

EXPLORING THE EFFECTS OF TRAUMATIC EVENTS ON
PSYCHOSOCIAL FUNCTIONING OF POLICE OFFICERS AT
WANAHEDE POLICE STATION IN WINDHOEK, NAMIBIA

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Abstract

This study explored the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia. An understanding of the effects of traumatic events on the psychosocial functioning of police officers will enable mental health workers in the Gender and Welfare Directorate of the Namibian Police Force and other helping professionals, to understand the police officer's world view better and tailor interventions to their particular needs. A review of the existing professional literature revealed that in executing police work, traumatic events are unavoidable. Thus, the effects of being involved in these events negatively impact the psychosocial functioning of police officers. The nature of police work requires optimal mental health. When mental functioning is compromised, police officers may not be able to utilising their common sense and resilience as expected when affecting their duties. The current study was exploratory in nature and utilised a qualitative approach. Data was collected from fifteen police officers who are in contact with traumatic events almost on a daily basis at Wanaheda Police Station. Semi-structured interviews were utilised as the method of data gathering. The research revealed that police officers at Wanaheda believe that traumatic events have a negative impact on their mind and on the way they function in the society. Despite such challenges, there are limited services in the Namibian Police Force that assist them in coping with the effects of traumatic events. Lastly, the study revealed that more interventions have to be done and tightened up at all levels of the Namibian Police Force in order to assist those dealing with traumatic events to cope or handle situations better. However, findings of this study cannot be generalised beyond the context of this study as the study reflects the experiences of only few police officers.

Table of Contents

ABSTRACT.....	i
LIST OF FIGURES.....	v
LIST OF TABLES.....	vi
ACKNOWLEDGEMENTS.....	vii
DEDICATION.....	viii
DECLARATION.....	ix

CHAPTER ONE: INTRODUCTION AND BACKGROUND.....1

1. Orientation to the study.....	1
1.1 Introduction.....	1
1.2 Historical background.....	5
1.3 Statement of the problem.....	7
1.4 Objectives of the study.....	8
1.5 Significance of the study.....	9
1.6 Limitation of the study.....	11
1.7 Organisation of this thesis.....	11
1.8 Definition of concepts.....	12
1.9 Summary	16

CHAPTER TWO: LITERATURE REVIEW.....18

2.1 Introduction	18
2.2 Theoretical framework.....	20
2.3 The nature of trauma.....	41
2.4 The nature of trauma in an African context.....	49
2.5 The psychosocial functioning of police officers after traumatic events.....	51
2.6 Police subculture.....	55
2.7 Trauma in the work place.....	60

2.8	Alcohol misuse.....	63
2.9	Suicide ideation.....	74
2.10	Post-Traumatic Stress Disorder (PTSD).....	81
2.11	Domestic violence.....	88
2.12	Social withdrawal.....	94
2.13	Coping, support and trauma.....	100
2.14	Summary.....	108

CHAPTER THREE: METHODOLOGY.....110

3.1	Introduction.....	110
3.2	Research design and approach.....	110
3.3	Population.....	112
3.4	Sample.....	113
3.5	Research instruments.....	114
3.6	Procedures.....	116
3.7	Data analysis.....	117
3.8	Managing the data.....	120
3.9	Research ethics.....	121
3.10	Summary.....	123

CHAPTER FOUR: RESULTS AND DISCUSSIONS.....125

4.1	Introduction.....	125
4.2	Socio-Demographic characteristics of study participants.....	126
4.3	Description of traumatic events experienced by members of the Namibian Police Force.....	128
4.4	Exploration of the impact of traumatic events on the psychosocial functioning of the police officers.....	139

4.5	Exploration of how police officers cope with the effects of traumatic events.....	164
4.6	Limitations of this study.....	170
4.7	Summary.....	174

CHAPTER FIVE: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS175

5.1	An outline of the research objectives of the study.....	175
5.2	Recommendations.....	178
5.2.1	Recommendations to the Namibian Police Force Management.....	178
5.2.2	Recommendations to the Gender and Welfare Directorate of the Namibian Police Force.....	182
5.2.3	Recommendations to police officers at operational levels.....	186
5.3	Challenges.....	187
5.4	Future researchers.....	188
5.5	Conclusions.....	189
	Appendix A.....	193
	Appendix B.....	195
	Appendix C.....	197
	REFERENCES.....	200

LIST OF FIGURES

Figure 1:	The relationship of the symbolic interaction theory, trauma theory and role theory	40
Figure 2:	Socio demographic characteristics.....	126
Figure 3:	Rank structure of respondents.....	127

LIST OF TABLES

Table 1:	Common reaction to trauma.....	54
Table 2:	Categories of the description of traumatic events experienced by members of the Namibian Police Force	129
Table 3:	Categories of the exploration of the impact of traumatic events on the psychosocial functioning of police officers.....	140
Table 4:	Categories of the exploration of how police officers cope with the effects of traumatic events.....	164

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Dedication

To my late father, Flexion Phillip Rapedisang Nkanane, who cannot witness the results of his first child's hard work. Rest in Peace.

Declaration

I, Jeannette Haufiku, declare hereby that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree in any other institution of higher education.

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Date-----

Jeannette Haufiku

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1. Orientation to the study

1.1 Introduction

Traumatic experiences are part of the problem of the society in which people live. Pillay (2008) states that traumatic experiences have an influence that is either negative or positive for those directly exposed to the trauma. Research has revealed that mental health workers and crisis workers of the traumatized victims are susceptible to traumatic experiences of the victims. Examples of crisis workers include police officers, emergency and rescue personnel, and fire fighters. These professionals are often called to deal with traumatic situations. Due to the nature of their work, they are at the top of the list of people who are directly affected by these traumatic events. These professionals may experience post traumatic reactions either by direct exposure to a traumatic event or while assisting and providing support to the traumatised victims (Pillay, 2008).

Regarding the Police, Article 118 of the Namibian Constitution (2010) provides for the establishment of the Namibian Police Force. The Act states that the Namibian Police Force functions are to preserve the internal security of Namibia, to maintain law and order, to prevent crimes, to investigate any offences or alleged offences and to protect life and property. The Namibian Police Force consists of administrative and operational units. For the purpose of this study, the researcher concentrated on the operational units that consist of trained police officers dealing with the most traumatic events within the Namibian Police Force. According to Pasillas, Fiollette and Perumean-Chaney (2006), police officers use avoidance as a coping

mechanism which enables them to cope with emotions, thoughts and memories of traumatic or stressful events which may explain the police officer's increase in occupational trauma and poorer psychological functioning. Unlike most professions, police officers experience a multiplicity of negative psychological and physical experiences such as physical injury, working with child abuse, domestic violence and rape cases. Pasillas et al. (2006) further state that these types of experiences make them susceptible to possible psychological problems. Police officers are not only exposed to external stressors, but they are also exposed to multiple organisational stressors.

According to Kelly (2005a),

Police personnel face some of the society's most serious problems. They often work in dangerous settings, whereby they are typically expected to react quickly, and at the same time correctly. They are expected to maintain control in disordered situations. On the other hand, they are expected to resolve serious conflicts between people with different lives than their own. Often, they become deeply absorbed in circumstances concerning unfairness, public apathy, conflict roles, injuries, and fatalities. They are awaited by both the public and their colleagues to approach these situations in an objective and professional manner (p. 6).

Police officers are expected to be effective decision makers and independent problem solvers while working in a system that encourages dependency by its quasi-military structure (Kelly, 2005b). Miller (2012) says that due to these situations, police officers may develop emotional disorders.

According to Kelly (2005a), the job of a police officer is one that involves a great deal of trauma. Hence, trauma is one of the most common reasons why police officers at times engage in anti-social behaviour. According to Miller (2012), the trauma witnessed on a daily basis can put police officers in the mood for a diversion. An inherent part of police work involves encountering potentially traumatic situations, which at times affect the police officers' psychosocial functioning (Miller, 2012).

According to Young, Koortzen and Oosthuizen (2012), to understand traumatic events, one should understand that there is a difference between traumatic memory and an ordinary memory. The three scholars say that ordinary memories are memories that disappear and again merge into the past, while traumatic memories after many years of their existence can remain unblended in. The authors state that after a traumatic event, immediately, almost every person suffers from unpleasant thoughts with regard to what took place.

The traumatic events may be integrated in two folds; either integrated into memory and stored as an unfortunate event and regarded as something of the past or the victim's sensations and emotions that fit into the event that start to lead a life of their own. Young, Koortzen and Oosthuizen (2012) emphasise that traumatic events have a serious impact on a human being, and one of the serious complications that interferes with recovery of such events is that a new event can reactivate other old events, or long forgotten memories of previous traumas can create a domino effect. These types of traumas often act out in anxiety and dreams. Young et al. (2012) further emphasise that after a traumatic event the victim's world view of self and the world itself can never be the same.

Young et al. (2012) note that the world must be reconstructed to incorporate the trauma experienced by the victim. Hence, it is stipulated that age and previous life experience have an effect on the victim's interpretation of the meaning of the trauma and assuming responsibility for the trauma allows feelings of helplessness and vulnerability to be replaced with an illusion of potential control. On the other hand, shame is one of the emotions related to having let oneself down. The authors further emphasise that fear and surprise are elements equal to an assault or analogous to physical violence. The authors state that victims who witnessed traumatic events develop strategies and routines that allow them to avoid harmful stimuli which are known as phobias, while other victims give up.

Young et al. (2012) postulate that such victims may seek out circumstances that replicate their trauma-to-generic events. Pain may build up to the point where individuals are induced to self-dose with endorphin by re-exposing themselves to trauma-to-genius like situations.

1.2 Historical Background

1.2.1 The Namibian Police Force

Das and Palmiotto (2006) state that the South West African Police Force (SWAPOL) was the police force of South West Africa, now Namibia. They existed from 1920 to 1939, and again from 1981 to 1990. The Force was originally established when South Africa assumed the administration of the territory under the League of Nations mandate. It proved unable to deal with the rising tide of Nazi activity in the 1930s, and it was disbanded in 1939. The South African Police were responsible for the territory from 1939 to 1981. The South West African Police was re-established in 1981 after the territory had become self-governing. The Force was disbanded when the territory became independent as Namibia in 1990. It was then succeeded by the Namibian Police Force.

Das and Palmiotto (2006) further state that the Namibian Police Force was established by Act of Parliament and resorts under the Ministry of Safety and Security. It is headed by the Inspector General who is appointed by the President of the Republic of Namibia in terms of Article 32(4) (c) (bb) of the Namibian Constitution (Das & Palmiotto, 2006).

The time this research was conducted, the Namibian Police Force ranking structure at Wanaheda Police Station consisted of seven rankings to which police officers were appointed in terms of section 4 (1) Act 19/1990. The ranking structure illustrates lines of authority and is basically meant to outline the seniority of employees and in particular the levels within which they interact. The ranks of constable to warrant officer class one are referred to as the non-commissioned officers, as they have not been commissioned by the President of the Republic of Namibia. Police officers in these ranks perform police operational duties. The police officers at the rank of Inspector and Chief Inspector respectively, are referred to as the Commissioned Officers. Commissioned Officers such as Inspectors and Chief Inspectors also perform operational duties, but in a supervisory capacity.

Research indicates that being a police officer is one of the most stressful occupations in comparison to other types of occupation. Work related trauma is one of the key stress that police officers experience (Pillay, 2008).

Pillay (2008) postulates that police officers habitually use coping behaviours that can be effective in helping them to deal with the stress they experience. This coping behaviour can be positive behaviours such as exercising or negative behaviours such as substance abuse. When coping behaviours become ineffective due to the overwhelming stress that is experienced or

when ineffective ways of coping are used, this unfortunately creates further problems for the police officer at work and in their personal lives.

Recognising the impact of stressors on the Namibian Police Force personnel, the Namibian Police Force has established a Department to provide assistance, support and counselling for its personnel. This Department is referred to as the Gender and Welfare Directorate and it comprises the following five components: Chaplaincy Services Subdivision, Social Services Subdivision, Health Subdivision, the HIV/AIDS Subdivision and the Women Network Subdivision. The Chaplaincy Service Subdivision deals with day to day spiritual needs of police officers. They specifically deal with police officers' spiritual dimensions. The Social Service Subdivision caters for the police officers' psychosocial wellness and it is responsible for the police officers' day today psycho-social problems. The Health Subdivision is responsible for police officers' physical health. The Women's Network Sub Division is responsible to advocate activities for women in the Force. The HIV- Sub Division is responsible for information dissemination on HIV/AIDS and it is responsible for making sure police officers understand the evolution of the epidemic (Kanguatjivi, 2012).

1.3 Statement of the problem

According to Pasillas et al. (2006), it is expected from the police officers to perform the role of barriers between the society and violence on a daily basis. It is because of that responsibility why traumatic experiences can never be separated from the occupation of being a police officer. Police officers are continually engaged in hazardous situations from the first moment they become a police officer, where they are threatened with injury and death. Besides the high risk matters they are dealing with, police officers still have to deal with the normal stressors of life such as work overload, financial problems, relationship or marital problems and many more. Chabalala (2005) in his study postulates that police officers in most cases find it difficult to

cope with high risk matters or traumatic experiences. Because of the problems police officers are going through, many Police Forces and Services have implemented programs in order to help police officers deal with traumatic experiences that may be encountered during the execution of their duties (Chabalala, 2005). In Namibia, social workers, chaplains and medics are employed by the Namibian Police Force to present these programs under the umbrella of the Gender and Welfare Directorate.

Thus, this study explored the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia. The nature of work in the police professions requires optimal mental health. When mental functioning is compromised, police officers may not be able to utilise their common sense and resilience as expected when affecting their duties. Police officers also need these two elements to minimise their stress. Operating at peak performance, overtime, and poor mental health can dramatically increase their proneness to physical illness (Yarmey, 1990). Based on the preliminary review of the literature, the researcher is curious to understand how Wanaheda Station Police Officers in the Namibian Police Force are affected by traumatic events that they are witnessing on a daily basis, and specifically how their psychosocial functioning is affected in this regard.

1.4 Objectives of the study

Neuman (2011) emphasises that exploratory studies adopt an open, flexible and inductive approach to research as the researcher attempts to look for new insights into a phenomenon. Therefore, this study can be regarded as an exploratory study in nature as it explores the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek. To accomplish this goal the researcher used the following objectives:

- To describe traumatic events experienced by members of the Namibian Police Force;
- To explore the effects of traumatic events on the psychosocial functioning of police officers and;
- To explore how police officers cope with the effects of traumatic events.

1.5 Significance of the study

A traumatic event is an experience that causes physical, emotional and psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world (Karlsson & Christiaanson, 2006). According to Bettinger (2010), police officers are involved with painful issues in the community, whereby they are expected to deal with unpleasant criminal cases. Being a witness to these horrific circumstances may be stressful and may at times lead to feelings of depression. In his study, Miller (2012) states that similar studies have been conducted in various parts of the world such as South Africa, New Zealand and the United States of America. These studies highlight how traumatic events affect police officers' psychosocial functioning.

