes. On the basis of this, I wanted to find out more about the types of critical incidents that police officers in this area are faced with, the impact of such incidents on their well-being and ways in which they deal with the incidents, in order for them to continue doing this type of work.

I could not imagine myself being a police officer and, thus, I started to appreciate my work as an academic, which I perceived as safe compared to police officers' work. Further information on my role as a researcher in this study will be provided later in the chapter.

In light of this background, the following assumptions that I held were identified before I embarked on this study and throughout the study. I indicated and reflected on them in a diary so as to ensure that they were made clear from the beginning of the study and did not influence the research process. This increased the trustworthiness of the findings gathered (Krefting, 1991; Poggenpoel & Myburgh, 2001). Following are the assumptions that I held:

- i. There is an extensive prevalence of VT among SAPS officers in the Vhembe District;
- ii. These police officers encounter critical incidents during their work and there is a relationship between those critical incidents and symptoms of VT;

- iii. There are useful coping strategies of VT among police officers that have not yet been uncovered;
- iv. SAPS officers from different cultural backgrounds attach different meanings to coping strategies and use strategies distinctive to them to deal with VT;
- v. The type and degree of interaction between police officers encountering VT from a specific cultural background and workplace support system determine the types of personal coping strategies developed; and
- vi. Individual coping strategies can be unearthed even among police officers who come from the same cultural background.

In order to understand the process of coping with the impact of critical police incidents leading to VT from the participants' perspective, a qualitative research approach was used.

RESEARCH APPROACH

Qualitative approach

The qualitative research approach was adopted. This refers to a scientific research inquiry of understanding people's lives, their lived experiences, behaviour, how they feel, their cultural beliefs and ways of doing things of different groups within a population in social interaction. It was chosen on the basis that it gives a thorough, in-depth description of the processes under study. Phenomena and processes are studied without using methods of quantification, but through interpreting them with the aim of discovering concepts and relationships between those concepts. This was done by studying raw data based on participants' attitudes and experiences. The data were represented in the form of words thereby allowing for the organisation of conceptual relationships to form a theoretical explanation of what was happening in the participants' lives, in this case, coping with the impact of critical incidents encountered (Barbour, 2001; Haralambos & Holborn, 1991; Huysamen, 1994; Strauss & Corbin, 1998a).

RESEARCH DESIGN

Grounded theory research design

Grounded theory, as one of the best known qualitative research designs, was used. This research design is useful for developing theories which are relevant to existing occurrences and experiences rather than relying on theories previously developed (Grbich, 2007). VanBergeijk and Sarmiento (2006) used the design to conduct a study on VT among school personnel reporting maltreatment in children. The design proved relevant to studying this phenomenon and the researchers managed to develop the current conceptual model on this group. This study also adopted this design with the same goal of developing a current theory relevant to the studied group and to verify the rationale of the study as described in the set aim and objectives.

One of the characteristics of grounded theory is that it seeks to describe and explain the social context in which people or groups interact (Grbich, 2007; Nayeri, Nazari, Salsali, Ahmadi, & Hajbaghery, 2006). This design was derived from the assumptions of the theory of symbolic interactionism. The theory emphasises the generation, understanding and change of meanings through people's interactions within specific socio-cultural contexts (Grbich, 2007). The use of grounded theory thus showed the meanings currently attached to the coping strategies adopted to survive the impact of the critical incidents encountered by police officers in the Vhembe District. It also indicated how meaningful and beneficial these strategies are to the participants. Grbich (2007) shows that grounded theory aims at understanding social processes as they occur.

This point of departure of grounded theory was ensured through its nature of gathering data. It focuses on theory development in which new theories are developed for situations that require change or where transition must be embarked on or is already underway and such change involves following various stages, in order for it to unfold (Franchuk, 2004).

Theory in grounded theory studies is not derived from literature, but is developed on the basis of extracts from the data gathered, thus avoiding the use of preconceived ideas on

the phenomenon or process under study. This design is thus not concerned with testing ideas, but unearthing new ones (Leedy, 1997; Strauss & Corbin, 1998a). This process of developing new ideas leads to the formation of a conceptual framework through concepts that have been drawn from the data. These concepts form the fundamental units that are used in the data analysis phase (Pandit, 1996) whereby constructs, themes and patterns of what is studied should be revealed (Leedy, 1997). A rich, meaningful explanation of the phenomenon or process under study can thus be given (Franchuck, 2004). Based on this, grounded theory was used to uncover those coping strategies that were peculiar to SAPS officers, specifically in the Vhembe District, Limpopo Province.

The grounded theory design was further chosen because of meeting the following advantages: it provided insight into the process under study and enhanced understanding of the process as it focused on the context in which it was studied. The context refers to the time and place in which the process took place, how it occurred, the people involved and its consequences. The meaning of the context was thus described and analytically interpreted. Grounded theory also provided guidance in terms of the course of action that had to be taken during the research process as it informed the direction that I had to follow to ensure that such action produced beneficial results (Pidgeon 1998; Strauss & Corbin, 1998a; Strauss & Corbin, 1998b).

While Franchuk (2004) shows that the research question could change constantly during the course of the study as the researcher is informed by the data collected, and that the direction of the study could change depending on the nature of data gathered, the direction of the present study remained the same. The initial focus of the study was to uncover the coping strategies that participants used, in order to deal with the impact of critical incidents in their line of work. Common ideas about the use of coping strategies to deal with this phenomenon were gathered from participants throughout the study.

DESCRIPTION OF THE STUDY POPULATION, THE SAMPLE AND SAMPLING METHODS

Study population

Based on the focus of the study, the population of the study were all male and female SAPS officers whose work involved exposure to critical incidents and working with victims of trauma in the Vhembe District, Limpopo Province. All levels of educational background and religious backgrounds were also considered.

Characteristics of participants

Participants who were included in the study met the following characteristics:

- i. SAPS officers who worked with types of cases that involved victims of trauma in the Vhembe District, Limpopo Province. There were two police units that were initially identified, which comprised officers who met this criterion. The first one was the family violence, child protection and sexual offences (FCS) unit with 3 participants, which was combined with the domestic violence unit comprised of 4 participants. Officers in these units were sampled through purposive sampling.

These two units were grouped together first, on the basis that they deal with more or less the same types of cases. The officers' role in these units is to investigate cases pertaining to all forms of domestic violence, including sexual offences and offences which compromise children's safety, and serving protection orders to perpetrators of these crimes. Second, literature shows that the SAPS is in the process of merging domestic violence units also known as the family violence units into one unit together with the child protection and sexual offences units. While some family violence units have already been merged with the other two to form FCS units, infusion of the remaining units is still underway (SAPS Department of Police, 2011). In addition, information was gathered through conversations with the officers in these units that the cases received by the domestic violence units in the various policing areas in the Vhembe District are later referred to the FCS unit in Sibasa, Thohoyandou for further investigation.

The second unit that was identified was the field training unit in which the officers' role is to train police students to handle various cases in the SAPS, mainly road accidents and domestic violence. Interviews were also conducted in this unit. Unfortunately, only 1 participant could be found in this unit due to officers' work schedule which makes access to the officers difficult. The detective and social crime prevention units were later considered and police officers in these units were also interviewed. The detective unit comprised 8 participants whose role was to investigate all types of cases dealt with in the field of policing, mainly murder, rape and domestic violence. These cases are investigated in order to reveal evidence to charge the perpetrators. The social crime prevention unit comprised 4 participants whose role was to prevent crimes and educate community members about social crimes, and intervening in victims' traumatic situations. They specifically worked on domestic violence and rape cases.

The three units, field training, detective and social crime prevention, were included later in the study, through theoretical sampling, with the aim of determining whether or not critical incidents similar to the FCS/domestic violence units were encountered in those units, and if so, which strategies were used to deal with the impact of the incidents. This helped me to note the choice of coping strategies by the police officers dealing with a variety of critical incidents.

- ii. The sample comprised 19 Tshivenda-speaking and 1 Xitsonga-speaking officers. Even though I had preferred to have a balanced number of cultural groups in the sample, it was not possible as this is a direct reflection of the characteristics of the population of this study. Wikipedia Encyclopedia (2007) shows that Tshivenda-speaking people form the majority of the population in the Vhembe District with Xitsonga-speaking people ranked second place according to the census statistics in 2001 of population statistics.

- iii. Male and female participants who occupied the ranks of Constable, Sergeant, Inspector, Captain and Superintendent with 7 months to 24 years working experience participated in the study. Officers whose marital status varied from single to married were also included in the study. While the study aimed at gathering the views of the participants from as wide a sample of the SAPS in this area as possible, the sample that I managed to put together had police officers from the Christian religious background only as the participants identified in the police stations were only affiliated to this religion. Their levels of education varied from grade 10 to university degrees.
- iv. I aimed at including participants aged from 20 years though Madu and Poodhun (2006) found in their study that SAPS officers can be aged from as young an age as 19 years. The study sample comprised participants who were aged between 27 and 55 years. These were able to provide the necessary information on the study. Table 4.1 below provides a profile of the participants.

TABLE 4.1: PROFILE OF PARTICIPANTS

ITEM	DESCRIPTION
Number of participants	20
Policing areas	Thohoyandou; Siloam; Vuwani; Levubu; Mutale; Tshaulu; Makuya
Units	FCS/domestic violence Field training Detective Social crime prevention
Ranks	Constable (4); Sergeant (1); Inspector (12); Captain (2); Superintendent (1)
Range of number of years in unit	7 months – 24 years
Cultural groups and languages	Venda (19) Tsonga (1)
Gender	Male (15) Female (5)
Age range	27 – 55 years
Marital status	Single (4); married (16)
Religion	Christianity
Educational status	Grade 10 – university degree

Access to participants

Access to the participants was sought through submitting a letter of request, with the consent of my thesis promoters and Unisa ethics committee, to the Provincial Commissioner of Police in the Limpopo Province to request permission to include the identified possible participants in the study. The letter of permission received from the

Provincial Commissioner was given to station commissioners as proof that access had been granted. The commissioners were requested to provide lists of police officers who met the set criteria for inclusion in the study (see Appendices A and C). A consent letter for participants to sign as proof of their willingness to participate in the study was also signed by both the participants and I (see Appendix B).

Purposive and theoretical sampling

Grounded theory aims at showing similarities and differences in the data collected and, thus, collects such data from various units. This can include several members of the group studied or various communities from which relevant data can be obtained, a process called theoretical sampling (Leedy, 1997). In this case, the study focused on gathering data from various SAPS officers who dealt with different cases that involved victims of trauma in the Vhembe District. These were police officers in the FCS/domestic violence, field training, detective and social crime prevention units. The study highlighted the similarities and differences in the coping strategies used by those participants. It also specifically noted those types of strategies that contributed towards their survival of VT, as well as the influence of their personal characteristics, religious and traditional beliefs, including the police unit subcultures thereby showing the multiple realities of coping with VT (Pidgeon, 1998).

The participants sampled through this technique had knowledge of the topic under study, in order to shed as much light on it as possible, and this facilitated the collection of data that were relevant to the aim of the study (Cutcliffe, 2005; Ploeg, 1999). Participants for inclusion in this study were thus initially selected through purposive sampling. Franchuk (2004) shows that this type of sampling can be used as the initial stage of theoretical sampling. Its aim and advantage is to find participants who know about and have experience regarding the phenomenon or process under study.

Sampling was later changed into theoretical sampling to facilitate the selection of participants who met the needs of the emerging theory as the study progressed (Franchuk, 2004). Those needs included noting types of critical incidents faced in different police

units and the use of coping strategies by officers facing different types of critical incidents.

The number of participants included in a grounded theory should assist the researcher to have useful, dense and contextual data from which many focused concepts that account for the process being studied can be drawn (Pidgeon, 1998; Strauss & Corbin, 1998b). The number can thus vary from one study to another, the important factor being that data have to be gathered until they are saturated and links that exist among concepts can be established. It is, as a result, advisable most of the time that the number of participants should not be specified as a researcher should continue gathering data until new, relevant data cannot be collected anymore (Franchuk, 2004).

In addition, the nature of data gathered may change the course and focus of the research and, thus, require more or different data to be collected. This means that more participants may be required and locations for sampling may also change, thus leading to an increase of the sample size. This, therefore, calls for flexibility during sampling in this kind of study (Franchuk, 2004). Thus, the advantage of using theoretical sampling is its flexibility (Ploeg, 1999). Following this advice, the sample size was not determined at the beginning of the study, but increased as more data were needed. By the end of the study, there were 20 participants who had participated.

The major disadvantage of using purposive and theoretical sampling techniques is the inability to generalise the findings from the sample to the population (Pidgeon, 1998). However, Maxwell (2005) shows the possibility of generalising qualitative findings within the setting or group studied, a notion called internal generalisation. Brink (1999), Cutcliffe (2005) and Maxwell (2005) also argue that such findings could also be generalised to other settings or groups in which the same phenomenon or process under study also takes place. Cutcliffe (2005) specifically cites grounded theory as one of the designs that can be used for the latter purpose.

The current study was not concerned with making generalisations from the sample to the population. It was interested in making in-depth descriptions and explanation of the process of coping with critical incidents that was under study. This could be applicable to other similar settings or groups. The study further described knowledge and interpretations of the strategies of coping with an impact of critical incidents in a subgroup that had not yet been studied, police officers in the Vhembe District, with the aim of generalising the findings within this setting (Strauss & Corbin, 1998a). Therefore, the disadvantage of population generalisation did not impact negatively on the study.

THE STUDY SETTING

The Vhembe District is one of the 6 districts in the Limpopo Province of South Africa. It is situated in the northernmost part of the province. Vhembe District has the following municipalities: Thulamela, Makhado, Mutale and Musina. Its central part is Thohoyandou. Thulamela and Mutale comprised the areas in which the study population was identified and the sample drawn. The majority of people in this district speak Tshivenda and it has more female than male residents (Wikipedia Encyclopedia, 2007). While Thulamela is semi-urban, Mutale is a rural municipality. Police stations are located at the entry points of major areas and villages in this district and policing appears to be visible (visible policing).

THE RESEARCH CONTEXT

The influence of participants' culture

There is culturally-prescribed respect for males in the Venda and Tsonga cultures, which makes approaching males a challenging task particularly if one is not an original Tshivenda- or Xitsonga-speaking person. This is because there are certain conventions to follow, in order to show the degree of respect expected. I am Sepedi-speaking, but have been residing in the Vhembe District for 15 years, married into a Tshivenda-speaking family and I frequently interact with Xitsonga-speaking people. I am fluent in the Tshivenda language, understand Xitsonga and can speak a bit of it. This background as

well as asking for coaching from the native Tshivenda- and Xitsonga-speaking people before embarking on this research project helped me to learn the main conventional ways of the conduct of the VhaVenda and VaTsonga women. This made my interaction with Tshivenda- and Xitsonga-speaking male officers easier. The VhaVenda and VaTsonga women were also greeted and interacted with following the same conventional ways of doing so in order to maintain uniformity and afford them the same level of respect.

For example, to show respect to the male and female officers when greeting them, I had to bow in the traditional way before sitting down. I had to greet them appropriately by using the expression of “*Aah!*” which is the standard way of greeting among the VhaVenda women and “*Ndawini*” among the VaTsonga people.

Nevertheless, most of the officers did not seem to be concerned by such traditions and expected me to interact with them the same way that I would with anyone else, especially that our interaction was taking place within their work context. Therefore, professionalism had to be observed. Thus, practices such as bowing to greet were not expected by them. In addition, the little knowledge of the Xitsonga language required me to have an interpreter when interviewing the Xitsonga-speaking officer in order to prevent missing valuable information.

Second, a “culture of silence” in Thohoyandou in the Vhembe District which may be due to various factors was noted by Gillepsie (2003) concerning disclosure of sensitive issues. Munthali (2006) specifically raised an awareness of the influence of cultural and spiritual beliefs on this “culture”. Gumani (2005) also noted that some VhaVenda women endure certain challenges without showing their weakness in dealing with them. The expression of emotions is also not culturally expected among Black men. This is supported in Madu and Poodhun’s (2006) study which shows that the training of male police officers in South Africa also inhibits the expression of emotions.

This culture was, however, not noted among the participants in this study because the majority of the officers showed a lot of respect for me and were so free with me to the

extent that they disclosed a lot of information that they could about their experiences and coping with them. Even when the interviews were completed, some of them wanted to add to the information that they had already given me. Therefore, these show that there is deviation from the two cultural expectations, namely, showing reverence for men and non-expression of emotions by men. In this case, I attributed these to the issues of my profession, gender and cultural background. These are discussed below.

The influence of a researcher's profession, gender and cultural background

The officers interacted with me in my capacity as a university lecturer, specifically lecturing in the department of psychology and as a researcher. Some of them mentioned that it was easier for them to disclose their personal experiences of traumatic events with researchers, particularly in the field of trauma, than to other people. The main reason was that researchers were interested in finding answers to their questions. In most cases, the fact that I was female and not originally from around the Vhembe District, thus not Tshivenda-speaking, was an added advantage. This suggests that if I were male and Tshivenda-speaking, the dynamics of our interaction could have been different.

Furthermore, as a communal community with many people knowing everyone else, and being related to some people whom they knew with the same last name as mine, helped to establish rapport with a few of them.

Participants' self-doubt and suspicion

Putting one's name and signature on a piece of paper when informed consent is sought can sometimes make one feel that one is exposing oneself and one's weaknesses, especially to superiors (Marshall & Rossman, 2006). While the majority of the officers were eager to participate in the study because of two factors: the permission that I received from the police provincial office to conduct the study and an opportunity for them to talk about their daily experiences of work and how they managed such experiences, a few of them had two problems. First, while some among the few doubted their ability to provide relevant information, even though they had the ability as I observed this during interviews, others were sceptical of their role in the research

process. This was despite proof of the permission shown to them, including the informed consent explained to them. One male detective officer thought that his station commissioner was using this research project as an opportunity to gather information about him to report to the provincial office. He kept on saying that “*Ndi a zwi divha uri o thoma nga zwithu zwawe!*” meaning that “I know that he has started again with his accusations!”. It appeared during the discussions with the officer that he had a history of conflicts with the station commissioner, specifically on the issue of the application of policies in the police station.

I had to spend more time with these officers before the actual interviews could commence explaining the objectives of the study and assuring them of the protection of their identities and confidentiality of their responses. With the detective mentioned above, assurance had to be given throughout the interview. In the case of those who doubted their ability, I had to show confidence in them and assure them of their ability to provide relevant information which would make a contribution to the study.

Regarding filling-in diaries and returning them, some of the officers kept on asking if they were on the right track, and I assured them that they were. Generally, the establishment of rapport with all participants which involved their superiors’ assurance that they could participate and their right to withdraw from participation if they had problems with any of the issues discussed during interviews or when filling-in diaries, helped to alleviate the problems. This could explain why none of the participants declined from participating in the study and none of them withdrew from the study at a later stage. The only problem encountered was with the return of a few diaries. This issue is explained later in the chapter.

THE DATA COLLECTION PROCESS

Apparatus

The following apparatus were used to collect data:

Biographical questionnaire

A biographical questionnaire was compiled for the purpose of gathering personal data about the participants. This was required to meet the criteria for sampling as indicated. The questionnaire acknowledged the ethical principle of anonymity and was only used to gather data such as the cultural group an officer belonged to, gender, rank occupied at work, age, marital status, religion, level of education, type of cases dealt with and the number of years spent working on such cases (see Appendix D).

Interview guide

An interview guide was used. This contained the main interview question and follow-up questions which served as reminders of the important issues to cover in the interviews. Follow-up questions were selected from the guide, in order to fill in gaps in the information provided by the participants and to make follow-ups on the responses given (see Appendix E).

Digital voice recorder

A digital voice recorder was also used in order to record the responses of the participants and ensure repeated re-visitation of the data during the data analysis stage.

Data collection methods

Primary data were collected as the participants, the SAPS officers who worked with victims of trauma, were the sources of information throughout the study. The following data collection methods were used to gather the data needed:

Unstructured open-ended interviews

Initial individual participant interviews that were unstructured and open-ended were used. Open-ended questions were asked in such a way that they generated and linked concepts (Strauss & Corbin, 1998b).

In order to achieve this, an initial interview question was asked. It was vital to phrase this question in such a way that various aspects of the process under study could be explored both during data collection and data analysis stages, thus allowing for flexibility and the process nature of research (Leedy, 1997). The initial interview question thus met the following criteria recommended in a grounded theory study: the question was broad, open, unassuming and provided direction for the study. This helped me to avoid asking a question that would provide irrelevant data, which would, in the end, lead to forming other theories apart from the one that I was concerned with (Franchuk, 2004). In this case, the initial interview question was phrased so as to gather data on the participants' situational experiences of and coping with the impact of critical incidents during their work. The question was: **“Tell me about a typical day in your life as a police officer”**.

This open-ended interview question stimulated a conversation between the participants and I. It specifically aroused narrations by the majority of the officers on the following four areas: (i) commencement of their work days, that is, what they did when they left home and when they arrived at work; (ii) police units in which they worked and the types of cases they dealt with; (iii) their thoughts and emotions when exposed to such cases; and (iv) actions embarked on either individually or in collaboration with fellow-officers to handle the experiences that they came across when dealing with the cases. This proved that the question was open and focused enough to provide me with data that were relevant to the aim of my study.

Whenever the officers said something of interest and relevance to the study or said something that was unclear, I asked them to elaborate so that I could get more information and clarity on what they were saying (Franchuk, 2004; Ploeg, 1999). Therefore, the other follow-up questions presented in the form of an interview guide were

used to remind me of important issues which I needed to cover in the interviews. These were not asked in a sequential manner, but were asked whenever it was necessary, especially in the case of officers who did not have much to say. Nevertheless, most of the officers provided all the essential information without being probed for it. This made the interviews unstructured. The follow-up reminder questions in the interview guide focused on issues such as the successes and challenges encountered in the officers' day-to-day experiences and their strategic role in dealing with the trauma associated with working with victims of trauma (see Appendix E).

Franchuk (2004) indicates that the setting to be used in grounded theory studies should be a place that is convenient for both the researcher and participants. The place should be such that the researcher will be able to facilitate the process of data collection, while the participants are also free and comfortable to participate. Therefore, the interviews took place in the participants' places of work, that is, police stations. Specifically, officers' offices, their station commissioners' offices or rooms in which victims of domestic violence were attended to, were used for this purpose. The interviews were conducted in the participants' languages, in order to ensure that the participants were comfortable, as well as free to express themselves. Each interview lasted for more than an hour.

Telephone interviews

Follow-up telephone interviews were also conducted. These were used for the clarification of data that were gathered, and also checking for correctness, new information and representativeness of the data (Leedy, 1997).

Field notes

Field notes were taken during the initial interviews. These assisted me with recording vital information that was revealed during the interviews and with asking follow-up questions.

Diaries

Participants were also requested to keep diaries as another data collection method that can be used in grounded theory studies (Franchuk, 2004). A format was provided and they were asked to write about their weekly experiences of the work they do and how they dealt with those experiences. It was beneficial to use the diaries as an additional source of information as the participants' stories helped me reflect on information about the kinds of cases dealt with, how they impacted on the police officers and the types as well as usefulness and disadvantages of the coping strategies used. The use of diaries also helped reveal information that was not communicated during interviews.

Breakwell and Wood (1995) show that the diary technique can have various characteristics, but these characteristics have to be in line with the topic under study and also suit the type of participants involved in the study. The diary technique adopted in this study met the following characteristics (see appendix F):

- i. *Type of questions:* open-ended questions were asked in the diaries requiring participants to reflect on their experiences as much and freely as possible;
- ii. *Frequency of entry:* participants were requested to record information relating to their experiences at least once a week. While the initial period set for this task was 6 months, the officers showed that the period was not practical for them as they had a lot of work to do. Consequently, the period for filling-in the diaries was reduced to 7 weeks which was approved by the officers;
- iii. *Number of authors:* individual police officers put entries into their personal diaries in order for me to gather individual reports of their experiences; and
- iv. *Types of media of reports:* reports were in written form and where possible depending on the cases dealt with, police officers were requested to insert photographs of scenes when on duty. The photographs would help me with visualising the reports of their experiences and also broadening insight during data analysis. However, due to the degree of confidentiality that the officers were expected to maintain at work regarding the cases dealt with, none of the officers inserted photographs in the diaries.

Interview data were collected over a period of 6 months, in order to allow sufficient time for data saturation and verification. While the interviews proceeded as expected, collection of diaries was problematic. Four out of 20 participants did not return the diaries and I noticed that these were some of the officers who were not confident about their ability to express themselves in writing. This was despite thorough explanation of how the diary worked, what the content in it meant and also allowing them to write in their own languages. This lack of confidence was confirmed by some of their colleagues who showed that these particular officers did not fill-in the diaries because of this reason. It appeared to me, therefore, that despite maintaining the ethical principles of anonymity and confidentiality, the officers shared about these issues among themselves. This was specifically noted among those officers who shared an office at work.

One FCS/domestic violence inspector indicated that at the time he was expected to fill-in his diary, a new station commissioner had been appointed to his police station and that he did not want to speak to the new commissioner about his involvement in the study. He also prevented me from approaching the commissioner to explain the involvement of the officer in the study and that relevant permission for his participation had been granted. I concluded that there were two possibilities to this: either the officer was afraid of the new station commissioner or he was just using this as an excuse of not returning the diary. The officer was allowed to keep the diary.

PILOT STUDY

Type of and reasons for conducting a pilot study

A pilot study helps with ensuring the feasibility of a study. It is important for checking the research process, data to be collected and the analysis of the data to verify that relevant data will be gathered in the main study (Boynton, 2005). This study thus commenced with a pilot study which was conducted with a total of 4 police officers, 1 in the FCS/domestic violence; 2 in the detective; and 1 in the community service centre units. All 4 were Inspectors, with a working experience in those units ranging from 10 to

20 years. Two were from Mutale and 2 from Levubu areas. They were all married and had grade 12 educational level.

Feedback from the participants helped to streamline the data collection and analysis processes. It also helped me realise that the work of police officers who worked in the community service centre was centred around receiving reports of cases in the police stations which were then referred to other units for investigation. The data collected from the community service centre officer did not provide much information on the topic under study and, thus, officers from that unit were excluded from the main study.

DATA TRANSCRIPTION AND TRANSLATION

Data that were voice recorded during the interviews were later transcribed into notes by a research assistant and I for the purpose of analysing the data. As data were also gathered from a participant who spoke Xitsonga language, the service of a research assistant who was fluent in Xitsonga and English was used for the transcription and translation of data. Data collected in Tshivenda was transcribed and translated into English by me.

DATA ANALYSIS

Content thematic data analysis

Taking into consideration the first two objectives of this study which are: describing the situations that the participants encounter leading to VT and describing the symptoms suggestive of VT, I saw the need to use the content thematic data analysis method to analyse data that were relevant to these objectives. Content analysis was used for analysing the frequency of codes and thematic analysis was applied specifically for analysing meaning of the data presented within their context (Marks & Yardley, 2004).

Four phases of content thematic data analysis adopted from Silverman (1995), Millward (1995) and Marks and Yardley (2004) were used. The phases are as follows:

Phase 1 - reading of transcripts: the accounts given by the participants were carefully and critically studied. This was done in order to make sense of the statements uttered;

Phase 2 - asking probing questions: the participants' accounts were put into context as probing questions were asked about the responses given;

Phase 3 - application of codes: conceptual codes were applied to data on the basis of a closer examination of all the data collected. The codes were applied through studying phrases and sentences in the data, and cutting sections of the transcripts, which were sorted and put together according to similarities identified. This was followed by using a two-way contingency table that showed the conceptual codes in one column and a description of data in the second column. This showed frequencies of critical incidents encountered and trauma reactions experienced, according to the participants. Another aspect which emerged from the coding was the relationship between organisational and operational stress. Coding was done to facilitate the process of identifying quotations to illustrate themes in the analysis; and

Phase 4: formulation of meaning patterns: data units relating to particular themes were put together. The participants' critical incidents, VT symptoms experienced and the relationship between organisational and operational stress were determined at this stage by interpreting both manifest and latent meanings in data. Patterns of meanings were then extracted. The patterns of meanings were classified into categories of meanings. These categories showed similar and different units of meanings. Each category of meaning was further divided into smaller units of meanings. Psychological terms were used to categorise the emerging themes.

Constant comparative data analysis

The constant comparative data analysis method was used to analyse data on the process of coping with critical incidents that led to VT. Although grounded theory has two different approaches, namely, the Straussian and Glaserian approaches which emphasise different aspects in the analysis of data for the development of grounded theories, Strauss and Corbin's systematic approach which provides structure for data analysis was used, in order to have a structure and step-by-step process that I could follow (Franchuck, 2004).

This was because I was conducting grounded theory for the first time and, therefore, considered myself a novice in this area.

Data were analysed manually (that is, not through the use of a computer software) using the constant comparative method of analysis. The method involved the continuous process of comparing data units, namely, incidents, cases, data codes within and across categories as the categories emerged, constructs and theoretical propositions as data were collected. The objectives of this method of data analysis were to look for and explain underlying patterns of meaning of the categories of personal coping strategies of police officers in the Vhembe District and to identify any similarities and differences among these rather than describe individual perspectives or experiences (Grbich, 2007). The end result, therefore, was a theoretical framework which showed the specific coping process of police officers in this setting (Leedy, 1997; Pidgeon, 1998; Ploeg, 1999).

Literature sensitivity

Literature sensitivity was ensured through reviewing literature on police critical incidents in South Africa and general coping strategies used when confronted with stressful situations. This helped before data could be collected and analysed to sensitise me about the nature of cases that police officers in this country work on and different categories and types of coping strategies used by people, and specifically police officers, as described in other studies. This, however, was not used to generate any hypotheses in the current study. Instead, it helped me know what other researchers think about coping with critical incidents. The significance of this is shown by Strauss and Corbin (cited in Moghaddam, 2006).

The following systematic procedure for data analysis involving three phases of coding, namely, open, axial and selective coding was adopted from Strauss and Corbin (1990) and Strauss and Corbin (1998a):

Phase 1: open coding

- i. Thorough data reading: I read and thought about the text and its meaning.
- ii. Microanalysis: although the microanalysis of data during coding involves word-by-word and line-by-line analysis to question the data collected and get a sense of what it is about (Grbich, 2007), I did word-by-word analysis, but my main focus was on line-by-line analysis. Reasons for this are that word-by-word analysis can be confusing to the researcher, especially when faced with a long list of individual words that are not related. Line-by-line analysis, on the contrary, helped me to look for core issues in the data, in order to form concepts and relate them to one another (Moghaddam, 2006). Meanings of the words used by participants were derived on the basis of their properties and dimensions by analysing whole sentences and paragraphs, and asking about the major ideas communicated by the participants.
- iii. Coding: texts were checked for similarities and differences in events, occurrences, objects, actions or interactions, the people who took those actions and their consequences. The events that were reported were given codes in the form of names. Other codes were derived from the words that were used by the participants. These are called the “in vivo” codes. The similarities were grouped together under categories. The remaining concepts were grouped together to form subcategories of the identified categories.
- iv. Code memo writing: code memos were written to provide conceptual labels of what was happening and to explain those labels.

Phase 2: axial coding

- i. Link-formation: links between categories and their subcategories were shown using their properties and dimensions.

- ii. Paradigm framework representation: different conditions under which each category occurred (causal, intervening and contextual conditions), as well as the actions or interactions taken and their consequences were identified and presented through a paradigm framework.
- iii. Stating hypotheses: relationships between each category and its subcategories were shown through hypotheses.
- iv. Theoretical memo writing: theoretical memos were written to continue with the process of asking the same questions as in open coding: When? Where? Why? Who? How? With what consequences? Theoretical ideas were constantly compared. Sections of the theoretical memos were cut into pieces to compare similar and contrasting categories of coping strategies used by the police officers. The memos helped me to explain theoretical ideas in new ways that were different from the conventional ways in which they are seen in literature about police coping strategies of VT. This was done by showing their properties and dimensions.
- v. Theoretical sampling: as new data were gathered through more interviews and research diaries, and categories were becoming more and more refined, the sampling proceeded as follows:
 - First group: police officers in the FCS/domestic violence units were first interviewed.
 - Second group: police officers in the field training unit were sampled with the aim of knowing whether or not the strategies used by the FCS/domestic violence officers and the dimensions of the strategies would differ from those of the field training officers. This is because the work of the field training officers did not involve case investigation, but the training of student police officers to handle cases.
 - Third group: police officers in the detective unit were sampled as I was interested in knowing how the cases that they dealt with were different from

the other two considering their role in case investigation and that they were detectives.

The theoretical sampling was guided by asking the following questions: (i) What if this or that changed on the basis of different units? What would be the outcomes of any change? The focus was on understanding how coping with police critical incidents took place under different conditions (i.e. when the police officers' units and cases dealt with in those units were varied). Therefore, police officers in other units were included in the sample on the basis of considering those police officers whose cases would enable them to provide information on the conceptual relationships formed. The number of participants in each group was determined on the basis of availability of the officers in different units. The numbers were, therefore, not equally distributed across the groups.

- vi. Conceptual diagram representation: information in the form of indicators to show how major categories were related to each other at a dimensional level was identified in the data, and this was done through the use of a conceptual diagram.
- vii. Saturation of categories: categories were considered saturated when no new categories were revealed by the data provided by the officers.

The process and cyclical nature of this type of data analysis was considered. Data analysis and coding of each interview took place before the subsequent interview could be coded. New and already gathered data were continuously compared to identify gaps in data and categories, and also to note similarities and differences among them. Additions and changes were effected as new data were collected. Similar data were put together, categorised, and categories were focused, and concepts that accounted for links among those categories found (Dey, 2004). This facilitated the process of verifying the hypotheses that emerged throughout the study (Strauss & Corbin, 1998b). It also necessitated the development of a

theoretical framework of coping with the impact of critical incidents among police officers in the Vhembe District.

Phase 3: selective coding

- i. Discriminative sampling: this form of sampling was considered at this stage as more sampling was conducted to gather the views of those police officers in the social crime prevention units, the last group to be interviewed. This was because their work entailed crime prevention, which was different and would account for the similarities and differences gathered from case investigators and police trainers.
- ii. Integrative diagram representation and core category identification: an integrative diagram was used to show the link between the core category and other categories. The integrative diagram was used to sort out memos and the core category was developed through this diagram rather than being identified from the categories that were already developed. The reason for this was that none of those categories could explain all the other categories adequately. Therefore, the core category developed was “Police Critical Incidents Impact Management”.
- iii. Storyline-writing: a theoretical framework was developed through writing a storyline on the basis of the integrative diagram. The storyline was written in such a way that it represented all the officers’ views rather than individual officer’s opinions about coping with the impact of critical incidents. While the data gathered yielded many categories of coping with the work done which would have led to a cumbersome and ill-focused theoretical explanation, only those categories which were relevant to the aim of the study were included in the storyline. This is because Charmaz (2006) indicates that the theoretical framework developed should be focused on the aim of the study and the remaining categories can be used in other manuscripts to develop other theoretical frameworks.

Other categories which provided information on how the police officers in this district helped victims and perpetrators of trauma were reserved for another theoretical framework on “Police officers as mid-level psychological, social, legal and spiritual service providers in traumatic cases”, which is not part of this study. The storyline in the current study was thus refined with further memo sorting and review of the final integrative diagram. The review of the integrative diagram provided an analytic logical outline of the personal coping strategies of SAPS officers in the Vhembe District.

- iv. Refining the theory: this stage encompassed the following tasks: (a) reviewing the theoretical scheme, that is, the storyline and integrative diagram, for internal consistency; (b) reviewing gaps for logic; (c) filling-in categories that were poorly developed, shaping categories that had too much information; and (d) validating the theoretical scheme.

Focus of analysis

The following were considered when analysing the data:

First, the research questions were considered to keep my focus on the aim and objectives of the study (Strauss & Corbin, 1998a). Second, the following questions were constantly asked to facilitate the analysis and direct it: Why did the officers use coping strategies (that is, under which conditions were the strategies applied)? How did they use the strategies (meaning the properties of each category and how the properties fit with one another)? When did they use the strategies (that is, what were the intervening conditions that influenced the use of the strategies)? In which contexts were the different strategies used? How did different coping strategies assume different levels of management of the impact of the critical incidents that the officers were faced with? Third, the theoretical framework was developed because of the sensitising concepts and theoretical memos in the study. It was also developed by focusing the framework on leading ideas, that is, the specific argument that the theoretical framework was communicating (Charmaz, 2006).

ENSURING RIGOUR IN THE STUDY

Rigour refers to the process of ensuring the quality of a qualitative study and the thoroughness with which the study is conducted. This ensures its respectability, and trustworthiness of findings gathered (Barbour, 2001; Golafshani, 2003). Several methods, credibility, confirmability, transferability and dependability, were adopted to ensure this.

Credibility and confirmability

The technique of member checking was used. In this case, the findings of the study were presented in the form of follow-up telephone interviews. A quarter of the participants in the study were interviewed and the results of the study were presented to them. This was done before finalisation of the findings so as to afford them the opportunity to check how complete and representative the findings were of their experiences and perspectives of the process of coping with the impact of critical incidents (Strauss & Corbin, 1990). This is what Krefting (1991) and Nayeri et al. (2006) refer to as credibility and confirmability of data.

Credibility refers to correct description of the phenomenon under study so that it is believable, while confirmability refers to controlling the influence of the researcher's values to ensure that the research findings are confirmed by others (Bryman, 2008). The technique of member checking thus ensured that participants could note gaps in the findings and shed new light on the data that were forgotten or overlooked during data collection. Therefore, possible corrections, revisions and additions to information provided could be made (Leedy, 1997).

Strauss and Corbin (1990) warn of the numerous categories developed in grounded theory coding, the complicated tasks of showing associations among strategies, their conditions and consequences, as well as the large theoretical framework formed. It is advised to match the content of the findings presented during member checking with the type of audience. Because of this, an oral presentation, in the form of a short storyline, of some of the findings, was done through the follow-up telephone interviews. These were

done telephonically to prevent making appointments for face-to-face contact as most police officers complained about time. Three main categories of coping, namely, inner resources, multifaceted support and professional intervention were discussed with some of the participants in each of the police units included in the study. The content of some supplementary categories was included without going too deep into them to prevent making the main categories unclear. The main categories were chosen on the basis of two factors: their commonality across police units and their significance which was determined on the basis of the number of times they were mentioned during data collection. This is recommended as the most effective way of presentation and it enables participants to understand and remember the content.

A short, clear and interesting storyline based on these categories was presented so as to ensure a captivating presentation. The presentation focused on discussing conceptual relationships using very simple vocabulary to enhance participants' understanding (Strauss & Corbin, 1990).

The technique of triangulation was also used. This technique is concerned with the use of several data collection methods, data sources, analysts or theories to check the credibility and confirmability of findings (Leedy, 1997). It provides different perspectives of what is studied, in order to note similarities and differences in those perspectives (Yardley & Marks, 2004). I used initial face-to-face interviews, field notes, diaries and follow-up telephone interviews to achieve this goal. The field notes taken helped me to note crucial issues during the interviews, while the diaries filled-in by the participants and the follow-up telephone interviews provided new data that were incorporated in the data analysis, the storyline formed and description of categories of coping strategies. The assessment of the promoters of the thesis was also used in conjunction with the data analysis that I conducted as another confirmability technique. These increased the chances of grounding the developed theory in the concepts derived from the data gathered and not on my personal opinions. It also minimised the chances of bias of any of the data collection methods used to ensure the internal validity of the findings (Barbour, 2001; Maxwell, 2005; Pandit, 1996).

Transferability

Triangulation also ensured that the findings involved a lot of descriptive data thereby leading to the transferability of the findings. Transferability refers to the ability to apply current research findings to other similar contexts (Bryman, 2008; Krefting, 1991). In this case, it refers to coping with the impact of critical incidents in other settings and groups of police officers whose work entails interaction with victims of trauma.

Dependability

Multiple coding was also used. This is a technique whereby the strategies used to code and interpret data are checked by other researchers, in order to ensure the refined interpretation of the information provided by participants and to counteract the effects of the subjective views of the researcher. The assessment of the thesis promoters was used for this purpose and it helped with reviewing and refining the codes used (Barbour, 2001). This, therefore, determined the degree of inter-rater agreement which is important in verifying data codes to increase chances of gathering similar findings at other times. This process is referred to as dependability (Bryman, 2008; Krefting, 1991). Verification of the codes did not take place by cross checking individual data as this could have been a long, laborious and expensive exercise. Cross checking was effected on the emerging categories of data (Krefting, 1991) and a sample of the interview transcript that was coded was also submitted to the promoters to check for correctness in coding.

PRESENTATION OF FINDINGS

The results of the study were presented on the basis of a theoretical framework of the police critical incidents impact management. The presentation included the following: First, a conceptual diagram was shown to indicate links among categories.

Second, an integrative diagram which formed the basis of the storyline was presented. In this instance, the findings gathered were presented by stating the identified relationships among categories of coping with the impact of the critical incidents by using concepts.

This means that conceptual relationships were presented in a propositional way and in discursive form. I provided the substantive content of the study in a narrative, descriptive way (Strauss & Corbin, in Leedy, 1997) in the form of an analytical storyline. The storyline showed variations in those category relationships at conceptual level, as well as their conditions and consequences (Strauss & Corbin, 1990). Good writing communication skills were required for this purpose. Even though the results of the analysis of data were readily available in memos, the presentation had to be done in such a way that a cohesive, understandable story was written (Strauss & Corbin, 1990). This tested my creative, critical and analytical writing skills, what Strauss and Corbin (1990) refer to as compositional abilities. The storyline had to be refined with every session of writing.

Last, a comprehensive description of the categories of the strategies used was presented in the form of themes (Oktay, 2004). A substantive theory in the area of police critical incidents impact management (PCIIM) was thus formed, which was applicable to the SAPS officers in the FCS/domestic violence, field training, detective and social crime prevention units in the Vhembe District (Bryman, 2008; De Vos, Strydom, Fouche, & Delpont, 2002).

EXPERIENTIAL CHALLENGES ENCOUNTERED IN THE STUDY

Theoretical sampling

The grounded theory approach requires the identification of people who can and are willing to talk about the phenomenon or process under study. This may be difficult for a researcher to achieve (Franchuk, 2004). Even though the issues of lack of trust of superiors, lack of confidence in one's ability to provide relevant information and diary return excuses were indicated, I allocated sufficient time to sampling to ensure that a sufficient number of participants was reached in this study. Permission that I was granted by the police provincial office also contributed to lessening some of these problems as it strengthened the establishment of rapport with the police officers. However, there was only 1 field training officer who was included in the study as the other officers in this unit

in the police stations were not available for participation in the study when I went to their police stations.

Time to carry out the study

This is a kind of study that required thorough understanding of the process being studied with the possibility of changes in the focus of the study (Franchuk, 2004). Even though the saturation of categories was considered reached, there is a possibility that I could have unearthed more categories if more time had been allocated to data collection. However, allocating more time for data collection was restricted by the amount of time that I had as a student to complete the study. Nevertheless, substantive theory development was possible on the basis of the data gathered.

Data management

Working with a lot of data which were made up of hundreds of pages of interview transcripts and diaries, as well as data organisation took a lot of time. Data organisation involved going back and forth trying to make sense of and putting together categories that were related to one another. This process appeared difficult and confusing at times. Nevertheless, I managed at the end through adopting data organisation techniques such as cutting theoretical memos and organising them into files according to similarities and differences and the use of diagrams for depicting ideas.

ETHICAL CONSIDERATIONS

Informed and process consent

This entails that participants in a study are not studied without their awareness. They are allowed the opportunity to give consent to participate in the study. They are informed about the nature of the study to be conducted so as to enable them to make informed decisions on whether to take part in the study or not. They are also given the right to withdraw from further participation if they are not happy about something in the study or feel that they cannot continue (Seale, Gobo, Gubrium, & Silverman, 2004).

As this study was conducted in a completely overt manner, all participants were made aware of these issues throughout the research process. As the focus of study did not change throughout, it was not necessary to inform the participants about any changes in the course of the study, an ethical code referred to as process consent (Ryen, 2004). Informed consent was achieved through obtaining written consent from the participants at the beginning of the study.

Anonymity and confidentiality

These refer to the researcher's responsibility to protect the participants' identities, places of residence and the information provided. This helps in ensuring that any information provided by the participants is not associated with them (Seale et al., 2004). The voice recorder that was used for recording interviews was only made accessible to me and the research assistant for transcription purpose. Data were deleted from the voice recorder immediately after repeated re-visitation of the recorded data and transcription, in order to prevent the data from being accessed by unauthorised persons.

Nonmaleficence and beneficence

Nonmaleficence refers to protecting participants from harm that may be brought about by the study in which they participate (Seale et al., 2004), while beneficence focuses on ensuring that participants are afforded any benefits that may be offered by the research study (Landes, 2005). The participants in this study were protected from any potential harm, physical, psychological or emotional. Confidentiality as an initial step in avoiding the victimisation of participants was ensured.

In addition, even though sessions for debriefing the participants by a clinical psychologist in the form of a workshop were suggested to help them with any unresolved trauma reactions and to gain knowledge on possible ways of dealing with these, the response to this was generally not good as some indicated that they were coping with their experiences and others mentioned the issue of lack of time.

I concluded that bringing the officers together in one place for the workshop would breach the ethical principles of anonymity and confidentiality that I promised. In order to compensate for this, I requested a clinical psychologist who is an academic and also in private practice to design pamphlets on possible coping strategies that the officers would use when confronted with critical incidents in their line of work. These pamphlets titled, **“Dealing with compassion fatigue”**, were distributed to the participants on completion of the study.

Trust

As trust refers to the researcher presenting oneself in a way that is representative of the research field and ensuring that findings of the study are trustworthy (Ryen, 2004), I was careful to adhere to all the abovementioned ethical codes. I also strictly followed the guidelines for rigour in qualitative research as presented in this study, in order to present work that could be trusted by both laypersons and fellow-researchers.

Competence

This refers to the ability of the researcher to conduct research in a proficient way, display proper conduct and take into consideration the customs of the community under study (De Vos et al., 2002). I am a Registered Psychometrist with the Health Professions Council of South Africa (HPCSA) trained in interview skills in the Human and Social Sciences. I was, therefore, able to conduct this study and interact with participants satisfactorily. I also trained the research assistant prior to involvement in the study on ethical issues and skills required in conducting interviews.

DISSEMINATION OF RESEARCH FINDINGS

Research findings will be published in approved journals and presented at national and international conferences to ensure easy access by other researchers. Manuscripts of the findings will also be given to the SAPS to ensure that participants in this study and other members of this police service, specifically those in management, will have access to the

findings gathered. A copy of the thesis will also be kept at the Unisa library for access by fellow-students and other researchers.

CONTRIBUTIONS EXPECTED TO BE MADE BY THE CURRENT RESEARCH

Findings gathered through this study can potentially make a significant contribution to the revision of the SAPS Victim Empowerment Programmes, the SAPS Act, police training programmes, as well as other policies. This will make provision for the promotion of the mental health of SAPS officers and equip them with the necessary knowledge and skills, which are important in their line of work, particularly in the Vhembe District, Limpopo Province as the findings are based on this area. This will help both in the protection of community members through proper policing and protecting SAPS officers from the nature of trauma dealt with in this study.

CONCLUSION

This chapter discussed the research approach followed and explained the procedures and techniques used in the study. The grounded theory research design that was used was explained in detail. The objective was to enable readers to interpret the findings of the study in the context of the method that I used to obtain them. The following chapter will provide the results of the study focusing on the police critical incidents encountered, VT symptoms presented with and the management process of the impact of those critical incidents.

CHAPTER 5

RESULTS

INTRODUCTION

The preceding chapter provided an explanation of how data were collected and analysed. The content thematic and constant comparative methods of analysis were specifically discussed to show how the results of this study were generated. This chapter discusses the results arrived at on the basis of the objectives of the study. The results are, therefore, divided into two sections.

Section A focuses on answering the first two objectives of this study, which serve as the foundation of the last two objectives. This section thus provides a profile of vicarious traumatisation (VT) among police officers in the Vhembe District. It discusses the types of critical incidents that the police officers in the following units are exposed to during their operational work: FCS/domestic violence, field training, detective and social crime prevention units. Categories of stressors from such exposure which lead to VT and additional types of trauma that were discovered during data analysis are also presented. It also provides the description of symptoms experienced which are suggestive of VT, and the relationship between organisational and operational stress.

Section B forms the core of this study as it focuses on the main and last two objectives of the study. It provides a substantive theory of the management of the impact of critical incidents among these police officers. This substantive theory is presented in the form of a storyline, which is substantiated by a description of the main categories of the coping strategies used by these police officers to manage the impact of the critical incidents.

RESULTS SECTION A: PROFILE OF POLICE VICARIOUS TRAUMATISATION IN THE VHEMBE DISTRICT

The content thematic data analysis that was conducted generated various themes concerning the profile of VT among police officers in the Vhembe District. The themes show how VT is incited by specific categories of stressors, namely, operational work, personal and cultural-prescriptive stressors. The themes also show the types of trauma uncovered in the study and how VT manifests through various categories of symptoms. The relationship between organisational and operational stress is also shown. These are explicated below.

EMERGING THEMES

THEME 1: TYPES OF POLICE CRITICAL INCIDENTS IN THE VHEMBE DISTRICT

VT takes place within particular critical incidents. While the work of all the officers in the four units, FCS/domestic violence, field training, detective and social crime prevention, entail interaction with primary victims of trauma and exposure to their traumatic situations, the nature of exposure and interaction vary among the different units. Nevertheless, there are some overlapping aspects in these two factors. The officers' job descriptions, in particular, determine the following: (i) the types of cases that they are mostly exposed to; (ii) the degree of exposure to those cases, which is accompanied by the officers' varying descriptions of the severity of the cases; and (iii) the types of policing tasks that are carried out.

The task of case investigation forms part of the work of all the officers, except the field training officers. These officers' work focuses on training police students to handle various types of crimes. Tasks such as preventing crimes, road blocks and issuing traffic tickets are regarded as minor. Road accidents and domestic violence are referred to as the most dangerous types of cases that they are exposed to.

Case investigation is prominent among the detectives. Detectives perceive case investigation as the crucial element of their work. This is because they conduct investigations on all types of cases dealt with in the field of policing and reveal

evidence on the cases. They had worked in the specialised units on specific cases before they qualified as detectives. The main cases that they deal with in the detective unit incorporate murder, including brutal murders like ritual murders, peculiar cases of rape and domestic violence. Other types of cases like shooting, housebreaking, physical assault, including assault with intent to cause grievous bodily harm, and *crimen injuria*, which includes deformation of character are regarded as minor cases.

The nature of the work of the FCS/domestic violence officers mainly involves serving protection orders to perpetrators of crimes such as domestic violence, as well as investigating cases of rape, which are regarded as serious types of cases. They also deal with cases of road accidents. Other cases such as assault with intent to cause grievous bodily harm, child negligence, child abduction, and attempted murder are considered to have less impact on them compared to the other types of cases. Even though this is not the role of the police officers according to the VEP, the officers indicate that the nature of their work necessitates that they provide counselling for both victims and perpetrators in all these cases.

The social crime prevention officers' work is to prevent crimes occurring in the communities by educating community members about social crimes and intervening in victims' traumatic situations whenever crimes such as domestic violence and rape are committed against them. This intervention also necessitates victim and perpetrator counselling among these officers. These officers' situation is thus the same as among the FCS/domestic violence officers regarding victim and perpetrator counselling. Other cases such as road accidents, shooting, child negligence, theft and housebreaking are also dealt with. Appendix G provides a descriptive summary of the specific and critical incidents encountered by officers in the different units which are reported to lead to trauma reactions.

A few of the following officers' responses exemplify some of the cases that the officers deal with:

I inform the unit commander about my plans for the day and tell him about the number of domestic violence summons that I have found on that day. From there I take a car as I serve different villages... my work is mainly to serve protection orders.

Male, FCS/domestic violence inspector

I work on many different cases. My work is to train students and, therefore, I am exposed to all types of cases. I show them everything that is done in the SAPS.

Female, field training sergeant

We work on cases such as house breaking, assault common, assault GBH, rape, crimen injuria, which includes regarding someone as a wizard. Most of the ritual murders and rape cases are referred to the specialised unit. When they are reported, we start working on them from this unit and then refer them to the specialised unit. All the scenes that I have visited were ritual murder and ordinary murder scenes. There are a lot. It is too much.

Male, detective captain

If there are no complainants then we go out in cars to address students at schools about the things that they should be careful of. We also talk to people who roam around the streets and those who drink alcohol. We do not only give them traffic tickets but as adults, we also advise them to go home as soon as they feel that they have drunk too much.

Female, social crime prevention constable

THEME 2: OPERATIONAL VICARIOUS STRESSORS

The sources of VT during officer-victim interaction are classified under three major categories, namely, the operational work, personal and cultural-prescriptive stressors. Operational work stressors are further divided into four types, namely, perceptual stressors with auditory, olfactory and observational subtypes; action stressors; degree of interpersonal closeness to victims; and psychiatric stressors. Personal stressors are divided into cognitive; vocation-life association; and personal trauma history stressors. The cultural-prescriptive stressors are divided into family cultural beliefs; and societal cultural beliefs.

These stressors encompass three elements of empathy: (i) cognitive empathy, which is represented by the task of trying to gain understanding of the victims' situations and performing cognitive tasks that are based on that understanding; (ii) affective empathy, which is accompanied by sympathy in the sense that the officers feel pity for the victims to a point of putting themselves in the victims' situations and experiencing the same emotions as the victims. Even though some of the officers show that they are not expected to sympathise with the victims in their line of work,

sympathy, nevertheless, takes place; and (iii) a combination of cognitive and affective empathy as the understanding of victims' situations makes the officers to be affected by those situations. They experience negative emotions and cognitive reactions which are, in some cases, the same as those of the victims. They can also experience independent emotions and cognitive reactions, that is, the emotions and cognitive reactions which are not experienced by the victims, but only by the officers because of facing the victims' situations. The manifestation of the stressors that the officers encounter, therefore, varies and table 5.1 below gives a summary of the categories of these stressors.

TABLE 5.1: CATEGORIES OF POLICE OPERATIONAL VICARIOUS STRESSORS

CATEGORIES OF STRESSORS	OF	TYPES OF STRESSORS	OF	SUBTYPES OF STRESSORS	OF
Operational Stressors	Work	Perceptual stressors Action stressors Degree of interpersonal closeness to victims Psychiatric stressors		Auditory Olfactory Observatory	
Personal Stressors		Cognitive stressors Vocation-life association stressor Personal trauma history stressor			
Cultural-Prescriptive Stressors		Family cultural beliefs Societal cultural beliefs			

The following is a description of the categories of these stressors:

Category 1: Operational work stressors

Operational work stressors are external stressors that emanate from the requirements of the operational work that is done by the officers. They include the following:

Perceptual stressors

Perceptual stressors pertain to the way information in the victims' experiential field is perceived by the officers. They comprise hearing, smelling and observing traumatic elements at the scenes that the officers are investigating. Therefore, they are divided into types of stressors that show these three characteristics, and are as follows:

Auditory stressors

Victims directly transfer their experiences to the officers orally through story telling since the officers have to listen when the victims narrate what happened to them. The victims narrate the traumatic experiences that they encountered such as being physically assaulted, threatened with dangerous objects like axes, being forcefully removed from their homes and being raped. In some cases, this results in the victims verbalising thoughts of suicide or narrating the intrusive nature of these experiences, the pain and fear caused. Such oral transference also takes place through victims shouting at and even insulting the officers when they try to assist them, as well as verbalising doubts about the officers' competence to help them adequately. Hearing such stories and complaints puts some degree of pressure on the officers. This results in some trauma reactions.

The combination of cognitive and affective empathy takes place in this case, and it is in the form of the following: trying to understand the victims' situations; associating the victims' experiences with their own personal experiences as police officers, especially if they are of the same gender or the officers, as parents, work on children's traumatic cases; experiencing sympathy by feeling pity for the victims; feeling the same emotions such as pain, which are felt by the victims; being hurt by the victims' experiences; and also not forgetting those experiences. These reports from police officers confirm these:

When I listened to their story I found that the wife was really abused by the husband. The wife was injured as the husband had beaten her up on that day. The woman was badly injured that I felt pity for her. If it were me, I would have opened a case and also applied for a protection order. She, however, only chose the protection order. It bothered me to an extent that I felt the same pain that the woman felt. I put myself in her position and felt pain in my heart. I felt that if it were me I would not know what to do with the pain... Another case involved a woman who came here and complained that she was bothered by the fact that she and her husband were diagnosed as HIV-positive at a hospital and were advised to use condoms. However, when she asked the husband to use a condom during sexual intercourse he agreed, but when he used it he pierced the condom underneath. It was painful to me because I believed that they were advised to use condoms to avoid the rapid spread of the virus in their bodies. This man thus made the spread of the virus to be rapid and drove him and the wife hastily to death. I felt as though the death that I was thinking about applied to me. I felt like this man wanted to kill me. It felt painful and I felt like he was doing this to me and that he wanted to have sexual intercourse with me without using a condom. It meant that if death was close then it was already in my home. It was the first time for me to hear such a story. I concluded that a person can kill you without physically assaulting you.

Female, FCS/domestic violence inspector

The victim can come to me while her experience is still hurting to her and she shouts at or insults me when talking. When I try to explain the procedure that is followed at the police station, the victim might think that I am not helping her adequately. This also affects me.

Female, field training sergeant

My heart was hurt when I thought of the girl being raped by eight boys. I remember I asked her a strange question that "How many times do you think each of these boys raped you?" and she said 'Each boy raped me twice.' When I work on a case I put myself in the victim's position. I feel the same pain that the victim feels as I would be feeling as though the perpetrator did something to me.

Male, detective inspector

I do not know what to say. Let me give you an example. When another person says that 'I felt pain' or still another one says that 'I was afraid'. I also feel the pain. I also feel sympathy for him/her.

Male, social crime prevention inspector

Olfactory stressors

Some stressors are in the form of smells that are inhaled and these are found among detectives whose work involves working with dead bodies. Cognitive empathy is experienced as there is psychological connection with the dead bodies that are handled when they inhale strong foul smells from them. This is like trying to be part of the dead bodies because the officers want to understand what happened to the victims, in order to gather valuable evidence at the scenes.

Other trauma reactions such as physical fatigue, disruption of normal mental functioning, prolonged recall of the foul smells, possibilities of vomiting, precipitated physical ailments and association of scene odours with smells from other objects like food are experienced. The following officers' responses show these:

We inhale the odour that is there as police officers and we sometimes become fatigued. We work with a lot of dead bodies. When I arrive at a scene and there is an odour, I will inhale it all. Can you see that? There is no way I can run away from the odour. It takes time for me to function normally when I have inhaled the odour compared to before I faced the corpse. The odour will remain with me and it lasts for about three to four days. When I visit a scene with a smelly or dead corpse I join it. I must be part of it, in order for me to work, otherwise I can vomit. If I have illnesses then the illnesses will be worse because of inhaling the odours. Even if I have covered my nose, I can still smell the odour. I turn to be like the corpse and feel like I am inhaling the odour that is there. At the end, I will not be able to eat porridge with meat for the rest of the day. If I do not join the odours at the scene then I will become a different person. I will not understand what I am saying.

Male, detective inspector

When I ate I recalled those things as though I could smell that body. It was as though I still had the smell on me.

Male, detective inspector

Observatory stressors

Other sources of the stress are in the form of observation. The officers' work relies much on observing what happened at the crime scenes during case investigations, in order to solve the crime. Observation takes place in three ways:

First, the officers observe victims' reactions to their experiences, such as seeing the victims crying or shed tears when they are narrating their stories, and not appearing to be feeling free. They also observe the victims' emotional distress as they display signs of being hurt by the experiences.

Second, they witness the victims' horrific situations when investigating crime scenes. This involves observing terrible road accidents, domestic violence and murder scenes.

Last, they observe the unpleasant and shocking circumstances that the victims are in, which include the following: (i) newborn babies who are hit with rocks on the heads and abandoned in bushes or dumped in sewerage and dams; (ii) seeing children neglected by their parents by being denied food; (iii) observing defenceless victims like children attacked by older perpetrators, and the elderly attacked by stronger perpetrators through physical assault and rape; (iv) physically assaulted and murdered victims severely assaulted with objects like wooden sticks, covered in a lot of blood, having deep wounds from being hacked with axes and shot at, and having cuts caused through knives; (v) loss of consciousness among the physically assaulted victims; (vi) the physical state of raped victims such as being physically weak and vomiting, and unable to speak; (vii) the intentional and unintentional cut-off of body parts through ritual murders and road accidents respectively, including the inability to identify the parts; and (viii) seeing victims who attempted to or actually committed suicide through hanging themselves as a way of trying to find a way out of being abused by others. All these serve as observatory stressors.

The combination of cognitive and affective empathy is experienced by the officers when exposed to such observatory stressors. For instance, cognitive empathy is shown through the cognitive tasks such as having heightened concern for the victims because of the way that the officers understand the victims' situations. This especially takes place among officers who occupy positions of husbands and fathers in their families,

or are of the same gender as the victims. The officers also associate the victims' situations with some superstitions that they learned in their culture. They draw conclusions about the extent to which the victims' situations have the potential of affecting them, and judging actions done against the victims as wrong. They further perceive their work of policing as hardwork and avoid evidence at the crime scenes by not paying attention to it.

Other cognitive reactions include the following: experiencing stress; being overwhelmed by and the inability to accept what is observed; prolonged re-experiencing in the forms of intrusive thoughts lasting from several days to several weeks; dreaming while seated and seeing pictures of what was observed at crime scenes; the mind not functioning properly (which is described as disturbance of the mind); mental fatigue; associating some objects with what was observed at crime scenes; change in the perspectives that are held; questioning human actions and justice; and regarding observed occurrences as atypical. These are also accompanied by behavioural reactions such as loss of appetite; loss of sexual interest; and social withdrawal, specifically withdrawal from family members.

The affective empathy, which accompanies these cognitive tasks and reactions, is experienced by manifesting emotional reactions which include the following: (i) experiencing distress (which is described as being affected and traumatised); experiencing pain; being hurt; fear; anger; shock; and feeling sympathy. Some of the officers' responses which support this are as follows:

When I see a woman injured to that point whereas she does not have power then I feel that this is wrong. It did not feel good. I understood that it is painful for a person to be beaten up, especially by a man who went to the shebeen to drink and came back demanding to eat meat whereas he did not provide the meat.

Male, FCS/domestic violence inspector

The cases that we work with, such as the domestic violence cases, affect and hurt us. This happens when a victim tells you what happened and is crying at the same time.

Female, field training sergeant

The second case involved the murder of a young child who was about 7 years old. It appeared that she was firstly raped and then murdered. There was an inserted object at the back of her head. When I saw this I felt enormous pain. I felt severe pain as a result of the way the child was murdered. I spent about 2 to 3 weeks constantly thinking about those things. Sometimes I felt like I was dreaming and at other times I could see a picture of the things that I saw at the crime scene while seated... I think that everything that I see with my eyes comes to the mind. As these things stay in my mind and I constantly think about them, they can make the mind not to function properly.

Male, detective captain

Even blood. There is usually blood all over the place. Sometimes when a child has been hacked, we find an eye on the floor. When I see one eye on the ground and another one on the person, this disturbs the mind. The picture of the child will also remain in the mind for several weeks. When I see meat put in front of me, the mind will recall that, hey! It is better to be given green vegetables. This happens like this most of the time... If the person is an adult then I will not be able to have sexual intercourse with my wife because once I want to engage in sexual intercourse with my wife then that picture will come back and I will say that I am discouraged. During the course of the post-mortem I am there. If the victim is a woman then I will not be able to have sexual intercourse with my wife maybe for several days unless I am strong. I will spend the whole week without having the desire for sexual intercourse... I will not like each and everything that I see as it appears similar to what I saw at the scene. For instance, if I were looking after a corpse of an old woman which is rotten, has worms and is dark then any dark picture that I see on a human being makes that scene to be recalled and I do not want to face it. I then change my course of direction because it will constantly remind me of those things.

Male, detective inspector

There is a case of domestic violence in which a woman was murdered by her husband by hacking her on the head with an axe. The axe was so deeply inserted that it remained there in the cut on the head. It took several hours for police assistants to remove the axe as it was difficult to remove. This is what makes me feel pain and is also frightening to me as a police officer as I wonder if such a thing can be done to a human being. I cannot even concentrate on my family when I am home after knocking off because I wonder what is happening in this world and how a person can do such a painful thing to another person, such as hacking a powerless person several times... I experience mental fatigue. This kind of work overcomes me. We see things that we are not supposed to see. These things are unusual and frightening.

Male, detective inspector

The other case that I worked on involved a woman who was hacked by her husband. I was not supposed to be sympathetic towards her, but be empathic. This case affected me. It made me to feel pain. I was also traumatised. By being traumatised I mean that I am a person who is afraid of blood. The sight of blood frightens me. Therefore, seeing the blood affected me. I also felt angry due to what happened.

Male, social crime prevention inspector

Action stressors

Helping victims such as handling dead bodies when searching for evidence at crime scenes; safeguarding the crime scenes where rotten corpses are guarded against wild animals in the bushes before their collection to mortuaries; identifying and removing body parts, as well as transporting dead bodies, especially bodies of those murdered brutally; and directing doctors on how to conduct post-mortems, in order to gather valid evidence, lead to the combination of cognitive and affective empathy. The cognitive empathy takes place when the officers apply their minds to solve cases and understand the evidence gathered. This has a negative impact on the officers, which manifests in the form of reactions which include distress and the negative perception of situations as horrible. These are accompanied by the negative emotion of fear. These stressors are, however, only found among the detective officers. This is evident in the following officers' responses:

There is one case which I found overwhelmingly frightening. A man drove over about 4 pedestrians on a road and their legs and arms were cut off. We had to gather parts of their bodies all over the road. We came back carrying those parts and trying to match each part with its body. I am talking about something like that. Such things also affect us as we are also human.

Male, detective inspector

I sometimes become afraid of attending to these murders. Sometimes I have to transport the body. I have to do it and I have to be with the doctor in the post-mortem room when he/she is conducting the post-mortem. The doctor is only a professional on conducting post-mortems, but he/she does not have knowledge of the investigation in terms of what I am looking for in that particular body. I am the one who must direct him/her... You know, due to that fear I sometimes ignore some of the most important things at the scene of crime and obviously the case will not be proven, for example, turning over the body at the scene of crime as I want to see what happened.

Male, detective captain

In other words, it means that when we cordon the scene or I find it cordoned off during the investigation process, I will go around the corpse and mention anything that is missing and that is there. Therefore, when the person has been hacked and the legs are folded it means that I must unfold the legs in order to see everything. I must check whether or not the private part is there then I must jot down each and every link that is there in order to give a full report of what I saw at the scene, including how he was hacked and the direction that he was facing. I will then give the information to those who will do further investigations... I can look after the corpse the whole day and I experience everything that is happening in that place. I will be there in the bush staying there. I can sit a little bit further from the corpse, but I must ensure that nothing comes near and takes it. This is what affected me.

Male, detective inspector

Hence we are compelled to go in there and check where the wounds are. If I am questioned in court then I should not have evidence without reasons because I could be asked about things that I did not see and not be able to emphasise my argument. I should have seen everything in order to report that I saw the deceased lying face down and had wounds here and there. I must show whether or not he was facing down and had wounds on the back. When I turned the body, I saw wounds either on the chest or the forehead ... The scenes are horrible because sometimes as we are working we come across a person in a car with a broken skull and with blood on a seat. We have to work by removing the body and checking the condition of the body.

Male, detective inspector

Degree of interpersonal closeness to victims

Involvement of people that a police officer knows personally in a traumatic case that is being investigated can also affect the officer. This includes road accidents. Affective empathy is experienced in this case because reactions such as emotions of uneasiness and being afraid, take place. This is what one of the officers said:

These situations are frightening ... You find the person even calling you by name to assist as he is trapped under the car. If you are a normal person then you will feel that it is difficult to accept the situation.

Male, social crime prevention constable

Psychiatric stressors

These are those stressors whose effect emanates from the mental illness of victims and perpetrators of the crimes committed against the primary victims. Exposure to primary victims who have mental illnesses leads to trauma reactions among officers

such as drawing conclusions about the defenceless states of the victims. Experiences of pain and depression also occur. This is because those crimes include rape of mentally-ill patients.

Exposure to the victims' cases that are committed due to their perpetrators' mental illness also leads to trauma reactions among officers such as intrusions, loss of interest in sexual intercourse, drawing conclusions about the abnormal functioning of the perpetrators, pain, depression, and discomfort due to the severity of the nature of those cases. These include cases such as severe injuries in victims, and rape with 'insertions', that is, having objects like broken sticks and bottles left in the victims' genitals after being raped.

A combination of cognitive and affective empathy takes place because one would be trying to understand the mental capacities of the victims and perpetrators while also sympathising with the mentally-ill victims. The following officers' views illustrate this:

People can tell that a particular problem is psychological in nature like the first case that I worked on. I worked on a case involving a mentally-ill patient who was in a psychiatric ward in hospital. I arrested the perpetrator, but I ultimately realised that he was not normal and had to be referred for psychological observation and help.

Female, FCS/domestic violence constable

There was evidence that a man was sexually abusing a mentally disturbed child in his home, turning her into a woman. When the wife was out, he would take the girl and have sexual intercourse with her. As I learnt a bit about such cases, I thought that this man was making the child's life difficult as she was not able to give consent to this due to being mentally disturbed. She might not have even understood what was happening. This is very painful. As a police officer, I feel pain and feel down. I experience depression due to being exposed to such a situation. I do not get used to these things even though I am constantly exposed to them.

Male, FCS/domestic violence inspector

You know, there is one of the cases which I investigated when I was investigating cases of children and I had just collected evidence on all the cases. This was one of such cases because that thing cannot be done by a normal person. It is psychological in nature. They left a stick in the private part of the woman and broke it. When I arrive at the scene of crime looking at that even I, as a human being have feelings. I become uncomfortable and I sometimes lose interest. You know, as a human being you start... as an adult, I want to be open. When I start maybe I want to have sexual intercourse that thing comes up into my mind and I start to lose interest.

Male, detective captain

Category 2: Personal stressors

Personal stressors are internal stressors that lead to trauma reactions in the officers and emanate from the personal characteristics and traumatic experiences of the officers.

Cognitive stressors

Cognitive stressors go beyond the sense of hearing and sight to understanding what is seen, heard or read about in a particular way. The interpretations reached determine the responses to the things that are seen, heard and read about. In this instance, the interpretation of the victims' circumstances by the officers results in some cognitive and emotional trauma reactions. These types of stressors thus encompass cognitive and affective empathy.

In this instance, reading about victims' cases and interpreting the occurrences as traumatic; having the fear of being judged by others, in and outside work, for not providing adequate service to the victims; drawing conclusions about inadequate policing like information dissemination to community members to help prevent perpetrators from committing traumatic crimes against victims (which is interpreted as ongoing suffering for the officers that will never stop); and victims having hope in the officers (which is perceived as unrealistic expectations by the officers) also put pressure on the officers. This is because the officers associate the difficult situations of the victims with their own situations. They also do not appreciate the unrealistic expectations that the victims have on them.

Such unrealistic expectations include the following: (i) the victims seeing the officers as their places of refuge from perpetrators; (ii) seeing the officers as agents that can be used to frighten the perpetrators; and (iii) also believing that the officers can offer all the help that the victims need like performing all the tasks that are beyond the officers' competence, but are within other professionals' scopes of practice. The trauma reactions reported in this case include experiencing pain, distress in the form of being hurt, and having negative perceptions of victims' cases, that is, seeing the victims as a problem. The following officers' responses support this:

She needed more help from me than I could offer as a police officer. This girl needed professional help because thinking about death means that the situation was difficult.

Female, FCS/domestic violence constable

It affects me a lot... Young children are affected by these situations because parents have given up on their parental responsibilities and allowed children to be responsible for their own lives. Children are out of their homes at any time they please and rape occurs 24 hours around the clock.

Male, detective inspector

The victim's situation affects me because when she returns to me she believes that I am her refuge. She believes that if she tells me about the situation then she will receive help... I have also received a call from the provincial office inquiring about the status of the case. This appears as though I am not doing my work whereas somewhere somehow there is a misunderstanding.

Female, FCS/domestic violence constable

Another problem is that when a person comes here to report on domestic violence and I go where the problem occurred to investigate the case, I might find that the one who reported the case did so falsely. If it is a woman, we sometimes find that women were not faithful to their husbands. This is one of the problems. When they come to report they give false reports. They give false reports because they think that as police officers we are monsters, which will frighten the alleged perpetrators to stop abusing the women.

Male, social crime prevention inspector

The relatives of the deceased become hurt by the outcome of the court ruling and conclude that as a police officer you have not done your work properly. This is painful.

Female, field training sergeant

I felt most pain when I realised that people were not getting relevant information at the right time, in order to be prevented from committing the crimes. They do not get advice on how to prevent this. I cannot change the situation as an individual and this means that I will always suffer.

Female, social crime prevention constable

Vocation-life association stressor

This type of stressor involves the inability to separate work and personal life by the officers. It encompasses factors such as making victims one's personal responsibility; personalising victims' cases by working on them as though they are the officers' personal circumstances; altering one's period of leave from work in order to take care of the victims; spending much time thinking about the victims even when at home; and not being able to separate time at work and time for personal life, as work is incorporated into one's personal life.

Both cognitive and affective empathy are involved as the officers try to make sense of the victims' situations to a point of making the victims' situations their own situations. This is so to the extent that the officers deal with those situations even outside working hours and also use personal resources to help the victims. This leads to trauma reactions such as distress, over concern about the victims, centering one's

life around the victims, lack of rest and stress. The following officers' responses attest to this:

This person becomes my responsibility. For example, you can find the victim phoning me at 10 o'clock at night. I will start to remember that it is at night and the victim was supposed to be resting at the moment, but she is not. This will also cost me my rest. I will start to think that if the situation is traumatising the victim in this manner then it means that she is really affected by the situation. I will then have to make sure that my day's activities are centered around this matter... This is the case that made me to leave only 5 days after my leave started as I was working on it. I had to extend the leave even though I deserved to have those days given to me. I drove the whole night as the victim would phone me even around 01h00 at night telling me that she did not feel safe.

Female, FCS/domestic violence constable

These cases mostly affect my mind as I never stop thinking about them. Even when I am home I will be thinking about those children and what would have happened had I not known about the situation... Sometimes I use money out of my own pocket as I feel that the victim's situation is unbearable.

Male, FCS/domestic violence inspector

When I come back from work, I work on cases as though they are mine, as I do this for the community. This causes me to have stress. When I get home I also experience stress.

Male, FCS/domestic violence inspector

I felt tempted and even used personal resources to assist the child... These are real experiences. It is not like a book that you can just close. You carry these things with you.

Male, social crime prevention inspector

Family members should know that I investigate particular types of cases and also what happens when I am at work. They are supposed to know these things. If they do not know then there will be conflicts with family members because it is only a small portion of my mind functioning at home. The rest of my mind remains at work. Most of the thoughts are about the crimes committed and the victims of the crimes because I will be to blame if perpetrators are not arrested. There is no time in the life of an investigating officer to think about family matters.

Male, detective inspector

Personal trauma history stressor

When the officers are exposed to trauma of the victims that they assist, the trauma that they experience in their own lives is reawakened. The reawakened trauma specifically pertains to the experiences of attempted murder, being shot at, housebreaking and domestic violence. The trauma reactions experienced are pain, distress and intrusion as the officers try to understand the primary victims' traumatic experiences and identify with those experiences, thus showing the combination of cognitive and affective empathy. The following officers' reports show this:

I know what pain is. Pain cannot be understood unless someone has experienced it. I was a victim before that is why I know what pain is. I was a victim in many types of crime such as attempted murder where I was shot at when my house was broken into. You know, I know what pain is.

Male, FCS/domestic violence superintendent

It affects my mind because when the victim tells me her problem of domestic violence, I start to realise that I have also gone through the same problem. The experience comes back to my mind while I am helping the victim. I realise that I have also come across this and it is painful.

Female, field training sergeant

Category 3: Cultural-prescriptive stressors

This refers to the types of stressors that reflect the beliefs, including superstitions, regulations and practices of people who follow a particular culture in the families and in society in general.

Family cultural beliefs

The belief shared by some families and police officers, that certain individuals, particularly husbands, fathers and mothers, hold the position of being breadwinners in their families, leads to some degree of pressure in some officers when the breadwinners are murdered. The possibility of the involvement of step-parents in families to replace the murdered parents is also perceived as a challenge. This is particularly so among officers who hold the positions of husbands and fathers in their families. A combination of cognitive and affective empathy takes place as the officers try to understand the victims' situations. This leads to trauma reactions such as distress, which is in the form being hurt, drawing conclusions about family dysfunctioning and maladaptiveness, and helplessness among the officers. This is evident in the following officers' views:

When I see a person murdered in that manner I do get hurt as an investigating officer. Let us take it that it is a male person who was murdered. By observing the scene, I can tell that the person who has died is a breadwinner. This means that there are a lot of things that will get stuck. Children are properly raised up by both the mother and father. This means that there is a shortage of parents. It is only one parent left in such a situation. It means that there will be a problem there. Children require guidance from their father as they grow up in terms of what should not be done or how things should be done in life. These people are now left without a person who can function as a father. Such things also affect me. This is because when the breadwinner is dead, even if there are other things that happened in the past, he serves as the foundation of the family and when the children are used to their father then they are... they do not want to know if there will be another father present in their lives.

Male, detective inspector

I felt that it affected me a lot due to the fact that I looked at the people who died there and realised that these were people who were working. They were coming from work as they were selling things at the places where pension funds were paid. They were from buying food for children. I could tell, as I observed those people, that they wanted to continue with life with their families so that it could be seen that there were people working in those families. When seeing such a situation you can tell that the people who are at home are under pressure because they can see that the person who used to provide for them will no longer be there to continue with the task. It becomes a burden to them because they have to find other ways of providing for the families... I was affected because there was nothing that I could do to assist those people at that time.

Male, detective inspector

Societal cultural beliefs

Adhering to some societal beliefs and practices by either the victims, perpetrators or the police officers leads to pressure in the officers as there is a need to achieve certain goals and to behave in particular ways, which accentuate those beliefs and practices. The victims and perpetrators adhere to some societal beliefs and practices, which make the officers to deal with types of cases that could be referred to as culture-bound cases. This means that the beliefs of the victims, perpetrators and their relatives lead the perpetrators to committing certain crimes whose consequences are handled by the victims and their relatives in a way that contravenes the law. This prevents the officers from doing their work following the relevant SAPS procedures. This is evident in beliefs relating to cases of domestic violence where husbands are given some traditional privileges at the expense of the wives' happiness in marriage. Again in rape, sexual intercourse between minors is traditionally justified.

The officers also hold some beliefs, including superstitions, regarding certain occurrences. Such beliefs have an effect both during the handling of the cases in the initial years of working as police officers, as well as later on in the officers' operational work. The specific cases that are involved are murder cases. This is because there are certain superstitions that determine the officers' perceptions of such cases and how they should conduct themselves when confronted with the cases. The superstitions include believing that one would die if one came near or touched a corpse.

The combination of cognitive and affective empathy plays a role in all these instances. The officers' understanding of the victims' situations and transference of victims' distress to their own situations to a point of experiencing the same reactions as the primary victims, take place. Trauma reactions such as distress, including being hurt; drawing conclusions about the irrelevance of old traditional practices and imminent death when exposed to corpses; having negative perceptions of situations, particularly as difficult to handle; experiencing fear; being uncomfortable; having intrusions; and loss of appetite are experienced. The following officers' responses show this:

There are many domestic violence cases. I remember a case which I resolved before it could get worse. It was after a woman had a baby and the husband practised the old Venda traditional custom of leaving the wife for some time after giving birth to a baby. He started having an extra-marital affair and he had a problem that everytime he came back home, the wife fought with him and insulted him. I asked him if he was still intimate with his wife, but he showed that he was not as their baby was still young. I told him that what he was doing was not right. Holding on to this old Venda custom was the cause of the conflict as the wife was unable to cope. The teachings that are followed should be in line with the modern way of living. We should live in that manner rather than following what was done by our forefathers. These teachings are irrelevant. Those cases affect me the same way as they affect the victim who has gone through the experience. These affect me a lot. When the husband and wife fight like that I feel hurt because there is something that they do not understand about each other. The husband maintains his position without considering the position of the wife and, thus, prevents being on an equal footing with the wife, in order to discuss matters and reach an agreement.

Male, detective inspector

Yes, at first it is hard because seeing a body of a human being in that fashion, especially you know our culture as black people, we respect the body and we are always afraid to go nearer believing that if you go near the body then you will also die, whereas this is not true. I still remember when I was still a new member of the murder and robbery unit some years ago, my first case... let's say the first case whose post-mortem I attended was of a body that was found in a river and there was only one leg, no... I mean most of the parts were removed and it was hard. I never ate for a week. Really at first it was difficult. You know, immediately when I wanted to eat maybe meat then everything drove me back to that body. As a human being is made out of flesh and meat is similar, you see, I only preferred milk. Yes, it's hard at first to accept it.