At the time this research was conducted, the researcher did not find any literature that explores the effects of traumatic events on the psychosocial functioning of police officers in Namibia. The lack of literature on this topic in Namibia stimulated the researcher's interest in exploring the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia. The researcher was motivated to explore if similar events have an effect on Namibian police officers. The researcher also explored how exposure to traumatic events affects the psychosocial functioning of police officers.

In addition, conducting this study adds to the professional literature in Namibia. An understanding of the effects of traumatic events on the psychosocial functioning of police officers will enable mental health workers in the Gender and Welfare Directorate of the

Namibian Police Force as well as other helping professionals to understand the police officers' world view better and tailor interventions to their particular needs. This study will help them to come up with various Employee Wellness Programs that will help in curbing the police trauma that police officers experience on a daily basis. This study will also enable mental health workers in advising the Inspector General of the Namibian Police Force on the best practices.

A review of the existing professional literature revealed that in executing police work, traumatic events are unavoidable. Thus, the effects of being involved in these events negatively impact on the psychosocial functioning of police officers. The nature of police work requires optimal mental health. When mental functioning is compromised, police officers may not be able to utilise their common sense and resilience as expected when affecting their duties.

In addition, the researcher believes the safety and security of Namibia rest in the hands of the Namibian Police Force and cannot be compromised. Thus, those involved in upholding the safety and security of the country should have good and optimal mental health to be able to accomplish the functions of the Namibian Police Force.

1.6 Limitation of the study

The study was carried out at Wanaheda Police station in Windhoek, Namibia. It was limited to operational members. Thus, the findings cannot be generalisable beyond the context of this study as the study reflects the experiences of only few police officers in the entire country and in particular at Wanaheda Police Station. Transportation was one of the obstacles during the data collection period. The researcher realised that suitable rooms for such interviews were not available at Wanaheda Police Station, which caused her to transport police officers to a better venue during interviews. These police officers are among the busiest in the Police Force, and as such it was a challenge to get access to them to conduct the interviews. Due to the sensitive nature of police work, members were hesitant to be recorded. The researcher is a

Commissioned officer in the Namibian Police Force and is known by the respondents. There were possibilities that the researcher had a subtle influence on the results.

The researcher's lack of experience in research may be a barrier because best methodologies of the study might be omitted. Research is a costly endeavour that also placed a demand on the researcher. However, time management was not a big issue for the researcher.

1.7 Organisation of this thesis

The current chapter provided an introduction to the research project as well as insight into the motivation and purpose of this study. Chapter two provides a review of literature concerning the effects of traumatic events on the psychosocial functioning of police officers. It also provides a discussion of the conceptual framework based on theories that assist the researcher to understand the effects of traumatic events on the psychosocial functioning of police officers better. Chapter three discusses the research methodology used in the collection of data as well as the methods of data analysis. Chapter four presents the findings of the study and discussion of the results. The last chapter provides recommendations and the conclusion of the study, and suggestions for further research.

1.8 Definitions of concepts

To understand the current study, it is imperative to understand the following concepts.

1.8.1 Traumatic event: A traumatic event is an experience that causes physical, emotional and psychological distress. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world (Motsi & Masango 2012).

1.8.2 Trauma

Trauma is a word used for an event that causes major distress to a person. Trauma can be physical, such as a wound, or it can be emotional, such as grieving for a death or fearing acute danger. It is a situation that goes beyond ordinary experience. The situation is a threat towards physical or psychological integrity (Webb, 2004).

1.8.3 Psychosocial Functioning

The interrelation of social factors and individual thought and behaviour problems that occur in one's psychosocial functioning can be referred to as "psychosocial dysfunction" or "psychosocial morbidity." This refers to the lack of development or atrophy of the psychosocial self, often occurring alongside other dysfunctions that may be physical, emotional, or cognitive in nature Miller (2003).

1.8.4 Post-Traumatic Stress Disorder

This is a set of significantly distressing symptoms or problems tied to exposure to trauma that persist for many weeks or months after the event (Biere, 2002). Post traumatic Disorder (PTSD) is a disorder that develops after a person has suffered an extreme emotional or physical traumatic event which leaves them with a myriad of symptoms including flashbacks, anxiety, depression, social withdrawal, and emotional detachment (Webb, 2004).

1.8.5 Suicide

Suicide means taking one's life (Meyer et al., 2003). Suicide is an action with a tragic result that is unlawfully and intentionally instigated and completed by the deceased, knowing that the outcome will be fatal, and with the outcome being considered by the act as instrumental in bringing about desired changes in consciousness and social conditions (Meyer et al., 2003).

1.8.6 Suicidal ideation

Meyer et al. (2003) defines suicide ideation as thoughts and ideas about death, suicide, serious self-injurious behaviour, and thoughts related to the planning, conduct and outcome of suicidal behaviour. Suicide ideation can be operationalised as ranging from relatively mild, general thoughts about death and wishes that one was dead to serious ideation about specific plans and means of taking one's life. It may also be considered a primary market for the risk of more suicidal behaviours.

1.8.7 Coping

According to Meyer et al. (2003), coping is conceptualised as the cognitive and behavioural effort used to manage, master, tolerate and reduce external and internal demands that are appraised as taxing or exceeding a person's resources. Coping can be viewed as a dynamic process that changes according to the situation and the corresponding appraisal made by the individual. It appears that individuals do have consistent coping preferences or dispositions that are employed across a wide range of situations.

1.8.8 Police officer

A police officer is a person whose job is to enforce laws, investigate crimes, and make arrests (Meyer et al., 2003).

1.8.9 Domestic violence

Domestic violence is a systematic pattern of abusive behaviours, occurring over a period of time. The threat may become more frequent and severe and done for the purpose of control, domination and cohesion. Such behaviour may include verbal abuse and threats, physical, psychological and sexual abuse, and destruction of property and pets (Schornstein, 2007).

1.8.10 World View

According to Fox (2008), the theory of the world is used for explaining people's perception of living in the world. A world view is a mental model of reality, a framework of ideas and attitudes about the world, ourselves, and life, a comprehensive system of beliefs with answers for a wide range of questions. A person's worldview is affected by many factors which include inherited characteristics, background experience and life situations, the values, attitudes, and habits they have developed and these vary from one person to the other.

1.8.11 Stressors

Scott (2012) defines stressors as situations that are experienced as perceived threat to one's wellbeing or position in life, when the challenge of dealing with them exceeds the person's perceived available resources. When one encounters stressors, the body's stress response is triggered, and a series of physiological changes take place to allow the person to fight, freeze

or run. Sometimes when people talk about stress in their life they are really talking about stressors. Stressors lead to the body's stress response, and the experience of stress.

1.8.12 Stress

Louw and Edwards (2005) refer to the physiological (of body) and psychological (of mind) reactions people exhibit in response to environmental events called stressors.

1.8.13 Police culture

Malmin (2012) defines police subculture as a collection of patterns, procedures and values that rule police officers. Police culture is often used in relation to their contractual responsibilities.

1.9 Summary

This chapter highlights the orientation to the study on the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia. The chapter emphasised that traumatic experiences are part of the problems of the society in which people live and further stressed that traumatic experiences have a negative influence on those directly exposed to the trauma. The Chapter further gave an overview of the Namibian Police Force including its functions. It was revealed that police officers experience multiple stressors due to the nature of their police work and responsibilities. An inherent part of police work involves encountering potentially traumatic situations, which at times affects the police officers' psychosocial functioning. This chapter pointed out the need for police officers to have optimal mental health due to the nature of their duties. To answer the main research question of the study, the researcher outlined the objectives of the study, the limitations that might be encountered during the study and the significance thereof. The main concepts that are used

throughout the thesis are defined in a way that the reader might understand them in the context of this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Police officers generally carry out their sworn duties and responsibilities with dedication and courage, but some stresses are too much to take (Miller, 1999). The author emphasises that every police officer has his or her breaking point. For some it may come in the form of a particular traumatic experience, such as a gruesome accident or homicide, a vicious crime against a child, a close personal brush with death, the death or serious injury of a partner, the shooting of a perpetrator or innocent civilian, or a large scale crime. In some cases, the traumatic critical incident can precipitate the development of a full scale post-traumatic stress disorder. According to Motsi and Masango (2012) and Miller (1999) Symptoms may include numbed responsiveness, impaired memory alternating with instructive, disturbing images of the incident, irritability, hyper vigilance, impaired concentration, sleep disturbance, anxiety, depression, phobic avoidance, social withdrawal, and substance abuse.

Miller (1999) further states that for other police officers there may be no singular trauma, but the mental breakdown limits the increasing load of everyday stresses over the course of the police officer's career. Most police officers deal with the routine and exceptional stresses by using a variety of situational adaptive coping and defence mechanisms, such as repression, displacement and isolation of feelings. Humour is also one of the defence mechanisms used and it often seems unsympathetic or insensitive. According to Malmin (2012), there is no society or institution that is critically linking citizens to the government like policing. He further states that this arm of the government defends against anarchy and preserves the rule of

law in a democratic society. Pillay (2008) highlights that exposure to trauma is a part of the society that people live in, especially in societies where conflict and violence are prevalent.

Accordingly, Article 118 of the Namibian Constitution (2010) provides for the establishment of the Namibian Police Force. The Act states that the Namibian Police Force functions are: to preserve the internal security of Namibia, to maintain law and order, to prevent crimes, to investigate any offences or alleged offences and to protect life and property.

This study addressed the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia. In the execution of their duties, Kelly (2005) claims that police officers often become deeply immersed in situations concerning injustice, public apathy, conflict roles, injuries, and fatalities. Due to these situations police officers may develop psychosocial problems. Miller (2012) also asserts that police work involves a great deal of trauma, which is one of the biggest reasons that people involve themselves in anti-social behaviour.

Yarmey (1990) and Pillay (2008) say that as a result of the difficult and often dangerous duties that police work involves, the occupational stress that police officers face is cumulatively draining and consuming. Sometimes law enforcement agencies offer only limited resources to help police officers to deal with this trauma. Worse still, these organisations typically exhibit a firmly engrained policing subculture that dismisses the need for such assistance. The two authors firmly contend that an agency should always consider its personnel as the most valuable resource. Police officers deserve all the support and assistance the agency can give them to maintain their health and wellness.

However, many policing organisations struggle to understand fully how trauma and stress impact human beings, and, therefore, fail to train their police officers in this area. Pillay (2008)

is of the opinion that greater attention must be paid to the various causes and impacts of occupational stress and mental anguish among police officers, as well as how these relate to the police subculture. Once agency leaders understand and acknowledge this subculture and its repercussions, they can implement strategies to change it, thereby improving the health and vitality of their workforce (Pillay, 2008).

2.2 Theoretical framework

In view of the above introduction, the researcher was guided by three theories in order to understand the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia. The theories are: Trauma theory, Role theory and the Symbolic interaction theory.

2.2.1 Trauma theory

Trauma emanates from unfavourable life practices that overpower a person's ability to cope and to adjust completely to whatever danger he or she faces (Hepworth, Rooney, Rooney, Gottfried and Larsen, 2006). They further highlight that traumatic events are able to do severe harm and lasting changes in a human being's physiological stimulation, emotion, cognition, and memory. In addition, the authors state that traumatic events may assist these ordinarily combined functions from one another. They highlight that the period that the person is exposed to traumatic events' impact may show a combination of events becoming uncontrollable to the point of threatening physical and psychological integrity. Hence, the authors emphasise that the standards for a knowledgeable practice in response to trauma are ethical commitments of the social work profession. This is because the possibility of facing trauma survivors in every

practice setting is very high. Factors such as economic inequalities in most societies contribute to the prevalent impact of trauma across populations and stages of life and social workers encounter individuals and families in all service settings.

Trauma theory is a new concept in the health care settings (Herman, 2014). Herman (2014) implies that trauma theory corresponds to the original way of thinking that those who have experienced psychological trauma are either ill or are lacking moral character. This idea needs to be reframed that this people are injured and in need of healing. Osman (2009) affirms that trauma theory represents an essential paradigm shift in the mental health fields. Instead of tracing problems with individuals who are sick and need to be healed as these disciplines have historically done, psycho-traumatology suggests that most persons who suffer mental and emotional distress have been injured within their social environments. Osman (2009) further states that this revolution was as a result of changes from the fundamental question of what is wrong with you to what happened to you.

Trauma theory assumes that violent experiences, especially of an interpersonal nature, have confrontational effects on individuals and human systems (Osman, 2009). The author states that those confrontational effects are included in the term psychological trauma. The author highlights that trauma theory challenges the assumption that has been believed by mental health practitioners that the world is basically a safe dwelling for the majority of people, and instead recognises that all human societies are at present controlled by violence. Traumatic effects can range from minimal to severe weakening. The author takes it to be very similar to an event where a person is exposed to severe violence that occurs on a continuum. Individuals, families and cultures will suffer more or less harmful effects of violence depending on a combination of factors: strengths, such as existing coping skills and social support; and vulnerabilities, like cumulative trauma and an ideology that attributes negative beliefs to the experience of

violence. The greater the strengths and the lesser the vulnerabilities, the more mild the reaction tends to be (Osman, 2009).

On the other hand, Herman (2014) asserts that a traumatic experience can impact a person in evident and subtle manner. Herman (2014) argues that trauma is in the eyes of the beholder. The author insists that two people witnessing the same traumatic event may consider that traumatic event differently; what is traumatic to one person might not be traumatic to the other.

Trauma theory does not have a separate set of main writers (Gonzalez, 2009). The author continues by saying that trauma theory is an open ended meta theory in which a broad range of disciplines join from attachment theory to neuroscience, from child development to systems theory, from multiculturalism to political movements of indigenous liberation. The author highlights that the origin of trauma theory is positioned in three historically divided lines of examination into the effects of violence: these are the study of shell-shock or combat neurosis between World War I and the Vietnam War, and the study of sexual and domestic violence in the last three decades (Gonzalez, 2009).

Gonzalez (2009) further states that psychological trauma is an expression that includes physical, cognitive, emotional, social and behavioural effects of violence. Therefore, it is not a purely psychological phenomenon. The author says that the statement is usually used in the field, and it helps us to distinguish between trauma that is purely physical or medical, and trauma that includes all of the stated systems, although the two are obviously related.

Furthermore, Gonzalez (2009) highlights that there are two important revolutions in the study of psychological trauma. Number one was when it included the post-traumatic stress disorder as a diagnostic label during 1980 and the second one is when the establishment of the International Society for Traumatic Stress Studies in 1985 was accomplished. Moreover,

twenty years since then, the field has experienced notable improvement in knowledge production, and numerous disciplines are now joining in their findings and contributing to their proficiency to the discussion of trauma. The author further highlights that the fourth basis of trauma theory, critical to our understanding of the intergenerational transmission of trauma, is the literature that has developed from the Jewish Holocaust experience. Gonzalez (2009) argues that in recent times, the development of post-colonial or historical trauma theory has emerged as a fifth force. Race scholars and indigenous theorists join in the trauma field to pronounce the experience of populations historically excluded from the mental health literature. The author mentions that trauma theorists have described the parallel physical, cognitive, emotional and behavioural effects of trauma on individuals and groups while physical responses to trauma in individuals involve chronic hyper arousal; groups can respond with a fear-based social organisation.

In addition, Herman (2014) notes that she observed that traumatic events makes the human nervous system appears as if it is reconditioned. Therefore, people who experienced traumatic events' body systems go on permanent alert as if danger might return at any time. The author asserts that survivors of a traumatic event are not relaxed.

Individuals suffer cognitive impact through dissociation, while groups, families and cultures undergo a loss of history (Osman, 2009). The author further states that trauma distracts the relations of individuals, and breaks the family and social network of individuals. Osman (2009) asserts that trauma can only be treated when there is a belief that healing is possible. This can be done by neutralizing the effects of violence in their original domain. As a result, the answer to fear is the construction of safety, and the way to overcome detachment suggests the incorporation of memories and history into a coherent story. Although the specific interventions used to achieve these goals may have been developed outside of the psycho-

traumatology framework, they become trauma-focused when applied in this way (Osman, 2009).

In addition, Scoville (2013) suggests that due to cultural barriers, when Police Officers are diagnosed with Post Traumatic Stress Disorder (PTSD), it is vital that their organisation and family members seek out and find treatment that best suit the Police Officer's needs. Scoville (2013) emphasises that the biggest barrier in treating Police Officers is their culture that exist in most law enforcement agencies. Therefore for the family and the organisation to find the best treatment for Police Officers is to first understand this culture.

The cultural flexibility of trauma theory is boundless (Gonzalez, 2009). The author states that all individuals and societies are subject to the effects of violence, and similar responses to it are largely related to common biology trauma focused interventions and must be adapted to the specific cultural, historical, political and ideological context of clients. The author emphasises that those who design and apply the interventions must have extremely high cultural competencies. Part of their task is to pinpoint the strengths and vulnerabilities to trauma of each individual, family or community they serve. Gradually, members of traditionally traumatised groups are developing interventions specific to their own culture, resulting in a highly effective and accurate emic viewpoint. This phenomenon has placed marginalised populations at the centre of production of knowledge in the fields of mental health.

2.2.2 Conceptual Framework of trauma theory

People who experienced traumatic events usually experience problems after the traumatic event (Carlson and Ruzek, 2010). The author further claims that the seriousness of the problems are

determined by various factors such as the person's life experiences prior the trauma, the individual's own natural ability to cope with stress, the seriousness of the trauma and the type of assistance and support the individual receives from family, friends and helping professional. However, the Centre for Substance Abuse treatment of US (2014) states that the individual's sociocultural history has a great influence on the individual's emotional reactions to trauma and can vary greatly from one survivor to another.

According to Gonzalez (2009), trauma theory is a relatively recent concept that emerged in the health care environment during the 1970s, mostly in connection with studies of Vietnam veterans and other survivor groups. Posttraumatic Stress Disorder has been just an added concept as a new category in the American Psychiatric Association official manual of mental disorders in 1980. The author accentuates that trauma theory represents a fundamental shift in thinking about the idea that those who have experienced psychological trauma are either sick or deficient in moral character to refrain that they are injured and in need of healing.

Moreover, Carlson and Ruzek (2010) state that people who experience traumatic events tend not to understand what is happening to them because they are not familiar with how trauma affects people. After a traumatic event some individuals may think that they are crazy comparing themselves with others who went through traumatic events. They often feel that other people who went through traumatic events do not appear the way they do.

In addition, Osman (2009) states that the association of race, class, gender, sexual orientation, religion, and national origin improve the basic multifaceted impact of trauma exposure. These circumstantial factors contribute to the unbalanced exposure to greater socioeconomic inequalities experienced by individuals and families that social workers come across in all the service settings in which they work.

Gonzalez (2009) emphasises that the combined impact of unequal exposure to current trauma and experiences of historical trauma, marginalisation, racism, and oppression outlines the perceptions of the children and families, cultural groups, and the broader systems they live in to trauma exposure and intervention efforts. These influences help people to seek and to access effective services. There is an equal interaction between traumatised social, political, and legal systems and traumatised individuals and their families. This interaction affects the traumatised systems' capacity to effectively respond to the needs of affected individuals or families and the capacity of the systems themselves to change and recuperate. The author further accentuates that the imbalances rooted in these systems lead to collected disadvantages in access to physical and intangible sources of social support. The subsequent disparity contributes to the over representation of traumatised individuals among major social problems.

Gonzalez (2009) states that the rationale for prominent attention to trauma in social work education can be found in the many studies that document the widespread prevalence of trauma exposure and its lasting impact across the life course on all the populations served by social workers.

Also, Hepworth et al. (2006) and Gonzalez (2009) say that in adulthood the risk ranging from psychosocial to physical health problems that are connected to trauma experiences are likely to increase health care visitations and also bring victims closer to the attention of social services organisations and the criminal justice system. Most studies show that almost all consumers of services in the public mental health system have trauma histories.

Trauma informed practitioners are acquainted with the fact that the nature of trauma and traumatic experiences are integrally difficult (Gonzalez, 2009). He further states that trauma takes place within a broad context that includes the individual's personal characteristics, life

experiences and current circumstances. The author elucidates that inherent and extrinsic dynamics have an impact on individuals' experiences. It also has an impact on the individual's experience of traumatic events, anticipation concerning danger, protection, safety and also the course of post trauma change.

The author proclaims that practitioners incorporate their understanding of developmental neurobiology underlying human reaction to traumatic experiences and draw on their understanding that culture is closely interwoven with traumatic experiences, reminders and recovery (Gonzalez, 2009).

According to Osman (2009), trauma affects people in specific ways. Therefore, social work practitioners' interventions include an insight of the effects of trauma on people. Social workers are aware that individuals can project a wide range of reactions to trauma and loss, and that threat and safety are essential fears in the lives of traumatised people. Based on the reason that traumatic events often generate secondary difficulties and life changes, interventions are prepared to identify and address them. The author further states that traumatic events also produce disturbing evidences in clients' daily lives and practitioners recognise how protective and primitive factors can reduce the adverse impact of trauma.

During a traumatic event individual become confused with fear (Carlson and Ruzek, 2010). The author continues to say that after the traumatic event they may re-experience the traumatic event mentally and physically and this causes discomfort for them. Individuals who experienced traumatic events at most occasions try to avoid reminders of the traumatic event that passed. Re -experiencing the traumatic event includes thinking about the traumatic event, seeing images of the traumatic event, feeling agitated, and having physical sensations similar to those that occurred during the traumatic event. Moreover, Carlson and Ruzek (2010) and

Centre for Substance Abuse Treatment of US (2014) report that most individuals who went through a traumatic event always feel as if they are in danger. Therefore, they become anxious and physically agitated. They may have sleeping problems and concentration difficulties and cannot do anything to stop these problems.

It is possible to recover from trauma, even though it has particular challenges (Osman, 2009). The author continues to state that traumatic experiences comprise the main destruction of the expectations of human beings concerning the primary social roles and responsibilities of significant others in the client's life. The author asserts that practitioners such as social workers are aware of the need to contend with issues involving justice, obtaining legal redress, and seeking protection against further harm. Moreover, the author reveals that working with trauma exposed people brings distress to providers that make it more difficult for them to provide good care. The author advises that for a practitioner to do a good quality intervention with traumatised people, proper self-care is an imperative part of providing excellent care and of supporting personal and professional resources and capacities over time.

Furthermore, Osman (2009) explains that whether it is recognised or not, trauma shapes the organisational culture of all service providing systems. Trauma informed organisations' programs and services are based on an understanding of the vulnerabilities. On the other hand, Osman (2009) postulates that trauma informed organisation programs and services are triggers to trauma survivors. As a result, traditional service delivery approaches might exacerbate the clients' situation, therefore services and programs should be more supportive and avoid re-traumatisation. However, trauma informed systems take into account the profound impact that working with and caring for traumatised clients can have on the practitioners and other caregivers, and provide support to mitigate these effects.

In addition, Gonzalez (2009) states that trauma-informed organisations attend to a number of collective aspects which take into account the incorporation of trauma awareness programs. A trauma lens is merged into all facets of the service system. This is a philosophical transference that creates an overall system that accounts for symptoms and behaviours as adaptive responses to trauma. Social work leadership promotes trauma-informed staff training, consultation, and supervision as important aspects of the ways to incorporate an awareness of trauma's impact on helpers in all aspects of the activities of the program.

Similarly, Van Deventer and Batka (2013) are of the opinion that it is also vital to educate staff members about emotional intelligence in order for them to deal with the trauma they experience on a daily basis. Van Deventer and Batka (2013) indicate that emotional intelligence means a combination of skills such as empathy, self-control, self-awareness, sensitivity to the feelings of others, persistence and self-motivation. Emotional intelligence gives the connection between feelings, character, and moral values. The authors state that the way people approach life depends on their emotional abilities. They emphasise that human beings cannot care about others if they do not sense their needs or distress. Van Deventer and Batka (2013) affirm that lack of emotional intelligence is a high risk of problems such as depression, aggression and violence, anxiety, eating disorders and drug abuse. The authors believe that to solve the problem of lack in emotional intelligence is to educate people on self-awareness, self-control, empathy and the abilities of listening, resolving conflicts and co-operation. Van Deventer and Batka (2013) emphasise that we cannot do without emotions, but we need to control and express them correctly. Van Deventer and Batka (2013) gave examples of people who possess the highest abilities of emotional intelligence as follows: emotional intelligent people always motivate themselves and are never discouraged when frustrated. They easily control impulses and hold-up pleasure. This person controls moods very well and do not permit emotions to

hinder their ability to think. Emotionally intelligent people identify emotions in other people and always have hope.

Henceforth, for a person to gain emotional intelligence it is important to first recognize your own emotions through self-awareness and recognising a feeling as it occurs. Van Deventer and Batka (2013) elucidate that it is only if a person can manage his or her emotions well, that he will be able to handle relationships well and be socially more competent. If a person does not have emotional intelligence abilities, it may result in withdrawal from others, feeling anxious or depressed, having attention, or thinking problems. Moreover, the authors emphasise that if it becomes severe, it may result into socially unacceptable behaviour such as telling lies, being mean, arguing a lot and being quick-tempered.

Similarly, Osman (2009) emphasises that a trauma-informed service system should take into account the importance of building physical and emotional safety for clients and providers in all aspects of its work. This emphasis on safety is centered on an awareness of the client's persistent danger orientation and the impact of potential trauma triggers for clients, and thus strives to avoid re-traumatisation for clients and staff. Respect for diversity also guides the safety emphasis on trauma-informed settings. Therefore, the system promotes knowledge about the wide disparity in vulnerability of certain groups to traumatic experiences.

Osman (2009) further puts an emphasis on opportunities to reconstruct, control and empower. The author postulates that due to traumatic circumstances often connected to a client's loss of control and disempowerment, trauma-informed service systems emphasise the importance of choice and empowerment. Osman's (2009) advice is that practitioners should put more emphasis on strength-based approaches rather than deficit-oriented ones. The author illuminates that trauma-informed strengths-based service systems assist clients in identifying their own strengths, support and development of new coping skills. He further advises that

practices in the agency might include a declined importance on guidelines and the emphasis on clients' making choices and the use of joint problem solving.

2.2.3 Role theory

Although the following source is older than ten years, the researcher found it useful for this study. Turner (1990) elucidates that role theory suggests that human behaviour is directed by expectations held by an individual and other people in the society within which they live. The author states that these expectations normally match up with diverse roles that individuals do or enact in their everyday lives. Human beings in general possess and manage numerous roles. Moreover, roles specify what goals should be pursued, what tasks must be accomplished, and what performances are required in a given picture or situation. This is because there are procedures or norms that function as plans or proposals to guide people's behaviour.

Turner (1990) suggests that role theory holds that a significant percentage of noticeable, day to day social behaviour is simply people carrying out their roles. This means that role theory is in fact predictive. It suggests that if people have information about the role anticipations for a definite position a significant share of the behaviour of the persons occupying that position can be anticipated.

2.2.4 Symbolic Interaction theory

Anderson and Taylor (2009) define symbolic interactionism as a theory that emphasises that human interaction and communication are facilitated by words, gestures and other symbols that have been acquired. Sheldon (1968) is another old source that the researcher found useful. The author elucidates that the term symbolic interactionism has come into practice as a label for a relatively unique methodology to the study of human life and human conduct. Anderson and

Taylor (2009) further clarify that with symbolic interactionism, reality is seen as developed social interaction with others. Most symbolic interactionists believe that a physical reality does indeed exist by an individual's social definitions, and that social definitions do develop in part or in relation to something real. However, individuals do not react to this reality directly, but rather to the social understanding of reality. The author highlighted that humans exist in three realities: physical objective reality, a social reality and a unique reality.

Sheldon (1968) emphasises that society and individuals are inseparable from each other for some reasons. It is because they are both created through social interaction, and one cannot be understood without understanding the other one. The author postulates that behaviour is not defined by forces from the environment, but by reflective socially understood meaning of internal and external incentives that are currently presented. According to Sheldon (1968), there are three basic perspectives from which to view Symbolic Interactionism. Firstly, humans act toward things on the basis of the meanings they ascribe to those things. Secondly, the meaning of such things is derived from, or arises out of, the social interaction that one has with others and the society. Thirdly, these meanings are handled and modified through an interpretative process used by the person in dealing with the things he or she encounters.

Sheldon (1968) further argues that close contact and involvement in the everyday activities of the participants is necessary for understanding the meaning of actions, defining the circumstances and the procedure that role players construct through their interaction. Because of this close contact, interactions cannot remain completely liberated of value commitments. According to the author, in most cases, role players utilise their values in choosing what to study; conversely, they seek to be objective in how they conduct the research. Therefore, the

symbolic-interaction approach is a micro-level orientation focusing on close up human interaction in specific situations.

Anderson and Taylor (2009) state that the symbolic interaction perspective, also called symbolic interactionism, is a major framework of sociological theory. This perception depends on the symbolic meaning that assumes that people develop and rely upon in the process of social interaction. Anderson and Taylor (2009) stipulate that symbolic interactionism originates from Max Weber's statements that human beings act according to their interpretation of the meaning of their world. Anderson and Taylor (2009) further highlight that symbolic interaction theory examines society by addressing the biased meaning that people force on objects, events and behaviours. The authors say that subjective meanings are given because it is believed that people behave based on what they believe and not on what is empirically true. Anderson and Taylor (2009) state that as a result, the society is thought to be socially constructed through human interpretation. People interpret one another's behaviour and it is these interpretations that form the social cohesion. Anderson and Taylor (2009) highlight critics of this theory claim that symbolic interactionism neglects the macro level of social interpretation which can be regarded as the big picture. In other words, symbolic interactionism may miss the larger issues of society by focusing too closely on matters rather than the whole society. The viewpoint also receives criticism for abusive effects of social forces and institutions on individual interactions.

Charon (2004) highlights that there are five central ideas to symbolic interactionism which are explained as follows. Firstly, he argues that the human being must be understood as a social being. This is because it is the perpetual search for social interaction that leads us to do what

we do. Symbolic interactionism, instead of focusing on the individual and his or her personality, or on how the society or social situation causes human behaviour, rather focuses on the events that take place between role players. Symbolic interactionism is more on the interaction as their basic unit of study. Charon (2004) clarifies that individuals are created through interaction; society too is created through social interaction. The author emphasises that whatever we do depends on interaction with other people in the past, and it depends on our interaction presently. Social interaction is fundamental to what we do. If we want to understand causes, we should focus on social interaction.