Male, detective captain

During my first year of working I attended to a case on culpable homicide where there was an accident involving a dead person. This was the first traumatic case that I worked on. I found it too big for me and felt that I could not handle it. At that time I could feel that I was still afraid. I felt fear when I had to scrutinise a dead person. I was not comfortable with this. I felt fear thinking that if I touched the corpse then I would be the second person to pass away even though it does not naturally happen like that.

Male, detective inspector

I found that there were children who were under age who had sexual intercourse and the girl was 5-months pregnant. The girl's family agreed that the boy would be their son-in-law even though he was still young and the boy's family accepted the girl as their daughter-in-law. The problem is that this is against the law meaning that a case was supposed to be opened by the girl's family members, but her mother refused saying that she did not want to ruin the daughter's relationship with her in-laws. This meant that she was not going to do anything about it. This forced me to handle the case by positioning myself as state as per officer-X. It means that the community does not know how it is supposed to work with police officers. If the law says that things should be done in a particular way then the law should be adhered to. Yes, I open cases even though I am not a complainant as in this case.

Female, social crime prevention constable

THEME 3: ADDITIONAL TYPES OF TRAUMA

Even though the focus of the current study was on vicarious traumatisation as a result of police officers' exposure to primary victims' traumatic material, other types of trauma, next-of-kin vicarious traumatisation, perpetrator vicarious traumatisation and tertiary traumatisation were also noted during the analysis of data. These are discussed below.

Next-of-kin vicarious traumatisation

One officer mentioned that there were times when the observed traumatic situations involved his own relatives. This affected him and he experienced distress and felt pain. In this case, even though this is a form of vicarious traumatisation, I think that the involvement of relatives as primary victims warrants the use of a distinguishing term, which is next-of-kin vicarious traumatisation. This is what the officer said:

We also feel the pain as we sometimes encounter situations that involve our relatives. It affects me when I find a person that I know involved in a car accident.

Male, social crime prevention constable

Perpetrator vicarious traumatisation

There is perpetrator trauma. This refers to trauma experienced by the perpetrator after committing traumatic crimes such as murder and rape. I noted that it is not only the observed situations and circumstances of primary victims that cause VT among police officers, but the observation of perpetrators' circumstances is also a cause. For instance, the following signs of distress among perpetrators are observed by police officers: (i) depression; (ii) crying a lot and continuously; (iii) appearing like a drunk or a mentally-ill person; (iv) being hurt; (v) the inability to calm oneself down; and (vi) displaying signs of suicide ideation. These are a result of committing the crime of murder unintentionally and due to being under pressure, especially the murder of own family members. Therefore, hearing the perpetrators' stories of remorse for committing these crimes and their belief that they will no longer be accepted in society after committing the crime of rape, is regarded as stressful by the police officers.

In such situations, reactions such as helplessness, fear, negative perception of a situation, and changing one's way of operation at work result in the officers who report this kind of distress. These reactions are influenced by the sympathy that the officers show towards the perpetrators, thus displaying affective empathy. I refer to this form of vicarious trauma as perpetrator vicarious traumatisation, which can be distinguished from the well-known type of VT that involves primary victims who are the focus of the current study. This officer's account of experiences with two perpetrators shows this:

A suspect can also be traumatised at times and requires being consoled. In the work on trauma we do not only help victims as suspects can also commit certain crimes due to being traumatised. When I went to him he said that "I am the suspect". I saw that he looked depressed. In order to avoid making him even more depressed to a point of causing him to shoot at us, I called him to a private room together with a male colleague. I asked him to confess to committing the crime but he was crying. He was crying to a point that I did not know how to attend to him. He just said that he did not intend to do what he did, but was forced by circumstances and felt sorry for his wife. He was also concerned about the children's provision as they were used to him providing for them every month. He was supposed to be with another person and be visited at different times from other prisoners as he was like a drunk person. It was frightening because he seemed like he was already mentally-ill and unable to calm himself down. He was continuously crying... A situation that was frightening here was when a perpetrator wanted to hang himself in the cell after saying that society will no longer accept him. It was a difficult situation and we tried to talk to him. When he saw me he seemed to feel better, but when I went out to rest he remained planning how to take his life. This is when I realised that I should not relax and say that I am now working in Venda. There are difficult cases even here. What would have happened had he committed suicide?

Female, social crime prevention constable

Tertiary traumatising

Story listening also includes hearing reports of the victims' cases indirectly from others such as officers in the community service centres in police stations. These are the officers at the reception desks in police stations who receive reports of the crimes committed and refer the cases to the investigating officers. Stories of the crimes committed are also heard from the victims' next-of-kin. There is also observation of trauma in secondary victims who are the primary victims' and perpetrators' family members and community members. The family members of the victims and perpetrators experience what I can refer to as vicarious family trauma, while the community members experience vicarious community trauma.

Vicarious family trauma refers to when the next-of-kin of a victim or perpetrator of a traumatic crime, especially murder, learns of the passing away of a victim or the actions executed by and the ensuing arrest of a perpetrator. In the case of victims, vicarious family trauma manifests itself in the form of distress and crying among the victims' relatives. In the case of perpetrators, the trauma manifests itself in the form of perpetrators' relatives crying and running around uncontrollably; and perceiving the perpetrators' arrest as punishment to them due to the envisaged halting of benefits provided by the perpetrator if they are breadwinners. The perpetrators' relatives also experience distress (which is described as "being affected as though there is death in the family"). They might also come to police stations agitated after contacting one another concerning the murder committed by the perpetrators. Some of the

perpetrators' relatives might show possibilities of committing suicide, and being difficult to handle or calm down.

Vicarious community trauma, on the contrary, is experienced when the murder of victims leaves community members traumatised and the trauma is described as not feeling free and planning revenge against the perpetrators.

Some trauma reactions of police officers result from exposure to both vicarious family and community trauma. These reactions include pain, negative perception of the situations, and distress. The officers also experience helplessness, specifically not knowing what to say to or do for the secondary victims. They also experience fear, intrusions, which take place during sleep, and do not forget the secondary victims' situations. They also associate the victims' and perpetrators' next-of-kin's situations with their own and own family members' situations. This takes place by imagining themselves and their family members going through the same distress that is observed in the secondary victims. They further draw conclusions about the occurrences of revenge of community members and maladaptiveness within the affected families. They also become overcome with negative emotions to a point of crying, and find it difficult to adapt or be accustomed to the reported or observed occurrences. Additional reactions include the immediate arrest of the perpetrators, referral of the secondary victims, specifically the affected next-of-kin to trauma centres, and consoling the secondary victims.

Two forms of empathy take place, affective and cognitive empathy. Affective empathy occurs in the form of experiencing sympathy for the victims' and perpetrators' next-of-kin. The combination of cognitive and affective empathy is experienced in the sense that the officers appear to understand the community members' situations and reactions, but these still lead to negative reactions in them. In this instance, I refer to this type of trauma among the police officers as tertiary traumatisation, that is, a type of trauma experienced as a result of helping secondary victims of trauma. The responses of the following three officers confirm the existence of this phenomenon:

It also traumatises the community as a whole when community members see that the person was murdered in such a painful way. People in that area do not feel free at all. This is the reason we are supposed to arrest the suspect as soon as possible and distance him from the community members because there could be uprisings. If we leave him there then we can later hear that they revenged against him and killed him. These things are not easy to get used to... let us take it that a person is dead. The people who are mostly affected by the murder are the next-of-kin. Let us take it that the person who has been murdered is a man just like me. It means that the person who will be mostly hurt will be my wife. My children will also be very hurt, including my relatives.

Male, detective inspector

We called his family in but they were also crying. It was painful as they were saying that he was the only one they depended on and asked why God was punishing them like that. It was very difficult to console those people as they were affected as though there was death in the family. They were all crying. This is one of the situations that I will never forget for the rest of my life. When his family came, they were also crying. We did not know what to do with those people. I tried not to cry in front of those people. What I usually do when I am faced with a painful situation is that I excuse myself for a short period of time, go to the toilet and cry until I feel that I am strong and can go back to face the people. If, for instance, I am involved in such a frightening situation, everything that I was doing during the day whether it is good or bad comes back to me when I am asleep.... He shot the wife and then shot himself and fell on the ground. The relatives came as these people contact one another. This is where I realised that it is difficult to calm down some people. They were crying and running around. It was a very difficult situation... Another severe situation involved the rape of a 2-year old child. The child could not talk and her mother could not give a statement as she was continuously crying. I did not know what to say to her mother because sometimes when you say something to a victim then she concludes that you are able to say that because you are not directly involved in the situation. If it were you, would you be talking in this manner?

Female, social crime prevention constable

It was difficult for us because the woman's in-laws wanted us to arrest the woman as they thought that the deceased's death was caused by the woman and her brother-in-law. These things are very difficult.

Male, social crime prevention inspector

THEME 4: POLICE VT SYMPTOMATOLOGY IN THE VHEMBE DISTRICT

The study shows that specific major traumatic cases lead to particular forms of reactions among the officers in the four units. Salient trauma reactions that are experienced by the officers when confronted by those specific cases have the somatic, cognitive, emotional, spiritual and behavioural elements to them. These salient trauma reactions signify both heightened avoidance and approach reactions to the traumatic experiences encountered.

The officers in different units thus show varying degrees of sensitivity towards the traumatic experiences by being susceptible to particular responses. The distinction noted in associations between the traumatic cases and trauma reactions experienced by the officers in the different units is informed by two factors: first, the job descriptions of the officers, which determine the types of cases that they are exposed

to, and second, the officers' perceptions of the impact of the cases on their functioning.

Therefore, the different trauma reactions are not experienced in similar degrees among the officers. In some cases, some reactions are not experienced at all. In summary, while the trauma reactions reported by the officers when working on the various cases can be classified into the identified five categories, the most common forms of reactions among all four units of police officers are classified under cognitive reactions. Appendix H shows a representation of trauma reactions as experienced by police officers in the four units. These relate to specific types of cases, namely, rape, domestic violence, murder and road accidents since these cases are regarded as the most critical by the officers. Following is the summarised description of the reactions pertaining to the specific cases.

Reactions to rape cases

The analysis of reactions to rape cases shows that cognitive reactions are prevalent among all officers in the FCS/domestic violence, field training, detective and social crime prevention units. Only one somatic reaction of a cardiovascular illness is reported by the FCS/domestic violence officers. Emotional reactions are reported by all except for detective officers, and behavioural reactions are accounted for by the FCS/domestic violence and detective officers only. These officers' responses account for some of the reactions to rape cases that are handled:

I remember I had... what do we call it? I had a heart condition for the past 3 years. I was asked what the cause of this condition was and I indicated that the cause was the situation that I was encountering at work. This is a real problem. The cause is the situation at work! I have been operated. My heart has a device which is called an assistant device. I am not only using the heart that I have but rely on this device for survival.

Male, FCS/domestic violence superintendent

When I work on a case I put myself in the victim's position. I feel the same pain that the victim feels as I would be feeling as though the perpetrator did something to me.

Male, detective inspector

Sometimes it also makes you to lose interest. I am a human being, I have feelings. I am talking about a person who has been raped and murdered. You know, when you arrive at the scene of crime, shoo! You find a woman who has been raped and they left what we call an 'insertion'. An insertion is when a bottle was left in the private part of a woman... When you arrive at the scene of crime looking at that, even yourself as a human being have feelings. You become uncomfortable... When you start maybe you want to have sexual intercourse, that thing comes back to your mind and you start to lose interest in the sexual intercourse. This means that it will also affect your family because your wife will start to want to know exactly what is happening.

Male, detective captain

The case of the 2-year old child hurt me a lot. I imagined that she was my child as I have only one child. It was so painful that as a woman working in that shift and responsible for all rape cases, I realised that I did not have a way out. I was deeply hurt because when you think about this as a mother, we feel pain as women when we try to understand the kind of pain that the young child felt when involved in such a situation. This is something else!

Female, social crime prevention constable

Reactions to domestic violence cases

All the unit officers give reports of cognitive and emotional reactions as a result of exposure to domestic violence cases. Except for field training officers, all the other unit officers report behavioural reactions when attending to domestic violence cases.

The responses from officers attest to this:

When you are alone at night you start thinking that “Eish! By the way, I have knocked off.” You then start thinking about what you came across from 7 o’clock in the morning when you met a victim of domestic violence. You start to see a film of the things that you encountered and try to understand what happened. This makes you emotionally affected when you come across personal challenges. The victim’s situation thus becomes your problem as well. You start thinking of how you would handle the problem if you personally encountered it. You find that it is not the kind of situation that you can handle at that particular time.

Female, FCS/domestic violence constable

These things affect us. We carry them along with us. Sometimes when you are angry you go home with the anger. I do not become angry with the family members, but it affects the way that I interact with them. I can find myself quiet and, thus, not interacting with them the way that I usually do.

Male, social crime prevention inspector

In this case, a man burnt his wife with water until she could not see. She was confused and ran away. The water was hot and he poured it on her face. As she was confused, he stabbed her with a big knife several times. We could not handle her due to being covered in blood. We looked for a cloth, carried her with a blanket and took her to hospital. We could not look at her twice and she could not see as she had water poured on the face. I thought that sometimes people these days do not care about other people. People are no longer humane. People commit these crimes as they please. I was frightened.

Male, detective inspector

As a human being I felt that what happened was... what came to my mind was to realise that when a person has marital problems this can lead to death and that a person can die without choosing how he will die.

Male, social crime prevention inspector

Reactions to murder cases

Only detective officers report a form of somatic reaction which is described as physical fatigue, as well as emotional, behavioural and spiritual distress when investigating murder cases. It is also interesting to note that only detective officers mention a spiritual reaction during their involvement in operational work. All the other officers do not give reports of being affected spiritually. Like detective officers, social crime prevention officers report cognitive reactions when exposed to murder

cases. The FCS/domestic violence and field training officers do not give any reports of trauma reactions associated with murder cases as their work does not entail much exposure to direct murder cases except for murders that are within domestic violence and road accident cases respectively. The following officers' responses confirm this:

I can tell them that when I come across certain situations I feel like it is better to resign. I think about this all the time.

Male, detective inspector

Sometimes those things affect me morally and psychologically. These things force you.

Male, detective captain

We wanted to see if there were injured people and if a person died then we wanted to see how the dead person looked like. Nevertheless, the impact was there as we were affected. When alone, I would be afraid as those things would come back to my mind. I would even be unable to eat things such as meat as it would remind me of the pieces of flesh that I saw on that corpse. The meat would remind me of the scene that I saw during the day.

Male, social crime prevention constable

It was frightening. This child was young and having children myself, I felt that it was painful. When you look at a corpse you also feel like a corpse as well. You turn to be like the corpse and feel like you are inhaling the odour that is there. At the end, you will not be able to eat porridge with meat for the rest of the day because you will recall the picture of what you saw at the scene. This means living on water. What you saw comes back to you. Those things come back to you. The thoughts take time to leave the mind and it is painful... I could not interact with others after experiencing those things... You can even scream at times. As we use firearms, sometimes when you wake up screaming you may jump towards the firearm and load it. If the firearm was loaded before you went to sleep then it means that you will grab it and if the wife becomes frightened then you may accidentally shoot at the wife.

Male, detective inspector

Reactions to road accidents

Only the FCS/domestic violence officers do not give reports of trauma reactions associated with road accidents. Somatic and behavioural reactions are only accounted for by the field training officers. Somatic conditions are physical ill-health and body weight loss, while behaviour manifests itself in sleep disruptions. Cognitive and emotional reactions are reported by all the field training, detective and social crime prevention officers. These reactions are shown in the following officers' responses:

I experienced a road accident where a person's head was cut off and his body was cut into pieces to an extent that we could not identify the body parts. When you arrive there and you see a person injured like that with the head cut off you start to feel afraid. This affects you as you are working. Sometimes you do not feel like eating food. When you sleep or close your eyes, a picture of that person whose head has been cut off starts to appear. It takes a long time for those things to be removed from your mind. Sometimes I do not sleep as I usually do. You can even lose weight... It sometimes affects me at work because after experiencing those things you may be told to go and attend to a particular case. You feel like shifting the responsibility to someone else because you remember that you face certain consequences when you attend to such cases.

Female, field training sergeant

One of the accident cases is one in which a military vehicle collided with a car of a community member. It collided with the car and about 3 people who were in the car died. All those people had their heads cut off. A woman's head could be identified by hair while with the men we had to get their relatives to indicate what they were wearing in order to identify them. They were the ones who could tell which head belonged to who. I felt that it affected me a lot. I was affected because there was nothing that I could do to assist those people at that time. These are not pleasant scenes which can make you laugh and call people to come and see what happened. You can tell that it means that things are not as easy in life as we think they are... I felt that if it were not work then I would ask another person to go there and attend to the scene because when observing those things you start to think about yourself that I have also gone out to work like those victims did and also have hope that I will return back home. You start to feel that the situation is not good, it is unpleasant. I think that the situation that occurred there could also happen to me.

Male, detective inspector

I once came across an accident involving boys who were just celebrating on a weekend driving in a van. The van was full both in front and at the back. This vehicle collided with another car carrying people who were from church. One of the people in the car died. It may be painful at times. These situations are frightening.

Male, social crime prevention constable

THEME 5: INTERPLAY BETWEEN OPERATIONAL AND ORGANISATIONAL STRESS

Even though organisational stress was not an area of focus in this study, the data analysis conducted pointed out issues relating to this area of research. The officers in this study indicate that they come across organisational challenges when doing their operational work. Organisational stress is shown to exacerbate the operational stress that they encounter. They show that organisational stress is caused by work-embedded problems that need the officers' superiors to be aware of and address, in order to prevent intensifying the officers' experiences of operational stress. The following are cited as examples of sources of organisational stress which worsen the operational stress experienced.

Lack of uniformity in strengthening victim support

Provision of material resources

This pertains to the unequal provision of necessary resources to assist victims of trauma in different police stations. First, is the provision of material resources such as state cars, computers and telephones that are required by the FCS/domestic violence, detective and social crime prevention officers in doing their work and attending to victims. Some police officers report that they are provided with these forms of support. For instance, some detectives show that they are provided with resources like gloves when handling aspects of crime scenes to protect their health, and that their

unit commanders make plans with officers in other units to lend them their cars or with station commissioners to assist when there is shortage of cars in their units. Provision of such resources depends mainly on the type of leadership of superiors (unit commanders and station commissioners). Officers who are led by superiors who are actively involved in the day-to-day operation of the officers and care about victim help make an effort to assist to ensure the availability of such resources. The following responses of the officers show this:

The SAPS tries to ensure that we overcome the challenges that we come across. This includes the availability of resources. If we talk about where we started in the past, resources were not there. There were a lot of challenges in the past that made me to feel that this work was difficult. For instance, there were no gloves that we use currently as a result of the past conditions. Presently, there is a lot of support. You can never attend to a crime scene without the necessary resources. This helps in protecting our health.

Male, detective captain

When we do come across problems like not having cars that we can use to travel by when conducting investigations, our commander discusses the problem with the station commissioner as the cars are allocated. The station commissioner does provide us with cars. Service is very good here. If we do not have a car in our branch then we ask for a car from the station commissioner. We could have 4 cars in our division, but find that 3 of them have been taken for repairs as our roads are in a bad condition. The station commissioner helps us to ensure that there is progress in the service provided.

Male, detective inspector

If there is a domestic violence case and I see that I have problems like shortage of transport or being confused and not knowing how to help, then I explain this to my superior and we get a solution quickly on how to help the victim. It could be in terms of shortage of transport in my section. I can ask for assistance in the other sections. They are very cooperative as we help one another to ensure that a victim gets help as soon as possible.

Male, FCS/domestic violence inspector

Other officers indicate that they do not have adequate resources in their police stations. Some detectives indicate that they are not provided with transport to take them home when they knock off late. Some FCS/domestic violence officers cite a shortage of cars especially if one considers the number of cases that police officers in their stations have to attend to. Some social crime prevention officers show that they do not have computers, but have to store case information manually.

There is a lack of telephones in their offices as they have to use their own cellphones to contact victims who often send them 'Please call me' messages when they need their assistance. Where telephones are available, the officers are restricted on the number and duration of calls they can make to avoid large telephone bills. The main message communicated here is that there are deficiencies that discourage the officers

from doing their work and also inhibit them from helping victims as much as they want to. The following officers' responses support this:

When I work until late I do not get transport to take me home.

Male, detective inspector

You might find that you do not have the state car or your own car at the time when the victim phones you. When you contact the police station for assistance, you need to find a person who is reliable and is willing to help. It is difficult to get such help as most police officers who are at the police station receive a lot of complaints from different sections.

Female, FCS/domestic violence constable

There are many challenges. For instance, I do not have a phone in my office in case I have to phone someone who needs my assistance. We can use office phones, but there are strict rules set on how to use them and the telephone bill may be high. It might reach a thousand rands. When victims send me 'call me' messages, I use my own cellphone to contact them because I cannot just leave them unattended. I do not have a computer either in my office, but piles of papers that should be in electronic form. If you come to my office you will find them on the desk.

Male, social crime prevention inspector

Provision of victim empowerment programmes

Other forms of support include the provision of victim empowerment structures, which can offer victim empowerment programmes such as counselling services for abused women and children. Some FCS/domestic violence officers show that their police stations are linked with institutions that provide such a programme, as well as trauma centres that are used as places of safety for victims. These are located near the police stations. There are also witness protection programmes to protect victims from abusive perpetrators. Availability of these resources makes assistance of the victims easier for the officers. These are some of the officers' responses:

A lot of them are referred to a trauma centre. The trauma centre is right here at the Mutale health centre. We have it here. I have requested for co-workers at the trauma centre with whom I work on a daily basis. Children can be taken to a place of safety.

Male, FCS/domestic violence inspector

I then speak to my superior and explain that the victim is not safe. Depending on the merits of the case, I will then apply to the EPA for a witness protection programme for the victim. The EPA will inform me of the date on which to bring the victim. They will either come to the victim or meet me half way. The victim will be taken where not even my commander, her family members or I know about. No one knows about the place. Even if people can try to find out what has been done with the victim I will not disclose.

Female, FCS/domestic violence constable

In the case of other officers, such as some detectives, such support is merely in the form of a victim empowerment desk not manned by any professionals to help victims. The service does not operate for 24 hours, and still in other cases, the support is non-

existent. This is so bad that the officers are forced to leave victims sitting on benches the whole night in police stations, feeling cold, uncomfortable and without any form of entertainment to remove their thoughts from their traumatic experiences. All this is because there are no proper resources like shelters for victims and blankets to provide for them, especially female victims who are removed from their homes by the officers due to being physically abused by their husbands. The dilemma is described as taking victims from their abusive homes with nowhere to place them. This is what some of the officers said:

We can find that there is a married woman who comes from far like a place such as Tshipundamalema and is victimised by her husband. We can find that we cannot do much to help the woman because she cannot continue staying with her aggressive husband. We find that we do not have a place here to shelter her, where she can be placed until she is safe. This means that when we receive a victim, she has to sit on a bench the whole night and this is not comfortable. Everyone knows that a victim has to relax and be placed in a comfortable and entertaining place to avoid having thoughts about what she experienced. A victim is treated like the accused here. It does not please me to take a refugee from her home who has nothing on her and running away from her situation, but we find that there is nothing that we can do for her. She is not supposed to go back home, but we do not have blankets, a place for her to sleep and it is very cold.

Male, detective inspector

Another problem is that traumatised children have to go for counselling. We do not have people who provide counselling services in case these children have gone through such an experience. We only have a desk for victim empowerment, but it does not have a comfortable place where a child who has been brought here can be placed. As I indicated that we do not have a shelter for this purpose, this means that even a victim empowerment organisation does not exist. We only have a temporary thing which is a desk for victim empowerment. This desk does not even operate for 24 hours the same way as police officers do, as crime occurs 24 hours around the clock.

Male, detective inspector

Lack of uniformity in officer support

Provision of debriefing services

Debriefing services are also cited as an example of support that is not provided equally in police stations. A few officers like the FCS/domestic violence, field training and detective officers show that they receive debriefing everytime they return from attending to traumatic cases. In actual fact, they have the out-of-police-station-based helping professionals who are under the SAPS with whom arrangements are made to provide the services. These professionals are called in either by the officers themselves or their superiors to help. Even though these helping professionals comprise psychologists, social workers and chaplains who provide counselling to address the traumatic experiences encountered at crime scenes, it appears that there is still no uniformity with regard to groups of the helping professionals who are called

in. While some officers mention being debriefed by psychologists and social workers, others report being debriefed by chaplains and social workers, and still others speak of psychologists, social workers and chaplains. One detective mentions being debriefed by psychologists only, while another one makes reference to debriefing by chaplains only. The following officers' views show this:

The SAPS arranges people who can counsel us. We are counselled by people who work for the SAPS in Thohoyandou. They are contacted to come and help us through counselling.

Female, field training sergeant

Here at work we have supporting units, especially focusing on trauma like when a person has gone to attend to a crime scene that is disturbing. There is debriefing and counselling conducted, in order to help the person to cope and continue working and to live with one's family satisfactorily after work... Nevertheless, I am able to cope through the debriefing and counselling that we receive from the supporting units... we have people like psychologists and social workers with whom arrangements are made to provide counselling and debriefing.

Male, detective captain

This means that you must also find time and consult with the EAS personnel who will tell you how you can handle the situation as your work entails working with people. You will receive debriefing and advice on several matters. EAS is the Employee Assistance Services which is a subsidiary of the SAPS. These are the personnel whom we can talk to as police officers if we encounter work-related problems or personal problems. They provide us with advice on how to handle situations. We also have the spiritual and social work services. I get support from the social workers and pastors who are chaplains.

Female, FCS/domestic violence constable

However, some FCS/domestic violence officers show that the services have not been offered for quite a number of years. Other FCS/domestic violence and detective officers complain of either waiting for professionals outside the police stations to come to offer help, which is often provided very late or lack of such services in their police stations. Some even show that they are not sure whether or not people who provide counselling services are available in their police stations. They even conclude that maybe they "do not need" such services even though they point out that debriefing is a crucial element that should follow traumatic exposures to cases like murder and domestic violence. This all the more important as they indicate being traumatised after exposure to such cases. They also show that they require resident helping professionals who can be stationed in the police stations so that they identify trauma reactions in the officers and offer counselling after such exposures.

Concerning lack of debriefing, two issues about their superiors are raised. First, it is indicated that their superiors expect them to make arrests without showing concern

about their well-being. Second, it is also shown that the superiors do not even have the ability to identify trauma reactions in the officers when they return from attending to traumatic cases. Such superiors are likened to mothers who fail to notice that their children have fever and are supposed to be attended to medically. Lack of debriefing services is perceived as the “biggest problem” that the officers are faced with.

Where debriefing services are not provided, trauma reactions including the following are experienced: distress; fear; intrusions; not feeling free; sadness; questioning occurrences; consideration of resignation from work; perceiving police work as the work for the uneducated and mentally-ill; feeling sick; not enjoying their days at work; and involvement in unconstructive behaviour like using drugs, sleeping pills and engagement in unprotected sex with several women. Cases of suicide of colleagues are also mentioned. Therefore, they resort to self-care strategies to compensate for lack of such services. The following officers’ responses support this issue of lack of debriefing services at work:

When I have returned from attending to cases like these I need to have services like psychological services... the psychology personnel with whom I can sit down and receive guidance after encountering such traumatising situations like being assured that these things happen in life and I can start seeing things differently. We do not have those people in this area.

Male, FCS/domestic violence inspector

We do not really have support here at work as the work that I do can be likened to selling tomatoes. I am like a seller who is given a car full of tomatoes and has to see to it that the tomatoes are sold. I would appreciate the support from our superiors in terms of involving a person who is responsible for a specific case being assisted by those who have been trained to provide counselling services because the victim’s experience also affects me. It is often taken for granted that we are not affected by these situations. Can you imagine yourself returning from a terrible murder scene, having been faced with a bad experience? You will need people who can offer you counselling. This does not exist here even though we are now used to the situation. We conclude that perhaps this is how we are supposed to live. We need support from our superiors and from organisations which can put our experiences into perspective and help us to cope. Perhaps there are people who can help to show us how important this work is, and that it is not for the mentally-ill or the uneducated.

Male, detective inspector

When we return from such a scene, when you come from a traumatic situation and there is no one to assist you whereas you come from a scene where there was a murdered person. No one will help you. They just know that you are from the scene and that is all... From there you will see an officer engaging himself in a lot of things in order to make the experiences disappear. He will involve himself in a lot of things like using drugs and a whole lot of other things. He may even use sleeping pills as he cannot sleep. He must get the pills in order for him to sleep. He can even engage in continuous sexual intercourse and not checking who he engages himself in sexual intercourse with. As he has a car, he can just pick up any woman at night in order to sleep with her. He gets intoxicated from having sexual intercourse with a woman in order to sleep. The interpretation that police officers have is that they will be able to forget and rest if they use these ways to cope. If it is the use of drugs then the drugs will sustain him until the following day and if it is sexual intercourse then he will sleep afterwards. He will sleep for several hours and not think about anything. This will make the thoughts disappear.

Male, detective inspector

The kind of support needed after seeing a traumatising situation has not yet been implemented. They just conclude that it is our own problem as we are at work and, therefore, we are on our own. I do not receive much support. Maybe it is because I have not yet been traumatised to a point of needing such support.

Female, social crime prevention constable

Provision of incentives

Other forms of lack of officer support reported by a detective officer include inadequate remuneration in terms of salaries, overtime compensation and compensation for being killed in the line of duty. He shows that he does not receive any form of financial remuneration for working beyond the hours expected of him. This, he concludes, that he does not have knock-off time. His salary is little, the salary notches of officers generally are not comparable to those of superiors, percentages of salary increments do not make much difference to him, and the amount of money reserved for compensation of his family in case he is murdered while on duty does not compare to the degree of danger that he faces when he is on duty. He also indicates that he has to deal with cases of theft wherein large amounts of money ranging from thousands to millions of rands have to be confiscated from criminals. These amounts are not comparable to the amount that he is earning. He argues that it is difficult to bring that money to the police station because he does not earn much. He perceives policing as unfulfilling work for the poor. The following is the officer's response:

Our superiors are the ones who get better benefits while the juniors do not receive much. We are not remunerated for working overtime. When we work according to this instruction, we are not motivated by getting paid for working at night. We do not get anything. Can you imagine being told to run after a suspect who has stolen millions of rands from a bank while I am only earning a thousand rands? This tells you that I am running around carrying my whole life because when I get to the suspect he can kill me and my children will be left with nothing. Even the money that is put aside for compensation in case I am killed while on duty is very little and will not benefit my children that much. We are forced to do this work because we are poor. If it were not for that then one would resign. Here you risk your life while not benefitting anything. This is not proper. It is not rewarding. People who are at the grassroots level working in the field do not benefit anything. We work according to the order of ranks and the difference in salaries among the lower ranks is counted in terms of hundreds of rands, but with 5, 6 or 7 thousands at higher ranks. Therefore, a percentage increment in salary does not make a difference to me.

Male, detective inspector

Coupled with inadequate remuneration is lack of promotion which is reported by the detective and social crime prevention officers. Remaining in the same rank positions for years does not encourage them to do the operational work they are supposed to do. While faced with insufficient financial stipends, they do not receive occupational rewards either. They indicate that there is no transparency regarding promotion

criteria. They do not receive promotion regardless of academic qualifications attained. Some have several university degrees, a lot of work experience, many years of service, high levels of work competence, are hard workers, and have good working relationships with colleagues.

Information about promotion criteria is reserved for their superiors and human resource personnel only. They also show that the SAPS employs candidates who are not qualified for particular rank positions. In addition to that, SAPS does not take those candidates for staff development to be trained to acquire the necessary knowledge and skills in their occupational positions. This makes promotion for them difficult as they do not qualify for vacant positions that can lead to their promotion.

Lack of promotion makes some detectives ask if they have done anything wrong to deserve lack of promotion or if they are bad employees. It is also shown that some posts are given to officers on the basis of favouritism than on merit. Some even lose hope of ever being promoted and others indicate that they are just working for retirement to receive their pensions. The following responses from the officers confirm this:

Another problem is that there is no promotion here at work regardless of studying or showing competence in one's work. We do not know which criteria are followed to promote people in this place.

Male, social crime prevention inspector

A person like myself having 19 years in this unit without being promoted, you ask yourself which criteria are these people using. If they are not promoting me then what did I do wrong which they are unable to rectify in me. If they are unable to do this then does it mean that I am a bad employee and they are the good managers? ... When I came here I found people working and they are still inspectors. They say that they are just working for retirement. They say that a person does not qualify for promotion and yet he was employed by the SAPS. They saw that he did not qualify, but they took him and kept him there. They did not uplift him but just kept him there. They are talking about not qualifying, but they were there on the seat. Sitting there, seeing him and not doing anything about it. Now they blame him. No one advises another person here; we merely exist here.

Male, detective inspector

It is long we have been working here. At the moment I have 23 years working in the police service. I no longer feel that I have a problem when it is announced that there are vacant ranks to be filled but I end up not getting one. I never think about staying away from work or taking a firearm or rope to commit suicide. No. However, it is not good that when vacant posts are available we are made to desire them, but we are told that we are not capable of filling them without anything used to determine who should fill them and who should not. It would make sense if they just told us in this case they consider the level of competence of people. If it is given to a particular person in that manner then we will not question how he got it. If it is given to a particular person for the reason of being a hard worker and yet it is clear that he is not a hard worker, but does everything to please you then I do not understand it. This makes me feel that the work situation is unfair. If promotion was considered on the basis of qualifications attained then there are people who work very hard and have studied having about 3

degrees relating to the work that we do, but you will find that promotion is given to someone who does not even have a single qualification or given to someone with only 1 degree. This will never make sense to us. If it were given to someone that I found here, who knows his work and also taught me a few things then I would not have a problem. I would be able to understand that they were fair in promoting him.

Male, detective inspector

There is a colleague that I work with, person-X. She is in the inspector rank. She has been in this rank for 7 years and deserves to be a captain. I mean in terms of service. By next year I will also deserve to be in the position of sergeant. I look at the way that she works. If a person was promoted on the basis of how they work then I would give her that position. I do not know how it is done. The people who know are the human resources personnel. If this were up to me and there were certain things that were considered then I could have given some people higher ranks on the basis of their service and the nature of their working relationships with others.

Female, social crime prevention constable

Officer favouritism

There is also a challenge of officer favouritism experienced by detective officers. It involves some superiors like unit commanders favouring some officers over others. The result is that it creates a problem of cliques among officers within units. The following detectives' responses show this:

I have told myself that there is no better future for me if I am led by somebody who was lied to about me and believed what he was told without first ascertaining this with me. Leadership is lacking. You hear a lot of stories around here. If I am your superior and tell you about issues in an improper way then you just close your mouth. As a leader you must wait for the person that you were told about and call the one who reported to you to say what he told you in the presence of the other one. This will be done with the intention of boosting cooperation among people.

Male, detective inspector

The challenges that we encounter include having a commander who favours a particular group. If we go out to work you might find that though you are working hard telling yourself that you want everything to be perfect and yet you forget a small thing, which may be important in the evidence then when you come back you may not be treated well. However, if the same mistake is done by someone else then it may not be a big issue. This does not make a person feel free.

Male, detective inspector

Fragmentation between law enforcement and the judicial system

Furthermore, the FCS/domestic violence and detective officers complain of being stripped of their powers by the state, especially when dealing with perpetrators. They show that the law protects perpetrators of traumatic crimes more than the victims to such an extent that the perpetrators appear to have more rights than the victims. For instance, the officers are not allowed to force or pressurise perpetrators to confess to committing the crimes. This results in lack of evidence and charges against perpetrators being dropped regardless of the victims' complaints.

The officers are also not allowed to man-handle the perpetrators for any reason. They cannot use the strategy of maximum force of shooting against the perpetrators even if it means injuring the perpetrators to prevent personal harm. This is perceived as a problem. Lenient punishment given to the perpetrators by the state's justice system is also questioned.

Not having such power has negative repercussions for the officers. This includes being unable to protect themselves when under attack, not being able to gather necessary evidence to convict perpetrators, the possibility of losing their jobs or being prosecuted if they use force against the perpetrators, and also lack of agreement among the state, the justice system and the police in handling cases. The following responses exemplify this:

If there is information indicating that there is a person who is revolting during an arrest then I end up having a problem because I have to apply the maximum force of shooting. Those things happen. I do not mean to use the force intentionally. The fact is that a person can resist by means of fighting back through the use of a firearm or any object that can cause me to lose my life. I should be able to use maximum force in such a situation, which unfortunately, will result in someone being killed.

Male, FCS/domestic violence superintendent

Other ways include those that are created by the state when the state strips us of power. This happens when the accused has more rights than the victim. This happens in this way, you will tell the victim about the person who stole from him and that he was found with the goods. However, due to the fact that he denied having the goods, it means that the case has to end there. There is nothing that we can do. We are not allowed to pressurise him or do anything else. We cannot take the power upon ourselves which prevents us from having evidence of the person who stole the goods.

Male, detective inspector

Another case that I worked on which could have made me to be expelled from work if I were not wise, but I was not expelled because lucky enough I know how to present a case. This case is one in which I shot a young man who was involved in a gang rape. He was given an instruction not to leave home, but he went out and ran away. He was then shot dead. However, the intention was not to kill him as he was shot on the legs. It is easy for a person to die whether he was shot on the arm or leg.

Male, detective inspector

This means that the state should be involved and give justice personnel more power to deal with these people who have murdered the victims. It would do if they could be arrested without parole. If a person is arrested, but given parole then it means that the other ones will undermine the system when they realise that the perpetrator was sentenced to 20 years imprisonment but came back after 2 years. The state should realise that it has to change the way it operates and give power to the justice system in order to do its work... when I arrive at the murder scene and I find that the perpetrator is still there at the scene then I have to block the person from leaving. I must ultimately bring him back with me. I must use all the strength that I have in order to arrest him. It could happen that I went to the scene with another officer and the perpetrator could be too strong to be handled by 2 officers. We should not beg him but also use our strength. In order to arrest such a criminal we cannot hold him by hand, but we must apply some force. I must know that if he is too strong for me then he could overpower me and use the firearm that I have against me. I must also ensure that the perpetrator does not leave. I should bring him back here with me because we do not know what he was thinking when he committed the case, which could be a murder case. He could have planned to go to another victim from that scene. In order to stop him from continuing with his plans then I must arrest him and there will obviously be a

fight between him and I. When the perpetrator and I arrive at the station he could be swollen and I will be asked why he is swollen or his family could have phoned a lawyer and when he arrives here he will find him swollen or injured. If there is no one to support me then I could be charged with assault or something else.

Male, detective inspector

In addition to these, are unrealistic court decisions and treatment experienced by the FCS/domestic violence, field training and detective officers when representing victims' rape, road accident and murder cases in court. The investigating officers are sometimes not informed of court dates to testify on behalf of victims in court or have dockets missing which are in the possession of public prosecutors. Some perpetrators fabricate stories of being acquainted with the officers. They could indicate that they commit crimes together with the officers or claim that the officers planted evidence of incriminating nature such as marijuana in the perpetrators' pockets during case investigations. Perpetrators' stories are often believed in court. Lawyers representing perpetrators could misrepresent the officers' evidence presented in court, accuse the officers of presenting incomplete evidence whereas it is complete, and frustrate them by twisting the officers' words to sound like they are presenting evidence that is contrary to what they have in their possession.

These forms of treatment result in court decisions that favour perpetrators. Perpetrators end up being granted little bail, premature release from prison, lenient sentences ranging from 5 to 15 years in cases of rape, and release without parole. The released perpetrators come back to their communities not rehabilitated and continue to commit the same crimes. This teaches other members of the community that committing a crime, including a serious one like murder, is not followed by consequences and, thus, leads to an escalation in the occurrences of crimes.

These court-related frustrations also make the officers feel incompetent in their work, especially after the hard work of gathering necessary evidence on cases and arresting the perpetrators. These frustrations affect both low- and high-ranking officers and the following responses confirm this:

Sometimes you may have overwhelming evidence against a perpetrator and you have built up a very strong case against him, but the court says 'No, you must remember that this person has the right to be released. Therefore, take note that yes, you have made your submission but set it aside. Therefore, the man should be given R10 000 bail'. While you are still listening to find out whether or not the man should stay inside, the man will be released. You check on how the modus operandi was conducted and

how the person is connected with the crime. Is the DNA positive? They say 'yes, this is the person who raped the 5-year old girl. Take it from there.' You are told these things and the man is outside prison at that time.

Male, FCS/domestic violence superintendent

There are times when I have to go to defend a bail but I find it difficult. Sometimes I defend a bail, but the magistrate grants it and the perpetrator has to go back to the community. Sometimes you pray for a case as you can tell that it is not handled in accordance with the way it was reported and, therefore, there is something that is hidden. Sometimes the accused is given a sentence of 10, 15 or 5 years. It is not satisfactory because he might come back not rehabilitated as some people come back and commit the same offences.

Female, FCS/domestic violence constable

We come across a lot of things in court. As a human being you can be afraid. The magistrate and the prosecutor will ask you a lot of questions. Sometimes you find that a case is represented by a lawyer and he/she is also asking you questions that are used to redirect your responses about the cases according to what he/she wants to hear. You can also unintentionally find yourself responding according to what the lawyer wants to hear thinking that you are still defending your view whereas you are not. It makes you feel like you have not done your job properly. Sometimes you find that you have opened a case on a road accident and take all the sketches to court and you hear a lawyer telling you that you have not done the sketches properly. On the basis of that the accused case is withdrawn. It could also be a murder case and you have full evidence pointing at the suspect. You will arrest the suspect but he/she will be released.

Female, field training sergeant

Sometimes we work with criminals and these are hard-hearted criminals. When you go to court and have to give evidence you might find a criminal who is so used to court proceedings that he might pose some challenges. He might fabricate stories and say that he spends a lot of time with you. He might say that we were fighting for a woman whereas this is not true. This is one of the challenges that we experience. He might turn things around and tell lies in order to find a way out of the crime. You can tell that this is painful and the criminal says things about you whereas he does not even know you and was seeing you for the first time. Sometimes it depends on the available evidence and whether or not the judge considers the criminal's story. If I fail to prove that I am not associated with the criminal then he is released. This does not go well with me. It is very painful. There is nothing as painful as finding a criminal with marijuana in the pocket and he, at the end, says that the police officer who arrested him put the marijuana in his pocket and yet you do not know this person. He also claims that he does not smoke and that he and the officer are always fighting.

Male, FCS/domestic violence inspector

If a person is given 20 years imprisonment then it should be 20 years without compromise. After 20 years this person will come back changed in a lot of areas. I remain with a problem because when he is back he tries to be a problem to me the police officer who arrested him. If you look at people nowadays it seems as if they are pleased with this and encourage him by referring to him as "the boss" because of what he did. When the arresting police officer passes by next to him, he will act with arrogance to show that there is nothing that the officer can do to him. It means that he gives power to the other ones to realise that there is nothing problematic about committing crime... The person who caused the accident may come to court with a lawyer and the lawyer will focus on derailing your thoughts so that you end up saying something that will not be acceptable in court and appear to be failing.

Male, detective inspector

Clashes with victims' next-of-kin and community members also emanate from such court rulings as indicated by the response of this field training officer:

We accept this even though you end up fighting with people in the community and the relatives as they think that you did not handle the case properly. They sometimes conclude that you have been bribed whereas this is not so.

Female, field training sergeant

Officer training

Training in some aspects of policing is reported to be taking place as evident in these officers' responses:

Here I should be clear that the former SAPS was not transparent at all. We were taught something that is not good. We could go past a situation and not feel that it had anything to do with us. Today, however, we have been taken to workshops on human rights to an extent that the rights are embedded in our minds. We can tell that we were not handling these situations properly before. Today we are able to sit down with a person and counsel him/her.

Male, FCS/domestic violence inspector

We are equipped as there are some courses that we attend.

Male, detective captain

From there I learned as we were taken for courses to be taught about such things. The courses help us a lot as we are taught about a lot of things there. We are taught about such severe scenes during the courses. We are taught through simulated scenes on how to handle them.

Male, detective inspector

Limited training of officers is, nevertheless reported as a problem. The limited training and the type of training received makes it difficult for the officers to offer appropriate help to the victims. This is particularly applicable during road accidents as police officers such as social crime prevention officers lack first aid services knowledge and skills. They have to wait for fire fighters and the emergency medical services (EMS) personnel to arrive to attend to victims, while the victims and community members (who are onlookers) expect the officers not to just stand there at the accident scenes, but to help the victims out of their ordeal. They think that police officers can do any type of work.

Both the FCS/domestic violence and social crime prevention officers also show that some cases, specifically domestic violence cases, require them to offer intensive counselling to victims. This is also expected by the victims. However, they cannot give counselling as they are not trained extensively to offer victim counselling.

Therefore, the general training required is classified into the following: training in (i) first-aid services; (ii) advanced knowledge on who a victim of trauma is; (iii) provision of counselling until victims understand their situations; and (iv) various counselling skills like the social work skills for giving advice and devising solutions,

psychological counselling, and spiritual counselling. This is described as a need among police officers as revealed by these officers' responses:

She needed more help from me than I could offer as a police officer.

Female, FCS/domestic violence constable

Counselling requires serious training. I personally read books on how domestic violence should be handled.

Male, FCS/domestic violence inspector

You might find a person trapped under a car and unable to get out in such an accident. I must wait for the fire fighters and the EMS personnel to arrive. You find the person even calling you by name to assist as he is trapped under the car. If you are a normal person then you will feel that it is difficult to accept the situation. You will also find community members shouting at you as they think that police officers are able to do any type of work. They think that the person has to be removed from under the car by police officers, whereas there are people trained and able to do this work while ensuring that a person is not injured even further. I think that our training should be expanded by including focus on first aid services... I think that the officers whose work focuses on these situations, particularly patrol officers, should be taken for workshops on domestic violence and be taught on how a person is counseled.

Male, social crime prevention constable

This line of work requires training in various skills. This includes counselling skills as you have to counsel the victim until he/she understands that he/she has to face the situation. You also need social work skills as you have to give advice and devise solutions for various situations. In the area of spiritual services, we have people who provide spiritual services whom you can consult for assistance in case you have prayed for the victim, but there is still no change. We also come across different situations in the police service. As a result, you must have advanced knowledge about victims of trauma and what psychologists, social workers and those in the spiritual services do. Police officers should be trained in those areas because there is a need.

Female, FCS/domestic violence constable

Lack of peer support

Lack of officer support is not only at organisational level but at peer level as well. The FCS/domestic violence and social crime prevention officers mention that at times they have to work with pessimistic and uncooperative colleagues who also make their operational work difficult to do. This is also encountered by both low- and high-ranking officers. This is also accompanied by ill-treatment by the colleagues in the form of slander and speaking malicious words about some officers to the superiors and even community members concerning issues such as the officers' incompetency in handling the community members' cases. This is evident in the following officers' responses:

I made an application requesting for more personnel to be transferred to my unit. I am really telling you that none of those members applied to be in the unit. Those type of people... when someone is thinking of compiling the DNA and involving psychologists in order to minimise the trauma, other members will say "oh! It is a lot of work to do. They are not there to do that type of a thing. They would rather report off-duty and, at the end of the month, they receive the same salary. This is what

they say: “We will all get our salaries even if we did not do the work. We will stand there by the gate for the whole day then knock-off at about 6 o’clock”. At the end of the month, that similar person in the same rank structure with me will receive the same salary. They want to enjoy their money while sitting outside there.

Male, FCS/domestic violence superintendent

Those people then contacted me but I complained of lack of cooperation among us as police officers. I showed them that I have a victim and a docket while they have the accused and that we should work together. I asked them that we should communicate in future when such things happen. I emphasised that working in this manner was not satisfactory and they agreed.

Female, FCS/domestic violence constable

Another thing that makes work difficult is working with people who are negative in their thinking. These are colleagues who are not cooperative and are always complaining about work and lack of resources that are required to do the work. When you try to encourage them and work, they always think negatively.

Male, social crime prevention inspector

When working with many people, we should understand that we were not born of the same woman. You can find that when working on domestic problems, like in this area that we work in and the police officers working here are from this area, a member working here will go home and tell the people involved in the case that the officer working on the case has not handled it well whereas you feel that you have handled the case well according to the way you have been trained.

Male, social crime prevention inspector

Sometimes as I work with my colleagues, I can request one of them to attend to a particular case and I find that he has not attended to it in depth as I would have had I attended to it personally. This is one of the challenges that I face... Most of the time I prefer to attend to anything pertaining to domestic violence personally in order to ensure that it is one hundred percent right.

Male, FCS/domestic violence inspector

Degree of case exposure

Three challenges pertaining to case exposure are highlighted. These are (i) big caseloads; (ii) prolonged and frequent case exposure; and (iii) less case exposure. While these may seem like conflicting aspects, they highlight specific issues regarding the number and period of exposure to cases that the officers are not pleased with. Handling a big load of cases per day is regarded as a factor that leads to some trauma reactions such as intrusions, restlessness, questioning proper case handling and lack of concentration at work. This also necessitates intervention in the form of debriefing as it affects the psychological well-being of the officers. Big caseloads vary among individual officers. These range from a minimum of 3 to 5 cases per day. Big caseloads also mean an increase in administrative work that has to be done, for example, compiling reports on the cases handled.

Being exposed to a case for a long period of time due to non-finalisation of the case and frequent exposure (which was measured by daily exposure to the cases) also leads to trauma reactions such as stress, case dissociation and pain. However, less exposure

to cases also poses adjustment problems such as fear, depression, loss of appetite and not thinking properly. Nevertheless, less exposure is a problem during the initial years of working (that is, the first 5 years of working in a unit). These reports are an indication of organisational issues that have to be addressed. These officers' responses confirm this:

There are times when I need pills for stress as a result of being preoccupied with thoughts about these because there are days on which I work on a lot of cases. If I have worked on 3 or 4 cases then I will be thinking about them the whole day, especially questioning the manner in which I handled the cases, whether or not the social workers have provided appropriate results and if the magistrate did not cause strife between the victim and the perpetrator. These cases can affect me to that extent.

Male, FCS/domestic violence inspector

So, I have a lot of work. I am here but the mind is out there. It is only the body that is here... I have a lot of reports here.

Male, detective captain

I reach a point where I tell myself that I do not want to hear anything about this case as I have worked on it so much that it gives me stress everytime when I think about it.

Female, FCS/domestic violence constable

I do not get used to these things even though I am constantly exposed to them. I do experience pain. Most of the situations that I come across have this effect as I encounter these on a daily basis...

Male, FCS/domestic violence inspector

When I had 5 years in the service I had a problem. I could not cope and did not want to do this work. When you have 5 years in the service you work as a constable and do not conduct investigations. You are told to look after a corpse... If you investigate about 4 to 5 murder cases then there are people who should be sought to help a police officer who works on such cases. They should not expect good results whereas the investigating officer is experiencing adjustment problems. He can be fine in terms of investigating, but when it comes to his health, it is obvious that he cannot cope and think properly. He seems like he is mentally ill.

Male, detective inspector

Working in the first year was problematic due to seeing dead bodies for the first time. I had never been exposed to such things before and it was very frightening when I was ultimately exposed. Let us say that seeing a dead body which was rotten in the bushes and having all those things made me to be unable to eat due to remembering that body. It made me not to eat food but to drink water only... I also feared that I would go back to see those things again. It was difficult. Sometimes I would only eat food the following day. Let us say that I witnessed those things today at 10h00 in the morning then it means that I would spend the whole day feeling down. I would have to forget a bit about the incident then I could eat the following day.

Male, detective inspector

Indiscriminate case allocation

Some officers point out the problem of allocating cases to officers whose characteristics might not be compatible with those of the victim. This specifically pertains to characteristics such as age, gender and financial background. There is random case allocation which requires officers to draw either some inner strength or

strength from a supernatural being, God, in order to do the work. This was expressed by the following two officers:

Sometimes you find that the victim's experience has affected his/her mind. When you try to comfort him/her, she will tell you that "I cannot be helped by you. I cannot share my experience with such a young child. Go find an older person who can assist me." She just sees you as a young person and concludes that you cannot help the way that she expects you to... or tells you that she knows your background of poverty. The person will tell you that you cannot tell her anything.

Female, field training sergeant

We meet people here at work who are much older and listening to the problems of your fathers is not really pleasing. I ask God to give me proper words to use when I talk to those people so that they can understand that what I am saying is not out of my own thoughts, but it is what the law states.

Female social crime prevention constable

Inhibited inter-professional referral

Even though collaboration between police officers and other professionals like psychologists in handling victims' cases is expected, such collaboration is not easy. One officer shows that direct referral of victims by the FCS/domestic violence officers to psychologists even through the use of referral forms used at work is not accepted by the psychologists at times. A prosecutor's intervention to facilitate such referral is required. This is evident in this view:

Sometimes we refer them to social workers as we have referral forms that we use for this purpose. We also refer them to psychologists so that we can discuss our cases with the prosecutor. If a psychologist does not want me to make a referral on my own then I request the public prosecutor to write a letter of referral to the psychologist.

Female, FCS/domestic violence constable

Self-disclosure restriction

The FCS/domestic violence, detective and social crime prevention officers complain about the confidentiality principle set at work. Even though protection of the victims' privacy is understood on the basis of the application of this principle, they show that it restricts them from sharing their experiences of operational work and its traumatic effects on them with people who are regarded as "outsiders" by the SAPS. This principle limits the social support network systems, which the officers regard as important because they receive the emotional support that they need outside the work environment.

While it is understood that the confidentiality principle is put in place to protect victims from further victimisation, the officers give an impression that alterations to

the principle could be effected by the SAPS for the sake of ensuring that the officers have more social support network systems, especially outside the work environment where they could receive further help regarding the management of the impact of the critical incidents that they are faced with. The following officers' views show this:

We have a confidentiality principle. It is difficult for me to go to the pastor of my church and discuss about the case that I have come across and how it affects me. It might happen that the pastor knows about the case even if I may not disclose the name of the person involved in the case. You might find yourself exposing information which, at the end, will compromise confidentiality. When we go outside work we put behind work-related issues. You tell yourself that you will face the work-related situations the following day when you return to work.

Female, FCS/domestic violence constable

I cannot just talk about anything and anyhow... We are expected to keep information confidential.

Male, FCS/domestic violence inspector

I do not tell my friends all things as there is a principle of confidentiality.

Male, social crime prevention inspector

There are some issues that are confidential which pastors are not supposed to know about, especially relating to cases.

Male, detective inspector

This is because I cannot just meet a person out there and start talking about problems encountered in the office because there should be secrecy in this office. If a person knows that I work in this office and yet I just speak about anything then that person will realise that I disclose information about other people. This is not good.

Female, FCS/domestic violence inspector

I do not talk about everything with my wife. No! There are some confidential issues that should not be known by my wife or any other person at home, but should be kept between the victim and myself. These are issues that are not supposed to be divulged to the public... I do not share with anyone else because domestic violence cases are not public issues. They must be kept secret.

Male, FCS/domestic violence inspector

RESULTS SECTION B: POLICE CRITICAL INCIDENTS IMPACT MANAGEMENT (PCIIM) SUBSTANTIVE THEORY

A substantive theory of police critical incidents impact management (PCIIM) is presented in the form of a storyline and a description of the major categories and subcategories of personal coping strategies. These are discussed in conjunction with the use of conceptual and integrative diagrams as well as a contingency table.

Conceptual Diagram

The results of this study show that the coping strategies used by the police officers in the FCS/domestic violence, field training, detective and social crime prevention units in the Vhembe District can be classified under the core category of “Police Critical Incidents Impact Management”. This core category is related to 20 categories which are divided into the inner resources, meaning those internal strategies that are individualistic in nature, and the external resources which refer to strategies that are used by receiving assistance from other people.

The inner resources include the following: information retrieval; cognitive appraisal; crime awareness; emotion expression; emotional regulation; sense of responsibility; spiritual mechanisms; situational tolerance; situational management; vigilance; avoidance; case experiential learning; work interest; personal protection; self-nurturing; inspiration; personal development; and case management. The external resources include professional intervention; and multifaceted support. Diagram 5.1 provides an illustration of the relationship between the core category and the categories identified.

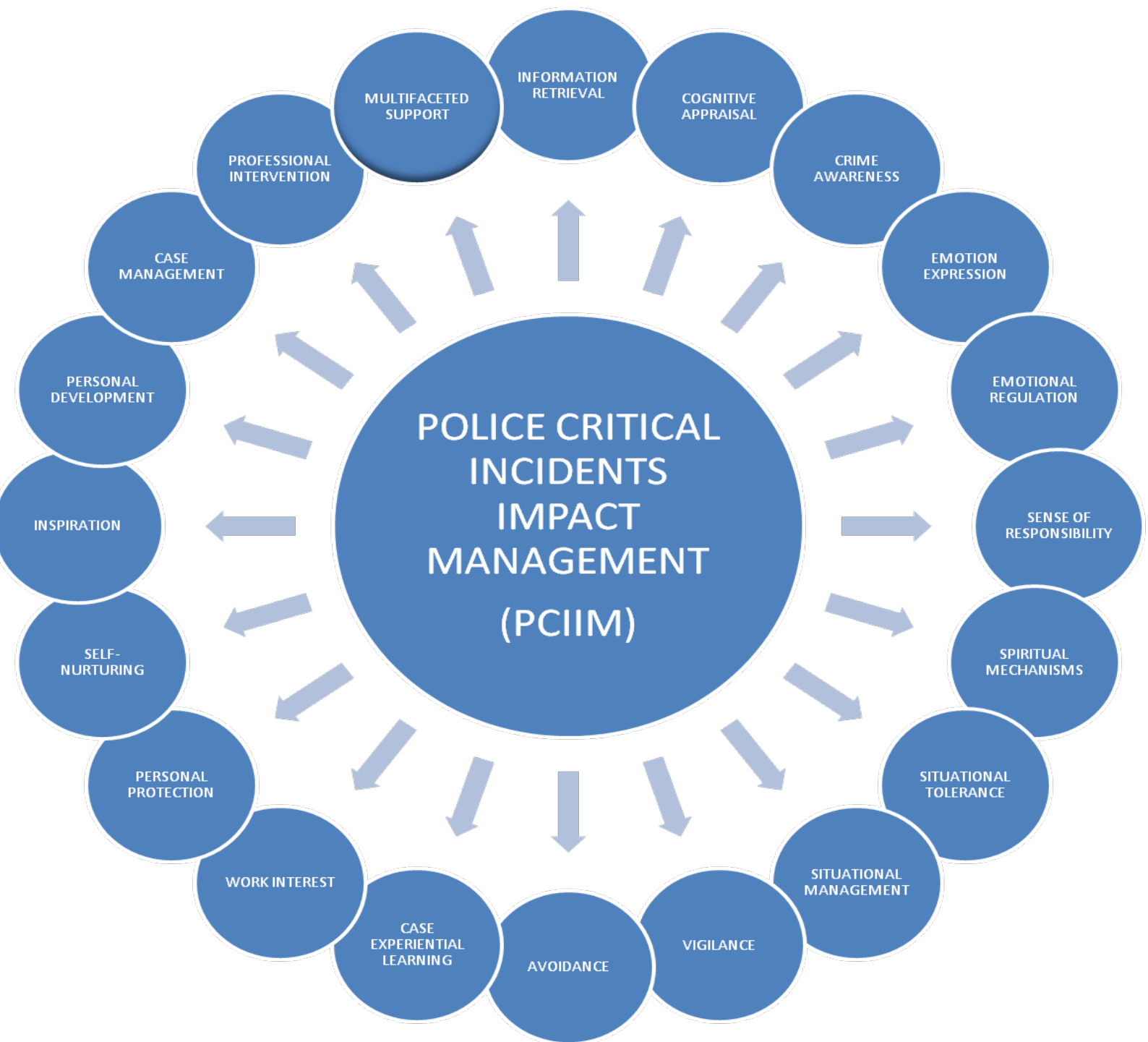


Diagram 5.1: Police critical incidents impact management conceptual diagram

Integrative Diagram

PCIIM takes place in process form. Diagram 5.2 below illustrates the process through which management of the impact of the cases, in the form of critical incidents, that the officers work on, takes place. While all the FCS/domestic violence, field training, detective and social crime prevention officers use the linear style of management of the impact of those critical incidents, the FCS/domestic violence officers also apply the multilateral style of management, depending on the types of incidents they are exposed to.

POLICE CRITICAL INCIDENTS IMPACT MANAGEMENT (PCIIM) PROCESS

PHASE 1

CONTEXTUAL FACTORS

- Job descriptions (case investigation; training police students; victim & perpetrator counselling)
- Work conditions
- Situational occurrences, case perceptions & trauma reactions
- Dynamics of officer-victim interactions & victim needs
- Individual needs & preferences
- In-group needs & preferences
- Religious beliefs
- Traditional beliefs
- Individual characteristics (gender; age; marital status)

PHASE 2

- Trauma-coping prerequisites**
- Self-protection
- Self-restoration
- Self-empowerment

TRANSLATED INTO

PHASE 3

(Trauma-coping prerequisites, that is, coping needs determine the styles of trauma management)

Styles of trauma management

- Linear management
- Multilateral management

Flexibility

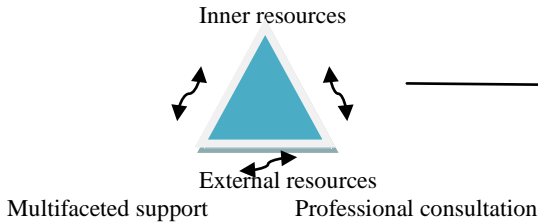
- More flexible
- Less flexible

- FCS/domestic violence unit
- Field training unit
- Detective unit
- Social crime prevention unit

LEAD TO

PHASE 4

Categories of trauma-coping strategies



PHASE 5

Roles of strategies

- Purging
- Mediatory
- Preventive
- Redirective
- Strengthening
- Educational
- Regulatory

Post-trauma critical incidents impact management criteria

PHASE 6

- Trauma objective insight
- Less severe symptoms
- Short-lived symptoms
- Ceased symptoms
- Resilience
- Ongoing posttraumatic growth

Diagram 5.2: An integrative diagram of police critical incidents impact management

STORYLINE

This storyline describes the pattern of management of the impact of the critical incidents that are experienced by the police officers in the FCS/domestic violence, field training, detective and social crime prevention units. It also shows the significance of this management process to these groups of officers. 'Police unit' is used as an organising concept to show how the management process takes place across the different police units.

CONTEXTUAL FACTORS INVOLVED IN THE COMMENCEMENT OF THE PCIIM PROCESS

Police critical incidents impact management (PCIIM) is a process of handling the effects of traumatic cases on police officers whose nature of work involves the assistance of victims of trauma. It is a management process that explains different dimensions of coping with those case effects among the police officers. This process is embarked on by the FCS/domestic violence, field training, detective and social crime prevention officers in the Vhembe District at different times during their work. The officers engage in the process according to the following contextual factors: (i) different job descriptions, meaning the types of cases dealt with and the roles performed by the officers within different units; (ii) work conditions; (iii) the trauma reactions manifested among the officers when exposed to those cases; (iv) personal characteristics of the officers; (v) needs and preferences of the officers; (vi) in-group needs and preferences, meaning the needs and preferences shared by officers within specific police units; (vii) religious and traditional beliefs; (viii) when changes in their environments take place; (ix) the dynamics of the officer-victim interactions; and (x) the nature and outcomes of specific coping strategies.

Three major roles of police officers in this process are identified, namely, **case investigation, training police students** and **victim and perpetrator counselling**. Case investigation involves the officers interacting with victims for the purposes of proving their cases and protecting them from being victimised by perpetrators of crime even further. Training police students encompasses teaching police recruits to handle particular cases. Therefore, both these roles result in the officers being exposed to the victims' trauma. Victim and perpetrator counselling means attending to the needs of victims, as well as guiding the victims and perpetrators, in order to reinstate the victims' normal functioning. However, this ends up opening an opportunity for trauma reactions to be manifested among the officers. The trauma reactions come up in the process of trying to respond to the traumatic occurrences the officers are exposed to. The reactions are in the form of symptoms of vicarious traumatisation, which disturb the officers' sense of balance in various areas of their functioning, and give rise to a need to survive.

While the officers in the four units work on various types of cases, there are those cases that are regarded as most severe and, are thus, considered to be critical incidents in this storyline. For instance, among the FCS/domestic violence officers, the cases of domestic violence, murder and rape form part of the critical incidents which lead to performing the case investigation and counselling roles. Among the field training officers whose work is to train student police officers in case handling and counselling victims, cases like domestic violence and road accidents are the

foundation for these roles. The detective officers' work is mainly centred around detecting cases, the major critical incidents being brutal murders like ritual murders, unusual rape cases and domestic violence, which also involve performance of the case investigation and counselling roles. The social crime prevention officers' work focuses mainly on crime prevention. Cases such as domestic violence, rape, murder and road accidents form critical incidents for them. The social crime prevention officers' work also involves performing the roles of case investigation and counselling.

Linked with these forms of roles performed by the officers are categories of types of police stressors which lead to the vicarious traumatisation of the officers, namely, (i) operational work stressors (perceptual, action, degree of interpersonal relationship with victim and psychiatric stressors); (ii) personal stressors (cognitive, vocation-life association and personal trauma history stressors); and (iii) cultural-prescriptive stressors (family and societal cultural beliefs). These will be evident as the storyline on the management process of the impact of the identified cases unfolds.

APPLICATION OF STYLES OF TRAUMA MANAGEMENT

The main issue in this storyline is that these officers use two types of police critical incidents impact management styles to handle the stressors. These are **linear style of trauma management** and **multilateral style of trauma management**. The linear style encompasses the application of the coping strategies successively, that is, one after another. This depends on first, the effects or outcomes of the preceding strategy whether positive or negative. In the case of positive effects, supplementary strategies are applied. However, when negative outcomes follow, the use of alternative strategies takes place to counteract those negative outcomes.

Second, the nature and benefits of the ensuing strategies also determine this linear management as the ensuing strategies could be used for successive, supplementary or corrective purposes. In this case, therefore, coping strategies are applied in line form, in order to deal with specific situational occurrences and the personal need to resolve the trauma reactions that are experienced.

The multilateral style, however, refers to the combination of horizontal and vertical application of the coping strategies. This depends on the situational changes that have taken place and the needs and preferences of individual officers and those shared within police units. This style of trauma management involves deviations from the used strategies in order to introduce replacement strategies.

Subsidiary issues in the storyline which show how these styles of trauma management are applied are as follows: (i) the critical incidents, which signify different types of dysfunctional relationships among community members and which are regarded as severe by the officers. These lead to the need for those trauma management styles. As indicated, these are cases of rape, domestic violence, road accidents and murder; (ii) the contexts in which the strategies are applied. Changes in contextual factors that the officers are faced with determine changes in the application of the strategies. Those contexts encompass three forms of patterns of combination of conditions, which lead to the use of the strategies. The patterns of combination of conditions are first, **same-source strategies** because some of the strategies are used within the same contexts, second, **same-source-arbitrate strategies** referring to those strategies that are applied

within the same contexts and the conditions that lead to their use are also the same, and last, **same-arbitrate strategies** as there are strategies which are only influenced by the same conditions, but are not applied within the same contexts; and (iii) patterns of application of coping strategies by the officers to handle the impact of those incidents and the degree of their effectiveness.

A discussion that shows how these trauma management styles are practically applied during the officers' operational work is presented next. Such application is accompanied by explaining the influence of the prerequisites of coping of the officers. It should be borne in mind that while a lot of coping strategies are used such as those which are geared towards preventing further victimisation of victims after its occurrence (victim-protection) and restoring the normal functioning of victims after experiencing traumatic events (victim-restoration), the storyline is mainly based on those strategies that are applied for self-help by the officers. These are classified under the following prerequisites of coping: first, **self-protection**, which comprises proactive mechanisms focused on protecting the officers from harm before it occurs or preventing harm that has already taken place from continuing; second, **self-restoration**, which is geared towards relieving the officers of trauma reactions experienced after exposure to traumatic cases and ensuring that they return to normal functioning; and last, **self-empowerment** whose objective is to equip the officers with necessary knowledge and skills to do their work successfully. The coping strategies appear in bold and italic in the storyline to make them easier to recognise.

FCS/DOMESTIC VIOLENCE OFFICERS' APPLICATION OF STYLES OF TRAUMA MANAGEMENT

For the FCS/domestic violence officers, the management of the impact of critical incidents takes place by combining the linear and multilateral application of coping strategies, depending on the nature of cases that they are dealing with, and their needs and preferences.

Conditions of rape experienced by the FCS/domestic violence officers

Conditions which lead to these styles of management of the impact of rape incidents include exposure to various types of rape like rape of children by adults, the majority of whom are under 10 years and some under 18 years (statutory rape). These are sometimes committed by various perpetrators (gang rape). Some of these rape incidents are accompanied by the physical assault of the victims. There are also incidents that include incest, that is, rape committed by the children's uncles and fathers. Incest also includes police officers as perpetrators. These are the officers who occupy high ranks like captains and inspectors, who rape their own children. Incest cases show the context of dysfunctional parent-child relationships, while rape that is committed by perpetrators who are strangers signifies dysfunctional adult-child relationships. For a long time the officers were not aware of the involvement of their fellow-officers in those incidents and that the occurrence of those incidents was rife. There are also rape incidents of the elderly (geriatric rape) by young men. This further creates the context of dysfunctional adult-child relationships. All these contexts necessitate the use of coping strategies by the officers to cope when they interact with the victims.

The officers also witness victims' unfavourable circumstances like the victims' severe physical conditions after involvement in the rape occurrences. Some of the victims are

severely injured to a point of requiring hospitalisation. Child and teenage pregnancies also result and this compels the raped victims to drop out of school. Unfortunately, some of the officers experience these incidents within the context of unfavourable work conditions such as handling big caseloads and being exposed to such cases for the first time. Unfavourable legal decisions when representing such cases in court such as perpetrators being granted undeserved bail, light jail sentences or even being released from prison prematurely before completing their jail sentences and lack of perpetrator rehabilitation, are also experienced.

Such experiences result in various officer trauma reactions. The most prevalent reactions are forgetting things easily, particularly specific tasks that have to be done at home and at work. The officers become aware of the seriousness of this reaction when it comes to the attention of their family members. This shows the officers the necessity for management of this trauma reaction. Other reactions are perceiving the crime of rape negatively, particularly as wrong and nerve-racking, and their work as risky and difficult. This leads to other reactions such as emotional distress, which is described as being affected emotionally and feeling hurt, as well as experiencing pain. Self-hatred is also experienced, specifically among male officers, as a result of the involvement of their fellow-male officers in such crimes. Female officers experience hatred for men in general and suspect any man to be a perpetrator of such crimes.

I realised that the reaction of self-hatred is one of the most intense reactions experienced as the hatred does not subside, but continues regardless of the imprisonment of some of the perpetrators, including those officers who commit the crimes. Self-hatred is accompanied by distrust for male colleagues. The officers not only make generalisations about perpetrators of rape, but also generalise the rape occurrences to their own children as they believe that their own children are no longer safe and could be victims of rape as well. They start to have persistent thoughts about the cases and actually do not forget the cases for a long time. Such thoughts can even last for a period of a year. They also sleep less than they did before they were exposed to the cases.

Other reactions among the officers involve questioning the occurrences of rape and the character of males. The officers wish that they could punish the perpetrators. Ineffectiveness at work also takes place as they do not perform their roles adequately as they did before. This is specifically so with administrative work. The continued prevalence of the rape cases of children makes the officers to perceive the use of their inner resources of coping as ineffective; their effectiveness is compared to the prevalence of the cases. Therefore, when the crimes continue to occur, the strategies which they were applying are now deemed useless or ineffective.

The FCS/domestic violence unit linear management of the impact of rape cases

The combination of all these preceding conditions necessitates embarking on a management process of the impact of those rape cases. This management process starts with the linear style of trauma management as the impact is dealt with through the successive application of several strategies. These strategies are explored sequentially and in process form by the officers to derive ways of coping with those conditions. The officers start this process with the use of cognitive strategies. The strategies are used in the context of victim counselling, which is used to try to help victims of rape to be calm and receptive to the assistance that the officers are

providing. Victim counselling takes place through taking the victims through stages of being guided and encouraged on how their experiences could be handled.

Combination of cognitive and emotion expression strategies to handle rape cases

While victim counselling helps the victims to be able to face the situations that they encounter and to be strong enough to give statements on the occurrences, the techniques of information retrieval have to be applied by the officers to help themselves to cope. First is *information retrieval cue search*. Here the officers search for cues to be reminded of tasks that they are supposed to do. Second is the *information retrieval pause* technique, which involves taking some time to think about tasks that are forgotten, in order to retrieve information pertaining to those tasks. The purpose of the application of these two information retrieval techniques is self-help in the sense that the techniques are geared towards counteracting the effects of forgetting both home- and work-related tasks. Their application results in the officers recalling the information that was forgotten.

The information-retrieval techniques are accompanied by emotion expression strategies like *self-directed humour*. The trauma reactions encountered, specifically forgetting most of the things that are supposed to be done and also forgetting those things easily, are turned into a joke. The officers laugh at themselves as a way of handling the problem of forgetting. For example, an FCS/domestic violence superintendant described the combination of these information-retrieval techniques and the humour as follows:

This affected my work in this fashion; I make use... all my tasks are recorded in my diary. I am not a type of man who forgets easily. However, someone may say that I forget as a result of my age, but I do not think so. I do not really remember. Let us say that I forget most of the things. Simple things like ... let us say that I was told to bring along something when I left home in the morning, I am telling you that I will get into a shop, move around the shop, start calling home and say that I have forgotten what I should bring back home. And they will say 'Oh! Such a simple thing! Sugar and toilet papers!' Then I will start to laugh at myself that "Hey! This is bad, really bad! Sometimes when I am writing some directives, I usually stop and say I have forgotten to make my conclusion, what I intended to write here. Then I stop and I recall again. From there, I can continue doing the task that I was busy with. I read through the contents. I start writing after reading through the whole document and say "oh! This is what I intended to say". Then I will continue.

While the information-retrieval techniques help the officers with remembering the information that was temporarily lost, the self-directed humour helps them with releasing the pressure that is caused by exposure to the cases, and ensures that the officers objectively perceive their problem of forgetting, thus responding to the incidents in a proper way. The humour also helps prevent further harm to their well-being.

This form of humour is further accompanied by other emotion expression strategies such as *repeated parade message communication* and *crying*. These strategies are used by the officers to express how they feel about the rape incidents that they are working on. Repeated parade message communication focuses on communicating the experienced feelings regarding rape cases to fellow-officers who work on the same cases when all the officers meet in the mornings during parades at work. This is where they brief one another about the cases handled. Crying is, however, a private act of relieving the pain that is felt due to such exposure. The officers have to find a way to excuse themselves from the victims in order to cry. In all these cases, repeated parade

message communication and crying are strategies used to express the feelings experienced and, thus, reducing the impact of those feelings on the officers.

Combination of emotion and thought expression strategies to handle rape cases

The emotion expression strategies are followed by a thought expression strategy, *family consciousness-raising*. This strategy is aimed at making one's family members aware of the extent of the occurrences of rape cases and their devastating effects, not only on primary victims but also on the officers as secondary victims. This is done through relating the primary victims' stories to family members. The victims' ages, the types of crimes they are involved in as victims, in this case rape, what actually happened when the crimes were committed against them such as the severe conditions in which they were found by the officers which warranted hospitalisation, are narrated to the families of the officers. This thought expression strategy paints a picture of the suffering of the primary victims to the family members through the narration of the occurrences.

The victims' suffering is also used to explain the reasons why the officers are experiencing trauma reactions. The officers also make a personal declaration that what happened to the victims is wrong. While there are no concrete results from raising their family members' awareness about the cases, this helps create an opportunity for the officers to express what they think about the cases with the hope of alleviating the occurrence of rape, specifically incest in their families and in the communities.

What I realised through this successive use of the nature of these cognitive and emotive strategies is that coping with the impact of rape cases among the officers requires attending to perceptions and emotions at several layers of the community. The officers as individual secondary victims need to deal with their disrupted cognitive processes, in this case interrupted memory. This is important for efficient functioning both at work and at home and to express both their disturbed thoughts and emotions, in order to cope with the traumatic situations that they are confronted with. The officers also have to raise the consciousness of both their colleagues and family members, in order to make them aware of the extent of the occurrence of the rape cases and their impact on the officers.

This starting point of the linear management of the impact of rape cases, therefore, shows the importance of not making the task of coping a private affair that can be dealt with in isolation by the officers. Rather, it is a three-way process which involves the self, colleagues and family. In addition, expressing how they feel and what they think is also a way of pursuing recovery from the impact of those cases within this three-way process. This prevents harm to their well-being and mediates some of the trauma reactions that are experienced, while eradicating other reactions, specifically forgetting.

Combination of spiritual and social support strategies to handle rape cases

Forgetting things easily also necessitates the concomitant use of the spiritual and support strategies such as *usual church attendance* and *spousal support*. Usual church attendance entails the officers going to church on a regular basis and using the opportunity of interacting with several pastors within their churches to initiate the process of talking about the kind of operational experiences that they are

encountering. They do this by disclosing those experiences to the pastors and participating in church activities, such as responding to altar calls during church services where church members are called to come forward to be prayed for in front of the others. These actions are geared towards receiving spiritual intervention to solve their problems.

While spousal support can be self-initiated for help, there are times when the officers' wives, can detect that there is something wrong with the officers. This strategy is only used by male officers. The wives thus inquire about the officers' disturbed psychological states, such as withdrawal from family members, signified by their emotional detachment and quietness without any signs of aggression towards the family members. This creates an opportunity of sharing with the wives about the operational experiences encountered. This helps with the problem of forgetfulness as wives are requested to remind the officers of the things that they have forgotten.

Attending church on a regular basis helps the officers to receive what they pray for and the provision of pastoral counselling. This form of counselling creates an arena in which the officers are able to share their trauma reactions with the pastors without any reservations, thus doing so in a non-judgemental environment. The spiritual intervention enables them to succeed in doing their operational work such as arresting the perpetrators of the crimes. Spousal support assists with preventing the problem of family withdrawal from continuing and receiving the necessary support. The wives support the officers by understanding the experiences encountered by the officers and giving them some space for them to rest. Such rest is described as giving the officers some time not talking about the cases that they are investigating until they are ready to talk about them. The parallel use of the strategies of usual church attendance and spousal support thus plays the preventive and mediatory roles. An FCS/domestic violence superintendant indicated the parallel use of the two strategies by saying that:

Usually when I attend church, you know, you must speak out openly. When I am in church I am used to indicating to the masters that I am a man who simply forgets. There is usually an altar call. I am used to standing up in order to get those blessings and to indicate to them that I simply forget. I respond to the altar call in order to have more success in arresting all those abusers and they end up facing the consequences... Not only in the church. I receive support at home as well. You know I am used to talking about everything at home. Sometimes when I am seated, my wife will see that this man is not here. She will realise that I am quiet, not in the sense of being aggressive, but just being quiet and she will say 'What is your problem?' and I will respond by saying "Oh! Let me rest first".

These two spiritual and supportive strategies also play a supportive role to the cognitive and emotive strategies that are used to handle the trauma reactions experienced. They also expand the sharing process to spiritual figures in the officers' lives, that is, the officers' pastors. Spousal support also shows the significance of not only using the home front for expressing thoughts about the cases they are exposed to through the strategy of family consciousness-raising, but to also receive support from the closest family members.

Other conditions of rape experienced by the FCS/domestic violence officers

A change in the pattern of the conditions under which rape takes place determines a change in the choice of coping strategies. For instance, rape can also occur under the following conditions: when police officers notice that exposure to rape cases results in numerous trauma reactions. This is when they realise that they do not only forget

things easily as a result of exposure to the cases, but also become anxious about their ineffectiveness at work; they also realise that rape cases continue to prevail despite the efforts made to curb them; the officers become motivated by the rape cases handled to stand up on a daily basis to investigate the cases; and they are willing to stop the rape occurrences, which they refer to as abuse.

Combination of sense of duty, professional consultation and collegial support to handle rape cases

Under such conditions, the strategy of showing *police sense of duty* is deemed relevant by the officers. The strategy is applied to show commitment to the policing field of work. This is done when the officers consider their police responsibility of serving their communities when they are confronted with the rape cases. They perceive policing as their own field of work which they cannot abandon, thus showing loyalty to the work.

It appears, however, that showing sense of duty by itself is not enough to deal with those conditions. Therefore, it is used together with professional consultation. This is consultation with various professionals working within the helping professions services in the SAPS. These are psychology professionals, social workers and chaplains who provide debriefing services for the officers when they are exposed to traumatic cases. There is also consultation with medical doctors who are part of the multidisciplinary teams within which the officers work to attend to the needs of the victims of rape.

As much as the officers can initiate intervention from some supportive networks like their pastors and spouses, consultation with these various professionals is also self-initiated (*self-initiated multidimensional professional consultation*). The officers make arrangements for themselves by inviting those helping professionals to come and talk to them about their operational experiences when those numerous trauma reactions and the accompanying conditions are experienced. This is because experiencing those numerous trauma reactions influences the use of both the strategies of professional consultation and police sense of duty, thus making them same-arbitrate strategies.

The police sense of duty helps the officers with perceiving their operational work positively. They see it as type of work that they can handle. Therefore, it helps the officers not to consider resigning from work and focus on preventing crime. The professional consultation strengthens the sense of duty because it sustains the community service as the officers are encouraged to continue serving the communities through their police expertise despite the trauma reactions experienced.