Secondly, the author argues that a human being must be understood as a thinking being. Human action is not our ideas or attitudes or values that are as important as the persistent vigorous on-going process of thinking. The author emphasises that as human beings we are not products of society. However, we are to our very core thinking animals, always conversing with ourselves as we interact with others. The author further states that if we want to understand causes, we should focus on human thinking. Thirdly, the author argues that human beings do not directly sense their environment; instead they define the situation they are in, and the environment may actually exist, but it is our definition of the environment that is important. The definition does not result from the on-going social interaction and thinking. Fourthly, the author argues that the cause of human action is the result of what is occurring in our present situation. Foundation unfolds in the present social interaction, present thinking, and present definition. It is not the society that encounters with us in our past; it is instead the social interaction, the thinking, and the definition of the situation that takes place in the present. Our past enters into our actions for the reason that we think about it and apply it to the definition of the present situation. Lastly, the author argues that human beings are described as active beings in relation to their environment. Words such as conditioning, responding, controlled and imprisoned are not used to describe the human being in symbolic interaction. In contrast to other social scientific

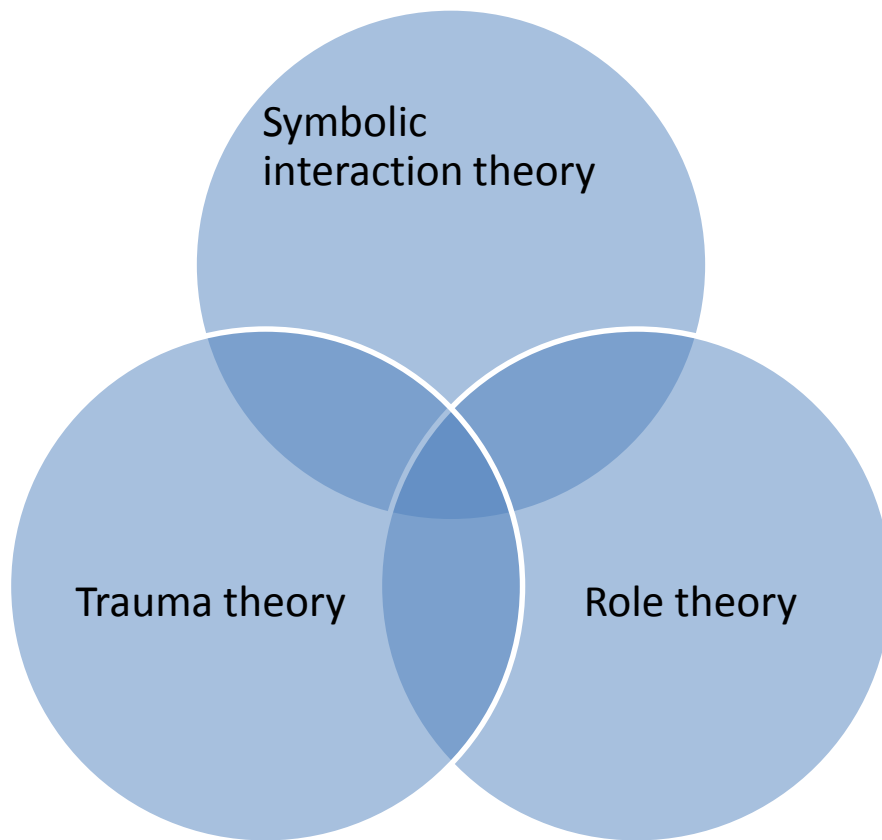
perspectives, humans are not thought of as being inactive in relation to their surroundings, but actively involved in what they do (Charon, 2004).

The researcher is of the opinion that in order to understand the effects of traumatic events on the psychosocial functioning of Police Officers better, the trauma theory, role theory and symbolic interaction theory give a clear map for quality intervention. The theories form a base on which interventions for Police Officers can be recommended. These three theories assist the helping professionals to understand human beings and their relationship with the environment, society and others. They also assist in understanding the human self and the development of mind, conscious and sociability from within a social context. Understanding the behaviour and development needs of a human being can guide practice and decision making. Exploring and appreciating theories of relationships can help professionals understand their own as well as other people's seemingly irrational, unpredictable and disorganised behaviour. A developmental perspective helps helping professionals to make sense of people and the quality of their relationships, no matter how turbulent or disturbing they might be. Understanding the three theories also allows the helping professionals to increase their tolerance, patience, concern, compassion, curiosity and resilience when faced with difficult people and troubled situations (Charon, 2004).

The three theories are perceived to be interlinked in addressing the effects of traumatic events on the psychosocial functioning of police officers from a holistic approach. Police officers are unduly expected to work as magicians in their society. Hence, police officers play a role of policing in their society and sometimes have to go beyond their capacities as human beings. With that, it is clear that their roles are prescribed by society, according to what the society understands as reality. Whatever happens in the society is a reality. Therefore, police officers react to the social understanding of reality. Police officers also cannot be separated from their

society. In the same vein, symbolic interaction approach is a macro-level orientation focusing in close up human interaction in specific situations. Human beings act according to their interpretation of the meaning of their world. Instead of focusing on individual and personality or how the society causes human behaviour, one should focus on the events that take place between role players. Human action is the result of what is occurring in our present situations. Trauma theory also emphasises that most people who suffer mental and emotional distress have been injured within their social environment. Violent experiences have confrontational effects on individual and human systems. Moreover, the interactions of an individual and his or her environment and community play a significant role in determining whether that person is able to cope with the traumatising experience. Figure 1 below demonstrates the relationship of symbolic interaction theory, trauma theory and role theory.

Figure 1: The relationship of symbolic interaction theory, trauma theory and role theory



In conclusion, according to Hepworth et al. (2006), the theories that social workers utilise are not automatically unique to the profession. It is known that social workers have been utilising borrowed and adapted theories historically. These theories mostly originated in other disciplines such as psychology and sociology, along with medicine and biology. The ways in which social workers apply theory, however, are often unique to their practice. That difference transmits to the ways in which social workers relate theories according to their understanding of people in context and of their unique circumstances. Thus, social work's theoretical importance may change the way in which some theories are applied. Hence, though social workers' application of theories may not be congruent with any traditionalist approaches, it nonetheless remains theoretically informed and grounded. Theory provides systematic ways of

observing, questioning, and interpreting behaviours so that social workers have a conceptual infrastructure of how they conduct assessments and justify their practice. The use of theory reflects a level of rational, systematic thinking that distinguishes social work practice from personal opinion.

2.3 The nature of trauma

Trauma is a phenomenon that is as old as humankind. Trauma and its effects have been discussed in many early historical writings. However, emotional trauma as a concept has only been properly identified over the last approximately 20 years (Van Wijk, 2002). Prior to that, what we know today as emotional trauma was referred to as hysteria, nervous shock, the great neurosis or war neurosis and even as late as the Vietnam war, the effects of traumatisation were still considered to be signs of weakness and even laziness.

Van Wijk (2002) further states that later in the 1980s the American Psychiatric Association validated post-traumatic stress disorder (PTSD) and included it in the Diagnostic and Statistical Manual of Mental Disorders III. The association concluded that for a person to be traumatised when exposed to a traumatic event, the following elements might be present:

- The person has experienced, witnessed, or been confronted with an event or events that involved actual or threatened death or injury, or a threat to the physical integrity of oneself or others.
- The person's response involved helplessness or horror.

The author further explains that a traumatic incident is any situation faced by victims that causes them to experience unusual strong emotional reactions that have the potential to

interfere with their ability to function either at the scene or later. This can be any type of unusual experience which disrupts the victim's normal level of functioning and ability to cope.

People who experienced traumatic events tend to blame themselves for what happened (Carlson and Ruzek, 2010). The author states that as a result, they turn to substance abuse to make themselves feel better. Centre for Substance Abuse Treatment of US (2014) affirms that substance abuse that is at times referred to self-medication is one of the methods that traumatised people use in an attempt to regain emotional control. This self-medication causes further emotional harm to the victim of trauma. Other methods that the survivors of traumatic events, try toward emotional regulation are: engaged in self-injurious behaviours, disordered eating, and compulsive behaviours such as gambling, overworking, and denial of emotions. Centre for Substance Abuse Treatment of US (2014) affirms that not all behaviours associated with self-regulation are considered negative. Some survivors of traumatic events find creative, healthy, and productive ways to manage strong effects of trauma. At times survivors of traumatic events withdraw from their friends and families because they believe that they do not understand them (Centre for Substance Abuse Treatment of US, 2014). On the other hand Carlson and Ruzek (2010) highlight that survivors of traumatic events need to be informed that trauma happens to competent, healthy, strong and good people. They need to understand that there is no person who can protect him or herself from traumatic experiences. Centre for Substance Abuse treatment of US (2014) agrees with Carlson and Ruzek (2010) remark that, survivors of traumatic events need to understand that traumatic experiences affect people differently, for others it may have long term effects and for others short term effects. It should also be cleared that individuals reacting to trauma are not crazy but rather experiencing symptoms and problems that are connected with having been exposed to traumatic events. Carlson and Ruzek (2010) emphasise that by understanding and recognising trauma symptoms

better, individuals can become less fearful, can manage them better and might be able to take decision on getting treatment.

Van Praag, De Kloet and Van Os (2005) say that an individual can be said to be suffering from trauma if he or she has been exposed to an event or events, and as a result of which that individual's coping ability is rendered dysfunctional and that at least one of the following has been present:

- An element of fatalism. The person in question must project a form or sense of loss, even if it is not of some physical property, but can be the loss of an intangible element such as security or dignity.
- An unchangeable conclusion. There must be an irreversible change of circumstances after the incident, such as the loss of loved one, because life will never be the same anymore.
- Severe impairment of the normal coping abilities. The usual coping abilities that the person possessed are dysfunctional. This means the usual ways by which the person used to overcome problems, do not work anymore. An example is a person who says: "I am normally very strong, but now I cannot stop crying."

Moreover, Carlson and Ruzek (2010) points out that people who survived traumatic events have upsetting feelings and when they feel stressed and reminded of the traumatic event they survived; they act as if they are in danger again. For example a person living in a safe neighbourhood might feel that he must have an alarm system, double locks on the door, a locked fence, and a guard dog. Survivors might feel that they are in danger and may be aggressive towards a situation where he was not supposed to be aggressive. Another example that might cause a person to act as if he or she is in danger, is a person who was attacked might

be quick to hit someone who seems to be threatening. Carlson and Ruzek (2010) further inform that when traumatic events, survivors re-experience symptoms of the past event, it is a sign that the body and mind are struggling to cope with the trauma experienced. Therefore, Carlson and Ruzek (2010) emphasise that understanding the effects of trauma on relationships can also be an important step for family members or friends.

Centre for Substance Abuse Treatment of US (2014) emphasise that survivors of traumatic events need to express emotions associated with trauma and talking about the trauma is important. However, they further indicated that more recent research revealed that survivors who chose not to process their trauma are found to be psychologically healthy as those who processed their trauma. Therefore, the authors emphasise that respecting the individual's style of coping and not valuing one type than the other is also important.

According to Resick (2001), the traumatic event may be either situational, where there is only one incident such as a hijacking, or it may be developmental, where the situation develops over a period of time, such as a divorce or the development of cancer. Psychic trauma is defined as an emotional state of uneasiness and stress caused by memories of a normal catastrophic experience which traumatised the survivor's sense of invulnerability to harm. Traumatic events are therefore strange, not because they overwhelm the ordinary human adaptations to life. Unlike common place misfortunes, traumatic events generally involve threats to life or body integrity, or a close personal encounter with death or violence. These events confront human beings with the extremes of helplessness and terror, and evoke the responses of catastrophe. The common denominator of trauma is a feeling of intense fear, helplessness, and loss of control, loss of freedom and of obstructing annihilation (Resick, 2001).

A traumatic event is always caused by an external stressor or event (Resick, 2001). The author further states that it is sudden, even in a case of a developmental event, which stretches over a period of time; the onset is normally much unexpected. In all cases people are never prepared for it; in other words, it is an event that catches a person by surprise and is potentially dangerous. Normal coping mechanisms of the victim fail and during the trauma, victims are usually confused.

According to Kanguatjivi (2012), in the Namibian context the following are a few typical traumatic incidents that are common within the Namibian Police Force:

- Shooting incidents where an individual has been shot or has shot another person.
- A suicide or suicide attempt.
- Gruesome scenes for example motor vehicle accidents, armed robberies, rape, murder.
- Any physical attack on a person or family member, friend or colleague.
- A critical incident that a person reports, for example domestic violence, divorce or intra family murder.
- Drowning.

Pillay (2008) stipulates that trauma has a huge effect on individuals as well as the society. Medical professionals took time to acknowledge the extent to which trauma can affect a human being. It became fortunate that with the increasing prevalence of trauma exposure in civilian as well as combat populations, the true scale of trauma-related psychiatric consequences is beginning to emerge. In his study, it has been reported that more than (sixty) percent (60%) of men and fifty one percent (51%) of women experience at least one traumatic event in their lifetimes. Of these, eight percent (8%) and twenty percent (20%) fall victim to post-traumatic stress disorder (PTSD). The author further indicates that more women are at risk for developing

Post Traumatic Stress Disorder (PTSD). Pillay (2008) says that the impact of Post-Traumatic Stress Disorder upon the quality of life results in serious functional and emotional damage. In addition, this matter is a concern because there are unfavourable costs to the society with regard to high financial and social consequences from the significantly high rates of hospitalisation, suicide attempts and alcohol abuse.

Van Wijk (2002) agrees that trauma is an everyday event, natural and widespread. Trauma impacts on victims of motor vehicle accidents, falling and injuring oneself, illnesses, sudden losses and abuse as well as unexpected events such as natural disasters, violence, torture, terrorist attacks and war. The majority of people exposed to traumatic events do not suffer from long-term emotional damage. However, twenty percent (20%) of the population exposed to trauma will develop Post Traumatic Stress Disorder, and a higher percentage will feel some traumatic effects on their lives.

Van Wijk (2002) further gives an example of the September 2001 attack in America that has an effect on the American nation as a whole. Other examples are the on-going threats of anthrax, small pox epidemic, and bio-chemical warfare and terrorist attacks, that have an effect on the nation as a whole and the collective nervous system becomes stimulated and on edge. The population is on alert, feeling unsafe, overwhelmed and helpless when facing on-going unpredictability. Trauma has a direct impact on the victims of fear and their families and friends.

In addition, Van Praag et al. (2005) allege that television viewers who see terror on the screen are also vulnerable to second hand trauma. The authors further state that there is an increasing stress from the on and off exposure to the threat of terrorist attacks that impacts the collective nervous system of a human being. Van Praag et al. (2005) highlight that when a person is

exposed to traumatic situations; the likelihood to trigger old symptoms is high. The authors allege that traumatic situations have the characteristic of awakening old traumas and activating dormant symptoms. Therefore, the effects of a traumatic event cannot be seen or project themselves immediately after the event.

In addition, Van Praag et al. (2005) state that witnessing traumatic events on a daily basis has a huge impact on a human being. The authors say that the impact can be prevalent and destructive to a person's live, families, communities as well as the nation at large. For the society to resolve any type of trauma, it will have to pay a high price to curb it.

On the same note, Pillay (2008) postulates that trauma has been associated with physical and mental illness, learning disabilities, addictions, deviant or aggressive behaviour, polarisation of belief systems, racial, ethnic and religious intolerance and violence in individuals, in schools and communities, between groups and between nations. The author further argues that traumatic rebuilding is a hazardous part of trauma. The author says that when society's trauma is not healed, people are likely to continue to repeat their traumatic experience in some way or another.

2.4 The nature of trauma in an African context

Trauma issues and trauma treatment have become newsworthy in Africa because of the common political, social and economic insecurities in the continent (Motsi and Masango, 2012). The authors continue to state that examining and promoting the rational reasoning about the significance of humanitarian intervention is identified as a vital need according to the pastoral care point of view. The Pastoral view point points out specifically to the approach and treatment that can be utilised. In general, the "Western medical and psychiatry fields view a

person on the basis of a self-centered approach while, Africans view their people from a social-centric perspective” (Motsi and Masango, 2012, p.1). In addition, a worldview is defined as how different people view their reality and therefore it is critical to accept that the Western world view is different from the African world view (Motsi and Masango, 2012).

Africans understand their people from a socio-centric viewpoint because they believe that an individual is part of the community as a whole (Motsi and Masango, 2012). It is for that reason why African people believe that trauma is a problem that has an impact on an individual as well as the whole community. While according to the western beliefs, an individual consists of body and soul and their belief that trauma is a thing on the individual’s mind. It is based on this background that the authors are of the opinion that redefining trauma in line with the African viewpoint is important and will enhance the caring for traumatised African people who are desperately in need of help. It is important for people all over the world to understand their pain and suffering so that, they can come up with various approaches towards their healing (Motsi and Masango, 2012). The authors continue to state that Africans have the trend of believing in science and in the international scientific communities that at times over powers their beliefs and tend to marginalise the African knowledge. It is based on that statement that Motsi and Masango (2012) proposed that in Africa, a community based and culturally sensitive methodology is necessary in dealing with traumatised people. As stipulated African people have the tendency of viewing life in a communal way. Therefore, an African view of a person is one which is knotted with the whole society and community. This view seems to be impossible to be understood in isolation. The authors are of the opinion that the Western view omits this perception because it does not understand that matters of guilt and shame exist in a sense of mutual obligations. Within the African world view, the individual appears as a lifeless body of an external agency which becomes the unclear image of selfhood. It is based on this ground that, pain and stress are observed by others as a problem affecting the community in an

African context. According to Motsi and Masango (2012) truth was found in this statement and was noted that this happens especially when society fails to provide answers and support to the people who are helpless and desperate.

According to Motsi and Masango (2012), the fact that most individuals are within social networks they easily develop their self-worth, self –control, sense of belonging and sense of security.

2.5 The psychosocial functioning of police officers after traumatic events

Biere (2002) emphasises that an individual's view point about the consequences of traumatic exposure rests on the individual's beliefs and it includes the person's world view. The traumatic experiences challenge the beliefs people have about themselves, other people and the world around them and therefore give rise to particular sets of assumptions. These assumptions guide people's actions and behaviours. People's assumptions or theories guide their perceptions and their actions. People's assumptions are often challenged when an experience or event that is in conflict with these assumptions occurs. When an individual undergoes a process like this, it can be said that the person is experiencing emotional and psychological distress because of the discord between their own assumptions and the reality of the experience. Young (2004) contends that when a traumatic episode happens, it may challenge these assumptions, thereby creating a sense of uncertainty for the person. It is when an individual starts to question their sense of security and trust in others and the world. It might be a difficult task for a person to continue with their lives. It is as if the traumatic experience has made their life come to a standstill, making it hard to plan for the future or recuperate and go back to the way they lived before the traumatic event had occurred. Young goes on to say police officers also have assumptions about themselves and their world. During the police officers' basic training, they are taught that the world is malicious and that they should expect the unexpected when dealing

with people in general, especially the criminal elements. While under training and during their interaction with other police officers, they would form particular beliefs about themselves as police officers. Such beliefs may originate from their own experiences and from what is referred to as the police subculture (Resick, 2001).

Various authors such as Campell (2012), Anderson (2011) and Betlinger (2010) emphasise that it is believed that there are several behaviours that police officers project due to the traumatic events they experienced during the execution of their duties. It is apparent that police officers believe that they are strong, in control and capable of dealing with any danger. Conversely, these assumptions guide their actions as police officers. When police officers are confronted by a traumatic event that contests these assumptions, it leaves them feeling stunned and vulnerable (Young, 2004). The control that they thought they had is now questionable. These feelings of vulnerability and loss of structure and control that they went through as a result of the trauma, causes police officers to find it challenging to cope with. Whilst police officers find it difficult to cope with a traumatic experience, they may develop psychological distress such as anxiety and depressive disorders as a result.

The police work is one of the professions that have a high risk to develop Post Traumatic Stress Disorder (PTSD) (Yarmey, 1990). However, Violanti (1997) states that police officers who have been long exposed to trauma are likely to experience the after-effects of trauma long after separating from the traumatic event. With such long term exposure, the author states that officers who separated long from policing are still likely to experience symptoms associated with Post Traumatic Stress Disorder (PTSD). Moreover, Violanti (1997) suggests that this trauma that police officers endure is residual trauma. The author explains that persons who leave traumatic situations tend to generalise avoidance to stimuli resembling the trauma in their

new environment and tighten their scope of activity. This is viewed as a disadvantageous pattern of residual trauma carried over into the new environment of the separated police officer. When police officers return to civilian life they take their emotional package remaining from traumatic work experience.

Chabalala (2005) emphasises that it should be understood that not all police officers that have experienced traumatic events are diagnosed with Post Traumatic Stress Disorder. This does not mean that they are not affected by the traumatic experience, but rather because of the narrow conceptual definition of PTSD, the impact of the trauma is not diagnosed as a disorder. An on-going exposure to traumatic events may cause residual trauma symptoms and not only Post Traumatic Stress Disorder. These symptoms can still have an impact long after the police officer has been removed from the traumatic environment. As a result of long term exposure to traumatic incidences, police officers may also develop post traumatic character disorder or complicated post traumatic disorders. Mifflin (2002) defines character disorder as “a disorder characterised by socially undesirable behaviour, as poor control of impulses or inability to maintain close emotional relationships and by absence of anxiety or guilt”, or “any of a group of personality disorders characterised by a persistent pattern of maladaptive behaviour, emotional instability, immaturity, compulsive gambling, sexual deviation, or alcohol or drug addiction”.

The character was used to reflect aspects of an individual that define them as human beings (Simon, 2014). The author continues by saying that the term has been utilised to look at characteristics of a person's personality that points out the degree to which his or her personality traits reflect socially desirable qualities such as self-control, ethics, loyalty and fortitude. Character is said to refer to the extent of one's virtuousness and social conscientiousness. Simon (2014) says that human beings have traits that reflect upon character,

when traits cluster in a way and intensity, it is when it causes us to function in an immoral or socially irresponsible manner.

Simon (2014) says that “disordered characters are very different from their neurotic counterparts on almost every dimension imaginable; they require a whole different perspective to deal with them effectively”. Hence increased exposure to traumatic events may or may not result in PTSD, but it can increase the police officers’ risk status to develop other psychological problems. In addition to the symptoms of PTSD and the increased physical provocation that are consequences of exposure to a traumatic event, there are various other cognitive, behavioural, emotional and social consequences. Chabalala (2005) summarises some of these consequences. These can be seen as common reactions that people experience following exposure to a traumatic event.

Table 1. Common reaction to trauma

Physical Reactions	Mental Reactions	Emotional Reactions	Behavioural Reactions
Muscle tension	Inability to	Fear	Withdrawal from activities
Upset stomach	concentrate	Sadness	Impulsiveness
Rapid heart rate	Memory	Guilt	Heightened or lowered
Dizziness	disturbances	Depression	sexual drive
Lack of energy	Flash backs	Anger	Change in eating habits
Fatigue	Poor judgement	Frustration	restlessness
Nausea	Absent mindedness	Helplessness	
Dryness of the	Difficulty in making	anxiety	
mouth	decisions		
Palpitations	nightmares		
Shortness of breath			

Adopted from Chabalala (2005, p.55)

In view of the above mentioned consequences, the experience of a traumatic event can cause personal and work related problems. Young (2004) lists some of the problems as alcoholism, suicidal or homicidal behaviour, marital dissatisfaction and work related problems (absenteeism, low productivity, conflict). The degree of the effects of traumatic events depends on how the victim copes with the pain thereafter.

2.6 Police subculture

Police officers are looked up to as people with high discipline and protectors of law and order of the society (Peel, 2014). However, nowadays the societies no longer trust the police officers and blame them for a lot of wrong doings. Peel (2014) says that police officers at times behave in a despicable manner. According to Peel (2014) studies revealed that police officers behaviours are influenced by the subculture that is ingrained in them. This subculture teaches them how they should behave and what they should believe. After all, the entire police community turns into a unified group that is fundamentally alienated from the general public.

On the other hand Peel (2014) defines police subculture as a "set of norms and values that govern police behaviour, brought about by stressful working conditions plus daily interaction with an often hostile public (p.1)". The author believes that police subculture is accountable for giving police officers a distinctive working attitude and mindset. Peel (2014) agrees that many police officers witness violence whereby death and injuries are encountered on a daily basis.

Similarly, Herbert (2008) defines police subculture as an array of standard procedures and values that as a rule police officers should activate as a stipulation of their contractual responsibilities. Police work is very stressful in all conditions and they often have to deal with a hostile public and therefore they need defined styles to handle these unique scenarios. The author further states that Police subculture could also be regarded as the attitudes, values, and

beliefs police officers share which sets them apart from other members of society. Herbert (2008) continues to say that Police subculture is also referred to as the customs that set the informal values which characterise the Police Force as a diverse community. The subculture also helps the police to enforce the law. Police work is not only a job. There is an attitude, ethos and worldview that comes with working in a police profession, and that tends to change the way the police officer lives.

Police's common, but dangerous subculture poses one of the most significant risks to the health and wellness of its personnel (Malmin, 2012). The author continues to say that this subculture leads police officers to feel that they need to act as though they can handle anything; it emphasises individual strength and independence, which encourages personnel to maintain a façade of invincibility. The author claims that out of fear that they will appear weak, police officers generally do not encourage each other to talk about their problems. They may cry at the funerals of their fallen warriors, but they usually avoid talking about their deepest wounds or fears. Police officers represent the "good guys" yet many police officers seem to forget or ignore their own humanity (Yarmey, 1990).

This subculture results in a Police Force that struggles to show weakness both to each other and to themselves. Further, some departments may not pay enough attention to their people. However, such oversight is a bilateral phenomenon, and management and police officers share responsibility. Administrators and line personnel jointly contribute to their institutions' subculture, and either side can act as enablers. This occupational mind-set deeply infuses police organisations from top of the management hierarchy down to newest recruits. Both police officers and administrators need to re-examine this issue. If today's police officers do not challenge this subculture, it simply will pass down to the next generation of officers who follow in their footsteps (Malmin, 2012).

Malmin (2012) asserts that most of the time police officers do not know how to deal with emotional pain. Their peers and superiors might not consider these injuries as genuine. Additionally, many police officers feel that they cannot openly identify or discuss their personal pathology with mental health counselors who never have experienced police work. The police subculture leads police officers to fear that expressing any emotional or mental turmoil will label them as weak. This toxic environment inhibits wellness training and therapeutic intervention despite officers' routine exposure to debilitating, traumatic incidents of stress. It promotes secrecy, distrust and duplicity. In the long run, the toll of this subculture on both personnel and organisation becomes substantial.

Additionally, Malmin (2012) notes that this dangerous subculture increases the potential risk that these injuries can cause police officers to be deemed unfit for duty. police officers realise this danger, and they become uncomfortable acknowledging their inner feelings and even less comfortable talking about them. Some police officers worry that their medical records could be required for criminal or civil court proceedings and that any examples of psychological problems could jeopardize a case. This can lead them to refusing to seek help for their emotional issues, even if they begin to contemplate suicide.

Young (2012) emphasises that the police subculture repeatedly is reinforced to personnel during their most vulnerable times. For example, if a new police officer appears troubled after dealing with a violent child abuse case, a peer may enforce the attitudes of the subculture by sarcastically mocking the police officer and asking if he or she needs a tissue to wipe away tears. This awkward humour, which serves as a vehicle for unhelpfulness, can persist. The costs of avoiding, ignoring, or burying the emotional aftermath of traumatic events can lead to serious short-term and long-term consequences. Malmin (2012) observes that officers'

unresolved trauma and pain can lead to depression, anxiety, aggression and reliance on self-destructive coping mechanisms, such as heavy drinking and substance abuse. A lack of wellness among officers can drive increases in sick leave usage, insubordination, suicides, lawsuits, and citizen complaints, just to name a few potential consequences.

Bezuidenhout (2006) maintains that the criminal justice system is an interlinking network of three distinct but interacting institutions: the police, the courts and the correctional system. However, crime control is mainly viewed as a function of the police. The public rarely view themselves as partners in crime prevention and therefore exert great pressure on members of the police forces or services to successfully apprehend criminals. This attitude, together with the fact that members of the police forces or services find themselves socially and, to an extent, politically isolated from the rest of the society, has promoted the development of a distinct police subculture.

While in training, new recruits into the police force undergo secondary socialisation. They are required to learn and later to implement the formal rules that govern the use of force (Bezuidenhout, 2006). Society does not always clearly indicate when to use this force and how much to use. The police often find themselves caught between the demands to exert legal force, that is, force which is sufficient to take a suspect into custody and not to use brutal force, that is, force associated with a violent intent when apprehending suspects. This situation is compounded when the conditions in which apprehension takes place have their own norms. The role of the police is not an easy one to perform. The nature of their work, which may result in the loss of life, unfavourable public and news media evaluations and internal organisational frustrations, may collectively cause them to experience feelings of tension and guilt. Police training provides little or no information on how to deal with the effects of such demands on

their work, home and social life. Bezuidenhout (2006) states that the South African Police Service has undergone and is undergoing both structural and functional changes. The emphasis is mainly on crime prevention and providing a safe society for the country's citizens. The high crime rate in South Africa will therefore continue to create public interest and scrutiny of the way in which the police officers are performing their role in crime prevention. Similarly, Kanguatjivi (2012) says that Namibian Police Force also shares the same sentiments as provided by the South African Police Service.