Professional consultation is further supplemented by a form of support called *course-peer attendants problem-sharing* whereby the officers share their operational work experiences with colleagues of the same rank who attend courses on handling cases pertaining to family violence, child protection and sexual offences with them. These courses are organised at work. The courses attended create an opportunity for the officers to express the trauma reactions that are experienced to other people who share the same work experiences with them, especially at the same rank level. This way they receive support from colleagues who are in the same position with them. Position

in this instance refers to rank occupied at work and operational experiences encountered. This makes the experience of those trauma reactions better.

The successive use of these strategies when faced with the identified conditions shows me that exploring the inner resources that the officers already have at their disposal to handle the impact of the cases encountered, in this case the police sense of duty, is important. It further shows that relying on the inner resources only may, in some instances, not be sufficient. It may require supplementation with external forms of help that can accentuate the strength of the inner resources. Disclosing personal experiences to professionals like psychologists, social workers, chaplains and medical doctors, as well as sharing with colleagues while showing their sense of duty also shows the importance that the officers attach to further making management of the impact of the rape cases a public matter. This is because this management requires comprehensive intervention that is psychological, medical, social, spiritual and work-based in nature which can be received from those support network systems. While these different forms of intervention are used sequentially through different strategies, those strategies are mutually supportive because each strategy brings about positive results that cannot be attained through the other strategies. Collectively, they serve the purposes of preventing one from making detrimental decisions regarding one's operational work. They mediate the trauma reactions that are experienced and strengthen the roles of the other strategies, thus also strengthening the officers in doing their work.

Combination of sense of duty, situational tolerance and spiritual mechanisms to handle rape cases

Situational tolerance and spiritual mechanisms also play a role in continuing with this linear successive process of management of the impact of rape incidents. The police sense of duty shown is further accompanied by the strategy of *operational work acceptance* whereby the officers decide to tolerate the operational experiences that are encountered during their work without trying to effect any changes to those experiences. This is because the officers believe that they cannot do anything about the occurrence of the rape cases. While the occurrence of those rape cases is accepted, the officers need several additional strategies that can help them deal with the prevailing situation from different perspectives.

First is a spiritual strategy of *individual prayer*, which is influenced by both the continued prevalence of rape cases and the willingness of the officers to stop the abuse. Individual prayer entails having personal conversations with God to explain what the officers are witnessing in their line of work and declaring their perceptions about the occurrences and their standpoint in handling the cases. In actual fact, the strategies of police sense of duty, operational work acceptance and individual prayer are often used together by these officers. For instance, the officers realise that there is not much that they can do to eradicate the crimes of rape apart from investigating them and arresting the perpetrators. Therefore, this realisation leads to accepting the occurrence of those crimes. They thus commit themselves to doing the work through the police sense of duty. Individual prayer helps them to attribute meaning to the accepted situations and to maintain focus in doing the work.

Second is the use of the strategy of *faith in God*. This serves as a strategy that is used concomitantly with individual prayer so as to gain the confidence needed to handle

the crime of rape. This is because the officers believe that they are divinely led to relevant information pertaining to the rape cases and to ultimately apprehend the perpetrators. Having faith in God always accompanies the strategy of individual prayer. The strategy serves as the foundation for prayer because the officers believe that what they are praying for will actually take place. While faith is a belief strategy, prayer is a declaration strategy that makes clear the officers' position of investigating this type of crime, and it also leads to acting on the basis of the declaration made. The importance of linking the strategies of police sense of duty, operational work acceptance, individual prayer and faith in God were shown by an FCS/domestic violence superintendent who said:

I have made an undertaking that "I am here to serve the community". What I am telling you is that this is an undertaking that I am making that this is my field of work. Therefore, I have to take it. I have to take it. Even during prayer, I just say "You know God; this is what I have to do. Who else is supposed to investigate those types of crimes?" I was asking myself "Who is now going to assist someone who is involved in street crime?" and my response was that "I am a member of the police service!" and from the beginning I was not aware that I would find myself in this situation but I am there to assist those who need help. This is my position and I do not remember making an indication that "I am now leaving the child protection unit!"

An FCS/domestic violence constable also added to this four-way approach to handling the impact of the cases by saying that:

In actual fact, I believe in God. I am a committed Christian. Most of the time I pray if there is something of that kind. I pray and tell God that what is happening is wrong. I understand that I am here to help. If I quit then it means that those perpetrators will continue to commit the crime of sexually abusing children and all other crimes. Those things give me more motivation that I must stand up everyday. This is driven by my willingness to stop the abuse.

While operational work acceptance helps the officers to endure difficulties in order to continue doing work, the spiritual strategy of individual prayer provides an opportunity for spiritual growth and the strength to handle such an impact. More outcomes of relying on this type of prayer include the following: the officers have an opportunity to express to God their views about the cases; they are assured through altar calls during church services that they have received the spiritual intervention that they need; they maintain the strength to continue with the work and this complements the results of operational work acceptance; they become successful in doing the work by making arrests and they attribute this success to the divine intervention; and their police sense of duty is sustained as they remain committed to their work.

It appears that spiritual strategies are introduced along the linear process of management to serve the purpose of being supportive mechanisms to the other strategies and to boost the spirituality of the officers to enable them to face the work. Nevertheless, from the accounts of the officers, it is clear that these spiritual strategies depend on the individual's spiritual character. This means that their various spiritual beliefs and degree of commitment to their spirituality determine which spiritual strategies are used for the identified roles and to what extent. In addition, the use of the four strategies of police sense of duty, operational work acceptance, individual prayer and having faith in God reinforces this linear management process as the strategies strengthen one another's roles. They also strengthen the officers in doing their operational work.

More conditions of rape experienced by the FCS/domestic violence officers

There are additional conditions under which rape cases are handled by the FCS/domestic violence officers. These include: continued occurrence of the rape cases in the served communities; when the rape cases take place on specific days; the personal commitment of officers to stop the crime; and the officers' personal spirituality of having faith in God and being committed Christians.

Combination of spiritual, social support, collegial support and situational acceptance strategies to handle rape cases

The combination of the preceding conditions also influences the officers' use of other spiritual, support and situational acceptance strategies. Depending on the day of the week on which those traumatic situations are encountered, specifically on a Friday, the spiritual mechanism of *Sunday church attendance* is used. The officers see the need to strengthen their spiritual relationships with a supernatural being, God by attending church on Sundays in pursuit of the spiritual strength to manage the impact of the rape cases. I think that using this strategy on Sundays is as a result of the close proximity of the day on which the traumatic rape cases occur to Sunday.

This strategy encompasses several church activities, such as listening to sermons by their pastors whose content, to the officers' amazement, usually relates to the traumatic experiences that they encounter at work; singing spiritual songs; and listening to other church members' testimonies of God's intervention in their situations and the solutions attained. These activities boost the confidence of the officers and help them put the traumatic situations encountered into perspective, thus helping them strengthen their faith in God. They also receive the strength needed to face the traumatic situations at work, and believe that the traumatic situations experienced will pass.

Sunday church attendance is accompanied by *personal pastoral support*, that is, receiving support from the pastors of the officers' churches. Going to church on Sundays and receiving support from own pastors are concomitant strategies as going to church means having contact with the pastors and, thus, creates an opportunity for the officers to speak with their pastors and to receive the support that they need. This support comes in the form of sharing about their work experiences and being supported through prayer.

The support of own pastors is supplemented with other forms of the multifaceted support such as *spousal* and *friendship support*, which highlight the rape linear successive process of management even further. While both forms of support entail sharing operational work experiences with spouses and close friends respectively, spousal support is in the form of disclosing the operational experiences encountered to and receiving support from the wives. This is only used by male officers. The friendship support focuses on sharing such experiences with only those friends who are regarded as close to the officers. These two forms of sharing create opportunities for the officers to express their thoughts and feelings regarding their experiences at work and it makes them closer to their wives on the basis of displaying the ability of self-disclosure.

These forms of support are accompanied by a combination of *peer support* and *superior collegial support*. Peer support entails discussing about their perceptions of the cases and their impact on them with officers who are in the same ranks with them, while superior collegial support focuses on sharing with unit commanders. In the case of sharing with unit commanders, however, the process is obligatory as this is an opportunity that is created procedurally at work to enable officers to report to their commanders when returning from attending to cases. This also enables the commanders to give them instructions on how to handle the cases further. This procedure opens up a chance for the officers to seek support regarding their personal traumatic experiences in addition to case-handling instructions.

Peer support helps create an arena for the officers to handle cases collectively by assisting one another in handling the rape cases that they are working on, receiving comfort and the encouragement to continue with work rather than avoiding it. The officers also help one another to build up cases to make them convincing and possible to present in court through the evidence gathered. The support of the commanders helps the officers express their perspectives about the effects of the cases such as how painful they find them. The commanders also share with the officers possible ways of handling the cases successfully.

Maternal support from mothers and mothers-in-law among the female officers is also used consecutively with *supported prayer*. The officers are supported with prayers by their mothers and mothers-in-law, specifically when there is improper handling of rape cases in court, such as when there is a contradiction between the way rape cases are reported by primary victims or their next-of-kin and the way that they are handled in court. Maternal support helps the officers by comforting them and instilling courage in the officers to face the work and court challenges. It also helps them to persevere at work and have the strength to do the work because they are motivated to do the work. Supported prayer encourages the officers to strengthen their strategy of individual prayer.

These forms of support lead to the application of the situational tolerance strategies of *court outcome acceptance* whereby the officers decide to accept whatever court decisions that are made, and *perpetrator sentence acceptance* which involves accepting the nature of sentences that are given to the perpetrators of rape, such as the premature release of perpetrators from prison or being granted little bail. Such acceptance makes it easier for the officers to handle those situations as they focus more on their own efforts of trying to push for the imprisonment of the perpetrators. Nevertheless, the decisions made in court, which are not in favour of the victims, remain unchallenged.

This process shows that the spiritual and multifaceted support strategies seem to be an integral part of the linear management style of the officers when handling rape cases under different conditions. This is due to the negative perceptions of the cases by the officers because apart from seeing them as wrong, they also perceive them as nerve-racking. Therefore, the combination of these strategies plays the role of driving the officers towards the pinnacle of the linear management style which is trauma management. This is done by showing first, the extent to which the officers depend on their spirituality and the support they receive from others within their support network systems in and outside work. Second, their confidence in the outcomes of these

strategies in helping them to manage the impact of such cases also plays an important role. This is because the strategies play the roles of redirecting the negative perspectives of the officers regarding their operational work, strengthen the officers in doing their work and also strengthen the officers' relationships with the people who provide them with support in and outside work, thus making their operational work easier to handle.

Further conditions of rape experienced by the FCS/domestic violence officers

The linear management is still preferred even when the causal conditions for management change from the preceding ones. In this case, the conditions include: shortage of skills among police officers in conducting successful counselling with victims; and when the rape cases are encountered on a daily basis (daily exposure to the rape cases means repeated exposure to the officers).

Reliance on the strategy of rest to handle rape cases

These conditions are dealt with through the strategy of *rest*. This means that repeated exposure to the cases deprive the officers of the opportunity to have a break from the cases. This has to be counteracted with the strategy that offers the officers a time of leisure that is taken away by being continuously exposed to these cases.

However, I realised that rest means different things in different contexts. While in life generally, rest could only mean taking time off a particular activity and relaxing, in this instance, the officers interpret the concept of rest as an activity that is associated with specific places, time, frequency of use, activities involved and degree of preference of the strategy by the officers. For instance, it is described as finding a quiet place at home and on a daily basis to listen to music that is played softly and reading various books, specifically spiritual ones, thus associating this strategy with the officers' spirituality. It is also referred to as one of the main and vital coping strategies used. I think this is because the strategy of rest offers the officers an opportunity to bring together several strategies (being in a quiet place; listening to music; reading books) that complement one another and benefit the officers in different ways. For example, one of the FCS/domestic violence inspectors illustrated the combination of rest, reading books and exploring spiritual issues by saying:

As I encounter these on a daily basis, I try to find a quiet place everyday when I reach home where I can rest. I want a quiet place. If I am playing the radio then it must be playing softly. In that way, I feel that I regain strength. Being in a quiet place helps me to read books by different authors. I remember when I read a book written by Pastor X titled 'Turn your breakdowns into breakthroughs'. It basically means that I should find a way out of difficult situations. This book helps me a lot, including other books that talk about issues relating to God. They help me a lot because I usually feel fine after reading them, not remembering what happened before. I feel fine. 'Turn your breakdowns into breakthroughs!'

The results of bringing together these strategies include regaining the mental strength to continue doing the operational work, changing a negative attitude towards operational experiences to viewing the experiences as situations that they can pull through and as opportunities for advancing themselves in life, regaining good health and forgetting about the traumatic experiences encountered. The strategy of rest also gets rid of the recollection of traumatic experiences.

Looking at the application of the strategy of rest and the preceding ones, it is clear to me that the issues of the time of occurrence of and degree of exposure to traumatic

situations, rape in this instance, determine the strategies that are applicable. While rest is used due to continuous and repeated exposure to traumatic situations (everyday exposure), spiritual mechanisms and multifaceted forms of support are influenced by less continuous and less frequent exposure to traumatic situations (Friday exposure). I can say that apart from time of occurrence of the cases, the use of the strategies is also dependent on the degree of significance which is attached to the strategies as rest is described as one of the most popular strategies.

Additional conditions of rape experienced by the FCS/domestic violence officers

More conditions under which rape cases are handled by these officers include the following: when the personal physical safety of the officers is challenged by perpetrators of rape who resist arrest. Such perpetrators do this by using methods that pose dangers to the officers' lives, such as using the officers' firearms against them and other objects like knives to hurt them, when the officers are on duty; when the officers envisage rape of their own children. This expectation is particularly held by officers who have young daughters; and when the officers experience heart problems as a result of exposure to the work.

Combination of maximum force of shooting, own child protection and heart operation to handle rape cases

When faced with such conditions, strategies such as *maximum force of shooting* and *own child protection* are used by the officers. Maximum force of shooting entails using the greatest force that the officers can think of in such situations. This is described as using a firearm to deal with a resisting perpetrator during arrest. For instance, an FCS/domestic violence superintendant said:

If there is information indicating that there is a perpetrator who is revolting during an arrest then I end up having a problem because I have to apply the maximum force of shooting. Those things happen. I do not do this intentionally. However, when a perpetrator resists by fighting back through using a firearm or any object that can cause me to lose my life then I am forced to use maximum force. This unfortunately, results in someone killed. You see?

Own child protection means that the officers check their young children's bodies for any signs of vaginal penetration and also teach them not to allow strangers to touch their bodies. While the maximum force of shooting leads to the unintentional killing of perpetrators, a positive outcome comes out of the use of the strategy of own child protection. This is ascertaining that rape did not happen to their children and preventing possible rape in the future.

Having a prolonged heart condition such as one lasting for about 3 years, the officers use the strategy of a *heart operation*. This means that the officers undergo heart operations. One of the purposes of the heart operations is to insert a device to boost the functions of the heart. This leads to survival of the heart conditions. This was described as follows by one of the FCS/domestic violence officers:

I have been operated. My heart has a device, an assistant device. I am not only using the same heart. Even though I was told that this is a secret and I recognise that I signed the confidentiality form, I am disclosing this to you. Even though the doctor said that 'The only person to know about this is your wife'. I have the device here in the heart which assists me to survive.

These three strategies of maximum force of shooting, own child protection and heart operation thus play the same role of preventing the officers from physical harm.

To sum up, the linear style of management that is geared towards dealing with the impact of rape cases involves the sequential use of the inner resources of the officers. This includes using the police sense of duty and spiritual mechanisms. External resources of different forms of professional, social and collegial support, as well as medical surgery are also used. This type of application of strategies profits the officers with cognitive, emotive, familial, occupational and spiritual benefits. Physical protection in terms of good physical health and protection from harm are also achieved. These strategies serve four purposes, namely, mediating the impact of the rape cases one is exposed to, purging other trauma reactions, redirecting the officers' perspectives of the traumatic cases, and strengthening them to continue doing the work.

Change in conditions of rape experienced informing the multilateral style of trauma management among the FCS/domestic violence officers

It came to my attention that when the issues of debriefing services and the need of intensive counselling by victims are involved, the style of management of the impact of rape cases by the FCS/domestic violence officers changes from linear to multilateral. This shows the degree of complexity that is required in managing the impact of these rape cases. Some of the conditions that are encountered when investigating the rape cases necessitate exploring the option of professional consultation even further. This option specifically marks the onset of the period when the multilateral use of coping strategies takes place. This involves going back and forth between consulting with the professionals and relying on the officers' inner resources and support network systems that are available to the officers at work.

Interchange among professional consultation, collegial support and inner resources of coping to handle rape cases

When the officers are specifically affected by the cases to a point of crying and being anxious about their inefficiency at work, they resort to *self-initiated medical doctor consultation*. This form of consultation involves consulting medical doctors who are part of the teams assisting victims, so as to receive counselling on the operational experiences encountered. The officers initiate this process without the help of their superiors. This form of consultation helps the officers to be tolerant of the traumatic conditions that they are exposed to, thus being strengthened in facing them. For instance, an FCS/domestic violence constable indicated this by saying:

I even came to a point of shedding a tear. I remember when I went to Tshildzini hospital to speak to the doctor with whom I was working on this case, he told me that when it comes to such situations I should have perseverance. He spoke to me looking into my eyes. I was deeply hurt and he saw that there were tears in my eyes. He told me that I should persevere as it was just for a short while and that the situation would pass. I told him that it was not something that was easy to bear. After working on the case he asked me to describe the challenge that I encountered. I told him that these are challenges that face us as women and mothers and it makes a woman to cry. I told him that this child is also a woman's child just like the others.

A change in situations necessitates moving from professional help to a form of support at work. For instance, when faced with the condition of helping victims who see the officers as their place of refuge as they think that they can phone the officers anytime and receive help from them on dealing with their experiences, the strategy of *superior collegial support* is applied by the officers. This condition requires a strategy

that can address day-to-day work-related challenges and the ready availability of support of superiors. Consequently, the officers resort to the support of their immediate unit commanders rather than professionals who are not in close proximity with the officers as the commanders are. This form of support entails receiving support from the commanders of the units in which they are working. This encompasses sharing about specific and current operational experiences of the officers, specific information about the cases and receiving permission on how to handle the cases. It helps relieve the officers of the pressure of serving as places of refuge. It also helps the officers not to personalise the cases and, thus, not being distressed while offering the victims adequate help.

Personal problems nevertheless, necessitate reverting to the use of professional consultation for debriefing. When the officers perceive that they do not have the ability to cope with the traumatic situations encountered, superiors at work have to intervene to arrange consultation with professionals for the officers (***arranged multidimensional professional consultation***). The inability to cope is due to being faced with the following conditions: unfavourable work conditions such as observing horrific scenes of rape; unfavourable victim circumstances such as observing the horrific states in which the victims are; and the officers experiencing trauma reactions like emotional distress (which is described as being emotionally affected), perceiving the work negatively as difficult, perceiving the time of knocking off negatively because of associating it with preoccupation with thoughts about the cases, including seeing films of the scenes observed during the day, and personalising victims' situations.

This arranged consultation is in the form of debriefing by psychologists, social workers and chaplains. This form of consultation is offered in some police stations as there are other police stations in which the debriefing service by those professionals is non-existent. Where it takes place, the professionals are called in to assist the officers as they are not resident professionals. This consultation equips the officers with ways of handling those traumatic situations and resolves the trauma reactions that are experienced, thus getting rid of trauma reactions. One FCS/domestic violence constable indicated that:

This makes me to be emotionally affected when I come across personal challenges. The victim's situation thus becomes my problem as well. I start thinking of how I would handle the problem had I personally encountered it. I find that it is not the kind of situation that I can handle at that particular time. This means that I must also find time and consult with the EAS personnel who will tell me how I can handle the situation as my work entails working with people. I will receive debriefing and advice on several matters. EAS is the Employee Assistance Services which is a subsidiary of the SAPS. These are the personnel whom we can talk to as police officers if we encounter work-related problems or personal problems. They provide us with advice on how to handle situations. We also have the spiritual and social work services.

The arranged form of consultation marks the peak of the serious application of the multilateral style of trauma management. This is specifically influenced by the fact that where the debriefing services are offered, the officers have the option to either initiate the process of receiving professional counselling or wait for arrangements to be made on their behalf for consultation by their superiors. The officers prefer self-initiated consultations. Therefore, once the consultations are arranged for them, the inner resources of the officers and collegial support are used to either supplement or serve as alternatives for debriefing by those professionals. Whereas debriefing is

arranged for them because they personally notice their inability to cope, these officers generally prefer the use of their inner resources and the support of their colleagues compared to the debriefing services.

Preference for the inner resources of coping and collegial support especially occurs when debriefing is arranged with the local social workers whose service is shunned. The officers both verbalise non-preference for and display scepticism for these social workers' services. This is because they are afraid that their personal issues, including what they perceive as weakness on their part, will be revealed to those social workers. These are social workers who have a chance of personally knowing the officers outside the work environment. They thus doubt the social workers' ability to keep secrets.

While the officers, at times, question the effectiveness of their inner resources and collegial support in completely managing the impact of the cases, they generally perceive those inner resources and collegial support as more effective than the debriefing services offered at work. This shows a characteristic of in-group preference, in this case, preference for specific coping strategies by police officers who work in a particular police unit. In this instance, this is the FCS/domestic violence unit. The issue of making a choice among the four options such as going for arranged consultations, personally making appointments for consultation for themselves, relying on their inner resources and resorting to collegial support to cope, thus serves as the major determinant factor of this multilateral style of trauma management. Unfortunately, the officers' general response to debriefing is unsatisfactory as they deem it unnecessary. Nevertheless, those who undergo the consultations receive assistance on handling both work and personal problems.

Complex nature of the multilateral style of management of the impact of rape cases involving inner resources of coping, collegial support and various forms of professional consultation

The complex process of coping with the impact of these rape cases is evident when the officers decide to supplement the strategy of arranged multidimensional professional consultation with the inner resources when faced with the same condition of the inability to cope with the traumatic situations encountered. This is done despite the help that is received from these professionals. Ironically, the inability to cope does not affect the officers' trust in their inner resources. For instance, the strategies of *operational work acceptance* and *listening to music* which are the same-cause-arbitrate strategies are some of the strategies that are relied on while in the process of receiving professional help. These are used to add to the benefits of the arranged multidimensional professional consultation than to substitute it.

The use of these three strategies, arranged multidimensional professional consultation, operational work acceptance and listening to music, is a confirmation sign that the operational work cannot be avoided but has to be faced. In this case, operational work acceptance entails accepting the rape cases that the officers are already exposed to by indicating that they do not want to dwell in past situations that they cannot change or to burden themselves with problems of other people, that is, victims' problems. It also entails accepting that the operational situations encountered are part of their work and also believing that every operational situation that they encounter will ultimately pass. Listening to music encompasses listening to soft music that has a soothing effect on

the officers. The two strategies, operational work acceptance and listening to music, help them continue with work. However, their effectiveness in trauma reaction management is partial as memories of the traumatic occurrences encountered remain while other reactions are resolved, thus showing that the strategies' role of purging the trauma reactions is unsatisfactory.

Dissatisfaction with the role of these strategies leads to a complete but temporary diversion from the arranged debriefing services that are offered by the professionals to **superior, same gender collegial support**. This is specifically determined by the combination of the four conditions: the inability to cope with the traumatic cases; the officers perceiving that they are not offering adequate help to victims on the basis of deficiencies in their counselling skills; the unavailability of social workers for helping victims at a particular time due to the social workers' big workloads, working far from the victims' policing areas and being on vacation; and shunning consultation with social workers by the officers. The support entails being able to disclose their operational experiences to colleagues of the same gender who occupy higher ranks, in this case, female inspectors, captains and superintendants since this is a strategy used by female officers. They discuss situational solutions such as several ways of ensuring victim placement arrangements and previously used solutions that worked for them to handle the impact of the cases. Opting for the use of this strategy results in the officers and their supportive colleagues being mutually relieved from the distress that is experienced. One of the FCS/domestic violence constables said this about the strategy:

If I am faced with a situation which affects me to a point that I cannot handle it on my own and do not feel like going to social workers, then I consult my superior and ask her for advice. This is someone who is either a superintendant or a captain. It can also be an inspector. It affected me to a point that I spoke to a certain female inspector because I realised that if I did not speak about it I would not get over it. I realised that I just had to talk to another person about it. I discussed the case with her and she also told me about a similar case that she worked on. As we were sharing about the cases, we were gradually relieved of the pressure.

Just like in the linear style of trauma management, sharing with and seeking the support of colleagues with whom the officers share some characteristics, in this case gender and traumatic operational experiences, makes the multilateral critical incident impact management easier.

Nevertheless, the following conditions make the officers revert to professional consultation for debriefing services: when the officers experience the trauma reaction of emotional distress, especially when they do not express the traumatic experiences which they encounter. Non-expression of the experiences is described as having a burden; the inability to cope with the experiences which is interpreted as experiencing several trauma reactions; the work-related problem of perceiving that they do not offer adequate help to victims, which is taken as a serious problem; and the confidentiality principle set at work which prevents the officers from sharing their operational experiences with people outside work.

The professional consultation reverted to is in the form of **self-initiated multidimensional professional consultation** rather than the arranged consultations. It is consultation with social workers and chaplains as well as medical doctors, who are in the multidisciplinary team. This results in receiving counselling to resolve personal

and work-related problems. They also receive medical attention to assist them with the distress that is experienced.

Therefore, the role of this form of consultation is three-fold: case guidance (providing guidance on handling cases); counselling knowledge and skill acquisition (the officers learn skills of offering counselling to victims through the consultations); and they receive debriefing (a service of counselling for trauma reaction management). As in arranged consultation, self-initiated consultation results in resolving work and personal problems. This proves that despite its non-preference by the officers, professional consultation has the ability to purge the trauma reactions that the officers are experiencing.

The self-initiated consultation with social workers, chaplains and medical doctors is further supplemented with professional consultation but of a different form, that is, ***distant social worker consultation***. This is also used as an alternative to consulting local social workers who are within the multidimensional professional consultation that is used. Distant social worker consultation is also chosen when the confidentiality principle on divulging information about cases to others prevents the officers from sharing with people who are regarded as “outsiders” within the officers’ social support network systems, which are made up of family members, specifically spouses, distant relatives, close friends and their own pastors. This shows that sharing operational experiences with others within their social support network systems outside work is preferred and can be chosen as a coping strategy by the officers, but is hindered by this principle.

Distant social workers are those who work outside the officers’ policing areas, but in the same district of Vhembe. The reason for choosing these social workers is that consultation with the distant social workers ensures that the officers’ personal and private issues are at least divulged to professionals who do not know them personally and, thus, increasing the chances of keeping their issues confidential. To the officers, this strategy does not only address the issue of the confidentiality principle, but it also serves as a counterstrategy to consulting local social workers. Distant social worker consultation increases the chance of addressing the very concerns that the officers have with being counselled by local social workers. For instance, an FCS/domestic violence constable said:

Even though there is a principle of confidentiality, when I feel that I cannot share with the local social workers then I consult the social workers in Makhado, Musina or Giyani. There is a referral principle whereby we can be referred to those social workers rather than talking about work-related experiences with outsiders as there is an issue of confidentiality.

However, further diversion from the debriefing services offered by the professionals is also introduced in the multilateral style management of the impact of rape cases. The strategy of ***averted multidimensional professional consultation*** is used to avoid general consultation with psychologists, social workers and chaplains. The strategy entails undermining the significance of the debriefing services offered at work despite the experience of the trauma reactions of stress and depression that are experienced. This strategy is also used when there is lack of home-based support, especially from the officers’ wives. While this form of home-based support can be chosen, it is not offered and the only available help is with the helping professionals, which is not the officers’ first choice. Lack of home-based support is apparent when wives cause stress

on their husbands by putting demands on them about family-related issues. While the officers experience stress at work due to handling traumatic rape cases as though they are personal cases, they encounter more stress when they reach home. For instance, an FCS/domestic violence constable said:

Sometimes I feel stressed. I have depression and my spirit is down. We have special services but I have never been to such services. People like psychologists, social workers and pastors, who are called chaplains according to our language, are called in to help us with these situations. Sometimes when you come across tense situations you experience stress and when you get home you find that your wife causes you more stress. You will then find that you have no place to hide. When you come back from work... we work on cases as though they are ours as we do this for the community and this causes us to have stress. When we get home we also experience stress. Hence, this requires us to undergo counselling. Up to now, I have not seen the importance of consulting the helping professionals. I realise that everything is going well for me. Even the stress that I encounter is not the type of stress that disturbs me or disrupts me from functioning normally.

Opting for this avoidance behaviour (averted multidimensional professional consultation) results in the officers not receiving professional help for the trauma reactions that are experienced and, thus, the continuation of these trauma reactions.

When conditions are different, such as being exposed to cases of children who are raped and physically assaulted at the same time, the strategy of **police sense of duty** is used. This is when the officers feel obligated to help these victims by ensuring that they have access to the help that they need. The officers do this by being available to help the victims whenever they need help and also focus on the relief of the pain of the victims through determining the types of organisational referrals that the victims need in order to get relevant assistance. Being able to help the victims out of their suffering and relieving themselves of exposure to those victims' traumatic situations helps the officers to continue doing their work and to be quickly relieved of the pain that they feel. Showing police sense of duty is thus primarily focused on helping the victims. However, it is also geared towards self-help.

Nevertheless, it appears that this inner resource of coping, police sense of duty, is not fully trusted to accomplish its goal as it is used together with **self-initiated multidimensional professional consultation**. However, in this instance there is consultation with social workers and magistrates (who are part of the multidisciplinary teams). This consultation is used to supplement the police sense of duty and these are same-cause-arbitrate strategies. The officers use it to derive self-help from the counselling that is arranged for victims with these professionals. This is an opportunity that the officers seize when referring the victims to these professionals. This results in the officers getting the strength to continue with their operational work. For example, an FCS/domestic violence inspector showed that:

When coming across these cases, I understand that I must go to work in order to ensure that those who do not know the law should know where they can go when they have been beaten up. I have to go back to ensure that when a rape victim comes then I should show her where she can receive help and take her to different places depending on the needs of the injured person. Therefore, I cannot say that I am not going back to work and relax as those who are ill-treated will not receive help. They should receive help through me. Yes, they should receive help and be set free like everybody else. After encountering these situations, I encourage myself by consulting organisations or institutions like those of the magistrate and social workers as they help when one has gone through such incidents. This makes me feel that I am not lost or alone in the community as they give good assistance in helping victims. I,

therefore, become encouraged that if they help like that then I also receive help and I feel encouraged to work.

In conclusion, while the strategies used are initially applied successively, there are deviations, along the management process, from the successive application whereby the officers introduce some other strategies (inner resources and collegial support) to, first address the situational conditions encountered and second, to meet the officers' individual and in-group needs and preferences in pursuit of survival. Unfortunately, the process of the multilateral management of the impact of rape cases involves partial dependence on the debriefing services and, thus, inadequate professional help in handling that impact. This is because the preferred inner resources can only mediate the impact of the cases and partially resolve the trauma reactions that are experienced, while the collegial support that is received and the professional help that is shunned can both mediate and purge the trauma reactions that are experienced. This shows that the multilateral style of trauma management is partially effective as it prevents the officers from exploring professional consultation in conjunction with the officers' preferred inner resources and collegial support to the fullest. The officers cannot find out the full extent to which the all-inclusive combination of all these strategies can help them to cope. The management process is thus limited rather than comprehensive.

The FCS/domestic violence unit linear management of the impact of domestic violence cases

The linear style of critical incidents impact management is also used to handle the impact of domestic violence cases by the FCS/domestic violence officers. This style of management is informed by the conditions which are discussed below.

Conditions of domestic violence experienced by the FCS/domestic violence officers

Conditions which determine the linear management of the impact of domestic violence cases include the following: officers' trauma reactions such as emotional distress, personalisation of cases whereby the officers handle victims' cases as though they are their own, and drawing conclusions about the victims' inability to handle domestic problems. The officers also perceive their standard of living as dissatisfactory. These reactions are as a result of being exposed to dysfunctional marital and family relationships, such as conflicts between husbands and wives, as well as husbands coercing their wives into sexual intercourse and piercing condoms before sexual intercourse when they are HIV-positive. They are also exposed to forceful removal of wives and daughters from their homes, husbands abusing their wives physically, emotionally and verbally, and children abusing their parents and siblings physically. The elderly are also abused financially by their children who use their pension money without their consent.

The reactions are also due to unfavourable victim circumstances such as witnessing the unbearable situations of victims who are severely injured, in some cases to a point of requiring hospitalisation. They also witness victims' family living arrangements that are not conducive, thus leading to conflicts among family members, especially between mothers- and daughters-in-law.

Unfavourable work conditions such as working on domestic violence cases individually, having big caseloads, and having less case experience on handling domestic violence cases, thus coming into contact with victims of domestic violence for the first time, are also encountered. The work conditions also include realising that the cases that the officers are handling require intensive training in the acquisition of counselling skills to assist victims and perpetrators. Such skills include the psychological, social and spiritual counselling skills. The officers also encounter negative referral outcomes such as victims' cases being worsened rather than being resolved when they are referred to other professionals for further intervention. The frequency of exposure to these traumatic cases mainly when this is on a daily basis or on Fridays, also determines this linear management.

As with the conditions that lead to linear management in the context of rape, these conditions are also dealt with through the successive application of strategies which starts in the context of victim and perpetrator counselling. While a lot of the strategies in this context are victim-oriented, as they are geared towards assisting the victims, there are some which are used for self-help. When applying the victim-oriented strategies, counselling of both victims and perpetrators is important as opposed to counselling in the context of rape which is only directed at victims.

The dynamics of victim and perpetrator counselling, including their consequences and lack of debriefing services at work, lead to trauma reactions among the officers. This initiates the process of the linear management of the impact of the domestic violence cases. When the officers begin to realise that they are supposed to be completely assured about several issues pertaining to couples' conflicts (such as resolving the couples' conflicts before they are sent home by the officers, and being aware that couples' conflicts may continue even after being sent to magistrates and social workers for further intervention) teaches the officers that they should take certain precautions when dealing with such conflicts. Therefore, not taking note of such possibilities leads to further victimisation of victims by the perpetrators. Lack of debriefing services at work in the midst of learning those unfortunate lessons also leads to experiencing several trauma reactions by the officers. These include severe distress, fear and constantly seeing pictures of the victims while seated.

Simultaneous and sequential use of several inner resources to handle domestic violence cases

The foregoing conditions lead to the use of case experiential learning strategies which are geared towards improving the officers' investigation strategies, in order to prevent further victimisation. One of these strategies is *learning from case experience*, which entails learning how to handle domestic violence cases from the negative outcomes encountered in previously handled cases. Some precautions are taken when applying the lessons learned. These include checking whether or not the perpetrators are armed with firearms during counselling and putting the firearms in a safe place as there is a possibility of using them to shoot at victims right there; having the assistance of colleagues to limit physical contact between victims and perpetrators during counselling, in order to prevent fights; and also sending the victims and perpetrators to the social workers and magistrates' court with a third party, particularly from a trauma centre, to monitor the emanation of conflicts between them on their way there. For instance one FCS/domestic violence inspector indicated that:

I assumed that as husband and wife they would continue to resolve their issue. Even the magistrate thought that it was resolved whereas the other one was not happy and thought that if he goes out of the gate then the wife will cause trouble for him. Therefore, she should be murdered. Do you understand? Yes, this hurt me badly! I realised that I should not take many things for granted, including that people have resolved their issues. This taught me that when a male person comes here I should ask him if he has a firearm. If he has a firearm then I should take it and put it in a safe. Do you understand? Otherwise he will shoot at her. I will thus refer them to the social workers and they will be accompanied by a person from the trauma centre. However, this person is a civilian and may not be able to help if there is a problem on the way hence I should put his firearm away if he has it. I realised that if she dies then I will blame myself for the rest of my life and regret not going there with them. Those are some of the things that I am afraid of. Some of them fight right here! Do you understand? I usually want to deal with them here. I put the man on this side and the woman on the other side. I ask a commander from the community service centre to sit between them so that they do not reach each other. There is a time when I stood up very late! And the other one was already on the floor. When I thought that they were talking as husband and wife are used to each other, they started insulting each other and the other one stood up. These things happen.

Learning from case experience is used together with another case experiential learning strategy, **transformed investigation**. This strategy is influenced by the negative outcomes of counselling victims and perpetrators. Such outcomes include continued fights between victims and perpetrators; dealing with suicidal victims; officers starting to experience trauma reactions like drawing conclusions about the occurrences such as believing that young female victims lack perseverance and are mentally immature to handle domestic conflicts, being overcome by fear and experiencing pain; and having the need by the officers for debriefing to be assisted with such trauma reactions. This strategy is applied by changing their (the officers) methods of investigating domestic violence and by drawing lessons from previously-handled cases. This is because there are erroneous ways of handling the cases that are noted by the officers such as not being personally available at the scenes of crime when conducting investigations. This also leads to further harm to the victims. In order to prevent further victimisation, lessons such as being available at the scenes of crime from the beginning of an investigation and showing the perpetrators the effects of their actions during counselling are implemented. For instance, an FCS/domestic violence inspector indicated that:

She, however, felt that she could not leave and be separated from her husband because she loved him very much. She thus decided to hang herself. She was serious but there is a person who reported this occurrence telephonically while there was still time... I can then tell that I should be at the scene in order to handle the situation properly. It means that I must contact the perpetrator and make him aware of the ill-treatment that he is giving to the girl.

The simultaneous use of these two strategies, learning from case experience and transformed investigation, thus helps prevent perpetrators from shooting at victims during their conflicts and also forcefully removing family members from their homes. In the process, police officers, learn the proper ways of handling such cases. Therefore, while the strategies are primarily aimed at protecting the victims, they are also geared towards educating and empowering the officers with knowledge and skills of handling such domestic issues.

When the condition such as when the officers do not have confidence in the way that their fellow-officers handle the cases when they request for their assistance takes place, the strategy of **personal case attendance** is applied. This strategy entails thoroughly investigating the cases by conducting the investigations personally rather than relying on the work done by colleagues, and being actively involved in the

investigations by making systematic and detailed follow-ups on the cases as an FCS/domestic violence inspector observed that:

Sometimes as we work with colleagues, I can request one of them to attend to a particular case and I find that the person has not attended to it deeper as I would had I attended to it in person. This is one of the challenges that I feel... Most of the time I prefer to attend to anything pertaining to domestic violence personally in order to ensure that it is one hundred percent right. Yes, I prefer to be personally and actively involved because when I have sent somebody I must make a thorough follow-up on what was seen and what happened. I should be confident that the victim has been helped. It is not like they do not attend to the cases satisfactorily. It is just that when they have attended to those cases I feel that I should make follow-ups to ensure that they did the work as I advised. I should ensure that the victim was helped.

The outcomes of this strategy are primarily victim-oriented as the officers manage to attend to every aspect of the case and also help the victims adequately. The strategy further helps the officers to gain confidence in the assistance that they offer victims.

The application of the three strategies, learning from case experience, transformed investigation and personal case attendance, shows that learning is a continuous process when handling domestic violence cases. This process involves lessons pertaining to the behaviour of victims, perpetrators and fellow-officers. It also involves making several changes to the officers' methods of handling the cases regardless of how long they have been used. This is done in order to introduce more effective methods of handling the cases.

Even though this process of applying the three strategies is educational in nature and prevents further victimisation of the victims, it has its shortcoming. It does not address the trauma reactions that are encountered by the officers. Consequently, other strategies have to be explored to compensate for this one-dimensional goal of self-help of the preceding strategies, in order to add the goal of trauma resolution to the educational benefit that is attained.

On the basis of this, the self-nurturing strategy of *self-care* follows the three strategies of case experiential learning, transformed investigation and personal case attendance. Self-care is used to compensate for lack of debriefing services at work. Lack of such services leads to what the officers describe as “mental illness” and being “sick”. This sickness is a result of experiencing several trauma reactions such as severe distress, fear, constantly seeing pictures of victims in one's mind, and also feeling isolated because of not having anyone to talk to about the traumatic experiences encountered. Self-care also reinforces the roles of the strategies of learning from case experience, changed investigation and personal case attendance. This is because taking care of the officers' mental health enables them to execute these three strategies effectively. Self-care addresses the trauma reactions that are experienced by the officers and, thus, helps them to help victims adequately.

To the officers, self-care means relying on the social support network systems that are available to them with the purpose of “healing themselves” as they put it. People who form the social support network systems are the officers' spouses and colleagues. Taking the initiative to share the operational experiences encountered is, therefore, an action of self-care. This is because self-care focuses on creating an opportunity for the officers to talk about their experiences to receive assistance with ways of handling the experiences. While this type of support forms part of the multifaceted support that the

officers in the four units generally rely on, in a different context like this one, such support takes another form which is self-care. For example, an FCS/domestic violence inspector described self-care as follows:

No, this was only experienced by me (referring to emotional distress). I ended up healing myself because I was sick. When I reached home I said "My wife what I saw today, no! It spoiled my day!"

Another FCS/domestic violence inspector also showed the compensation role played by self-care in the absence of debriefing services as follows:

These strategies are useful in helping me (referring to the strategies of superior-collegial support and spousal support that were used). I want to have other ways that I can use in order to ensure that everything is as it should be. When I have returned from attending to cases like these, I need to have services like psychological services... psychological personnel with whom I can sit down and receive guidance after encountering such traumatising situations. I need to be assured that these things happen in life and I can start seeing things differently. We do not have those people in this area.

This form of self-care thus seems to be multidimensional in nature because of the support received from different perspectives. It helps one recover from the trauma reactions experienced. This is referred to as self healing by the officers because of the self-care applied. This shows that self-care can be effective in getting rid of the trauma reactions that are experienced by police officers in some contexts. Nevertheless, while effective, it appears that the self-care strategies used are also not sufficient as the need for additional coping strategies, including receiving debriefing when exposed to other traumatic domestic violence cases, is emphasised by the officers.

A change in conditions of domestic violence and the need for professional consultation, inner resources and collegial support

A change in the conditions of domestic violence encountered determines the types of strategies to use further. Problems such as intermittently working on big caseloads of domestic violence without being debriefed; the officers' perceiving their standard of living as unsatisfactory; having deficiencies in the counselling skills; and experiencing some trauma reactions when counselling the victims and perpetrators, seem to be major problems among these officers when handling such cases. This necessitates the use of different strategies in succession from which the officers can derive help of multiple perspectives. These strategies extend the context in which self-care takes place.

First is the use of the strategy of *self-initiated social worker consultation*. The process of consulting social workers is initiated by the officers and this entails seeking advice on how to handle the victims' cases. It also includes taking some tips and learning some skills on how victims should be counselled. These skills are learned when the officers are counselled by the social workers. The officers also have an opportunity to disclose their operational work experiences to the social workers and having their negative thoughts about the work and maladaptive behaviour that they display redirected by the social workers. Maladaptive behaviour includes the use of alcohol as a way of coping with the experiences encountered. Redirecting the officers' thoughts and behaviour is done by showing the officers the negative consequences of having such thoughts and embarking on the maladaptive behaviour. For instance, an FCS/domestic violence inspector described this form of redirective counselling from the social workers as follows:

There are some challenges to which I realise that I cannot find a way out. There is a time when I contacted a social worker and showed her that I had a problem as I was dissatisfied with my standard of living as a result of the things that I was coming across. She tried to counsel me and advised me not to think in that manner and not to depend on drinking beer after work in order to cope as the things that I am trying to avoid facing through drinking will come back to me at 04h00 in the morning when I wake up and that the experience of having recurrent thoughts will actually worsen. I understood and accepted the advice.

Therefore, while the maladaptive strategy of **alcohol consumption** is used to address the negative effects of interaction with the victims of domestic violence, specifically severe distress that is experienced by male officers, it is considered unsuitable by the social workers. They discourage officers from using it on the grounds that it does not get rid of the terrible mental pictures or the persistent lack of sleep that the officers suffer. This shows that self-care, which takes another form in this instance, the use of alcohol to cope with traumatic experiences, can sometimes fail the officers.

However, the use of the strategy of self-initiated social worker consultation corrects this as it results in the social workers redirecting negative thoughts about the operational work done and manages to stop the officers thinking negatively about the cases that are encountered. It also helps them refrain from using some of the maladaptive strategies like drinking alcohol to cope with the problems encountered when they are working on those domestic violence cases.

Self-initiated social worker consultation is accompanied by a form of multifaceted support of **superior-peer collegial support**. It is influenced by the trauma reaction of severe distress as well as the failed self-care of drinking alcohol due to lack of debriefing services. It is also used when the officers begin to be aware of the disadvantages of working on cases alone. This form of support encompasses receiving support from colleagues of the same rank and superiors. It entails sharing the officers' operational experiences with those colleagues. This is, however, limited to sharing with trusted colleagues, that is, those who have the ability keep secrets. This strategy was described as follows by an FCS/domestic violence inspector:

However, there are times when I need pills for stress as a result of being preoccupied with thoughts about these because there are days on which I work on a lot of cases. If I have worked on 3 or 4 cases then I will be thinking about them the whole day, especially questioning the manner in which I handled the cases, whether or not the social workers have provided appropriate results and if the magistrate did not cause strife between the victim and the perpetrator. These cases can affect me to that extent. However, I usually talk to one of my superiors whom I trust in order to avoid facing these alone. When I have come across very difficult situations and tried to deal with them in order to relieve myself of thoughts about the cases, I go to him and tell him everything that I went through and how I handled the cases. When he consoles me, I feel a bit relieved and also that I am not the only one who has information about those cases as he also becomes part of them. I refuse to face the cases alone hence I prefer not to deal with complaints about domestic violence and common ones brought by the victims alone. I look for a colleague with whom we can help each other. When the victims have left, we remain discussing about how we handled the cases, what influenced the perpetrator to do what he did, that he should not beat up his wife and whether or not the child is doing the right thing by coming home late at night. We end up concluding that the child is the cause of the physical abuse as she cannot come back home at 12h00 at night. By doing this, we relieve our minds of thoughts about the cases. We discuss about the cases when we are seated outside in a group and you will hear us laughing saying "He is insane!"

In both instances, professional consultation and collegial support, the objective is to receive help with the handling of the cases so as to help the victims and to deal with

trauma reactions for the officers' own recovery. While professional consultation helps with curtailing negative thoughts about the cases and the use of maladaptive strategies to handle their impact, this form of collegial support promotes team work among officers in the handling of cases, thus avoiding facing cases alone. It encourages shared case experiences, that is, the officers are not the only ones who have information about the domestic violence that has been witnessed, but superiors and peers do as well. This makes them share these same experiences, thus moderately relieving them of the emotional distress that is experienced. They are able to laugh about the cases handled rather than be distressed by them. They also forget the traumatic experiences encountered.

This strategy supports the resolution reached through the self-initiated social worker consultation because this form of support is used to replace the maladaptive strategy of alcohol consumption which was used to handle the impact of the cases. The related use of professional help and work-based support provides educational, mediatory and purging effects as there are some lessons learned about the inner resources of self-care that are used and moderating the effects of some trauma reactions while stopping others from continuing.

Despite getting rid of the avoidance strategy of alcohol consumption, another avoidance strategy of *case dissociation* is used. This is another form in which self-care is used and it involves the officers distancing themselves from the cases handled. For instance, an FCS/domestic violence constable had this to say:

I reach a point where I tell myself that I do not want to hear anything about this case as I have worked on it so much that it gives me stress everytime when I think about it.

This strategy is influenced by the condition of the officers experiencing the trauma reaction of stress on a frequent basis due to being continuously exposed to the same cases of domestic violence to which solutions are not found. Its use thus helps the officers reduce the degree of distress that is experienced when attending to those cases. While relief from distress is described as temporary when the strategy of alcohol consumption is used, case dissociation is said to provide long-lasting relief from distress.

At this point, the linear management process of the impact of domestic violence cases shows that the officers perceive self-care in various ways: spousal, collegial and professional support; alcohol consumption; and case dissociation. These strategies are regarded as self-care strategies because they meet these two criteria: (i) they can be inner or external resources but they are all initiated by the officers; and (ii) they are used as techniques to relieve oneself of the effects of traumatic experiences, thus achieving self-help.

The linear management process also shows that self-care can either be adaptive or maladaptive because it leads to different outcomes. Sharing with spouses, colleagues and professionals, as well as dissociating themselves from the cases that they are continuously exposed to, have the purging and mediating effects on the officers. Even though it is an avoidant strategy as much as case dissociation is, alcohol consumption proves to be ineffective as it neither mediates the effects of the cases on the officers nor does it get rid of the trauma reactions. Rather, it offers temporary relief and even more severe trauma reactions later on when the effects of alcohol wear off.

Therefore, the strategies of sharing with spouses, colleagues and professionals, as well as case dissociation are adaptive while alcohol consumption is maladaptive. This shows that some avoidance strategies like case dissociation may be adaptive when using the linear management style, while other avoidance strategies like alcohol consumption may be maladaptive. This depends on the nature of avoidance embarked on.

Changes in conditions of domestic violence necessitating inner resources, professional consultation and others forms of multifaceted support

A further change in the conditions encountered determines the types of strategies that one uses to continue with the linear management style in the context of counselling victims and perpetrators. Lack of debriefing services is not an issue here but the adequacy of the help offered to victims is. In particular, lack of adequate skills in conducting counselling poses a problem. This requires the use of strategies that vary in nature to address the specific challenges that are encountered. Such challenges range from the psychological to the spiritual needs of the victims who are counselled.

The following successively applied strategies are used: *reading books* is a self development strategy which is influenced by the extensive training that is required in counselling victims and perpetrators of domestic violence. It involves sharpening knowledge on traumatic cases and case handling as it entails reading books that focus on how domestic violence cases should be handled. This was emphasised by an FCS/domestic violence inspector who showed that:

Counselling requires serious training. I personally read books on how domestic violence should be handled.

The consequences of reading such books are that the officers develop themselves and learn proper case handling skills, and how to handle domestic violence cases better. This strategy is also used to supplement professional consultation. It, therefore, adds to the information acquired through professional consultation on how cases are supposed to be handled.

However, lack of change in victims' situations after praying with them, when the officers are offering them supportive prayer during counselling, necessitates the use of a strategy that provides intervention that is related to the victims' needs. This means that officers are faced with domestic situations that require spiritual intervention. The officers also indicate that they come across different domestic problems which require both advanced knowledge on understanding the victims of trauma and knowledge of the types of services that professionals such as psychologists, social workers and chaplains provide. This is also influenced by the fact that there are times when social workers who are supposed to provide counselling for victims at a particular time are not available due to working far from the victims or because they are on leave or are faced with a lot of work at that particular time. Counselling the victims thus becomes a complex task and when the spiritual challenges specifically take place, a form of professional consultation that emphasises spirituality has to be explored.

This is the *self-initiated spiritual professional consultation*. This form of consultation is initiated by the officers and offered by chaplains who form part of the

spiritual services offered at work to support the officers regarding their spiritual needs during the operational work. The outcome of this type of help is that the spiritual assistance that is needed is received and aspects of victims' situations that require spiritual intervention during counselling are attended to. While this primarily helps the victims to get help, it also helps equip the officers with spiritual counselling skills. For instance, an FCS/domestic violence constable indicated that:

In the area of spiritual services, we have people who provide spiritual services whom you can consult for assistance in case you have prayed and even prayed for the victim but there is still no change.

The spiritual assistance received by the officers during such consultations is evident in the changes that take place in the victims' situations. All this is because of the improved officers' skills in the spiritual counselling of the victims and the management of the officers' trauma reactions after those consultations.

Further change of conditions relating to victim help leads to the linear application of other relevant strategies. **Individual prayer**, which is usually used by the officers to handle the victims' situations whenever the officers are called in to help victims during the day or at night, and during their breaks from work when they are home on weekends, is used. As in the context of rape, this strategy is determined by the spiritual character of the officers who use it. It is used by those who describe themselves as "people who pray". They communicate with God when they are on their way to their homes from work and when at home in the evenings. It encompasses several spiritual activities, such as meditating about the nature of God, praising Him and confessing total dependence on Him. Using this strategy at home in the evenings and on weekends when away from the victims provides temporary separation, which is both physical and spiritual, from the victims. For the officers, being at home means maintaining a physical distance from the victims and their spiritual functioning is also not affected. One FCS/domestic violence inspector indicated that:

When I have been called at night to help or during the day as you can see people going out of here after receiving my help, I am a type of a person who prays. Most of the time I think about God. For instance, when it is a weekend and I go home after helping people, I can walk from here to home as it is not far telling God that he is great and that I put all things in His hands as He is the One who knows all things. Yes. When I come back after being away from the victim for some time, I feel that my mind is strengthened and I am calm. I take all these things and allow God to be in charge of them. It makes me feel happy to know that God is the One who knows and masters these things. I pray when I arrive home after helping a person in the evening. I know what to say in prayer. When morning comes I feel renewed in my mind. When I return to the office I feel that all those experiences are gone from my mind and that I can continue with my work.

While addressing the spiritual experiences of the officers by offering them assurance that God is in charge of every situation that they encounter, this strategy also helps give them mental relief in the forms of gaining mental strength, feeling renewed mentally in the mornings, being relieved from traumatic experiences and regaining the strength to continue with their operational work. Emotional relief in the forms of feeling calm and feeling happy also takes place.

The strategy of individual prayer is followed by forms of multifaceted support when the same cases that the officers are called in for are perceived as difficult. First is **across-rank collegial support**. This form of support comprises peers of the same rank, namely, captains, superintendants and unit commanders, to whom operational

experiences, including difficulties in handling the cases are disclosed in pursuit of assistance. An FCS/domestic violence inspector had this to say in this regard:

There is a lot of support that I receive when I am faced with a case that is difficult for me to handle. Even though I do not tell the victim of my incapability, I work under superintendant X and superintendant Y, and share my problems with them. I receive tremendous support from them. I also share with my colleagues here in the office when we do not have a client. As we are divided according to units, I speak to superintendants in the other section. This does not mean that I cannot talk to captains and inspectors. If those superintendants are not there then I can talk to the captain and explain to him that I am faced with a particular case and request for advice. He usually helps me a lot.

The benefits of using this form of support are that the officers receive further instructions from their unit commanders on how to handle the cases. They also disclose their perspectives of the cases to the commanders, share proper ways of handling the cases and solutions with the commanders. They receive tremendous support from the commanders and the other superiors. They help one another as peers to relieve the trauma experienced. All these make this form of sharing a mutual experience for all the officers. It plays a dual role of managing trauma reactions experienced and assists officers with case handling.

Superior collegial support is also sought. This encompasses two purposes, seeking advice from superiors, specifically unit commanders, on how to handle logistical issues such as shortage of transport when attending to the victims, and also disclosing the trauma reactions experienced when handling such cases. For instance, an FCS/domestic violence inspector indicated that:

If there is a domestic violence case and I see that I have problems like shortage of transport or am confused and not knowing how to help then I explain this to my superior and we get a solution quickly on how to help the victim. If there is shortage of transport in my section then I can ask for assistance in the other sections. They are very cooperative as we help one another to ensure that a victim gets help as soon as possible. When I tell them about the pain that I am feeling, they help by telling me whatever they can say to me at that particular time and I feel that I have been helped.

The strategy helps officers receive help from the superiors to deal with the trauma reactions experienced. It also helps with finding quick solutions on how to help the victims and enforcing cooperation and assistance among officers across units.

These two forms of collegial support are supplemented with ***familial support***, including spousal support, specifically among the male officers. This strategy is also influenced by the officers' perception of cases as difficult. While seeking the support of family members can be self-initiated by the officers, there are times when the support of their wives is not initiated by the officers. It emanates out of the observations made by the wives. In this instance, the officers' wives notice their husbands' negative physical countenance which shows that they are not happy when they return from work. They then inquire about their husbands' experiences at work. This two-faceted way of receiving support within the home environment by either initiating the support or the support being offered by the spouses is evident in the participants' responses. For example, an FCS/domestic violence inspector said this about the self-initiated support:

I can also share with people at home. It is just that I cannot talk about a problem as it is at home. I conceal certain issues by just indicating that life is difficult as a person comes across these particular challenges.

Another FCS/domestic violence inspector indicated that the support that he received was initiated by the wife:

Even my wife supports me. If I arrive at home and appear unhappy, she asks me what the problem is and I explain to her that today I came across a particular case. She encourages me by telling me that it is work and I should know how the work is supposed to be done. The words that she speaks to me console me and help me to go back to work. We do not talk about everything. No! There are some confidential issues that should not be known by my wife or any other person at home, but should be kept between the victim and myself. These are issues that are not supposed to be divulged to the public. I select issues knowing that certain issues should not be divulged to a third party but be only known by the victim and myself. I share with her when I have felt pain about certain things. I can tell her that I experienced a particular accident and it affected me. No, I do not share with anyone else because domestic violence cases are not public issues. They must be kept secret.”

Even though this form of sharing is restricted by the confidentiality principle, which governs the disclosure of information about cases to people outside work, adding this strategy in the linear management of the impact of the domestic violence cases helps provide several benefits which include the following: the officers being helped with putting traumatic cases into context; having an opportunity to express the problems that are encountered at work; being consoled; avoiding mental exhaustion on the basis of the work that is done; continuing with work; not being surprised by traumatic occurrences when they occur; acceptance of the traumatic occurrences; and understanding that all individuals go through stressful experiences in life.

The preceding forms of support are further supplemented with **community support** which is also influenced by the officers' perception of the cases as difficult, thus making the three strategies, collegial, familial and community support same-cause-arbitrate strategies. One way in which community support supplements the foregoing strategies is evident in the extent of the sharing that takes place. While the extent of sharing when using the strategy of familial support is limited by the confidentiality principle, which regards people who are not part of the SAPS as “outsiders” to whom information about the cases is not supposed to be divulged, community support is supported at work. This is because community support takes place in the context of community policing forums. These forums are based on the formalised collaborations between police officers and community members in the fight against crime. This means that community members who form part of the policing forums are not considered as “outsiders” by the SAPS.

This community support provides an opportunity for mutual sharing between officers and community members about the traumatic experiences that are encountered. Community members raise their concerns about traumatic crimes that occur in their communities to the officers and how these affect them, and the officers also share their own traumatic case experiences with them. In addition, community support also provides an opportunity for not only representing the views of the community members regarding traumatic cases, but the representation of the views of the officers regarding those cases as well. This was evident in the view of an FCS/domestic violence inspector who stated that:

We also go to community meetings as we are sometimes invited to chiefs' kraals whereby community members bring their problems. As we discuss these problems with them, we feel that we are also sharing our own problems with them.

Furthermore, in the two forms of support, collegial and community support, the officers thrive on the opportunity to share with groups of people who go through similar traumatic experiences. Familial support, including spousal support, is further used to help them to gain an objective perspective of those experiences.

The linear application of individual prayer and these various forms of multifaceted support, therefore, collectively offer the officers the opportunity for collaboration with colleagues. It strengthens them spiritually and mentally, and enables them to continue doing the operational work. It also mediates the impact of the traumatic experiences encountered while also getting rid of some trauma reactions.

In summary, even though domestic violence is treated as a private matter due to the confidentiality principle, seeking the support of others like colleagues, family members, including spouses and community members shows that the management of the impact of those cases cannot be made a private issue, but a public matter that requires other people's help. Furthermore, as with rape cases, the management of the impact of domestic violence cases also requires the sequential use of professional, spiritual, collegial, familial and community support in addition to case experiential, self-care and self development strategies. While all these strategies are different in form, they are supportive of one another and ensure that the officers obtain differential help that leads to the same goal of survival. This they do by being educational, redirective, strengthening, mediating and purging the trauma reactions that are experienced.

While there is a clear-cut use of strategies pertaining to specific rape and domestic violence cases among the FCS/domestic violence officers, with the field training officers, strategies intersect across the cases dealt with. These cases involve road accidents and domestic violence cases.

FIELD TRAINING OFFICERS' APPLICATION OF STYLES OF TRAUMA MANAGEMENT

The field training unit linear management of the impact of road accidents and domestic violence cases

For the field training officers, linear management is preferred. Strategies for coping are used in a successive way and concurrent application of the strategies also forms part of this form of management. *Operational work experience preparedness* marks the beginning of the management process among these officers. It is used when the officers are exposed to different types of cases. The work of the field training officers is different from that of the FCS/domestic violence officers because it does not involve case investigation, but it focuses on training police students on how to do the work, particularly pertaining to handling cases and crime prevention. Nevertheless, the nature of the work also entails exposure to traumatic cases, including domestic violence and road accidents. Its nature also involves an element of unpredictability as there are times when the officers do not know in advance the types of situations that they are going to encounter.

Conditions informing the linear application of operational work experience preparedness, avoidance and advanced operational work experience strategies when handling road accidents and domestic violence cases

There are contexts of unfavourable work conditions such as training students to prevent all types of crimes, handle all types of cases and follow the SAPS procedures when doing so. Students are also trained to listen to victims' stories regarding their traumatic experiences when doing such tasks. The main unfavourable victim circumstance reported is seeing victims crying when relating their stories and this leads to the trauma reaction of emotional distress among the officers. This is described as being hurt. Such experiences require vigilance on the part of the officers in the form of using the strategy of *operational work experience preparedness*. This means preparing themselves mentally to experience unplanned situations which could be pleasant or unpleasant, as well as easy or difficult to handle. The officers report that the strategy helps them to have good days. This means that they can handle the problems encountered at any time and that they are not affected by them in the end.

Nevertheless, there are times when the officers are exposed to several traumatic scenes which make their work condition unfavourable. Issues of big caseloads and repeated exposure to traumatic scenes, including exposure to victims' body parts that are cut-off during the road accidents and cannot be identified by the officers, all create unfavourable work conditions. These conditions result in trauma reactions among the officers such as fear, distress, loss of appetite, seeing pictures of the scenes that they were exposed to long after the event, and having prolonged thoughts about those scenes. When such repeated exposure takes place, operational work experience preparedness is accompanied by a form of avoidance resulting in the creation of the *mixed operational work experience preparedness-avoidance* strategy. In this instance, the officers use strategies that involve both approaching and avoiding elements of the scenes exposed to due to the nature of their work, which require them to be prepared to face any type of challenge at any time.

While this strategy is applicable in all types of cases that the field training officers are exposed to, it is specifically applied when attending to road accidents, which form the bulk of the officers' workload. While this strategy appears like a form of vigilance as it entails being prepared for any type of traumatic situation that can be encountered at work, it has an element of avoidance because when the actual situations take place, the officers use avoidant behaviours such as dissociating their sensations from the traumatic scenes as though they have not been experienced. This is described as "ignoring the observed scene aspects", meaning that they do not pay attention to some of the items that are there at the scenes.

It is interesting to note that the preparedness that is reported is maintained when going to work, but the avoidant element is activated when the officers are already at the scenes. It means that they go to the scenes prepared to face them but once exposed to the traumatic aspects of the scenes, they dissociate their visual senses from those aspects. Therefore, they shield their awareness when they are at the scenes by being numb towards the scenes. This was evident in what a field training sergeant said:

In order for me to continue working, I sometimes tell my mind that I am at work and am prepared to come across anything. Having experienced these, I ignore them as though I have not encountered anything because we experience a lot of different situations.

Although this strategy has an approach-avoidance element, it helps the officers to manage their exposure to traumatic scenes by not being affected by them. They are also able to continue doing their work. Therefore, although operational work experience preparedness and mixed operational work experience preparedness-avoidance seem like two separate strategies, I deduced from the narrations of the officers that it is one strategy that has linked elements of application which vary from approaching to avoiding elements of the operational work. This is done for the purpose of ensuring that coping takes place in a successive manner depending on the severity and continuity of traumatic scenes exposed to. This shows a linear management of the impact of those scenes by the officers.

The strategy of *advanced operational work experience* supports the strategy of mixed operational work experience preparedness-avoidance as the officers rely on the work experience acquired over years to handle those varied cases of road accidents. While during the first year of working in this unit exposes officers to the contexts of unfavourable work conditions and trauma reactions, relying on the experience gained over the years helps the officers to start enjoying the operational work and not avoiding to help the victims of trauma. This is because the officers get to a point where they no longer see this work as a problem as they can help the victims adequately. The strategy was described as follows by a field training sergeant:

I used to have problems when I started working. I felt as though I could not do this work. When a person came to report a crime I felt like I had put myself in an area that was not suitable for me. I felt like I could not make it at all. I felt like I just joined in because there was a job position available. However, I now enjoy my work and I no longer have a problem in terms of helping another person. Even if I can need another person's assistance, I am able to help the person until he/she feels relieved.

It, therefore, appears that the linear reliance on the degree of preparedness to do the work and the degree of experience gained from doing the work are complementary strategies that mediate and purge trauma reactions respectively.

When handling domestic violence cases, specifically those which involve counselling victims, the strategy of *operational work experience preparedness* is used in the context of victim trauma reactions such as when victims are emotionally distressed, when they insult officers, or when they doubt the officers' competence in handling their cases. The officers also experience some trauma reactions such as being distressed mentally; they recall personal experiences of domestic violence; and experience the same pain such as that experienced by the primary victims.

The strategy involves being prepared to handle any situation that one comes across when in the situation, the officers accepting the situations as they are, rather than effecting changes to them or avoiding them. This is different from the application of this strategy when exposed to road accident cases. While during road accidents the strategy is accompanied by being numb towards traumatic scenes, it is associated with the acceptance of the scenes when handling the domestic violence cases. This shows possible different forms of application of this strategy when the officers arrive at different traumatic scenes. It also helps the officers to have good days when handling the domestic violence cases. This is the same outcome that is achieved when working on road accident cases.

Changes in conditions leading to multifaceted support, professional consultation and inner resources to handle domestic violence and road accident cases

When negative effects of victim counselling are encountered, such as elderly victims undermining the helping officers' competency in handling their domestic problems because they personally know the officers, and they also know how old the officers are and their poor financial backgrounds, *older collegial support* is sought. This strategy encompasses asking for the involvement of an older colleague in handling the domestic violence cases and explaining the encountered situations to the colleague. The officers seek such assistance despite acknowledgement of their competence in assisting the victims.

Even though adopting this stance leads to the negative outcomes of older colleagues complaining about the increase in their workload and perceiving this as a way to avoid attending to cases by the helping officers, the assistance of the older colleagues benefits the officers and offers the victims the freedom to be assisted by whoever they prefer. The strategy, therefore, is both victim-oriented and self-oriented as it helps the victims to get the help that they need. It also provides support for the officers in handling the cases.

It seems that the support of others, in this instance colleagues, when handling the domestic violence cases, is important in order to supplement the officers' personal efforts to manage the impact of those cases. However, the envisaged interdependence and teamwork among officers are not always possible to the extent that the officers expect. This is because the support given by the older colleagues, in this case, is for merely getting the work done and not supporting the officers as individuals. Consequently, the officers cannot derive the benefit of resolving the trauma reactions that are experienced through this form of support.

It is interesting to note that when handling the road accident cases even the debriefing services offered in the workplace do not modify this linear management process among the field training officers unlike in the case of the FCS/domestic violence officers when they are exposed to rape cases. Instead, supplementary strategies to debriefing are used by the field training officers to continue with the linear management. For instance, *arranged multidimensional professional consultation* in the form of debriefing is also accompanied by mixed operational work experience preparedness-avoidance. However, this is not done with the same motive of avoiding the professional counselling as in the case of the FCS/domestic violence officers. The intention is to derive significant benefits from the combination of these strategies and to ensure the officers' survival.

Generally, the debriefing service is reported to be readily available to the field training officers at work and they are more receptive to it than the FCS/domestic violence officers. The reason for this reception is that the field training officers are partially satisfied with the effectiveness of their inner resources of coping such as operational work experience preparedness, operational work acceptance and operational work perseverance. This means that the strategies are perceived as partially effective in serving their purpose of ensuring post-trauma survival. Thus, their superiors, referred to as the SAPS by the officers, make arrangements for the debriefing services.

Arranged multidimensional professional consultation is offered by psychologists and social workers. These are contacted on behalf of the officers by their superiors, in order to counsel them after exposure to traumatic road accidents. The officers indicate that they receive continuous counselling from those professionals. This arrangement is made in the context of unfavourable work conditions of witnessing victims' body parts cut off and which cannot be identified by the officers.

In addition, the officers experience trauma reactions such as psychophysical ill-health which is described as: disturbed sleep as the officers' sleep patterns are intermittently altered due to seeing pictures of the scenes they are exposed to; they experience fear; and body weight loss which is due to not eating well. The debriefing services are necessary to deal with the situation where the officers have constant thoughts about the road accidents. Debriefing helps get rid of these mental pictures in the officers' minds.

Situational tolerance strategies are also used in conjunction with professional consultation. For instance, there is *operational work acceptance* which entails realising that officers have no choice in dealing with the cases; and they tolerate the situations faced with. While operational work acceptance is a personal preference strategy, professional consultation is a strategy enforced on behalf of the officers as seen necessary by the officers' superiors. This is embraced by the recipients, the officers. Therefore, using these two strategies concurrently is not purely the officers' choice but a personal choice that coincides with a work procedure. Their combination, nevertheless, helps with both the resolution of trauma reactions and being able to do the work faced with.

The strategy of professional consultation is also accompanied by another situational tolerance strategy of *operational work perseverance*. This is because of the role of this strategy, which is similar to that of operational work acceptance. These two strategies are similar in terms of tolerating the work exposed to. However, they are manifested differently. For instance, tolerance in operational work perseverance is accompanied by feelings of entrapment and being coerced into doing the work, and also working with agitation. Such agitation is described as facing the work, but with a mind that is not calm. For instance, a field training sergeant said:

You recall that you usually experience a problem when you come across those things. Nevertheless, you have to attend to the cases because they have been allocated to you. You continue working but your mind will not be calm. You continue working because you are forced to work.

In order to deal with feelings associated with operational work perseverance of entrapment, coercion and agitation, operational work perseverance leads to *self-motivation*. In order to keep doing the operational work, the officers have to encourage themselves to do it. This strategy is actually seen as an inspiration strategy that is meant to uplift the officers. This is because even though the strategies of preparedness, acceptance and persevering with the operational work, are used, the degree of effectiveness of these strategies is questioned to some extent. Self-motivation that is coupled with professional consultation is, thus seen as a way out. For instance, the sergeant continued to say:

There are no other ways except for encouraging yourself. This is the reason we are taken for counselling.

Self-motivation is thus an additional strategy to operational work experience preparedness, operational work acceptance and operational work perseverance in supplementing professional consultation. As shown, these officers do not have confidence in the inner resources of coping that are used to help them manage traumatic scenes. Debriefing that is coupled with self-motivation is seen as the solution.

While operational work acceptance and perseverance and self-motivation take place in the context of field work, another situational tolerance strategy of ***court outcome acceptance*** is also applied when officers are confronted with unpleasant court experiences. These include unfavourable court proceedings and decisions; facing various court questions by the lawyers who are handling the perpetrators' cases which are asked with the objective of confusing the officers presenting the evidence gathered; the lawyers distorting the officers' responses to the questions asked and influencing them to respond to their questions in a way that is in favour of the perpetrators; undermining the officers' competency in court; disregarding the entire evidence that they present; magistrates being influenced to make rulings in favour of the perpetrators; unjustified case withdrawals; and premature release of perpetrators from prisons. All these mean the loss of court cases by the officers. These also result in the trauma reactions such as fear and doubting their competence in handling the cases among the officers.

Whereas the preceding situational tolerance strategies and self-motivation help the officers face the work that is supposed to be done, court outcome acceptance makes the officers appear like cowards before the victims' next-of-kin and community members. This makes them believe that the officers do not handle the cases well and also suspect that they are bribed by the perpetrators not to give full evidence in court to ensure their release from custody. One field training officer had this to say about this situation:

We accept these court decisions even though you end up fighting with people in the community and the relatives as they think that you did not handle the cases properly. They sometimes conclude that you have been bribed whereas this is not so.

Court outcome acceptance is thus seen as an unbeneficial strategy to use by the officers. Nevertheless, it sustains them through the court experiences that they encounter.

The linear management of the impact of road accident cases in this instance involves the sequential experimenting with the combined roles of professional intervention and the several inner resources of coping. Using these inner resources alongside the professional help that is offered through debriefing services proves to be beneficial. While these inner resources are partially successful, their combination with the professional intervention that is trusted by the officers ensures the officers' survival by enabling them to continue with their work and to resolve some of the trauma reactions that are experienced.

Resorting to the support of superiors at work (***superior collegial support***) is an option when misunderstandings take place between the officers and community members, including victims' relatives, as a result of the unjustified court rulings. It plays a

mediatory role between the officers and community members because the officers confide in their superiors about such misunderstandings and the superiors arrange meetings between the officers and community members to clarify what happened and the reasons the perpetrators of these crimes are not convicted by the court of law as expected. Fortunately, the misunderstandings are resolved through this form of intervention and the officers survive. This is described as “coping with the situation”.

There is also *superior-peer support*, meaning that collegial support is not only restricted to the superiors. Officers also receive such support from their peers because they can also confide in other officers of the same ranks. Both the superiors and peers give the officers advice on how to handle the situations experienced. This form of support offers the benefit of managing the operational experiences encountered as the officers indicate that they cope with the experiences after such support.

In addition to the inner resources of coping, professional consultation and superior-peer collegial support, seeking the support of anyone outside work (*indiscriminate support*) is used. Work-internal support in the forms of professional consultation and collegial support is thus complemented by work-external support as in the case of the FCS/domestic violence officers. The strategy of indiscriminate support means confiding in anyone due to not having anyone specific to share with outside the work environment.

Nevertheless, those people are expected to have the ability to explain to the officers the situations that they are going through and they are supposed to be the officers' close acquaintances. Such people include close family members and close friends. This additional support benefits the officers by helping them understand the traumatic experiences encountered, with emotional composure which is described as feeling calm and better, as well as sustaining normal interaction between the officers and their family members by not offending them, especially children.

It is worth noting that the linear process of the management of the road accident cases also ends with forms of multifaceted support, thus also making this a public affair by the field training officers. This is also the case with FCS/domestic violence officers in their handling of rape and domestic violence cases. The difference is that spiritual strategies are not seen as an option to add to these strategies to ensure coping by the field training officers. Perhaps as the FCS/domestic violence officers suggest, the use of spiritual mechanisms, specifically prayer, depend on the spiritual characters of individual officers. In this case, lineally exploring inner resources and backing them within the social support network systems formed at work and outside work in conjunction with relying on the debriefing services that are offered by the helping professionals, ensures survival.

The deduction that I make here is that the strategies used to manage the impact of the critical incidents of road accidents and the unpleasant experiences in court are reported to be very effective as their role is dual. They ensure effectiveness at work and the sustenance of normal home functioning which is due to promoting normal personal functioning. This shows that the debriefing services, the inner resources of coping and the multifaceted support used by the field training officers complement one another, unlike among the FCS/domestic violence officers who often experience clashes between the inner resources and multifaceted support on one side and

debriefing services on the other side. This leads to the multilateral management of the impact of the critical incidents of rape that the FCS/domestic violence officers come across. In this case, the combination of these strategies both mediates the impact of the incidents and purges some of the trauma reactions that are experienced.

DETECTIVE OFFICERS' APPLICATION OF STYLES OF TRAUMA MANAGEMENT

For detectives, case investigation, specifically detecting cases by revealing evidence, forms an essential part of their operational work. This job leads to them interacting with both live and deceased victims. The cases that they regard as most severe are different types of rape, including those with 'insertions' (having broken sticks and bottles left in the victims' genitals), domestic violence, and murder, including ritual murders and murders with 'insertions' (having sticks inserted at the back of the heads of the victims). The precise application of coping strategies when dealing with those specific types of cases is also clear among the detectives as it is among the FCS/domestic violence officers.

The linear use of inner resources of coping in the management of the impact of rape cases

Regarding rape cases, the detectives use the linear style of trauma management whereby coping strategies are used concurrently and successively depending on the dynamics of the officer-victim interaction such as the needs of victims and when the detectives associate the victims' situations with their own situations. Working on cases of rape necessitates the use of the strategy of *operational work experience preparedness*. As with the field training officers, this is used as the initial strategy that prepares the detectives to face any type of situation at work. This is because the strategy is influenced by the condition of having the detectives' days and work controlled by the traumatic occurrences in the victims' lives. This is due to the fact that the work of the detectives is also unpredictable and requires the use of a strategy that can prepare them to handle any type of situation they come across during their operational work. This is a necessity because of the following reasons: work situations change on a daily basis as the detectives work on different cases daily; the work is made up of different experiences, including the needs of victims whose cases are investigated and those experiences determine the type of help to be offered to the victims; and the nature of the work is such that it cannot be planned as the plans made are interrupted by case occurrences, thus occurring in the context of unfavourable work conditions. For instance, a detective inspector explained the reasons for the application of this strategy by saying:

My day is controlled by the situation that I come across here at work. It is not the same as a farmer's work, meaning that today is the same as yesterday and I will continue from where I left off. It is controlled by the type of help that a person who comes here needs and I have to switch over to the person's situation in order to assist. You cannot plan for something that you do not know. You can, nevertheless, plan for something that happened the previous day in terms of how you can handle it. This might, however, be changed by what will occur today. Most plans are interrupted.

Despite being faced with uncertainties, using this strategy helps the detectives to be ready to face the traumatic scenes at any time and also equips them with the ability to offer the type of help that the victims need at a particular time. This strategy is primarily, self-oriented but also geared towards helping the victims.

The nature of the cases and victim needs also make the detectives to conduct case investigations which take place in the following contexts: dysfunctional sexual relationships as the detectives work on different types of rape cases, such as spousal sexual abuse, which involves spouses, specifically wives, being coerced into sexual intercourse by their husbands and violent rape as there are rape cases that are accompanied by violence, including ‘insertions’ and the murder of the victims. Gang rape of victims by groups of perpetrators also takes place. This includes the rape of victims repeatedly by those perpetrators, as well as statutory rape, that is, the rape of children by adults. This also creates the context of dysfunctional adult-child relationships. The context of trauma reactions among the detectives also takes place such as when the victims’ situations make the detectives to feel hurt. The victims’ experiences are transferred to the detectives and make them feel like they go through the same traumatic experiences as the victims.

Case investigation assumes different dimensions. The first dimension of case investigation is initial case investigation, which is the first investigation of cases that is influenced by the types of cases that are reported. The second dimension is vigorous case investigation which follows initial case investigation in which the detectives associate their situations with those of the victims, feel the same pain that the victims feel, and go through the same emotional distress that is experienced by the victims. When these forms of officer trauma reactions take place, the detectives feel compelled to adopt a vigorous stance to case investigation by making the necessary follow-ups on the cases. Going through the same ordeal, as the victims, as a result of exposure to the victims’ situations, makes the detectives handle the situations with determination and enthusiasm, the same way that they would investigate their own situations.

The objectives of these dimensions of case investigation, therefore, are preliminary case detection and making case follow-ups respectively. Nevertheless, vigorous case investigation is problematic to some extent as the vigour which is shown as a result of associating oneself in terms of experience and feelings with the victims, makes the detectives to perceive the situations attended to as problematic. For instance, a detective inspector illustrated the application of this dimension of case investigation by saying:

When I work on a case I put myself in the victim’s position. I feel the same pain that the victim feels. This then helps me to work on the case with vigour as I would be feeling as though the perpetrator did something to me. I put myself in the victim’s position in order to be able to make follow-ups on the case because if I do not do so then I will feel as though the victim’s situation is not a problem.

Therefore, the strategy of operational work experience preparedness is used within these two dimensions of the role of the detectives, initial and vigorous case investigations. Operational work experience preparedness is both victim-oriented and self-oriented as it has the goal of serving and protecting the victims. However, it is also used by the detectives to help themselves in the process of handling the cases. Preparation for the work is a crucial and beneficial strategy as it benefits the detectives by helping them to remain focused on their operational work, as well as to ensure that the victims receive the help that they need.

However, using this strategy within vigorous case investigation is self-defeating because vigorous case investigation is motivated by trauma reactions that are personally experienced by the detectives, thus leading to more trauma reactions in the detectives than helping them to cope. If vigorous case investigation were solely motivated by solving victims' cases, then the cases would be solved without the detectives being affected even further. Therefore, what is supposed to be the regulatory role of case investigation through controlling the victims' situations to prevent their further victimisation is thwarted by personalising the cases. This disturbs the smooth application of the strategy of operational work experience preparedness.

The introduction of self-protective strategies in the linear management of rape cases

As personal associations with the cases continue when the cases are investigated, especially cases involving children, the detectives resort to personal protective strategies. For instance, the strategy of *child education* is applied. This is similar to a stance of own child protection adopted by the FCS/domestic violence officers in such cases. Child education entails instilling the principle of determining own safety in the detectives' children by advising them not to walk around at night and teaching them to ask themselves the following questions, which are asked to ensure the children's safety: Where am I? What time is it? Who am I with?

This strategy is influenced by the condition of noticing that the detectives' children spend time outside home at night. This is attributed to permissive parenting within the detectives' homes. This causes severe distress for the detectives. In this case, the combination of permissive parenting, which forms dysfunctional family relationships and the officer trauma reaction of severe distress create the contexts within which the strategy is applied.

The condition of permissive parenting, therefore, raises concerns about the extent to which their own children are protected outside the home environment. It is also extended to other children within the communities as the detectives offer guidance to children in those communities about how they should protect themselves from rape. The strategy benefits the detectives by making them highly esteemed counselling figures in their communities. It means that the strategy helps the detectives to change their parenting style from being permissive to being involved in their own and other children's lives. This increases the chances of protecting their children from rape.