2.7 Trauma in the work place

Work place trauma is at times confused with work place violence (Hoffman, 2014). The author clarifies that there are many events that can cause a sudden traumatic reaction in a work place. Hoffman (2014) states that a workplace is a community where employees share the same norms and values. As a result, when a traumatic event takes place the employer needs to respond to the employees because, they need such support. Hence, ignoring traumatic events and its impact on employees is a tragic mistake to the organisation and its continuous success. Hoffman (2013) states that no work place can be considered immune to potential traumatic events. It is important for an organisation to consider a trauma response program because the success of an organisation may be the turning point on management's response to a traumatic event. If employees feel neglected their loyalty and commitment to their work can be withheld. If an employee develops PTSD, the health care cost borne by the organisation will be extensive. There will be increased physical health cost secondary to the emotional response that will affect absenteeism. Productivity will be affected as it will minimise.

Pillay (2008) argues that just as violence is alarming within the society, work places are also experiencing an increase in violence. The effects of this violence can cause the employees to

experience post-traumatic stress signs or other physical and psychological disorders. The author adds that even though the exposure to violence differs from various professions, the possibility of a high threat of exposure to violence exists especially if employees are in close contact with their clients. Pillay (2008) concludes that there are certain professions and their environment that place their employees more at risk of being exposed to traumatic events. These employees include police officers, fire fighters, and paramedics, among others.

Herman (2008) and Pillay (2008) concur that nowadays the notion of trauma is associated with emergency and rescue occupations. Trauma commonly transpires within the policing environment where police officers often experience numerous sources of stress such as biological stressors, psychological stressors and social pressures.

Herman (2008) and Pillay (2008) further argue that the nature of police work is the underpinning of stress. The obligations that are executed by police officers can raise the possibility of experiencing frustrations and can be traumatising for the police officers. The possibility for police officers to experience stress due to the traumatic nature of their duties is high. Hence, there are three categories of incidents in policing that can be traumatising to police officers. These include incidents where police officers or other people are injured, major disasters and events concerning public disorder management. Therefore, traumatic incidents can be categorised as an additional basis of stress within the police forces or services (Herman, 2008; Pillay, 2008).

Pillay (2008) states that researchers conducted studies on the correlation between trauma and law enforcement. These studies were based on the experiences of military personnel mostly. The difference was that police officers are exposed to traumatic circumstances every day and not as intense as that of soldiers in combat (Young, 2004). The soldiers also normally know

their enemy whilst for police officers the danger is not that clear. Although police officers are not exposed to the same situations like the soldiers at war, they constantly face pressures of danger and insecurity while executing their duties. As a result, the impact is emotionally and physically draining (Young, 2004).

Kanguatjivi (2012) states that within the Namibian context, police officers seems to be exposed to a range of traumatic incidents that range from suicide, shooting incidents, murder cases, rape cases and domestic violence cases. Young (2004) also emphasises that exposure to traumatic stressors can be either direct to the victims themselves or to the helpers of those who are victims of trauma and crime. During the performance of their normal duties, which includes serving and protecting the members of society, police officers cannot avoid the exposure to the traumatic event.

Bezuidenhout (2006) also notes that, very often, the demands placed on the breadwinner necessitate long working hours, absence from the home, bringing unfinished work home to complete, and the taking on of extra work to supplement the family income. The author warns that such demands lead to a reduction in the time available to maintain and cultivate family relationships. If both partners work, this may increase the possibility of a family disorganisation.

2.8 Alcohol misuse

Martin (2014) states that he knew police officers that rescued people from a burning house and after the fire was extinguished they realised that there were still people in the house and they burned to death. Martin (2014) further states that for those police officers to soothe their pain they opted to drink alcohol. Alcohol was referred to as a stress reliever from that pain. However, Martin (2014) states that many studies such as the study of (Moriarty and Field,

1990, Violanti 1985, Davey, et. al., 2001, Kohan and O'Connor, 2002) all indicate that there is a relationship between law enforcement stress and alcohol abuse. The author stresses that issue that influence police officers to misuse alcohol are poor supervision, which may be either too lenient or too tough, absence of reward systems, policies and procedures, excessive paperwork and poor equipment. Other external stressor such as an ineffective criminal justice system, biased news reporting and derogatory remarks by the public also affect the police officers.

Police officers have been seen as possessing a higher level of ethical standard than the civilians (Parker, 2012). Consequently, it at times comes out that, police officers in reality lead into the abyss of alcoholism, divorce, and suicide. Therefore, it is vital that police organisations come up with policies and procedures to assist employees in dealing effectively with personal issues that can affect their work performance. In his study, Parker (2012) states that in the United States of America, clinically treated alcohol addiction rates of police officers are calculated to be double as high as that of the general public. In addition, arrests of driving under the influence of alcohol are mostly police officers than other driver.

Bezuidenhout (2006) observes that the World Health Organisation (WHO) describes alcohol or ethyl alcohol as a drug because of its addictive property. Persons who abuse it show signs of drowsiness, lack of concentration and slow thinking. By the time addiction has occurred, the individual has lost control over culturally accepted drinking norms and patterns. The individual now exhibits behaviour characterised by disengagement and the disintegration of established patterns of social interaction in the personal and non-personal spheres of his or her life. Alcoholism is a condition that is the end product of a process in which many factors play a contributing part. To become addicted to alcohol, the individual needs to continue to consume large amounts of alcohol in order to experience the desired effect. The intake of large amounts of alcohol over a long period of time results in the individual building up a tolerance for alcohol.

Cross and Ashley (2004) continue to emphasise that when the alcohol tolerance threshold collapses, the intake of smaller amounts of alcohol will cause the individual to lose control over his or her motor coordination. Like other drugs, the desired effects of alcohol are only temporary; therefore a continued use of alcohol is needed to maintain these. When this pattern of behaviour is established, addiction is said to have occurred.

Bezuidenhout (2006) maintains that there are differences between male and female alcoholics. Women tend to become alcoholics at an older age than men. Female alcoholics are more likely to have an illness preceding or coinciding with heavy drinking. Female alcoholics, more often than male alcoholics, have had disruptive experiences early in life, which trigger the abuse of alcohol later in life. While men use alcohol socially and as a recreational substance, women tend to use alcohol medicinally as a form of self-treatment. Bezuidenhout (2006) also reveals that individuals who experience a feeling of powerlessness tend to drink heavily and to develop a drinking problem. At first the use of alcohol may give heavy drinkers more confidence, but when they can no longer function without alcohol, both physical and psychological dependence has occurred.

Problems related to alcohol and particularly to its excessive use rank among the world's major health problems and constitute serious hazards to human health, wellbeing and existence (Mushumbusi, 2012). The author continues to say that it has a substantial global impact on public health and is the second greatest risk to health and wellbeing in developed countries. Mushumbusi (2012) further states that the World Health Organisation (WHO) during 2011, reported that four percent (4%) of all deaths worldwide are attributed to alcohol use and one

out of ten people between the ages of fifteen and twenty nine die from situations related to alcohol use. This is a dilemma in the developing as well as developed countries.

According to Mushumbusi (2012), excessive alcohol consumption can pose substantial risk and cause harm to the individual and the population at large. Moreover, repeated heavy drinking actually causes physical and mental harm with the consequences of undesirable drinking marked by illness and distress to the target subjects and to the people around them, including family and friends. In addition, it can lead to hospitalisation, prolonged disability, and early death, with subsequent economic loss to the community and to the nation.

Mushumbusi (2012) notes that some research hypotheses state that alcohol provides stimulation for police officers during the periods of time that they are off duty. Police officers may choose to consume alcohol when they are off duty and under-stimulated. The author further highlights that the activity of consuming alcohol is sometimes referred to as an empty activity. This might be due to it spreading out to fill the time and space when police officers are not stimulated by other activities. Just like most people, police officers are likely to consume alcohol at parties, festivals and celebrations. Mushumbusi (2012) further indicates that police officers, because of the nature of their work, tend not to trust easily. They become suspicious and conservative and at times are withdrawn from others. The author claims that these are some personalities which may influence police officer's alcohol use. The author describes personality characteristics associated with police officers as fearlessness, bravery, authoritarianism, distrust and aggressiveness. He further suggests that dishonesty and distrust may result in a police officer feeling isolated and reluctant to disclose to others when they have problems, which can result in alcohol dependence going overlooked and untreated.

Police officers are significantly affected by alcohol abuse caused by the nature of their work and the frequent use of alcohol in an attempt to cope with stress, boredom, loneliness, and the

lack of other recreational activities (Mushumbusi, 2012). The author further emphasises that, while there are a number of methods in which individual police officers may deal with job related stress, many turn to alcohol as a coping mechanism. Also, Mushumbusi (2012) notes that police officers are likely to use alcohol as a coping mechanism and as a means for social support. The author also postulates that among the occupational hazards come when one is regularly exposed to traumatic events and the resulting risk of developing symptoms of post-traumatic stress disorder. Substantial evidence demonstrates that the rates of alcohol use disorders are significantly higher in individuals with Post Traumatic Stress Disorder (PTSD), compared with trauma exposed individuals without PTSD.

Cross and Ashley (2004) say that police officers face traumatic incidents on a daily basis. Traumatic events come unexpectedly and suddenly; they are abnormal experiences and fall well beyond the bounds of normal experience. Because of their abnormality, they can have deep physical, emotional, and psychological impacts even for the best trained and experienced police officer. The authors emphasise that the ability to cope with stressful incidents is a personal journey that depends on individual police officer's past experiences with trauma, appropriate development of coping strategies for stress, availability of support networks (e.g. family, friends, and colleagues) and recognition of the dangers of ignoring signs and symptoms of post-incident stress, which is a normal response to abnormal circumstances. The authors further stipulate that irrespective of the police officer's personal experiences with traumatic incidents, avoiding, ignoring, or burying the emotional aftermath of a traumatic event can lead to serious short and long term consequences.

Cross and Ashley (2004) stress that it is disturbing to learn that some police officers believe that substance use and abuse may offer the best way to cope with their unbearable feelings.

However, Young (2004) says that not every police officer deals with stress and trauma by using substances, and not every police officer who chooses to abuse alcohol does so to numb the effects of trauma. Nevertheless, overwhelming evidence suggests that the two aspects often are linked, particularly in the high stressful environment of police work. Therefore, it is imperative that Police Forces or Services' commanders and administrators understand the responses to trauma and stress. They need to understand the link between trauma and alcohol abuse, and the strategies for intervention and treatment needed to help their officers survive the rigour of their chosen profession.

Traumatic events experienced by police officers are wide-ranging. Therefore, any situation in which an officer's expectation of personal soundness suddenly becomes tempered by imperfection and crude reality can be a traumatic event. Examples could include an officer involved in a shooting incident and exposure to intense crime scenes. Stress responses and symptoms resulting from such incidents can be cognitive (confusing, difficulty concentrating, intrusive thoughts); physical (fatigue, headaches, change in appetite and sleep patterns); behavioral (withdrawal, acting out, substance use); or emotional (anxiety or fear, depression, anger or guilt, or feelings of helplessness). Most often, a combination of these symptoms emerges, frequently worsening and compounding as multiple traumas occur over time. If police officers do not develop or take advantage of avenues for coping with stress appropriately, physical, mental, and emotional exhaustion (burnout) can result (Cross & Ashley, 2004).

Many authors emphasise that the impact of traumatic experiences differs for every individual. Moreover, studies have indicated that nearly one quarter of police officers in Australia are alcohol dependent as a result of on the job stress. Researchers believe that this estimate might be low due to incomplete or under reporting. A study of 852 police officers in New South Wales, Australia, for example, found that nearly 50 percent of male and 40 percent of female

police officers consumed excessive amounts of alcohol (defined as more than 8 drinks per week at least twice a month or over 28 drinks a month for males and more than 6 drinks per week at least twice a month or 14 drinks a month for females) and that nearly 90 percent of all Police Officers consumed alcohol to some degree (Cross & Ashley, 2004). Young (2004) states that the distinctive subculture of the police profession often makes alcohol use appear as a normal behaviour to promote friendship, “we-feeling”, state of belonging and social interaction among police officers. The author says that an activity that starts as an occasional socialising activity, can become a hazardous addiction as alcohol use develops into a coping mechanism to camouflage the stress and trauma that led to the drinking episode.

In addition, researchers have pointed out a couple of occupational demands that can trigger alcohol use by police officers. Some of the triggers are: depersonalisation (reacting unemotionally to the everyday stresses of the job), authoritarianism (officers behaviour governed by a set of regulations, making them feel as if they are not in control), organisational protection (the structure in place to protect law enforcement agencies from critics), and danger preparation (the stress related to officers knowing that their lives potentially are in constant danger). Some may argue that alcohol abuse among police officers serves both as a personal coping mechanism related to socialisation and presumed stress or trauma reduction. Alcohol abuse among police officers may be regarded as also serving as a response to the internal stresses produced by Police Forces/ Services themselves (Young, 2004).

The author stresses that both the severe and long-lasting impacts of alcohol abuse often lead to intense destructive consequences. The author further points out that these consequences are not limited to the individual user; these consequences can extend to family, colleagues, the employer and the citizens who depend on police officers. In other words, alcohol abuse by a police officer is not a personal activity because they always must be prepared to conscientiously

and continually react, respond, serve, and protect. Such high expectations can prove to be difficult to meet when sober, unless only when impaired by alcohol (Cross & Ashley, 2004).

Similarly, Willman (2012) maintains that alcohol abuse has become an acceptable part of police culture and is marked as a way of coping with police occupational stressors. Repeated exposure to traumatic events leads to frustration, depression, anger and other emotions, which police officers are taught to suppress since their basic police training. Willman (2012) states that because alcohol is legal, police officers use it to escape traumatic events' effects. Consequently, alcohol for police officers, mostly leads to problems on the job such as absenteeism, suspension and disciplinary hearings. Alcohol misuse also affects police officers' homes whereby they pick up relationship issues and fighting. Willman (2012) is of the opinion that the best way to assist police officers in this regard is to educate them on the consequences of alcohol misuse.

Willman (2012) states that alcohol dependency is defined when alcohol use progresses beyond the abuse phase. Willman (2012) identified that alcohol dependency is identified when a person behave at any time, in a period of a year in the following ways: (1) tolerance, a need for increased amounts of the substance to achieve intoxication. (2) Withdrawal, whereby alcohol is needed to avoid withdrawal symptoms. (3) The alcohol is consumed in large quantities over a longer period of time than intended, (4) Persistent unsuccessful efforts to control alcohol use. (5) The person always has a great deal of time to obtain the alcohol. (6) Important events are no longer attended as usual as a result of alcohol. (7) Continuous use of alcohol despite physical and psychological problems the person has as a result of alcohol.

This can also be linked to what Hepworth, Rooney, Rooney, Gottfried and Larsen (2006) say about the ecological system model. The authors observe that the assessment from an ecological systems' perspective requires knowledge of diverse systems involved in interactions between people and their environment. These systems are subsystems of the individual, such as cognitive, behaviour, emotional and motivational, interpersonal systems such as parent-child, friends, colleagues, members of one's social networks; other systems are organisations, institutions and communities as well as the physical environment. This ecological theory posits that whatever happens to a sub-system which is an individual, affects all other systems.

If a police officer abuses or misuses alcohol, he or she will be affected, his or her family will be affected, the organisation in this case the Namibian Police Force, the community or society will also be affected by the abuse of alcohol the individual police officer because he or she will not be in a good state of mind to protect and serve the nation as he or she supposed to.

Bettinger (2010) asserts that alcohol abuse also has overt and covert social and economic costs, including lost productivity and wages, increased family problems, including risks of domestic violence, and rising costs to the criminal justice system to respond to. When alcohol abusers are members of the police force, the problems multiply. Police officers can become unable to perform their sworn duties, administrators can find themselves increasingly overburdened trying to deal with problems that can result in negative perceptions of their agencies, and the public can lose faith and trust in the system.

Still on the same subject, Bettinger (2010) says that alcohol abuse may lead to a number of problems for police officers. When police officers deal with trauma using alcohol, they may find that they cannot perform their duties adequately. They often become agitated, hyper vigilant and aggressive. They feel tired and overwhelmed and have difficulty concentrating on

their work. Family problems mount and the police officers become isolated. The author further concludes that high intake of alcohol or alcohol abuse leads to infrequent and then progressive belatedness and absenteeism at work. It is also stated that the continued use of alcohol may result in the inability to perform the job, according to the required standard and increased feelings of worthlessness and apathy may grip in, causing the police officers to become more depressed and confused. Ultimately, the end result is a tremendous increase in the risk of suicidal ideation, which studies have linked strongly to alcohol use among police officers.

Mushumbusi (2012) affirms that police officers are more susceptible to alcohol abuse and as a result, the nation at large becomes more vulnerable to unlawful events and the nation's security moves on a high risk. He further notes that police officers' alcohol abuse prevalence is reported to be higher than the general populace in general. The author states that when comparing police officers and ordinary citizen, police officers tends to consume alcohol for several reasons, and reveals that research has shown that police officers have a high possibility for alcohol abuse and dependence. Mushumbusi (2012) again says that researchers have agreed that hazardous alcohol use among police officers is a great concern and that would benefit from substantial expert consideration. The understanding of the prevalence of hazardous alcohol drinking among police officers gives more meaning by having knowledge of police officers' vulnerability to alcohol abuse.

2.9 Suicide ideation

The police profession can no longer ignore the silent suffering of its police officers (Bond, 2014). It is merely because; Post-traumatic stress disorder (PTSD) is real and common among first responders such as police officers. Until recently, the unwillingness to openly discuss the

impacts of PTSD has kept mental health issues a professional secret in law enforcement agencies. This has happened despite the fact that so many police officers are impacted by traumatic events that often lead to PTSD. Bond (2014) affirms that studies have made it clear that suicide is not openly discussed in police culture because police officers view police suicide as dishonourable to the profession. Bond (2014) argues that it is important for law enforcement leaders to establish a profile of police officers who are potentially at risk and intervene proactively by providing mental health resources and departmental support. Bond (2014) further elaborates that preventing police suicide is every officer's responsibility and is an obligation of every member of the law enforcement community. Bond (2014) asserts that it is important to remember that it takes strong leadership and tireless courage to change this culture of silence. In addition, such change does not weaken the profession, but strengthen the connection that makes it a principled and honourable profession, protecting the weak and innocent from harm.

Nordqvist (2014) mentions that suicide ideations are thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself. The majority of people who experience suicidal ideation do not carry it through. Some may make suicide attempts. Some suicidal ideations can be deliberately planned to fail or be discovered, while others might be carefully planned to succeed (Nordqvist, 2014).

A symptom is something the patient senses and describes while signs are things other people such as medical doctors can notice (Nordqvist, 2014). The author states that "the following are the signs and symptoms of suicidal ideations:

- Appearing to feel trapped or hopeless
- Appearing to have an abnormal preoccupation with violence, dying and death
- Being in a heightened state of anxiety

- Being very moody
- Changing personality
- Changing routine
- Changing sleeping patterns
- Consuming more drugs
- Consuming more alcohol
- Engaging in risky behaviour, such as driving carelessly
- Getting affairs in order
- Getting hold of a gun, medication, that could end a life
- Giving stuff away
- Having depression
- Having panic attacks
- Impaired concentration
- Increased self-criticism
- Isolating oneself
- Psychomotor agitation such as pacing around a room, wringing one's hands, taking off clothing and putting it back on, and other such actions
- Saying goodbye to others as if it was the last time
- Seeming to be unable to experience pleasurable emotions from normally pleasurable life events such as eating, exercise, social interaction or sex
- Seeming to have severe remorse
- Talking about killing oneself, expressing regret about being alive or having been born
(Nordqvist, 2014, p. 4)".

Nordqvist (2014) defines suicidal ideation as a feeling that people have when they are unable to cope with an overwhelming situation. Experts believe that there might be a genetic factor associated with a higher risk of suicide. Individuals with suicidal thoughts tend to have a family history of suicide or suicide ideations. Nordqvist (2014) indicates that suicide can be contagious because, one person's suicide can have an impact on another's suicidal thoughts or behaviour. Human beings do not necessarily have to be associated with the person who died by suicide to start having suicidal thoughts.

Meyer et al. (2003) state that suicide of employees is increasingly becoming a problem in police forces and services. The authors are of the opinion that research in line of suicidal behaviour among police officers is important. The authors' also state that police commanders should become aware of possible causes of suicidal behaviour among their subordinates. Meyer et al., in their study conducted in South Africa, reveal that members of the police service are confronted by various stressors such as a high crime level, organisational transformation and a lack of resources. Moreover, more over the authors states that, due to various police stressors, there is an increased rate of illness, post-traumatic stress disorder, burnout, alcohol abuse and suicides and a decreased level of job satisfaction and job performance if compared to the general population. Meyer et al. further highlight that police suicides have shown a constant growth over the past two decades and there are a few possible signs and correlates of police suicide.

Parker (2012) identified some factors in police suicides as the nature of the job, alcohol, troubled relationships or marriages, and the fact that police officers have a weapon readily available at all times.

On the same matter, Meyer et al. (2003) postulate that there are possible stressors that could be regarded as the main reasons for police suicide. The authors state that the reasons why police officers commit suicide are because they have easy access to firearms. The firearms are also available at their disposal. Other reasons range from continuous exposure to death and injury, social strain resulting from shift work, a general lack of social support and the negative public image. According to Meyer et al. (2003), a study on police suicide conducted in 1995 indicated that “South African Police Officers (SAPS) were eleven times more likely to commit suicide than the general South African population”, with the Eastern Cape is a risk area. Meyer et al. state that Eastern Cape has the highest number of police suicides in South Africa and is one of the provinces with the highest levels of recorded crime. In Namibia, and Windhoek in particular, Wanaheda Police station shares the same characteristics as the Eastern Cape Police in South Africa. Meyer et al. (2003) further observe that suicidal behaviour may be explained in different categories such as suicide completion, overt intention, suicide attempt and suicide ideation. The authors further state that suicide ideation is a base of characteristic of suicidal behaviour. Still on the same issue, Meyer et al. (2003) identify factors that lead to suicidal behaviour; these may include matters such as improper coping strategies, work load situation and external factors. Meyer et al. (2003) say that previous research on suicide ideation focused on social factors such as the effects of family, religion, interpersonal relations and social support and individual factors such as stress and depression. The authors further note that thoughts of suicide do not correlate with gender and educational achievement, but seems to be more common among unmarried and young people. Studies have revealed that life stresses in general and family stress in particular are associated with suicide ideation. The authors say that when they analysed most studies, they revealed that the lack of social interaction and the lack of support from relatives and friends are also indicated in suicide ideation.

Meyer et al. (2003) further stress that police work is generally highly stressful as it requires its workers to be constantly facing dangerous situations and to put their life on the line at any time. The authors say that there is little information available about the reasons for the high suicide rate in the South African Police Service. There is only one study that has been done to determine the level of suicide ideation of the members of the South African Police Service in North West Province. Therefore, the authors are appealing to researchers to explore this topic further. The researcher is of the opinion that since suicide among Namibian Police Force officers is also a concern, such studies could be conducted in Namibia.

Anderson (2011) states that suicide is a serious problem that is not often talked about in police spheres. It seems that it is very hard, if not impossible, to understand why someone chooses to end his or her life. Shock and disbelief are usually the first responses to a police officer's suicide. Anderson (2011) also notes that the suicide epidemic spreads through the police ranks. Police stress in general and police suicide in particular has been ignored, misrepresented, and inadequately studied.

The percentages of suicide within Police Forces and Services are staggering by any measure no matter how unreliable (Brown, 1998). The author continues to say, even one police suicide is one too many. The fact is that virtually all suicides caused by depression and anger are preventable with appropriate intervention. Miller (2012) says that police officers are not different from ordinary people when it comes to the vicious cycle of despair that affects people. Despair is part and parcel of suicidal depression. Depression feeds on itself. Miller (2012) also emphasises that it is unfortunate that police officers tend not to avail themselves for psychotherapy because they see going to a counsellor or social worker as a sign of weakness. They also may not trust therapists, often because of past experiences with them in court or

because the therapists they have met have not been the kind of people they had ever opened up to.

Yarmey (1990) states that there is one form of suicide that can be remedied without a police stress therapist or counsellor, and that is suicide caused by insensitive police administration. If Police Chiefs and Commanding officers pay more attention to morale, and become alert to signs of distress in the ranks, there would be less police officer depression. In instances when police officers feel betrayed or abandoned by their bosses and hung out to dry, for whatever reason, it is common first for anger to emerge, but depression usually lurks just below the surface. Outrage and resentment, often justified, can mask the underlying depression. Meyer et al. (2003) says that police officers are sometimes reluctant to inform their supervisors that they are having problems because they fear their careers will be destroyed. They make the mistake of trying to solve their problems quietly and that often leads to alcohol abuse or suicide. The author says that while it sounds police officers rarely admit thinking about suicide; it is often headed by the thought. Police suicides that occur on duty are often the result of anger at the police bureaucracy. Police officers can at times visualise the scene of being discovered dead (Meyer et al., 2003).

On the same issue, Yarmey (1990) observes that some police officers succumb to the embarrassment and humiliation of being caught in illegal activities by committing suicide. A police officer who faces going to prison is always a high suicide risk. A police officer who has betrayed his or her oath does not deserve to die. In fact, when a police officer is suspended pending an investigation which could result in serious disciplinary action, he or she must be referred to a police stress counsellor and should be a standard of operating procedures.

There is no such thing as undistinguished police stress Yarmey (1990). The author continues to say that police officers are so skillful at pretending everything is well with them and that's

what appears to be minor stress can really be the tip of the iceberg. The author emphasises that every warning sign of stress must be taken seriously. It is better to make a mistake on the side of caution than to ignore a problem that could result in the death of a police officer (Yarmey, 1990).

According to Meyer et al. (2003), in a study done by Bonner and Rich in 1987, it was found that there is a correlation between the frequency of suicide ideation and the likelihood of attempts of suicide. Meyer et al. further state that in Reynolds (1991) it was found that a larger percentage of individuals think about suicide than actually attempted suicide. A clear majority of persons attempting suicide have tried to kill themselves at least once before and only a small fraction of the attempts results in death. Suicidal ideation itself is maladaptive, consistent with a cognitive behavioural focus, is viewed as a domain of self-statement, a realistic precursor of suicide attempts, and is regarded as a normal non-pathological reaction to seemingly intolerable conditions.

2.10 Post-Traumatic Stress Disorder (PTSD)

PTSD has been a problem over 200 years (Stewart, 2011). Therefore, acknowledging that police officers are experiencing high stress on a daily basis, it is important for them to differentiate how they are dealing with the aftermath of normal stressful situations and of traumatic incidents. Stewart (2011) confirms that of most calls police officers attend to, they are not aware what to expect at the scene. They are just called to attend a rape, murder, suicide and so forth cases. Before they attend the scene of crime they are always unaware how they and people they are going to deal with will react to the given situation. They also do not know how the situation will affect them and those involved in it. Therefore, it is important for police officers to be educated and to be always prepared mentally to attend such cases.

Stewart (2011) emphasises that it should be considered that the impact of traumatic events on police officers also at times has an impact on their family. Family members may experience shock, fear, anger and pain in their own way because they care about the welfare of their family members in the Police Forces or services. At times, when police officers lose interest in family activities due to the impact of PTSD, family members experience the feelings of hurt, alienation, frustration, and discouraged. Police officers who experience sleep disorder due to PTSD also disrupt family members sleep. Family members of police officers, who are addicted to substance abuse due to effects of traumatic events, expose family members to emotional, financial, and sometimes domestic violence problems. Traumatized police officer anger leaves their family members feeling frightened and betrayed.

Scoville (2013) states that advertisements for police officer positions never specify the inherent danger that the profession come with. The author postulates that the period police officers worked in their organisations do not matter much because the possibility of police officers being exposed to traumatic events might be on the first day or after a year.

Hamber and Lewis (2013) state that, Post-Traumatic Stress Disorder (PTSD) is an analytic category used to describe symptoms arising from emotionally traumatic experiences. According to Hamber and Lewis (2013) the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition of the American Psychiatric Association of 1996, states that Post Traumatic Stress Disorder implies that the person should have experienced a traumatic event where the person was threatened by death or injury and where another person was threatened by death or injury and where they felt fear, helplessness or horror.

Hamber and Lewis (2013) state that Post Traumatic Stress Disorder has three main symptom clusters, namely, the intrusive cluster, which takes the pattern of repeated, unfavourable and uncontrollable thoughts of the trauma. The second symptom is the avoidant cluster, whereby a

person tries to limit exposure to trigger issues such as people or places that may remind them of the traumatic event. Symptoms such as social withdrawal, emotional numbing, and a sense of loss of pleasure may be projected. The third symptom is called hyper arousal, which refers to physiological signs of increased arousal, such as hyper vigilance and increased startle response. Hamber and Lewis (2013) explain that these responses to abnormal events are considered normal, although they are disturbing to the victim. The authors claim that these symptoms assist the person to recognise and avoid other dangerous situations. Hamber and Lewis (2013) elucidate that the more a person is exposed to traumatic experiences, the difficult it becomes for that person to overcome Post Traumatic Stress Disorder. Hamber and Lewis (2013) state that there is proof that repeated or prolonged childhood exposure to traumatic events is likely to have an effect on the development of PTSD after traumatic exposure later in adulthood.

On the other hand, Hamber and Lewis (2013) continue to say that an on-going focus on the psychological pain of people may support the conventional view that victims of violence cannot be healed. This stereotype contributes to the manner in which people cope with trauma. Hamber and Lewis (2013) emphasise that violence should be seen as a result of failure in most social, communities and psychological functioning.

It is not correct to see conflict or violence as always resulting in a complete breakdown of social, community and psychological functioning (Hamber and Lewis, 2013). Therefore, local coping strategies should be acknowledged and worked with rather than introducing foreign concepts of coping.