Another personal protective strategy that is also used within the context of the dysfunctional sexual relationships is *maximum force of shooting*. It is also applied in a context wherein perpetrators of rape resist arrest. This strategy is not a work procedure, but an inner resource of coping that is applied to handle the rape perpetrators who are resisting arrest. This strategy is similar to that used by the FCS/domestic violence officers to protect themselves from harm by the perpetrators. For example, a detective inspector described this strategy as follows:

There is another case that I worked on which could have made me to be expelled from work if I were not wise. However, I was not expelled because lucky enough I know how to present a case. I know how to present matter and to write a statement. This case is one in which I shot at a young man who was involved in gang rape. Four others ran away and he is the only one who was remaining. He ran away and went to Gauteng. When he came back, I had informal informants that I was using who reported that he was back. When I heard that, I knew that he could do anything and I did not give him time. He

was given an instruction not to leave home but he went out and ran away. I then shot him dead. However, the intention was not to kill him as he was shot on the legs. It is easy for a person to die whether he was shot on the arm or the leg.

Though this is a personal protection strategy, the SAPS does not approve of it as it ends in the unintentional murder of the perpetrators. Thus there are consequences that follow the use of this strategy such as the possibility of being laid off work.

I noted incongruence in this instance pertaining to the procedure of handling difficult or dangerous perpetrators during the FCS/domestic violence and detective officers' operational work. While the officers have a need to defend themselves from being harmed, the SAPS has the responsibility of protecting perpetrators from being victimised by police officers. This also appears as an ambivalent situation to the police officers. Nevertheless, self-protection is chosen by the officers over being hurt in the line of duty.

In order to address the possibility of the negative outcome of this strategy of being laid off work, the strategy of *self-defence* follows maximum force of shooting among the detectives. This is done through presenting the reasons for resorting to maximum force and writing proper reports to support the actions taken. This helps the detectives keep their jobs. This means that the successive use of the two strategies, maximum force of shooting and self-defence is crucial for job sustenance. In addition, success in using maximum force of shooting is dependent on individual detectives' ability to defend their decision of shooting at perpetrators who are resisting arrest, otherwise, this is detrimental to their careers. Nevertheless, the linear application of the three strategies of child education, maximum force of shooting and self-defence ensures the detectives' protection and their children's as well.

To sum up, the application of the strategies that are used to manage the impact of the rape cases takes place in linear form by using one strategy after another on the basis of situational occurrences, changes in the conditions that are encountered and the outcomes of the preceding strategies. This linear management style benefits the detectives as the strategies serve the mediatory, regulatory, and preventive roles even though these roles may not be fully achieved if used within the context of vigorous case investigation.

The linear use of inner resources to deal with the impact of murder cases

Murder cases appear to be the most difficult cases that the detectives deal with. As a result, the linear management style is used. Linear management takes place when the strategy of *operational work experience preparedness* is used as in the cases of rape. Unlike in rape cases where the strategy is influenced by the individual needs of victims, in this instance, it is influenced by the individual detectives' sense of duty as they are acting on behalf of deceased victims who cannot do anything about their own situations. The detectives also look out for members of the communities that the victims come from. While police sense of duty can be a strategy that is applied to deal with a particular situation, in this case it is an intervening condition. This is because the detectives are focused on their duty to serve the communities in which they are based, are concerned about the communities' trust in them to handle their situations for them and also being driven by the avoidance of betrayal of their communities which look up to them to solve their problems. This is especially so as occurrences such as geriatric murder take place. This is where old people who are in their pension

years are murdered in their homes. The murders are gruesome; they involve hacking the bodies of the elderly with objects.

The strategy of operational work experience preparedness is thus applied within the context of unfavourable victim circumstances. The condition of non-observation of the time for knocking-off work also takes place. This forms an unfavourable work condition, leading to the use of the strategy. Even though the time of 4 o'clock is set by the SAPS as the time for knocking off, the detectives know that their pattern of working is not in line with the knock-off time set as they work into the night when investigating the cases. Therefore, even though non-observation of the set knock-off time is perceived as a negative factor, this work condition prepares them to handle any type of situation they come across at work. The strategy of operational work experience preparedness helps ensure that the detectives offer adequate help to victims. It also helps them understand that they have to accept any situation that arises at any time of day and, thus, enabling them to continue with their operational work.

Due to the nature of the detectives' operational work, which involves working on all types of cases that occur before referring them to specialised units, and also the unpredictability of cases to be faced with and lack of routine, this strategy of operational work experience preparedness is one of the crucial inner resources of coping used to handle the nature of the work. Detectives completely depend on such preparedness unlike in the case of the field training officers where there are some instances in which the preparedness is accompanied by avoidance. My conclusion is that the combination of preparedness and avoidance can be due to the fact that the work of the field training officers encompasses training student officers to handle cases and, thus, the officers have the liberty to choose whether to face the cases or not or even choose which cases to focus on for the purpose of training. Among the detectives, however, whose work entails the investigation of cases and expected results of case investigation, avoidance is not an option. They have to handle all the situations regardless of their nature or severity. Thus one of the outcomes of using this strategy is that it helps the detectives to prevent avoidance of the cases.

When the investigation of a murder case is perceived as difficult, particularly if murder victims are children who have been gruesomely murdered, especially by family members as perpetrators, the strategy of operational work experience preparedness is accompanied by **operational work alertness**. This strategy entails approaching situations without fear and not having time for sleep, but merely resting. It also involves having informants in the communities, who provide the detectives with information pertaining to the cases. The detectives thus familiarise themselves with both the police procedures for investigating cases and the perpetrators' procedures for committing crimes in order to make case investigations successful. It also involves being mentally strong to handle the cases, and using tactics to investigate the cases. These tactics include conducting complete contextual investigation, which involves investigating every setting that a victim is a part of, for example, their homes, schools and others. For instance, a detective inspector described it as follows:

It is difficult to investigate such cases and this does not require a person who sleeps. No, you must just rest. Yes, you must have people whom you know will provide information... you must also know the procedure of doing everything, the police procedure of investigating cases. You must also know the

criminal procedure. If one does not know these things then he will have a problem as he will not be able to arrest anyone.

Operational work alertness is applied within the context of unfavourable victim circumstances, such as when children are killed and dumped, and murdered within their homes by family members. It is reported that the people who commit the murders are the ones involved in helping the detectives with the case investigations, which they do to hide evidence pertaining to those cases. The strategy is also used within the context of community expectations as the victims' relatives put pressure on the detectives to make imminent arrests of perpetrators. When exposed to such conditions, the detectives experience several trauma reactions such as negative perceptions of the cases as difficult; fear; loss of appetite; associating the victims' situations with their own situations; intrusions; and behaviours such as screaming and unexpectedly loading their firearms during the night. In this instance, there is a possibility of murdering their family members unintentionally.

Being watchful, therefore, helps the detectives to uncover the causes of the death of the victims. They gather the required evidence and arrest the perpetrators.

The combination of these two vigilance strategies, operational work experience preparedness whose focus is on being prepared to face any type of operational situation at any time and operational work alertness, which helps with being watchful and striking a balance between paying attention to what is happening at crime scenes and what is expected at work, is an in-group preference. It makes case investigations successful and ensures perpetrator arrests.

Observation of the gruesome manner in which victims are murdered such as in the cases of ritual murders where body parts of victims are removed by perpetrators, necessitates taking the victims' cases to court to have the perpetrators of the crimes convicted. Unfortunately, this results in perpetrators being given little bail which means that presenting the cases in court does not bring the expected results. Therefore, the lenient justice system, which operates within the context of deteriorating community morality, is dealt with through the strategy of ***court case presentation***, another form of vigilance. This strategy entails presenting evidence in court about the murder cases committed with the intention of having the perpetrators convicted.

Court outcome acceptance, which is a situational tolerance strategy used when court case presentations do not yield the desired results, takes place in the form of accepting court decisions not to convict the perpetrators or give them harsh sentences. The two strategies, court case presentation and court outcome acceptance are used successively. Court case acceptance is used to handle the negative outcomes of court case presentation.

The strategy of ***police sense of duty***, which is a very common strategy among the detectives, is used concurrently with the strategy of operational work experience preparedness. The sense of duty influences the detectives' preparedness to face any situation at work because as an accountability strategy, the police sense of duty drives the detectives to do their work regardless of types of situations they face.

Police sense of duty thus supplements operational work experience preparedness. It involves consideration of the fact that one is on duty when faced with traumatic murder scenes. It makes the detectives have the understanding that they will be faced with such traumatic scenes on a daily basis and also that these are still going to take place even in the future. The detectives maintain focus on the work done and also realise the need to be sensitive to the aspects of the scenes they are exposed to. This conceptualisation of the police sense of duty is evident in one of the detective inspectors who described it as follows:

In other words, it means that when we cordon the scene or you find it cordoned off during the investigation process, you will go around the corpse and mention anything that is missing and that is there. Therefore, when the person has been hacked and the legs are folded it means that you must unfold the legs in order to see everything. You must check whether or not the genitals are there then you must jot down each and every link that is there in order to give a full report of what you saw at the scene, including how he was hacked and the direction that he was facing. You will then give the information to those who will do further investigations.

A detective captain added the following:

The situation was so bad that I would not be able to accept it if I were not at work and on duty. First, I understood that it was part of the work that I had to do on a daily basis and that I would come across other similar situations. I also understood that as a person working in the detective unit, I understood that if I did not remain focused then I would end up not seeing the things that would help us as we were continuing with the investigation. I have to be sensitive and know that if I lose focus and concentrate on the unacceptability of the situation then this can make me to leave the crime scene without seeing how everything happened. Therefore, some things will not add up when making follow-ups. It will have an impact because the investigation will not be proper if I have overlooked crucial information or evidence at the crime scene. It would make the investigation unsuccessful as some crucial aspects or information would not have been observed or not properly gathered from the start.

Just like in the situation of rape cases, the strategy of police sense of duty helps the detectives face work rather than avoid it as they do not have a choice in this regard. That way the police sense of duty supports the goal of operational work experience preparedness. Other results are that the detectives are able to tolerate the horrific scenes they are exposed to, conduct proper, organised scene follow-ups as the evidence gathered enables them to make follow-ups on the scenes, and gather complete evidence at the murder scenes. Thus, solving the cases makes case investigations successful.

While the vigilance strategies of operational work experience preparedness and operational work alertness make the detectives' work easier to handle, the successive use of the vigilance strategy of court case presentation with the strategies of court outcome acceptance and police sense of duty partially benefit the detectives. I noted another form of inconsistency here. There is no agreement between the operation of police officers and the judicial system regardless of the sense of duty displayed by the officers to ensure that crimes such as murder are curbed. This is because, where arrests are made through the strategies that are geared towards regulating the occurrences of the crimes, the perpetrators are released from prison before they complete their sentences. Such a discrepancy, according to the detectives, perpetuates those crimes and makes law enforcement lose respect among community members.

Just like in the instance of rape cases, operational work experience preparedness is used within the context of case investigation. However, in this case, the case

investigation takes different dimensions, namely, personal case investigation and further case investigation. Personal case investigation entails making a personal decision to investigate outstanding cases, while further case investigation means making follow-ups on the cases.

During the course of helping the primary victims who are murdered by ensuring justice on their behalf and the secondary victims, specifically the victims' next-of-kin, the detectives further display the *police sense of duty*. This strategy is influenced by both internal and external factors. The internal factor refers to the detectives' negative perception of the cases handled. This factor necessitates the use of a strategy that can help them sustain their focus on the work. This is because the investigation of horrific scenes is part of their job description. This strategy has the same benefits for the detectives as when it is used together with court case presentation and court outcome acceptance. These include being able to tolerate the horrific scenes they are exposed to, gathering complete scene evidence, conducting proper, organised scene follow-ups as the evidence gathered enables them to make follow-ups on the scenes, and successful case investigations.

External factors that determine the use of this strategy include the expectation at work that detectives can attend to the cases regardless of how the cases affect them. In this instance, showing police sense of duty helps the detectives continue with their operational work and also enables them to identify the victims' body parts at murder scenes. Another external factor is observing trauma reactions among their colleagues such as mental illness described as "being mad" by the detectives and dissatisfactory occupational performance. To them, therefore, maintaining a police sense of duty helps them to continue their work despite these factors.

Due to the unavailability of debriefing services, the strategy of showing police sense of duty is used as compensation for the lack of debriefing services. This is evident for instance in the words of a detective captain who said that:

In most of the cases there must be some counselling for those who cannot accept. This is because you will end up one of the good days having a problem psychologically. Some of them end up being mad and the performance at work is not satisfactory. That means that the person has chosen the wrong career path. So it needs a strong and dedicated someone to be a detective. That is why they say that we are the angels. I mean that a case can be committed during the night or at dawn without witnesses, but at the end of the day, we prove it. That is the reason I say that it needs a dedicated someone. Sometimes you have to transport the body. You have to do it and you have to be with the doctor in the post-mortem room when he is conducting the post-mortem. The doctor is only a professional on conducting post-mortems, but he does not have knowledge of the investigation in terms of what you are looking for in that particular body. You are the one who must direct him. He will do it for you because he specialised in that area.

When used as compensation for lack of debriefing services, police sense of duty also has various benefits for the detectives. This enables them to refer cases for further investigations because of the complete evidence gathered and full reports compiled. It prevents them from having mental illness which is described as preventing "being mad", "being a different person" and "not understanding what you are saying". It also prevents somatic illnesses, such as vomiting at the murder scenes when seeing corpses, not finding corpses disgusting, being able to physically handle corpses, prevention of fear and not conducting case investigations far from the murder scenes and corpses. This is enabled by an aspect of the sense of duty, which is active

involvement in the murder scenes and not being afraid to handle items that are found at the scenes, specifically handling corpses. This is described as “joining the corpses” and “being friends with the corpses”. A detective inspector illustrated this as follows:

If you do not join the corpse once you are at the scene then you will go mad. If you do not join the odours at the scene then you will become a different person. You will not understand what you are saying. When you visit a scene with a smelly or dead corpse you join it. You must be part of it in order for you to work otherwise you can vomit. In other words, I must be one with and a friend of the corpse as a crime investigator. If I do not become one with the corpse then I will not be able to work on it. I will leave everything unattended because I will find what I see revolting. Joining it helps in being able to work with it. If I see a finger then I should be able to touch it without being afraid, in order to ensure that the body is complete. I should not be afraid of it and investigate it from a distance. I must be close to the body.

Another external factor that influences the use of this strategy when confronted with the murder cases is continuous exposure to the traumatic murder scenes. In this case, the strategy of police sense of duty also enables the detectives to face their operational work and to actually do it. While being able to continue with the work due to showing this sense of duty, the strategy of police sense of duty is sometimes accompanied by the strategy of **perceptual numbing** during the unavailability of debriefing services. It is described as “suppressing the consciousness”, which means restraining the senses, specifically the sense of smell, in order to prevent being perceptually aware of what is at the scenes.

While perceptual numbing appears like a trauma reaction, it is used as a strategy to prevent certain reactions, including the prevention of perpetual somatic illnesses, as well as ensuring that the detectives can handle corpses. This would be difficult if the detectives had heightened sensations when working at the murder scenes. It is shown to be a better strategy than some strategies that the detectives could use such as covering their noses when handling rotten, smelly corpses. For instance, a detective inspector described it as follows:

In other words, I must suppress my consciousness. If I do not shut it then I will not be able to work. I must suppress certain things. If there is an odour of the corpse and I have to put up with it then I must do so otherwise I will not be able to work with it. If I have illnesses then I will collapse because of inhaling the odours. Even if you have covered your nose, you can still smell the odour.

Therefore, the combination of the strategies of police sense of duty and perceptual numbing within this linear management style plays a dual role of ensuring non-avoidance of the murder scenes and toning down on the impact of those scenes on the detectives. It is interesting to note that a similar linear form of management of the impact of critical incidents is observed among the field training officers who successively use the strategies of operational work experience preparedness and mixed operational work experience preparedness-avoidance. This also has an element of being sensationally numb to the scenes of murder in road accidents in order to achieve similar goals. However, while the field training officers restrain their sense of sight, the detectives restrain their sense of smell. The detectives cannot avoid looking at the items at the scenes as it is explained that taking note of what is there is a vital aspect of showing their police sense of duty, and also crucial for gathering complete case evidence. Perceptual numbing, therefore, enhances the strategy of police sense of duty among the detectives.

The strategy of police sense of duty is also used in conjunction with other strategies whose function is to strengthen and encourage individual detectives in order to show the accountability displayed through the police sense of duty. For instance, while perceptual numbing focuses on restraining the full functioning of the sense of smell, the police sense of duty is accompanied by another strategy of *emotional restraint*. This means controlling the emotions experienced by the detectives. This is necessary in order for the strategy of police sense of duty to be applied effectively and to achieve the set goals. This is because the strategy of emotional restraint entails consideration of the detectives' position of being law enforcement officers. This helps them avoid speaking negative words concerning the observed scenes that could influence community members, particularly the observers of the scenes. Inappropriate words could lead to negative feelings among the community members towards the perpetrators of the murders and to revenge against them.

The strategy of emotional restraint is further accompanied by the strategies of *thought redirecting* and *state operation-change optimism*. Redirecting one's thoughts is due to the condition of continuing to experience the negative emotions despite trying to control them. This means that the strategy of thought redirecting is used as a supplementary and corrective strategy and a consecutive strategy as it follows the strategy of emotional restraint and addresses its shortcoming of not being able to restrain the negative emotions permanently. This role of redirecting thoughts is shown through achieving emotional control by quickly changing the thoughts that are held during the scenes, the consideration and understanding of the detectives' positions of being law enforcement officers when confronted with traumatic scenes, and also perceiving themselves as police officers than mere human beings.

The detectives also have hope that the state will change the way that it operates in the future (state operation-change optimism). This involves having hope that the state will realise the common traumatic scenes that the detectives are exposed to and devise ways of lessening the trauma that is experienced; and give more power to the justice personnel to make decisions particularly pertaining to handling the perpetrators' cases and instituting arrest without parole. This adds the advantage of helping the detectives to maintain the hope that the state will introduce changes to the way that detectives do their operational work to make it easier for them.

The linear use of the strategies of emotional restraint and thought redirecting proves its purpose of playing the role of strengthening the objective of showing police sense of duty when attending to the murder cases by reminding the detectives of their position as law enforcement officers on whom community members depend for the task of investigating the traumatic cases of murder. Even though the sequential use of the strategy of state operation-change optimism with these two strategies does not bring tangible results, it adds an aspect of hope to these strategies, thus also encouraging the detectives to hold on to their position of policing.

In addition, the sequential use of the various strategies (perceptual numbing; emotional restraint; thought redirecting; state operation-change optimism) helps the detectives to remain focused and be able to continue doing the work despite the traumatic experiences encountered. This is because these strategies have a common purpose of exercising some degree of control over certain aspects of the detectives like their senses, emotions and thoughts, as well as suppressing the pessimistic

outlook of the role of the state in their operational work. Relying on the use of the inner resources of coping also appears to be of significance among detectives when handling murder cases.

The role of organisational support, inner resources of coping and multifaceted support in the linear management of ritual murders

While the inner resources of coping in the foregoing linear management of the impact of cases focus on murder cases in general, exposure to ritual murder scenes during the first year of work requires both organisational support in the form of debriefing services and application of other inner resources of coping. Exposure to these cases in the first year forms the starting point for the need for debriefing services among the detectives. In this case, the detectives combine the strategy of *arranged multidimensional professional consultation* with the strategy of *police sense of duty*. The strategy of professional consultation is described as receiving counselling from the helping professionals within the SAPS, specifically psychologists and social workers with whom arrangements are made by superiors on behalf of the detectives. The arrangement is made in order to help them handle the impact of those cases.

The use of this organisational support strategy, however, does not require the multilateral style of trauma management as in the case of the FCS/domestic violence officers who move across the use of the debriefing services, other forms of support and their inner resources of coping. These detectives use the debriefing services, other forms of organisational support and their inner resources of coping in a sequential and mutually dependent way, depending on situational occurrences and personal needs.

Therefore, the linear style of trauma management used is motivated by two needs: doing the operational work adequately and personal healing. While these two needs are also met through the debriefing services among the FCS/domestic violence officers, the detectives' use of the inner resources of coping is not influenced by the aversion of professional intervention as is the case among the FCS/domestic violence officers, but the inner resources are used purely to supplement debriefing in order to meet these two needs.

The two strategies of police sense of duty and arranged multidimensional professional consultation are initially used concurrently to manage the impact of exposure to the traumatic ritual murder cases when the detectives find it difficult to tolerate exposure to the first scenes of ritual murders, and when the trauma reactions experienced are persistent, or they have a changed spiritual outlook of life which is described as "being distressed morally". The combination of these two strategies is thus used in the context of unfavourable work conditions such as first exposure to ritual murders, repeated exposure to the murders, ritual murders that are preceded by rape of the victims, conducting post-mortems of cases of ritual murders, and observation of malfunctioning in fellow-officers as a result of exposure to such cases. They are also used in the context of officer traditional beliefs as the detectives have a traditional superstitious belief that they are supposed to have respect for the dead by showing reverence for them and that they will die if they see or come near dead persons.

All these experiences and beliefs lead to the experience of officer trauma reactions such as fear, perceiving exposure to a first case of ritual murder as difficult, which is described as being "hard", and loss of appetite that lasts for a week after exposure to a

first ritual murder scene. The detectives thus prefer to drink milk as a substitute for meat. They also have thoughts related to the objects observed in the ritual murder scenes, specifically the flesh of corpses, loss of interest in sexual intercourse with their wives, and pain which is felt due to being parents who are exposed to traumatic cases of women and children as victims.

The debriefing services, through the professional consultation, help prevent psychological problems which are described as “having problems psychologically” and “being mad”, as well as the prevention of ineffectiveness at work. This shows that as in the instance of the FCS/domestic violence and field training officers, debriefing services are effective for the management of both personal and work-related problems after exposure to traumatic situations, in this instance, ritual murder scenes. Other results include the ability by the detectives to manage the impact of the cases they are exposed to, continuing with work, satisfactory family functioning which is described as “living harmoniously with family members” when returning from work, and restoring normal functioning in general. This shows the significance that the detectives attach to welcoming organisational support in conjunction with the use of their inner resources of coping, in order to handle the impact of the ritual murder cases.

This combined effort of relying on the detectives’ inner resources of coping and organisational support is further shown when the condition of lack of debriefing services at work necessitates the use of the strategies of *academic study* and *play*. Academic study entails enrolling for academic studies and continuing to study. This is used to equip the detectives with knowledge on the cases handled, as well as keeping themselves busy. This assists the detectives by helping them to avoid venting out anger caused by traumatic work on other people, introspection as they use the content of the books that they are studying to analyse the way they are conducting themselves in life and judging the behaviour as acceptable or unacceptable, thus also preventing maladaptive behaviour. It also helps them to forget about work-related problems by preoccupying themselves with studying.

Play is described as involvement in constructive activities. Such activities include watching pleasant programmes on television; reading books; involvement in sports; and doing physical exercises. It has several benefits for the detectives, which serve to redirect thoughts of the traumatic scenes observed, mould behaviour, promote good interpersonal relations, including closeness to their wives, and gain their wives’ respect on the basis of the good behaviour displayed and the closeness established. This strategy further prevents being exposed to cues in the environment which can serve as reminders of the traumatic scenes that they are exposed to. The detectives manage to have enough sleep and rest. Play prevents loneliness as the detectives surround themselves with the company of other people, prevents constant thoughts about the cases, and helps them to separate work from their personal lives.

When the condition of being expected to bring results such as proving cases and arresting perpetrators of murder without receiving support in the form of debriefing services takes place, academic study and play are supplemented with *community support*. This encompasses receiving support from the communities that they serve. Community members no longer hide information pertaining to the cases of murder as they used to before, but serve as informants for the detectives. This results in making

case investigations easier as there is information-sharing between community members and the detectives pertaining to the crimes committed.

The collegial support of unit commanders who are also referred to as managers (*superior collegial support*) is used when faced with murder cases of children, which are accompanied by rape. The strategy benefits the detectives by helping them regain a calm mental state. This state is described as being enabled to focus on doing the work. When trauma reactions persist despite receiving this kind of support, commander collegial support is supplemented with arranged multidimensional professional consultation at work.

Other forms of support that the detectives rely on are *across-rank collegial support* whereby the detectives receive support from colleagues in different ranks, specifically peers, unit commanders and station commissioners. It helps them gain a positive perception of their role and enables them to continue with the work. *Familial support*, including *spousal support* is sought when the detectives face the condition of perceiving the task of investigating such cases as difficult. This shows that a distinction is made between types of strategies that are needed to handle types of cases that are defined differently. When cases are labeled as traumatic experiences then the strategy of debriefing is used. However, if cases are seen as mere difficult operational work then spousal support is resorted to.

The strategy of familial support also accompanies the strategy of *operational work alertness*. This means that while being vigilant in conducting case investigations, confiding in family members, including spouses and making them aware of the experiences encountered at work and possible disturbances at home, is also necessary. *Personal pastoral support* is also used. This is support that is received from pastors in the detectives' churches. These pastors are regarded by the detectives as the most trusted figures outside the work environment. Receiving the pastors' support results in being encouraged to continue doing the work. The detectives also receive *victim next-of-kin support*. This is when the victims' relatives show understanding of the effort made by the detectives in investigating the victims' cases. Victim next-of-kin support was described by a detective inspector as follows:

There are people who encourage me. The people who specifically encourage me and understand are the victims... the relatives of the victims. Usually when I have worked on a case but were unable to arrest the perpetrator, they may come to talk to me and thank me for a good service I rendered to them even though the perpetrator was not arrested as they would have desired. This is because the perpetrator can commit a crime and run away or not be known as they may not be sure of who he is even if some people saw him. If this happened on the streets during the day then there could be some people who witnessed the occurrence, but are afraid of providing information as they could be afraid of the perpetrator as they know how he is. However, the victims' relatives may provide a lot of support. Even when they phone, they speak to me in such a way that they show understanding of the effort that I made. They may ask if he has not yet been found and I would tell them that he has not yet been found.

The use of the various forms of support helps instill the perception that the detectives themselves are strong men. This is especially the case when they receive support from senior colleagues who make them believe that they are strong enough to handle the traumatic cases that they are faced with. They also receive comfort, specifically from their spouses, are able to understand the nature of the operational work that they are doing, and are encouraged to continue doing the work. The detectives also show efficiency in the way that they do their work. Even though they experience the

problem of going back to having mental pictures of the murder scenes, the strategies ultimately help to erase the mental pictures that they recall. It is also interesting to note that collegial support is preferred over familial support due to the fact that familial support could result in the detectives' secrets being released to the community by family members.

Furthermore, while the FCS/domestic violence officers mostly prefer the support of their spouses when they are seeking support outside the work environment, the detectives see their own pastors as the closest people to offer such support outside the work environment. This is due to the type of encouragement that the detectives need in investigating such traumatic ritual murders which require them to be strengthened spiritually. In addition, as with the other officers, management of the impact of some cases requires the detectives to make the management process a public affair by combining their inner resources of coping with the support of other people. In this case, the linear management of the impact of ritual murders involves using their preferred inner resources of coping, with the support of the general community members, colleagues, family members, their pastors and relatives of the victims.

The encouragement needed by the detectives is also sought in other various avenues. For instance, it is derived from the combination of the following strategies which are used to supplement one another: the strategy of *course attendance* is used. This involves detectives attending courses on conducting post-mortems. Course attendance enables them to direct post-mortems and solve cases without making an effort. They also rely on *teamwork*. This entails working together with other officers in the units such as photography, dog and fingerprint units, to conduct investigations at the scenes and gather sufficient evidence on the cases. This strategy reduces the degree of distress that is experienced. *Arranged pastoral consultation* entails receiving spiritual support from the chaplains within the SAPS helping professions. This is arranged by the superiors, specifically the station commissioners, in order to offer assistance to the detectives on how to deal with the impact of the cases. This form of support helps them with spiritual encouragement. The detectives also use the strategy of *reading written material*. This is a personal development strategy which encompasses reading books and newspapers on crime scenes and comparing how these are handled by other officers in other policing areas. The detectives gain the realisation that the scenes that they handle are not as difficult as the scenes that they read about. This encourages and strengthens them to face those scenes. Last is the strategy of *watching television*. This is another personal development strategy. It entails watching police television referred to as POL TV. This is meant to teach officers how cases are handled. It helps redirect the negative thoughts of the detectives by helping them learn constructive ways of handling the cases.

While all these strategies (course attendance, teamwork, reading written material, watching television and arranged pastoral consultation) are used together during the detectives' first year of working to encourage them to get used to operational work, these strategies, in addition to across-rank collegial support and personal pastoral support, continue to be used together with *advanced operational work experience* and *police unit interest* after the detectives' first year of working. Advanced operational work experience encompasses adapting oneself in the field of policing. It also involves working for several years on specific types of cases, in this instance, ritual murders, being actively involved in detective work like investigating cases, and

handling corpses. This leads to being familiar with and accepting the cases that are investigated. Thus, it results in acquiring sufficient knowledge on how to handle the cases through continuous exposure to the cases. The trauma reactions such as distress and fear that were experienced cease and other reactions are alleviated. Such alleviation is evident when the detectives experience trauma reactions for shorter periods of time compared to before acquiring the years of experience in the work. This strategy is described as follows by a detective inspector:

No, it only affects me for a few hours and I go back to work as I am now used to seeing these things. I am used to seeing them and they are no longer as frightening as before. I am used to seeing them on a daily basis. Working in the first year was problematic due to seeing dead bodies for the first time. I was not exposed to such things and it was very frightening. However, I have now accepted the situations.

Police unit interest entails showing interest in working in the detective police unit and perceiving the operational work done positively. It results in reducing the number of trauma reactions that are experienced. Another detective inspector had this to say about this strategy:

I do not know how to phrase this. The work of being an investigating officer is like a calling. I am now used to it and I also maintain interest in the work in such a way that I no longer experience any problems. I see it as work to an extent that it does not bother me when I do it. Even if cases can be severe to a particular extent, as an investigating officer, I do not have a problem attending to such things. Sometimes I do not feel comfortable when I have to work at the community service centre. I really like working on cases out there in the field with all my heart. It does not matter the condition in which I find a corpse, I do not experience any problem.

Integrating these two strategies of advanced operational work experience and police unit interest with the preceding strategies after several years of work experience shows that while the detectives can be familiar with the operational work done and show interest in doing it, they still need more knowledge, teamwork and encouragement to do the work even after several years of working. These strategies that offer knowledge, teamwork and encouragement are used successively to benefit the detectives from the outcomes of each. The use of these strategies during the first year of the detectives' operational work and integrating the strategy of advanced operational work experience with police unit interest in the latter years of the operational work, show that there are different trauma reactions experienced when attending to traumatic cases at different stages of the detectives' work, and that there are different coping strategies that are relevant to those types of cases.

For instance, there are first traumatic cases. These refer to traumatic cases that are investigated during the first year of work. In this case, reactions such as loss of appetite and fear are experienced. These are dealt with through police sense of duty and police unit interest which accompany the organisational support strategies of debriefing services and course attendance. There are also initial traumatic cases, which are traumatic cases that are investigated during the first five years of work. Latter traumatic cases are also encountered, which are traumatic cases that are investigated after five years to present day. Stress is associated with working on the initial and latter traumatic cases. Advanced operational work experience, which is accompanied by police unit interest, is reported effective in addressing the trauma reaction of stress when working on the initial and latter traumatic cases.

The first and initial traumatic cases are the most devastating cases to the detectives. These require the use of a combination of various strategies. This means that the nature of cases that detectives are exposed to such as brutal murders, including ritual murders require some degree of experience, interest, knowledge and teamwork to work on such cases, in order to handle them adequately and either alleviate or eradicate the trauma reactions associated with the handled cases.

Preference for the use of debriefing services, as a result of persistent trauma reactions is also supplemented with the use of strategies such as *individual prayer* as some of the detectives have the customary practice of communicating with God. *Having faith in God* entails believing that all situations encountered, including traumatic situations, are divinely arranged by God to be experienced by the detectives. *Self-motivation* means that the detectives encourage themselves by reminding themselves that they took the initiative to involve themselves in the work of policing and that they can do it. *Family sense of duty* means that the detectives continue to do the work as a result of being motivated to provide basic resources for their families.

The combination of the two spiritual mechanisms, faith and prayer, add to the personal and work-related benefits of debriefing services by strengthening the detectives spiritually and giving them the courage to face the operational situations and to succeed in doing operational work such as proving cases and arresting perpetrators. Self-motivation helps eradicate the distress that is experienced and family motivation helps them focus on continuing with the work. Therefore, these are used successively and, in addition to debriefing services, to benefit from the outcomes of each strategy.

While the FCS/domestic violence officers have a problem with arranged debriefing services and prefer self-initiated debriefing services, the detectives generally embrace the arranged debriefing services. An avoidance strategy of *shunned debriefing services*, however, is used by very few of the detectives. While the trauma reactions experienced after exposure to the murder cases such as in rape with 'insertions' and murder with 'insertions' whereby objects like broken sticks are inserted at the back of the heads of the victims, are acknowledged, debriefing services are not regarded as an option to help because of undermining the services. The outcome of this aversive behaviour is that the detectives experience psychological problems later on.

Changes in conditions when handling murder cases leading to the linear application of more strategies

When self-protection is necessary during murder case investigations, the strategy of *maximum force of shooting* is applied. It is particularly used when the detectives deal with perpetrators who are difficult to handle because they are too strong for the detectives, may overpower them or when there is a possibility of murdering the detectives using their own firearms. While this strategy helps prevent further crime occurrences, it also has negative consequences of injuring perpetrators and detectives facing possible assault charges. This adds to the issue of inconsistencies between the operations of police officers and their safety in the line of duty. It also shows that it is not only the perpetrators of the crime of rape who have the potential to kill officers in the line of duty, but the perpetrators of murder as well.

Court proceedings and decisions add another dimension to the linear strategy application. The strategies of *court outcome acceptance* and *perpetrator sentence acceptance* which are situational tolerance strategies are influenced by different factors. While among the FCS/domestic violence and field training officers these strategies are used due to lawyers' manipulation of evidence and unjustified court decisions, among the detectives the strategies are used as a result of perpetrators denying the crimes committed and the detectives being stripped of the power to do anything about it. As much as the state does nothing about the situations, the detectives also choose to leave the situations as they are, thus accepting the court outcomes.

Poor organisational support acceptance entails detectives keeping troubling issues to themselves by not disclosing them to their superiors. They decide not to care about lack of support by their superiors when they face challenges at work. This situation is described as "lack of good leadership". The detectives also continue to do the work without asking questions. This form of acceptance, however, does not solve the problems but maintain the status quo. For instance, with perpetrator sentence acceptance, the detectives end up without evidence to prove the cases and do not solve the problem of perpetrators being freed because of lack of evidence. Even though poor organisational support acceptance helps with protecting themselves from emotional distress, the conditions of poor leadership and ill-treatment from fellow-officers continue. This shows that the situational tolerance strategies have an element of avoidance which never improves the detectives' optimal functioning at work. This is the same observation that I made among the FCS/domestic violence and field training officers.

In addition, the lack of support from the state, that is, not supporting the detectives' decisions on how to handle perpetrators who deny committing the crimes that they are suspected of is dealt with through the strategies of *self-motivation* and *community support*. These strategies are also used to address lack of organisational support in the forms of unavailability of work resources such as cars, inadequate remuneration and unavailability of debriefing services. These two strategies are used concurrently and both follow the use of the strategy of perpetrator sentence acceptance. This helps alleviate perceiving the work of policing as a problem.

Apart from these challenges is the organisational challenge of lack of promotion. This necessitates the application of the strategy of *work competence appreciation* as the detectives opt to focus on their ability to do the work rather than the incentives received for doing it. This assists the detectives avoid absenteeism and committing suicide.

In summary, the strategies of operational work experience preparedness and alertness are used by the detectives when handling murder cases and these form the basis of managing the impact of those cases. These two strategies, together with police sense of duty, advanced operational work experience and police unit interest, are some of the crucial inner resources that the detectives rely upon to cope. The linear use of the inner resources, organisational support and forms of multifaceted support to deal with the impact of murder cases helps curb further victimisation of the victims, mediates and purges the trauma reactions that are experienced by the detectives, and also prevents their physical harm when they are on duty. Debriefing services also form an

important part of coping for most of them. It is not perceived as a problem that has to be avoided by the majority of the detectives.

The linear use of inner resources to manage domestic violence cases

As among the FCS/domestic violence and field training officers, domestic violence cases are dealt with by detectives through the linear style of trauma management. As the detectives investigate all types of cases and are faced with unpredictable situations on a daily basis, the strategies of *operational work experience preparedness* and *operational work alertness* form an integral part of their trauma management. These strategies help them to focus on helping victims, gather necessary evidence and arrest the perpetrators.

Domestic violence cases involve a lot of counselling of victims and perpetrators for officers in different police units and the detectives are not an exception. During case investigations, when the victims and perpetrators of domestic violence initiate consultation with the detectives, perpetrator counselling takes place. This entails inquiring about the causes of the domestic conflicts and advising the perpetrators on how to conduct themselves in the future in order to prevent the conflicts. This is particularly so when the victims are the first ones to report the crimes committed and the detectives conduct the counselling on the basis of the reports received from the victims.

The strategy of *victim help* of focusing on detectives strengthening themselves mentally in order to assist the victims to resolve their domestic problems is used within the context of perpetrator counselling. This is done when perpetrator counselling has failed and when the distress experienced by the detectives in such situations becomes severe. This is distress that is similar to that experienced by the victims. Victim help is resorted to because it ensures that by helping the victims, the detectives are able to manage the trauma reactions that they experience. Victim help thus means resolving the detectives' distress.

The strategy of victim help is accompanied by the strategy of *advanced operational work experience*. When the detectives take the domestic violence cases seriously, that is, as cases not to be ignored, advanced operational work experience is used. This means relying on their years of operational work experience to handle the cases. This leads to several benefits such as gaining knowledge on the cases the more they are exposed to them; good family functioning by learning to avoid family conflicts on the basis of the cases that they are exposed to; and preventing suicide.

Other benefits are as follows: rather than having negative perceptions towards their work and avoiding it, the detectives grow to enjoy their work; they gain sufficient experience on handling challenges encountered in life in general not just at work; they are able to cope with problems that are encountered in life; and they are able to interact with community members well by understanding how they typically behave and how they are supposed to relate with them in a constructive way. For instance, one of the detective inspectors said the following about the application of this strategy:

Let me say that most of the police officers who take these cases seriously have good families as a result of experiencing those problems at work. It means that when I arrive at home and my spouse is doing something that I do not approve of then I will not repeat the mistake made by the victim and

perpetrator. Hence, I do not expect suicide to occur among police officers or fights with our family members as we experience these things on a daily basis. We are the ones who help to solve people's problems and we, therefore, learn from such experiences even if we see them for the first time.

This strategy together with the vigilance strategies of operational work experience preparedness and operational work alertness, thus help the detectives to concentrate on doing their work, while helping the victims and perpetrators. They also improve their personal relationships with others, specifically family members through learning some lessons from the cases that are handled. The strategies are thus strengthening and educational in nature.

When observing victims who are severely injured and covered in blood all over their bodies to a point of requiring hospitalisation, the detectives use the strategy of **police sense of duty**. This strategy enhances the role that is served by the strategy of victim help. In this instance, police sense of duty means being encouraged to help the victims out of their ordeal and working hard to ensure that this is done quickly. **Family sense of duty**, which means that the detectives are motivated to provide for their families, is also applied when the detectives are faced with the same condition. They are motivated to continue earning a living for their families despite the difficulty of the domestic situations that they are exposed to. A detective inspector described this strategy as follows:

If I stay at home then it means that I will not earn a living. I will not work. What encourages me to go back to work is to provide for my family and seeing my children going to school. This means providing for my family.

Witnessing such severely injured victims also leads the detectives to use the strategies of **individual prayer** and **faith in God**, thus making the four strategies, police sense of duty, family sense of duty, individual prayer and faith in God, same-source-arbitrate strategies. This is because all these strategies have the same causal and intervening conditions. Individual prayer entails praying for personal safety when working in the field, requesting for God's assistance with handling all types of situations when at work and interceding for the human race, specifically for people to start treating one another like fellow-human beings rather than animals. Faith in God accompanies the strategy of individual prayer and focuses on believing in God even for things that have not yet been seen and believing that they are protected by God. The concomitant use of the two strategies helps the detectives with spiritual tranquility which is described as "feeling better inside".

The combination of inner resources and familial support in the linear management of domestic violence cases

As in the case of murder, when there is lack of debriefing services after handling domestic violence cases, the detectives resort to **familial support**. In this instance, the support is received from spouses, mothers and siblings. The strategy generally assists the detectives to understand the operational work that they are doing and to alleviate the trauma reactions that are experienced.

However, there is selective sharing with the spouses in these cases on the basis of the confidentiality principle and the age of some of the wives who are seen as too old to handle the impact of the cases. The detectives thus decide on the selective sharing to

protect their wives' mental health. The confidentiality principle also leads to selective sharing with the detectives' mothers and siblings.

This form of support benefits the detectives and helps them have objective views of their operational work. It helps them understand the reasons for experiencing some trauma reactions and how to alleviate them. Detectives are able to maintain focus on work, and the wives are said to be the most reliable sources of information about causes of their possible deaths should anything happen to them while in the line of duty. However, the support does not help get rid of the trauma reactions that are experienced. Instead there are times when the detectives regress to experiencing those reactions even after receiving the support.

The detectives also compensate for lack of debriefing services through the strategy of *academic study*. They keep themselves occupied with academic studies and this assists them with the same benefits as when applied in the murder cases. These include not externalising anger to others; introspection; preventing maladaptive behaviour; and forgetting work-related problems. They also rely on *self-motivation*. This requires one to ask oneself several questions about the operational work that is done and its impact on one. It also involves providing answers for such questions. Self-motivation helps the detectives to continue doing the work. As in the murder cases, the strategies of *play* and *spousal support* are also used to compensate for lack of debriefing services. These result in the detectives understanding the operational work that is done, redirecting their thoughts about traumatic scenes, moulding behaviour, ensuring good interpersonal relations and preventing constant thoughts about the cases.

To sum up, it is important to note that the combination of the inner resources of coping with strategies that are victim-oriented is to enhance the degree of self-help derived from the linear management of the impact of the domestic violence cases. This is because the detectives believe that by helping the victims cope with their situations and prevent their further victimisation, will help them derive satisfaction from helping the victims.

Furthermore, operational work experience preparedness and alertness are still crucial in initiating the linear management of the impact of the domestic violence cases. These, together with police sense of duty, advanced operational work experience and self-motivation, are the vital inner resources used among others. While police work interest is important in handling the impact of the murder cases, self-motivation is used in the cases of domestic violence. The application of police unit interest when handling murder cases as opposed to relying on self-motivation shows the association that the detectives make between detective work and the murder cases and hence their interest in investigating such cases. This is not the case with domestic violence cases, which require them to motivate themselves in order to continue doing the work. This shows that domestic violence cases are seen as additional cases in detective work than murder cases.

It is also interesting to note that support outside the work environment is restricted to familial support when handling the domestic violence cases. In addition, even though the organisational support of debriefing services is needed, it is not available when handling such cases, thus raising questions about whether or not the professional

consultations that are arranged for these detectives when working on murder cases are not seen as valuable by the superiors when handling the domestic violence cases. Furthermore, collegial support is also not relied on when working on the domestic violence cases. Nevertheless, the combination of the various inner resources with familial support serves the purpose of mediating and purging the impact of the domestic violence cases. It redirects the detectives' thoughts and behaviour. It is also educational, specifically on the basis of work experience that is gained as more knowledge is acquired on how to handle the domestic violence cases.

As with the FCS/domestic violence and detective officers, the use of coping strategies by the social crime prevention officers is also specific to particular cases of rape, domestic violence, murder and road accidents except for a few strategies that are applicable across these types of cases.

SOCIAL CRIME PREVENTION OFFICERS' APPLICATION OF STYLE OF TRAUMA MANAGEMENT

The linear use of inner resources, professional consultation and forms of multifaceted support to manage rape cases

The linear style of managing the impact of critical incidents is used by the social crime prevention officers when handling rape cases, especially statutory rape. Thus it is applied within the context of dysfunctional adult-child relationships. The officers face mothers who are traumatised by the rape of their children and seeing their children as victims who cannot express their experiences in words to the officers. This creates the context of unfavourable victim circumstances.

As victim and perpetrator counselling also form an integral part of the work of the social crime prevention officers, these forms of counselling also mark the beginning of the officers' interaction with the victims of rape. When conducting such counselling, officer trauma reactions such as severe distress, pain, fear, associating the victims' situations with their own situations, particularly fearing the same crime of rape occurring in their own children's lives as they have young children, and also perceiving such situations as difficult, take place. The officers also feel trapped when working on such cases because the cases are reported during the shifts which they are responsible for. Therefore, they feel that they do not have a way out of the cases.

These two conditions, work shift responsibility and feeling of entrapment require the sequential application of several strategies to complement one another in helping the officers to manage the experiences they face. For instance, there is the successive use of the strategies of *crying* and *emotional restraint*. These two strategies are applied for the purpose of helping the officers to cope. Crying means shedding tears in private. In this case, the officers find nearby, secluded places to do this. Emotional restraint refers to temporarily controlling the emotions that are experienced by not crying in front of the victims and their mothers.

The consecutive use of the two strategies helps the officers express negative emotions that they are experiencing at appropriate times and places, thus remaining focused on helping victims at a particular time and having the ability to continue with the work. Emotional restraint is followed by the strategy of crying when there are colleagues who assist with handling the cases, thus giving the officers an opportunity to move

away from the victims for a while to express how they feel. For instance, a social crime prevention constable mentioned that:

I tried not to cry in front of those people. What I usually do when I am faced with a painful situation is that I excuse myself for a short period of time, go to the toilet and cry until I feel that I am strong and can go back to face the people. When my colleague attended to her I went to the toilet to do as usual and came back to continue with my work.

The need for ***social worker and magistrate consultation*** is also used in addition to those inner resources of crying and emotional restraint. This entails seeking advice from those professionals when the victims of rape are referred to them for further assistance. These professionals also assist the officers with activities such as crime awareness campaigns and community issues that need their assistance. This form of intervention is either self-initiated by the officers or the professionals notice distress in the officers and offer to help them to deal with it. It is, therefore, not part of the formally arranged debriefing services at work and it adds benefits to crying and emotional restraint strategies. These include the officers understanding that traumatic experiences do occur in life, accepting the occurrence of traumatic life experiences, and going back to continuing with life as before.

The strategies of crying and emotional restraint are also accompanied by the strategies of ***caffeine consumption, reading written material, individual prayer, same-gender collegial support*** and ***personal pastoral support***. Caffeine consumption entails drinking drinks that contain caffeine like Coke or Joko tea with the objective of feeling physically strong and having the ability to sustain conversations with victims or their parents during counselling. This helps the officers to be physically alert and focused on their work as the problem of physical fatigue could be experienced during the work. This could affect the efficiency with which the officers attend to the victims.

Reading written material involves reading magazines and newspapers, specifically stories about police officers. This helps learn the importance of prayer because they read how other officers rely on this strategy to cope with their traumatic experiences. They also develop a broad perspective of life as they are exposed to other people's life experiences. This enlightens them about life issues, understanding how humankind lives and having an understanding of self as there is self-reflection after reading the stories. The stories also help them gain the ability to handle their own situations, including living harmoniously with other people. They feel comforted and thus relieve stress.

Learning about the importance of prayer leads to officers relying on individual prayer. This addresses the spiritual needs of the officers as it leads to them having daily spiritual strength to handle traumatic situations at work. Same-gender collegial support helps officers share personal experiences with colleagues of the same gender who also went through similar experiences. This helps encourage them to do the work, and have hope that the traumatic experiences encountered will pass, and that normalcy will be restored. Personal pastoral support entails finding several pastors outside the work environment to share personal traumatic experiences with. This helps the officers to have the opportunity to express the distress experienced, perceive the operational work positively and have the strength to assist the victims.

This linear style of management, therefore, encompasses a process of experimenting with various types of coping strategies which are self-nurturing, developmental, supportive and spiritual in nature. This is done with the objective of attending to the multidimensional needs of the officers, thus showing the degree of impact that the rape cases have on their well-being in general.

A change in conditions informing the nature of inner resources and forms of multifaceted support to be used

When the officers realise the seriousness of the cases handled in the Vhembe District compared to those handled in Gauteng, the strategy of *operational work alertness* is used to address the dynamics that come with the imprisonment of perpetrators such as attempts to commit suicide. Exercising operational work alertness is an individual effort, which encompasses not being relaxed and undermining rape cases in the Vhembe District. This was expressed by a social crime prevention constable as follows:

A situation that was frightening here was when a perpetrator wanted to hang himself in the cell after saying that society will no longer accept him. It was a difficult situation and we tried to talk to him. When he saw me he seemed to feel better, but when I went out to rest he remained planning on how to take his life. When you look at the pillowcase on that bed you can see that it is different from the comforter. This is due to the fact that he took several pillowcases and knotted them together to use to commit suicide. This is when I realised that I should not relax and say that I am now working in Venda. There are difficult cases even here. What would have happened had he committed suicide?

This helps the officers to take cases occurring in the Vhembe District, including rape cases seriously.

When the officers expect to encounter both easy and difficult situations at work when handling rape cases, they use the strategy of *operational work experience preparedness*. This suggests the element of unpredictability even in the work of the social crime prevention officers. This is similar to the situation of field training and detective officers. This strategy is applied by the social crime prevention officers the same way the field training and detective officers apply it. The officers in the social crime prevention unit prepare to face any type of situation at work. This enables them to face the work and to actually do it.

As in the case of the other officers, specifically the detectives, the inner resources of being prepared to face any situation at work and being alert are used together and these are determined by situational occurrences. While preparedness is a continuous strategy, as the officers are always ready to face those situations, alertness is intermittent as it is dictated by conditions occurring at particular times that are interpreted as the most critical. I realised that these two strategies are not only based on situational occurrences but also on the in-group preferences of handling the situations as the officers could avoid the situations if they wanted to. I also think that job description of the social crime prevention officers, as in the cases of the field training and detective officers, plays a major influential role in shaping these in-group preference strategies.

Community support is largely dependent upon by the social crime prevention officers when they face different types of cases. When the same condition of expecting both easy and difficult situations at work is encountered, the officers also rely much on the

partnership formed with community members, specifically structures like the community policing forum and Youth against Crime organisations, in order to deal with the mixed expectations that are experienced and also to handle the cases adequately. One of the social crime prevention constables described this strategy as follows:

We receive support from the community members. I mean that there are organisations such as CPF and the Youth against Crime. A person can report to the police through these organisations about crimes such as having your neighbour stealing goods from your house. CPF is the community policing forum.

This strategy is often used together with *superior collegial support* which entails receiving support from superiors who are actively involved in crime prevention within their units. The officers are advised on how to handle the cases by those superiors and this encourages them to do the operational work, especially seeing their superiors also coping with the same situations. This also shows, as is the case among the officers in the other police units, that while the inner resources of coping such as the vigilance strategies, in this instance, are effective in helping the officers to handle the impact of the cases faced, following these with forms of multifaceted support is important for the officers so as not to face the traumatic situations in isolation. They need the help of others while putting to use those inner resources of coping.

In conclusion, the inner resources of coping of operational work experience preparedness and alertness are important in this linear process of management of the rape cases. This is the same observation I made among detectives. Other inner resources like crying and emotional restraint also play vital roles. This linear process is basically made up of the inner resources, professional consultation and the multifaceted forms of support. However, it is worth noting that familial support, including spousal support, is not part of this multifaceted support despite the presence of married social crime prevention officers in the unit. The multifaceted support is only made up of colleagues, pastors and community members. The purposes served by these strategies when put together are mediatory, purging, strengthening and educational in nature.

The linear management of domestic violence cases

The linear style of management is also applied when handling domestic violence cases within several contexts. These contexts include dysfunctional family relationships like conflicts between family members; unfavourable victim circumstances like exposure to victims who are severely injured; officer trauma reactions such as the perception of domestic situations as difficult, anger, the officers wishing that they could punish the perpetrators of the domestic violence, distress, pain, fear, questioning the occurrences of violence in families, being preoccupied with the scenes observed, and withdrawal from their families. In these contexts, the condition of expecting easy and difficult situations at work is also experienced and it leads to *operational work experience preparedness* among these officers. This is common throughout their work and it helps them face their operational work. The same condition of expecting easy and difficult situations at work further determines the use of the strategy of *operational work acceptance*. This means persevering the work by accepting whichever operational situation that is encountered. This strategy results in relieving the mental distress that is experienced and was described as follows by a social crime prevention inspector:

I decided to accept what I saw in order to take those things out of my mind.

This strategy accompanies the strategy of **community support**. This involves the formulation of partnerships between community members and the officers. There is also crime reporting by the community members through the community policing forum and Youth against Crime organisations. Operational work acceptance also accompanies **superior collegial support**. This means receiving support from superiors from within the units; and **self-motivation** which entails strengthening oneself by telling oneself to persevere the types of cases encountered at work and to know that there will be other types of traumatic cases in future. While these three strategies (community support; superior collegial support; self-motivation) encourage the officers to continue doing the work, operational work acceptance enhances this encouragement as it makes the officers accept the situations they are confronted with. Therefore, these strengthen the degree of preparedness that the officers show towards facing the operational work. In addition, preparedness, acceptance and motivation play a linear role of helping the officers to remain focused on their work.

As a result of experiences of numerous trauma reactions arising from exposure to domestic violence cases, several strategies are used consecutively. Preoccupation with the scenes that are observed is the most prominent reaction. It appears to be a serious condition that needs multidimensional management and leads to the use of those strategies, thus making all these strategies same-cause-arbitrate strategies. First, it includes the strategies that are geared towards relying on the inner resources to express the officers' emotions and inspire themselves to handle the impact of those cases. These include **situation-directed humour**, which entails laughing at situations thus maintaining a positive attitude towards life. While preoccupation with the scenes influences the use of this strategy, it is specifically determined by the character of the officers who are described as people who enjoy laughing at anything that tries to upset them. Situation-directed humour is also described as a delay tactic that is used on a regular basis to find proper answers during conversations with other people. Its outcomes include preventing distress among the officers and it also helps them to control their emotions, specifically negative ones. For instance, a social crime prevention inspector said:

As you have seen ever since you entered here, I am a kind of person who likes to laugh. I laugh about things in order not to be affected. Sometimes when I do not know how to say something I first laugh about it, in order to create a proper way of saying it. Laughing helps me to control my emotions.

Self-encouragement also follows. This involves speaking positive words to oneself and helping relieve the officers of negative thoughts.

The introduction of professional consultation and multifaceted support to the inner resources of coping

From there, the officers move to professional intervention in the form of **social worker and pastoral consultation**. Just like they do in handling the rape cases, the social crime prevention officers also use the opportunity of referring victims to social workers and pastors for their own counselling. Both the social workers and the pastors provide counselling even though the pastors' counselling is spiritual in nature as it entails sharing the word of God with the officers. These forms of counselling help them get rid of the negative impact of traumatic experiences.

Various forms of *multifaceted support* are further explored. These encompass receiving support and guidance from colleagues, family members, including spouses, friends, and community members. These make work easier by reducing the pressure that the officers experience when handling the domestic violence cases. It relieves them of the traumatic experiences. It is interesting to note that in this instance of handling the domestic violence cases, familial support, including the support of the spouses, is relied on unlike when the officers work on rape cases.

Case separation, a case-handling strategy is also necessary as it makes the officers to handle each case on its own merit, not associating it with other cases. By not allowing one case to influence the other, the officers are able to avoid accumulating distress. One of the social crime prevention inspectors described this as follows:

I also live by a certain principle, handling each case according to its own merit. I do not associate cases but handle them individually on the basis of what is required. By so doing, I do not allow one case to influence the way I should handle another case.

Self-nurturing and personal development strategies of *physical exercise* and *reading written material* are also introduced to the linear process of management. Physical exercise is geared towards redirecting the focus of the officers as it changes their focus from the cases to other aspects of life. Reading written material involves reading books, newspapers, magazines and the bible. Reading the bible helps the officers clear their consciences regarding their conduct. They are able to compare the consequences of their behaviour with the consequences of the behaviour of the people they read about. They also gain wisdom by learning from others' mistakes. The other written materials help officers see the link between the cases that they handle and those they read about. The materials help them identify loopholes in the way that officers in other policing areas handle the domestic violence cases.

Therefore, being prepared to face the work does not necessarily mean that the impact of the cases will be eradicated. Operational work experience preparedness merely serves the purpose of making the officers ready to deal with the impact of those cases. Readiness has to be accompanied by other strategies that can prevent, mediate or alleviate the impact of those cases, hence the need for several strategies that are used consecutively with operational work experience preparedness.

Encountering different situations when attending to those cases also determines the types of strategies to adopt. These are not alternative strategies that should make the management style multilateral, but they are supplementary strategies that are informed by the types of conditions that the officers face when attending to the domestic violence cases. Those conditions vary in nature from work-related conditions to personal attributes. For instance, when the plans that are made by the officers to handle the cases depend on the progress that has been made by the officers who handled the cases previously, *peer collegial support* is relied on. This strategy entails teamwork in handling the cases because the nature of the officers' operational work involves collaboration with other officers to deal with the cases. This strategy also offers an opportunity for support by the peers on the basis of such collaborative work. Therefore, the use of this strategy relieves officers of the traumatic experiences that are encountered and also ensures that the officers manage to handle the cases further.

However, when unfavourable work conditions such as lack of work resources (office telephones and computers) when handling the domestic violence cases are encountered, the *use of personal resources* is applied. The officers use their own resources like cellphones to phone the victims when they need their help. They show responsibility towards helping the victims, which at the end, makes the officers to feel good about themselves. When officers are not being promoted despite the existence of vacant posts, a situational intolerance strategy of *situational-change persistence* is adopted. This means being on the lookout for posts both at one's police station and in other policing areas and continuing to apply for vacant posts despite the lack of promotion. This results in officers becoming hopeful that they will be appointed to fill those posts in the future.

Some officers show that they are not aware that debriefing services are offered at workplaces. This is a personal issue and not a work condition. On the basis of this lack of knowledge, *disregarded professional consultation* takes place in some of the officers. This means that they do not use the available debriefing services at work as they cannot use what they do not know about.

This lack of knowledge about the debriefing services and lack of use of the services leads to two outcomes: not receiving professional help to handle the impact of the critical incidents they are exposed to during their operational work, and resorting to the use of their inner resources of coping as compensation for what they perceive as lack of debriefing services at work. This, nevertheless, does not bring diversion from the linear management style as this style is maintained to both fill in for the disregarded debriefing services and to continue addressing the situational occurrences at work.

Those inner resources of coping that are used for this purpose include *operational work acceptance* as the officers believe that there is nothing that they can do about the situation of exposure to traumatic scenes since it is part of their work. This strategy does not effect changes to the unpleasant situation confronted with, but it relieves the officers of the trauma reaction of mental distress that they experience. This is the same outcome that takes place when this strategy is applied by officers in the other units. *Learning from case experience* is also relied on. Its purpose is to prevent the same domestic conflicts observed in victims' lives from taking place in their own lives. This is possible since the officers learn to distinguish between right and wrong behaviour. This helps them to avoid injuring others severely, learning to be faithful in their own marriages and learning proper spousal treatment. Learning from case experience is thus used consecutively with operational work acceptance to achieve different goals. These two strategies are supplemented with *self-motivation*, which is work-focused as it entails inspiring oneself to persevere within the work. It helps them to continue with the work.

Another situational tolerance strategy used is *fellow-officer ill-treatment acceptance*. The officers face a situation of having fellow-officers who speak malicious words against them in order to discredit them among community members. Fortunately for them, adopting this stance helps them with maintaining a positive attitude towards their work as they understand that they cannot change other people. A social crime prevention inspector said this about the application of this strategy:

When working with many people, we should understand that we were not born of the same woman. You can find that when working on domestic problems, like in this area that we work in and the police officers working here are from this area, a member working here will go home and tell the people involved in the case that the officer working on the case has not handled it well whereas you feel that you have handled the case well according to the way you have been trained. Having come across such things, I accept that a person is a human being. A person says whatever he wishes. If you do not accept such things then you will have a problem and find work difficult.

To sum up, the strategies of operational work experience preparedness, operational work acceptance and self-motivation play a vital role in the linear management of the impact of the domestic violence cases alongside other inner resources. Professional consultation and multifaceted support from colleagues, family members, including spouses, friends, and community members, also plays a vital role which makes the management of the impact of the domestic violence cases a public affair that necessitates receiving support from other people in and outside work. It is worth noting that while the self-initiated professional consultation is embraced by the officers, a few of them are ignorant of such support at work.

Nevertheless, the linear management process benefits the officers with specifically preventing distress, mediating and purging other trauma reactions that are experienced, and also educating the officers about handling cases properly and proper conduct at home to prevent conflicts in their own families. Even though lack of knowledge regarding professional consultation at work is beneficial in helping the officers to discover and rely on the use of their inner resources of coping to handle the impact of the domestic violence cases, the professional intervention that could add to the benefits of the inner resources is not explored by a few of them.

The linear use of inner resources to manage murder cases

The linear style of management is further applied when handling murder cases. This management style is used in the context of suspect trauma as some of the alleged perpetrators of the murder cases that are handled become traumatised due to committing the crimes unintentionally by shooting at the victims. Officer case-handling skills deficiency is another context as some of the officers do not know how to handle traumatised suspects. This is also compounded by the fact that the officers face unfavourable work conditions of having big caseloads of murder.

Even in the situation of murder cases, *operational work experience preparedness* is of importance as it helps the officers to face any types of murder cases that could occur. The type that they mainly deal with is of victim shooting. The consecutive use of some strategies is also common among these officers, specifically relating to handling the emotions experienced by the officers during traumatic murder scenes. **Crying**, an emotion expression strategy, is resorted to by these officers when handling murder cases, specifically when dealing with suspects of murder who are traumatised and also when witnessing trauma among the suspects' family members. Crying is described as a usual strategy by some of the officers and is used the same way across different types of cases. This makes the officers feel strong after expressing their emotions and they are able to face the traumatic situations.

A component of suspect trauma, depression, is observed and this makes the officers to resort to the strategy of *traumatic situational control*, which means being strong in order to handle the traumatic situations they face. This includes calming down the

suspects and trying to get statements from them. The outcome of the use of this strategy is to have the suspects confess to the crimes that are committed. This could be hampered if the officers do not exercise some degree of control over their emotions and the situations they are confronted with. This shows the importance of the officers' sequential use of the strategies of crying and controlling the traumatic situations that they are faced with.

The condition of the officers feeling frightened when they make presumptions that the suspects that they are dealing with are armed with firearms, leads to the use of a personal protection strategy. This is the strategy of *suspect firearm possession inquiry*. Here, the officers inquire from the suspects whether or not they are armed with firearms. This helps to ascertain whether or not they are armed and it makes the officers alert and exercise some precautions such as removing the suspects' firearms to protect themselves from being harmed.

The introduction of professional consultation and a spiritual mechanism in the linear management process

Self-initiated psychologist consultation is also preferred after exposure to such situations as it entails initiating consultations with psychologists for counselling for trauma reactions such as distress, pain and depression. In addition, the officers become afraid of handling their own firearms due to feeling that firearms are a threat to their lives. The threat is perceived on the basis of being involved in situations where their lives could have been taken through the same objects, as is the case in some instances of the FCS/domestic violence and detective officers whose lives are threatened through possession of firearms by perpetrators of the crimes of rape and murder. Psychologist consultation thus assists the officers to recover from the fear of holding firearms as they describe this as "feeling fine" after the consultations and they are then able to re-use their firearms.

The same condition of observing depression in the suspects of the murder cases necessitates the use of the strategy of *supportive prayer* by some of the officers as they feel that the situations are beyond their competence. They thus resort to offering to pray with the suspects. This is a mutually-beneficial strategy to the suspects and the officers as the officers hope that through prayer, both the traumatised suspects and the officers will find a way of coping with the ordeal that they are faced with. The results of this strategy help the officers to find suitable ways of handling the traumatic situations that are encountered. The officers also keep those situations under control as they manage to control the emotions of the suspects, something that was difficult to do before introducing this strategy. This is especially so when the traumatic situational control strategy is paired with this form of prayer.

Therefore, as in the situations of the domestic violence cases, preparedness to face all types of murder cases is used sequentially with other strategies, in this case the officers' inner resources, including the emotion expression, situational control and spiritual resources, as well as professional intervention to manage the impact of these cases. This linear process of management benefits the officers with mediatory, purging and regulatory roles as traumatic situations are put under control.

The linear use of professional consultation and community support to manage road accident cases

The linear style of trauma management is also preferred by these officers when handling road accident cases. Using victim referral to professionals as an opportunity for self-help appears to be common among the social crime prevention officers. For instance, when exposed to those cases, the officers use the strategy of *self-initiated pastoral consultation* (pastors who are outsourced by the SAPS to assist victims). This is especially the case when there is lack of debriefing services at work that is meant for officers exposed to traumatic road accidents. Initiating consultation with the pastors helps the officers to receive the spiritual counselling that they need after exposure to those cases. In this instance, when the officers also expect easy and difficult situations, as in the other types of cases, the officers use the *community support* to handle this.

Continuation of the management process through the inner resources of coping

When this condition of expecting easy and difficult situations at work is combined with the conditions of having victims of road accidents murdered during the accidents, the officers console themselves by concluding that the victims' lifestyles are to blame or that the pedestrians are to blame, and when the victims' next-of-kin do not seem to be bothered by the passing away of their relatives during the accidents, the officers adopt situational tolerance strategies. Such strategies include *operational work acceptance* which means acceptance of exposure to traumatic scenes as part of work and not frightening oneself. This was described as follows by a social crime prevention constable:

I just tell myself that I am working. Yes because if you frighten yourself then you will end up telling yourself that you do not fit in this line of work and also find it difficult. Yes. However, you must have perseverance in the work as a police officer and be prepared to face any kind of situation.

This form of acceptance helps the officers continue with the work. This is enhanced by the belief that they are fit to be in the policing line of work. It also prevents them from perceiving the work as difficult. There is also *traumatic scene acceptance*. This means enduring the scenes as they are. As in the instance of the domestic violence cases, the strategy of *situational-change persistence*, another situational tolerance strategy, is also adopted to handle the conflicting conditions of having vacant posts released at work but not being promoted to the higher positions in those posts. The same benefits of having the ability to continue with their work, convincing themselves that they are fit for the work and perceiving the work as not so difficult are achieved. The strategy of traumatic scene acceptance is also used as a way of dealing with lack of debriefing services at work. This leads to the prevention of emotional distress. Trauma reactions such as fear and drawing conclusions, nevertheless, continue to be experienced despite the use of this strategy, thus showing its limitations.

Road accident murders also necessitate the use of the strategy of *situational control* to control onlookers from starting fights in order to revenge against the perpetrators of the accidents. This keeps the situations under control thus preventing the officers from being emotionally distressed by those situations. The strategy of situational control is followed by the strategies of *advanced operational work experience* and *operational work acceptance*. Advanced operational work experience appears to be a crucial strategy as it helps the officers to continue with their work despite the various

challenges experienced when exposed to road accidents such as the murder of victims and involvement of own relatives in such accidents. The same condition of road accident murder observation makes the officers rely on the strategy of *police unit interest*, which as in the case of the detectives, accompanies the strategy of advanced operational work experience. This strategy makes them persevere in their operational work.

To sum up, the inner resources of coping, namely, operational work experience preparedness, advanced operational work experience and police unit interest are important to the social crime prevention officers in their handling of the impact of the road accidents, just as is the case among the detectives working on murder cases. This is because road accident cases that the social crime prevention officers are exposed to involve the murder of victims. This shows the significant role of these strategies when handling cases that expose the officers to the murder of victims. The external strategies of community support and professional consultation, specifically with pastors, add value to this linear process of management. This process is mediatory and regulatory in nature as the trauma reactions that are experienced are alleviated. This helps the officers to continue doing their work. Situations that could turn into more murder cases by angry community members are put under control, thus showing that the situational control strategies that are used by the officers are compatible with their job description of social crime prevention.

To conclude the storyline, I can conclude that the linear style of trauma management of critical incidents is used by the officers in all four units, namely, FCS/domestic violence, field training, detective and social crime prevention. This linear management style helps the officers to explore the many benefits that can be derived from using their inner resources of coping, the support of others within their support network systems and the debriefing services offered at work, which are applied in conjunction with one another. The multilateral style of management is only used by the FCS/domestic violence officers, specifically pertaining to the rape cases. Both these styles of trauma management of critical incidents benefit the officers with serving preventive, strengthening, redirective, regulatory, educational, mediatory and purging roles. They do this through the combination patterns of different coping strategies.

However, the multilateral style of trauma management appears to be somewhat problematic as it introduces a theme of clashes among the coping strategies that are used. This is specifically so between the FCS/domestic violence officers' inner resources of coping and the debriefing services that are offered at work through professional consultation. This style of trauma management involves going back and forth among the inner resources of coping, multifaceted forms of support and the debriefing services that are self-initiated and arranged. This makes the management of the impact of the rape cases by the FCS/domestic violence officers complex.

In addition, both the existence and non-existence of debriefing services at work pose challenges. Debriefing becomes problematic when it is arranged for the officers. This is because the self-initiated consultation with the professionals who offer such services is preferred. Non-existence of debriefing is also challenging as the officers feel that they are deprived of a form of support that is both necessary and urgent, in order for them to cope with the impact of the cases that they are exposed to.

Generally, different combination patterns of the officers' inner resources of coping, the multifaceted forms of support from colleagues, family members, pastors, friends and community members, as well as the intervention of professionals within and outside the SAPS, help the officers to manage the impact of the different cases of rape, domestic violence, murder and road accidents.

Contingency table

Table 5.2 below provides a contingency table which shows the number of times the main categories of coping strategies were mentioned by the officers. Multifaceted support in the form of support received at work from colleagues and outside work from spouses, maternal figures, siblings, pastors, friends and community members is the most used method of management of critical incidents among the FCS/domestic violence, field training, detective and social crime prevention officers. This is followed by situational tolerance then professional intervention, sense of responsibility, spiritual mechanisms, case experiential learning and vigilance. The table shows that the roles of the other strategies, though important, are not as significant as the preceding strategies.

TABLE 5.2: CONTINGENCY TABLE OF COPING STRATEGIES USED BY POLICE OFFICERS

POLICE CRITICAL INCIDENTS IMPACT MANAGEMENT CONTINGENCY TABLE		
CATEGORY	SUBCATEGORIES	NUMBER OF TIMES MENTIONED
	INNER RESOURCES OF COPING	
INFORMATION RETRIEVAL	Information-retrieval cue search; information-retrieval pause	2
COGNITIVE APPRAISAL	Thought redirecting	1
CRIME AWARENESS	Family consciousness-raising	1
EMOTION EXPRESSION	Self-directed humour; situation-directed humour; repeated parade message communication; crying	7
EMOTIONAL REGULATION	Emotional restraint	2
SENSE OF RESPONSIBILITY	Police sense of duty; family sense of duty; victim help; use of personal resources	15
SPIRITUAL MECHANISMS	Usual church attendance; Sunday church attendance; individual prayer; faith in God; supported prayer; supportive prayer	14
SITUATIONAL TOLERANCE	Operational work acceptance; operational work perseverance; traumatic scene acceptance; court outcome acceptance; perpetrator sentence acceptance; undetected case closure; poor organisation support acceptance; fellow-officer ill-treatment acceptance	18
SITUATIONAL MANAGEMENT	Situational-change persistence; traumatic situational control	3
VIGILANCE	Operational work experience preparedness; mixed operational work experience preparedness-avoidance; operational work alertness; court case presentation	9
AVOIDANCE	Alcohol consumption; case dissociation; averted professional consultation; shunned debriefing services; disregarded professional consultation	4
CASE EXPERIENTIAL LEARNING	Advanced operational work experience; learning from case experience; transformed investigation strategy	13
WORK INTEREST	Police unit interest	4
PERSONAL PROTECTION	Maximum force of shooting; self-defence; heart operation; own child protection; child education; psychological numbing; suspect firearm possession inquiry	8
SELF-NURTURING	Self-care; self-comforting; listening to music; rest; play; physical exercise; caffeine consumption	8
INSPIRATION	Self-motivation; self-encouragement; state operation-change optimism; work competence appreciation	8
PERSONAL DEVELOPMENT	Reading written material; watching television; academic study	7
CASE MANAGEMENT	Case separation	1
	EXTERNAL RESOURCES OF COPING	
PROFESSIONAL INTERVENTION	Self-initiated multifaceted professional consultation; self-initiated social worker consultation; self-initiated spiritual professional consultation; arranged multifaceted professional consultation; self-initiated medical doctor consultation; distant social worker consultation; self-initiated social worker and pastoral consultation; arranged pastoral consultation; self-initiated social worker and magistrate consultation; self-initiated psychologist consultation; arranged psychologist consultation	18
MULTIFACETED SUPPORT	Work-internal support course-attendants problem-sharing; peer collegial support; multifaceted collegial support; older collegial support; superior-peer collegial support; superior collegial support; superior, same-gender collegial support; same-gender collegial support; across-rank collegial support Work-external support Familial support; spousal support; maternal support; indiscriminate support; personal pastoral support; close friendship support; victim next-of-kin support Work-external intertwined support Community support	47

Description of major categories

A comprehensive description of the major categories of coping strategies used by the police officers in the four units provides an elucidation of the storyline presented and the contingency table provided. Following is the description of the categories even though this description is based on those categories of coping strategies which are mostly used by the officers across the four police units. The description of the categories is not discussed according to the sequence in which they appear in the contingency table. Rather it is based on the following: (i) the classification of officers' strategies as inner and external resources of coping, which are used across all the types of cases, and (ii) the varying degrees of significance of the strategies to the officers as shown in the contingency table.

The 20 major categories of personal coping strategies that are identified play the role of the management of the impact of critical incidents encountered among the police officers in all four units. These are specifically involved in the linear and multilateral styles of trauma management that are adopted to manage the impact of those critical incidents. These strategies are used with the aim of managing the traumatic events experienced by the officers when exposed to operational work and the ensuing trauma reactions. The categories have subcategories which show the types of coping strategies falling under each category. Only 7 out of the 20 categories are described because of the extent to which they are used by the officers. "Police unit" is used as an organising concept around which the contrasts in the use of the categories of coping strategies among officers in the four units are shown.

The storyline focuses on showing the links among the categories of coping strategies on the basis of the causal and intervening factors that are shared among those categories, as well as the use of the strategies when contextual factors are changed. It also shows the application of the different strategies through the trauma management styles. The description of categories is different from the storyline because its focus is on providing a detailed explanation of the nature of categories of the strategies, as well as the dimensions of the strategies (that is, categories and their subcategories). It also shows the specific ways in which the strategies are applied across the four police units, and the factors that facilitate and hamper the use of the strategies. In both cases, the storyline and category description, the outcomes of the use of the strategies are

discussed. The description first discusses the major inner resources of coping that the officers rely on. These include the sense of responsibility, spiritual mechanisms, situational tolerance, vigilance and case experiential learning. This is followed by the external resources of coping which are the different forms of professional intervention that the officers resort to and the multifaceted forms of support that they receive in their environment.

Sense of responsibility

The strategy of sense of responsibility is an inner resource of managing the impact of the cases that the officers are exposed to. It is an accountability strategy which focuses on being personally answerable to different people and institutions. The officers in the four police units, FCS/domestic violence, field training, detective and social crime prevention rely on being accountable to: (i) the victims of trauma who are taken as the core of their work; (ii) to themselves as the law enforcement professionals who have the responsibility of helping the victims of trauma; (iii) policing as a field of work as they are employed by the SAPS to do the work of law enforcement; (iv) to the courts of law to which they have to present evidence of the cases that they investigate; (v) their families which serve as the foundation of their being and in which fundamental relationships in their lives are established; (vi) the communities that they serve; and also (vii) to God to whom their accountability is declared.

This sense of responsibility plays a significant role in executing, first, the expected operational roles according to the officers' differential job descriptions across the four police units in which they are based, and, second, going an extra mile, which is not an expectation at work, in pursuit of help for both the victims and themselves. In order to achieve these two goals, the sense of responsibility is carried out on the basis of three dimensions, namely, the police sense of duty, victim help and family sense of duty.

Police sense of duty

The officers display the significance of police sense of duty. This strategy is used by the FCS/domestic violence and detective officers when they are exposed to the victims' traumatic cases. The nature of the strategy is five-fold. First, it is an intellectual capacity strategy as it involves an element of comprehension. It is based

on the understanding of the officers' police role, which is that they are law enforcement officers who are responsible for regulating crimes through the investigation of the crimes and solving them, thus working towards curbing the crimes. The understanding of their role in this manner makes the officers to maintain their mental strength to remain focused on their operational work, remain dedicated to doing the work and perceive themselves as "angels" as seen in the way they describe themselves as officers who have the ability to prove the cases regardless of the time of day or night at which the crimes are committed and even without witnesses. This viewpoint is specifically held by detective officers, who argue that they are able to detect cases and uncover evidence to prove the cases without external help from other people.

Among the officers who are unit commanders, the use of this strategy is based on the understanding of their leadership role. Therefore, it underscores that they have the responsibility to direct their subordinates to ensure that they conduct case investigations adequately and also ensure that evidence on the cases is gathered fully. It also entails the consideration of the fact, by all the officers, that they are on duty when faced with traumatic scenes, and understanding that they will be faced with traumatic scenes on a daily basis. The officers also understand that these are still going to take place even in the future, thus enabling them to maintain focus on the work. The officers also realise the need to be sensitive to aspects of the scenes they are exposed to, such as treating corpses in the murder scenes with respect and being precise in noting evidence during the investigations.

This element of the sense of duty is also evident when the officers show understanding of their role as helping agents in the communities. This means that they consider it their responsibility to serve victims in the communities in which they are based. This is done by helping the victims with the legal and psychological aspects of the crimes that are committed against them. These aspects include investigating the crimes, in order to have the perpetrators convicted of those crimes, counselling the victims and making arrangements for further multidimensional help that the victims are supposed to receive, such as referral of the victims to other professionals like social workers and magistrates.

The FCS/domestic violence officers use this strategy when the victims are confronted with traumatic cases such as rape, including incest and gang rapes that are accompanied by the physical assault of the victims. The detective officers focus on this sense of duty when they investigate both the gruesome murders of victims and ritual murders in which the victims' body parts are removed for use of particular ritual practices. The detectives also use it when faced with domestic violence and road accident cases that are accompanied by murder.

This standpoint shows that there is a possibility of some police officers who do not understand their role of policing in this way and, thus, do not consider their responsibility of serving as police officers to this extent when doing the operational work or investigating the cases. This could hamper the degree to which they assist the victims of trauma. These officers' consideration of this responsibility towards the community members ensures that the victims of these crimes are adequately attended to.

Second, police sense of duty is also an accountability strategy because one of the factors that motivate its use is the willingness of the officers to stop crime, which indicates that they show answerability. As the sense of responsibility is a strategy of accountability to different people and institutions, the police sense of duty displays the concrete way in which this accountability is shown and this is displayed in five ways:

- i. the officers show accountability to the field of policing by perceiving policing as their own field of work, meaning that there is attachment to this field of policing and they also have a sense of belonging to the field which helps them to face the cases. They also feel compelled to do the work due to expectations at work and not having an option to avoid the cases;
- ii. they show accountability to the victims as the officers also focus on assisting the victims who are involved in traumatic crimes, including what they refer to as "street crime". This includes cases of rape. It also entails feeling obligated to help the victims of rape and physical assault, ensuring that the victims have access to the help that they need, focusing on the relief of the pain of the victims and doing so quickly. They also determine the type of organisational referral to arrange for the victims based on the victims' needs. They also

believe that they have to help victims with respect, and do the work with understanding of procedures to be followed such as calling the deceased victims' relatives, when handling murder cases, and asking them to identify their next-of-kin's body parts rather than asking onlookers to determine who they think the body parts belonged to. They are thus accountable to the SAPS by following the procedures set at work;

- iii. accountability is also shown to community members because the sense of duty entails feeling that it is their responsibility to attend to traumatic scenes as community members are not in a position to help victims and also that the community members solely depend on the officers for help when confronted with both man-made and natural traumatic situations. Communities look up to the police to help them solve and win the cases in court. The officers also perceive themselves as members of the police service who are there to serve their communities. It means that they perceive themselves as police service helping agents during those moments and, thus, accountable to the community members;
- iv. there is also accountability to the court of law as the officers show boldness when entering scenes, especially murder scenes which are regarded as horrific. They gather complete and valid evidence in those scenes with the objective of having sufficient reasons to back up the evidence presented in court. This ensures that they present full court reports; and
- v. they also show accountability to themselves by ensuring that the cases are won in court. This serves to confirm their competence in their work and this is described by the officers as "feeling like real police officers". This degree of accountability depends on the degree of comprehension that they have about their police role.

Third, this strategy is a personally selected strategy rather than a work procedure, as the officers feel personally compelled to help the victims after observing their traumatic circumstances. It is always used independently of other officers and, thus, used out of the officers' good will.

Fourth, it is a strategy which shows the officers' concern as the officers use it because of being troubled by the victims' circumstances. Exposure to the victims'

unfavourable circumstances makes the officers to experience multiple trauma reactions. These include the following: distress; forgetting things easily; intrusions; fear; perception of exposure to the cases, particularly seeing their first cases as difficult; loss of appetite; avoidance of food items like meat and porridge that remind them of the objects that they observe in the traumatic scenes, and substituting these with other food items that are not associated with those objects (water and milk); loss of sexual interest; helplessness; changes in beliefs as they begin to believe that things are not as easy in life as they thought them to be before exposure to traumatic cases; drawing conclusions such as concluding that perpetrators are heartless and emotionless people; getting to a point of doubting the effectiveness of their inner resources of coping in such situations; and imagining themselves going through the same experiences as the victims. This makes them to realise that if they, as secondary victims, are affected to that extent then it means that the primary victims are even more affected and, thus, need the officers' intervention. This intervention is motivated by the officers' sympathy towards the victims.

Last, it is an action strategy as the officers are motivated by these cases to do something about them. This shows that the police sense of duty does not only involve being concerned about the victims' circumstances or understanding one's role as a police officer, but it also entails acting on the basis of this concern and understanding. For instance, among the FCS/domestic violence officers, this strategy makes them to go back to work on a daily basis. It does not only help them gather the strength to work, but to actually go to work and investigate the cases that they find traumatic, thus enabling them to give the victims the assistance that they need. For the detectives, this strategy means not avoiding corpses when investigating murder scenes, but connecting with them by handling them to gather the evidence required. This is described as "joining the corpse at the scene", "being one with and friends with a corpse" and "joining the odours at the scene". This enables them to gather complete scene-evidence by recording both available and missing evidence and presenting full reports on the cases that they investigate. In both groups, this strategy helps officers approach the operational work rather than avoid it.

This police sense of duty is used when the officers perceive that the prevalence of the traumatic cases is continuing. This means that maintaining a position of sense of duty

serves as a way of mediating between the occurrence of the traumatic crimes and further victimisation of the victims. It ensures that the officers are there for the victims regardless of the crimes that cannot be curbed.

In addition, debriefing services are not uniformly provided to all officers in all the police stations. The use of the strategy of showing police sense of duty is used as an alternative to and compensation for lack of debriefing services after being exposed to traumatic scenes. The officers are expected to attend to cases by their superiors regardless of how the cases affect them. The officers, therefore, have to learn to be accountable to themselves and their work, in order for them to be able to continue doing the work of investigating the traumatic cases as several trauma reactions are experienced as a result of lack of counselling after exposure to such cases.

The sense of duty is, however, hampered by unfavourable work conditions such as shortage of resources, for example, transport at work to attend to the cases. Other hampering conditions are the experience of case confusion by the officers, that is, having some uncertainties about how to handle the cases, as well as when showing the sense of duty results in the trauma reaction of unhappiness in the officers after exposure to the cases.

The sense of duty is also restricted by legal procedures. For instance, while the officers, specifically the detectives put much effort into gathering evidence pertaining to the victims' cases to show the officers' degree of accountability, they have to depend on the doctors who conduct post-mortems of the victims' cases to provide irrefutable evidence in court because if the officers were to conduct the post-mortems personally, then the results would not be accepted in court. Having the ability to conduct post-mortems and personally search for required evidence, is expressed as a need that is, nevertheless, hindered by those legal procedures.

Maintaining this stance of police sense of duty helps the officers perceive the operational work done, specifically the investigation of the traumatic cases, positively. They feel that this is the type of work that they can handle. This is the reason why they manage to face these types of cases rather than avoid them. This strategy is primarily victim-oriented as its goal is to help the victims of traumatic

cases in the communities, meeting their needs and ensuring their well-being. The strategy is secondarily self-oriented as it drives the officers to a point of putting their career of policing into perspective and giving meaning to their role of policing hence its use results in inconsideration of resignation from work and the ability to continue to do their work of preventing crime against the victims.

In addition, helping the victims is a way that the officers use to help themselves to relieve personal distress, including pain. The officers report that the police sense of duty actually helps to relieve the pain quickly. As much as the pain is experienced due to observing the victims' painful situations, helping to get rid of the victims' pain leads to personal pain relief. It means that dealing with the source of the pain is a solution to relieving their own pain. Therefore, helping victims means self-help to the officers. This is specifically applicable when officers work on the rape cases. In addition, the officers are able to tolerate the horrific murder scenes that they are exposed to. The strategy prevents mental illness which is described as "being mad", "being a different person" and "not understanding what you are saying", and somatic illnesses such as vomiting at the murder scenes when seeing corpses.

Victim help

Like police sense of duty, the strategy of victim help focuses on not giving up on helping the traumatised victims, but on maintaining the mental strength to assist them. However, it is different from the police sense of duty as personal resources are used to assist the victims. It is applicable in cases that arouse feelings of sympathy from the officers, cases such as children being raped by their step-fathers, and becoming pregnant as a result, raped victims being driven out of their homes, and not having clothes for their babies when they are born. There are also domestic violence cases which mainly involve clashes between husbands and wives. Wives may be expelled from their homes in such cases.

This strategy is specifically influenced by officers experiencing the same severe distress as the victims that they assist. This shows that the strategy of victim help is a motivation strategy rather than a work expectation strategy. It is motivated by the trauma reactions experienced by the officers. The sympathy they feel for the victims

makes them to feel that they have to do something about the victims' situations. Thus this could be viewed as a compassion strategy.

This strategy is used by the male and female FCS/domestic violence, detective and social crime prevention officers. By virtue of its motivational characteristic and sympathy nature, it would be expected that only female officers would be part of this group because these characteristics are often associated with women. However, male officers also rely on this strategy to cope with the impact of the cases that they are faced with.

It is also an action strategy as the motivation and sympathy make the officers to feel compelled to act in order to help the victims. It thus takes place in various forms, which portray the strategy as an act of kindness. These include using own money to buy things that the victims need, for example, clothes and using personal cellphones to contact the victims when the victims send "call me" messages to the officers. This is due to unavailability of telephones in the officers' offices or when there are strict rules which restrict the use of telephones due to escalating telephone bills. Even though these acts are prohibited by the procedures followed at work, which forbid the officers from having close relationships with both the victims and perpetrators, the officers execute the acts in secret. However, they cannot do what they want to do to their full potential as a result of those prohibitions.

This strategy has several benefits for the victims and officers. First, it is victim-oriented as it facilitates helping the victims out of their ordeal and ensures that the victims' needs are met. Second, it is self-oriented. As in police sense of duty, victim help is translated to self-help. As much as there is the transference of victims' distress to the officers, management of the victims' distress leads to the resolution of distress in the officers. This means that by helping the victims, the officers are able to manage the trauma reaction of distress that they experience.

Family sense of duty

The strategy of family sense of duty is only used by the detective officers who are all males and it is purely an accountability and motivation strategy. It is motivated by being responsible for the well-being of their family members. It entails doing the

work of policing, specifically investigating and detecting cases due to feeling obligated to do it for the sake of the survival of their families. They are motivated to earn a living for the sake of the families and provide for them, especially ensuring that their children are able to continue going to school.

The strategy comes up when the officers perceive the low socio-economic status of their families which is described as “poor”. This makes the officers to hold on to their jobs regardless of the work-embedded challenges encountered, such as being faced with life-threatening situations when they are in the line of duty. At times they have to work at night and face possibilities of being killed by perpetrators of the crimes such as domestic violence that they investigate.

Their family members experience anxiety as they are not sure of whether or not the officers will come back from work alive everyday. While faced with this dilemma, there are also crises of having a disproportion between the risks incurred while in the line of duty and the salaries that they receive. There is an imbalance in remuneration according to ranks at work meaning that the superiors and junior officers’ salaries are not comparable. The officers have little amounts reserved for them and their families in case they are murdered while in the line of duty. This strategy is used to ensure that families of the officers continue to receive what the officers describe as “little income”, hence they continue with their work. It means that feeling obligated to fend for their families and not considering resignation from work helps the officers to maintain their jobs.

Spiritual mechanisms

Spiritual mechanisms are ways of coping that involve spiritual elements and make officers to rely on divine intervention for survival. The spiritual mechanisms include activities such as going to church and praying, as well as having faith.

Usual church attendance

The strategy of usual church attendance is used by the FCS/domestic violence officers. They go to church on a regular basis and share their operational experiences with their pastors. Some of the officers give an impression that they have more than one pastor in their churches as they talk about sharing with their “masters”. The officers prefer to share everything with their pastors. This regular church attendance and open-sharing with the pastors is accompanied by the regular disclosure of the trauma reactions that they experience.

Some of the FCS/domestic violence officers are regular church goers and do everything pertaining to spiritual intervention regularly, including responding to altar calls during church services. The benefits of going to church regularly are reported as receiving altar call blessings (receiving what they have been prayed for), open disclosure of trauma reactions as the provision of pastoral counselling creates an arena in which the officers are able to share their trauma reactions with the pastors without any reservations. This implies a non-judgemental environment of sharing. The spiritual intervention received also enables them to succeed in doing their operational work.

Sunday church attendance

Some strategies such as rest can be used when traumatic experiences are encountered on a daily basis. The spiritual mechanism of Sunday church attendance is used as an alternative by the FCS/domestic violence officers when such experiences take place at the end of the officers’ working week, specifically on a Friday. This is a day of the week which is much closer to the day dedicated to going to church, Sunday. While a strategy like rest is used due to continuous and repeated exposure to traumatic situations, Sunday church attendance is used due to less continuous and less frequent exposure to traumatic situations. Therefore, a short interval between the day on which a traumatic situation is encountered and the customary or universal day of going to church, that is, Sunday, also determines the use of this strategy. This is because the officers only go to church on Sundays.

This strategy also includes hearing sermons of their own pastors at church, whose content relates to the traumatic experiences that the officers have encountered during

their work; singing spiritual songs; and listening to other church members' testimonies of God's intervention in their lives. Like rest, this strategy is also referred to as one of the main and vital coping strategies used by the officers. Even though Sunday church attendance is different from rest, which is a self-nurturing strategy, and Sunday church attendance a spiritual mechanism, both of them are the most trusted strategies among the pool of the inner resources of coping that are used.

The benefit that is obtained through this strategy is that it helps the officers to believe in the passage of traumatic experiences. The officers also experience the actual passage of those traumatic experiences. Additional benefits of going to church on Sundays include strengthening oneself spiritually, which is described as strengthening one's faith in God, having the ability to personally face traumatic situations as the officers develop self-sufficiency in handling the traumatic situations because this is possible without the help of other people. They also understand traumatic situations in a spiritual context.

Individual prayer

The FCS/domestic violence, detective and social crime prevention officers also resort to the strategy of individual prayer when handling the cases of rape, domestic violence and murder. Its application is determined by factors such as when trauma reactions persist after receiving support from the unit commanders, when the officers have the responsibility of working on the cases that are reported during their work shifts and when they feel trapped as their shifts mean that they do not have a choice of avoiding the cases, and also due to observing a victim covered in blood the whole body. These make the officers to attend to the victims' spiritual needs personally, thus showing their sense of duty.

Individual prayer involves praying to God as an individual, thus making this strategy an independent strategy that does not depend on the involvement of fellow-officers. It entails communication with God, a spiritual being, about the operational work that is done, specifically the cases that the officers investigate. Just as in Sunday church attendance, prayer is regarded as one of the most preferred inner resources of coping with traumatic situations. This is evident in the acts that the officers engage in to support their prayers such as: (i) divine communication with God; (ii) prayer

accompanied by regular meditation as the officers have time to think deeply and make reflections about God on a regular basis; (iii) it encompasses praise, that is, honouring and worshipping God in words; and (iv) there is also confession, which is accompanied by actions such as officers confessing total dependence on God and putting Him first in everything that they do and looking up to Him as the beginning of everything in their lives. They specifically refer to Him as “all-in-charge” and “the almighty”.

The strategy is also used as a spiritual informing mechanism as it entails telling God about their decisions. They inform Him that policing is what they personally have to do and that they cannot rely on other people to do it, and that it is now a part of who they are. This form of prayer is used as the highest form of asserting their policing responsibility as they declare this responsibility to the supernatural being, God. They also depend on God’s wisdom for what they will come across and are supposed to do to handle the situations they are confronted with. This includes praying for personal safety when working in the field, requesting for guidance and assistance to handle all types of situations when at work, asking for proper words to use when dealing with older victims at work, specifically in cases of domestic violence, and interceding for the human race, specifically for people to start treating one another like fellow human beings rather than animals.

There are, however, different patterns of praying by individual officers. They pray on Sundays when they go to church, meaning that even though they pray individually, this is done in the midst of other church-goers. The same officers also pray in the mornings when waking; they do this when alone and it is a regular task. Faith is a concomitant of the prayer as it accompanies prayer. This explains the officers’ dependence on God.

Thus, an officer’s spiritual character is measured by: (i) being a type of person who prays; (ii) being a committed Christian; and (iii) having faith in God. All these determine the use of this strategy. The strategy depends on the officers’ spiritual beliefs which shape who they are, their religious affiliation, the spiritual relationship with God and the customary spiritual activities that they embark on. Therefore, individual prayer is a spiritual character-dependent strategy.

This spiritual character also helps the officers to know what to say to God in prayer, meaning that an officer who is not spiritual may not know which words to use in prayer. This also suggests that there are different dimensions to the functioning of a police officer. It is not only the physical, emotional and psychological dimensions but the spiritual dimension, as well, hence the need to use a spiritual coping strategy to handle traumatic operational experiences. It also means that these traumatic operational experiences have a negative impact on the spiritual functioning of the officers.

It is also a victim-escape strategy as it is mainly used to escape the effects of victim-contact. It separates the officers from the victims both physically and spiritually and is used when the officers are home in the evenings and during the weekends. While some officers report continued connection to the victims even when they are home, in the form of continuous thoughts about the victims and their situations, the officers who use this strategy show that individual prayer offers them separation from the victims. Thus getting into prayer, as a spiritual mechanism, distances the officers spiritually from the victims and provides an officer-victim physical separation as well. This means that to a spiritual officer, an encounter with a traumatised victim creates both a physical and spiritual connection between the two hence the physical and spiritual separation that is needed at the end and, which is achieved through engaging in individual prayer.

This separation is, nevertheless, described as temporary, meaning that this is actually a temporary victim-escape strategy as it applies when the officers are away from the victims. As soon as the officers come back into contact with the victims, trauma reactions resume. The association of this strategy with being on a break away from work, temporary separation from victims, being at home after knocking-off work and being used on a weekend when at home, means that it is also, but not limited to, being a home-based strategy.

Apart from offering physical and spiritual separation from the victims, additional results of the use of this strategy show success in the following four areas: first, the strategy offers the officers cognitive relief in the forms of having an opportunity to

express their views, such as telling God about their views of the cases that they deal with. Their views revolve around the idea that the cases involve wrongdoing. They also gain mental strength, morning mental renewal, mental relief from traumatic experiences and regaining the strength to continue working. Second, there is emotional relief in the forms of feeling calm. This means being in a state of tranquility and feeling happy. Third, there is spiritual healing that is described as feeling better inside, and last, spiritual assurance in the form of believing that God is in charge of all the situations in their lives, in and outside work. The strategy thus does not only address spiritual reactions but cognitive and emotional reactions as well.

This strategy also results in sustained sense of duty. While a sense of duty is a strategic act on its own, prayer helps to sustain this strategic act. It helps the officers to continue to maintain this sense of responsibility towards their work and, therefore, enables them to continue doing the work. Therefore, prayer to God can be used as an assertive strategy to affirm the officers' sense of duty towards their work as police officers.

Faith in God

Just like individual prayer, having faith in God, which accompanies individual prayer, is applied by the FCS/domestic violence officers because of their willingness to stop crime, specifically rape occurrences. Detective officers also use it when they experience persistent trauma reactions, specifically when the support of unit commanders does not stop the reactions entirely. Therefore, having faith in God can be a condition that leads to the use of the strategy of individual prayer, as well as an accompanying strategy of individual prayer, to address the spiritual needs of the officers. It is also used when handling domestic violence and murder cases.

Faith in God involves sternly believing in God even for things that the officers have not yet seen and believing that they are protected by God. They also believe that if one is allocated a case then it means that one has the ability to handle it. This means that the officers believe in the divine arrangement of occurrences in their lives. To them, having a challenge means they have a God-given potential to handle the challenge. It also refers to believing in and depending on the strength given by God to do the work. They believe that the strength that they use to do it comes from God.

This form of faith is accompanied by action when they face the cases that they believe in God for. As a prayer accompaniment, the strategy of faith in God, involves relying on imploring God, through prayer, to help them in the operational work done. It also entails revealing and communicating to God what the officers have planned to do in the field. As much as prayer requires communication with God, exercising of one's faith in God which accompanies prayer also involves communication with God.

This type of faith helps the officers believe that they will be divinely led to relevant information pertaining to the cases they are handling and ultimately apprehend the perpetrators. As much as faith is an abstract phenomenon, one of its outcomes, belief, is also abstract. Nevertheless, the strategy proves to be effective in serving its purpose of boosting the officers' confidence in handling the cases. The officers also have the courage to face the operational work of investigating traumatic cases. As with individual prayer, faith in God helps them not to be dependent on external help for sustenance, but to be self-sufficient in drawing strength from their inner spiritual characters to handle the traumatic situations. The self-sufficiency gained through having faith in God further helps them to ensure normal functioning before external help, such as debriefing, can be received. It makes them believe that all things are possible. As in individual prayer, the strategy also helps them to feel better inside; this means that the combination of individual prayer and having faith in God helps the officers to deal with the internal turmoil that they experience due to exposure to traumatic cases.

Supported prayer

Supported prayer means being supported with prayers by another person, in this case, a mother and mother-in-law. This strategy is used by female FCS/domestic violence officers. These officers' families are Christian-based hence the maternal support that is provided and prayer are used concurrently. It also includes using faith to handle experiences, specifically court case experiences regarding rape cases, and the officers' mothers boosting the officers' faith regarding their ability to handle negative court experiences. This helps the officers believe that the court will take their evidence seriously. Therefore, supported prayer delineates another form of prayer, which is an external-agent supportive prayer. It means relying on receiving support from another

person in the form of prayer, and also sharing the same faith in God with that person. Faith in God, therefore, does not only accompany individual prayer but supported prayer as well.

While it would be expected that being supported with prayers would lead to human dependency among the officers, this does not happen as the officers do not entirely depend on the supporting parties. Instead their relationship with and dependence on God are strengthened because supported prayer is used together with individual prayer. This is specifically so as supported prayer can be partially successful. There are times when success is achieved in court as a result of relying on this form of prayer such as when the officers do not give up but persist in presenting evidence against perpetrators in court so as to represent victims. However, there are also times when the intended goal of winning cases is not achieved. This shows that the effectiveness of this strategy depends on the goals that it is used for. While some goals are achieved, others are not. The officers thus have to rely on their individual prayers, as well to be strong enough to face such challenges.

Supportive prayer

While supported prayer refers to being supported by others through prayer, supportive prayer refers to the support that the officers provide to others through prayer, specifically those involved in cases that the officers are investigating. In this case, supportive prayer entails first taking a statement from traumatised suspects of cases, specifically murder cases, and then supporting the suspects with prayer and boosting their faith in God that their situations will be resolved. This strategy is used by officers after observing depression in the suspects of the crimes of murder. The strategy of supportive prayer for the suspects accompanies the strategy of controlling traumatic scenes because of the suspects' negative emotional states.

Standing strong in the traumatic situations requires the involvement of the spiritual mechanism of prayer, in order to keep the traumatic situations under control. This is an independently used strategy because, like individual prayer, it depends on the spiritual relationship of individual officers with God.

The outcome of its use is that the officers manage to keep the suspects' emotional states under control. This strategy is thus primarily, self-oriented as the officers have to find a suitable strategy to help them handle the traumatic situations they face. It is also perpetrator-oriented as it is geared towards helping the perpetrators to be spiritually strong to face their situations. It is also used by the officers to support the victims when their situations seem difficult to handle. The strategy first helps the officers to manage the victims' situations then benefits the victims with the resolution of their distress.

Situational tolerance

Situational tolerance is acceptance of a situation without challenging it. It is, therefore, an indirect way of avoiding a situation. It comprises the acceptance and perseverance of the operational work that is done, including the traumatic scenes exposed to, acceptance of the court outcomes even when they do not make sense, acceptance of poor support by superiors, and the ill-treatment from fellow-officers.

Operational work acceptance versus operational work perseverance

The strategy of operational work acceptance, which involves the ability to accept or to put up with the operational work done, takes place among the FCS/domestic violence, field training and social crime prevention officers. Its main outcome is to endure the operational work, which shows that this form of situational tolerance strategy is an endurance strategy. It enables the officers to persist in doing the operational work without experiencing the distress that comes with the work. The officers thus avoid challenging the nature of the work by finding a way of doing the work without being affected by it. They do this by tolerating the work. To the FCS/domestic violence and social crime prevention officers, it involves being open-minded about and accepting operational work situations, including the traumatic scenes that the officers have already encountered.

This tolerance is justified in four ways: first, they do not believe in dwelling on past situations that they cannot change as the situations have already taken place; second, they do not want to burden themselves with other people's problems; third, they accept the operational situations encountered as part of their work; and last, they believe that every operational situation that they encounter will ultimately pass. It also

entails reminding themselves that they are working and also not frightening themselves by focusing on the traumatic elements of the work. Being persistent in doing the work and being prepared to face any type of situation at work is part of this strategy. This means that the strategy of operational work acceptance has an element of work experience preparedness hence acceptance is possible.

Unlike in the cases of the FCS/domestic violence and social crime prevention officers who choose to be open-minded about the work because of being hopeful about getting out of the situations in the future, being already involved in the work and believing that they are trapped in the work influences the use of this strategy by the field training officers. They actually do the work because they believe that they have no choice but to execute it. The field training officers thus persevere in the job rather than accept it. While operational work perseverance is similar to operational work acceptance because the two share the element of mainly being used because one feels obligated to do so, perseverance entails doing the work, though unwillingly. This is because the field training officers perceive the work of handling dead bodies in road accidents as a problem and feel like shifting the responsibility of attending to the cases allocated to them to other officers.

Therefore, acceptance and perseverance come about as a result of different reasons across these police units. Nevertheless, among all the three units, these strategies have an element of self-protection because by accepting or persevering in those situations, the officers shield themselves from further distress. In addition, while the strategies can be regarded as forms of aversive behaviour, they are beneficial to the officers as they enable them to continue with the operational work. These strategies are used independently of other officers. Making the decision to accept or persevere with the traumatic situations which the officers face is a personal one.

The strategies are used in cases involving rape, domestic violence and road accidents, which result in victims' bodies mutilated, making it difficult for officers to identify those body parts. Therefore, conditions like witnessing the murder and entrapment of victims in vehicles at the scenes of accidents while waiting for the firefighters and emergency medical services (EMS) personnel to arrive; the expectation of easy and

difficult situations at work; and disregarding the debriefing services that are offered at work, determine the use of this strategy.

Nevertheless, the benefits of operational work acceptance include relieving the officers of mental distress, preventing emotional distress, and enabling the officers to continue doing the work thus preventing them from avoiding the work. The strategy also helps the officers to believe that they are suitable for the policing line of work. It prevents them from viewing the operational work as difficult. The benefit of operational work perseverance is the same as in operational work acceptance, which is helping the officers not to give up on the work but continue doing it. These strategies are thus self-oriented as they are geared towards helping the officers to deal with traumatic scenes they are exposed to and also to manage the ensuing trauma reactions experienced. Therefore, these strategies are both management strategies that focus on controlling the impact of the traumatic events and trauma reactions that are experienced. Even though the strategies appear like they lead to the officers giving up, the outcomes are positive.

Court outcome acceptance

Another situational tolerance strategy applied is court outcome acceptance. Among the FCS/domestic violence officers, the strategy is used due to having thoughts that have the potential to drive the officers to protesting against the legal system because of what is happening in court when they represent rape cases. Among the field training officers, the strategy is used because of facing various unpleasant court experiences when handling road accident cases. Among the detective officers, it is used because of the little bail that is granted the perpetrators of crimes of murder. This means that the officers give up on their efforts to have perpetrators of the crimes convicted.

It entails believing that there is nothing that the officers can do about the court decisions made. They resort to self-encouragement and tolerating the outcomes of court proceedings concerning the cases rather than displaying retaliatory behaviour. The strategy of self-motivation thus reinforces the strategy of court outcome acceptance. Court outcome acceptance is self-oriented as it is aimed at encouraging

and supporting oneself, and enduring the court outcomes to protect oneself from emotional harm or distress.

It, however, results in unchallenged court outcomes, showing that this strategy is an avoidance strategy because rather than challenging the court on the unproductive decisions made, it focuses on circumventing the situations in order to separate themselves from them. Thus the operation and outcomes of the court proceedings continue as they are without any changes.

In addition, the field training officers are labelled cowards by community members because the community doubts the competence of the officers in representing victims' cases in court. Members of the community also suspect that the officers are bribed either by the perpetrators or their legal representatives. This means that not challenging court outcomes, despite the availability of sufficient evidence to incriminate the perpetrators, is perceived as a sign of weakness and criminality by community members. They conclude that the officers have done something illegal hence they do not do anything about the outcomes. Such court outcomes are not attributed to the incompetency and corruption of the judiciary system but to the corruption of the officers. Therefore, while the well-being of the officers is protected through the use of this strategy, their reputation is ruined.

Perpetrator sentence acceptance

Perpetrator sentence acceptance is another form of situational tolerance used by the FCS/domestic violence and detective officers when working on rape and murder cases respectively. It is used by individual officers and is resorted to as a result of perpetrators of these crimes being given light jail sentences and having concern that the perpetrators will come back to their communities in which they committed the crimes without being rehabilitated. Accepting the decision made on not arresting the perpetrators is also influenced by the state's decision not to challenge the denials of crimes by the perpetrators.

This strategy takes place within the context of conflicting legal decisions which lead to an ambivalent stance in the officers. For instance, the officers are motivated by the sentencing of perpetrators because they believe that they have won what they refer to

as “the battle”, but at the same time they experience dissatisfaction with the duration of the sentences as the perpetrators are only given a few years of imprisonment. While court proceedings are continuing, the officers think that the court is handling cases properly, but the decisions that are taken at the end do not justify the whole process as the perpetrators are released. The officers do not have the power to do anything about this in the sense that they are not allowed to pressurise perpetrators to provide information pertaining to the cases they are suspected of. They are also not allowed to use any force against the perpetrators to ensure their convictions. The officers thus give up on victims’ situations because of the failure of the state to support their efforts to imprison the perpetrators. As much as the state does nothing about the situations, the officers also choose to leave the situations as they are without challenging them.

As much as this form of situational acceptance is applied hesitantly, its outcomes are also contradictory. While it helps the officers to celebrate a job well done on their part, that is, to have the perpetrators arrested despite the light jail sentences given to the rape perpetrators or even the dismissal of the cases, they end up without evidence to prove some of the cases. This means that the officers remain with unchallenged perpetrator cases. The strategy is thus partially satisfactory because even though it helps the officers to be content with themselves and their work, it does not achieve the goal of helping the officers to challenge the court outcomes, thus also making the strategy avoidant in nature just like the preceding two strategies.

Poor superior support acceptance

This is acceptance by the detective officers of the treatment that they receive from their superiors at work, specifically the unit commanders. This poor treatment is referred to as “lack of good leadership”. The challenges that they face include training their junior officers to use firearms and the junior officers attempting to use those firearms against the training officers whom they blame for lack of promotion and concealment of information by management about the criteria that are used for promoting officers. Junior officers believe that their eligibility for promotion is not considered. The training officers indicate that they cannot approach their superiors to inquire about such issues because they are also faced with the same issue of lack of promotion. This strategy thus entails keeping troubling issues at work to themselves. They do not disclose them to their superiors. They do not care anymore whether or

not support is received from the superiors as they feel neglected by them and continue to do the work without asking questions.

The officers also blame themselves for the lack of support from the superiors. They fear that they will be removed from the ranks that they occupy if they do not show unconditional respect to the superiors. They thus focus on working towards their retirement rather than developing themselves in their careers. Their superiors are not able to identify trauma reactions in them when they return from working on traumatic scenes. Amidst such problems, this strategy helps them avoid being emotionally hurt.

Fellow-officer ill-treatment acceptance

Apart from neglect from the superiors, there is also ill-treatment from fellow-officers. This is in the form of fellow-officers speaking malicious words against them to community members when they work on domestic violence cases. The purpose of doing this by the fellow-officers is to discredit the officers' competency at work to the community members and to make themselves appear more efficient than these officers. Application of this strategy means accepting that the fellow-officers are human beings, have different personalities from theirs and thus giving them the right to freedom of speech. It also means allowing them to express their opinions and say anything that they want to say, including speaking malicious words concerning their competency at work to community members. As with the preceding situational tolerance strategies, accepting the fellow-officers as they are leads to less mental distress for the officers as it helps them to maintain a positive attitude towards their work and, thus, enabling them to continue with their work.

The roles of these various situational tolerance strategies, namely, operational work acceptance, court outcomes acceptance, poor superior support acceptance and fellow-officer ill-treatment acceptance, are preventive and mediatory in nature as they provide the officers with protection from both mental and emotional distress. They also help lessen the pressure that has the potential to stop them from continuing with their operational work.

Vigilance

Vigilance refers to possessing the characteristics of preparedness and watchfulness concerning the nature of one's work and also exercising some precautions to handle any type of challenge that comes with the nature of the work. Vigilance is the opposite of avoidance as it represents approaching the operational situations faced, with the intention of addressing them rather than averting them. While strategies such as the preparedness to face the operational work done and being alert in doing it are used by the officers, there is a variation of mixing these with some degree of avoidance.

Operational work experience preparedness

This is a strategy used by the detective and social crime prevention officers when faced with cases of rape, domestic violence and murder. Four factors determine the use of this strategy: first, continuously-changing situations at work as the work comprises both easy and difficult situations which make the officers to expect both circumstances; second, an encounter of different traumatic cases in one day which are described as "victims' needs" that control the officers' days, meaning that the occurrence and reporting of those cases determine which direction the officers are supposed to take in doing their operational work; third, the operational work which cannot be planned in advance. Even if plans are made, these can be interrupted by occurring situations which make some of the officers to describe their job as unpredictable; and last, the officers' police sense of duty, as they focus on their duty to serve the communities in which they are based. They consider the fact that the communities have trust in them to handle their situations for them and they are driven by the avoidance of betrayal of their communities which look up to them to solve their problems.

Operational work experience preparedness thus entails the following, in order to handle the element of unpredictability in the officers' work and ensure their sense of duty: the officers tolerate the situations that are regarded as naturally unacceptable; they involve themselves deeply in victims' situations and also focus on assisting them with their traumatic situations rather than dissociating themselves from those situations by ignoring the victims; they prepare themselves to face any type of

situation that can arise and to work even late at night instead of knocking off at 4 o'clock; they expect calls at anytime of the day to attend to the cases; and they do not depend on the encouragement from other people, in and outside work, to do the operational work. Even though this is an individually-applied strategy, the officers collectively refer to it as "being prepared to face the work".

This type of preparedness enables the officers to help the victims. It also helps the officers understand that they have to accept the traumatic situations that they are faced with, thus enabling them to continue doing the work. Rather than avoid the operational work, they are able to face it. The strategy is primarily, a self-oriented strategy as its first goal is to prepare the officers to be aligned with the operational work needs. Second, it is a victim-oriented strategy as it is aimed at helping the victims with their traumatic situations and ensure that the victims receive this kind of help on time.

Mixed operational work experience preparedness-avoidance

The work of the field training officers is different from that of the officers in the other three units because it does not involve case investigation, but focuses on training police students on how to do the work, particularly pertaining to road accidents, domestic violence and crime prevention. Nevertheless, the nature of their work also entails exposure to traumatic cases. The main element characteristic of the nature of this work is unpredictability as there are situations which occur unexpectedly. Therefore, the officers exercise vigilance in the form of mixed operational work experience preparedness-avoidance. This involves an approach-avoidance stance because the officers prepare themselves to come across different types of experiences relating to operational work when in the field. There are, however, certain elements that the officers shield themselves from while doing the work.

Therefore, while by using this strategy the officers appear ready to do the work through being prepared for any type of traumatic situation that can be encountered at work, there is an element of avoidance in their actions. This is because when the actual situations take place, the officers use avoidant behaviour such as dissociating their sensations, mainly their sense of sight, from the traumatic scenes in which they are working as though they have not been exposed to them. They thus shield

themselves from being aware of certain aspects in the traumatic scenes, which I can refer to as masked sense awareness.

The strategy also entails the element of self-encouragement as the officers sometimes convince themselves that the work has to be done and that they can do it. This means that there are times when the officers question their involvement in the work, but motivate themselves to remain focused on their ability to do it. Looking at the complex application of this strategy and the strategy of operational work perseverance by the field training officers, it is clear that the officers have some reservations about their operational work and, thus, do the work with uncertainty and ambivalence.

The strategy is applied when the officers are exposed to different types of cases and when they experience traumatic scenes in the process. It occurs in contexts of unfavourable work conditions such as training police students to handle different critical incidents. There is also exposure to the unfavourable circumstances of the victims. The strategy counteracts the effects of the traumatic scenes the officers are exposed to as it helps them to have good days on a regular basis, to manage their work and continue doing it. This shows that regardless of having an avoidant element, the strategy helps the officers to face the job. This means that separating their feelings from and not paying attention to everything that they see at the traumatic scenes helps them to confront the scenes and do what is expected of them, which is to train the student police officers. This strategy is, therefore, self-oriented as it helps change the atmosphere of the officers' days and instils work encouragement.

Operational work alertness

Operational work alertness is an individually-applied strategy by the detective and social crime prevention officers that entails being alert when doing the operational work. This is described as “not having time for sleep but merely resting” and “not being relaxed” when doing the operational work. It also focuses on balancing knowledge about and familiarising the officers with the following two things that ensure the success of their case investigations: the procedures that have to be followed by police officers when investigating cases; and the procedures that are used by the perpetrators of crimes such as rape, domestic violence and murder.

These tasks require the following characteristics from the officers: being mentally strong to handle the cases; using some tactics to investigate the cases; being hard workers; having a fearless approach to the cases, that is, not being afraid when investigating the cases; conducting complete contextual investigations, that is, conducting investigations in every setting that the victims are a part of such as their homes, schools and workplaces; and not undermining the seriousness of the cases handled in the Vhembe District when compared to those handled in other areas.

While operational work preparedness focuses on being prepared to face any type of operational situation at work and at any time, operational work alertness focuses on being watchful and striking a balance between paying attention to what is happening at the crime scenes and adhering to work procedures pertaining to case investigations and arrests. The strategy is applied when the officers perceive the investigation of the cases as difficult, especially due to factors such as when the perpetrators attempt to commit suicide in prison cells.

Its outcomes are that the officers are able to gather as much evidence on the cases as possible. They can discover the causes of the death of victims, and also help with making arrests of the perpetrators of the crimes. They no longer regard the cases that are handled in the Vhembe District as less severe compared to the cases that some of them handled in other provinces like Gauteng. Like operational work preparedness, this strategy is not only self-oriented in redirecting their perception of the cases, but it is also victim-oriented as its goal is to ensure that the victims receive the kind of help that they need.

Court case presentation

This is a vigilance strategy as well because its aim is to ensure that the victims' voices, specifically of the deceased, receive the necessary opportunity to be heard in court albeit through the victims' representatives, the officers. It is used by individual detective officers when working on the cases of murder. It specifically entails taking cases to court to be presented before magistrates. The reason for this is that the victims whose cases the officers investigate are severely injured hence their death. This warrants the arrest of the perpetrators by the officers. It is thus purely a victim-oriented and work-procedure strategy, whose aim is to ensure justice on behalf of the

victims. However, it results in the perpetrators being given little bail for the murders that they have committed. This means that presenting the cases in court does not bring the expected results as, first, perpetrators are granted bail for the murder cases, and second, the amounts of bail granted are not, according to the officers, justified as they are not comparable to the crimes that are committed.

Case experiential learning

Case experiential learning refers to acquiring knowledge and skills about the nature of work done. This happens when one is directly involved in the work and learns through one's mistakes and positive outcomes achieved. It is thus a work-based personal growth strategy. It includes learning strategies such as the knowledge and skill acquisition strategies of advanced operational work experience, transformed investigation and learning from case experience.

Advanced operational work experience

One of the strategies of case experiential learning that is used is advanced operational work experience. It is used by all the officers in the FCS/domestic violence, field training, detective and social crime prevention units, but it is an individually applied strategy as it is not used in collaboration with fellow-officers. The strategy is applied when the officers are exposed to cases of domestic violence, road accidents and murder, including ritual murders. Its main objective is to gain more years of experience in working on such cases. Subsidiary goals that support this main objective are as follows:

- i. ensuring regular exposure to the cases, which is described as daily exposure to the cases;
- ii. having a positive attitude towards learning about the cases;
- iii. practical application of lessons learned because the officers learn from the dynamics of the cases that they are exposed to while investigating them, and also ensuring that they do not repeat the mistakes done by the victims and perpetrators of such cases in their own lives, thus practically applying knowledge in real life situations for the knowledge gained to be concrete in them;
- iv. dissociating aspects of their work and personal lives by separating themselves from the cases that they are exposed to. While the trauma reaction of

associating victims' traumatic situations with own situations and victims' trauma reactions with own trauma reactions can take place, the strategy of advanced work experience focuses on forming separation between victims' situations and own situations and victims' suffering from personal states of functioning;

- v. there is operational work adaptation as the officers adapt themselves in the field of policing. They do this by familiarising themselves with the cases that they work on, and are able to introduce any necessary changes in their behaviour when required to by the circumstances that they are confronted with in order to benefit themselves. For example, while the initial years (the first five years of working) among the detective officers involve passive work such as guarding corpses at murder scenes, thus having less contact with the corpses, advanced operational work experience entails active work such as having contact with the corpses and conducting case investigations hence familiarity with traumatic scenes; and
- vi. the strategy of advanced operational work experience is also accompanied by having and maintaining interest in the operational work that is done as well as acceptance of the work. The interest in and acceptance of the work are the factors that make the officers to persevere in the work until the necessary work experience is acquired to help the officers to do the work without a problem.

Even though this strategy is geared towards the same goal among the officers in the four units, their reliance on the strategy is determined by different reasons. The FCS/domestic violence officers use it to deal with the unbearable situations of victims in cases of domestic violence, meaning that the perception of the horrendous situations of victims of these cases creates a context of unfavourable victim circumstances. This motivates the officers to work on more such cases and gain experience in handling them. Being exposed to various unpleasant court experiences, on the contrary, serves as a motivating factor for the use of this strategy among the field training officers.

The detective officers' reason for relying on this strategy is that they are exposed to stressful work, meaning that exposure to stressful work requires the acquisition of experience in handling the work, in order to manage its effects. There is also

continuous exposure to the operational work which in the end, leads to gaining advanced experience in handling traumatic cases and taking cases seriously. Taking the cases seriously makes the officers to be deeply involved in what the cases entail hence the learning process that takes place.

Lack of debriefing services at work is another motivating factor which requires the detective officers to find a strategy that can compensate for lack of professional intervention and achieve the goal that professional intervention is geared towards, which is to get rid of the trauma reactions that are experienced. Seeing detective work as “a calling” in their lives, as police officers, is another reason. Among the social crime prevention officers, gaining this experience is a result of exposure to the murder of victims during road accidents.

The strategy is self-oriented as its first motive is to equip oneself with knowledge and skills. These pertain to work and life in general. Through work, the officers gain experience in working on the victims’ cases and the ability to face the scenes that they have to work on without being affected by them. They are able to attend to the victims’ cases adequately and to help them as the officers are able to interact with the victims until they are relieved of the distress that is experienced. Other benefits include gaining knowledge about the cases the more the officers are exposed to them. Rather than having negative perceptions about their work and avoiding it, the officers grow to enjoy their work and to continue with it.

More exposure to the cases and being familiar with them not only leads to acquiring enough knowledge on how to handle them, but also moderates some of the trauma reactions while terminating other reactions. The specific trauma reactions that are targeted through this strategy are those that are experienced during the first and initial years of working in their units. These include handling distress and fear, minimising the level of disturbance that they experience when doing administrative work, beginning to see traumatic scenes as simple scenes, and regaining appetite for food items that they could not eat after exposure to traumatic scenes. More exposure to traumatic cases also helps them forget the cases unlike before when the officers encountered prolonged and constant thoughts about the cases. This means that the

strategy is successful in serving its purpose of making the officers acquainted with such cases.

What is interesting is that even though to some officers, specifically the detectives, the advanced operational work experience gained prevents them from experiencing trauma reactions and the officers can continue doing their work, to others, particularly the social crime prevention officers, the trauma reactions such as pain and fear continue to be experienced. This means that doing the operational work is never without some form of trauma reaction among the social crime prevention officers regardless of the experience gained. This difference could be attributed to the nature of the work of the officers in the two units and how these officers perceive themselves. For instance, gaining this experience at work makes the detectives regard themselves as “angels” who can solve problems without hindrances, thus they are less affected compared to the social crime prevention officers.

Regarding their personal lives, the officers gain sufficient experience in handling challenges encountered in life in general. They learn from the cases they are exposed to. This helps them implement interactional styles within their families which promote good functioning within the families such as preventing domestic fights with their family members. Such learning also helps prevent them from committing suicide and to cope with any problem that is encountered. The officers are able to understand community members’ ways of handling situations even if they may be maladaptive and interact with the community members without segregating against them. Therefore, advanced operational work experience does not only help them manage the impact of the critical incidents at work, but it also helps them with the management of problems outside work. It thus achieves the goals that can be achieved through professional intervention of preventing, mediating and even purging the trauma reactions that are experienced in and outside work.

Transformed investigation

Transformed investigation refers to changing the strategy used to investigate cases. In the case of the FCS/domestic violence officers, it helps the officers to learn the significance of the availability of officers at the scenes of crime, particularly domestic violence. It enables them to observe occurrences with the aim of making counselling

more successful by having first-hand knowledge of occurrences and ensuring that they handle the situations properly. Learning takes place through having worked on similar cases before, thus gaining case experience. This means that the counselling strategy for both victims and perpetrators requires experience of handling domestic violence on the part of the officers. The strategy of transformed investigation is also a result of successful advanced operational work experience as it is used on the basis of the experience gained in the operational work.

The strategy, as one form of the case experiential learning strategies, is successful in serving its purpose of bridging the gap between victim and perpetrator counselling skills deficiency and the officers' ability to handle the cases properly. While the strategy is primarily, a victim-oriented strategy because it is geared towards assisting the victims adequately, it is also self-oriented as it also focuses on sharpening the officers' personal knowledge and skills regarding the operational work done.

Learning from case experience

This strategy, based on the officers' personal experiences of working with victims and perpetrators, is used by individual FCS/domestic violence and social crime prevention officers. It is applied when the officers handle the types of crime that expose them to some lessons about life. This is the case with specifically domestic violence cases, including those that involve the forceful removal of wives by their husbands from their homes in order to accommodate the husbands' concubines, resulting in the murder of the husbands in some cases and the wives being blamed by the husbands' relatives for the murder of their spouses. It is also used when some of the officers lack knowledge about the availability of debriefing services at work. Some of them do not know that such services exist at their police stations, thus are not able to receive professional intervention when returning from traumatic scenes. This results in them experiencing the trauma reactions of distress, sympathy, drawing conclusions about the victims' circumstances, and also experiencing pain and fear.

It is also used when they begin to realise that attending to the domestic violence cases can result in negative consequences. The lessons learned include the following: the officers should be sure, before sending couples away home, that they have resolved their conflicts; that the couples' conflicts can actually worsen when they are sent to

magistrates and social workers for further intervention; and they also learn that they should take certain precautions when dealing with conflicts between couples. These precautions include taking safety measures when attending to the cases. The safety measures include acts such as putting the perpetrators' firearms in safes in the police stations when counselling the couples, in order to resolve their conflicts before leaving the police stations. It also involves separating couples when counselling them in their offices by requesting another officer to sit between them.

This strategy is successful in serving its purpose of preventing further victimisation of the victims by the perpetrators and resolving conflicts in the victims' families. Learning from what is observed in some cases, helps the officers to apply learned knowledge in handling similar cases of domestic violence. Thus, the strategy is primarily victim-oriented. It is also self-oriented as they learn lessons that are geared towards preventing certain unpleasant situations in their own lives. As they learn from the shortcomings in the victims' lives, they prevent the same from taking place in their own lives. Other lessons include distinguishing right from wrong behaviour, avoiding injuring other people severely when having verbal conflicts, which can lead to one being arrested, and learning to be faithful in their own marriages and to treat their spouses properly.

Professional intervention

Professional intervention refers to the involvement of various professionals who offer counselling to find ways of dealing with the impact of the critical incidents that the officers experience during their operational work. Counselling that is in the form of debriefing is offered after the officers have been exposed to traumatic cases, especially when they display trauma reactions that require professional attention.

Police officers in all the four police units receive debriefing services from those professionals, in order to manage the negative effects of the traumatic cases that they are exposed to. The professional intervention takes place in various forms, varying from consultation with professionals in the psychological, social work to spiritual services. While these forms of intervention can be used as one-dimensional strategies, where only one form intervention is involved, there are times when these are used as two-dimensional and multidimensional interventions. These refer to combinations of

two, three or even all three of the forms of consultations, depending on the individual needs of the officers and organisational arrangements within the SAPS. In addition, the intervention can either be initiated by the officers on the basis of those individual needs or be arranged on their behalf by their superiors when they notice signs of trauma after exposure to traumatic cases. Debriefing by other professionals outside the SAPS such as medical doctors, magistrates and social workers also form part of this form of intervention. The varying dimensions of intervention also take place among these professionals who are not arranged by the superiors.

One-dimensional use of self-initiated professional intervention is used. This refers to consultations that are made by the officers, through their own initiatives, with individual professionals. These include the following:

Self-initiated medical doctor consultation

This is consultation with medical doctors who are part of the multidisciplinary teams within which the officers work to help the victims. This strategy is initiated by the officers and, thus, used independently of other officers. This is, thus, an independent act by individual officers. It encompasses confiding in the medical doctors in order to receive counselling on the operational experiences that are encountered.

It is used by the FCS/domestic violence officers when they encounter conditions such as dysfunctional sexual parent-child relationships, in this case, step-father incest, having babies born out of rape and unexpected family dynamics such as close relationships between the victims' mothers and the perpetrators of rape, the forceful removal of the victims from their homes by the mothers and step-fathers, the raped children dropping out of school, as well as mother-daughter disturbed relationships due to those incidents. In such situations, the officers experience trauma reactions in the forms of emotional distress, anger, pain, crying and making generalisations to own situations.

The strategy is specifically used when the officers come to a state of crying when they are exposed to the traumatic cases of rape. The use of this strategy is thus informed by the emotional states of the officers when working on the rape cases, particularly incest which involves children. For instance, crying on account of exposure to such

experiences is a sign of, first, being distressed and, second, having a need for external help. While the officers' work involves working on such cases almost on a daily basis, being affected emotionally by those cases until the officers reach a point where they cannot restrain the negative emotions that are experienced but have to express them externally, is a sign to the officers that they have to do something about those emotions.

This pushes them to a point of action, in this case, personally seeking professional help. It is evident that the type of professional help that is sought depends on: (i) identifying the type of help that is required by the officers; (ii) knowledge of the types of professionals who can offer the required help; (iii) the degree of availability of those professionals; and (iv) the type of relationship that exists between the officers and those professionals.

For this reason, the officers initiate consultations with only those medical doctors who are part of the teams within which the officers work when attending to the victims of rape cases. This shows that while the officers can consult with any type of medical doctor, they choose those particular medical doctors on the basis of having a working relationship with them and also having background information on their competence in helping victims of trauma. They have a relationship based on trust with those medical doctors. The officers are able to initiate conversations with the doctors about their well-being because the establishment of rapport is not necessary. Thus consultations ensue from there.

The nature of their working relationship also makes the medical doctors easily accessible as they are there to collaborate with the officers on the primary victims' cases, and this determines the type of intervention that they receive.

Consulting with the within-working-team medical doctors is purely a self-oriented strategy as it yields positive results for the officers by helping them to persevere in handling the traumatic situations that are encountered. Therefore, the type of intervention that is provided is strengthening in nature.

Self-initiated social worker consultation

While the preceding form of professional consultation is used within the rape context, another form of professional consultation used is consultation with social workers. This is also a self-initiated and independent consultation by the FCS/domestic violence officers, especially when they work on domestic violence cases. The intervention is sought when the officers experience a lowered standard of living which is a result of the operational work experiences that they encounter. The lowered standard of living is described as having used failed inner resources of coping with the traumatic operational experiences. One of those failed resources is the use of alcohol, which results in having persistent trauma reactions such as recurrent intrusive thoughts about the cases exposed to and disturbed sleep patterns.

The strategy entails initiating consultations with social workers by personally making contacts with them for the purpose of receiving help. These social workers are those that have the responsibility of taking over the victims' cases from the officers to further help the victims. In this case, therefore, the officers seize the opportunity of referring the victims to the social workers to seek personal help for their own problems which emanate from helping the primary victims of domestic violence. Just like in the case of consultations with the medical doctors, these consultations are also within the teams with which the officers work to help victims.

It is also interesting to note that while the FCS/domestic violence officers who work on the rape cases and choose to initiate consultations with medical doctors are female officers, the FCS/domestic violence officers who work on the domestic violence cases and initiate such consultations with social workers are male officers. While the issue of gender may be ruled out in these forms of choices, the types of cases that the officers work on could be playing a determinant role in this choice. The victims of rape need medical doctors to check for issues such as penetration during rape, lacerations and wounds that could have been incurred and other medical checkups that are necessary to help the officers to build up compelling cases against the perpetrators of such crimes, hence the availability of the medical doctors to support the officers.

Domestic violence cases involve conflicts between family members, including spouses. These require arbitration and counselling from professionals who deal with such issues. While medical doctors are also involved in domestic violence cases to examine the extent of the injuries that are sustained by the victims, social workers form one of the groups of professionals, apart from magistrates, who are actively involved in assisting the victims with the resolution of their domestic problems, hence support of the social workers is sought by the officers when working on such cases.

Consultations with the social workers involve disclosing the operational problems of carrying big caseloads of domestic violence. This is described as working on 3 to 4 cases in one day. During consultations, officers also disclose the trauma reactions that they encounter such as situational entrapment. This takes place when the officers are faced with some operational challenges and feel hopeless as they think that they do not have a way out of them. Other reactions that are disclosed include the experience of distress, having prolonged case thoughts, questioning their competence in doing the work, as well as using maladaptive ways of coping such as drinking alcohol which proves to be harmful. It is also ironical to note that while one of the reasons for consulting with the social workers is that the officers experience the trauma reaction of questioning proper case handling by social workers and magistrates to whom the victims' cases are referred for further assistance, consulting with the social workers is used to purge this trauma reaction.

The intervention provided includes offering counselling to the officers in the form of redirecting their negative thoughts about and behaviour towards the operational work experiences by equipping them with ways of dealing with the cases. This means that the form of self-initiated counselling received by these officers from the social workers is cognitive-behavioural transformation counselling, which is aimed at restoring the mental status of the officers and reshaping their behaviour. For the officers, consultation with the social workers is a strategy that can be resorted to after realising the ineffectiveness of some of the inner resources of coping that are used, for example, the maladaptive use of alcohol to manage the experience of trauma reactions. Therefore, the strategy can, in some instances, be used as a secondary mechanism by the officers after trying primary mechanisms of self-care. This means that in such instances, the strategy is not a first preference strategy, but a corrective

strategy that is used to counteract the effects of using maladaptive inner resources of coping.

This form of professional consultation helps the officers refrain from thinking negatively about their operational work and also embarking on adaptive behaviour to cope with the problems encountered when they work on domestic violence cases. This strategy is, therefore, entirely self-oriented as it is geared towards self-help. It is also redirective in nature.

Self-initiated distant social worker consultation

While some of the male FCS/domestic violence officers can initiate consultations with social workers within their working teams to handle the impact of primary victims' traumatic cases, there are situations in which the female FCS/domestic violence officers shun consultations with local social workers. The officers resort to independently consulting with "distant" social workers, that is, those social workers who are placed outside their policing areas, albeit in the Vhembe District, and therefore, have a slim chance of knowing the officers personally. This shows that shunning social worker consultation is not due to disliking this group of professionals, but it is purely meant to protect the officers' personal privacy. This suggests the fear of exposing one's personal traumatic experiences to social workers who, first, know the officers personally, second, will get to know confidential information about the officers and, last, have the potential of disclosing the officers' personal information to other people who know them.

The differential consultations with the medical doctors and local social workers within the officers' working teams and the distant social workers show the extent of the relationships with the helping professionals that the officers consult. Two issues emanate from consultations with the different professionals: first is the degree of trust that the officers have in the competence of the professionals, especially after observing their efficiency in helping the primary victims, and, second, the extent to which their private issues will be kept confidential. In this instance, the competency of the local social workers is not questioned, but their ethical conduct in keeping clients' issues confidential is doubted hence the choice of consultations with distant social workers.

Consultation with the distant social workers involves going to those social workers who work outside their policing areas for help. The distance between their policing areas around Thohoyandou and those social workers' areas, for example, Makhado, Giyani and Musina, ranges between 58 and 120 kilometres thus showing the extent to which the officers can go to protect their private issues, including their mental health.

The strategy is thus used within the context of professional selective consultation. According to the officers, this form of consultation eliminates what I can refer to as the personal issue-familiarity-disclosure phenomenon (that is, being familiar with and disclosing personal issues about the officers by the social workers). The fact that this strategy is only used by the female FCS/domestic violence officers also points to the degree of value that the female officers attach to private information about themselves. The consultations are formalised through the use of referral forms that are used at work. While the SAPS has social workers who are contracted with them to offer debriefing services to the officers after exposure to traumatic cases, the use of the referral forms shows that there is flexibility in terms of which social workers the officers can consult, thus giving them more choices and the liberty to protect confidential information about themselves.

This form of consultation is also used when the officers are restricted by the confidentiality principle which prevents them from sharing work-related issues with people who are not supposed to be exposed to such information, for example, the officers' own pastors. The SAPS confidentiality principle classifies the people that the officers can confide in into categories and defines them in specific terms. Those who are the SAPS employees such as the police officers and referral agents like social workers, psychologists and chaplains with whom the SAPS is contracted are regarded as "insiders", while those who are not within the SAPS payroll or referral system are referred to as "outsiders".

The work confidentiality principle in this context is described by the officers as follows: first, it has a governing role. It controls who the officers can share such work-related issues with. The officers are specifically not allowed to share the information with people who are regarded as "outsiders".

Second, are the reasons for confidentiality. These reasons include the possibility of sharing case-information with people who are familiar with the victims involved in the occurrences that have taken place. There is also a possibility of the officers unintentionally disclosing certain information pertaining to the cases. Sharing such information by the officers is regarded as breaching the confidentiality principle. This shows that when confronted with certain situations, the officers prefer consultations with people such as their own pastors, but resort to consulting with the distant social workers because they are restricted by the confidentiality principle.

Third, the officers choose a method of exercising the confidentiality principle. As the officers are expected to set a boundary between work-related issues and issues external to work, they choose not to attend to work-related information outside the work setting, that is, they dissociate themselves from work issues. They also regulate the degree of confidentiality by being selective in choosing people with whom case-information can be shared. They indicate that sharing with researchers, including me, is a better option due to the fact that researchers are in a profession in which they work with trauma victims, thus sharing a common goal with the officers. Researchers in their view, also understand the significance of keeping certain information that is shared confidentially. They also decide on the extent to which such information will be shared with the chosen people.

Last, are the consequences of the confidentiality principle. The nature of the operational experiences encountered make it difficult for the officers to observe the confidentiality principle, meaning that there is the temptation to breach the confidentiality principle due to pressure to find relief from the distress experienced.

Nevertheless, this principle that is instilled in them together with consulting with the distant social workers, result in officers not sharing case-information with the outsiders. The officers manage to observe the principle despite the difficulty faced. They are given an opportunity to express their operational experiences to professionals rather than laypersons and to receive professional counselling. Use of the strategy of distant social worker consultation leads me to concluding that the strategy is self-protective in nature.

Self-initiated psychologist consultation

This form of consultation is used by the female social crime prevention officers. It is also used independently of other officers and entails initiating consultations with psychology professionals who are not working under the SAPS, but in private practice. This is done when working on cases of murder, specifically when confronted with suspects who confess to the officers that they have committed the crimes that the officers are investigating and appear to be traumatised by those crimes. In this case, the suspects want to be assisted by the specific officers that they identify at the murder scenes. In these situations, the officers experience several trauma reactions such as fear, loss of interest in their work, depression and pain. They also feel helpless in such situations as they perceive that there is not much information that is given to community members by the police to prevent social crimes, such as murder. They feel that they cannot do such a task individually. Consequently, they conclude that they will forever be faced with such traumatic cases because the necessary mechanisms of curbing them are not being effected.

The specific condition that leads to this form of consultation is when the officers feel frightened when they make assumptions that the suspects they are dealing with are armed with firearms. The prospect of facing the possibility of being shot at and killed by the suspects during the investigations makes the officers develop fear that is associated with firearms to a point that they cannot use their own firearms anymore. This is despite the fact that the use of firearms is part of their daily operational work. The fear of use of firearms warrants initiating such consultations. This further confirms the fact that the choice of professionals to consult depends on the types of cases that the officers are exposed to, in this case murder, in conjunction with the dynamics that take place in those cases which have an impact on the officers' mental health.

This strategy encompasses provision of counselling for the officers so as to redirect their thoughts about the use and safety of firearms. This helps the officers resolve the distress that is experienced, which is described by the officers as "feeling fine" and getting rid of the fear of using firearms as they are able to use their firearms again. This means that, like the preceding forms of one-dimensional self-initiated

consultations, taking the initiative to consult with psychology professionals is also self-oriented because it restores the officers' objective perceptions of their safety during their line of duty and the safety of carrying firearms. It is, therefore, a self-restoration strategy.

Self-initiated pastoral consultation

Consultation with chaplains, that is, pastors is also initiated by the female FCS/domestic violence and social crime prevention officers. As with the preceding one-dimensional self-initiated strategies, the officers do not rely on consulting with the chaplains together with other officers, but do so independently of other officers. The strategy entails consulting with the chaplains at work.

It takes place in two forms: first, the strategy entails having regular police station visitations on Mondays, Wednesdays and Thursdays by pastors who are outsourced by their superiors within the SAPS to attend to the victims so as to stabilise them in the temporary absence of social work services. While the pastors' intervention is initially arranged for the victims, it is ultimately used by the officers for self-help. The officers seize the opportunity of referrals of the victims to these pastors to receive help for their personal distress, particularly with problems that require spiritual intervention in the form of prayer. Such consultation is, nevertheless, dependent on the individual officer's character, that is, whether one is a kind of person who is able to approach the pastors for help with personal problems. This requires an extroverted person rather than a quiet person who cannot initiate the consultation and has the ability to share personal problems with others.

This form of consultation is used by the social crime prevention officers when investigating cases of road accidents, specifically in the absence of debriefing services for the officers or when the superiors do not pay attention to the distress of the officers but take it as the officers' personal responsibility to find ways of managing the distress. The superiors' attitude towards the help that the officers require after exposure to traumatic road accidents results in the officers drawing conclusions that they do not have a need for debriefing services. However, fear when exposed to the traumatic road accident scenes is experienced. This necessitates the need to initiate a form of consultation that can help them deal with the fear that is experienced.

Resorting to the spiritual intervention that is offered to the primary victims is an obvious choice. I refer to this form of consultation as a primary victim case-referral-derived-help strategy as it is self-help that is derived from the referral of the victims to the chaplains.

Second, there are other chaplains within the spiritual services who are based in the police stations for the purpose of providing spiritual counselling specifically for officers returning from traumatic scenes. Even though these chaplains are work-based and provide spiritual debriefing services for the officers, consultation with them is initiated by the officers themselves, thus making it a self-initiated form of consultation. In this case, the officers receive spiritual counselling that is directed at helping them with spiritual issues relating to their operational work. This form of consultation is used by the FCS/domestic violence officers when investigating cases of domestic violence. The officers opt for this type of consultation when they have tried to provide spiritual support to the victims of domestic violence but have not noticed any changes in the victims' domestic problems. This is particularly the case with those that involve the forceful removal of the victims from their homes and attempts by the victims to commit suicide.

The nature of these two circumstances in the victims' situations requires spiritual help. Thus failed spiritual efforts by the officers necessitate the involvement of spiritual professionals in such situations. The chaplains offer support in the form of prayer. As the chaplains do not personally attend to the primary victims, they offer support to the officers through prayer and equip them with the spiritual mechanisms such as how to conduct spiritual counselling to handle the victims' domestic problems. This is not training of any kind, but the officers learn the skills as they are being counselled by the chaplains.

This shows that these two forms of spiritual consultation together with the preceding one-dimensional forms of consultations suggest that the impact of the operational work on the officers is multidimensional. There are post-work effects that require the medical, social, psychological and in this case, spiritual intervention. In addition, consultation with the chaplains is spiritual as it depends, first, on the victims' and officers' spiritual needs, and second, the officers' reliance on spiritual mechanisms of

intervention such as spiritual counselling and prayer to handle both their own and victims' situations. While prayer can be an individualistic, independent form of spiritual mechanism to handle difficult situations as used by the officers, consultation with the chaplains proves this strategy to be a collective spiritual mechanism. This is because spiritual services consultation provides a collective arena for handling challenges spiritually and also backs up the individual prayers of the officers with the supportive prayers of the chaplains.

It is a secondary strategy, that is, it is a coping strategy that involves intervention of a higher-order and is professional in nature whose purpose is to counteract the negative or partially satisfactory outcomes of the primary strategies. This strategy is used to counteract the negative outcomes of the individual prayers that the officers rely on to help the victims. This form of consultation is also educational in nature because it equips the officers with the spiritual ways of helping the victims. It is also mediatory in nature as it lessens the trauma reactions that are experienced. As this strategy is only used by female officers, it shows the extent the female officers rely on spiritual interventions when confronted with operational challenges.

Initiation of the consultation with the chaplains helps the officers to receive the opportunity for spiritual assistance, particularly through the counselling that they need in the absence of debriefing services. The strategy is both victim-oriented as one of the goals of initiating the consultation is to help to resolve the domestic problems of the victims, and self-oriented as the officers use it to empower themselves with knowledge on how to conduct spiritual counselling whenever it is required. This improves the officers' efficiency in their operational work, specifically by boosting their competence in offering victim counselling, and resolving the trauma reactions that are experienced.

There is also the two-dimensional use of self-initiated consultations by the officers. This involves consulting with two types of professionals for the same problems. Even though these are two-dimensional, the professionals are consulted separately, meaning that they do not provide collaborative help to the officers. The officers first consult with a particular type of professional, then move to the next one. These two-dimensional self-initiated consultations include the following:

Self-initiated social worker and pastoral consultations

The FCS/domestic violence and social crime prevention officers initiate the strategy of consulting both social workers and pastors when working on the cases of domestic violence. These are not professionals who are work-based, but are independent professionals who practice outside the SAPS. However, they are used by the SAPS to refer victims' cases for further, specialised assistance. The two forms of consultations are combined by the officers because the social workers and pastors are some of the professionals who are actively involved in assisting the officers with resolving the victims' domestic problems.

This form of consultation entails using the opportunity of referring victims of domestic violence to social workers and pastors for consultation to address the officers' own problems. The consultation is not formalised as it is not officially arranged but is an opportunity that is seized by the officers when it arises. While the pastors help with the victims' spiritual needs, the social workers' expertise is relied on to resolve the victims' traumatic situations, by offering guidance to the officers on how to handle them and devise solutions for those situations. The officers, thus, receive counselling from both social workers and pastors. The pastors' counselling is distinguished from counselling by the social workers because pastors share the word of God with the officers.

In this context, the dual consultations are sought as a result of experiencing trauma reactions such as perceiving the domestic violence cases that are investigated as difficult, having a wish to punish the perpetrators, distress, pain, fear, questioning the occurrence of such traumatic situations, being preoccupied with the scenes that are observed, and being withdrawn from their family members when returning from such scenes. The combination of the two forms of consultations helps the officers get rid of the trauma reactions that are experienced, meaning that this strategy serves to purge the impact of the critical incidents that are encountered. It is also victim-oriented as there is referral of the victims to these two groups of professionals for help, but also self-oriented as the consultations are also used for self-help. These consultations with the social workers and pastors are also primary victim case-referral-derived-help strategies.

Self-initiated social worker and magistrate consultations

The combination of the self-initiated consultations with social workers and magistrates is also used by the FCS/domestic violence and social crime prevention officers. Consultations with the social workers and magistrates are also an opportunity seized by the officers when they refer victims to these professionals for further assistance. I also realised that the perception of consultations with the social workers is different between the FCS/domestic violence and social crime prevention officers.

While the FCS/domestic violence officers show mixed preference for consulting the local and distant social workers, the social crime prevention officers actually show appreciation of having social workers placed near their police stations. The reasons for preferring such consultations by the social crime prevention officers are that the officers have the responsibility of working on cases of rape that are reported during their work shifts. These include cases of statutory rape, including those that are accompanied by physical assault of the victims and children as young as 2-years old who cannot express what happened to them in words. The officers are also faced with the children's mothers who are distressed by their children's suffering. The officers also feel trapped because they cannot avoid those shifts as they are allocated to them. The entrapment is described as "not having a way out".

Appreciation of the close proximity of the social workers to their police stations suggests that these conditions of non-avoidance of work shifts and feelings of entrapment create a situation of urgency for the officers, which requires readily available professional intervention. They also experience severe distress, pain and associate the victims' situations with their own children's situations. This explains the reason why they have to resort to initiating the help from social workers even though the social workers' task is not to assist the officers with their work-related problems, but are there to help the primary victims.

The combination of the social worker and magistrate interventions is due to the fact that these are the professionals who are actively involved in the advanced assistance of the victims of rape, at social and legal levels. This shows that the three groups of professionals whose intervention is sought when helping victims of rape, namely,

medical doctors, social workers and magistrates, are the sources of help that are arranged to handle the rape cases of the primary victims holistically. This opens up an opportunity for the officers, as secondary victims in these cases, to receive help for their personal distress from the various professionals. As with the preceding self-initiated consultations, consultation with the social workers and magistrates is also an opportunity that is used by individual officers to address specific needs. This means that while some officers do not see the value of this opportunity, others use it to benefit themselves.

In this case, social worker consultation also entails an informal form of consultation whereby conversations about the difficulty of the operational work that is done and its impact on the officers' well-being are initiated by the officers when the primary victims have already been attended to.

In addition, the officers, social workers and the magistrates also have a collaborative relationship which goes beyond referring victims to them. They conduct campaigns together in the communities and the magistrates also assist with cases which are beyond the social workers' scope of practice. This makes approaching the social workers and magistrates for personal help easier as they are readily available, they understand the operational experiences that the officers go through and have the social work and legal expertise of handling traumatised victims. The officers thus see themselves as secondary victims of the trauma, who can benefit from the same help that the primary victims receive from these professionals.

The combination of these two forms of consultations helps the officers accept that traumatic life experiences do occur in life and also to understand the reasons for the occurrences of such traumatic experiences. It also helps the officers realise that the distress that they are experiencing is not only experienced by them, but is shared among them (the officers), the victims that they assist and the intervening professionals.

The perspective of these professionals specifically provides assurance in these two areas: that the distress experienced by the officers and the victims is a normal reaction to traumatic situations and that this reaction makes sense even to the professionals,

that is, the officers are made to understand that they are not overreacting. The understanding gained encourages them to continue with their operational work as before. As with the combination of the social worker and pastoral consultations, the primary goal of the combination of these forms of consultations is victim-oriented as these professionals are there to help the victims, but it is also used to benefit the officers with managing the distress experienced because it is also self-oriented. It also enables them to achieve the dual goal that it is used for, which is the resolution of personal and work-related problems and the purging role. Therefore, it is also a form of the primary victim case-referral-derived-help strategy.

Arranged psychology professional and social worker consultations

Among the detective officers there are debriefing services by psychology professionals and social workers which are arranged for them. These are readily available to them at work and the officers are expected to use the services.

The arranged professional consultation also entails counselling, especially when the officers are exposed to the first cases of ritual murders, including those ritual murders that are preceded by rape of the victims, and murder cases with 'insertions'. The specific trauma reactions that call for this form of consultation include the following: fear; pain; perceiving exposure to the first cases of ritual murders as difficult; spiritual distress in the form of having a changed outlook on life; mental distress (which is described by the officers as being affected psychologically to a point of not thinking properly); being driven to behave in a particular way; having constant thoughts about the cases; loss of appetite (which lasts for a week after exposure to the first ritual murder scenes, and involves avoidance of food items such as porridge and meat, which is similar to the flesh of the body parts observed at the scenes and, thus, having preference for milk, water and green vegetables as substitutes for meat and porridge).

The benefits of using this strategy include: handling the impact of the cases they are exposed to; restoring general normal functioning, which means preventing psychological problems in the future, ensuring efficiency at work, and also living harmoniously with family members when returning from work. This means that the debriefing services are effective for the management of personal and work-related problems after exposure to traumatic scenes among the detectives. This form of

arranged consultation is thus purely self-oriented and serves the educational, preventive and purging roles.

There are instances in which the officers initiate consultations with the professionals, but need such consultations to be multidimensional (self-initiated multidimensional consultations). As with the two-dimensional consultations that are self-initiated, consultations with the different professionals are done separately. These include the following:

Self-initiated multidimensional professional consultations

The FCS/domestic violence officers add the use of self-initiated consultations that comprise three types of professionals. This is also an individual effort by the officers as these consultations are used independently of other officers. The consultations are resorted to as a result of experiencing several negative reactions due to exposure to rape cases. These reactions include the onset of anxiety because of noticing their inefficiency at work, and when the officers realise that they do not help the victims adequately. This means that experiencing various trauma reactions rather than experiencing one form of problem, as is the case when the one-dimensional consultations are used, warrants consultations with the professionals who are trained in offering counselling services in various fields rather than consulting with single professionals whose scope of practice is limited to specific areas of human functioning.

These forms of consultations entail initiating the process of receiving professional counselling. Some of the self-initiated consultations are made by those who occupy high ranks at work, for example, those in the superintendant rank. This implies that those high-ranking officers are able to initiate professional help because of their positions, specifically as unit commanders, who work at management level and have the responsibility to make arrangements for debriefing sessions for their subordinates. This means that there may be other low-ranking officers who may not be able initiate provision of professional counselling, but have to rely on other means for help such as waiting for the initiation of provision of the services by their superiors.

The multidimensional consultations are made up of psychology professionals, social workers and chaplains working within divisions that provide psychological debriefing, social and spiritual guidance in the SAPS. This shows the extension of the one-dimensional consultations that are made up of the same professionals who are consulted individually. What is interesting is that unlike most of the professionals who are consulted within the one-dimensional and two-dimensional self-initiated consultations, except for the one-dimensional pastoral consultation (who are placed outside the officers' police stations and are consulted informally when referring the victims to them for further help), these professionals in the multidimensional self-initiated consultations are work-based. This means that they are affiliated to the SAPS and are collectively referred to as the helping professions, the special services or the employee assistance services (EAS). Chaplains are, furthermore, classified under the spiritual services. All these professionals form a collective service that is geared towards providing multifaceted support for the officers at work and ensure their well-being. They attend to the personal and work-related problems of the officers, which are a result of the impact of the cases they attend to. Just like the two-dimensional consultations, multidimensional consultation takes place when the officers consult one professional after another.

Initiating this form of consultation results in officers receiving multifaceted counselling and advice on how to manage the various trauma reactions. This shows that the strategy is mediatory in nature. This also shows the success of the proactive efforts made by the officers to seek help to manage their traumatic experiences.

There are also multidimensional consultations that are arranged for the officers. This means that there are instances where the officers are able to initiate the multidimensional form of professional help and other instances where the officers have to wait for initiation of provision of the service by others.

Arranged multidimensional professional consultations

The arranged multidimensional professional consultation is described by the FCS/domestic violence and field training officers as consultation that is arranged on their behalf by their superiors at work on the basis of the officers' needs that are identified by the superiors. This strategy comprises the three EAS professionals,

namely, psychology professionals, social workers and chaplains within the SAPS who are work-based. Consultation with these professionals also looks at the psychological, social and spiritual problems of the officers. They also guide officers on how to handle cases.

The role of the helping professionals is thus two-dimensional: (i) it provides case guidance, that is, providing guidance on how to handle cases. The strategy is work-focused in the sense that it is concerned with enhancing case investigation and resolution; and (ii) it provides debriefing services, that is, services which are officer-focused as they provide counselling for the officers on different forms of operational work they are exposed to and how these affect the officers both in the areas of occupation and self. This is because the services address both work- and personal-related problems of the officers.

Therefore, the SAPS has some organisational support structures in place that are work-based, whose overarching aim is to assist police officers with the handling of the operational work done and its impact. The secondary role is victim-help. The provision of this multidimensional professional consultation by the SAPS shows that this institution recognises the multidimensional functioning of the officers, hence it provides them with psychological, social and spiritual intervention.

Even though the professionals who offer these services are work-based, they are not resident professionals. They do not work fulltime in the officers' police stations but are called in to provide these services whenever the services are needed. This form of consultation is an independent strategy as consultations with these helping professionals (psychology professionals; social workers; chaplains) are used independently of other officers. This means that individual officers make decisions to consult these professionals when they are arranged for them. Like the self-initiated consultation with chaplains, consultation with these professionals is a secondary strategy that is used when other primary, inner resources of coping have not yielded the expected results.

For the field training officers, this form of consultation is ongoing as continuous counselling is provided to them. This means that the service is available to them everytime they return from traumatic scenes. Among these officers, the trauma reactions which necessitate this form of professional consultation are as follows: (i) cognitive reactions of distress, loss of appetite, seeing pictures of the scenes while seated, having prolonged thoughts about the scenes, and disturbed sleeping patterns; (ii) an emotional reaction of fear; and (iii) the somatic reactions of physical ill-health and body weight loss.

Among the FCS/domestic violence officers, the need for intervention by these professionals is related to three factors: (i) work-related distress, which encompasses the traumatic nature of the cases, dissatisfactory court proceedings, dealing with hard-hearted perpetrators, and not having adequate counselling skills that are required to counsel victims and perpetrators of domestic violence; (ii) home-related distress, which is in the form of pressure from their wives; and (iii) lack of community leadership support when some of the chiefs in the various communities in which the officers serve do not arrange meetings with community members for crime awareness campaigns as arranged with the officers.

The specific trauma reactions which the FCS/domestic violence officers need to cope with can be categorised as follows: (i) having negative perceptions about the operational work and their ability to handle the work; (ii) having constant case-related thoughts and scene revisitations, by seeing films of the observed scenes; (iii) the traumatic situations observed make the officers to experience distress when they face personal difficult situations (as the victims' situations are perceived as distressing, distress is also experienced when personal challenges take place); and (iv) event personalisation which involves personalising victims' problems and imagining how they would manage to cope if they were faced with the same problems.

Consultation with these professionals helps the FCS/domestic violence officers to resolve the work- and personal-related problems, including equipping the officers with the necessary knowledge and skills for victim and perpetrator counselling. Among the field training officers, the benefit of consulting these professionals is that the constant thoughts that they have about cases cease. The effect of this consultation

on other trauma reactions among the field training officers is not mentioned because the constant thoughts about the cases are the most salient and problematic among the others.

There are instances, however, where the arranged professional consultations are either averted or disregarded by the officers. These form some of the avoidance strategies that are used by the officers. In the case of averted consultations, the FCS/domestic violence and detective officers are involved and in some cases, the officers have never consulted these professionals during their years of policing. The reasons for avoiding the consultations include (i) not seeing the need to consult these professionals, thus undermining the value of the services provided by the professionals. Undermining the services takes place in four ways: not seeing the importance of being counselled; perceiving counselling as mere talk by the helping professionals; seeing their involvement in counselling as a mere agreement with the helping professionals' advice, and deeming such counselling useless; (ii) perceiving themselves as well-adjusted; and (iii) that while acknowledging the experience of stress, the feeling of discomfort, having constant thoughts about the traumatic scenes, loss of sexual interest and family discord as a result of exposure to the work done, these are regarded as not being severe enough to disrupt the officers' functioning and, thus, not warranting professional intervention. In this case, the outcome is that the officers do not receive the professional help that they need and there are potential risks of distress among the officers that are expected in the future by the intervening professionals.

With regard to the disregarded consultations, only the social crime prevention officers are involved. The reason for disregarding the consultations is that the officers are not aware of the debriefing services that are offered at their workplaces and do not even know what they are called. This means that even though these services are provided, they are not made visible to the officers by their superiors. The outcomes of this are that the officers do not receive the professional help they need after exposure to traumatic scenes. They thus resort to their inner resources of coping. Therefore, avoiding and disregarding the professional consultations that are arranged for the officers have detrimental consequences for the officers' mental health.

The various dimensions of professional consultations show that shunning consultations with the local social workers is prevalent among the female officers, while averted and disregarded debriefing services offered by the various professionals at work are reported among the male officers. Therefore, avoidance behaviour is both a male and female phenomenon, albeit for different reasons. Ignorance, that is, disregarding professional consultation is a male phenomenon.

Multifaceted Support

Multifaceted support refers to receiving support from various groups of people who form part of the officers' lives, that is, the significant others in their lives. For instance, support can be sought from personal pastors at church, family members, friends, community members and colleagues.

Personal pastoral support

Personal pastoral support is used when the FCS/domestic violence officers encounter traumatic experiences, specifically rape cases on Fridays. It entails seeking and receiving support from their own pastors at church, not the SAPS chaplains. It involves sharing their experiences of the operational work done. In addition, it is accompanied by the strategy of going to church on Sundays because even though personal pastoral support is one of the forms of the multifaceted support, it is spiritual in nature and, is thus, used within the church environment. Using it on Sundays suggests that seeking support from own pastors is not an everyday action, but is done on Sundays when the officers go to church. This further suggests that the strategies of Sunday church attendance and personal pastoral support are concurrent strategies as they are used together.

The detective officers also use this strategy when handling murder cases, especially during their first year of work in which they need much encouragement to do the operational work. The pastors are regarded by the detective officers as figures with whom they are closest outside the work environment. These pastors offer support by visiting the officers in their homes regularly and supporting them with prayer. This means that unlike the FCS/domestic violence officers, this strategy is used on a regular basis by the detective officers rather than being restricted to a specific day of

worship or gathering of church members in a week. In this case, prayers are offered in a private environment, the detective officers' homes.

Nevertheless, as in the case of the FCS/domestic violence officers, the days on which the officers formally gather with their fellow-church members for prayers also encourage them to consult their pastors. Therefore, the support of the detective officers' pastors in the form of prayers is also done together with other church members at church. It is not only done in the privacy of the officers' homes but in a public environment as well. The prayers are meant to intercede for the officers so that they have the strength to handle the cases since the pastors and church members know the type of work that the officers do.

The social crime prevention officers also use this strategy when working on the rape cases. To them the strategy also means sharing operational work experiences with several pastors outside the work environment, and disclosing trauma reactions experienced, such as depression and how the cases affect them in the way that they do their work. They also ask for support in the form of prayer. As with professional consultation, this strategy is also used whenever the officers have to work on cases that are reported during their work shifts and also as a result of feeling trapped because of the shifts.

Sharing in this context is, however, selective for all officers in the three police units. Selective sharing with these pastors includes sharing about two types of situations which are traumatic stressors: first, are stressful situations which are described by the officers as "nerve-racking", and, second, painful situations. The form of pastoral support received is in the form of supported prayer. This means that the pastors pray together with the officers about the unbearable situations they encounter. They also pray about the officers' beliefs which are shaped by the traumatic experiences that they are exposed to, for example, asking their pastors to pray about what they refer to as "the destructive intentions of Satan towards humankind". Therefore, these destructive intentions are perceived as not only directed at the primary victims and them as the secondary victims, but at humankind in general.

This form of sharing is governed by the confidentiality principle. While the principle requires complete secrecy concerning the cases dealt with by the officers, the FCS/domestic violence officers only manage to exercise some degree of confidentiality when sharing with the pastors. Certain case-related information is disclosed to the pastors regardless of the confidentiality principle. The officers show the difficulty with which they are faced regarding maintaining complete confidentiality about the cases when they need help with the distress experienced.

The detective officers have to adopt some tactics to prevent sharing confidential case-information with their pastors. These tactics include intermittently avoiding meeting with them, sometimes postponing their meetings and even lying about their shifts at work, such as claiming to be at work when the pastors are conducting home visits and prayers. In order to exercise this selective sharing, the social crime prevention officers use the strategy of not disclosing the causes of the trauma reactions that are experienced, in order to avoid divulging information about the types of cases that they are working on and possible disclosure of the identity of the victims and perpetrators who are involved. It is used by both male and female officers, thus showing equal dependence on external spiritual support by both male and female officers when doing operational work.

The benefits of the degree of selective sharing that the officers manage to exercise when sharing with these pastors include having an opportunity to share specific personal experiences, which are spiritually-related, regarding their operational work. The officers specifically express the trauma reactions that they experience, and they also receive supported prayers for whatever situation that is worrying them. They are also helped to perceive their operational work positively and receive the encouragement to continue with the work. This means that the strategy creates a specific platform for sharing about the work-related experiences that have a spiritual dimension to them, thus showing that operational experiences do not only have psychological and emotional dimensions, but they have a spiritual dimension as well. This strategy thus serves the strengthening and mediatory roles in the officers' lives and is both a self-oriented strategy as it aims at dealing with the various negative personal experiences of the officers, and humankind-oriented as it involves supported prayer for humankind.

Apart from the support of pastors, is the support of family members. This takes place with various members of the officers' families depending on the needs of the officers and the types of relationships that they have with those family members.

General familial support

General familial support refers to the act of receiving support from several members of the officers' families at the same time. It is relied on by the detective and social crime prevention officers when they are working on domestic violence and murder cases. Detectives resort to seeking the support of their family members when there is lack of debriefing services at their workplaces and, as a result, perceive the investigation of the cases as difficult. The strategy entails sharing operational work experiences with any family member, but such sharing is selective as family members are regarded as "people outside the work environment" thus according to the SAPS are considered "outsiders".

The detectives find it difficult to share all their operational work experiences with family members for two reasons: first, is the confidentiality principle, and second, selective sharing which is informed by the detective officers' need to protect their status as law enforcement officers. Detectives indicate that disclosing specific trauma reactions such as fear to family members has the potential of making community members lose confidence in the detectives as law enforcement officers who are supposed to protect them.

Consequently, even though this form of support is used, collegial support is preferred over it by the detectives in pursuit of protecting their reputation. The reason for being comfortable with sharing with colleagues is that they encounter the same experiences and go through the same trauma reactions as them. Therefore, there is no chance of being judged or personal information being disclosed to community members. Therefore, disclosure to colleagues is centred around the nature of the operational work done.

Selective sharing with family members also includes talking about both the experienced trauma reactions and possible reactions that could be experienced, which

might affect the family members or even put their lives at risk. One of the possible risks identified is that family members could be shot at unintentionally by the officers who might be startled at night and use their firearms to protect themselves against harm. In this instance, the strategy involves preparing family members on how to handle the trauma reactions that the officers could manifest, and also holding continuous conversations with family members about this. Such conversations help the detectives lessen trauma that they experience. They also help the detectives stop recalling pictures of the scenes that they observed and also prevent them from attending to cases when they are supposed to be relaxing at home with their families.

Among the social crime prevention officers, familial support is used when the officers think about the scenes they are exposed to all the time. It also entails selective sharing with any family member, but the confidentiality principle is observed all the time. The officers do this to also protect children in their families from being exposed to traumatic stories of the officers. Talking about everything pertaining to the officers' operational experiences with all the family members runs the risk of exposing children to primary victims' traumatic stories that the officers are also exposed to. The strategy also entails receiving advice from family members on how to handle the cases. The strategy helps them get rid of the negative impact of the traumatic experiences of the scenes on the officers.

Selective sharing, therefore, with general family members is informed by three issues: the confidentiality principle, protection of personal status as a police officer and protecting their own children from being exposed to traumatic stories. It is self-oriented because the purpose of the partial disclosure of the information is three-fold: to prevent the officers associating personal and family issues with work-related issues, mediating some of the trauma reactions that are experienced, and even purging other reactions completely.

Spousal support

Another dimension of familial support is spousal support. In this instance, the officers receive support from their spouses, meaning that this subcategory of family members is restricted to married officers. Among these officers, there is preference for sharing with their wives than other family members.

Two forms of sharing take place with the officers' wives, namely extensive information-sharing and selective information-sharing. Extensive information-sharing is evident among the FCS/domestic violence officers when handling the rape cases, the detective officers when handling the rape and murder cases, and the social crime prevention officers when they are exposed to domestic violence cases. This is where the sharing creates an arena in which the officers are able to divulge all and detailed information about the cases that they investigate. The officers indicate that they talk about everything with their wives. Therefore, in this case, there is no selective sharing with the wives as there is with the pastors.

The reasons for this extensive sharing with the wives include the following: (i) the experience of trauma reactions such as forgetting things easily, which necessitate getting help from their wives to help them remember information that includes home-related responsibilities; (ii) the wives can keep the information shared with them confidential as it is shared with them in strict confidence; (iii) many years of marriage, amounting to as much as 21 years, also make it easy for officers to trust their wives with the information. Some officers describe their wives as "supportive wives", or as "friends", and "the second people to confide in". It is indicated that the support of the wives is applied after the strategy of self-motivation is used and when self-motivation does not provide answers to the questions that the officers have. They turn to their wives whom they also refer to as "second-in-charge" and as "deputies" to the officers; and (iv) while the confidentiality principle is known, the officers are not always preoccupied with it as the trauma reactions that they experience, such as forgetfulness and preoccupation with thoughts about traumatic scenes, outweigh the practice of the principle.

In the second form of sharing, which is selective information-sharing, the officers can only share some of the operational and administrative experiences encountered at work rather than all of the operational issues. The officers are thus careful and discriminatory concerning the type of information that is shared with the wives. This is particularly common when handling domestic violence cases among the FCS/domestic violence officers and murder among the detective officers. This is specifically the case when the officers do not receive debriefing services at work after

exposure to traumatic situations. Unlike in extensive sharing where the trauma reactions that are experienced determine the initiation of sharing by the officers and also the officers' degree of sharing and the support of the wives that is received, in this instance, support is sought when the officers' wives initiate the process of sharing. This means that when the officers do not initiate sharing, such sharing becomes selective.

The selective, wife-initiated support takes place on the basis of two factors: first, among the FCS/domestic violence officers, the officers' wives notice negative physical countenance in their husbands when they return from work, and, second, among the detective officers, this takes place when the officers' wives have knowledge about the cases that the officers are investigating and they deduce the case-information from the officers' phone calls that are received at home. This is a sympathy support-bound strategy, meaning that support is not initiated by the officers but by their wives because they sympathise with their husbands.

These conditions of perceiving unhappiness in the officers after work and making deductions about their encounter of traumatic experiences, create a context in which the strategy is applied. If the perception of emotional disturbance and communication of emotions are part of the officers' marital functioning, then support from the wives becomes easier. Thus the wives are able to discern that the officers have problems and inquire about the problems. In summary, the factors that lead to the use of this selective, sympathy support-bound strategy are as follows: (i) spousal perception of negative physical countenance; (ii) spousal discernment of problems; and (iii) spousal-initiated problem communication, meaning that when the wives do not start talking about the officers' suspected problems, then the officers do not divulge the problems to them.

Experiencing traumatic situations on Fridays also determines the use of the selective sharing with the wives. This means that Friday can be seen as a day that marks a break from operational work to a period of attending to personal issues. When traumatic experiences occur on Fridays, the officers' expectation of rest is hindered. They become distressed and are compelled to seek help from the social support network systems that are not work-based but are outside the work environment. They

have to explore strategies that are associated with the break that is envisaged. Pastoral support and the support of the wives at home are some of them. These forms of support are thus used due to less continuous and less frequent exposure to traumatic situations (Friday exposure) and as outside work-based strategies, which even though they are also used to address work-related experiences, are strategies that are in the officers' personal-life setting.

While selective sharing can be initiated by the officers' wives, when traumatic encounters are experienced on Fridays, it is the officers who initiate support from their wives. However, they exercise the same selective sharing that they exercise with their own pastors when they share the same issues with their wives. This means that pastoral and spousal sharing have common aspects. In both instances, this is because the FCS/domestic violence officers who practice selective information-sharing are always conscious of the confidentiality principle. To them, the practice of the principle overshadows the support that they need from their spouses.

Another factor that leads to difficulties in sharing all operational work experiences with the wives is the age of the wives. The older the wives, the less information is divulged to them, in order to protect the wives' mental health. Therefore, protecting them from being traumatised by the husbands' stories of traumatic experiences determines the selective sharing with the wives. The protection of the wives is specifically adopted by the detective officers.

The selective form of spousal support which is completely governed by the confidentiality principle depends on the following aspects of the principle: (i) information divulged by the victims or discovered in the cases that the officers investigate is to be kept confidential between the officers and the victims as the issues pertaining to the cases are restricted to the victim-officer relationship; (ii) people such as the wives and others are, as in pastoral support, regarded as "the public" or "third parties" to whom such information is not supposed to be divulged; and (iii) domestic violence issues are regarded as "secretive" and "non-public issues", thus not open to discussion outside the work environment. The confidentiality principle, therefore, limits information disclosure when the officers seek support from the wives.

Selective information-sharing ends up being limited to issues that are two-dimensional and include first, sharing about the nature of the incidents, that is, the types of incidents that the officers are exposed to and which are regarded as stressful and painful, and, second, sharing about the personal trauma reactions that are experienced such as explaining the difficulty that is experienced by the officers in handling those incidents and the emotional distress that they go through.

The two forms of sharing with the wives, therefore, have the following benefits: first, the extensive, officer-initiated sharing results in complete help to face the trauma reactions that are experienced, thus encouraging the officers to deal with those reactions and get rid of them. This makes the strategy, a two-way, cooperative strategy as there is a two-way communication between the officers and their wives.

Second, the benefits of selective wife-initiated support include the fact that the officers' wives are able to detect the withdrawal of the officers from family members by noticing signs of being emotionally detached and being quiet but not of aggression towards them. The wives also intervene to prevent this form of withdrawal from continuing. They also help the officers to feel comforted. This shows that the strategy is a private but within-marriage perceptiveness strategy as it allows for detection of emotional distress among the officers by their wives and creates an opportunity for the officers to receive the necessary support. The opportunity for mental rest is also afforded as the wives understand the officers' state of mind when they come back from work and give the officers some space for them to rest. Rest, in this case, means being given some time not to talk about the cases that the officers are investigating until they are ready to talk about them. The officers are also consoled and encouraged to tolerate the operational work that is done despite its inherent challenges.

The benefits of selective, officer-initiated support include that the officers are given an opportunity to share their operational experiences with their wives, as well as an opportunity to express the psychological effects of these experiences on them, thus avoiding being isolated from their wives. While not being open and sharing about all the operational experiences encountered has the potential to isolate the officers from their wives, selective self-disclosure helps the officers to prevent this isolation and to be close to their wives. This even includes making plans together regarding the

officers' operational work, such as reaching consensus on whether or not the officers can go to work on weekends and at night when they are not officially on duty.

Generally, however, there are times when sharing with the wives does not help eradicate the trauma reaction of having thoughts about the scenes they are exposed to. Therefore, the officers keep on having such thoughts. Nevertheless, disclosure of the type of work that the officers do helps the wives to understand the operational work that the officers do, as well as the trauma reactions that are experienced by the officers. Even though thoughts about the scenes cannot be eradicated, the strategy of spousal support helps lessen the experience of those trauma reactions, and the wives with whom experiences encountered at work are shared, are regarded as the most reliable sources of information who can assist with investigations if the officers die in the line of duty. This is because the wives will be able to provide information on what the officers used to talk about when they came back from work and to identify the cause(s) of their death. The officers report that they recognise the ability of their wives to give such reliable reports in the cases of their colleagues who have passed away.

In the case of the female officers, only the FCS/domestic violence officers report spousal support. This form of support entails sharing with their husbands and it is reported as the most preferred form of support outside work compared to other forms of multifaceted support, such as personal pastoral, maternal, friendship and community support. It specifically encompasses redirecting the officers' perspectives of the cases. It is, however, also restricted by the confidentiality principle. Therefore, the form of sharing that takes place in this context is two-fold.

First, there is implicit sharing, that is, traumatic operational experiences are not communicated clearly but are implied by the statements uttered, and, second, selective sharing is applied, which entails not disclosing all the information but choosing the type of information to divulge and specifically avoiding case-information. The officers focus mainly on sharing the officers' operational experiences and their effects on the officers, such as the perception of difficulty of the work by the officers and other reactions that occur. As a result, to those female officers, disclosing information about the victims is perceived as "bad", that is, such disclosure is reflective of

disobedience and rebellion against the confidentiality principle. In actual fact, everyone who is not a SAPS employee is referred to as an “outsider” even in this context. Generally, while some of the officers use this label explicitly, it is not always communicated plainly by other officers but the phrases used by this group imply this. Such phrases include “other people” and “a person out there”, for example.

Sharing with the husbands is helpful as it leads to three benefits. First, sharing offers psychological representation. This means that the officers have an opportunity to express what is in their minds, specifically the work-related problems that they encounter. Second, it offers mental relief and occupational normal functioning in the forms of preventing work exhaustion and encouraging the officers to continue with work. Last, there is psychological deterrence in the form being prepared for traumatic occurrences, the acceptance of the traumatic occurrences and also the comprehension of individual life experiences. Therefore, the officers are not surprised when the traumatic occurrences take place.

For both male and female officers, the strategy is self-oriented as it is concerned with not bottling in the traumatic operational experiences that are encountered, but expressing them outwardly either extensively or selectively, as well as receiving support to handle the impact of those traumatic experiences.

Maternal support

Maternal support involves receiving support from mothers and mothers-in-law within the home environment, especially among the unmarried female FCS/domestic violence and the married male detective officers. This form of support is sought by the FCS/domestic violence officers when they are desperate to stop crime and remain focused on their work despite the traumatic situations they are exposed to. It encompasses sharing operational work experiences pertaining to rape cases with maternal figures and receiving work ideas from them about ways that the officers can adopt to handle the cases. It helps the officers receive comfort and reassurance from maternal figures that they can do the work. These maternal figures also manage to instil courage in the officers to face the work. It also helps them persevere with the work and not give up despite the traumatic experiences encountered. To sum up, the

strategy helps them receive encouragement, motivation, and get rid of feelings of avoidance of the operational work.

It is interesting to note that among the detective officers, the roles of different family members are perceived differently and, thus, sharing operational work experiences with them also takes place with varying degrees. Mothers are no longer seen as part of the detective officers' immediate families, but part of their extended families. The detectives' wives now form part of the officers' immediate families, occupy the position of the officers' helpers and are the closest to the officers among all family members. They are the most preferred people to share experiences with within the home environment. Mothers are thus regarded as the second supportive persons after the wives. Selective sharing also takes place with the mothers and is restricted to sharing about types of operational cases that the officers are working on and their impact on the officers without going into details about the specific operational experiences that are encountered.

The support that is provided by the mothers is in the form of concealing their personal emotions about the distress that they observe in the officers, in order not to affect the officers even more while they provide guidance on how the officers can handle such situations. The outcome of this form of support is that they help the officers to remain focused on their work by telling them to be tolerant in doing their work as they do not have a choice, and also that they have chosen this career for themselves and took vows that they will be able to do it.

Sibling support

Support is also sought from siblings, specifically by the detective officers who speak to their elder brothers about their operational experiences. This also entails selective sharing with the brothers who are regarded as the third persons to confide in after the spouses and mothers. Sibling support helps give the officers opportunities to talk to someone about the type of work that the detectives are faced with. The brothers' support is, however, of less importance compared to the spousal and maternal support. Nevertheless, the support is also important in its own right.

Friendship support

Friendship support is used together with spousal and maternal support by the female FCS/domestic violence officers. When using this strategy, Friday is still seen as a day that marks a break from operational work to allow one to attend to personal issues. Thus the strategy is also used when the traumatic experiences occur on a Friday just like the strategies of Sunday church attendance, personal pastoral support and spousal support. Therefore, the distress that is experienced on this specific day compels the officers to seek help from the four social support network systems that are not work-based but are in the officers' personal-life settings and are associated with the Friday break. These four strategies are thus all used due to less frequent exposure to the traumatic situations (Friday exposures) as opposed to the daily exposure to the traumatic situations.

The officers prefer the support of their close friends. This entails sharing their operational experiences with them. There is also selective experience sharing as the officers only share specific issues which are relevant to the boundaries of their friendships. This means that even though all the people in this form of support network are friends, the borders of the friendships vary and such variations determine the types of issues shared and the degree of sharing. The officers tend to share more operational experiences with those who are the closest to them. Nevertheless, across the different friendships, information-sharing is implicit in nature. This is similar to the strategies employed by female officers when sharing with husbands. The officers also exercise more confidentiality with friends due to perceiving them as more of "outsiders" than personal pastors, spouses and maternal figures. Therefore, the nature, degree and content of sharing are different from sharing with these other people. However, all these forms of multifaceted support are used in conjunction with one another because they offer the officers different benefits.

For the male social crime prevention officers, this form of support also means selective sharing with friends. This is due to observing the confidentiality principle. Sharing is thus restricted to the officers' experiences of operational work, specifically cases on domestic violence. It also entails being given advice on how to handle the cases. The closeness of the officers with the friends is not considered in this group of officers, but sharing with them is merely based on the fact that they are friends. The

reason for turning to this form of support is the officers' preoccupation with thoughts about the scenes that they are exposed to. The choice of confiding in the friends helps the officers get rid of the trauma reactions that are experienced.

Considering the application of this strategy among the FCS/domestic violence and social crime prevention officers, the strategy takes place in two ways: (i) selective close friendship sharing; and (ii) selective less intimate friendship sharing. These ways of sharing serve the mediatory and purging roles respectively for the officers. While close friendship sharing would be expected to have the ability to purge the trauma reactions more than mere friendship support, the opposite is reported by the officers.

Community support

Community support also forms part of the multifaceted support used by the FCS/domestic violence, detective and social crime prevention officers when they work on cases such as domestic violence, murder, road accidents and the sexual abuse of children. This support takes place in the form of collaborations with the community policing forums whereby police officers receive invitations from the local communities to attend community meetings. Letters from the forums are used for this purpose. The letters are addressed to the station commissioners or the victim empowerment offices. Addressing community letters to the victim empowerment offices, as an alternative to addressing them to the station commissioners, suggests that the issues that community members and their leadership want to discuss with the police are related to trauma, which involves community members as victims. The fact that the community meetings take place in chiefs' kraals shows that community leaders, including chiefs, are a part of this collaboration between the police and community members. This is confirmed by the officers.

The officers also receive support through crime reporting by community members who use such organisations as the community policing forum in conjunction with the Youth against Crime. Partnerships are formed between these organisations and the officers. The condition that leads to the application of this strategy is the same as in Sunday church attendance, personal pastoral support, spousal support and friendship support as this strategy is also used when there are traumatic experiences that occur

on Fridays. Attending to the traumatic experiences of the community members through this strategy shows that this strategy is concerned with freeing community members from strife and also ensuring their peace and safety.

When using this strategy, the officers receive what they regard as “improved support” from the communities that they serve. Community members no longer hide information pertaining to the cases that the officers investigate as they used to before.

Community support helps develop police-community mutual experience sharing. This is especially attributed to the condition of working in a district (Vhembe District) with policing areas that have predominantly one tribe residing in them, compared to Gauteng, which comprises of several tribes living in one area. Communal living within families and having elders within families such as aunts and uncles assists in the resolution of problems, particularly in the domestic violence cases. This is regarded as a factor that encourages discussions within families and between community members and the officers about the cases.

In addition, while addressing community members on the traumatic crimes is part of the officers’ work, this form of sharing creates an arena of what I can refer to as “informal therapy” for the officers because listening to the community members’ traumatic experiences and the officers sharing their own experiences leads to an exchange of traumatic experiences. This is regarded as an opportunity of “sharing own problems” by the officers. This means that listening to “other” traumatic experiences may not necessarily predispose an officer to VT, but can actually help. The strategy of community support thus offers what I can refer to as community-officer belief representation, that is, the collaboration between communities and officers does not only provide an opportunity for the representation of the views and experiences of the community members regarding traumatic cases, but it provides representation of the views and experiences of the officers as well.

In the case of these officers, this form of help appears to be dependent on the following factors: first, the type of victims that they share with, in this case, exposure to obsolete primary victims, that is, victims who are not involved in traumatic situations at that particular time, but were in the immediate past. Second, there is

exposure to fellow-secondary victims' stories as some of the community members are also secondary victims of those crimes just like the officers are. This is because they are not directly involved in the traumatic situations that they share about, but are either observers in traumatic scenes or they heard about the traumatic crimes that have been committed in their neighbourhood. I can thus refer to exposure of secondary victims' stories, which helps the officers to cope, as mirror-image trauma experience-survival.

Last, the atmosphere of exposure which in this case is a mutual group experience-sharing rather than a unilateral exposure to others' traumatic experiences also mediates the occurrence of VT. Therefore, these three factors, obsolete victim exposure, mirror-image trauma experience-survival and mutual group experience-sharing serve as moderating factors of VT among the officers.

All these show that the strategy of community support is primarily community-oriented because there is community assistance. The collaboration between the police and the community puts the officers in a better position to help the community members. The strategy is also self-oriented because of the self-help that is received.

This self-help is achieved because the support that the community members offer to the officers through information sharing reduces some of the burden that is experienced by the officers, specifically in terms of helping them to deliver the results that are expected at work, such as proving cases and arresting the perpetrators. Therefore, this makes their operational work easier to execute. The unavailability of debriefing services is also compensated for because the communal living that they rely on and the informal therapeutic relationship that is formed between the community members and the officers lead to the reduction of pressure among the officers.

Furthermore, the confidentiality principle which governs sharing work-related issues with the "outsiders" (own pastors, family members and friends) does not apply in this case. This is because the establishment of relationships and sharing at the community level are formalised between the communities and the SAPS. Community policing forums and the Youth against Crime are formal structures that are formed to

encourage a two-way information dissemination process. The officers have the task of educating community members and raising their consciousness about traumatic crimes through these structures and these structures, in turn, have the responsibility of serving as the officers' informants about the occurrence of such crimes in their neighbourhoods. Together, the officers and community members have the responsibility to curb those crimes. Therefore, community members within those structures are seen as the "insiders" and the governance of the confidentiality principle is not enforced in this context. This makes collaboration between the officers and those community members uncomplicated.

Indiscriminate support

Unlike the FCS/domestic violence, detective and social crime prevention officers, there is no report, among field training officers, of any specific preferred persons outside the work environment to share operational experiences with. However, there is sharing with anyone. There is thus indiscriminate support. In addition, while the other officers' main reason for resorting to the support of specific people outside work are the restrictions that are imposed on them by the confidentiality principle and personal reasons, the field training officers do not mention these factors when reporting about the use of this form of support outside work.

The unspecified people outside work, nevertheless, have to meet the following criteria for them to be considered as suitable persons to share operational work experiences with: first, they should have close relationships with the officers. As such, family members, friends and acquaintances are included in this social support network system. Second, they should have the ability to put the officer's operational experiences into perspective, in order to help them to cope with those experiences. Third, the possibility of mutual problem-sharing with those people is crucial. Therefore, even though they have different experiences as the supporting parties are not police officers, it is important for the supporting parties to be able to divulge their own challenges to the officers. A one-sided form of sharing is thus excluded in the criteria. Last, the supporting parties are also expected to have the ability to calm the officers down. Lack of this ability means that they cannot offer the officers the expected assistance.

Even though this form of support is different from that of the officers in the other units, some of the people who form part of this social support network system are similar to those used by the other officers. However, the pool of supporting parties for the other officers is exhaustive. Furthermore, the selection criteria are also similar as closeness in relationships, mutual sharing, experience contextualisation and restoration of officers' emotional state to a state of tranquillity are all reported by the other officers across the different social support networks that they are part of.

The indiscriminate support is sought when officers are faced with situations such as elderly victims who are being assisted by the officers disapprove being helped by young officers whose poor financial background is known to the victims. The victims thus undermine advice that is given by the officers during victim counselling.

Seeking the support of people outside work when faced with such victims helps the officers put the experiences encountered into perspective and understand the victims, thus serving an educational purpose. In addition, a mediatory role is realised as the officers end up feeling calm, and normal interaction between the officers and family members is sustained.

Victim next-of-kin support

Worth noting is the support that is received by the detectives from the victims' next-of-kin, in cases of murder. While this form of support is not expected, some of the relatives of the murdered victims show understanding of the officers' situations, particularly when they realise that the officers are as much distressed by those victims' traumatic situations as the relatives are. They also encourage the officers to continue with case investigations and show appreciation for the effort that the officers put into solving their cases. Even if the officers fail to arrest the perpetrators, the next-of-kin appreciate the officers' effort.

The victims' relatives also inquire from the officers about the progress made on the cases that they are investigating, thus showing that they are there to support the officers rather than expecting a service without being empathic towards the officers. It also shows that their support is not for the officers' trauma but is mainly centred on the detection of evidence on the cases. This distinguishes this form of support from

the other forms of support. Therefore, this form of support adds more to the assistance that is received from other supporting parties like pastors, family members, friends and community members. This is particularly so in the absence of debriefing services at work. This support helps the officers to continue doing their operational work. The understanding of the victims' relatives regarding the experiences that the officers go through strengthens the officers enough to face the work.

Multifaceted support also includes collegial support. However, the nature of the strategies of collegial support used varies according to the different situations that the officers are confronted with. It also depends on police officers' ranks, types of support, purposes of support and degrees of support received. This means that collegial support is a versatile strategy that is used to deal with different contextual situations.

Course-peer attendants collegial support

Collegial support which is used by FCS/domestic violence officers is in the form of course-peer attendants collegial support. This involves sharing operational experiences with colleagues who attend courses on family violence, child protection and sexual offences with the officers and are of equal standing with them in terms of rank, as the word peer suggests. The need for this form of support is influenced by the investigation of rape cases. In this instance, there is preference for extensive problem-sharing with the peers. This means disclosure of every trauma reaction that is experienced as a result of investigating the cases. Sharing is done with the intention of receiving the required support. This is because the officers in this support network form a homogenous group of officers who go through the same traumatic experiences and seek the same answers in the courses attended. The expected outcome of the opportunity for complete disclosure of trauma reactions is realised from this form of problem-sharing.

Peer support

Peer support is another form of collegial support used. It is, nevertheless, different from the former as it only refers to the support received from colleagues of the same rank. In the case of the FCS/domestic violence officers, peer support is determined by the same factors which influence the use of the strategy of maternal support among

female officers when handling rape and domestic violence cases. These factors include the officers' willingness to stop crime and their focus on work. Among the male and female social crime prevention officers, the determinant factors that lead to relying on this strategy are preoccupation with thoughts about the traumatic scenes and when the plans made to handle the cases depend on the progress made by the officers who handled the cases previously. These pertain to cases of domestic violence among the social crime prevention officers.

The support involves working within teams with colleagues and sharing operational work experiences and case-information with peers. It also entails commencing meetings with prayer, holding police parades where the peers share about the crimes encountered in the communities and also discuss plans for handling the cases.

It is applied on the basis of the following factors: (i) sharing characteristics: it entails sharing one's experiences on the cases with colleagues who are regarded as equals in terms of rank. Such sharing does not take place regularly, that is, this is not customary behaviour; (ii) the motivation for sharing: there is motivation to help the victims which comes from all the officers within the support network. This is not a one-sided effort; (iii) the nature of relationships: the officers' relationships allow them to discuss general cases and they also discuss the specific cases that they are working on at a particular time, particularly the perspectives held on those cases. They are so free with one another that they discuss how the cases dealt with affect them as police officers rather than trying to appear strong. Therefore, the expression of emotions and thoughts which could in other support networks be regarded as signs of weakness, are given an arena to be expressed without fear of judgement. The nature of the officers' relationships also allows them to share ways that they can use to help one another to be successful in handling the cases.

The outcome of relying on this form of support is peer mutual case assistance. The officers assist one another in handling the cases that they are working on. They also help one another to build up cases so as to make them convincing in court through the evidence gathered. These outcomes prove that this is a peer-oriented strategy that is geared towards establishing a support network system that offers peers the assistance that they need to do their work and handle cases, thus strengthening their role. It is

also an interdependent strategy that is used collectively by peers to benefit one another. The strategy also helps get rid of the trauma reactions that are experienced, such as distress, pain, fear, occurrence questioning, scene preoccupation, and family withdrawal, thus serving the role of purging the trauma reactions. This makes the strategy self-oriented.

Superior collegial support

Superior collegial support is both an independent strategy as it is initiated by individual officers on the basis of their individual needs, as well as an interdependent strategy as it is also used collectively by the officers to receive support from their unit commanders. The strategy generally encompasses sharing case-information with the unit commanders (also referred to as managers) on a regular basis, explaining the cases that are attended to and the traumatic situations that are encountered. The officers ask for assistance, specifically by divulging the trauma reaction of pain as a result of exposure to the cases, and receive counselling from the commanders which is also referred to as debriefing. This means that commanders also provide a debriefing service but at a collegial level. They also receive words of encouragement and are also comforted by those commanders.

Among the social crime prevention officers, the support is specifically received from superiors from within their units who are involved in doing work such as conducting door-to-door campaigns on the prevention of social crimes. They receive advice from them on how to do their work. During the first year of working, particularly among the detective officers, superior collegial support entails working under leaders who counsel them on the work that they do, instill in them the trait of perseverance in the work and encourage them to perceive the operational work positively.

This strategy addresses all four inhibitory conditions which impede the complete success of the strategy of police sense of duty. These are unfavourable work conditions such as shortage of resources like transport to attend to the cases, officers being uncertain about how to handle the cases, officers being unhappy after exposure to the cases, and being restricted by legal procedures. Therefore, the strategy provides assistance with the case handling required and the trauma reactions that are experienced. The conditions that block the police sense of duty require a sustenance

strategy, in this case, superior collegial support, which provides support to continue with the work despite the challenges that they are facing.

The FCS/domestic violence officers rely on this strategy when they are also faced with the unfavourable work condition of having divisions among officers. Involving superiors to handle these challenges results in finding quick solutions to helping victims, promoting cooperation among officers in different units, specifically pertaining to soliciting inter-unit help to solve the work-embedded problems, and having the support of superiors to do their work.

For the field training officers, consulting with superiors at work comes up as a result of encountering various unpleasant experiences in court, which also make them resort to the strategies of self-motivation and court outcome acceptance. They use the strategy of superior collegial support to confide in their superiors when faced with unjustified court rulings, which result in the officers being accused of illegal dealings by community members. Involving superiors when faced with unjustified court decisions, helps field training officers to survive accusations from community members. The officer-community misunderstandings on court rulings are resolved through the meetings between the officers and the community members arranged by the superiors to clear misunderstandings. The strategy is thus used as a mediatory, problem-resolution mechanism by the FCS/domestic violence and field training officers. This role proves this to be a victim-oriented strategy among these officers because it aims to get help for the victims regardless of work-related hindrances. It is also self-oriented as it gets the officers out of trouble, as well as a self-protective, escape strategy.

While the FCS/domestic violence and field training officers seek this support due to relational issues at work and in the community, the detective officers need to be assisted to manage the trauma reactions such as pain and having constant thoughts about the cases that they experience. Being assisted to manage the trauma reactions helps them regain a calm state of the mind, as confiding in the unit commanders helps them to be calm again and to focus on doing their work. The problem experienced by the social crime prevention officers is coming across both easy and difficult situations

at work. These officers are thus helped to do their work. The field training officers also use it to receive help to deal with personal distress.

While self-help is a primary goal among the field training, detective and social crime prevention officers, it is a secondary goal among the FCS/domestic violence officers. This means that the first priority is helping the victims, then using the same strategy to receive personal help among the latter group of officers. Like other strategies of the same nature such as police sense of duty and professional referral, superior collegial support is also a primary victim case referral-derived-help strategy because there is personal help received from referring victims or their cases to superiors at work.

Superior, same-gender collegial support

Superior collegial support also has the dimension of superior, same-gender collegial support. This is used by the female FCS/domestic violence and social crime prevention officers. The FCS/domestic violence officers use it when the same conditions that lead to multidimensional professional consultation take place, that is, the inability to handle problems personally after interaction with victims, the officers realising that if they do not express the emotional distress experienced, then this leads to a burden in them, and also realising that they cannot provide victims with adequate help. It is preferred by these officers as an alternative to the multidimensional professional consultation, especially with social workers. The social crime prevention officers use it when they have the responsibility of working on the cases of rape that are reported during their shifts and also feeling trapped because they feel that they do not have a way out of them.

These conditions that lead to its use show that it is both victim- and self-oriented because it is not only concerned with dealing with one's own trauma, but it also assists to provide victims with satisfactory service or help. The strategy has the following properties:

- i. it is determined by the categories of superiors available at work: support is sought by consulting with the superiors who vary from inspectors, captains to superintendents;
- ii. superior selection criteria: consultation with the superiors is also determined by availability and gender. In this case, there is consultation with female

officers who are readily available to support the officers, especially those who have long-term personal relationships with the officers. In some cases, the officers and the superiors know one another from the officers' childhood. The superiors are also regarded as having "the character of pastors" which is described as being helpful and having a good heart;

- iii. the nature of support: the support involves confiding in the superiors, specifically about unbearable work situations. This is done on a continuous basis and involves asking them for advice regarding the work. The situational solutions such as several ways of ensuring victim placement arrangements and previously used solutions that worked for them are discussed. They are also offered support in the form of prayer and boosting their faith in God, and also putting operational work situations into context by indicating that such situations are real situations that occur, cannot be changed and have to be faced. There is also complete sharing with the officers, which includes work-, family- and church-related matters; and
- iv. boundaries of support: the use of the strategy is governed by the following conditions set by the officers themselves: they only share with superiors with whom they are free to share their operational experiences; female officers tend to share with fellow-female officers; they disclose the operational experiences to colleagues with whom they mutually share the same experiences encountered; they do not share with superiors who do not have the ability to keep information shared confidentially since such lack of secrecy is shunned by the officers; and there is also preference to share with superiors who are within the teams with which they work.

The inability to handle situations personally and shunning social worker consultation are examples of personal maladaptation and avoidance behaviour respectively, hence the need to resort to another form of external help that the officers feel comfortable with, in this case, superior, same-gender collegial support. The benefits of seeking this form of support are the gradual disappearance of the trauma reactions, meaning that the more the support is provided through problem-sharing with these colleagues, the more the experienced trauma reactions disappear. The mutual sharing between an officer and a superior of the same gender leads to helping relieve pressure in the officers.

The nature of these outcomes, nevertheless, shows that the strategy works gradually as the desired benefits are achieved in process form. On the basis of this evidence, it appears that this strategy can be regarded as a mid-level coping strategy as it builds a bridge between primary inner resources of coping and the secondary coping strategies, that is, higher-order, professional strategies such as the social worker consultation that is shunned. This means that this strategy can be used as an alternative when the inner resources of coping are doubted and when secondary coping strategies are avoided. The strategy plays this role by providing solutions for the operational experiences that are encountered. Therefore, the strategy fills-in the gap between the two (primary and secondary coping strategies).

The use of this form of collegial support, together with personal pastoral, spousal, friendship and superior-peer support, is not only sought due to envisaging the prolonged experience of the trauma reactions encountered in the absence of debriefing services. It is also sought because of the confidentiality principle which restricts the degree of information-sharing that goes into sharing with people like own pastors, spouses and friends. While personal pastoral, spousal and friendship support have the possibility of leading to breaking the confidentiality principle, superior, same-gender support is resorted to as it does not breach this principle and also because collegial support is encouraged at work.

This further substantiates the notion of “outsiders” created in the SAPS work environment, which is used to refer to anyone who is not part of the SAPS. Therefore, when faced with the dilemma of requiring external intervention but not being able to share with the “outsiders”, on one hand, and on the other hand, the officers avoiding consultation with local social workers due to not feeling like going to them for help because of their close proximity to the officers, makes the officers to seek the support of superiors of the same gender to solve the dilemma. It also encourages the officers to do their work, and have hope of performing their duties well and also continuing to live as they did before.

Superior-peer collegial support

Relying on the combination of the support of superiors and peers at work, namely, superior-peer collegial support, is also used as an alternative to social worker consultation that is avoided by the FCS/domestic violence officers. The field training officers, on the contrary, use it in combination with professional consultation when they experience constant thoughts about cases, thus making professional counselling and superior-peer collegial support mutually-supportive strategies when applied by the field training officers.

For the FCS/domestic violence officers, the support from superiors and peers serve different roles. The support of superiors encompasses sharing all of the operational experiences and how domestic violence cases can be handled, as well as being consoled by the superiors. Sharing with peers adds the following to the support received: holding group discussions about the cases that are handled; teamwork with fellow-officers as they do not work on the domestic violence cases individually; sharing proper ways that can be used to handle the cases; sharing the wrong and right behaviours of victims and perpetrators; and holding such discussions when the officers return from working on specific scenes of domestic violence.

Among the field training officers, the roles of the two groups of colleagues, superiors and peers, are not separated. They jointly provide an opportunity for the officers to share their experiences of traumatic scenes with their superiors and also receive advice on how to handle such scenes. Nevertheless, the choice of these colleagues is based on meeting the criterion of being “suitable colleagues” to share operational experiences with. This means sharing with colleagues who can keep secrets. It helps the officers with the management of the effects of the traumatic experiences that they are exposed to.

Consultation with social workers is deemed necessary when there is a combination of these conditions: when the FCS/domestic violence officers perceive a lowered standard of living in their lives and when their self-care strategy of drinking alcohol has failed them. On the contrary, the combination of the following conditions: an experience of severe distress by the officers, failed self-care in the form of drinking alcohol and realised solitary work disadvantage, that is, when the officers begin to be

aware of the disadvantages of working alone lead to preference of superior-peer collegial support. Therefore, just like consultation with social workers, superior-peer collegial support can also be used as a corrective strategy to failed self-care but, an alternative to consultation with the social workers.

Older collegial support

Older collegial support is used by field training officers. This kind of support is dependent on the nature of the negative effects encountered, specifically when there is preference by victims of domestic violence who are much older than the assisting officers to be counselled by older officers. It entails asking for the involvement of older colleagues to handle the cases. The assisting officers explain the reason for requiring the older officers' assistance as dealing with elderly victims who do not appreciate being helped with their personal domestic problems by young officers. Therefore, the mental distress of the victims creates a context in which this strategy is used.

This strategy has negative results because the older colleagues complain of being overloaded with domestic violence cases. The older colleagues conclude that the assisting officers are avoiding cases. Nevertheless, the strategy provides victims with the freedom to receive the assistance that they prefer. This strategy is thus primarily a victim-oriented strategy as it is focused on meeting the victims' needs. It is also a self-oriented strategy because it aims at helping the officers receive support with case-handling.

Across-rank collegial support

Across-rank collegial support is used by the FCS/domestic violence and detective officers when handling domestic violence and murder cases respectively. This strategy is used in addition to the strategies like Sunday church attendance, personal pastoral support and the support of the spouses at home and friends when there are traumatic experiences that take place on Fridays. This suggests that the officers do not only rely on the support that is provided outside work to handle the traumatic experiences that take place at the end of the week, but they also rely on work-based support. In this case, the work-based support that is relied upon is across-rank collegial support.

The strategy is used in the contexts of unfavourable work conditions such as when the officers encounter specific cases for the first time and dysfunctional marital relationships such as when husbands coerce their wives (both of whom are HIV-positive) into sexual intercourse without the use of condoms. In such situations, the officers experience some trauma reactions which include pain, drawing conclusions, case personalisation, experiencing the same pain as the victims, associating victims' situations with their own situations, and prolonged case thoughts. It is also used due to the perception of the cases as difficult and when the officers need encouragement to do the work.

Therefore, the strategy entails receiving support at work from differential-ranking colleagues who are classified as: (i) peers, that is, those at the same rank level. In this case, it is reported mostly by inspectors who receive the support from colleagues who also occupy the middle-ranking position of inspector; (ii) middle-ranking officers, that is, those occupying the captain and inspector positions, receive support within those ranks; and (iii) most-high ranking officers, that is, lower-ranking officers receive support from superintendants, unit commanders and station commissioners.

The relationships involve receiving support that takes different forms at different rank levels as follows:

- i. regarding sharing with the peers: this entails experience-sharing that is done in the absence of the victims who are assisted by the officers and there is also mutual encouragement to continue with the work;
- ii. sharing with captains: sharing with captains involves asking for advice about cases because of work challenges faced such as perceiving that one is stuck in handling the cases or cannot find a way forward in handling the cases. The officers seek the support without disclosing to the victims their inability to handle the cases. This form of support is mostly sought when handling domestic violence cases and it focuses on sharing about specific and current operational experiences, sharing about specific case-information and receiving permission on how to handle the cases. Sharing with captains is, however, chosen as an alternative when superintendants are not available. Sharing with captains can be done in the presence of the victims that are assisted, unlike

when sharing with peers. It also involves being shown several aspects of the cases by the captains;

- iii. sharing with superintendants: this form of sharing can be done even among superintendants themselves from different units; and
- iv. sharing with unit commanders and station commissioners: there is preference for sharing work experiences with own unit commanders within the officers' units, in order to receive the support that is needed. The unit commanders expect the officers to provide progress reports on the cases that are handled immediately when they come back from the scenes as this is a work procedure. The officers also inform the unit commanders about outstanding issues on those cases as the unit commanders have the responsibility to keep the station commissioners updated on such case issues.

There is complete sharing with the commanders which includes sharing information on the experiences encountered at the scenes. This sharing includes talking about how the cases handled affect the officers concerned, and about the types and extent of conditions of the victims that the officers are exposed to. Among the detectives, specifically, the senior officers play the role of helping junior officers to redirect their perceptions of rotten bodies and to start seeing them as "mere rotten bodies", which are "not a problem", thus teaching them to be brave, to focus on helping victims rather than being in the same state of distress as the victims. It also ensures that they are not seen as fearful officers by community members. Preventing this view among the community members is thus an important issue for the detectives. Therefore, there is disclosure of trauma reactions across all ranks where the officers receive advice on how to handle these.

The dynamics of this form of collegial sharing also depend on the following factors:

- i. work routine: there is a routine procedure of reporting to superiors within the office on progress made on the cases thus creating an opportunity of talking about the experiences encountered;
- ii. individual officer characteristics: the characters, needs and preferences of individual officers, like sharing with peers or superiors in external units rather

than sharing with peers and superiors in own units, determine the suitable officers to share with;

- iii. valued ranks: ranks such as those of captain and inspector are highly esteemed by the low-ranking officers as they specify and emphasise that they do not only share with colleagues (referring to peers at the same rank) but that they can also share with captains and inspectors. This is portrayed as a rare opportunity of sharing with officers at these ranks indicating that it is not a usual or easy practice for them;
- iv. rank-officer availability: sharing with officers who occupy the captain and/or inspector ranks is also reported as an alternative when the most high-ranking officers to whom the officers directly report such as unit commanders or superintendents are not available;
- v. the nature of relationships: the nature of mutual relationships among officers within the office vary as some are reported to be easy-going relationships while others are not. The dynamics in this form of support also suggest that there is a boundary set and observed between low-ranking officers, for example, sergeants and others, and middle-ranking officers meaning captains and inspectors. This is, however, reported even among the inspectors and captains themselves. This boundary is defined by the position held. There is, thus, an easy-going or unconcerned, though respectful and rank-observation, relationship between officers and most-high ranking officers (unit commanders and superintendents) but a tense and concerned relationship between low-ranking and middle-ranking officers (that is, between sergeants, for example, and captains and inspectors) and among the middle-ranking officers themselves (that is, captains and inspectors) as inspectors approach captains cautiously.

Sharing with superiors is also seen as an additional strategy to sharing with peers rather than its substitute. This means that there is more help elicited from sharing with superiors than merely sharing with peers. Those unit commanders and station commissioners who are involved in the officers' daily work and are able to identify fatigue in the officers after their exposure to traumatic cases also make the sharing easier as they can allocate time for the officers to rest when such fatigue is identified. Excellent working relationships with the station commissioners are reported by some of the officers and one of the

examples given is that there is good communication between the unit commanders and the station commissioners and that the commissioners ensure that the officers have all the resources such as cars that they need during case investigations. Sharing with station commissioners is also made possible when the commissioners are friendly and approachable; and

- vi. the degree of secrecy maintained: it is also determined by the personalities of officers who meet the criterion of the “suitable colleague” with whom particular problems can be shared and at a particular time. The degree of secrecy that the fellow-officers can keep regarding the issues that are disclosed is considered as a factor that determines suitability. Some of the officers are excluded from this form of support purely on the basis of their inability to keep shared information private. As the work of the police officers involves complete confidentiality, this is also expected from the officers to whom experiences and problems are disclosed.

The benefits of the use of this strategy are that it helps the officers to receive instructions from unit commanders on how to proceed with the cases handled. They also have an opportunity to express their perspectives about the effects of the cases on their well-being. The commanders share with them possible ways that can be adopted to handle the cases successfully, as well as relief from trauma. Therefore, it does not only address the operational aspects of the work, but also leads to relief from the trauma reactions that are experienced. It, therefore, supplements superior, same-gender collegial support which only addresses the trauma reactions experienced.

This strategy is thus effective in providing an across-rank support network as there is a difference between a peer support network which is among officers of the same rank and across-rank support network which is support offered to subordinates by officers of different ranks. The officers receive a lot of encouragement from their seniors on handling traumatic cases, and the support received helps them make good progress in the services offered to the community members. Such support helps the detective officers, specifically, to perceive themselves as men who are strong enough to handle the traumatic cases that they are faced with, and to continue with their work. On the basis of these outcomes, this strategy is, therefore, primarily victim-oriented and also self-oriented.

Collegial support and professional consultation, specifically with professionals in the EAS divisions, can be used for operational experiences and trauma reactions disclosure without any restrictions. This is because both the EAS personnel and colleagues form work-based forms of support and the problems that the officers need help with are both personal and work-related in nature, thus warranting the necessity of seeking these two forms of support at work.

CONCLUSION

This chapter provided results on the profile of vicarious traumatisation among the officers in the FCS/domestic violence, field training, detective and social crime prevention units in the Vhembe District. These officers regard rape, domestic violence, murder and road accidents as cases that can be regarded as critical incidents in their line of work due to the degree of negative impact that they have on the officers' well-being. Three major tasks among these officers, which are related to the impact of these critical incidents, are identified as case investigation, training police students and victim and perpetrator counselling. From these tasks emanate the categories of operational work, personal and cultural prescriptive stressors, which result in trauma reactions in the officers and necessitate embarking on a management process of the impact of those critical incidents.

The chapter thus proceeded to discuss the management process in the form of a substantive theory which is in the form of a storyline and a description of the categories of the officers' coping strategies. The main ideas that were contained therein were as follows: the officers use coping strategies that are based on patterns of combinations of conditions that lead to this management process; these strategies are categorised into the same-source, same-arbitrate and same-source-arbitrate strategies; the strategies are determined by the prerequisites of coping which are described as self-protection, self-restoration and self-empowerment. These are geared towards protecting the mental, emotional and physical well-being of the officers, restoring their normal functioning at home and at work, as well as empowering them with knowledge and skills to handle work-related and personal issues; and two styles of

management of these critical incidents that are used by the officers come out of these prerequisites of coping. These are described as the linear and multilateral styles of trauma management. These styles are used in different ways while utilising 20 categories of coping strategies and their subcategories.

The major inner resources of coping that are used by the officers include the use of strategies such as the sense of responsibility; spiritual mechanisms; situational tolerance; vigilance; and case experiential learning. These provide different benefits for the officers, such as being focused on their roles as law enforcement officers and helping agents in their communities, and drawing strength from their spirituality in the forms of prayer, going to church and exercising their faith in God, in order to do their operational work. They also prevent them from experiencing both mental and emotional distress through accepting situations pertaining to their operational work that they cannot change, being watchful and succeeding in doing the work and also learning from their operational experiences and gaining the experience needed in doing this type of work.

External resources of coping are also resorted to. These include consultations with different professionals such as psychology professionals, social workers, medical doctors, chaplains and magistrates. In this instance, there are one-dimensional professional consultations, which include self-initiated consultations by the officers with medical doctors, social workers, psychology professionals and chaplains. These are preferred by both male and female officers. The consultations are used within the FCS/domestic violence, detective and social crime prevention police units and assist the officers with receiving counselling from professionals who are trusted both in terms of their efficiency in this task and their ability to maintain confidentiality regarding the officers' personal issues.

There are also two-dimensional consultations which involve the self-initiated consultations but of mixed professionals such as social workers, magistrates and chaplains. These professionals work collaboratively with the officers to help the primary victims and also conduct campaigns in the communities that are served. These mainly help the officers realise that they are not the only ones who are faced with traumatic situations. As much as the officers can derive help from assisting the

primary victims through showing the police sense of duty, these forms of consultations help the officers the same way.

The two-dimensional use of self-initiated consultations is resorted to by the FCS/domestic violence and social crime prevention officers only. This explains the opportunities for informal consultation that are created by the roles of the officers whose work focuses on active involvement in the victims' domestic problems and social crime prevention. Arranged two dimensional consultations with psychology professionals and chaplains are also used by the detectives.

These forms of consultations, self-initiated and arranged one-dimensional, as well as two-dimensional consultations, show the extent to which the officers in the FCS/domestic violence, detective and social crime prevention police units need the intervention of professionals to help them manage the impact of the critical incidents that they are faced with.

There are also multidimensional consultations, which are both self-initiated and arranged. The issues of self-initiated consultation and embarking on consultation that is arranged by the superiors at work play a major role in professional consultation. The officers have a choice of either making the initiative to consult the professionals or to wait for their superiors to notice the need for consultation and make arrangements for them to be seen by the professionals. Generally, there are more self-initiated consultations than the arranged consultations, which also shows the degree of preference for (i) personally deciding when the individual officers need professional intervention to deal with the operational experiences that they encounter; and (ii) deciding which professionals to consult with and when.

Nevertheless, arranged professional consultation is embraced by some of the FCS/domestic violence, field training and detective officers and this benefits them. The observation that the arranged professional consultation is not reported by the social crime prevention officers is worth noting. It means that the self-initiated consultations are preferred more among these officers. The issues of averted and disregarded arranged professional consultations are found among the FCS/domestic

violence, detective and social crime prevention officers. This explains the small numbers of these officers who honour the arranged consultations.

The external resources of coping also include the multifaceted forms of support, which are received within the social support network systems with the officers' own pastors, family members, including spouses, friends, community members, including the victims' next-of-kin and colleagues. The forms of support that are received by the officers indicate that these are received within different environments such as work, home, church and the general community. Even within these environments, the type of support received also differs hence they are collectively referred to as multifaceted support.

The extent to which the confidentiality principle is observed varies among the four different environments in which support is received. First, complete operational work and experiences disclosure is permissible in work-internal support, which is received from colleagues of various ranks and gender. Second, there is mixed extensive and selective disclosure which is received in work-external support from family members, friends and pastors. Last, there is the complete and controlled disclosure in the work-external-intertwined support from community members.

The support of the community members is regarded as work-external-intertwined support because it serves as a strategy that bridges the gap between permitted disclosure at work and non-permitted disclosure outside work. It is controlled in nature as the disclosure of the operational work experiences is permitted within the formal structures whose support for the police is formalised at work. These include the community policing forums and Youth against Crime. These forms of multifaceted support, therefore, offer the officers varying degrees of the opportunity to disclose the experiences that they go through when at work and to receive the support that is needed.

The following chapter will provide the discussion of findings, the conclusion of the study, as well as important recommendations which will inform policy-making in the SAPS. These will be based on the results of the study.

CHAPTER 6

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

The previous chapter provided a profile of the phenomenon of vicarious traumatisation (VT) among police officers in the FCS/domestic violence, field training, detective and social crime prevention units in the Vhembe District. It also discussed the strategies used by these officers to manage the impact of critical incidents that they are faced with. The substantive theory of the process of police critical incidents impact management (PCIIM) which comprises of the application of these strategies was presented. Following is the interpretation of the results. It specifically focuses on the discussion of the aspects of the study that are crucial to adding to the knowledge of VT and its management. It also informs SAPS policies, specifically with regard to police training, provision of organisational support during operational work and enhancing the resilience of the police officers to traumatic cases both at the individual and organisational levels.

DISCUSSION

Police critical incidents and salient trauma reactions signifying the existence of VT

The results of this study support previous findings by showing that the operational work of police officers in the four units, FCS/domestic violence, field training, detective and social crime prevention in the Vhembe District, is traumatic in nature. This is evident in the reports of the officers which show that exposure to the primary victims' traumatic situations and interaction with them has an impact on various areas of their health. This is because such exposure leads to some trauma reactions in the officers, which require the application of strategies to manage them. This link between the operational work and the manifestation of trauma reactions helps to answer questions on the existence of VT among police officers in the Vhembe District, its definition on the basis of findings in this subgroup of service providers, and whether or not it is normal. These issues are discussed below.

The existence of VT

Beasley et al. (2003) show that the extent to which adverse life events directly lead to psychological and physical ill-health is still under vehement debate. Questions were also asked in Section I of the literature review about whether or not VT exists (Sabin-Farrell & Turpin, 2003). This specifically relates to two concerns, namely, the prevalence of VT and whether or not it interferes with general normal functioning (Palm et al., 2004).

In answering these questions, the current qualitative study confirms the findings in other qualitative studies cited by Moulden and Firestone (2007) and Sabin-Farrell and Turpin (2003) that VT exists, in this case, among police officers in the Vhembe District. It shows that VT is a phenomenon worth studying as it affects the lives of the police officers who assist victims of trauma. It also delineates VT as a distinctive type of traumatic stress as this has also been an aspect that needed clarity for several years (Jaffe et al., 2003; Jenkins & Baird, 2002; Martin, 2006; Moulden & Firestone, 2007; Salston & Figley, 2003; Warren et al., 2003). Evidence of its existence and distinctiveness is apparent in the sections discussed below, where VT is defined and an explanation of its manifestation is shown. The elucidation of the normality of VT, and its symptomatology compared to other fractions of police officers and other subgroups of service providers is given.

Definition of VT

The definition of VT and its manifestation are summarised on the basis of findings of this study. These support the way that VT has been delineated for several years in trauma literature even though there are a few additions.

A form of secondary traumatic stress

This study supports the idea that VT is a form of secondary traumatic stress as it is found to be prevalent among police officers in the FCS/domestic violence, field training, detective and social crime prevention units, who work as service providers in their line of work. The officers particularly suffer as a result of their secondary exposure to specific traumatic cases such as rape, domestic violence, murder and road accidents of primary

victims, and within the particular police units in which they are placed. These traumatic cases are critical incidents in the lives of the officers because the cases are interpreted as significant and life-threatening to them (Pearlman & Saakvitne, 1995b). The issue of police officers being affected due to serving as service providers and as a result of the prescribed roles within their police units, therefore, emphasises that VT is a different form of secondary traumatic stress.

Type and extent of exposure to critical incidents

The units in which officers are placed prescribe both the types and extent of exposure to the cases. On the basis of this, the current study supports the view that VT manifests as a result of various types of exposure to traumatic cases. These include (i) indirect exposure (Ludick et al., 2007); (ii) repeated/continuous exposure to the traumatic cases (Bell et al., 2003; Bober & Regehr, 2006; Levin & Greisberg, 2003; Martin, 2006; Nel, 1999; Palm et al., 2004; Robins et al., 2009; Ruzek, 1993; Sabin-Farrell & Turpin, 2003; Trippany et al., 2004; Waters & Ussery, 2007); and (iii) the degree of interpersonal closeness to victims who are being assisted (Warren et al., 2003). The study further adds that other forms of exposure to traumatic cases may take place and these are specific to the type of work that is done by police officers. These include (i) first traumatic case exposure, which is exposure to traumatic cases during the first year of work; and (ii) initial traumatic case exposure, which refers to exposure to such cases during the first 5 years of work. All these forms of exposure show that VT is secondary, as well as both sudden and cumulative in nature (Moulden & Firestone, 2007; Trippany et al., 2004).

Influence of operational vicarious stressors

This link between the victims as primary sufferers of trauma and the police officers as secondary sufferers is on the basis of different types of stressors, namely, the perceptual, psychiatric, action, degree of interpersonal closeness to victims, cognitive, vocation-life association, personal trauma history, as well as family and societal cultural beliefs stressors that are identified in this study. Some of these stressors are also regarded as secondary stressors in literature. For instance, perceptual stressors, which manifest mainly, through hearing victims' stories and seeing disturbing images were cited by

Steed and Downing (1998), Tehrani (2007) and Trippany et al. (2004) even though this study adds that hearing in these secondary situations also includes the officers being yelled at and hearing insults that are directed at them by the primary victims.

Cognitive stressors reveal themselves when the primary victims' beliefs, values and assumptions are transferred to the helping practitioners (Tehrani, 2007). The current study shows that this stressor particularly involves the factor of interpretation which is two-fold: first, the negative interpretation of the primary victims' beliefs, values and assumptions by the officers is a determinant factor, and second, the officers' interpretation of the negative evaluation of their responsibility as service providers, by others, also plays a role. The driving force of these interpretations is the officers' degree of seriousness with which they perceive their role as service providers.

The degree of interpersonal relationships with the primary victims is cited by Rothschild (2006) and Warren et al. (2003) because, just like in this study, they talk about being closely exposed to traumatic events which involve people that one is close to in interpersonal relationships. Vocation-life association (Figley, 1995; Palm et al., 2004; Tehrani, 2007; Trippany et al., 2004) and the personal trauma history of the service providers (Salston & Figley, 2003; Steed & Downing, 1998) are also shown.

This study shows that there are additional stressors in this subgroup of service providers with some of them being distinctive to the type of work that police officers do. These are olfactory, action, psychiatric, family and societal cultural beliefs stressors.

Olfactory stressors are characteristic to the officers' type of work as the work includes being exposed to decomposed and smelly dead bodies and inhaling the smells during murder investigations. Such exposure results in somatic and cognitive trauma reactions among the officers. According to the findings of this study, detective officers are most prone to being exposed to such stressors because of the nature of their jobs which entail that they investigate different types of murder cases, from the ordinary, violent to ritual murders.

Action stressors are also characteristic of the work of police officers, specifically detectives. The job description that involves performing work-related tasks that are shocking and distressing, such as looking after corpses, removal of dead bodies, identification and matching of body parts, transportation of the bodies, as well as directing doctors during post-mortems in terms of which parts to examine, in order to enhance investigations, is shown to be problematic among the officers in this police unit. This is because such acts result in emotional and cognitive trauma reactions among the detective officers.

Mental illnesses among primary victims and perpetrators serve as psychiatric stressors. This is because the officers experience pressure as a result of the need to assist the primary victims, but this being done under difficult circumstances, such as dealing with the primary victims and perpetrators whose mental capacity is deficient.

Cultural-prescriptive stressors support the view that cultural definitions and ways of doing things determine the perception of particular situations as traumatic (Pienaar & Rothmann, 2003). The officers' superstitions, regulations and practices held within their families and communities shape the way that they perceive the things that they are exposed to at the scenes that they are investigating. For instance, witnessing the murder of people who are breadwinners in their families is a source of trauma. Interestingly, while men have always been known to be breadwinners in their families, in this case, breadwinners are identified as all those who occupy the positions of husbands, fathers and mothers in their families. This shows a shift in the cultural definition of entities in society, in this case breadwinners. In addition, while in some families the notion of having step-parents is acceptable, to some of the officers this disturbs order and normal family functioning. This is due to the familial values that the officers learned.

Other sources of trauma are dealing with culture-bound cases whose nature is based on the traditional beliefs of the victims and perpetrators who are involved in the cases. Clashes between the SAPS procedures and traditional practices are encountered as there

are traditional beliefs held relating to how husbands are supposed to relate to their wives, for example, during the nursing period immediately after the birth of their children. This form of traditional practice which results in what the officers regard as domestic violence, is acceptable according to the husbands' traditional beliefs.

The SAPS procedure of handling statutory rape also clashes with the victims' and perpetrators' beliefs of handling such issues. While this means imminent arrest of perpetrators to the officers, such occurrences translate into marriage according to the victims' relatives. In addition, due to the traditional belief instilled in the officers that coming near or touching a dead person will lead to death, there is difficulty in doing the operational work. This is especially so as the work of the officers, specifically that of detective officers, requires them to do exactly what is forbidden by these beliefs. Their job requires them to be in close proximity to the corpses and to touch them, in order to gather valuable evidence on the murder cases that are investigated. This is perceived as a task too big to handle by the officers. Consequently, these clashes between the SAPS procedures and traditional beliefs lead to emotional, cognitive and behavioural trauma reactions among the officers.

These stressors confirm Steed and Downing's (1998) view that factors that contribute to VT are both intrinsic individual and work-related aspects. According to them, the work-related aspects also include cultural issues.

The influence of police subcultures on VT

As VT is said to be predictable on account of its theoretical foundation and the personal characteristics of individual service providers (Pearlman & Saakvitne, 1995b), the current study confirms this, and adds the influence of individual officers' needs and preferences (individual subcultures); shared values, needs and preferences within police units (a police unit subculture); as well as family and societal cultural values and religious beliefs (subcultures of collectivism and conformity, as well as religiosity). The study shows how these forms of subcultures determine the definition of trauma, reactions of police officers to traumatic situations and coping in general (Saakvitne et al., 1998). Therefore, it

portrays these subcultures as other factors that can be used, in the field of trauma, to determine police officers' predisposition to and coping specifically with VT.

The involvement of empathy

The operational vicarious stressors are accompanied by empathy. In this case, the empathy takes two forms, namely, cognitive empathy and affective empathy. There is also the combination of these two forms of empathy (Hojat et al., 2009; Sabin-Farrell & Turpin, 2003). While olfactory stressors lead to cognitive empathy, the degree of closeness to victims leads to affective empathy. All the other stressors (auditory; observatory; action; psychiatric; cognitive; vocation-life association; personal trauma history; family cultural beliefs; societal cultural beliefs stressors) lead to the combination of cognitive and affective empathy. Therefore, the types of stressors that officers are exposed to determine whether individual forms of empathy or their combination are experienced.

Furthermore, while Hojat et al. (2009) emphasise the importance of making a distinction between the conceptual definitions and manifestations of affective empathy and sympathy, the current study shows that there are instances where affective empathy is accompanied by sympathy among the officers. This makes sympathy a component of the affective empathy.

While the questions of which type of empathy is beneficial and which is detrimental to the well-being of service providers and which service providers are more likely to engage in the different forms of empathy were raised in Section I of the literature review, this study shows that all these forms of empathy and their combinations serve as transfer agents of trauma from the primary victims to the officers as they help the victims. This transfer process is also determined by the officers' personal characteristics such as their gender (Cerney, 1995), marital status and parental status because these characteristics shape what the officers think and how they feel about the victims' situations.

While the understanding of victims' situations (cognitive empathy) is said to prevent VT (Hojat et al., 2009), the officers' understanding of the victims' situations in this study is shown to be a transfer agent of the victims' trauma to the officers as the officers comprehend the extent to which the primary victims suffer as a result of the experiences that they go through. This leads to these common questions among the officers: (i) What if this happens to me? (ii) How will I respond to it? These are similar to the questions asked by the affected service providers, when they show empathy towards their clients as shown by the emotional contagion and trauma transmission models (Rodrigo, 2005).

Manifestation of trauma reactions

The study further shows that the traumatic cases dealt with are linked to particular forms of salient trauma reactions, whose onset is described as two-fold depending on when they are subjectively noticed by individual officers. First, the onset of the reactions may be in process form as it takes place gradually during exposure. Second, it may be sudden, that is, it takes place immediately after exposure. This explains the reason why Trippany et al. (2004) indicate that the onset of VT symptoms is both sudden and unexpected. Tehrani (2007) adds that this process is unconscious.

The reactions are also heightened in nature (Warren et al., 2003). Furthermore, the reactions signify both approach and avoidance responses towards the cases because the reactions can either be used as ways of trying to handle the encountered traumatic situations by the officers or to avert them.

These salient trauma reactions manifest in the forms of somatic, cognitive, emotional, spiritual and behavioural changes in the officers when they are in and outside work (Pearlman & Saakvitne, 1995b; Sabin-Farrell & Turpin, 2003; Trippany et al., 2004). This not only shows the occurrence of various internal transformations in the officers, as VT literature contends (Jenkins & Baird, 2002), but external transformations as well on account of the behavioural changes. The cognitive reactions are shown to be the most common in this study, thus supporting the findings in Pearlman and Saakvitne (1995b). The spiritual reactions, on the contrary, are shown to be rare, unlike in literature where

these are shown to be prominent (Pearlman & Saakvitne, 1995b). The reactions are also portrayed as severe (Bober & Regehr, 2006; Jenkins & Baird, 2002) and pervasive as they affect the officers' functioning intrapersonally, as well as in and outside work, with some officers being affected in every area of their lives (Benight & Bandura, 2004).

As the VT reactions are said to be immediate and prolonged, with a possibility of being permanent (Jenkins & Baird, 2002; Moulden & Firestone, 2007; Pearlman & Saakvitne, 1995b; Robins et al., 2009), the findings in this study also show that the trauma reactions may last for periods ranging from several hours to several years. The possibility of life-long manifestation of the reactions, specifically intrusions and distrust, is also shown by the study. For instance, there are a few officers who expect that they will never forget the traumatic situations that they have encountered. Others also indicate that they will have the intrusions experienced for as long as they live. Still others give reports of not trusting their male colleagues and being preoccupied with some cases from the time they were exposed to them several years ago.

The duration of the reactions depends on the type of intervention, which is either personal or external, that takes place at a particular time, to help the officers deal with the reactions. The officers thus show varying degrees of sensitivity towards the traumatic cases. The fact that the officers' responses to the traumatic cases vary in terms of type and duration supports the view that VT represents service providers' personal and different ways of responding to the type of work that they do (Jaffe et al., 2003; Ludick et al., 2007), specifically responses to the types of traumatic events they are exposed to (Carlier et al., 2000) and the types of victims in those events (Figley, 1995). VT reactions are thus individualistic experiences, thus supporting the idea of VT as a unique experience among the service providers (Figley, 1995).

In the end, these reactions lead to a need for adaptation among the officers as Pearlman and Saakvitne (1995b) show. The coping strategies applied when these trauma reactions are experienced, nevertheless, help to mediate the severity of some of those reactions, as confirmed by Pearlman and Saakvitne (1995b) who argue that VT symptoms have a

modifiable effect. Furthermore, this study shows the possibility of purging other trauma reactions.

Eleven factors, therefore, inform this definition and manifestation of VT among this subgroup of service providers: (i) involvement of a subgroup of service providers (police officers) in victims' situations and interaction with the victims; (ii) types of police units placed in; (iii) types and severity of cases exposed to; (iv) types and degree of exposure encountered; (v) types of police operational vicarious stressors involved; (vi) types of officers' subcultures involved; (vii) patterns of involvement of cognitive and affective empathy; (viii) varying forms of onset of trauma reactions; (ix) types, severity, cumulative nature, pervasive impact and duration of trauma reactions; (x) the need for adaptation; and (xi) the modifiable and eliminatory nature of trauma reactions.

Whether or not the experience of these trauma reactions is permanent among the officers is not established in this study as the study was cross-sectional in nature. It was conducted once-off and to answer such a question would require conducting a longitudinal study with the officers. Nevertheless, the additional aspects of VT revealed by the findings of this study show that the definition of VT in literature should be revised and also make it clear that the same definition could be given but with variations to accommodate not only the various subgroups of service providers like police officers, but also service providers in specific settings as in the Vhembe District of the Limpopo Province.

Normality of VT

In answering the question of whether VT is a normal reaction to traumatic situations or pathological, I looked at the officers' views of the experienced situations and the reactions manifested by these officers. The manifested reactions appear to serve two functions for the officers.

The meaning-attachment and control functions of trauma reactions

First, the trauma reactions are ways of trying to make sense of the victims' situations that the officers experience and which are then understood to be traumatic by all the officers because the situations are unfamiliar. This is what Folkman (1982) refers to as harm or loss, which is damage that has already occurred. They are also seen as situations that threaten their ability to adapt to situations. This is regarded by Folkman (1982) as harm or loss that is expected to occur.

This is in line with one of the factors that distinguish VT from other forms of secondary trauma as the focal point of VT is the meaning that a service provider draws from the experience encountered and the implication of adaptation. The need to use coping strategies to handle the impact of these cases which are defined as traumatic and threatening by the officers is deemed necessary (Pearlman & Saakvitne, 1995b). It therefore, also supports the constructivist self development theory (CSDT) and cognitive theory's premise that new experiences are incorporated into the belief and meaning systems that an individual held before exposure to the current event. These determine how the current event is perceived and handled (Pearlman & Saakvitne, 1995b; Saakvitne et al., 1998; Sabin-Farrell & Turpin, 2003).

According to CSDT, the trauma adaptation theory used in this study to understand VT and its management, a situation is traumatic to the individual who experiences it and regards it as such on the basis of the meaning attached to it (Saakvitne et al., 1998). While Figley (1995), Pearlman and Saakvitne (1995b) and Saakvitne et al. (1998) also show that the behaviour or responses that individuals display during experiences of traumatic situations differ across individuals, it is interesting to note that the officers in this study share the common meaning of these experiences as traumatic and threatening their adaptation. Therefore, they all report the experience of trauma reactions to these experiences, though the presentation of the reactions has varying dimensions. The common meaning of trauma attached to the situations is explained by Saakvitne et al. (1998) as the result of sharing common values, expectations, needs, causal attributions and ways of adaptation, among other factors. In this study, values shared within police

units such as job descriptions and the roles played to handle the cases dealt with, determine this commonality within the police units.

Second, the trauma reactions are used to exercise control over those encountered experiences. Unfortunately, the reactions end up being exaggerated and, thus, require management. This means that those trauma reactions which were initially control mechanisms that were used to either approach or avoid the traumatic situations the officers were exposed to, require being controlled themselves as they are heightened in nature. This brings about changes, disturbances and a sense of disequilibrium in the officers' lives and general functioning. This is the reason why Saakvitne et al. (1998) show that the new meaning, which is incorporated into an individual's belief and meaning systems, brings a change in those systems.

Differential responses to traumatic situations

Despite the common meaning attached to those situations, the officers respond differently to the traumatic situations. There are three dimensions of trauma reaction manifestation to specific critical incidents. These are as follows: (i) some officers give reports of the same trauma reactions (e.g. cognitive; emotional; behavioural) but with varying degrees of manifestation (e.g. more and less severe reactions); (ii) there are also different types of patterns of trauma reactions (e.g. combination of somatic, cognitive, emotional, spiritual and behavioural reactions, or a combination of some of these reactions without somatic and spiritual reactions, and other combinations); and (iii) still there are critical incidents to which there are no manifestations of trauma reactions at all. The first two types of manifestations relate to those cases that are regarded as critical incidents which are rape, domestic violence, murder and road accidents. These are the focus of this study. Instances of no manifestation of trauma reactions relate to those cases that are regarded as minor by the officers.

While Ludick et al. (2007) report of different manifestations of trauma reactions across individuals and professions, this finding also shows differential trauma reaction manifestations across individuals and police units within the same profession. Despite the

values that are shared within a police unit which shape common understanding of the cases as traumatic and threatening their adaptation, the differences in reactions in this study are a result of individual perceptions of the impact of the cases both on the officers' functioning at work and outside work.

Shared and individual adaptations versus the need for management

Regardless of these differential trauma reaction dimensions, Pearlman and Saakvitne (1995b) indicate that those reactions have the common role of helping individuals to adapt in those situations. The similar and dissimilar trauma reactions noted among the officers in this study thus explain the shared adaptations, but also individual adaptations which are informed by those police unit shared values and individual perceptions of cases respectively.

Whether similar or dissimilar, the changes, disturbances and states of disequilibrium reported by the officers show that once the reactions reach a stage of being exaggerated, they no longer help the police officers to adapt to the situations, hence they are referred to as trauma reactions. This is so to an extent of requiring the use of coping strategies to manage them. This shows that the reactions call for some form of intervention due to their heightened nature, their disturbance of normal functioning and requirement of management.

The nature of VT

The evidence that the trauma reactions experienced by the officers in the four units in this study are classified into the following categories: somatic, cognitive, emotional, spiritual and behavioural, confirms the VT symptomatology criteria found in global literature among various subgroups of service providers (Bell et al., 2003; Bober and Regehr, 2006; Caine & Ter-Bagdasarian, 2003; Jenkins & Baird, 2002; Levin & Greisberg, 2003; Palm et al., 2004; Sabin-Farrell & Turpin, 2003; Tehrani, 2007). These categories of reactions are also found to be similar to those found among the metro police officers in South Africa in a study conducted by Kgalema (2002) and other SAP officers (Kopel & Friedman, 1997).

The issues raised above which are: (i) the shared interpretation and meaning of police critical incidents as traumatic and threatening the officers' adaptation; (ii) the internal and external transformations in the form of varying dimensions of trauma reactions manifested across individual officers and police units; (iii) the heightened nature of the trauma reactions and the need for adaptation; (iv) as well as the trauma reactions matching the symptoms of VT in previous studies, suggest that while the VT reactions among the officers are normal responses to overwhelming situations, they make VT a psychological condition that has to be treated, as the reactions need to be managed in order to ensure the officers' survival.

This concurs, first, with CSDT which regards symptoms manifested after exposure to traumatic situations as adaptive ways of dealing with the negative thoughts and feelings experienced and, thus, are normal (Pearlman & Saakvitne, 1995b). Pearlman and Saakvitne (1995b) as well as Salston and Figley (2003) also show that VT is a normal and natural response of service providers to the demanding types of work that they do, which require adopting ways of protecting themselves against repeated exposure to traumatic situations in those types of work. Caine and Ter-Bagdasarian (2003) also indicate that when the demands in the situations faced become too extreme, particularly in traumatic events, it is natural to respond in the form of heightened states of physical, cognitive, behavioural and emotional arousal due to the challenged sense of control. Second, it supports the view of Critical Incident Stress Debriefing (CISD) that such reactions need to be normalised (Pillay, 2008), meaning that though they are expected and predictable (Salston & Figley, 2003), they are challenging. This implies that the officers' reactions begin as adaptive behaviour to the perceived traumatic situations, but also assume an intensified role that has to be managed. Therefore, VT is normal but requires management.

Types of traumatisation informed by operational stressors

Primary victim vicarious traumatisation and perpetrator vicarious traumatisation

The operational vicarious stressors inform the type of traumatisation that takes place, that is, vicarious traumatisation. However, different forms of vicarious traumatisation are revealed in this study. Again, primary victim vicarious traumatisation has been the foundation of vicarious trauma literature for years. Exposure to primary victims' trauma in one way or another is emphasised as the cause of VT in various sources (Bell et al., 2003; Jaffe et al., 2003; Levin & Greisberg, 2003; Ludick et al., 2007; Polusny & Follette, 2004; Ruzek, 1993; Tehrani, 2007; Trippany et al., 2004). In addition, the study emphasises the importance of identifying types of primary victims involved in VT. The next-of-kin of service providers is one group of such victims identified. In this case, the officers deal with next-of-kin vicarious traumatisation (n/kVT).

This study shows that research on vicarious trauma, specifically in policing, should also consider the traumatisation of service providers by the situations and circumstances of perpetrators of traumatic crimes. In this case, therefore, we should speak of perpetrator vicarious traumatisation (PVT). This supports the view by Hamber and Lewis (1997) that an individual can assume multiple roles in the context of trauma. The same individual may be a victim, as well as the perpetrator of trauma at different points in one's lifetime.

Tertiary traumatisation

When looking beyond vicarious trauma, the suffering of secondary victims also has an impact on the well-being of the police officers who assist the primary victims. There is, thus a chain of trauma transference that should be taken into consideration. There is transference of trauma from the primary victims to the secondary victims. Secondary victims include (i) officers at the community service centres in police stations who receive the primary victims' reports and refer them to the investigating officers; (ii) the victims' and perpetrators' relatives who are the significant others in their (victims and perpetrators) lives and, thus, play a role of supporting the primary victims. These significant others are also called the second-generation trauma survivors by Hamber and Lewis (1997); and (iii) some onlookers among community members who may also be

affected by the observed primary victims' circumstances. These are those who are likely to respond to such circumstances through distress and plans of revenge against the perpetrators.

These secondary victims thus exclude groups such as other bystanders among the community members who are not affected by the observed circumstances or hearing of stories of such circumstances; obsolete victims (that is, victims who are not involved in traumatic situations at that particular time, but were in the immediate past, thus suggesting that these are survivors who have resolved their traumatic experiences); and members of the community policing forums and the Youth against Crime who are in collaboration with the police. Mutual sharing of traumatic experiences between these groups and the officers (mutual group experience-sharing) is actually shown by this study as a moderating factor of VT reactions among police officers. Interaction with these groups helps both the officers and these people to cope as they serve as a two-way mirror of survival to one another hence I use the concept, mirror-image trauma experience-survival.

Therefore, the chain of trauma transference continues when the trauma of the secondary victims is transferred to the assisting police officers as service providers. Hence I refer to this experience as tertiary traumatisation (TT).

While this could be labelled as secondary traumatic stress (STS) on the basis of the fact that the officers are exposed to and affected by the ordeal of secondary victims by being part of the interpersonal network systems of the primary victims, and that they serve as the primary victims' supporters as much as their next-of-kin do, I regard it as tertiary traumatisation because of the following reasons: (i) it is not all individuals whose trauma is transferred to the officers in tertiary traumatisation cases who serve a supportive role as in STS. In this case, only the victims' and perpetrators' next-of-kin and police officers in the community service centres play this role. The distressed onlookers among community members do not play this role. This means that unlike STS, tertiary traumatisation is due to exposure to affected secondary victims who may either be supporters of the primary

victims or mere onlookers; (ii) STS is not restricted to the traumatisation of service providers, but includes the traumatisation of all supporting parties. VT and tertiary traumatisation specifically refer to the traumatisation of service providers at the secondary and tertiary levels respectively; (iii) as in the case of VT, the police officers, who are tertiary victims, experience some cognitive changes, albeit not many. This is supported by Pearlman and Saakvitne (1995b) who say that one or more cognitive schemas may be affected in VT, thus also applying to tertiary traumatisation; (iv) the officers attribute the meaning of trauma to their tertiary experiences; and (v) the traumatic experience is also a personal response to a very specialised kind of work among these officers who are affected. Therefore, like VT, tertiary traumatisation takes place differently among the officers who experience it.

Jonas (2003) and Pillay (2008) also found in their studies the traumatisation of trauma debriefers in the SAPS as a result of exposure to the trauma of police officers. Even though these researchers referred to this as secondary/vicarious traumatisation, it fits within the concept of tertiary traumatisation, as the police officers who were debriefed in Jonas' and Pillay's studies were secondary victims, while the debriefers were tertiary victims. The disclosure of tertiary traumatisation by the officers in the current study thus shows that there are varying degrees of indirect exposure to trauma which are secondary/vicarious and tertiary forms of exposure. All these forms of exposure have an impact on police officers as they are traumatic in their own right. The questions that should be asked are: Are these forms of trauma (vicarious and tertiary traumatisation) equally traumatic or traumatic in varying degrees? What are their characteristic trauma reactions? Should they be managed differently?

The link between operational work and organisational structuring

While various studies have been conducted over the years on the effects of organisational stress on police officers, as well as the relationship of organisational stress with operational stress among the officers (Brough, 2004; Nygren & Karp, 2010), including those in the SAPS (Gulle et al., 1998; Nel, 1999; Pienaar & Rothmann, 2006), the findings of the current study show that the phenomenon of experiencing both

organisational and operational stress is still continuing within the SAPS in the Vhembe District. This supports literature, which shows that police officers are at high risk of being exposed to both stressful and traumatic situations at work (Nygren & Karp, 2010).

The core issues communicated by the present study are as follows: first, not addressing the issue of organisational stress is increasingly becoming a problem in the SAPS as an institution. It is a police problem that requires urgent attention, in order to make the work environment conducive for police officers to do their work. In this study, in particular, this form of stress leads to dissatisfaction with doing the police work. Brough (2004) also shows that organisational stress determines job satisfaction.

Second, while the problem of organisational stress has not yet been eradicated by the SAPS, it is becoming complicated as the same challenges recur and more sources of organisational stress continue to be discovered. This study emphasises the continuation of already found organisational stressors and also adds to the list of these stressors.

For instance, while lack of support by superiors confirms findings by Gulle et al. (1998), this study shows that there is also unequal support by the SAPS for police officers in various police stations. Inadequate knowledge and skills about leadership among those who are in management positions in police stations, specifically relating to the provision of debriefing services is also reported by Nel (1999), but this study also adds that there is poor handling of disputes among police officers due to the superiors' poor leadership skills. Inadequate training in handling critical incidents, which supports the findings of Nel (1999), is also shown to make the promotion of the officers difficult due to not having the required skills.

While the maintenance of confidentiality regarding victims' cases in literature has been regarded as part of "police culture" for years (Levenson, 2007; Malcolm et al., 2005; Nel, 1999; Nel & Burgers, 1996; Nel & Burgers, 1998; Pasillas, Follette, & Perumean-Chaney, 2006; Pillay, 2008) and, thus, giving the impression that this culture is initiated by police officers, the present study shows that this is actually the "SAPS culture". The

officers fell into the already-created state of affairs of creating a separation between themselves and the communities that they serve and, thus, maintaining the status quo. This restricts the officers from disclosing their suffering to people whom they choose to confide in and trust that they have the potential to help them get through the encountered situations. All the foregoing factors fall under the category of organisational stress called the internal stressful events (Patterson, 2001b).

This study also highlights that there is ambivalence between more and less exposure to cases, as well as improper case allocation as the cases allocated do not match the individual officers' characteristics. There are also inhibitions of the referral of cases to other professionals within the officers' multidisciplinary teams. Increased administrative duties also accompany the big caseloads that the officers have (Gulle et al., 1998). All these fall under the job context category identified in literature (Patterson, 2001b; Rothmann & Jorgenson, 2007).

There is also fragmentation and lack of agreement between law enforcement and the judicial system on how to handle cases as perpetrators are granted small sentences or bail and are also let go without being convicted. This is done despite the indisputable evidence presented by the officers in court and, thus, makes the officers feel that their efforts of arranging court appearances are in vein. Pienaar and Rothmann (2006) also found the same report of seeing criminals go free, and this is regarded as one example of external stressful events under organisational stressors (Patterson, 2001b).

Third, poor organisational structuring exacerbates the operational stress that the officers experience during their operational work. While the operational work comes with its own challenges, being faced with a dual problem at the workplace, namely, operational and organisational stress, worsens the traumatic stress experienced. The same is also shown by Pasillas et al. (2006) that both operational and organisational stressors are experienced by police officers, but the organisational stressors are the main contributors to the officers' stress, thus exacerbating the impact of the operational stressors. This is specifically evident in the officers' accounts in this study who show that lack of

motivating benefits for the officers (such as meagre salaries, lack of promotion, non-compensation for working overtime and insufficient compensation after death), makes the officers to perceive their operational work as cognitively, emotionally, physically, spiritually and behaviourally taxing.

Description of the process of police critical incidents impact management (PCIIM)

Palm et al. (2004) show that implications for the prevention and treatment of VT are unclear. This shows the extent to which more research is required to add to the body of knowledge on the prevention and treatment of this phenomenon, in this case, among police officers. For this reason, the PCIIM substantive theory was developed in this study in the Vhembe District. The goal of this theory is to understand how such prevention and treatment can be taken further within this subgroup of service providers and in this specific setting.

The purpose of the description of the PCIIM process here is to explain in detail the integrative diagram and storyline that were presented in the previous chapter. The reader is advised to refer to the integrative diagram as this description is read. This should help one understand how the PCIIM process takes place and its implications for trauma management within the SAPS in the Vhembe District. This process is discussed in relation to the CISD intervention method because it is the most popular intervention method within and adopted by the SAPS to assist police officers to handle both personal and work-related trauma stressors (Pillay, 2008). The officers in this study also highlight it as one of the crucial aspects embedded in their process of management of the impact of the critical incidents that they are exposed to. This is because the two styles of management of the impact of critical incidents in this study, the linear and multilateral styles of trauma management, encompass issues around professional consultations by the officers for debriefing after exposure to such incidents. This discussion shows how the two styles of trauma management are applied and their contribution towards the existing intervention method within the SAPS.

This management process is also discussed in relation to findings from other studies on the coping strategies used by police officers to manage the impact of critical incidents in their work. The description of this process thus includes the contextual factors that police officers are exposed to in the PCIIM process, the prerequisites that lead to this process, the application of the two styles of trauma management, their roles, flexibility, as well as benefits and risks. It also looks into the effectiveness of these styles of management in managing the impact of the critical incidents that the officers are exposed to during their operational work, and whether or not these styles lead to posttraumatic growth.

Phase 1: Contextual factors in the PCIIM process

There are contextual factors that police officers are exposed to during the operational work within which coping takes place. These are as follows:

- i. *Job descriptions*: the officers' job descriptions in the different police units determine the type of tasks that are carried out, the specific stressors which they are exposed to, and the officers' perceptions of their policing roles in those units. These lead to the need to adapt;
- ii. *Situational occurrences, work conditions and associated trauma reactions*: there are types of cases that the officers attend to and the impact of these cases manifests in the form of trauma reactions which require to be managed. These are coupled with unfavourable work conditions in which the officers work;
- iii. *Case perception*: the way that the cases handled are perceived, specifically when they are perceived as difficult, also determines the need to adapt;
- iv. *Primary victims' needs*: exposure to traumatic situations requires the officers to assist the primary victims in one way or another, including the investigation of their cases and offering them counselling, and in some cases offering such counselling to the perpetrators of the crimes as well. This factor also incorporates the dynamics of the interactions that take place between the officers and the victims, as well as between the officers and the perpetrators;
- v. *Officers' needs and preferences*: there are also individual needs and preferences of the officers when handling the cases such as the need to adjust to changes in the environment (moving from living in a safe environment to being faced with

- critical incidents) and changes within themselves (in the form of manifestation of trauma reactions), as well as preferences for specific ways of dealing with the traumatic situations. These form the subcultures of individual officers;
- vi. *In-group needs and preferences:* these are the needs and preferences that are shared by police officers within a police unit, such as having shared sentiments about not going for the professional consultations arranged for them to receive debriefing services but to rely on specific inner resources of coping, and preference for the self-initiated professional consultations. These form subcultures of officers within police units; and
 - vii. *Officers' characteristics:* the officers' characteristics are divided into three, namely, their individual identifying characteristics, religious beliefs and the traditional beliefs. The individual officers' characteristics include gender, age and marital status, while their religious and traditional beliefs refer to both religiosity and the culture of collectivism and conformity in the Vhembe District. These also play a role in coping. This supports literature which shows that the use of coping strategies varies according to individuals' age (Bell et al., 2003); gender (Cerney, 1995; Cronqvist et al., 1997); as well as their cultural beliefs through the social constructions of coping (Cronqvist et al., 1997; Gazieli, 1993; He et al., 2005; Morash et al., 2008; Utsey et al., 2007; Waters & Ussery, 2007).

These contextual factors shape the trauma-coping prerequisites of the officers. Therefore, they also inspire the officers to embark on the PCIIM process.

Phase 2: Prerequisites of coping that propel the PCIIM process

There are three prerequisites of coping (trauma-coping prerequisites) reported in this study, namely, self-protection, self-restoration and self-empowerment. These are referred to as prerequisites because they represent the coping needs that police officers have. This study indicates that the traumatic situations officers are exposed to lead to the following concerns among the officers: (i) personal vulnerability, as the officers are concerned about their personal protection and safety; (ii) they are concerned about whether or not they can still perceive the world as meaningful and orderly in terms of stability in their

communities as the officers question the traumatic occurrences that take place, the gender of people who instigate the occurrences, specifically men in cases like rape and domestic violence. They also question the conduct of the human race in general, they have negative perceptions of the operational work and court proceedings, and believe that life is difficult; and (iii) they also have concerns about perceptions of self as they notice disturbed normal functioning at work, specifically inefficiency at work and the inability to interact with others harmoniously in the interpersonal relationships that they are part of. These concur with the changes in cognitive schemas as shown by Hajiyanis and Robertson (1999), Palm et al. (2004) and Pearlman and Saakvitne (1995b). Therefore, the officers develop coping needs whose goal is to restore these eroded schemas in their belief systems. Returning to normal functioning thus means addressing these three concerns.

The three prerequisites of coping also make officers to embark on the PCIIM process. This is because these prerequisites serve as preconditions before the process can be entered into. Therefore, these prerequisites propel the process of trauma management. They also shape the styles of management of the impact of the critical incidents that are applied, the types of trauma-coping strategies used and their intended purposes. The prerequisites are explained below.

Self-protection

Self-protection is the first prerequisite that inspires the officers to apply those strategies that protect them and their close loved ones, specifically their own children, from harm. While Briere (2002) portrays the self-protective strategies as mechanisms that are applied only after traumatic experiences have taken place to prevent further traumatisation, the results of this study show that these strategies are applied due to continuous exposure to critical incidents. The strategies are adopted to be used before and after the experience of a particular critical incident. They are thus applied both to prevent envisaged harm before it can occur and also to prevent existent harm from continuing.

Beasley et al. (2003) show that protective mechanisms are used during significant turning points in individuals' lives, which determine how they deal with situations which have the potential to put their lives at risk. Briere (2002) indicates that the protective mechanisms used by the victims of trauma provide a sense of safety which was lost at some point in their lives. The more an environment is interpreted as safe, the more it extinguishes the negative emotional responses that are associated with a particular traumatic experience. This is because the emotional and cognitive processing of the trauma is activated. This processing refers to the following: emotional expression; acquisition and integration of new information; development of coherent narratives about the trauma; derivation of meaning of the trauma; altering the existing cognitive structures (cognitive distortions between information about trauma and current, revised information about it); and processing of relational schema (interpersonal expectations and perceptions). These ensure, among other things, the release of the emotional aspect of the trauma, through crying, for example, and depathologising the trauma reactions experienced to some extent. The trauma reactions decrease, while a sense of control is increased. The use of the protective mechanisms thus helps with the successful processing of the trauma experienced, as there is less re-traumatisation, thus leading to survival (Briere, 2002).

The self-protective strategies used by the officers in the current study take two forms. These are the approach and avoidance strategies. The approach strategies are those strategies which involve facing the traumatic situations. They include the use of maximum force of shooting, that is, shooting at perpetrators who have the potential to put the officers' lives in danger during the operational work. This is accompanied by the need to defend their honour and position at work, by justifying the need for use of maximum force of shooting and, thus, maintaining their jobs. The officers also inquire from the perpetrators about possession of firearms during such investigations to limit the potential of endangering their lives. Organisational resources such as gloves provided during traumatic scenes are also used to protect themselves from being contaminated with contagious somatic diseases.

The management of the traumatic situations that the officers find themselves in is also necessary. This is done by controlling the negative behaviour of the perpetrators and observers of those situations. This reduces the impact of the traumatic situations on the officers. As self-protection also extends to the officers' children, educating their children about vulnerability to crimes such as rape and preventing them from being raped are of importance in ensuring this.

Lack of continual and reliable safety, according to Briere (2002), leads to reliance on avoidance strategies among victims of trauma. This is the reason the officers in the current study also resort to avoidance strategies which entail avoidance of some of the traumatic situations through employing various tactics. This prevents the officers from being affected by those situations. The tactics used include strategies such as perceptual numbing, as blocking their awareness of certain aspects that are seen and smelled at the traumatic scenes helps the officers not to be affected by those aspects. The consumption of alcohol to try to forget what the officers have been exposed to and dissociating themselves from cases to which they have prolonged exposure to protect themselves from being distressed by them, also take place. The use of these avoidance strategies during traumatic situations is also supported by Briere (2002) and Pasillas et al. (2006).

Briere (2002) specifically shows that the survivors of trauma, whose conditioned emotional responses to traumatic memories (those learned emotional responses which are associated with a particular traumatic experience) are beyond their ability to regulate the emotions, resort to these avoidance strategies of thought suppression, substance abuse and dissociation. Among the police officers who are continuously exposed to critical incidents, such strategies are used because of trying to avoid contact with the distressing thoughts and feelings about their operational work (Pasillas et al., 2006). This is done in order to maintain internal equilibrium as these strategies serve three purposes. These are the reduction of awareness of and vulnerability to potential environmental stimuli, which serve as triggers of trauma reactions; lessening awareness of memories when they are triggered; and reducing the activation of cognitive and emotional responses to the memories of trauma. These cognitive and emotional responses specifically relate to

reducing overwhelming and continuous anxiety, as well as other negative emotions (Briere, 2002).

Avoidance of some of the professional consultations that are arranged for the officers for debriefing is also relied on in this study. This adds another dimension to the avoidance strategies used when exposed to traumatic experiences. While the foregoing three avoidance strategies of perceptual numbing, alcohol consumption and case dissociation focus on reducing awareness of the trauma experienced and the accompanying cognitive and emotional reactions, this avoidance strategy focuses on protecting the reputation of the officers. This is because some forms of professional consultations, like consulting with social workers who work in the officers' policing areas and know them on a personal level, have the potential of bringing the officers' private issues of coping with their work to the disposal of people who are not supposed to know about them. There is also avoidance of consultation with professionals generally since such avoidance is related to psychologists, social workers and chaplains. Consulting with these professionals is interpreted in two ways: as having the likelihood of ruining the officers' standing as resilient law enforcement officers in their communities, and disclosing the officers' personal, private issues to those professionals who, it is alleged, do not have the ability to help them out of their ordeal.

Self-restoration

Self-restoration, a second prerequisite of coping, is ensured through several categories of strategies which are geared towards dealing with harm that has already taken place. This is done by mediating and relieving the officers from the trauma reactions that are experienced. This prerequisite also ascertains that the officers manage to return to normal functioning after the experience of the traumatic situations. This is what the Wits trauma counselling model refers to as encouraging mastery as it restores the coping capacity of the victims of trauma, thus reducing anxiety in them (Hajiyannis & Robertson, 1999).

The strategies used in this regard are categorised into information retrieval whose purpose is to recall lost information. Cognitive appraisal is also relied on because it helps

with redirecting the negative thoughts that the officers have developed recently through exposure to the traumatic cases. There is also crime awareness which focuses mainly on raising the consciousness of the officers' family members about the occurrence of traumatic cases in their surrounding areas and the negative impact of such cases, thus helping the officers to express their thoughts about the cases and lessen distress.

Other self-restorative strategies include alternating between the expression and regulation of the negative emotions that are experienced, showing a sense of responsibility, which does not only help the primary victims out of their ordeal, but manages the distress that is experienced by the officers as well. There are also spiritual mechanisms which take care of the spiritual needs of the officers during the traumatic exposures and strengthen them spiritually to face the operational work that is done. Tolerating the traumatic situations is another way of restoring the well-being of the officers by mediating the mental and emotional distress that is experienced.

Showing vigilance when approaching some of the traumatic situations is also of importance as it helps the officers to deal with some of the trauma-inducing situations faced with. Showing interest in the work, specifically in the tasks done in the police units in which the officers are placed, is also relied on. This is because this form of interest also mediates the degree to which trauma reactions are experienced. The interest together with showing the sense of responsibility and the spiritual mechanisms, specifically give meaning to the traumatic experiences encountered.

Self-nurturing strategies such as self-care, self-comforting, listening to music, rest, play (involvement in constructive activities such as sports; watching pleasant programmes on television; reading books; physical exercise), and caffeine consumption also restore the mental and physical functioning of the officers. The officers also inspire themselves to continue doing their work. They motivate and encourage themselves, maintain hope that their operation at work will change, and also appreciate their degree of competence at work. Case management, through not associating the nature and impact of the different cases handled, also ensures the self-restoration. Undergoing heart operations is also of

significance as the critical incidents that officers are exposed to lead to cardiovascular diseases, thus the operations restore the normal heart functioning of the officers.

While avoidance behaviour is shown in some instances towards professional help, initiating consultation with and embracing the arranged consultations with professionals like psychologists, social workers, pastors within and outside the SAPS, magistrates and medical doctors, form an essential aspect of the restoration of the officers' well-being. These forms of consultations, together with the support of others within the support network systems formed in and outside work (multifaceted support), contribute towards the restoration. Embracing other forms of organisational support such as attending the courses relating to their work, working within teams, and embracing the help offered through the pastors' forum support at work, also ensure this restoration.

Self-empowerment

The last prerequisite of coping, self-empowerment, is a precondition that focuses on acquiring knowledge and skills to ensure efficiency and success in doing the operational work. Wallerstein (2006) found that there is success in empowering people with knowledge and skills, among other factors, in order to improve their health on a long-term basis. Empowerment is, thus, declared a viable health strategy and an action-oriented concept in Wallerstein's report, specifically as some of its objectives are to ensure psychological empowerment and increase autonomy in decision-making, thus giving people mastery over their situations.

In this study, self-empowerment takes place through the strategies of case experiential learning, which encompasses learning from the dynamics of the cases handled and gaining experience in handling the cases. There is also personal development, which entails continuous engagement in academic studies, reading written material such as books, newspapers and magazines, as well as watching television not only to keep themselves busy, but to acquire knowledge on the cases that they are working on, in order to handle them better. There is thus increased control over the critical situations that the officers are faced with and the ability to deal with them.

Self-protection, restoration and empowerment are translated into styles of trauma management, which enable the officers to achieve these intended goals. These styles of trauma management are discussed below.

Phases 3 and 4: Application of the styles of trauma management and categories of trauma-coping strategies in the PCIIM process

The results of this study show that the PCIIM process comprises of two styles of trauma management, namely, the linear and multilateral styles.

A style of trauma management/coping style

According to Beasley et al. (2003) a style of coping may be a protective mechanism adopted to shield an individual from harm, thus showing that a style of coping serves the role of self-protection when one is confronted with trauma. Pearlman and Saakvitne (1995b) also speak of personalised styles of protection from repeated exposure to traumatic events among helping practitioners which result in VT.

The current study's description of a style of trauma management supports stress and trauma literature. It describes a style of trauma management as a combination of coping strategies to handle trauma. This specifically pertains to four aspects: (i) how traumatic situations are perceived and managed (Folkman, 1982) by police officers in different police units. Le Blanc et al. (2008) also show that coping styles are habitual ways of dealing with the problems that challenge adjustment; (ii) there are types of coping strategies that are preferred and used to manage such situations across the police units; (iii) the strategies are applied differently in the various police units. Pole et al. (2008) also confirm that coping strategies differ across groups, including ethnic groups. This explains the different patterns of trauma among those groups. This is applicable to police subgroups in the current study; and (iv) the strategies have positive and negative outcomes. Similarly, Le Blanc et al. (2008) indicate that one of the outcomes of coping styles is to lessen the trauma reactions that are experienced. Beasley et al. (2003) support

this mediatory role by showing that coping styles reduce the impact of the stress encountered on the physical and psychological functioning of individuals.

On the basis of this description of a style of trauma management, this study shows that linear and multilateral styles of management are the practical ways of application of different trauma-coping strategies. These strategies are representative of the prerequisites of coping of self-protection, restoration and empowerment of the officers. This study thus adds to Beasley et al. (2003) and Pearlman and Saakvitne's (1995b) assertion by indicating that a style of trauma management is not only a protective mechanism, but a restorative and empowerment mechanism as well.

In addition, the current study shows that the style of trauma management adopted determines the degree of trauma that is experienced, while the style of management is still used or after its use. This means that different combination patterns of the coping strategies determine the effectiveness with which trauma, in this case VT, is managed.

Addressing discrepancies in categories of coping styles

Stress and trauma literature shows discrepancies in the categories of coping styles used to handle traumatic situations as there are numerous overlapping factors among some of them. Other coping styles can be seen as strategies rather than styles of coping and still others as subdimensions of the strategies (Latack & Havlovic, 1992). Nevertheless, there are several styles of coping that have been identified over the years. The coping strategies used within the linear and multilateral styles of trauma management in the current study fit within some of these coping styles documented in literature. For instance, some of the strategies used by the officers in the current study are identified as inner resources of coping in order to handle the impact of the critical incidents, which are referred to as the self-reliance style of coping by Cronqvist et al. (1997).

While some of the strategies are geared towards approaching the critical incidents faced by the officers (approach coping), others are meant for avoiding the incidents (avoidant coping) (Beasley et al., 2003; Cronqvist et al., 1997; Folkman, 1982; LeBlanc et al.,

2008; Martin et al., 1992; Pienaar et al., 2007). The strategies also regulate the officers' emotions to ensure emotional stability, while in other instances the officers express themselves cognitively and through behaviours such as finding new ways of handling the incidents through using emotive, social and physical activities. These include crying, sharing with others and exercising. This is emotion-focused coping according to Beasley et al. (2003), Cronqvist et al. (1997), LeBlanc et al. (2008) and Pienaar et al. (2007).

The officers also turn to their religious beliefs, what Pienaar et al. (2007) call religiosity, and also turn to the support of others within their support network systems both at work and outside work, in order to cope with the critical incidents. This is supportive coping (Cronqvist et al., 1997). They also show accountability to various entities in their operational work thus displaying what Utsey et al. (2007) refer to as collective coping, and they re-evaluate the meanings of the incidents faced with, meaning that reappraisal takes place (Cronqvist et al., 1997; Folkman, 1982). Their coping further entails strategies that are geared towards taking control of the situations that they are personally faced with by preventing or reducing crime, particularly through controlling perpetrators and onlookers at crime scenes and advising potential perpetrators to refrain from actions that can lead to crime, which is labelled as rugged individualism according to Beehr et al. (1995).

This study further shows that literature on coping with trauma should also consider the linear and multilateral styles of trauma management as independent as well as additional styles of coping. The explanation of how these styles are applied is given below.

The use of the linear and multilateral styles of trauma management

The application of the two styles of trauma management appears to be complex. The facts that the linear style of trauma management entails the successive application of trauma-coping strategies to either complement the results of the preceding strategies or to counteract their undesirable outcomes, and that the multilateral style introduces alternative strategies to serve as substitutes to the preceding strategies and to deviate from the linear application of strategies, show that the linear style is initially preferred because

the officers benefit from a variety of strategies which are used sequentially and complementarily. While these seem like distinct styles of trauma management, the multilateral style actually extends from the linear style, as it is initiated as linear in nature then becomes multilateral. Despite this extension, the two styles take place in different forms. This shows the dependence of the multilateral style on the linear style of management for its inception but its independence in operation.

In addition, dependence on these styles of trauma management for coping is influenced by the same as well as different factors. While there are overlapping factors that determine the use of these two styles of management such as job descriptions; situational occurrences, work conditions and the trauma reactions that are associated with them; primary victims' needs; knowledge and skills deficiency among the officers; the officers' individual characteristics, needs and preferences; and the traditional and religious beliefs, the multilateral style of management is also influenced by case perception; in-group needs and preferences; as well as one of the officers' characteristics, gender.

Roles of the two styles of trauma management in the PCIIM process

The results of this study show that the linear and multilateral styles of trauma management play a three-fold role. This role pertains to: (i) promoting reliance on the inner resources of coping; (ii) dependence on the multifaceted forms of support received in and outside work; and (iii) encouraging professional consultation for debriefing. As undergoing professional consultation for debriefing forms a vital part of the linear and multilateral styles of management in this study and has significant implications for the SAPS as it is used in the form of CISD (Pillay, 2008), it is important to note the function of debriefing within these two styles. It is also important to show how the other two roles of the styles of management (relying on the inner resources of coping and the support of others in the support network systems) fit in with the debriefing services. This will show the purpose that is served by the two styles of management regarding the professional help that the officers receive after exposure to critical incidents.

Acute versus prolonged VT symptom resolution

Debriefing offers help to the officers when the linear and multilateral styles are applied. Debriefing helps the officers to deal with acute symptoms, which are categorised into emotional distress such as pain, fear and depression; mental distress, which involves constant thoughts about the cases and forgetfulness; and behavioural reactions like loss of appetite, which is sometimes accompanied by body weight loss, loss of interest in sexual activities, changed sleep patterns, ineffectiveness at work and discordant interpersonal and family relationships. These take place for several weeks (Bober & Regehr, 2006). Being able to handle these acute symptoms as a result of debriefing is regarded by Pillay (2008) as the normalisation of trauma reactions.

However, there is a continuation of prolonged VT symptoms which take place for periods ranging from a year to several years after debriefing. These include symptoms such as case or scene preoccupation (not being able to let go of thoughts about those cases and scenes) (Kgalema, 2002); having interfering thoughts; changes in cognitions such as distrust and hatred for male colleagues and men in general in cases of rape, or self-hatred among male officers, questioning of the occurrences encountered and the gender of the perpetrators (specifically the gender of male perpetrators in rape and domestic violence cases) (Pearlman & Saakvitne, 1995b); making generalisations; having negative perceptions of the operational work; having negative expectations; and somatic conditions, particularly heart conditions (Waters & Ussery, 2007), among others.

The resolution of symptoms, however, also varies across individual officers. For instance, while in some cases constant thoughts can be acute and resolved immediately through debriefing, in other cases this symptom takes place longer and assumes the form of preoccupation with thoughts. The varied inner resources of coping that are used and the support of others in conjunction with the debriefing services, account for these individual differences when the linear style of management is used. During the application of the multilateral style of management, the debriefing services are also aborted and substituted with those inner resources and the support of colleagues. Therefore, the conclusion that I

drew here is that the debriefing services used by the officers prevent some of the symptoms from progressing, while other symptoms continue.

Based on this, it appears that the debriefing services are partially successful as some symptoms are not resolved through the services but through the combination of the inner resources, debriefing and the multifaceted support in the linear and multilateral styles of management. This combination does not only mediate the prolonged symptoms but also purges them. This suggests that the sole use of the debriefing services without accompanying them with those inner resources that are applicable to individual officers and those within a police unit, as well as the external resource of seeking support from the established support network systems, is limiting. There is effectiveness in the combination of these three categories of trauma-coping strategies.

Offering of relevant debriefing type

Bell et al. (2003), Minnaar and Mistry (2006) and Sabin-Farrell and Turpin (2003) emphasise the importance of the type of debriefing that is relevant for specific trauma. This study also shows that the success of the debriefing services that are offered to the officers is dependent on the frequency and prescriptive nature of the debriefing sessions. Regarding frequency, the single sessions of debriefing that are provided after exposure to traumatic situations in CISD are said to lead to re-traumatisation and, thus, the prolonged symptoms reported among the officers, hence some officers indicate that debriefing does not help them. This is what is referred to as harm that is iatrogenic, specifically relating to the symptoms of anxiety, depression and PTSD (Bledsoe, 2003; Pillay, 2008). Hajiyiannis and Robertson's (1999) evaluation of the Wits trauma counselling model also found that the short term nature of the model could not help victims of trauma to derive meaning from the traumatic occurrences that they were exposed to.

Multiple sessions of debriefing in this study are shown to lead to the resolution of problems, such as dependence on alcohol to cope and fear of the use of firearms, among others. Hajiyiannis and Robertson (1999) also noted improvement among victims of trauma, who underwent debriefing in 4 to 6 sessions. These authors also report that the

Wits trauma counselling model developed in the South African context recommends debriefing ranging from 2 to 15 sessions to treat acute trauma. In the current study, the multiple sessions are coupled with the prescriptive nature of the sessions as they take place within the self-initiated and informal debriefing sessions with social workers, psychologists, medical doctors, magistrates and pastors outside the EAS. Therefore, even though the role of arranged debriefing sessions is supported, the multiple debriefing sessions that the officers initiate and embark on with professionals of their choice are shown to be more effective among most of the officers.

Making debriefing optional

According to Pillay (2008), one of the factors that cause the iatrogenic harm after debriefing is the fact that undergoing the debriefing sessions is mandatory for the officers. The results of this study also show how problematic mandatory debriefing can be. For instance, while the field training officers embrace the arranged, compulsory debriefing sessions without problems, a significant degree of aversive behaviour is shown by the FCS/domestic violence officers during the multilateral style of management towards the debriefing sessions that are arranged by their superiors. Their superiors make such arrangements following the referral procedure that is prescribed at work. This makes debriefing compulsory. There is, instead preference for the self-initiated professional consultations by the FCS/domestic violence officers. A few of the detective officers also shun the arranged debriefing sessions during the linear style of management. Such shunning of debriefing was also found in previous studies among the general samples of the SAPS officers (Nel, 1999; Nel & Burgers, 1998) and also reported in a study on the debriefers' perceptions (Pillay, 2008).

While this study shows the importance of arranged debriefing sessions, it also shows the significance that is associated with the self-initiated debriefing sessions during the PCIIM process through the two styles of management. Pillay (2008) also shows that debriefing should be provided for those who request for such an intervention rather than making it compulsory for all the officers.

The importance of making debriefing optional at work is further shown by the officers who choose not to go for the debriefing sessions, but rely on their inner resources of coping and the multifaceted support that they receive from people such as their colleagues, own pastors, family members, friends and some community members. Their reliance on these two categories of coping strategies helps them to cope after exposure to the critical incidents. No marked differences between officers who underwent debriefing services and those who did not, were also reported by Pillay (2008).

Supporting proactive coping

Due to the nature of the officers' operational work, which entails continuous and repetitive exposure to the critical incidents, the officers show that they require an intervention method that is proactive rather than reactive. This is a form of intervention that can be used individually before trauma sets in. It encourages the use of the inner resources of coping. These inner resources, which are regarded as the main strategies by the officers, are viewed as proactive. They are already embedded in the officers' coping systems and are applied even before exposure to the traumatic events (Minaar & Mistry, 2006). The intervention also encourages the officers to rely on professional help to sustain the preventive role of the inner resources. This is because debriefing is viewed as reactive (Pillay, 2008). This is the reason why these officers rely on both their inner resources of coping and the external resources of the professional consultation for debriefing and multifaceted support during the two styles of trauma management (Palm et al., 2004).

The combination of these coping resources not only provides prevention of trauma reactions, but also mediates and purges the reactions, educates the officers, and redirects their outlook of work and life in general. They also strengthen the officers to enable them to continue doing the operational work. The resources further assist the officers to regulate some circumstances that cause trauma both in their own and the primary victims' lives. While the proactive and effective nature of the inner resources of coping compared to the reactive nature of the debriefing services supports the view held by Suedfeld (1997) and Bekwa and de Beer (2009), the combination of the three trauma-coping

strategies (inner resources; professional consultation; multifaceted support) is further suggested.

Differential trauma management approaches

The CISD intervention that is conducted within a single session may be for an individual or conducted within a group (Pillay, 2008). This appears to tally with the attributes of the linear and multilateral styles of management. This is because these styles of management show a two-faceted approach to the management of trauma. They highlight the importance of considering both the individual and in-group needs, preferences and characteristics of police officers when embarking on the PCIIM process. They thus adopt both the individual and in-group approaches to helping police officers. On one hand, the differences in the characteristics, needs and preferences of individual officers are taken into consideration through the linear style of management, thus providing a person-centred approach to trauma management. The Wits trauma counselling model was also found to be effective by Hajjiyannis and Robertson (1999), on the basis of its flexibility in application. This is because counsellors are allowed to use the phases of the model interchangeably rather than in a specific order, with the aim of meeting their clients' unique individual needs. On the other hand, the in-group approach in the multilateral style of management focuses on the needs and preferences of police officers within police units.

While the person-centred approach creates an arena for meeting individual needs, the in-group approach creates a non-judgemental environment and an approach to trauma management that is in-group-centred. This is because the officers with the same traumatic experiences and sentiments about coping can come together to share and help one another, with the help of the professionals, to manage the impact of the critical incidents they are exposed to. Lawrence and Barber (2004) also show the subjective impact of critical incidents on individuals and groups. These two approaches explain both the similarities and marked differences in the choice and use of both the inner and external resources of coping across the four police units.

Even though the CISD intervention recognises the importance of group sessions which comprise of mixed groups of police officers, that is, police officers from different police units, this suggests that this intervention uses a “blanket” approach to counselling the officers, which may not be applicable to the multilateral style of management. This is because the CISD does not address the in-group needs of the officers who form a homogenous group as suggested by this style of management. This study shows that these are needs that are characteristic to officers within specific police units. Therefore, this suggests that there could be pros and cons associated with the mixed groups approach of the CISD.

While the mixed groups sessions may assist officers from different police units to be exposed to the experiences that officers in other units go through and also help them reduce the amount of difficulty with which the officers in particular units perceive their operational work, the sessions may also create a competitive and judgemental environment. This is due to the fact that mixed groups comprise of officers from different units who may not understand and, thus, undermine the impact of the critical incidents that other officers are exposed to. They might also perceive such an impact on the other officers as a weakness, thus undermine the other officers’ operational work. This may jeopardise rather than improve group support. Pillay (2008) also cites these mixed groups of police officers during the debriefing sessions as another cause of the iatrogenic harm.

Flexibility, benefits and risks of application of the two styles of trauma management in the PCIIM process

Tailor-made coping

While the debriefing services offered at work are compulsory, they are also voluntary (Pillay, 2008). Voluntarism explains the degree of flexibility that is observed in strategy application within the two styles of trauma management. This voluntarism explains the reasons why the officers in this study can make a choice to either opt for the self-initiated professional consultations for debriefing with the professionals that they prefer or go for the arranged consultations. The officers can also choose which colleagues to confide in to be debriefed, hence the different dimensions of collegial support reported by the officers.

The officers can also choose the types of the inner resources and support within the support network systems to use to either supplement or substitute the debriefing services that are received.

The benefits of this degree of flexibility are that it helps the officers to explore personal ways of dealing with trauma. They also do not keep such traumatic experiences to themselves as they can seek the type of professional and social help which suit them through the two styles of trauma management. This is because the different dimensions of help are applied with changing circumstances. Different characteristics, needs and preferences of the officers also determine the kind of help sought by the officers. The officers can also determine the time (e.g. when referring the primary victims, and when encountering problems with adaptability) and place (e.g. professionals' workplaces, own homes, own workplaces, and churches) to use these resources. Therefore, the use of these resources is tailor-made. This supports what Cheng (2009) regards as flexibility when coping with stressful events. She defines coping flexibility as devising flexible coping strategies that can be used to meet the demands of changing circumstances.

Differential flexibility of the styles of trauma management

Even though the two styles of trauma management are used in varying degrees, with the linear style showing more degree of significance than the multilateral style, both of them are relevant. However, they have their shortcomings. For instance, the linear style of management helps the officers to handle the operational work situations properly and to meet their individual needs such as the mediation or purging of trauma reactions, among others.

However, it is risky in that it does not take into account the in-group needs and preferences at a particular time. It is concerned with self-help, getting the operational work done and showing the ability to do the work by individual officers. The second risk is the freedom shown in experimenting with various types of strategies, which put the officers in danger of even experimenting with maladaptive strategies, such as drinking alcohol, in their pursuit of trauma management. This makes the linear style of

management more flexible than the multilateral style of management. This is because the linear style of management does not prevent the officers from exploring all the coping strategies at their disposal regardless of their nature. However, this freedom also makes the officers to fall into the trap of using the maladaptive strategies. It is, therefore, an “all or nothing” style of trauma management.

The multilateral style of management, conversely, helps the officers to strike a balance between the requirements of the operational work and taking care of the in-group needs and preferences. What the officers in the FCS/domestic violence unit want when using this style, is of utmost importance. This is taking care of their in-group needs and preferences, such as shunning arranged debriefing services and the use of specific inner resources and collegial support to manage the impact of the rape cases.

However, those in-group needs and preferences sometimes inhibit the additional work-based support that the officers can receive from the professional intervention of debriefing that is arranged for them. While the officers can benefit from both personally identifying trauma reactions in themselves and the identification of those reactions by their superiors at work, and thus enjoying their superiors’ support, the combination of the two is hampered.

The multilateral style of management also appears to be highly controlled, thus less flexible compared to the linear style of management as it only considers a few inner resources of coping which are preferred, but whose efficiency is not wholly trusted. Only self-initiated collegial support is considered and the other forms of the multifaceted support are not used, thus limiting the degree of help that the officers can receive. Some degree of reluctance or even fear of exploring various trauma-coping strategies is displayed. This is, therefore, a “some or nothing” style of trauma management.

The main/direct effects model shows that a coping style is one of the variables that have direct and identical effects on mental health, regardless of the levels of hardships experienced (Beasley et al., 2003). On the contrary, the current study found that the linear

and multilateral styles of trauma management may have direct effects on mental health, but their effects are not the same and they certainly differ according to the types of critical incidents they are meant to manage.

Reasons for use and non-use of debriefing services within the styles of trauma management

The differential perception and use of the professional consultations for debriefing, specifically the arranged services, within the two styles of trauma management by the officers in the different units also necessitate noting the reasons for use and non-use. These reasons help to understand further the factors that determine the degree of flexibility of the two styles of trauma management and the reasons why there is preference for the inner resources of coping, the multifaceted support and the professional consultations for debriefing. These further show the benefits and risks of application of the two styles of management. The reasons found in this study for the use and non-use of the debriefing services are discussed below. Some of these reasons support those found in previous studies, but also extend the list to show other current, relevant reasons. The reasons are as follows:

- i. *Complete versus partial inner resources contentment*: where officers attach more value to their inner resources of coping than the external resources, the inner resources are regarded as the officers' first choice (Pillay, 2008). Where there is partial satisfaction with the effectiveness of the inner resources of coping that are used by the officers, debriefing services are resorted to;
- ii. *Accessibility versus inaccessibility of debriefing services*: there are mixed perceptions about the availability and non-availability of debriefing services at work, as some police stations are reported to have the services while others do not have them. Readily available debriefing services at work ensure easy access to the services by the officers. While accessibility encourages use, inaccessibility inhibits the use of these services;
- iii. *Outsourced debriefing professionals*: there is difficult access to the professionals who offer the debriefing services because they are based outside the police

- stations and have to be contacted to provide their services whenever there is a need;
- iv. *Continuous debriefing*: where debriefing services are offered on a continuous basis by the professionals, continuity in the use of the services takes place;
 - v. *Invisibility of debriefing services and ignorance of use*: while Pillay (2008) shows that there is more awareness about the debriefing services among police officers in the SAPS and also their utilisation due to marketing the services within the SAPS, it appears, however, from the current findings that such marketing has not yet reached all the police officers. This is because debriefing services are said to be invisible in some of the police stations as the police officers do not know whether or not they exist in their stations. There is also lack of knowledge about the services, including not knowing what the services are called, by the officers. Kgalema (2002) also found unawareness of such services among police officers in this country;
 - vi. *Familiarity with and undermining debriefing services*: the experienced officers tend to undermine the value of the consultations due to being familiar with them to a point of being regarded as “mere talk” and “being persuaded by the professionals”. Pillay (2008) also found that the services were better used with new and inexperienced officers. The officers in the current study resort to debriefing during their first year of working. However, as soon as they become experienced, they prefer to rely on their own ways of coping that have been developed over the years. It is also reported by the trauma debriefers in Pillay’s study that there is a possibility of viewing the debriefing services as just mere talk, by the experienced officers, which does not yield tangible results to be applied after the debriefing sessions;
 - vii. *First traumatic case exposure*: exposure to traumatic cases during the first year of working in a police unit is a problem and, thus, creates a need for support. Therefore, the intervention of professionals through debriefing at the workplace during this period is essential and is welcomed by the officers;
 - viii. *Superior active versus inactive involvement*: there are also mixed perceptions about the superiors’ active involvement in the identification of trauma reactions

- and in making arrangements for debriefing. While some of the superiors are said to be actively involved in this task and encourage the use of the debriefing services, others are not involved and, thus, discourage their use, specifically in cases where the professionals are based outside the police stations;
- ix. *Self-initiated consultations preference*: the officers prefer to undergo debriefing services which they initiate themselves and with the professionals that they choose according to their needs at a particular time. Pillay (2008) also found that debriefing services were more likely to be effective when the police officers were given a choice between being debriefed and being forced into debriefing;
 - x. *Wide professional choice*: having several types of professionals to consult, in and outside work, thus having a wide range of professionals to choose from, makes adherence to the arranged consultations difficult, but it also makes the self-initiated consultations the officers' favourite;
 - xi. *Active involvement of victim-referred professionals*: there is active involvement, in the officers' welfare and crime prevention tasks, by the "outside" work professionals to whom victims are referred for further assistance. This encourages consultations with these professionals;
 - xii. *Ambivalent trust-mistrust in arranged professional consultation efficiency*: there is lack of complete trust in the ability of professionals with whom consultations are arranged. The officers doubt the professionals' ability to get rid of the trauma reactions that are experienced. While these professionals' ability could be trusted, there are times when it is doubted, hence the officers go for the self-initiated consultations and choose the preferred professionals for specific reasons;
 - xiii. *Multiple perspectives of trauma*: the officers are also driven by the need to derive help regarding their traumatic experiences from different perspectives, that is, from their personal perspectives through the use of their inner resources, the perspectives of those within the various social support network systems and from the perspectives of the professionals whose task is to help them as police officers and those whose work is to assist the primary victims to receive further help. This is the reason they seek help from these different angles; and

xiv. *Redressing confidentiality*: the arranged consultations are used as an option when the confidentiality principle restricts the extent of social support that can be received outside work because people who do not work for the SAPS are regarded as “outsiders”. There is, thus, protection of personal privacy, including prevention of being viewed as weak law enforcement officers resulting in the officers’ inability to disclose their experiences to some family and community members. This, in turn, results in the need for professional help. This is the reason that has been studied extensively in trauma literature relating to police officers and has since been referred to as the “police culture”.

This police culture gives certain impressions, such as that men, who form the majority of the profession, are supposed to be strong and macho and that they will appear “weak”, “cowardly”, “crazy” or as being unable to perform their work effectively by their colleagues when they seek professional help. This is not much of a problem among female officers. Therefore, a form of stigma is also attached to seeking professional help as the police officers are expected to deal with difficult situations in isolation to show that they are strong. Crying is even worse among the male officers. Police officers also have a sense of mission which prevents them from deviating from their role of policing (Nel, 1999; Nel & Burgers, 1996; Nel & Burgers, 1998; Pasillas et al., 2006; Pillay, 2008).

Generally, the current study shows that the field training officers embrace the arranged professional consultations within the linear style of trauma management without a problem. The FCS/domestic violence officers and detective officers use the arranged professional consultations for debriefing though with reservations during the linear and multilateral styles of trauma management. Most of the social crime prevention officers rely on the self-initiated consultations outside work than the arranged consultations during the linear style of trauma management. Nevertheless, the majority of the officers in this study consult for the debriefing services and Pillay (2008) confirms this improvement in consultations for debriefing. However, the study further shows that there are still more reasons by police officers for not wanting to consult the EAS personnel within the SAPS for debriefing services. It also shows that there are various dimensions

of professional consultations that are considered by the officers when exposed to critical incidents at work which support their aversive behaviour to the EAS debriefing services.

Interconnectedness among the inner resources, multifaceted support and professional consultation in the PCIIM process

The interplay among the three categories of trauma-coping strategies, inner resources, multifaceted support and professional consultation is shown by the intersection among their implementation. Hunter and Schofield (2006) also found interaction among the three categories of coping among trauma counsellors, namely, self-care, professional and organisational resources of coping.

The findings in the current study point to the fact that there is an interrelationship between the inner resources of coping and the external resources of coping (the multifaceted support and the professional consultations of debriefing services) during their application. Utsey et al. (2007) also support the positive outcome of the combination of the internal and external resources of coping, specifically among the African Americans. These are comparable to those found in this study in that both the samples in the current study and in Utsey et al.'s study emphasise spiritual coping, which is an inner resource as well as collective coping which is an external resource of coping. Utsey et al. (2007) draw attention to this point by showing that the combination of these strategies is representative of the worldview of people of African descent, which includes the police officers in the current study.

During the linear style application, the inner resources of coping are used in conjunction with the debriefing services. Debriefing is mainly used to strengthen and supplement the inner resources. In addition, the various inner resources support one another and some serve as the foundation for the use of others. Some of the inner resources also depend on the types of established support network systems, the professional relationships that exist and the characteristics shared within those networks and relationships. During the application of the multilateral style, debriefing is replaced with multifaceted support, as a result of the officers shunning the arranged professional consultations.

These show that there is interconnectedness among the inner resources of coping, as well as interconnectedness among the inner resources of coping and the external resources of multifaceted support and professional consultation. These further indicate that the nature and success of the three categories of trauma-coping strategies depend on the functioning of one another during their implementation. The main objective of this interrelated use of all these resources of coping is to have the inner strength and external support to adjust to the critical incidents the officers are exposed to in their operational work.

Inner strength and external support generated from trauma-coping strategies

Generating the inner strength and having external support to adjust to the critical incidents emanate from the following characteristics of the coping strategies that are used by the officers:

- i. *Sense of responsibility*: Kobasa cited in Beasley et al. (2003) refers to the commitment shown by the officers to the primary victims who are assisted, the victims' supportive structures (God; policing; the law; their communities) and to the officers themselves when handling the victims' traumatic situations, as cognitive hardiness. This is because the officers derive pleasure and relief from the help that they provide to the primary victims.

While this is a problem-oriented strategy, which tackles the situation faced with head-on by executing some accountability actions to reduce the impact of the critical incidents exposed to, it also shows an element of collectivism in the way the officers live and operate. The officers do not only think about themselves, but all other people, entities and institutions involved in traumatic situations in order to ensure overall survival. This is a direct reflection of the cultural background of collectivism and conformity of the district in which these officers live, the Vhembe District. Utsey et al. (2007) show the role of culture in mediating the effects of stressful events and collective coping, which puts a group's interest above that of an individual. In this instance, the sense of responsibility is about the group's survival, and then followed by the individual officer's survival.

- ii. *Spiritual mechanisms*: these refer to an individual officer's spirituality. It entails commitment to one's relationship with a supernatural being, God, and to the religious group affiliated to, in this case, Christianity. There is also commitment to different spiritual activities performed in this religious affiliation, which include the following: church attendance on Sundays; weekly home prayer meetings; habitual and intermittent individual and collective prayers; meditation; listening to sermons at church; worship and praise for God; sharing of testimonies about God's works in their lives; and exercising faith in God. It also involves drawing strength from one's spirituality by deriving meaning for the critical incidents that one is exposed to. It helps officers to be both spiritually and mentally strong to cope with the traumatic operational work. This is supported by the definitions of spirituality and religious practice in the context of dealing with trauma and stress (Bell et al., 2005; Utsey et al., 2007).

The officers also use the two religious coping styles as indicated by Maynard et al. (2001), namely, the collaborative style whereby the officers do not only depend on God to help them with their ordeal, but also apply some personal resources to deal with the impact of the encountered situations; and the surrender style as the officers work with God to resolve their traumatic situations, but also surrender themselves to God's direction as they depend on Him for divine advice and help to get through the situations. They also declare their total dependence on Him. This is as Maynard et al. (2001) show, dependent on individuals' perception of God as the almighty, hence the officers' relationship with God who is referred to as "all-in-charge" and "the almighty".

Utsey et al. (2007) also show that turning to spirituality exposes individuals to various spiritual mechanisms such as those used by the officers in this study and, thus, leading to a better quality of life. It is also shown that fragmentation of the personality when faced with adversity is also protected through the meaning of stressful events that is provided by spirituality. This is because individuals' ability

to draw on the inner strength is reported to be an outcome of spiritual well-being. Spirituality is also regarded as one of the vital aspects of the lives of the service providers who assist victims of trauma and also that some professionals suggest that it should be included in professional training (Bell et al., 2005). While damage to one's spirituality is regarded as one of the ways of assessing the alteration of cognitive schemas (Pearlman & Saakvitne, 1995b), only a few among 20 officers in this study report of the trauma reaction of spiritual distress, even though this manifests differently.

This can be due to the degree of the spirituality of the other officers, which prevents their spiritual beliefs from being changed. Findings in Bell et al. (2005) on trauma counsellors, confirm the possibility of not being spiritually affected by trauma work, but actually experiencing increased spiritual well-being due to the type of work that is done, which drives the service providers to relying on their inner spiritual strength. Consequently, Bell et al. (2005) show that spirituality and religious affiliation are increasingly becoming important resources for handling trauma among both counsellors and clients. Utsey et al. (2007) also found spiritual well-being to be one of the significant predictors of quality of life when faced with stressful events and also show that spiritual-centred coping increases resilience, especially that the spiritual relationship with God is believed to protect individuals from difficult situations. This is the belief held by the officers in this study who have faith that God plans their days, including what they are supposed to come across, and that they are divinely led to solutions and also protected from harm.

While Beehr et al. (1995) found that religiosity only had a calming effect on police officers' spouses and was more of an emotion-oriented strategy than a problem-oriented one, the current study points that it can be classified under both. This is because religiosity puts the officers in a state of tranquility by being strengthened and accepting operational experiences. It also encourages them to act on the basis of their belief in God. They develop a sense of self-sufficiency as

there are times when they are able to face the critical incidents by relying on their spiritual strength without receiving external help. While this strategy was not found to be useful among police officers in Beehr et al.'s study, the results of this study prove it to be useful among the officers.

The use of spiritual mechanisms by the officers in this study also reflects on their cultural background. Utsey et al. (2007) cite spirituality as one of the cultural factors that determine people's quality of life. Nevertheless, while it would be expected that the majority of the officers in this study would rely on the spiritual mechanisms of coping because the district in which they serve as law enforcement officers is predominantly Christian-based, only half of the sample of the officers use the spiritual mechanisms and their use is dependent on their spiritual characteristics such as their degree of commitment to Christianity; their relationship with God; and commitment to spiritual activities like prayer and exercising faith in God. Even though these mechanisms are not used by all of the officers, those who use them do so to a very large extent.

- iii. *Situational tolerance*: one of the properties of an emotion-oriented strategy is to engage in cognitive tasks to reduce the degree of emotional distress experienced (LeBlanc et al., 2008; Pienaar & Rothmann, 2003). The situational tolerance strategy used in this study meets the characteristics of an emotion-oriented strategy because it focuses on having an objective view of and accepting the traumatic and legal situations that cannot be changed, thus not attempting to modify them. This is the reason its outcome in the current study is the prevention or reduction of emotional distress.

Since the emotion-oriented and avoidance categories of coping are classified together in some coping literature (LeBlanc et al., 2008), this is a classic case of the combination of the two. This is because in an attempt to regulate the emotional effects of the situations faced, there is avoidance in dealing with those situations, hence the tolerance shown. This is the reason Latack and Havlovic

(1992) show that coping has the elements of mastering, tolerating and reducing the demands of the situations faced. This also shows another dimension to the application of the coping strategies, that is, there is no solid way of applying the strategies. Rather this may be a fluid process that involves a combination of strategies, depending on the demands of the immediate traumatic situations confronted with, in this case, emotion-oriented and avoidance strategies.

- iv. *Vigilance*: the nature of this strategy, which is the ability to confront the traumatic situations rather than avoiding them, tallies with the definition of a problem-oriented strategy whose focus is on approaching the challenging situation, being actively involved in handling it and also reducing its impact (Pienaar & Rothmann, 2003). In the current study, vigilance starts with a preparation phase which prepares the officers on tactics of how to approach the traumatic situations. This supports the idea of planning as part of the problem-oriented strategies (Cronqvist et al., 1997; Latack & Havlovic, 1992). It then proceeds to show alertness in facing the situations and actually dealing with them.

Nevertheless, there are times when preparedness is coupled with avoidance. This is mainly due to the types of situations that the officers are confronted with. This further strengthens the fluid process of the application of coping strategies because of the demands of the immediate traumatic situations confronted with, which require the combination of strategies. In this instance, this fluid process is specifically shown by the response to the continuously-changing situations that alternate between less challenging and most challenging situations that are handled.

While the less challenging situations may allow a confrontational approach, the most challenging situations can require an aversive approach. For instance, Latack and Havlovic (1992) report of a possible combination of problem- and emotion-oriented dimensions of coping, which is referred to as support mobilisation, as well as the combination of problem-oriented and appraisal dimensions. Folkman

(1982) also shows the interdependence between the problem- and emotion-oriented strategies.

Therefore, the two strategies, vigilance and situational tolerance are variable strategies on the basis of this factor. This emphasises Latack and Havlovic's (1992) point that the concept, coping processes, should be considered than the coping styles, as it elucidates the variability of the application of coping strategies used rather than portraying them as stable.

- v. *Case experiential learning*: this entails the officers' reliance on the knowledge and skills gained to handle the traumatic situations better by changing the investigation strategies to be relevant to the cases handled, preventing the victims and perpetrators' mistakes from taking place in their own interpersonal relationships, and gaining experience in doing the work. This trauma-coping strategy is thus adaptive in nature in this study. This is because the knowledge and skills attained make it easier to know which tactics to employ in specific situations. This further confirms Latack and Havlovic's (1992) idea of using the concept of coping processes rather than coping styles. The approach nature of this strategy also makes it a problem-oriented strategy. While continuous exposure to the critical incidents is shown to be one of the causes of VT in this study, such continuous exposure also plays a preventative role as the knowledge and skills gained here are enabled through this continuous exposure to the incidents (Bell et al., 2003).
- vi. *Professional consultations*: Latack and Havlovic (1992) show that even though organisations recognise that avoidance or control strategies may be effective coping strategies, their interest is in the performance of their employees and whether or not they show an intent to leave their jobs. This is the reason there is organisational support such as debriefing services for police officers offered to cope with the adversity that takes place at the workplace. The reason for relying on professional help for debriefing by the officers in this instance is to strengthen

the use of their inner resources, improve the knowledge and skills gained regarding the operational work and to face the work and personal situations. As some of the roles of the problem-oriented strategies are to talk about the situation faced with and also gather information on it (Cronqvist et al., 1997; Latack & Havlovic, 1992), the different forms of professional consultations engaged in by the officers meet these characteristics, thus making this strategy problem-oriented, as well as a support strategy whose role is to receive support from others within one's environment (Cronqvist et al., 1997).

- vii. *Multifaceted support*: this pertains to relying on the support network systems formed in and outside work to strengthen the use of the inner resources and to face the traumatic operational work. Beehr et al. (1995) show the relationship between the relationships established and the form of support received. Marriage, for example, is cited as a type of relationship that offers police officers a form of social support that they need from their spouses (LeBlanc et al., 2008). The officers in this study also strengthen this relational view by showing that different forms of support are received from the different relationships that they have.

For instance, by merely being part of the SAPS, there are relationships with colleagues. These include relationships with superiors, such as unit commanders and station commissioners that are procedurally established for both support in the form of informal debriefing and receiving work instructions. There are also relationships with peers (Stephens & Long, 2000) and other superiors like captains, which are informally established by the officers.

Stephens and Long (2000) and Morash et al. (2008) report of different mediating effects when officers receive support from supervisors and peers. They also show that the topics that are discussed with supervisors and peers are also different. The current study partially supports these findings. It has been found that there is a more relaxed relationship with peers (officers of the same rank) and the most high-ranking officers (unit commanders or superintendents) than with the middle-

ranking officers (the inspectors and captains) in cases of support that is sought by the low-ranking officers, such as the sergeants. However, support that is received from peers and superiors is both concerned about the well-being of the officers and ensuring optimal performance of the operational work, meaning that the topics discussed about with the two groups are the same. Nevertheless, concern about well-being is mostly received from the peers, while concern about optimal performance is mostly received from the superiors.

The officers' responsibilities in the operational work also enforce relationships with victims and their families, as well as community members at large. Such relationships also determine the type of support that is received. In this case, relationships with the victims' next-of-kin ensure that the officers are encouraged to continue with case investigations, while relationships with the community policing forums and the Youth against Crime ensure police-community collaboration in curbing crime.

Being Christians and observing church activities creates an arena for establishing relationships with pastors who offer spiritual support. Being part of families at various levels, that is, as spouses, children, siblings and in-laws, helps with receiving support from different family members. The companionships established outside home make the officers to have friends from whom support is received, especially close friends.

These various relationships, as Beehr et al. (1995) and Tedeschi, (1999) noticed, serve as moderators of the trauma impact that is experienced. Approaching others for help and communicating the operational experiences encountered, make the strategy both a problem-oriented and support strategy.

Beehr et al. (1995) recommend that further studies should be conducted to find out who initiates the process of seeking support among police officers. The current study provides some answers on this issue. It shows some dimensions in

the help-seeking behaviour of police officers. First, the officers do not only approach others for help, but due to the nature and depth of the relationships formed, others like spouses and the victims' next-of-kin can also initiate approaching the officers to help them. Second, police officers who encounter multiple trauma reactions, or single trauma reactions that are not expected such as forgetfulness, crying and fear of the use of firearms, who perceive their inability to handle such reactions, those who use maladaptive strategies that fail them in the end, as well as officers who are extroverted, are likely to seek support.

Third, the support can be mutual between parties who need help because they share common traumatic experiences. This group includes officers, their colleagues and community members. Mutual sharing also takes place among parties who have gone through traumatic experiences, but the nature of such experiences is different. This group includes officers, their family members and friends. On the basis of all these accounts, Beehr et al. (1995) emphasise that in one way or another, the support of other people is important to help police officers to cope with trauma.

Phases 5 and 6: The success of the styles of trauma management adopted in the PCIIM process

The success of the two styles of trauma management that are adopted in this study are discussed here in relation to literature. Three aspects of the outcomes of the use of coping styles and coping strategies: (i) the effectiveness of coping strategies; (ii) resilience; and (iii) posttraumatic growth, are focused on.

Roles of the trauma-coping strategies

Cronqvist et al. (1997) describe coping as a process which depends on the situational context in which it takes place. The general idea that is communicated by the officers in this study is that they enter into a continuous trauma management process. This is because some of the trauma reactions manifested are still experienced when the officers are exposed to the traumatic cases even after years of working in the different police

units. However, the trauma-coping strategies applied help them in the process to manage those reactions. In other words, the PCIIM process is continuous. It is not a once-off occurrence because there is continuous exposure to critical incidents. The trauma-coping strategies, therefore, play the following roles which are continuous: (i) they regulate the incidents; (ii) teach the officers some lessons; (iii) redirect their thoughts and perspectives of the incidents, as well as their behaviour; (iv) they strengthen the officers to face the incidents; (v) prevent some of the incidents' effects; (vi) they mediate some of the reactions; and (vii) still purge other reactions.

For as long as exposure to the critical incidents takes place, management of their impact continues. To the officers, therefore, the usefulness of the trauma-coping strategies that are used means the use of strategies that play these continuous roles. These roles tally with the trauma-coping prerequisites of self-protection, restoration and empowerment that lead to the PCIIM process in the first place. This shows that the officers' coping needs are met.

Resilience due to the use of trauma-coping strategies

Furthermore, Beasley et al. (2003) and Suedfeld (1997) define resilience to stressful situations on the basis of these four criteria: (i) the first criterion is cognitive hardiness, which is believing in one's ability to control situations and, thus, showing commitment to oneself, one's responsibilities and relationships, as one takes these as one's personal values, goals and priorities to be attended to. The officers in this study show cognitive hardiness through their sense of responsibility to themselves, the primary victims and their communities, policing as their field of work, the court of law and to God, thus being committed to carrying out their duties regardless of the critical incidents encountered; (ii) the second criterion is managing to go through several stressful situations and dealing with them. Similarly, this study shows that the officers also engage in several traumatic situations and face the situations in most instances; (iii) the third criterion is being strengthened as an individual by those situations rather than merely being made aware of them. In this case, the officers gain the mental and spiritual strength to handle those situations; and (iv) the last criterion is the development of useful coping strategies for

improved ways of handling the stressful situations while engaging in the situations. These officers also meet this criterion as they develop a variety of coping strategies to handle the impact of those situations. Therefore, the continuous trauma management process shows that the criteria of resilience outlined here are met by the officers in the current study.

Helpful trauma-coping strategies

The usefulness of the strategies used within the continuous trauma management process is assessed, by the officers, through meeting a criterion, which matches that which is used in literature to declare coping strategies as effective. This criterion is:

- i. *Trauma objective insight*: this is when the officers begin to perceive the critical incidents they are exposed to, objectively and as manageable. The positive meaning derived from the incidents enables them to continue working on the incidents, and to believe that coping is possible. Briere (2002) and Pillay (2008) show that coping strategies are helpful to those who use them if they change those individuals' cognitive appraisal of the symptoms that are experienced.

The following are additional criteria for assessing the usefulness of these strategies, which are suggested by this study:

- ii. *Less severe symptoms*: this is when the officers start to experience less severe trauma reactions;
- iii. *Short-lived symptoms*: when some of the trauma reactions last for shorter periods than before; and
- iv. *Ceased symptoms*: this is when other trauma reactions are extinguished completely.

Therefore, according to the officers, the coping strategies used, including the styles of trauma management, are useful ways of dealing with the trauma reactions experienced, hence they are able to continue to do their operational work, function normally at home and at work. They are also able to continue assisting the primary victims. The strategies, therefore, help them to adapt to the continuous traumatic changes that they are exposed to in their operational work.

This study also shows that the usefulness of strategies can also be shown through the issue of adaptiveness. In this case, there are both adaptive and maladaptive avoidant strategies (Cronqvist et al., 1997). For instance, the avoidant strategies such as consuming alcohol and averting some professional consultations for debriefing prove maladaptive. However, the avoidant strategies of case dissociation, perceptual numbing and the tolerance of the operational work and some court proceedings are useful to the officers. They help the officers to understand, with objectivity, the situations encountered and ensure the officers' optimal functioning rather than being detrimental to them. This adds to the criterion of trauma objective insight. The fact that these coping strategies have the ability to mediate and get rid of the symptoms, despite their aversive nature, also supports the criteria of experiencing less severe symptoms and having ceased symptoms.

According to CSDT, an adaptation strategy is regarded as adaptive if it develops within a context in which it is needed and serves its intended purpose, which is mainly to help an individual to adapt to changes. Therefore, coping strategies are as useful as the individuals who apply them view the strategies, and this depends on what the individuals want to achieve (Pearlman & Saakvitne, 1995b; Storm & Rothmann, 2003). On the basis of this, it can be said that the trauma-coping strategies used in this study are both relevant to the officers and help them to manage the impact of the critical incidents that they face.

Folkman (1982) also highlights the short- and long-term goals served by coping strategies when referring to their effectiveness. The goal that is achieved by the officers in this study when they apply their trauma-coping strategies can be classified as a short-term goal as the strategies help them to control the critical incident (situational) challenges that they are confronted with at a particular time, minimise the impact of those critical incidents at that time (Folkman, 1982) and enable them to do their operational work effectively (Storm & Rothmann, 2003). The strategies, thus serve to sustain the basic operation of the officers for day-to-day functioning. The officers also perceive the critical incidents as threats that are expected to occur, hence the use of the self-protective strategies. They also perceive these incidents as challenges that can be handled, thus

requiring the use of the self-restorative and self-empowerment strategies (Folkman, 1982). The two perceptions (threats and challenges) depend on the varying nature of those incidents.

Experiencing on-going posttraumatic growth

The officers are still in the process of attaining the long-term goal, which is the improvement of the health, morale, social and psychological functioning, that is, the general, holistic normal functioning of an individual (Folkman, 1982). This is also known as posttraumatic growth (Tedeschi, 1999) and psychological growth (Waters & Ussery (2007).

Posttraumatic growth is said to be an ongoing process. It involves understanding that the process takes place gradually because an individual tries to make sense of and integrate the experience encountered. It also varies from individual to individual (Tedeschi, 1999). On the basis of this, the officers in this study had to find personal ways of coping with their experiences and to perceive their coping as ongoing, in order for them to avoid reaching a point of saturation. This refers to when the strategies adopted to cope no longer work for the officers as much as debriefing is perceived by some experienced officers as mere talk that does not help them anymore whereas it used to before. This is especially crucial as there is continuous exposure to trauma in their line of work and, therefore, trauma management has to be continuous as well. Furthermore, even though the continuous critical incidents experienced are perceived as traumatic, they are also seen as manageable events.

Tedeschi (1999) shows that posttraumatic growth is signified by constructive changes in three areas: (i) how an individual perceives oneself; (ii) the perception of life in general; and (iii) perception of relationships with others after experiencing a critical incident. The resilience that is shown and meeting the four criteria for assessing the usefulness of the PCIIM process (trauma objective insight; less severe symptoms; short-lived symptoms; and ceased symptoms) attest to the on-going growth because these reflect the officers'

positive view of themselves as individuals who are surviving their traumatic experiences and their situations as manageable.

The ongoing process of posttraumatic growth is further supported by Briere (2002), Hajiyiannis and Robertson (1999), Saakvitne et al. (1998) and Tedeschi (1999). Their methods for ensuring posttraumatic growth are evident in the activities embarked on by the officers in this study. These include the following: first, there is cognitive processing of information pertaining to the trauma through the activity of rumination. In this case, the officers have time to consciously reflect on the experiences that are encountered, in order to understand their meaning and significance.

Second, the officers engage in life narratives. Life narratives refer to talking with others clearly, extensively and coherently about the traumatic experiences encountered, specifically about where the officers were before exposure to trauma and where they are after the exposure. In this way, individuals put together those pre- and post-trauma experiences in an open way, and get a meaningful understanding of the occurrences of the trauma experienced. To the officers, this meaningful understanding refers to understanding that the occurrences encountered will still take place in the future and also having the reassurance that the trauma reactions that are experienced are normal responses to the occurrences albeit heightened in nature. The meaningful understanding of the occurrences and normalisation of the trauma reactions are obtained through interacting and sharing with colleagues, pastors, family members, friends, community members and professionals in and outside work. These provide meaning of the occurrences from the psychological, social, spiritual and legal perspectives.

Last, the officers seek mutual help. This means that they talk to people who have similar experiences as them, or dissimilar experiences but also traumatic in nature. They are also able to narrate the encountered experiences in a different way that helps all the parties involved to have a positive re-interpretation of the experiences. Such people include the officers' colleagues, family members, victims' next-of-kin, and community members. The result of this is that the officers notice changes in the negative perceptions and

expectations of work to having objective perceptions and expectations. This signifies changes in the negative schemas that are formed to positive schemas. These changes take place to an extent that the officers are able to continue helping others (the primary victims) on the basis of the strength noticed in themselves to handle traumatic incidents.

In addition, some of the officers verbalise that they need to have more coping strategies that can strengthen the improvement of their general normal functioning. There is, thus, hope for the development of new and more useful ways of coping in the future because of those strategies that are already used. This is supported by Waters and Ussery (2007) who show that the resolution of current traumatic experiences leads to psychological growth and the development of new and effective ways of coping in the future. In this way, they start to see themselves as survivors of the traumatic occurrences rather than the victims (Hajjiannis & Robertson, 1999). This suggests that short-term goals can serve as the building blocks for the development of long-term goals of coping.

The conclusion drawn here is that through the use of the two styles of trauma management in the PCIIM process, the officers manage to develop helpful coping strategies to manage the impact of the critical incidents that they are exposed to. A significant degree of resilience to the impact of those incidents is shown. In addition, an ongoing process of posttraumatic growth is embarked on. Therefore, posttraumatic growth occurs in process form among these officers. It is not yet attained but the officers are working towards achieving it.

The value of grounded theory in this study

Grounded theory proved valuable in studying the management process of the impact of critical incidents that the officers in the Vhembe District experienced. This helped with grounding findings in the participants' responses and to understand the experience of VT and its management by the participants within their personal, work, home and cultural contexts. It linked the coping strategies applied to the specific contexts.

Most importantly, this research design helped with the development of a current model of Police Critical Incidents Impact Management (PCIIM) that is relevant to police officers in the Vhembe District. It specifically showed the following: (i) the general theory on VT should be modified to accommodate characteristics that are relevant to police officers as a subgroup of service providers; (ii) understanding the importance and meaning of effective organisational and personal coping among police officers because it shows that changes in contextual dynamics in the operational work of the officers determine the types of strategies that are adopted, the meanings of the strategies in varying contexts and, thus, their degrees of effectiveness; (iii) understanding that personal coping strategies refer to both individual and police unit in-group coping strategies among police officers, thus referring to the different combination patterns of the inner resources of coping, the multifaceted support received and professional consultation through debriefing; and (iv) understanding the styles of trauma management that are adopted by police officers.

Hunter and Schofield (2006) used the grounded theory design to conduct a study on VT among trauma counsellors in Sydney, Australia, to examine their experiences and perceptions of the resources that helped them to cope with traumatised clients and their trauma material. The current grounded theory study of coping with VT among police officers in the Vhembe District, Limpopo Province (South Africa) was compared with this study because trauma counsellors do the same work as therapists who are regarded as a subgroup of service providers who were the first among whom VT was discovered and the mostly affected subgroup (Bell et al., 2003; Figley, 1995).

The comparison of the current study to the study by Hunter and Schofield (2006) shows some similarities and differences. First, the comparison confirms that VT in the form of occupational stress and secondary trauma among counsellors and police officers is a real experience. It is also a normal response to the overwhelming, continuous exposure to primary victims' trauma material even though its reactions should be managed to ensure that these subgroups of service providers are able to continue living and work as they did before such exposure. Therefore, it proves further that VT does exist, and that it is

prevalent across professions. Management of VT is also similar even though there are variations across these professions.

Second, while there may be overlapping coping strategies across professions (in this case, trauma counselling and policing), the nature of the work done within each profession shapes the types of strategies that are relevant to the nature of that work. While some coping strategies are influenced by the service providers' personal characteristics, religion and culture, the influence of the nature of their work should also be considered. This is the reason there are similar and different categories of coping strategies found between the two studies. For instance, while strategies were categorised into self-care and professional coping strategies in Hunter and Schofield's study, these were condensed into the inner resources of coping albeit with similar strategies in the current study.

In addition, in the current study, there was necessity to separate multifaceted support from the inner resources to highlight the elements of relying on the internally developed ways of coping and relying on external help, hence the multifaceted support was categorised under the external resources of coping. Nevertheless, strategy categorisation is similar in the two studies. In Hunter and Schofield's study, the categories identified are self-care, professional coping and organisational coping strategies, while in the current study they are the inner resources of coping, multifaceted support and the organisational support through professional consultation.

Third, strategies that fall within these various categories are also similar. For example, in Hunter and Schofield's study, the strategies that are meant for self-care such as self-nurturing, physical exercise and relaxation (rest in this study) are also found under the inner resources in the current study. Those strategies that are specific to the profession (professional coping strategies) in Hunter and Schofield's study like gaining more knowledge and becoming more experienced and seeing patterns in the work done which help counsellors with being familiar with their work and prepare them to do the work, are categorised as case experiential learning strategies in the current study.

Becoming more detached according to Hunter and Schofield is related to the strategies of case dissociation, emotional restraint, perceptual numbing and acceptance of various situations in this study. Having a positive outlook is categorised in this study into inspiration strategies, specifically state operation-change optimism and work competence appreciation, as well as self-directed humour, situation-directed humour, thought redirecting and police unit interest. While Hunter and Schofield speak of creating pre- and post-session rituals, the current study shows that some officers pray and rely on their faith before and after meeting with the primary victims. Ensuring personal safety according to Hunter and Schofield is related to strategies of maximum force of shooting, self-defence, heart operation, own child protection, child education, perceptual numbing and suspect firearm possession inquiry in the current study.

The other strategies noted by Hunter and Schofield in this category are becoming an advocate by making a difference in clients' lives. The current study shows that officers make such a difference through the strategies of police sense of duty and victim help to assist the victims. Hunter and Schofield also show that trauma counsellors make use of free counselling offered through the Employee Assistance Programmes (EAP) offered by their agencies, as well as seeking counselling as a way of showing personal responsibility. This is shown through arranged and self-initiated professional consultations for debriefing within and outside the Employee Assistance Services (EAS) in the current study. The organisational coping strategies in Hunter and Schofield's study such as supervision by colleagues are related to the formal and informal debriefing received by the officers from their superiors such as unit commanders, as well as other colleagues. Hunter and Schofield found support at work for trauma counsellors who are not coping; the current study also found peer collegial support.

Hunter and Schofield speak of balancing workloads. The current study identified the strategy of case separation whereby officers do not allow aspects of cases to spill over to other cases. However, while Hunter and Schofield indicate that trauma counsellors are able to take time off work because of the balanced workload, this study shows that the

officers cannot regulate the allocation of cases as this is done by their superiors. Consequently, they cannot take time off the cases.

Fourth, two problems were highlighted in these two studies. The first problem is that there is insufficient organisational support for service providers who work with victims of trauma. The second problem is that trauma counsellors and police officers have the fear of admitting to the inability to cope with the work despite the debriefing services that are provided at the workplace. These issues are shown to be serious, thus demonstrating the urgent attention needed across professions to handle the issue of disclosure of VT among service providers.

Fifth, while in some cases some strategies are the same between the two studies, like the support network systems/close relationships, the nature and dynamics of application of such strategies differ between the two professions.

Last, the current study found other strategies which are not mentioned at all in Hunter and Schofield's study, such as the spiritual mechanisms and personal development, among others. While some of these strategies are influenced by the nature of the officers' work, others depend on their personal characteristics, as well as their religious and cultural backgrounds, hence they are not mentioned in Hunter and Schofield's study.

The final suggestion that emanated from the comparison of the two studies is that researchers in the field of vicarious traumatisation research should find a way of consolidating the categories of coping strategies. This idea is specifically put forward on the basis that Hunter and Schofield found that their strategies were consistent with those found by researchers such as Follette, Polusny, Millbeck, Gamble, Saakvitne, Pearlman, Sherman and Thelen. This shows the extent to which Hunter and Schofield's study and the current study add to the literature that is available on this matter. Those strategies that are the same should be categorised into the same class. The same strategies should also be given the same names or labels to ensure common understanding and continuity in this area of research.

However, where such categorisation and naming are governed by the nature of the different professions then differences should be maintained as noted between the two studies on trauma counsellors and police officers. As much as there are various terms used to refer to secondary exposure to victims' trauma material across different professions as shown in the literature review, the differences in its manifestation (Pearlman & Saakvitne, 1995b; Steed & Downing, 1998; Ludick et al., 2007) as well as the coping strategies used to manage it across those professions, should be preserved.

CONCLUSIONS

Summary of the substantive theory of police critical incidents impact management (PCIIM)

The PCIIM process uncovered in this study shows that trauma management among police officers in the Vhembe District, Limpopo Province may take different forms, which are linear and multilateral in nature. It is a process because it is not a once-off entity but a developmental procedure that involves, first, the continuously occurring target of coping, which is the impact of police critical incidents; second, the styles of trauma management (linear and multilateral styles of trauma management); and last, the methods of coping (inner resources, multifaceted support and professional consultation as trauma-coping strategies) that are also applied continuously to manage this target of coping.

The nature of application of the PCIIM process is mainly dependent on the context in which it is used. In this case, the cultural background of the officers (the culture of collectivism, conformity and religiosity in the Vhembe District, as well as the subcultures of individual officers and those within police units) determines how the PCIIM process unfolds.

This trauma management process includes the following main aspects: (i) three concerns have to be addressed post exposure to critical incidents by the police officers, in order to embark on this process of management. These are the needs for self-protection, self-

restoration and self-empowerment. These are the prerequisites that lead to the application of the two trauma management styles, the linear and multilateral styles, which are applied differently, but with the multilateral style dependent on the linear style of management, mainly for inception; (ii) these styles of trauma management vary in their degree of flexibility in the application of the three categories of trauma-coping strategies, which are the inner resources of coping of the officers, relying on multifaceted support within their environment and undergoing professional consultation for debriefing; and (iii) the linear style of trauma management is more flexible than the multilateral style, but both have advantages and disadvantages pertaining to taking care of the needs of the individual officers and the needs of the officers within a police unit.

The debriefing services that are used within the linear and multilateral styles of trauma management vary in nature and also lead to the management of both acute and prolonged VT symptoms. This depends on the frequency with which the debriefing services are offered. These are single and multiple debriefing sessions. The management of these symptoms also depends on the prescriptive nature of the services. There are first, the formal, arranged debriefing services with the EAS personnel, and second, the informal, self-initiated services with various professionals outside work to whom the primary victims are referred for further assistance. The linear and multilateral styles of trauma management also provide opportunities for debriefing sessions that are person-centred and in-group-centred respectively.

In addition, more roles are played through the combination of the functions of the inner resources of coping, multifaceted support and professional consultations. These categories of trauma-coping strategies function in an interconnected way, thus leading to the roles that are mediatory, purging, preventive, regulatory, educational, strengthening and redirective in nature. The inner resources of coping specifically make the PCIIM process not only reactive, but proactive as well, while the multifaceted support expands the degree of support that is harnessed by the officers from others, in order to manage the impact of the incidents encountered. Professional consultation for debriefing also ensures that an element of professional help is included in the management process.

Whether the linear or multilateral style of trauma management is applied, the voluntary nature of debriefing makes flexibility in the use of arranged and self-initiated debriefing services much easier. There is also individual and in-group choice in terms of which inner resources and multifaceted support to depend on. It also shows that the degree of flexibility in the combination of the use of the inner resources of coping, multifaceted support and professional consultation for debriefing is affected by the combination of various factors as shown in the section on flexibility, benefits and risks of the two styles of trauma management.

In addition, while the factors that the field training officers are faced with make the combination of these three categories of trauma-coping strategies simple, the numerous factors that the FCS/domestic violence, detective and social crime prevention officers are faced with make reliance on the professional consultations for debriefing, specifically the arranged consultations, in conjunction with the other types of strategies, complex. This is specifically more complex among the FCS/domestic violence officers, who have to resort to the multilateral style of trauma management in order to cope.

The linear and multilateral styles of trauma management and their embedded trauma-coping strategies adopted in this PCIIM process ensure the resilience of the officers to critical incidents. Therefore, these styles of trauma management are useful to the officers. Posttraumatic growth is an ongoing process that the officers undergo on the basis of the continuous exposure to critical incidents.

There is a possibility that the findings discovered in this study on the PCIIM process can be potentially applied among other police officers in the four units, FCS/domestic violence, field training, detective and social crime prevention, in the 7 policing areas in which the study was conducted (Thohoyandou; Siloam; Vuwani; Levubu; Mutale; Tshaulu; Makuya), thus ensuring the internal generalisation of the findings. They could also be applied in other settings that are similar to the Vhembe District in which the same cases of rape, domestic violence, murder and road accidents are investigated, thus

ensuring setting generalisation. The focus of application can be on the prerequisites of coping, styles of trauma management, their application, roles, benefits and risks, and the connection of these styles of trauma management to resilience and posttraumatic growth.

Methodology effects on the results and limitations of the study

Limitations of the sampling procedure and sample size

While the sampling procedures used, purposive and theoretical sampling, were relevant for this type of study, the sample size of 20 could have been increased. However, this was not possible due to the limited time within which this study had to be conducted and finalised. Therefore, more useful, dense and contextual data for the purpose of forming focused concepts that could explain the process of managing the impact of critical incidents among police officers, could have been gathered. This is specifically obvious when one considers that only 1 participant represented the field training police unit. While the term unit was used in order to refer to the officer in field training and to maintain consistency in differentiating among the groups of the officers, it was inappropriate to refer to the one participant as a unit. Even though data saturation appeared to have been achieved generally, on the basis of the responses provided by all the participants, data saturation within the field training police unit was not attained.

Characteristics of the sample such as the cultural groups that the participants belonged to and the languages spoken, gender, marital status and religion were not balanced. There was only 1 participant from the Xitsonga cultural group. Other cultural groups which are also found in the Vhembe District such as the Sepedi-speaking officers were not represented. White officers were also not found in the targeted police stations. All the participants were from the Christian background and there were very few single and female participants compared to married and male participants. Even though the latter two characteristics could have been influenced by the characteristics of the population of police officers in this district, perhaps richer findings showing more similarities and differences in the data collected would have been gathered if these characteristics were balanced. In addition, the number of participants in each unit was not balanced. This was affected by the work schedule of the officers, which determined the officers' availability

to participate in the study. Similar future studies could be conducted to address all these issues.

Shortcomings in the measuring instruments

A few diaries were not returned for various reasons, as discussed in the research design chapter. While the number of those diaries not returned was very small compared to those returned, I do not think that it was a negligible number as I think that the views of every participant counted in this study. Gathering diary data from all the participants could have added to the richness of the data and, thus, the improved findings. Even though the use of diaries was not the primary data collection method, as it was used to provide additional information to interview data, it made me realise that gathering data through presentation of documents to participants to fill-in and return to me, may not be a good idea in every type of study. This is because this type of data collection method is influenced by the following issues, which were evident in the current study: (i) the reliability of the participants; (ii) availability of time to do the task of filling-in diaries; (iii) degree of interest in performing the task; (iv) written expressive ability; (v) language proficiency as an individual can have an idea in mind, but putting it in writing in whichever language is allowed or even preferred by the participant may be a challenge as some concepts may not be known in that particular language; and (vi) writing self-efficacy as some participants may not be confident in their ability to write.

Procedures that diminished trustworthiness of the results

Credibility and confirmability could have been better ensured through face-to-face contact with participants during member checking. Having telephonic conversations with them to confirm the results might have affected issues of sincerity in the answers given; some might not have wanted to spend too much time on the phone as the issue of unavailability of time was emphasised by the participants throughout the study. Better researcher-participant engagement could have been achieved through face-to-face contact, as I could have probed more and noticed any non-verbal responses to the findings presented to them. While I trust the credibility and confirmability of the findings and am happy that at least some form of contact took place to confirm the findings, I

believe that I could have achieved more through face-to-face, personal contact with the participants when doing this task.

In addition, this study could not entirely answer the question of the existence of VT among the subgroup of service providers of police officers in the Vhembe District. This is due to the fact that confirmation of the trauma reactions that were experienced by the officers as VT symptoms required one to conduct a longitudinal study over a long period of time with the same participants to note the longevity and severity of those reactions, as VT symptoms are shown in literature to be permanent (Jenkins & Baird, 2002; Moulden & Firestone, 2007; Pearlman & Saakvitne, 1995b).

RECOMMENDATIONS

Improvement in the way that the SAPS plays its role in the management of the operational work of police officers in the Vhembe District could empower and encourage the officers to do their work. The recommendations made in this study, regarding this improved role, include ensuring relevant trauma management among the officers, creating a favourable work environment for them, giving them adequate training and proper organisational structuring.

Recommendation 1: Development of individualistic and contextual trauma management within the SAPS

According to the Minimum Standards on Services for Victims of Crime (Department of Justice and Constitutional Development, 2007), police work regarding on-site assistance involves on-site crisis intervention; referrals to other service providers within the multidisciplinary teams that they work with to assist the victims, specifically for medical and psychological assistance, and to non-governmental and community-based organisations or community-based victim support services; explaining police procedures; providing information on victims' rights; ensuring victims' safety at the scenes of crime; preserving evidence; and advising on crime prevention, in order to provide the victims with assistance from different departments. The victims can also access the different

service providers' services at different entry levels, that is, health, social development, SAPS, education, justice, correctional services, local authority, or even NGOs, depending on the settings in which the victims find themselves when exposed to traumatic crimes (Department of Social Development, 2009).

Research findings show that despite these Minimum Standards on Services for Victims of Crime and the VEP arrangements for service delivery, police officers are usually the first to arrive at scenes of crime (Kgalema, 2002; Plani, Bowley, & Goosen, 2003). Even though this is not their role according to the VEP, Waters and Ussery (2007) indicate that the officers often act as the "first psychologists" at the scenes of crime. They are the first available service providers to attend to the needs of the victims. This is the same situation in the Vhembe District according to the officers in the current study. This means that most of the victims of violence and crime in this district enter the service provision cycle through contact with police officers and STASSA (2011) confirms this. Therefore, these officers are typically the first ones to be exposed to the traumatic experiences of victims and the severity of such experiences. This has implications for their degree of need for employee assistance in their workplaces.

The Nedbank ISS Crime Index (2000) shows that the SAPS has the strength of providing employee assistance, specifically counselling services to offer psychological counselling sessions to the officers. However, there are two issues that impede the effectiveness of such services in the Limpopo Province. First, the province has very few counselling services compared to other provinces. This is due to lack of sufficient psychological counsellors in this province. Consequently, there is a low provision of the services, which affects ongoing access to the services. Second, the officers in this province show lack of interest in these services as a result of the stigma attached to using the services. In light of these two inhibiting factors regarding employee assistance and the shortcomings identified in this study, the following are recommended:

Individual police officer self-care

In light of possible situations of unavailability or delayed provision of the organisational support of debriefing services, or even the provision of debriefing services that do not meet the individual or in-group needs and preferences of the officers, the officers should develop adaptive inner resources of coping that they can use for self-care to ensure that they are not overcome by the critical incidents that they encounter during their operational work (Oner et al., 2003). This will address the focus of the current CISD intervention within the SAPS because they will not wait to be affected by the incidents and then address the distress experienced afterwards. Rather a proactive approach will be adopted. This is mainly suggested as debriefing services may be shunned by the officers who may not see the need to receive such services or may not be used by those who ignore the existence of such services.

The starting point of identifying the inner resources to be instilled in the officers could be those strategies that were identified in this study, which are regarded as effective according to the officers. Other strategies could be those which I recommended to the officers who participated in the study as part of their benefit for participating in the study. These strategies were in the form of pamphlets which were developed by a clinical psychologist who is in the academic field and in private practice, thus is exposed to both new developments in research in trauma and exposed to victims of trauma. These and other relevant strategies can empower the officers on the prevention and management of trauma. Independent trauma prevention, identification and management by the officers, through the inner resources of coping that are developed, could bring a significant change in the way that the police operational work is handled. The strategies could be instilled in the officers through the training programmes used when they join the SAPS and also through continuous workshops as they work as law enforcement officers.

Provision of a uniform and holistic debriefing service

Uniformity in debriefing

Uniformity in offering debriefing services in terms of who should receive it, when it should be received, and who should provide it, should be addressed by the SAPS.

According to the findings of this study, the police officers who work in the four units, FCS/domestic violence, field training, detective and social crime prevention, are continuously exposed to traumatic cases and end up being affected by them. These two factors warrant the provision of debriefing services to all of them after exposure to such cases. However, it is not all of them who receive such services, and where they are offered, there is no uniformity in terms of who offers them. Those who receive such services indicate that counselling by psychologists, social workers and chaplains addresses the problems that the officers face in different areas of their functioning, that is, at work, home and spiritually. These reports show the significance of standardising debriefing by ensuring the following: (i) provision of debriefing after each case attended to in these four units; (ii) offering the services to all the officers in all the police stations; and (iii) maintaining teamwork in assisting the officers by combining the services offered by all the three groups of the helping professionals (psychologists, social workers and chaplains).

Continuity in debriefing

While there are referrals for police officers who show severe symptoms during the debriefing sessions whose main purpose is to prevent the development of traumatic disorders and in light of the findings of re-traumatisation and iatrogenic harm, there is a need to develop the CISD intervention further, as a work-based form of support, to incorporate a therapeutic aspect. This should ensure that this form of intervention does not leave the officers in suspense, but that help is continuous, especially considering the fact that police officers have a challenge of trusting those who offer a supportive role, specifically the professionals. Therefore, having developed trust in a particular professional and later being referred to another professional for further help, may be problematic. This continuity can help to make the CISD intervention not only a screening procedure and preventative in nature, but therapeutic as well. This addresses the issues of frequency and continuity of the debriefing sessions as suggested by the current study.

Balance between debriefing and inner resources

Creating balance between organisational support and the inner resources of coping is vital. Where there are debriefing services offered by the SAPS, contradictory findings regarding use of the services were found in this study. Therefore, availability of the services does not necessarily translate into use by the officers. Where the debriefing services are not available, the officers indicate the need to have them. The inner resources of coping are also reported to be effective by the officers. This clearly shows the urgent need to create a balance at the workplace between taking advantage of the debriefing services and being equipped with personal and effective ways of both identifying and handling trauma among police officers. An all-inclusive debriefing service that does not only provide the professional perspective to trauma management, but also incorporates exploring those inner resources of dealing with stressors during debriefing, could be offered (that is, the combination of the inner resources of coping and debriefing). The role of the helping professionals within the SAPS is, therefore, not abandoned, but redirected while police officers are empowered.

Person-centred, in-group-centred, mixed-group-centred and multifaceted support debriefing

This all-inclusive debriefing service, therefore, calls for a tailor-made type of debriefing that is both person-centred and police unit in-group-centred, whereby individually-preferred and in-group-preferred strategies of coping with trauma can be identified. These preferences and the needs of the officers can be integrated into the psychological, social and spiritual debriefing services that are offered by the helping professionals in the EAS within the SAPS. This could address the importance of the combination of debriefing services and the inner resources of coping as these resources are regarded as important for compensating for lack of debriefing services, supplementing the services and replacing the services where they are shunned.

Furthermore, giving the officers an option to either initiate the consultations (self-initiated debriefing consultations) or having the consultations arranged for them by their superiors (arranged debriefing consultations), and unit commanders keeping personal

files of the officers which delineate individual officers' preferences on this matter could help with the challenge of individual and in-group needs and preferences which make debriefing services to appear problematic. Bledsoe (2003) also recommends that the debriefing services should not be made mandatory for the emergency services personnel, specifically on the basis of the inconsistent outcomes of these services. The possible negative consequences of not initiating or adhering to arranged consultations should also be communicated to the officers before they could give their individual choices on this matter to ensure that there is transparency about both the benefits and negative consequences of not receiving the debriefing services.

In addition, the types of professionals that the officers choose to consult, to address the issues of trust in professional competence and confidentiality that has been an issue among police officers for years as shown by previous research and in the current study, should also be considered as this is a crucial component of the self-initiated debriefing consultations. Preference for specific types of professionals and their roles in the support they offer to both the officers and the primary victims that are assisted by the officers should be taken into account.

Therefore, this suggests expanding the services within the EAS from the psychology, social work and chaplain support services to the medical and magistrate support services, which are identified as additional groups of professionals that are preferred by the officers. The additional professionals are those whom the officers identify to be of significant contribution to their recovery. These are the professionals to whom the primary victims are referred for further help. They have second-hand information, apart from the officers, about the primary victims' cases and, thus, know the extent to which such cases affect both the primary victims and the officers as secondary victims.

Even though this has financial implications for the SAPS, as more money has to be directed to increasing the EAS personnel, the needs and preferences of the officers will be met even more through the expanded debriefing services. The number of debriefing sessions to hold with the officers and the number of professionals outside the EAS to

include in the sessions can also be determined on the basis of those individual and in-group needs and preferences. These should address the issues of the prescriptive nature and frequency of the debriefing services that were raised in this study.

When the individual and in-group needs and preferences of police officers are considered, the same individual officer can be taken through a continuous process of trauma management that starts with individual sessions. In addition, both in-group and mixed group sessions can also be conducted to accommodate both the advantages and disadvantages of these two approaches. This will help to understand an individual holistically and in different contexts.

On the basis of this, perhaps the significant others in the officers' lives like their colleagues, own pastors, family members, friends, community members and even the victims and the victims' next-of-kin, who form part of the officers' multifaceted forms of support can also be part of the continuous debriefing sessions, in order to understand the trauma and tackle it in all the contexts of the officers' lives. This will really embrace the premise of the theory of CSDT of understanding trauma subjectively and within the contexts in which it is experienced and managed. The involvement of the significant others in the multifaceted support is specifically suggested on the basis of literature in Pillay (2008), which shows that the police officers who undergo debriefing sessions may be found, after some weeks or months, to be in need of the support of others within their social support network systems.

The involvement of the various debriefing sessions, therefore, suggests not only making debriefing continuous with the EAS personnel and professionals outside work to whom victims are referred, but also extending the currently used debriefing services to be comprised of four sessions: (i) individual sessions (with an individual officer); (ii) in-group sessions (with a homogenous group of officers from the same police unit only); (iii) mixed group sessions (with officers from different police units); and (iv) multifaceted support sessions (with those people within the support network systems available to the officers).

The uniform and holistic form of debriefing recommended here could serve the role of balancing the benefits of the two styles of trauma management, linear and multilateral, as it recognises the rising needs and preferences of the officers, as well as situational changes that take place during their operational work. This should address the advantages and disadvantages of the linear style of trauma management that is too flexible and the multilateral style of trauma management which is less flexible. This is because the two styles of trauma management cannot be compared in terms of beneficence to the officers, as each style serves its own purposes. Both should be encouraged during the trauma management process.

Recommendation 2: Introduction of adequate training

The SAPS Annual Report (2010/11) shows that police training is a priority in the SAPS both at entry level and on an ongoing basis. For instance, the following training programmes, among others, were already in place by 2011:

- i. *Level Training*: this training comprises entry-level training (basic training for lateral entrants); entry level basic semester 1 training (basic training for new recruits); entry level basic semester 2 training (basic field training); management and leadership training; operational training (dealing with traumatic cases); support training; and reservist training.
- ii. *Priority Training*: this is training in specific areas like detective, generic basic crime investigative practice; resolving crime; specialised course on specific skills and knowledge for specialised detectives; and short interventions to develop the support skills to enhance the competency of all detectives.
- iii. *Victim Support*: this entails courses on enhancing skills of officers to effectively support victims of crime.
- iv. *Violence against Women and Children*: courses on enhancing skills to effectively deal with violence against women and children.
- v. *Emergency Care Development*: to equip officers with knowledge and skills to provide adequate medical care and assistance within their scope of application.

- vi. *Management and Leadership Development Programmes*: these include the Middle Management Learning Programme; the Basic Management Learning Programme; and the Junior Management Learning programme, with some focus on police station management.
- vii. *Basic Police Development*: this entails entry-level training (for officers who were laterally appointed into the SAPS); entry level basic semester 1 (basic training for new recruits); and entry level basic semester 2 (basic field training).

These programmes show that the SAPS invests a lot in officer training. Despite these forms of training, some knowledge and skills gaps are still identified by the officers in this study as urgent needs in the Vhembe District. Skills that the officers should be equipped with, including counselling and first aid skills, should be determined by the needs of the immediate communities that are served in this district. This calls for the revision of the SAPS and VEP guidelines on police training. Coetzee (2005), in an explorative study of SAPS officers' training who were investigating cases of sexual abuse, also found that these officers needed in-depth training in interviewing children in this regard. Therefore, these studies show that in-depth training in specific areas is still needed among the officers.

My analysis of the statistics of the SAPS Annual Report (2010/11) on these training programmes shows that there could be 3 contributing factors to having these training gaps in spite of the intensive training programmes offered. These are (i) the number of officers who are trained per year is not comparable to the total number of officers who form the SAPS establishment and need such training, which was 193 892 by 31 March 2011; (ii) priority training in the financial year 2010/2011 mainly focused on detectives; and (iii) the number of officers found competent, though it is much lower than that of officers declared competent, still has an impact on the quality of service delivery. On the basis of these potential contributing factors and the skills gaps identified in this study, the following are recommended:

Differential levels of training

Entry-level and ongoing training, with much focus on the operational training, both at grassroot and management levels should be strengthened. This means that intensified training should cover police recruits, police officers in different ranks and those in management, in order for the level of stress that is associated with police operational work to be reduced. While there is not much that can be done to eradicate the occurrences of traumatic crimes in society, much can be done about the coping of police officers when exposed to such crimes. Following is a detailed explanation of these forms of training:

Police recruits and police officers training

First, at grassroot level, training of police recruits should incorporate a component of exploring and introspecting the inner resources of coping with traumatic incidents both during work and in life generally, as it has been shown that adaptation in the police stressful situations requires the use of the inner resources. This introspection of the inner resources that are already held should be done by the recruits to such a point that these resources are automatically triggered when stressors are sensed.

In addition, as much as the officers' police unit in-group needs and preferences, religion and culture determine which coping strategies to use as shown in this study, these in-group, religious and culturally-determined coping strategies can be integrated into the police recruits' daily response to stressful situations, which may lessen or override the heightened trauma reactions that police officers experience when confronted with victims' traumatic situations. This type of training requires the involvement of professionals within the field of psychology to provide training sessions during the training of the police recruits. This could enhance identification of types and assessment of the effectiveness of the inner resources that are possessed by individual police recruits.

One of the factors that led to a high degree of resilience to traumatic cases among a group of healthcare providers cited by Palm et al. (2004) was attributed to the experience that they gained in their work and preparedness to handle traumatic cases. Gumani (2011)

also found that the level of experience gained by medical doctors in the Vhembe District who are exposed to patients' severe somatic conditions, also led to some degree of resilience. Sabin-Farrell and Turpin (2003) and Jenkins and Baird (2002) also support the mediating effect of the degree of training received. The training boosts confidence in one's ability to do one's work (Benight & Bandura, 2004; Tehrani, 2007). The two factors (experience and preparedness) were identified as some of the effective inner resources of coping in the current study. One would expect police officers to be psychologically and emotionally stronger when handling traumatic cases on the basis of the robust nature of their role at work, that is, they play a role that is vigorous and tough in nature. However, it does not seem like mere involvement in police work is the solution, but extensive experience that prepares the officers for the dynamics of this stressful work environment is the solution (McCammon & Allison, 1995). The SAPS could thus consider the impact that extensive training and gradual exposure to critical incidents during the training of police recruits could have on their resilience when they start serving as service providers to the primary victims of trauma.

Second, incorporating the common traditional beliefs, such as those identified in this study during training, in order to make a distinction between myths held by police officers and facts about the issues handled, as well as knowing how to handle the clashes between community members' traditional beliefs and the SAPS procedures, could be helpful. This is specifically important in rural settings like the Vhembe District where culture and traditional beliefs play a vital role in the upbringing of children and ways of doing things of people who live there. Training should thus be setting-specific. If not addressed, these issues could complicate the operational roles and functioning of the officers.

Third, while discriminate case allocation, as suggested by some of the officers in the current study, would be ideal, such as the allocation of cases on the basis of individual officers' characteristics to match those of the victims that they are helping such as their gender, age and financial background, as well as their capabilities in handling specific cases, this is not practical. This is because it could worsen the problem of big caseloads

for some officers, while others would have very minimal cases to handle if they have any at all, thus leading to an imbalance in case allocation. This could also encourage case aversion through hiding some knowledge and skills that the officers have, especially in light of the low morale reported by the officers regarding their lack of promotion.

Nevertheless, adopting the same stance as in fields like psychology, whereby continuous development that is career-focused takes place by training practitioners to handle any type of client that they render service to regardless of age, gender and financial background, could help. This could include being coached on how to approach victims with various characteristics that may be opposite to those of the officers and learning how to come down or go up to the victim's level of functioning in terms of such characteristics, while still being able to define and maintain the officer-client relationship for the sake of offering the expected type and degree of service. For example, a psychologist who has to assess or counsel a child and an elderly person knows the dress code to adopt in both contexts and techniques that should be used, including proper conduct and speech. Therefore, with proper and sufficient training, such skills could be acquired. Professionals like psychologists and social workers, who have been trained, specialise in and are involved in the work of handling human sensitive cases, including trauma, could be involved in such training to equip the police officers in the four units, who are still in training, with necessary knowledge and skills on case handling.

Furthermore, continuous assessment of the officers in handling such cases, when they start working as service providers, which is accompanied by incentives, both small and big, including due promotion, could also help. Two benefits would come out of this system. These are skills development, as the officers would have to prove the skills learnt through training, and morale boosting, as the officers would know that they are working towards a self-beneficial goal. This could enhance proper case handling and lessen the negative dynamics involved in handling traumatic cases.

The reports of dissatisfaction among the officers in the current study regarding their inability to handle some traumatic cases, specifically regarding experiences of clashes

between their characteristics and those of the victims, insufficient knowledge on characteristics of victims of trauma, as well as lack of knowledge and skills in counselling the victims and perpetrators, emphasise the point of the need for extensive training. This shows that the integration of career-focused training in the curriculum of police recruits and the continuous training and assessment of the officers, that is coupled with incentives, could add to the various forms of training that the SAPS is currently offering.

Police management training

A growth-nurturing environment could be created to enhance trauma management by training superiors to play a three-fold role of (i) identifying trauma reactions in their subordinates; (ii) realising the need for debriefing; and (iii) offering adequate support, including proper treatment and making recommendations for promotion of the officers. This is suggested on the basis of the fact that the officers in this study perceive their relationship with their superiors as analogous to a parent-child relationship that should be comprised of care, protection and support. This requires superiors who have interest in their subordinates, know their characteristics, continue to discover who they are and can notice changes in them as they do the operational work. In order for this role to be played efficiently by the superiors, they need to be involved in workshops on a continuous basis to learn what is required of them and master their role of being actively involved in their subordinates' lives, particularly their performance at work.

Recommendation 3: Operational work and proper organisational structuring balance

Creating a work environment that is conducive and enables the officers to do their operational work easily can be another way of reducing the impact of the work and helping them to cope with it. Various aspects of organisational structuring that impact on the operational work of the officers by increasing the negative effects of the work on the officers could be minimised.

Establishing a conducive work environment

Workload management

The aspect of separating work and personal life has been found to be valuable among therapists and trauma counsellors in managing VT in several studies (Bober & Regehr, 2006; Hunter & Schofield, 2006; Pearlman & Saakvitne, 1995b). Introducing methods in the workplace to create balance between work and recreation, and to break the monotonous way in which the police officers do the operational work, could help. The officers report having big caseloads per day and not having sufficient time to engage in other activities outside work. They also say that they are always on stand-by, meaning they can be called-in at any time to come to work to attend to the cases, which they regard as traumatic. These signify the expectations of the work environment that are imposed on the officers, hence the vocation-life association stressor which leads to VT was found in this study.

This indicates that the SAPS should find ways that could both address the officers' attitudes towards their work and also the SAPS expectations such as the caseloads and number of working hours. This should take the following into consideration: (i) the officers' definition of a big caseload is 3 to 5 cases per day. Therefore, this suggests reducing the number of traumatic cases attended to per day by individual officers, to the possible minimum number. However, the practical way of defining a big caseload within this field should also be considered. Minimising continuous exposure to the critical incidents could help the officers to work towards the long-term goal of achieving the general, holistic normal functioning in their lives rather than using the styles of trauma management and their embedded coping strategies merely for daily survival. This should contribute towards helping the officers to work towards graduating from resilience to posttraumatic growth; (ii) nevertheless, the officers' need to be exposed to several but less severe cases during their initial years of work in order for them to gain the necessary experience; (iii) drawing a daily schedule of attending to the cases by ensuring that there is a day or two in a week when the officers do not attend to the traumatic cases, in order to prevent daily exposure to such cases; (iv) enforcing weekly and quarterly leave periods from work, which can assist with the case allocation schedule; (v) setting normal working

hours such as the generally accepted 8 hours of work in the country without being on stand-by; (vi) increasing personnel to make such breaks from work possible; and (vii) arranging days for play, with the focus being on engagement in enjoyable activities in the work environment. This can be done to redirect the negative perception of this environment among the officers.

Such activities can include having breaks between cases to watch pleasant television programmes apart from the police television (POL TV) that is mentioned which broadcasts traumatic cases. Other activities could include playing sports, involvement in gyms, having mini-libraries in the police stations where pleasant books could be read, and having cheerful competitions that require collaboration among teams of officers. Such competitions can focus on building up the spirit of teamwork that is not inspired by the difficulty of the work done, but by the common goal of solving amusing problems, thus encouraging laughter among the officers. Among these are some of the strategies that are used by individual officers to cope with the impact of their work and are effective in achieving this goal.

Improvement of material resources availability and remuneration packages

Effective organisational structuring still needs to be further strengthened. For instance, the following SAPS organisational aspects (both strengths and challenges) are reflected by the SAPS Annual Report (2010/11):

There were vehicles ordered and delivered per quarter to police stations in the different provinces during the financial year 2010/2011. The Limpopo Province, in particular, ended up with a personnel/vehicle ratio of approximately 3 officers per vehicle. A project plan was also implemented to repair vehicles by increasing the number of artisans in the SAPS garages. The objective was to enhance service delivery. Nevertheless, shortage of vehicles is still reported in the Vhembe District. This shows that while this plan is implemented at provincial level, it should further be monitored to ensure that it also addresses the shortages at district and municipal levels.

The SAPS participates in negotiations for the annual cost of living adjustments for all salary levels and facilitates the implementation of these adjustments in accordance with the collective agreement reached in the Public Service Coordinating Bargaining Council (PSCBC). However, the officers in this study report of compensation and remuneration packages that are low. One of the reasons for this could be the fact that the SAPS was still in the process of conducting research about compensatory practices for the SAPS in 2010/2011. While this is good, the officers' cost of living is affected.

The Minister of Police approved an annual general salary adjustment of 7.5% for employees on salary bands A to MMS appointed according to the SAPS Act of 1995, with effect from 1 July 2010. However, remuneration packages are still deemed dissatisfactory by the officers. The possible explanation for this is that police salaries could have been very low over the years to an extent that an annual salary adjustment percentage is, at present, still not making much of a difference. This suggests that the process of annual salary adjustment will take some years before police officers can be satisfied with how much they are remunerated for their services. It is recommended that the provision of some incentives such as monetary awards for excellence at work and bonuses be implemented while this process is still underway, in order to encourage the officers. This, nevertheless, has financial implications for the SAPS.

There are 2 new rank levels in the SAPS, namely Lieutenant and Major, that were added on 01 April 2010 with the intention of creating additional career opportunities for officers. However, this came with the shortcoming that the process of promoting officers to higher posts was halted. Only Constables were promoted to the rank of Sergeant. This explains the complaints among the officers in this study about lack of promotion. Another factor is that the promotion policy of the SAPS was still under review when data were collected for this study. Promotion was also deemed possible subject to the successful completion of specific courses that would be determined from time to time by the National Commissioner for a specific post or rank. This shows that there may not be explicit communication of these promotion terms to the officers as non-transparency of promotion criteria is emphasised by the officers in the current study. This shows that the

SAPS has its own criteria for promotion, while the officers have their own criteria in mind such as the level of work experience and academic qualifications acquired. This calls for the clear communication of the SAPS criteria for promotion to officers at all levels to prevent misunderstandings.

Collaboration between law enforcement and the judicial system should be ensured to enhance policing and encourage the police officers in doing their operational work of contributing to justice. This could help them not to be faced with the dual challenges of exposure to the traumatic impact of the critical incidents and unrealistic court rulings.

Improving the confidentiality principle

Confidentiality between officers and the helping professionals should be improved. This could be encouraged in pursuit of encouraging consultation without fear of being marginalised on the basis of disclosure of personal issues. This could be done by conscientising the professionals about this issue of lack of confidentiality and fostering an attitude of trust among the officers. As much as the “us-them” notion is said to be a product of the workplace expectations, a relationship that is based on confidence in these professionals could be nurtured starting during the training of the officers to their day-to-day operation. This could be done by gradually involving the officers in contact sessions with these professionals, where these officers can talk about any topic they wish to discuss and noting the outcomes of those sessions. This could progressively build up the trust of the officers. This, together with placement of the professionals in police stations, could make the professionals to start being viewed as the “insiders” as much as those who are members of the community policing forums and the Youth against Crime are perceived by the officers. Talking to those professionals about operational experiences and their impact could thus be made easier.

Furthermore, the officers’ social support network systems should be expanded. The SAPS should find better ways of managing the extent of officer-victim confidentiality perhaps by first, eradicating further the created boundary of “us” and “them” whereby those who are not members of the SAPS would no longer be perceived as “outsiders” but

as people who are also affected by the traumatic situations that the officers are faced with. Collaboration between the officers and community members should be improved for support provision to be easier. As much as collaboration between the two has been established on crime prevention, this collaboration could be taken further to cover other areas, such as serving as the support network systems for trauma mediation.

While the officer-victim confidentiality principle is vital and should be maintained for the sake of the protection of the victims, perhaps the principle should restrict the revelation of the identity of victims and perpetrators (anonymity) but allow the officers to divulge their experiences without disclosing who was involved in them because it is not easy to disclose their trauma reactions without explaining what happened. This is especially emphasised because the officers show a desperate need to receive an objective perspective from those who offer them support on the situations that they come across.

This also calls for training of the officers on how to choose suitable people to discuss their experiences with outside the work environment and to receive support from. As much as some degree of selective sharing is exercised with each of the subgroups that are chosen for support at work and outside work, training could equip them with specific skills to apply in increasing this selective method of sharing. This type of training would thus not enforce a barrier between officers and community members, but could be conducted on the basis of identifying individual community members' personal characteristics that can be added to the criteria that the officers have already set for themselves to guide their degree of trauma disclosure.

The criteria that the officers already use, as evident in this study, and can be adopted by the SAPS to streamline the principle of confidentiality should include the following:

Concerning the content of sharing:

- i. sharing could be restricted to operational work and organisational difficulties;
- ii. it could also be restricted to the types of situations shared about which are stressful, painful and spiritual in nature; and
- iii. types of trauma reactions experienced.

Regarding the confidants, selection criteria should include the following:

- i. restricting the confidants to colleagues, own pastors, spouses, parents and parents-in-law, siblings, close friends, victims' next-of-kin and professionals outside the EAS, but only those to whom the primary victims are referred for further assistance, thus serving within the officers' multidisciplinary teams of helping the victims. This should exclude children and the elderly within the officers' families who might be affected by the stories told and might also not have the ability to keep secrets;
- ii. those who occupy the same rank or a superior rank at work;
- iii. trustworthiness of confidants as honesty and a sense of responsibility are regarded as vital by the officers in such an experience-sharing encounter;
- iv. confidentiality in the form of community member secrecy;
- v. the ability of self-disclosure regarding own experiences which is emphasised by the officers as important in a support network system to ensure mutual experience and solution sharing;
- vi. shared trauma experience as sharing about traumatic experiences with another person who went through a traumatic situation, albeit different in nature, is easier and minimises judgement of the officers and divulging sensitive information to unauthorised persons by the confidants;
- vii. the ability to put the officers' traumatic experiences into perspective, thus helping with deriving meaning from the experiences and viewing them objectively;
- viii. the ability to calm down the officers by making them to feel better about their traumatic experiences;
- ix. having second-hand knowledge of the experiences of the primary victims and, thus, their effects on the police officers as the service providers. This two-fold knowledge is likely to be held by the professionals to whom the primary victims are referred for further assistance;
- x. the degree of closeness between the officers and their confidants and the duration of time spent in a relationship by defining the boundaries in the relationships, which is also shown to be vital by the officers, so as to guarantee the degree of

- confidentiality of those individuals within the relationships. Such relationships include people like family members, such as spouses, mothers and older siblings, close friends and pastors. Extensive sharing with spouses should be encouraged as this can help with information-disclosure when conducting investigations in case of the death of police officers;
- xi. shared belief systems and values, including the value of helping victims and adhering to the same religious beliefs which are reported between the officers and some fellow-officers and family members respectively;
 - xii. experience-sharing that is work supported and formalised at work, as is the case in sharing with community members who form part of the community policing forums and the Youth against Crime; and
 - xiii. having suitable personality attributes such as being relaxed and tolerant, kind, having respect, and being observant. These ensure the identification of trauma reactions in the officers and maintenance of confidentiality.

Future Research

Additional knowledge on the styles of trauma management

More VT coping studies among the police should be conducted, particularly on the styles of trauma management that are used by police officers in different police units. Special attention should be paid to what informs these styles of trauma management, what they entail, how they are applied and their effectiveness in the management of VT.

In addition, focus on individual trauma management, albeit with too much flexibility in the linear style of trauma management and group management that is accompanied by too much rigidity in the multilateral style of trauma management, were noted. These accounts of the degree of flexibility of the styles of trauma management suggest that a position of compromise between the benefits and risks of the two styles could have been helpful. This is a position that could have bridged the gap between the advantages and disadvantages of using the two styles of trauma management. Therefore, further research is required, first, to confirm the existence of these styles of trauma management among police officers in other settings and the degree of their flexibility.

Second, it will be of importance to discover a style of trauma management that is integrative in nature and that could serve the purpose of bringing together the benefits of the two styles of trauma management among police officers. The integrative style could show the interdependent nature of the two styles of management and the benefits involved. This is specifically emphasised on the premise that the success of the combination of the three categories of trauma-coping strategies (inner resources of coping; multifaceted support; professional consultation for debriefing) was observed in this study. This calls for an eclectic approach to trauma management that embraces open-mindedness regarding the use of all three categories of coping strategies, while preventing the use of maladaptive strategies.

Last, it should be determined whether or not the styles of trauma management should be regarded as styles or processes of coping. Latack and Havlovic (1992) suggest that we should speak of processes of coping. This study also showed the variable and process nature of the application of some strategies under the styles of trauma management.

Additional coping strategies

While the importance of the categories of coping strategies highlighted in this study has been shown, another message that is conveyed by the officers is that some of the currently used personal coping strategies are partially satisfactory. This means that they are somewhat effective in helping them to manage the experiences in the sense that while some trauma reactions are resolved, exposure to the cases still traumatises them. Some of the officers not only imply this partial effectiveness, but clearly verbalise it. Therefore, more coping strategies are still needed to handle the situations that police officers are confronted with. This suggests that further research still needs to be conducted, particularly in the Vhembe District, to discover more strategies, both personal and organisational, that can help the officers to manage the traumatic experiences that they encounter in their line of work.

Police officer resilience to critical incidents

A study on the degree of resilience of police officers in the Vhembe District to the traumatic cases that they handle could increase the value of the critical incidents impact management substantive theory that was developed in this study. It could shed light on the degree of resilience of the officers affected by those incidents, as this study merely shows that the officers are resilient to those incidents without showing the extent of the resilience. It could thus add two issues to the current study: more factors that make the police officers to endure the impact of the critical incidents, and the extent to which they endure such an impact.

Model development in different settings

Future research studies could also focus on conducting a similar study in a different setting and also balance the cultural groups that participants belong to, languages spoken, gender, marital status and religious affiliations, in order to note similarities and differences between the model developed in this study on the police critical incidents impact management and those that would be developed in other settings. The evaluation of the strengths and limitations of this substantive theory in the current setting and other settings is also necessary, in order to recommend it for future use.

Expansion of trauma literature

More studies should be conducted to confirm the suggestions made in this study, to redefine VT so as to accommodate more aspects that are relevant to police officers, specifically in the Vhembe District. Such aspects should include the types of stressors identified in this study and vicarious perpetrator traumatisation. The phenomenon of tertiary traumatisation should also be studied to determine its conceptualisation, prevalence and the subgroups that it affects. This will expand knowledge within the field of trauma with respect to the layers of trauma, thus showing the extent and types of trauma that take place in society. This will also shed light on the process of trauma transference from primary, secondary to tertiary victims of trauma.

CONCLUSION

The current study managed to achieve two goals: first, to confirm the prevalence and manifestation of VT among police officers in the Vhembe District; and second, to develop a substantive theory on police critical incidents impact management (PCIIM). This theory explains the process embarked on specifically by the police officers in the FCS/domestic violence, field training, detective and social crime prevention units in the Vhembe District to manage the effects of the cases of rape, domestic violence, murder and road accidents which manifest in the form of VT. Two styles of trauma management, linear and multilateral styles, were identified and their prerequisites (self-protection, self-restoration and self-empowerment), their application, including the coping strategies involved, their benefits and risks were discussed. While it was shown that the two styles of trauma management have pros and cons, it was emphasised that they are both critical and beneficial in the PCIIM process and should thus be both considered. Nevertheless, it is clear that the discovery of an integrative style of trauma management is important to bridge the gap between these two styles of trauma management.

In addition, it was realised that organisational stress is still prevalent among police officers and this form of stress has to be urgently addressed by the SAPS as it complicates the operational stress that the officers go through in their operational work. On the basis of these findings, several recommendations were suggested for the SAPS in the Vhembe District for trauma management and the reduction of organisational stress. Suggestions for future research were also given to expand knowledge on the phenomenon of trauma, specifically vicarious and tertiary traumatisation, and their management among police officers.

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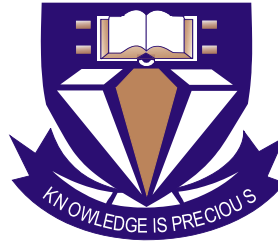
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APPENDIX A



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22 APRIL 2008

PROVINCIAL COMMISSIONER
SAPS LIMPOPO PROVINCE
PRIVATE BAG 9428
POLOKWANE
0700

Dear Sir/Madam

REQUEST OF PERMISSION TO CONDUCT A RESEARCH STUDY

I am a Dlitl et Phil student in the Department of Psychology at UNISA currently employed in the Department of Psychology at the University of Venda. I hereby request permission to conduct a research study on SAPS members in the Vhembe District. The study focuses on **the coping strategies that members of the SAPS use in order to deal with symptoms of vicarious/secondary traumatisation when helping victims of trauma in the Vhembe District.**

The purpose of this study is to gather information on these strategies so as to look at both those that are regarded as beneficial and disadvantageous according to members of the SAPS with the aim of forming a theoretical framework on the basis of their accounts to explain what vicarious traumatisation means to them and the coping strategies that are used therefore.

Benefits: The theory/study will help in informing policies and programmes such as the SAPS Victim Empowerment Programme, SAPS Amendment Act and to improve training programmes within the SAPS. This will benefit members of the SAPS by ensuring that training prepares them thoroughly to interact with and help victims of trauma and enhance community members' satisfaction with the service that is provided to them.

Participants' characteristics: the study will include police officers who work with cases that involve victims of trauma such as in the Child Protection, Family Violence, Sexual Offences Units, and other crime units in the Vhembe area. Black male and female police officers aged from 20 years who speak the following languages: Tshivenda, Tsonga and Sepedi, from all ranks, with different marital status, from all religious backgrounds, with low to high socio-economic status, and all levels of education will be involved.

Technical aspects of the study: participants will sign consent forms to serve as written proof of their willful participation in the study after formal consent would have been received from your office. Interviews will be conducted, a maximum of two sessions with each police officer with each session taking between 45 minutes to an hour. Police officers will also keep diaries in which they will record coping strategies that they use. The interviews will take place at the police officers' places of work.

Dissemination of results: feedback on the results of the study will be communicated to the SAPS institution in report form at the end of the study so as to facilitate access to the information that may be useful to the institution.

Ethical issues: following ethical principles in conducting research with human beings, please note that the following will be considered:

Anonymity will be maintained throughout and after the study as any details that can serve to reveal the members' identity will be concealed and all the information that will be provided will be kept confidential except for purposes indicated above. Their individual consent to participate in the study will also be sought through signing a consent form (see attached document). Also note that the members will be free to terminate their participation in the study at any point if they feel dissatisfied with the study.

In addition, to ensure police officers' benefiting in the study, I will request two (2) workshops to be held with the prospective participants with the help of psychologists/debriefers in your institution or from the University of Venda if the former are not available. The purpose of the workshops will be to prepare participants for involvement in the study before their participation to avoid any form of harm and also after participation to be trained on the beneficial coping strategies that can be used.

If there is further information or clarity required on any of the aspects mentioned in the letter, I can be contacted through the contact details appearing above.

I trust that you will find the above in order and await to hear from you.

Yours faithfully

.....

Andronica M. Gumani
(Lecturer: Dept. of Psychology, UNIVEN)

APPENDIX B

CONSENT FORM
PARTICIPANT NO.

I, Masefako Andronica Gumani, a DLitt et Phil student in the Department of Psychology, UNISA am conducting a study on the coping strategies that members of the SAPS use in order to deal with the symptoms of vicarious/secondary traumatisation that is experienced as a result of helping victims of trauma in the Vhembe District.

The purpose of this study is to gather information on these strategies so as to look at both those that are regarded as beneficial and disadvantageous according to you with the aim of forming a theoretical framework on the basis of your accounts to explain what vicarious traumatisation means to you and the coping strategies that are used therefore.

Benefits: The theory will help in informing policies and programmes such as the SAPS Victim Empowerment Programme, SAPS Amendment Act and to improve training programmes within the SAPS. This will benefit members of the SAPS by ensuring that training prepares them thoroughly to interact with and help victims of trauma and enhance community members' satisfaction with the service that you provide to them.

Please note that anonymity will be maintained throughout and after the study as any details that can serve to reveal your identity will be concealed and all the information that will be provided will be kept confidential except for purposes indicated above. Also note that you will be free to terminate your participation in the study at any point if you feel dissatisfied with the study.

This is a consent form that will be signed by you and the researcher if you are willing to participate in this study for the purpose of providing information on the focus of the study indicated. If you are voluntarily willing to participate in the study please sign the following:

I (INITIALS) am willingly taking part in this study as an informant with full understanding of the aim and objectives of the study, what the results will be used for and my position.

.....
PARTICIPANT

.....
RESEARCHER

DATE:

DATE:

APPENDIX C



SAP 21

SUID-AFRIKAANSE POLISIEDIENS

SOUTH AFRICAN POLICE SERVICE

Private Bag X 9428

Verwysing Reference	2/1/2/1
Navrae Enquiries	Dir. Mashilo/Snr. Supt Mashile
Telefoon Telephone	(015) 290-6090
Faksnommer Fax number	(015) 290-6120

**PROVINCIAL COMMISSIONER
LIMPOPO PROVINCE
POLOKWANE
0700**

2008-10-04

- A. Mrs AM Gumani
Dept. of Psychology
University of Venda
Private Bag X5050
THOHOYANDOU
0950
- B. National Head
Strategic Management
Head Office
PRETORIA
0700

PERMISSION TO CONDUCT A RESEARCH STUDY WITHIN SAPS: MRS A GUMANI

1. Permission to continue with the research study as planned has been granted.
2. The research study will include police officers who work with cases that involve victims of trauma such as in child protection, Family Violence, Sexual Offences and other crime units in Vhembe District.
3. Your cooperation in this regard will be highly appreciated.

Signed
PROVINCIAL COMMISSIONER
LIMPOPO PROVINCE
NC SENGANI

Authority to conduct research-gumani.wpd

APPENDIX D

BIOGRAPHICAL QUESTIONNAIRE

Could you please provide information on the aspects shown in the table below. Note that your name and address are not required for the purpose of maintaining confidentiality and anonymity of your identity.

PARTICIPANT NO.

Age (e.g. 35 years)	
Gender (e.g. male/female)	
Cultural group (Venda; Tsonga; Pedi)	
Marital status (e.g. married; divorced; single)	
Religion (e.g. Christianity; Muslim; etc.)	
Level of education (e.g. grade 10; name of degree/diploma/certificate attained)	
Rank occupied at work (e.g. constable)	
Police unit (e.g. domestic violence)	
Number of years spent working in unit (e.g. 5 years)	

APPENDIX E
INTERVIEW GUIDE

THE INITIAL INTERVIEW QUESTION

Tell me about a typical day in your life as a police officer.

POSSIBLE FOLLOW-UP QUESTIONS

- Tell me about some of the cases you have recently had to deal with.
- Tell me about the experiences you encountered when dealing with those cases.
- Please describe the challenges experienced and how you usually deal with them.
- Tell me about the impact of such ways of dealing with your experiences in your life as a police officer.
- Tell me about the successes you have observed when working with such cases.
- How do such successes come about?

APPENDIX G: Major critical incidents encountered in different police units

POLICE UNIT	TYPES OF CRITICAL INCIDENTS
<p>FCS/domestic violence</p>	<p>Domestic violence</p> <ul style="list-style-type: none"> ▪ man-made and intentional ▪ family member and spousal victimisation, i.e. ill-treatment in the form of being raped and physical assault, i.e. pushed, beaten up by family members, including relatives and husbands who violated their wives' rights ▪ conflicts between spouses which were due to drunkenness and extramarital affairs among husbands ▪ spousal abuse in the forms of sexual, emotional, verbal abuse by insulting and using derogatory names against wives and financial abuse by husbands who spent family money on themselves outside home and on concubines, and sexual denial of husbands by wives due to having extramarital affairs and undermining their husbands; food deprivation of wives by husbands due to drunkenness ▪ pensioner abuse in the form of financial abuse by being denied money by own children who did not want to seek employment ▪ conflicts between parents and children and home forceful removal of children which were due to aggression of parents and step-fathers impregnating their step-daughters ▪ conflicts between a family and one family member and threatening family members with being hacked with an axe as a result of setting unrealistic demands on family members, being bully, being spoiled, influence of alcohol, mental illness of perpetrators and misunderstandings among family members ▪ home forceful removal of wives ▪ husbands demanding food from wives which they did not provide as a result of husbands' drunkenness ▪ retaliatory domestic fights, i.e. victims such as daughters retaliating against perpetrators who were their fathers by fighting back by resisting home forceful removal ▪ family members' property destruction <p>Rape</p> <ul style="list-style-type: none"> ▪ man-made and intentional ▪ ordinary incest by fathers, step-fathers and uncles, including victims with mental illness ▪ police incest, i.e. police officers raped their own daughters which was a result of not respecting lack of consent of the daughters and also ignoring the oath taken as police officers ▪ statutory rape, with the age of victims ranged from 2 to 7 years ▪ geriatric rape, with the age of victims amounted to 80 years ▪ gang rape ▪ rape-domestic violence related cases, i.e. domestic violence cases falsely reported and disguised as rape cases by family members with the aim of reporting a type of crime, rape, that was regarded as carrying more weight than domestic violence; cases were due to not respecting lack of consent of victims ▪ spousal sexual abuse among HIV-positive couples and also deceiving spouses by piercing condoms by husbands before sexual intercourse due to drunkenness <p>Road accidents</p> <ul style="list-style-type: none"> ▪ man-made but unintentional as such occurrences took place by chance ▪ vehicles colliding
<p>Field training</p>	<p>Domestic violence</p> <ul style="list-style-type: none"> ▪ man-made and intentional ▪ family conflicts <p>Road accidents</p> <ul style="list-style-type: none"> ▪ man-made but unintentional ▪ severely injured victims with heads and body parts cut off
<p>Detective</p>	<p>Domestic violence</p>

	<ul style="list-style-type: none"> ▪ man-made and intentional ▪ spousal victimization, i.e. ill-treatment of wives due to aggression of husbands ▪ culture-bound domestic violence, i.e. violation of the rights of a spouse by another on the basis of the cultural traditions adhered to such as having an extramarital affair and unfair treatment of wives during nursing periods after birth of babies (i.e. abstaining from sexual intercourse during the period) which led to conflicts between the spouses, home forceful removal of wives, and husbands maintaining a domineering patriarchal position in their marriages to the detriment of the freedom of the wives as a result of cultural prescriptions such as not involving wives in important family decisions ▪ retaliatory domestic fights, i.e. victims (wives) retaliating against perpetrators (husbands) by fighting back physically and with insults <p>Rape</p> <ul style="list-style-type: none"> ▪ man-made and intentional ▪ statutory rape, including 16-year olds as victims ▪ spousal sexual abuse as a result of lack of respect for wives and their consent by husbands ▪ violent rape, i.e. rape resulting in murder, including child rape-murders, i.e. murders of young children after being raped ▪ rape ‘insertions’, i.e. types of rape whereby objects like bottles and broken sticks were left in the genitals of female victims due to perpetrators’ unstable psychological states ▪ gang rape committed by groups of boys amounting to eight in a group which in some cases was repetitive, i.e. gang rape of the same victim repeatedly; these were due to permissive and uninvolved parenting styles in victims’ families and peer influence among juvenile perpetrators ▪ falsely-reported rape by girls as a way of getting back at the alleged perpetrators for some expected course that was not fulfilled in intimate relationships <p>Murder</p> <ul style="list-style-type: none"> ▪ man-made and intentional ▪ child murder, i.e. murder of children due to perceiving blocked plans of making money illegally within families by hacking them on bodies, heads and foreheads with axes; involved victims as young as 7 years old ▪ geriatric murder, i.e. murder of old people by being hacked on the head and body with axes; involving victims as old as 65 years old ▪ ordinary murder, i.e. cases whereby victims were murdered during other crimes like robbery and being driven over by vehicles with heads and limbs cut off; these types of murder being secondary murders as they occurred during the occurrence of other crimes ▪ culpable homicide whereby victims were unintentionally killed in road accidents ▪ violent murders whereby victims were murdered through being stabbed several times with knives ▪ ritual murders described as the removal of body parts of victims after being murdered which were used for specific ritual purposes. These took place in the following forms: rape followed by the removal of body parts like hands, legs, the upper lip of the mouth, ears, nipples of the breast and male genitals; drying human flesh, including male genitals, under the sun; secretly burying the bodies of victims which were unidentifiable due to removing vital body parts like separating a head, limbs and torso by cutting them off ▪ murder ‘insertions’, i.e. types of murder whereby objects were inserted at the back of the heads of victims after being murdered
<p style="text-align: center;">Social crime prevention</p>	<p>Domestic violence</p> <ul style="list-style-type: none"> ▪ man-made and intentional ▪ family conflicts in the form of fights and injuries like physical assault, including being hacked with an axe ▪ spousal abuse like verbal and emotional abuse of wives by husbands due to drunkenness of husbands ▪ child abuse in the forms of physical abuse by being severely beaten up by parents and parents not providing for the basic needs of children and using the money that was due to the children for their own needs ▪ pensioner abuse in the form of financial abuse of pensioners by their daughters-in-law ▪ marital conflicts and home forceful removal of wives due to husbands’ extramarital affairs and drunkenness ▪ family and financial abuse whereby fathers did not come back home on some days and spent family finances with outsiders <p>Rape</p> <ul style="list-style-type: none"> ▪ man-made and intentional ▪ falsely-reported cases of rape instead of domestic violence as a result of the weight that cases of rape carried in court <p>Road accidents</p>

	<ul style="list-style-type: none">▪ man-made but unintentional▪ victims injured or trapped under cars in accidents▪ murder of victims in colliding cars due to drunk young people driving in overloaded cars
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APPENDIX H: Types of critical incidents and related trauma reactions

TRAUMATIC CASES/CRITICAL INCIDENTS	FCS/DOMESTIC VIOLENCE OFFICERS TRAUMA REACTIONS	FIELD TRAINING OFFICERS TRAUMA REACTIONS	DETECTIVE OFFICERS TRAUMA REACTIONS	SOCIAL CRIME PREVENTION OFFICERS TRAUMA REACTIONS
<p>RAPE</p>	<p>Somatic reaction: <u>Cardiovascular illness</u></p> <ul style="list-style-type: none"> ▪ Prolonged heart condition (having the condition for a period of 3 years) <p>Cognitive Reactions: <u>Stress</u></p> <ul style="list-style-type: none"> ▪ Cognitive distress (severe; worst) ▪ Intermittent stress ▪ Intermittent work-home accumulative stress ▪ Work-related stress ▪ Home-related stress ▪ Frequent stress <p><u>Amnesia</u></p> <ul style="list-style-type: none"> ▪ Simple forgetfulness (forgetting easily) ▪ Simple object forgetfulness (forgetting simple things) ▪ Mass forgetfulness (forgetting a lot of things) ▪ Specific-task forgetfulness (forgetting specific tasks relating to home and work) <p><u>Anxiety</u></p> <ul style="list-style-type: none"> ▪ Work incompetency anxiety onset (beginning to be anxious about the efficiency of doing one's operational work) ▪ Male-child-absence anxiety (experiencing anxiety due to not having sons but daughters who may be susceptible to rape than boys as the girls whose cases were investigated) 	<p>Somatic reactions: -</p> <p>Cognitive Reactions: <u>Officer-victim associations</u></p> <ul style="list-style-type: none"> ▪ Victim experience transference (the victim's experience being transferred to the officer as the officer came into a state wherein he/she was like a person who went through the same traumatic experience as the victim) ▪ Victim situation association (an officer associated his/her situation with the traumatic situation of the victim) ▪ Victim condition association (in the forms of feeling the same emotions such as distress in the form of being hurt, and pain as the victim and experiencing the same emotional distress as the victim) 	<p>Somatic reactions: -</p> <p>Cognitive Reactions: <u>Stress</u></p> <ul style="list-style-type: none"> ▪ Cognitive distress (severe) <p><u>Amnesia</u></p> <ul style="list-style-type: none"> ▪ Specific-task forgetfulness (forgetting specific tasks relating to home and work) <p><u>Change in cognitive schemas in the form of:</u></p> <p>(i) <u>Drawing conclusions</u></p> <ul style="list-style-type: none"> ▪ Psychological rape case conclusion (drawing the conclusion that rape-insertion cases were not committed by normal people but mentally-ill perpetrators) <p><u>Discomfort</u></p> <ul style="list-style-type: none"> ▪ Discomfort (exposure to rape-insertion cases made the officers to feel uncomfortable) <p><u>Intrusions</u></p> <p>(i) In the form of thoughts: Scene object association thoughts (the officers associated the observed insertions with their wives' genitals as the victims were women which reminded them of what they witnessed)</p> <p><u>Loss of sexual interest</u></p> <ul style="list-style-type: none"> ▪ Spousal loss of sexual interest (losing interest in having sexual intercourse with their wives) 	<p>Somatic reactions: -</p> <p>Cognitive Reactions: <u>Stress</u></p> <ul style="list-style-type: none"> ▪ Cognitive distress (severe) <p><u>Negative perceptions</u></p> <ul style="list-style-type: none"> ▪ Difficult situation perception ▪ Operational work entrapment perception ▪ Vhembe difficult cases perception <p><u>Officer-victim associations</u></p> <ul style="list-style-type: none"> ▪ Victim situation association

	<p><u>Officer-victim associations</u></p> <ul style="list-style-type: none"> ▪ Gender-based incident association (associating the incidents of rape with the gender of females, specifically girls) ▪ Victim condition association (in the form of feeling the same pain as the victim) ▪ Victim situation association (e.g. believing that what happened to the girls in the investigated cases can also happen to their own daughters) ▪ Victim position association (an officer putting him-/herself in the victim's position) ▪ Victim case personalization (handling a victim's case as though it is one's own situation) <p><u>Negative perceptions</u></p> <ul style="list-style-type: none"> ▪ Serious forgetfulness perception (perception of the problem of forgetting as serious) ▪ Incident negative perception (perceiving the handled incident, in this case rape, negatively, e.g. labeling it as "bad") ▪ Caseload negative perception (perceiving the number of cases handled negatively, that is, as too much to handle) ▪ Partially satisfactory personal strategy coping perception (perceiving one's coping strategies as partly effective/effective only to some extent) ▪ Ineffective personal coping 			
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	<p>strategies perception (perceiving one's coping strategies as unproductive/unsuccessful in solving the trauma reactions experienced)</p> <ul style="list-style-type: none"> ▪ Mere coping perception (barely managing the effects of exposure to and investigation of cases) ▪ Court challenge perception (perceiving going to court to represent cases as a challenge) ▪ Operational work negative perception (perceiving operational work negatively) ▪ Problematic work-situation perception (perceiving work conditions as unfavourable and labeling them as "a problem") <p><u>Negative expectations</u></p> <ul style="list-style-type: none"> ▪ Negative associated expectations (expecting the same occurrences that took place in the lives of victims (girls) whose rape cases were investigated to happen to their own daughters as well) <p><u>Uncertainties</u></p> <ul style="list-style-type: none"> ▪ Personal strategy coping uncertainty (being uncertain about the effectiveness of the personal coping strategies applied) ▪ Personal-situation-management uncertainties (being uncertain about how they would react if similar situations that took place in victims' lives were to happen to their own daughters) 			
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	<p><u>Change in cognitive schemas in the forms of:</u></p> <p>(i) <u>Drawing conclusions</u></p> <ul style="list-style-type: none"> ▪ Condom-deception conclusion (drawing the conclusion that spouses in cases of spousal rape, specifically the rape of wives, use condoms deceptively, i.e. they hide certain things about them such as secretly piercing the condoms to deliberately infect their spouses with HIV) ▪ Death conclusion (drawing the conclusion that unexpected deaths may take place between spouses in whose marriage there is spousal rape) ▪ Same-men conclusion (drawing the conclusion that all men are the same as those who commit the crime of rape) <p>(ii) <u>Questioning</u></p> <ul style="list-style-type: none"> ▪ Occurrence questioning, i.e. questioning how possible it is for rape to take place, including prolonged occurrence questioning, i.e. continually seeking answers to an occurrence and asking the question “why?” ▪ Male gender questioning, including current male gender questioning (questioning what is happening with men who rape to a point of concluding that they are “mad”) ▪ Intermittent response questioning, i.e. sometimes questioning how they would respond if their own 			
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	<p>children were involved in rape incidents</p> <p><u>Occupational ineffectiveness</u></p> <ul style="list-style-type: none"> ▪ Work incompetence (inefficiency at work after exposure to the cases) ▪ Slight operational work competence disturbance (being moderately disturbed in doing the operational work) <p><u>Information search</u></p> <ul style="list-style-type: none"> ▪ Encouraged case investigation (being encouraged by the stories and observations of rape scenes exposed to in conducting investigations) <p><u>Intrusions</u></p> <p>(i) In the form of thoughts:</p> <ul style="list-style-type: none"> ▪ Case preoccupation (not forgetting cases; thinking about cases all the time; interfering thoughts about cases not leaving the mind, including prolonged case preoccupation, i.e. continuing to think about cases that occurred over a period of a year) ▪ Accumulative caseload interfering thoughts (an increase in thoughts with each case handled; each case leading to thinking about several other cases rather than just the individual case investigated at a particular time) ▪ Accumulative case-dialogue-influenced thoughts (discussions about cases leading to recalling all other 			
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	<p>cases, including closed cases)</p> <ul style="list-style-type: none"> ▪ Recurrent case-dialogue-influenced thoughts (discussions about cases leading to revisiting all other cases previously handled) ▪ Closed-case interfering thoughts (investigating cases leading to thinking about closed cases with unknown perpetrators) ▪ Information-search interfering thoughts (investigating cases influencing thoughts about methods used to commit a crime and possible investigation methods) ▪ Multiple interfering case thoughts (having many thoughts about cases at once) ▪ Advancing interfering case thoughts (thoughts about cases coming to the mind signifying thoughts that are in motion) ▪ Typical search interfering thoughts (having thoughts described as 'having a homework' about details of victims' cases) ▪ Influential interfering case thoughts (thoughts about cases influencing the officers to behave in a particular way) <p><u>Generalisations</u></p> <ul style="list-style-type: none"> ▪ Own-child victim-situation generalisation (imagining one's own child going through a similar situation as the victim) ▪ Male rape generalisation (making the generalisation 			
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	<p>that all men rape)</p> <p><u>Perpetrator punishment wish</u></p> <ul style="list-style-type: none"> ▪ Perpetrator arrest wish (wishing that perpetrators could be arrested) ▪ Intermittent suspect arrest wish (occasionally wishing that suspects could be arrested regardless of whether or not it has been proven that they are guilty) ▪ Perpetrator punishment wish (wishing that perpetrators could be punished for committing the crime, including swift perpetrator punishment wish) ▪ Intermittent perpetrator-punishment consideration (occasionally wishing that perpetrators could be punished for the crimes committed) ▪ Same-victim-perpetrator-harm consideration (consideration of inflicting the same harm to perpetrators that was inflicted on victims) ▪ Intermittent perpetrator-castration consideration (occasionally considering of castrating the perpetrators) <p><u>Meditation</u></p> <ul style="list-style-type: none"> ▪ Own-child protection meditation (spending much time thinking about the protection of own child/children) ▪ Multiple response meditation (pondering on several ways in which they could respond to own children's rape if it occurred) 			
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	<p><u>Concerns</u></p> <ul style="list-style-type: none"> ▪ Lack of perpetrator rehabilitation concern (being concerned about the release of perpetrators who are not rehabilitated back into society) ▪ Occupational over-concern (in the form of attending to work beyond what is expected as a way of trying to address personal concerns) <p><u>Distrust</u></p> <ul style="list-style-type: none"> ▪ Collegial distrust, particularly male colleagues <p><u>Changed eating habits</u></p> <ul style="list-style-type: none"> ▪ Loss of appetite ▪ Selective loss of appetite (losing appetite for and avoidance of eating solid food items like porridge as these items were similar to some observed objects like meat resembling the flesh of the body parts observed in rape-murder scenes and thus reminding them of the scenes) ▪ Scene object substitution (preference for some food items like water as substitutes for avoided food items like meat which reminded them of objects observed in the scenes) <p>Emotional Reactions:</p> <p><u>Distress</u></p> <ul style="list-style-type: none"> ▪ Emotional distress (severe) ▪ Statutory rape first-case distress 	<p>Emotional Reactions:</p> <p><u>Distress</u></p> <ul style="list-style-type: none"> ▪ Emotional distress (in the form of being hurt) 	<p>Emotional Reactions:</p> <p>-</p>	<p>Emotional Reactions:</p> <p><u>Terror</u></p> <ul style="list-style-type: none"> ▪ Fear <p><u>Anguish</u></p> <ul style="list-style-type: none"> ▪ Pain
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	<p><u>Negative feelings</u></p> <ul style="list-style-type: none"> Feeling bad <p><u>Hatred</u></p> <ul style="list-style-type: none"> Self-hatred (past; intermittent) Generalised male hatred (hating all men) <p><u>Anguish</u></p> <ul style="list-style-type: none"> Pain (severe; emotional; intermittent painful emotion) <p><u>Mood change</u></p> <ul style="list-style-type: none"> Depression (intermittent; moderate) <p>Behavioural Reactions:</p> <p><u>Social withdrawal</u></p> <ul style="list-style-type: none"> Family withdrawal (being quiet without showing aggression towards family members) <p><u>Agitation</u></p> <ul style="list-style-type: none"> Restlessness Sleeplessness <p><u>Pain-induced response</u></p> <ul style="list-style-type: none"> Crying 	<p>Behavioural Reactions:</p> <p>-</p>	<p>Behavioural Reactions:</p> <ul style="list-style-type: none"> Marital discord (unexplained loss of interest in sexual intercourse led to misunderstandings between the officers and their wives) 	<p>Behavioural Reactions:</p> <p>-</p>
DOMESTIC VIOLENCE	<p>Cognitive Reactions:</p> <p><u>Poor mental health</u></p> <ul style="list-style-type: none"> Mental illness <p><u>Stress</u></p> <p>Cognitive distress (severe; prolonged)</p> <p><u>Officer-victim associations</u></p> <ul style="list-style-type: none"> Victim condition association Victim distress personal challenges spill-over (victims' observed traumatic situations made officers to experience the reaction of distress when faced with difficult personal situations, i.e. situations in own life) 	<p>Cognitive Reactions:</p> <p><u>Stress</u></p> <ul style="list-style-type: none"> Cognitive distress <p><u>Officer-victim associations</u></p> <ul style="list-style-type: none"> Victim experience transference Victim condition association <p><u>Intrusions</u></p> <p>(i) In the form of thoughts:</p> <ul style="list-style-type: none"> Personal experience recall Previous personal experience reliving 	<p>Cognitive Reactions:</p> <p><u>Stress</u></p> <ul style="list-style-type: none"> Cognitive distress <p><u>Officer-victim associations</u></p> <ul style="list-style-type: none"> Victim condition association (experiencing distress as the victim in the form of being hurt) <p><u>Negative perceptions</u></p> <ul style="list-style-type: none"> Domestic violence intervention difficulty perception <p><u>Change in cognitive schemas in the forms of:</u></p> <p>(i) <u>Questioning</u></p> <ul style="list-style-type: none"> Fellow-human ill-treatment questioning 	<p>Cognitive Reactions:</p> <p><u>Stress</u></p> <ul style="list-style-type: none"> Cognitive distress <p><u>Disturbances</u></p> <ul style="list-style-type: none"> Mental disturbance <p><u>Negative perceptions</u></p> <ul style="list-style-type: none"> Difficult case perception <p><u>Wishes</u></p> <ul style="list-style-type: none"> Perpetrator punishment wish <p><u>Change in cognitive schemas in the forms of:</u></p> <p>(i) <u>Questioning</u></p> <ul style="list-style-type: none"> Occurrence questioning

	<ul style="list-style-type: none"> ▪ Victim problem personalisation (making victims' situations or problems one's own) ▪ Victim case personalisation (handling victims' cases like one's own) <p><u>Negative perceptions</u></p> <ul style="list-style-type: none"> ▪ Dissatisfactory fellow-officer work perception ▪ Dissatisfactory standard of living perception ▪ Operational situations entrapment perception (perceiving that there was no way out of operational challenges at work) ▪ Current hindered personal coping perception ▪ Extremely difficult work perception (perceiving operational work as extremely difficult) ▪ Problematic knock-off time perception (not looking forward to the time of knocking off work as it was the time when some trauma reactions, specifically case-related thoughts took place) <p><u>Change in cognitive schemas in the forms of:</u></p> <p>(i) <u>Drawing conclusions</u> (about victims' lack of perseverance and cognitive immaturity)</p> <p>(ii) <u>Questioning</u></p> <ul style="list-style-type: none"> ▪ Proper case handling questioning (questioning one's own and other professionals way of handling cases) ▪ Personal coping questioning (questioning how one would manage to cope if they were 		<ul style="list-style-type: none"> ▪ Human race conduct questioning <p><u>Loss of consciousness</u></p> <ul style="list-style-type: none"> ▪ Surrounding unawareness (not being aware of what was happening around them) <p><u>Intrusions</u></p> <p>(i) In the form of thoughts:</p> <ul style="list-style-type: none"> ▪ Case preoccupation ▪ Environment-triggered case thoughts (having case thoughts triggered by observing things in the environment that reminded them of the observed scenes such as hearing about or seeing traumatic occurrences on radio and television) 	<p>(ii) <u>Drawing conclusions</u></p> <ul style="list-style-type: none"> ▪ Man-made death conclusion (drawing the conclusion that deaths that occurred within families where there was domestic violence were man-made) ▪ Marital discord conclusion (drawing the conclusion that unfaithfulness in marriage could lead to an unusual type of death of one of the spouses which was not envisaged) ▪ Victim well-being conclusions (such as concluding that victims did not have other places to go to when they were expelled from home; that they could have had future plans regarding their families when they were expelled) <p><u>Intrusions</u></p> <p>(i) In the form of thoughts:</p> <ul style="list-style-type: none"> ▪ Scene preoccupation (not forgetting about scenes; thinking about scenes all the time) <p><u>Negative expectations</u></p> <ul style="list-style-type: none"> ▪ Easy and difficult situations expectation
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	<p>to be faced with the same problems/situations as the victims)</p> <p>(iii) <u>Newly-developed needs</u></p> <p>(a) In the form of occupational needs such as the requirement of intensive training in victim counselling</p> <p>(b) In the form of psychological needs:</p> <ul style="list-style-type: none"> ▪ Need of psychological intervention, including individual need for debriefing ▪ Need of additional coping strategies ▪ Need of post-trauma exposure guidance ▪ Need of assurance of victim situations as normal life experiences ▪ Need of different case perception <p><u>Intrusions</u></p> <p>(i) In the form of thoughts:</p> <ul style="list-style-type: none"> ▪ Intermittent case preoccupation (being preoccupied with thoughts about the cases on an irregular basis) ▪ Prolonged case thoughts ▪ Multiple case thoughts (having multiple thoughts about cases exposed to) <p>(ii) In the form of visualisations:</p> <ul style="list-style-type: none"> ▪ Scene observations film seeing (seeing pictures of 			
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	<p>the observed scene in motion)</p> <ul style="list-style-type: none"> Constant victim picture-seeing <p><u>Symptom regression</u></p> <ul style="list-style-type: none"> Past repeated symptom experience <p><u>Wishes</u></p> <ul style="list-style-type: none"> Perpetrator punishment wish <p>Emotional Reactions:</p> <p><u>Terror</u></p> <ul style="list-style-type: none"> Few fear instances <p><u>Compassion</u></p> <ul style="list-style-type: none"> Sympathy <p><u>Anguish</u></p> <ul style="list-style-type: none"> Pain <p>Behavioural Reactions:</p> <p><u>Avoidance</u></p> <ul style="list-style-type: none"> Drinking avoidance behavior (resorting to drinking as a way of dealing with the trauma reactions experienced) 	<p>Emotional Reactions:</p> <p><u>Distress</u></p> <ul style="list-style-type: none"> Emotional distress <p><u>Anguish</u></p> <ul style="list-style-type: none"> Pain <p>Behavioural Reactions:</p> <p>-</p>	<p>Emotional Reactions:</p> <p><u>Terror</u></p> <ul style="list-style-type: none"> Fear <p><u>Anguish</u></p> <ul style="list-style-type: none"> Pain <p>Behavioural Reactions:</p> <p><u>Family dysfunction</u></p> <ul style="list-style-type: none"> family ignorance, i.e. not paying attention to family members Family withdrawal Being secretive Lying to the spouse Not allowing the spouse access to one's state of mind 	<p>Emotional Reactions:</p> <p><u>Terror</u></p> <ul style="list-style-type: none"> Fear <p><u>Compassion</u></p> <ul style="list-style-type: none"> Feeling pity Sympathy <p><u>Anguish</u></p> <ul style="list-style-type: none"> Pain <p><u>Irritability</u></p> <ul style="list-style-type: none"> Anger <p>Behavioural Reactions:</p> <p><u>Social withdrawal</u></p> <ul style="list-style-type: none"> Family withdrawal
<p>MURDER</p>	<p>No trauma reactions reported</p>	<p>No trauma reactions reported</p>	<p>Somatic Reactions:</p> <p><u>Fatigue</u></p> <ul style="list-style-type: none"> Physical fatigue <p>Cognitive Reactions:</p> <p><u>Poor mental health</u></p> <ul style="list-style-type: none"> Disrupted mental functioning (forgetfulness and loss of concentration, particularly at work, were described as "the mind not functioning properly") 	<p>Somatic Reactions:</p> <p>-</p> <p>Cognitive Reactions:</p> <p><u>Intrusions</u></p> <ul style="list-style-type: none"> Scene sleep-recurrent thoughts (thinking about observed scene during time for sleep) Scene detail-play thoughts (having pictures of details of the observed

			<p><u>Stress</u></p> <ul style="list-style-type: none"> ▪ Cognitive distress (being affected psychologically to a point of not thinking properly, being driven to behave in a particular way such as not being able to continue doing their work, and also constantly thinking about the cases) ▪ First-year differential distress degree (experiencing more distress during the first year of work than in subsequent years) <p><u>Fatigue</u></p> <ul style="list-style-type: none"> ▪ Mental fatigue (feeling tired mentally) <p><u>Amnesia</u></p> <ul style="list-style-type: none"> ▪ Forgetfulness (forgetting some of the things that they were supposed to do, particularly work-related tasks) <p><u>Area disturbances</u></p> <ul style="list-style-type: none"> ▪ Mental disturbance ▪ Prolonged normal functioning disturbance ▪ Interpersonal relationships disturbances <p><u>Breathlessness</u> (being out of breath/loss of breath when they could still smell odours of corpses some days after exposure to murder scenes)</p> <p><u>Helplessness</u> (having times when the officers felt that there was nothing that they could do to help victims)</p> <p><u>Subjugation</u></p> <ul style="list-style-type: none"> ▪ Lack of occupational freedom (the officers not feeling free when at work) <p><u>Change in cognitive schemas in the forms of:</u></p> <p>(i) <u>Changes in beliefs</u></p> <ul style="list-style-type: none"> ▪ Difficult life-experiences belief (beginning to have different beliefs 	<p>scene)</p> <p><u>Unforgetfulness</u></p> <ul style="list-style-type: none"> ▪ Traumatic scene unforgetfulness (not forgetting about an observed scene)
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			<p>from what was previously believed such as believing that things were not as easy in life as they thought them to be before exposure to traumatic murder cases)</p> <ul style="list-style-type: none"> ▪ Wrong career-choice belief (beginning to believe that they chose the wrong career for themselves) <p>(ii) <u>Drawing conclusions</u></p> <ul style="list-style-type: none"> ▪ Colleague wrong career-choice conclusion (concluding that colleagues' trauma reactions were a sign of choosing a wrong career for themselves; concluding that perpetrators were heartless/emotionless people to commit such crimes) <p>(iii) <u>Questioning</u></p> <ul style="list-style-type: none"> ▪ Fellow-human ill-treatment questioning ▪ Human race questioning, including human race conduct questioning (asking how people could commit brutal crimes against fellow-human beings like brutal murder) <p>(iv) <u>Newly-developed needs</u></p> <p>(a) Occupational needs:</p> <ul style="list-style-type: none"> ▪ Need for operational work encouragement (having the need to be encouraged in doing the work) <p>(b) Psychological need:</p> <ul style="list-style-type: none"> ▪ Need for trauma reaction identifier training (officers having the need to have people in police stations who were trained in identifying trauma reactions in them as police officers) <p><u>Officer-victim associations</u></p> <ul style="list-style-type: none"> ▪ Victim position association (officers putting themselves in the victims' positions) ▪ Victim situation association (officers associating their situations, including that of own family members, with the traumatic situation of the victims) ▪ Victim experience transference (imagining themselves going through 	
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			<p>the same experiences as the victims)</p> <ul style="list-style-type: none"> ▪ Victim gender association (the officers identifying with the gender of victims) <p><u>Negative perceptions</u></p> <ul style="list-style-type: none"> ▪ Improper organisational support perception ▪ Unrewarding work perception ▪ First ritual murder exposure difficulty perception ▪ First scene acceptance difficulty, specifically scenes of ritual murders ▪ Initial traumatic case unbearable perception (perceiving initial cases as unbearable during their first year of work, i.e. a collection of a number of cases that the officers were exposed to during the first year of work) ▪ Difficult scene perception ▪ Difficult murder victim identification (identification of murdered victims perceived as difficult) ▪ Difficult situation perception ▪ Difficult case investigation perception ▪ Terrible operational work challenges perception (perceiving the challenges faced with when doing their operational work as terrible) ▪ Initial case knowledge-acquisition difficulty perception (finding it difficult to acquire knowledge on the initial cases of ritual murder attended to) ▪ Overwhelming operational work perception (operational work was perceived as overwhelming/overpowering/devastating) ▪ Unfair management treatment perception (in terms of case-handling whereby some groups of officers were perceived to be treated with favouritism compared to them) <p><u>Occupational ineffectiveness</u></p> <ul style="list-style-type: none"> ▪ Occupational inadequacy (not 	
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			<p>performing satisfactorily at work)</p> <ul style="list-style-type: none"> ▪ Loss of occupational concentration (not being able to concentrate at work) ▪ Disrupted administration work (focus on what occurred in crime scenes disrupted efficiency in doing administrative work) ▪ Delayed task performance (as forgetfulness delayed the pace with which the officers did their administrative work) <p><u>Blame</u></p> <ul style="list-style-type: none"> ▪ Lack of organisational support superior-blame (junior officers blaming their senior officers for not receiving support at work which posed the danger of shooting at their seniors) ▪ Lack of promotion self-blame <p><u>Loss of consciousness</u></p> <ul style="list-style-type: none"> ▪ Surrounding unawareness (officers not being aware of what was happening around them) ▪ Time unawareness (not being aware of time passing by) <p><u>Changed eating habits</u></p> <ul style="list-style-type: none"> ▪ Loss of appetite ▪ Periodic loss of appetite (loss of appetite lasting from a day to a week after exposure to a traumatic ritual murder scene) ▪ Selective loss of appetite (losing appetite for and avoidance of eating food items like meat and porridge as they were similar to some observed objects like meat resembling the flesh of the body parts observed in murder scenes and thus reminding them of the scenes) ▪ Scene object substitution (preference for some food items like water, milk and green vegetables as substitutes for avoided food items like meat 	
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			<p>which reminded them of objects observed in the scenes)</p> <ul style="list-style-type: none"> ▪ Odour-caused loss of appetite (loss of appetite being due to inhaling odours of dead bodies in ritual murder scenes) ▪ Postponed eating (the officers could eat the following day when thoughts about traumatic scenes subsided) <p><u>Loss of sexual interest</u></p> <ul style="list-style-type: none"> ▪ Spousal loss of sexual interest (being discouraged from having sexual intercourse with their spouses) ▪ Periodic loss of spousal sexual interest (loss of interest in sexual intercourse with a spouse lasting for a period of a whole week after exposure to ritual murder scenes) <p><u>Intrusions</u></p> <p>(i) In the form of thoughts:</p> <ul style="list-style-type: none"> ▪ Case preoccupation, specifically preoccupation with initial cases of ritual murders, i.e. a collection of first cases of ritual murders exposed to (NB: first traumatic case refers to the first case that an officer was exposed to while initial traumatic cases are a collection of a number of cases that an officer was exposed to during the first year of working) ▪ Scene preoccupation ▪ Constant case thoughts, including daily constant thoughts; sleep-disturbance constant thoughts ▪ Scene picture recall (remembering what was observed in the traumatic murder scenes at particular times) ▪ Scene constant thoughts ▪ Prolonged scene thoughts ▪ Scene-avoidance consideration (having moments when the officers thought of avoiding the murder scenes) ▪ Environment-triggered case thoughts (having case thoughts triggered by 	
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			<p>observing things in the environment that reminded them of the observed scenes such as hearing about or seeing traumatic occurrences on radio and television)</p> <ul style="list-style-type: none"> ▪ Suicide consideration <p>(ii) In the form of visualisations:</p> <ul style="list-style-type: none"> ▪ Dream-like case thinking (case thoughts taking place in the form of dreams while they were awake) ▪ Scene picture-visualisation (seeing pictures of the scenes while seated) ▪ Periodic scene picture seeing (pictures of what was observed in scenes lasting for several weeks) <p>(iii) In the form of associations:</p> <ul style="list-style-type: none"> ▪ Scene objects association thoughts (having thoughts related to objects observed in the ritual murder scenes, specifically meat) <p>(iv) In the form of olfactory recollections:</p> <ul style="list-style-type: none"> ▪ Dead body odour recalling (remembering the odours of rotten corpses exposed to in murder scenes) <p><u>Imagination</u></p> <ul style="list-style-type: none"> ▪ Periodic odour-imagination (imagination of odours inhaled in murder scenes lasting for 3 to 4 days) <p>Emotional Reactions:</p> <p><u>Mixed negative emotions experience</u></p> <ul style="list-style-type: none"> ▪ Experiencing several negative emotions at once when exposed to traumatic scenes of murder <p><u>Negative emotions regression</u></p> <ul style="list-style-type: none"> ▪ Experiencing negative emotions again despite trying to control them <p><u>Distress</u></p> <ul style="list-style-type: none"> ▪ Emotional distress (in the form of being hurt) <p><u>Terror</u></p> <ul style="list-style-type: none"> ▪ Fear (intermittent) 	<p>Emotional Reactions:</p> <p>-</p>
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			<ul style="list-style-type: none"> ▪ Fear of death ▪ Traumatic scene daily re-exposure fear (officers having the fear of being repeatedly exposed to traumatic murder scenes on a daily basis during their first year of work) <p><u>Compassion</u></p> <ul style="list-style-type: none"> ▪ Sympathy (as the officers felt pity for the victims' families) <p><u>Anguish</u></p> <ul style="list-style-type: none"> ▪ Pain (severe) <p><u>Mood changes</u></p> <ul style="list-style-type: none"> ▪ Depression ▪ Periodic depression (depression lasting for a day) <p>Spiritual Reaction:</p> <ul style="list-style-type: none"> ▪ Spiritual distress (being affected morally meaning that there were changes in the officers' outlook on life as they started to draw conclusions about occurrences as "wrong" which were ideas that were not in their minds before and also not being able to live with and manage their families as well as they did before, not being able to conduct family responsibilities properly, and also forgetting the family responsibilities to be carried out as their memory could not retain information as it did before thus showing changes in their ethical principles) <p>Behavioural Reactions:</p> <p><u>Terror-induced responses</u></p> <ul style="list-style-type: none"> ▪ Screaming, including intermittent screaming ▪ firearm-loading self-protection (suddenly loading a firearm to protect oneself from harm even in safe environments due to preoccupation with thoughts about 	<p>Spiritual Reactions: -</p> <p>Behavioural Reactions: -</p>
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			<p>scenes)</p> <ul style="list-style-type: none"> ▪ Possible spouse accidental shooting (facing the possibility of shooting at the wife even in a safe environment like when waking up from sleep at home due to preoccupation with thoughts about scenes) <p><u>Avoidance</u></p> <ul style="list-style-type: none"> ▪ Scene-object-similes avoidance (avoidance of objects that looked like or reminded the officers of objects seen in murder scenes like blood; body parts) ▪ Operational work avoidance <p><u>Relinquish</u></p> <ul style="list-style-type: none"> ▪ Career focus renouncing (focusing on working towards their retirement and giving up on developing themselves in their careers) <p><u>Family dysfunction</u></p> <ul style="list-style-type: none"> ▪ Family ignorance, i.e. not paying attention to family members ▪ Family withdrawal ▪ Being secretive ▪ Lying to spouses ▪ Not allowing the spouse access to one's state of mind <p><u>Marital discord</u></p> <ul style="list-style-type: none"> ▪ Redefining marital boundaries unrealistically, e.g. dissociating oneself from the spouse; beginning to see the wife's role as a child-bearer and nothing else; seeing the wife as an obstacle to work like suspecting that she will not allow an officer to go to work when required to 	
ROAD ACCIDENTS	No trauma reactions reported	<p>Somatic Reactions: <u>Physical ill-health</u></p> <ul style="list-style-type: none"> ▪ Feeling ill 	<p>Somatic Reactions: -</p>	<p>Somatic Reactions: -</p>

		<ul style="list-style-type: none"> ▪ Body weight loss <p>Cognitive Reactions:</p> <p><u>Stress</u></p> <ul style="list-style-type: none"> ▪ Cognitive distress <p><u>Intrusions</u></p> <p>(i) In the form of thoughts:</p> <ul style="list-style-type: none"> ▪ Case constant thoughts ▪ Prolonged scene thoughts ▪ Case-problem recall (recalling the problems encountered when attending to cases) <p>(ii) In the form of visualisations:</p> <ul style="list-style-type: none"> ▪ Scene picture-seeing <p><u>Negative perception</u></p> <ul style="list-style-type: none"> ▪ Case-problem derivative (perceiving the work of handling dead bodies as a problem) <p><u>Change in cognitive schemas in the forms of:</u></p> <p>(i) <u>Changed belief</u></p> <ul style="list-style-type: none"> ▪ Wrong reason career choice belief <p><u>Changed eating habits</u></p> <ul style="list-style-type: none"> ▪ Loss of appetite <p><u>Doubts</u></p> <ul style="list-style-type: none"> ▪ Suitable career choice doubt ▪ Career survival doubt (doubting their ability to remain in the career of policing) ▪ Work competency doubt (doubting their effectiveness in doing their operational work) <p>Emotional Reactions:</p> <p><u>Terror</u></p> <ul style="list-style-type: none"> ▪ Fear <p><u>Anguish</u></p> <ul style="list-style-type: none"> ▪ Pain 	<p>Cognitive Reactions:</p> <p><u>Stress</u></p> <ul style="list-style-type: none"> ▪ Cognitive distress <p><u>Change in cognitive schemas in the form of:</u></p> <p>(i) <u>Newly-developed needs</u></p> <p>(a) Psychological needs:</p> <ul style="list-style-type: none"> ▪ Need for debriefing services ▪ Need for resignation-consideration disclosure (need to have someone to whom the consideration of resignation from work could be disclosed) ▪ Need for work negative perception redirecting <p>Emotional Reactions:</p> <p><u>Terror</u></p> <ul style="list-style-type: none"> ▪ Fear (intense) 	<p>Cognitive Reactions:</p> <p><u>Stress</u></p> <ul style="list-style-type: none"> ▪ Cognitive distress <p><u>Change in cognitive schemas in the form of:</u></p> <p>(i) <u>Drawing conclusions</u></p> <ul style="list-style-type: none"> ▪ No need of debriefing services conclusion (officers drawing the conclusion that they did not need debriefing services as a result of the treatment received from superiors at work after their exposure to and working on traumatic road accident cases) ▪ Victim death conclusions (drawing conclusions about the victims' causes of death such as their unacceptable lifestyles) <p><u>Negative perception</u></p> <ul style="list-style-type: none"> ▪ Difficult situation perception <p><u>Negative expectation</u></p> <ul style="list-style-type: none"> ▪ Easy and difficult situations expectations <p><u>Intrusion</u></p> <p>(i) In the form of thoughts:</p> <ul style="list-style-type: none"> ▪ Traumatic scene recalling <p><u>Changed eating habits</u></p> <ul style="list-style-type: none"> ▪ Loss of appetite ▪ Selective loss of appetite <p>Emotional Reactions:</p> <p><u>Terror</u></p> <ul style="list-style-type: none"> ▪ Fear <p><u>Anguish</u></p> <ul style="list-style-type: none"> ▪ Pain, including intermittent pain
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		<p><u>Avoidance feelings</u></p> <ul style="list-style-type: none"> ▪ Case responsibility shifting feeling (feeling like shifting the responsibility of the cases allocated to one to other officers) ▪ First year case avoidance feeling <p>Behavioural reactions:</p> <p><u>Agitation</u></p> <ul style="list-style-type: none"> ▪ Disturbed sleep ▪ Intermittent altered sleep patterns 	<p>Behavioural reactions:</p> <p>-</p>	<p>Behavioural reactions:</p> <p>-</p>
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