On the other hand, Biere (2002) defines Post-Traumatic Stress Disorder as a set of significantly distressing symptoms or problems tied to exposure to trauma that persist for many weeks or months after the event. One of the common symptoms of Post-Traumatic Stress Disorder is re-

experiencing, whereby a person survived an attack or the person has watched an attack in person. In most cases, people experience tragedy as so horrible that they cannot let go of the memory. Even worse, vivid images, sounds, or other sensations reminiscent of the trauma can interrupt or dominate people's thoughts. At times the victims feel as if the attack was happening again. These experiences are referred to as flashbacks. Other times, the survivor cannot shake off the memories. Trauma related nightmares are also common. These experiences are often accompanied by fear, tension, or anxiety in the form of a racing heart, rapid breathing, feelings of panic, and excessive sweating. Biere (2002) recommends that in order to rebuild our nation, as peacefully as possible, the Police Force has an integral role to play. The almost insurmountable task of curbing crime, violence and corruption requires healthy and effective policing and as such the current problems have to be recognised and managed. The author further notes that not only do police officers have to confront the highly stressful demands associated with police work, but also the possibility of death or personal injury. The author suggests that at some time or another in every police officer's career, he or she is exposed to violence, became a victim of violence or uses violence against offenders. This in itself would suggest that stress reactions and the development of post-traumatic stress disorder might impact on this vulnerable population.

Volkan (2000), in agreement with Freyd (2002), states that another symptom of post-traumatic stress disorder is the one of avoidance. Victims may feel afraid of being in or even going near situations that remind them of a traumatic event. Sometimes the fear related to trauma leaves people house bound. While many people try to avoid situations that remind them of the trauma, some will also try to avoid thoughts and feelings about the trauma as well as the physical reminders. People may feel unable to watch any news for fear of being reminded of the horrors of this attack and the devastation that followed. When they encounter a reminder of the trauma,

they may feel extremely tense or anxious. Some people will paradoxically seek out reminders in their environment. This type of behaviour does not typically make the person feel better; often these experiences will increase the fear, sadness, isolation, or anger. Trauma involves loss. This may be the loss of life, a spouse, child, co-worker, or friend or may be the loss of safety of your routine. Grief and sadness after loss can be so overwhelming and difficult to talk about that a person can only report feeling numb. This response is not usual.

Biere (2002) states that one way of adapting to horrible events is to shut down emotionally and protect oneself for a period and seemingly have no feelings. Trauma survivors often feel guilty for not feeling the way they believe they should or not feeling sadness or compassion for other survivors or those who died in the same traumatic event they escaped. For some the feeling of numbness causes isolation or withdrawal from social contact. Another way that people avoid the anxiety is called dissociation, where victims disengage from their surroundings. It literally feels as if they are not present when they really are. The author further states that at times this is a feeling of being cut off from their surroundings, including the people around them. It can also be similar to zoning out, where the person might lose their thought or stop listening to another. In effect, the survivor's body is present, but the mind has gone elsewhere. Hyper arousal is also one of the PTSD where victims who have been traumatised are usually quite anxious.

Biere (2002) postulates that although it may be obvious, the body systems of trauma survivors may be working overtime. Their heart rate, blood pressure, and sweat response may be higher. They often have an exaggerated startle response, a sharp noise may cause them to jump, or a hooter may result in a pounding heart or involuntarily ducking down or scrunching the head between the shoulders. Such people may become irritable or have a quick temper. Anger

outbursts may lead to other problems, such as violence and child abuse. Some people resort to drugs or alcohol to manage the anxiety. These behaviours alone or in combination may or may not be PTSD. It is normal after all, to be profoundly affected by tragedy and therefore is not necessarily a sign of a larger problem. However, if a number of problems are experienced, consultation with a mental health professional is strongly recommended to formally diagnose its presence and more importantly obtain help in relieving symptoms.

Freyd (2002) says that it is important to realise that the mental health of police officers is the responsibility of all; the individual police officer, their commanders, the helping professions, the police organisation and the community at large. The importance of policing cannot be underestimated and the author insists that our society will not be able to heal itself without healing the police. It is in this light why this study aims at exploring the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia.

Scoville (2013) is of the opinion that Police managers should be convinced that pre-incident and after action, education reduces PTSD as well as other social issues such as divorce, alcoholism and suicide rates among police officers. The author highlights that more focus in the academy on how to stay mentally healthy would assist police officers. The only obstacle the author identified is that younger police officers do not see how they might be negatively affected by traumatic events at the beginning of their career.

Scoville (2013) states that another option to assist police officers to talk openly about their experiences is to introduce a platform for anonymous help. This will also avoid the stigma associated with psychological services. Scoville (2013) elucidates that police organisations can

develop a [Website](#), which will provide an anonymous forum for police officers to share their experiences and provide support to each other in a non-judgmental manner. Other platforms such as hotlines can be introduced to assist police officers anonymously.

2.11 Domestic violence

Domestic violence is a gender based problem. According to Hubbard and Rimmer (2005) domestic violence is sometimes called battering. They further explain that if children are the victims, it is referred to as child abuse. The authors emphasise that domestic violence is a disturbing phenomenon because the home and family should be a place where people can feel the most safe and secure. Domestic violence is violence that occurs within a household. Hence, noting with concern the escalating cases of gender based violence in the world and in particular in Namibia, the writer of this study seeks to understand how police work can be linked to police officers committing such violence within their households.

According to Hubbard and Rimmer (2005), women and children are often the most victims of domestic violence at the hands of men. The authors' states that women at times can be violent, but statistics on most countries revealed that men are the main perpetrators. Hubbard and Rimmer (2005) further highlight that people believe that a marriage is a private affair. They think that what happens in a family is no one else's business. However, what happens in a marriage can affect the community in many ways. For example, an additional finance has to be found from the community to provide services that augment those of the state such as hospitals, police force, prison and houses of safety. The implication of this is an additional financial burden that is placed on the taxpayers. Bezuidenhout (2006) postulates that homes where domestic violence occurs create fear and instability within the community as most victims are either seriously injured or killed. The community has an interest in making sure that all people in the community are safe.

Hubbard and Rimmer (2005) say that domestic violence is widespread. It is estimated that up to one half of all women worldwide suffer physical abuse at the hands of intimate partners. Domestic violence is an illegal act in Namibia and other countries. In Namibia, domestic violence is against the Namibian Constitution. It also violates existing criminal laws, such as those on assault, indecent assault and child abuse.

The Combating of Domestic Violence Act, Act 4 of 2003, also covers all the above mentioned crimes. The authors postulate that domestic violence has a huge effect on the victims as it can harm them physically, emotionally financially as well as socially. Victims of domestic violence may suffer serious injury or death and a range of psychological problems.

Hubbard and Rimmer (2005) further note that the injuries caused by domestic violence are as serious or more serious as those caused from assaults by a stranger. Emotional and psychological abuse can be more damaging than physical abuse. Still on domestic violence, Turner (2003) states that it is harmful to children and the entire family. Children growing up in a violent family can develop emotional and behavioural problems, even if they do not experience the violence directly. They also learn that violence is a way of solving problems, which increases the level of violence in society. Similarly, Hubbard and Rimmer (2005) conclude that domestic violence is also harmful to the perpetrator. The perpetrator may lose the respect of his family and his own self-respect. The perpetrator may then try to compensate for his feelings of shame and inadequacy with more violence, or with a retreat into alcoholism.

Bezuidenhout (2006) says that domestic violence also implies a breakdown in constructive interpersonal communication. Communication between the family members becomes a functional tool and is limited to the material and organisational arrangements of the home. As domestic violence becomes more and more pronounced, it becomes difficult for the members of the family to meet each other's needs. This is especially noticeable in the area of

interpersonal needs. Families are important agents of socialisation. Whereby a disorganised family cannot fulfil this function adequately, family members may also experience fear, anxiety and feelings of guilt about their situations. This may increase when the future of the family as a unit is at stake. Children may experience emotional problems and may run away from home in search of stability and security. This increases the number of street children in most cities.

Hubbard and Rimmer (2005) state that domestic violence is a gender-based problem. In Namibia, Hubbard and Rimmer (2005) explain domestic violence, according to the Combating of Domestic Violence Act 4 of 2003, which stipulates that “the following issues are domestic violence if they take place in a domestic relationship.

2.11.1 **“Physical abuse:** It includes any use of physical force against the complainant, such as beating or kicking, detaining by force, such as locking the complainant in a room, or refusing to let the complainant go to work, depriving the complainant of access to food, water, clothing, shelter or rest, such as locking the complainant out of the home.

2.11.2 **Sexual abuse:** This includes forcing someone to engage in any sexual act, engaging in sexual conduct that abuses, humiliates or degrades the complainant. An example of such conduct is a man who touches his wife’s breast at family gatherings whilst making insulting comments about her breast size. Other examples include: making someone look at sexual material, such as pornographic magazines or websites, that abuses, humiliates, or degrades them; and engaging in abusive, humiliating or degrading sexual contact or conduct with someone with whom the complaint has emotional ties, such as a family member or close friend (Hubbard and Rimmer, 2005, p.11)”.

2.11.3 **“Economic abuse:** This includes unreasonably depriving the complainant of goods or money, which she needs to live, reasonably expects to use or has a legal right to use. Examples include depriving a person of food, or the use of the family car to get to work or of access to her own money. Economic abuse also includes unreasonably selling, destroying or damaging property in which the complainant has an interest or reasonably expects to use. An example is destroying the family radio with a hammer to stop the complainant from listening to the news. Hiding property in which the complainant has an interest or reasonably expects to use. An example is locking up the complainants work uniform as a way of preventing her from working.

2.11.4 **Intimidation:** This is intentionally making the complainant afraid for herself or afraid for another family member or dependant, by threatening to physically abuse the complainant, physically abusing, or threatening to abuse, a family member or dependent of the complainant and displaying a weapon, or any other behaviour that seems threatening. An example is regularly placing a knife on the table whilst staring at the complainant in a hostile way (Hubbard and Rimmer, 2005, p.12)”.

2.11.5 **“Harassment:** This is repeatedly following or communicating with the complainant, or a family member or dependent of hers, in an unwelcome way. It includes watching the person, or hanging around nearby, telephoning the person, including silent phone calls, sending letters, email, or other messages or objects. It is also harassment if the defendant gets someone to do any of these things.

2.11.6 **Trespassing:** This is entering the home or property of the complainant, without her consent, where the complainant and the defendant do not share the same home.

2.11.7 **Emotional, verbal or psychological abuse:** This is a pattern of seriously degrading or humiliating behaviour towards the complainant, or a family member or dependent of hers, such as repeated insults or causing emotional pain. An example is a husband making his wife accept his girlfriend sleeping in the married couple's bed. This can also be repeated and serious jealous or possessive behaviour towards the complainant, or her dependents or family. An example of this is a man who insists that the teenage sister-in-law who lives with him and his wife may not visit any friend, or be visited by them.

2.11.8 **Threats or attempts** to carry out any of these acts are also domestic violence (Hubbard and Rimmer, 2005, p. 13)".

Turner (2003) states that the profession of police officers is not immune from members' committing domestic violence against their intimate partners. A police department that has domestic violence offenders among its ranks will not effectively serve and protect victims in their community. When police officers know about domestic violence committed by their colleagues and seek to protect them by covering it up, they expose the department to civil liability. Turner (2003) alleges that domestic violence is always a terrible crime, but victims of police officers are particularly vulnerable because the police officer who is abusing them most of the time has a gun, he or she knows the location of battered women's shelters and also knows how to manipulate the system to avoid penalty and or shift the blame to the victim. Victims often fear calling the police because they know the case will be handled by police officers who are colleagues and friends of their abuser. Victims of police family violence typically fear that the responding police officers will side with their abuser and fail to properly investigate or document the crime.

In Namibia no similar study was found and the researcher would like to investigate if the above mentioned factors also hamper the psychosocial functioning of police officers in Namibia. The researcher also investigates if the traumatic events of domestic violence that police officers experience in their homes has an effect on the psychosocial functioning of police officers.

In conclusion, it may be postulated that while one factor may be the precipitating factor in domestic violence, as with all other phenomena, it is the precipitating factor in conjunction with all the other factors that produce the end product. The nature of these precipitating factors may cause temporary or permanent domestic violence.

2.12 Social Withdrawal

Campell (2012) contends that the social isolation of a police officer commences in his or her early months of his or her career, and its roots can be traced from two various, inter-related sources. The first source is straightforward to understand; it is working shifts. Regularly changing shift assignments, irregular working hours, is part of the Police work and must be staffed without regarding weekends and holidays. Understandably, the odd times that police officers have to work places them in an awkward situation. Their available time is always at odds with that of old friends and family member. Campel (2012) states that some researchers are of the opinion that during the first six years of a police officer's career, lower rank officers are most likely to work uncomfortable shifts. These shifts often run opposite to those of most other jobs. Therefore, the possibility that the path to social isolation is established and made a habit is quiet very high. The other source of isolation is in some ways originating from the first source, but is more hazardous and serves to carry on with the continued isolation, even when it is no longer necessary (Campell, 2012).

Year after year, the years of experience on the job grow, and the police officer begins to construct an awareness bank that is essential for the police officer's physical survival and professional success. The police officer gains knowledge of things that do not always appear as real as they are; people are reasonably misled at times for no reason. For example, the sociable couple everyone in the neighbourhood likes to regularly get uncontrollably under the influence of either liquor or drugs and pound the tar out of each other behind closed doors. Violence can come from the most unlikely people. This is one of those factors that causes the police officer's to step forward from being naive to mistrustful to sceptical, and eventually decides to simply isolate into the world that is known and trusted by the police officer's world. The same author says that even the non-law enforcement organisation's beautiful worldview is eventually treated with arrogance and distrust by police officers. The police officer then moves away in the company of the police officers who are on the same wave length with them. Campell (2012) postulates that for a while, the police officer may even try to remain in part of the outside, non-law enforcement organisations world. Police officers always make effort to stay in touch with old friends, and maybe even to remain connected to places where new friendships can be cultivated. The author states that for a police officer, conversation about a harmless, neutral topic somehow turns into a boring recitation of how someone's friend was unfairly targeted for heavy-handed enforcement so, the police officer could meet his (imagined but assumed to be real) quota.

The study further reveals that sarcasm towards, anger at or mis-understanding of police officers expressed by non-law enforcement organizations in the police officer's presence makes it clear that they are forever a little apart from the world they are sworn to protect. The study further reveals that police officers see and know things most people never will see, and this makes them different from civilians or non-law enforcement organisations. Violanti (1997) is of the

opinion that police officers are likely to say that they feel more comfortable with their colleagues when asked whom they feel comfortable with besides their family members. Sometimes they even prefer the company of other police officers over that of their family. There is safety and understanding within the law enforcement organisation's world. To be fair, most people want to be around others with shared experience and worldview and actively pursue relationships with those people, and police officers are not different in that regard. What is different is that others have the tendency not to settle near their families, but to actively isolate from those who are different.

On the same note, Gilmartin (2009) agrees that for a while this works for new police officers. However, he emphasises that young police officers are working hard, having fun, learning and building relationships with other police officers and the roots of future social isolation are planted without them noticing them. The author states that at times one will find that family events are missed, but a shift party will never be missed. One will also realise that calls from old friends grow sporadic; they just know you cannot make it to their gatherings because of your weird schedule, so they do not even bother asking and eventually stop they stop calling you. As a young police officer you become too busy with your new friends to miss them.

Gilmartin (2009) further says that life changes for everyone. Most people lose touch with old friends over time. Families scatter as kids grow, become adults, and take on new lives. Old past times are set aside and new ones adopted. But change keeps on going. The police officer's new friends get married, have kids or take on different assignments and are no longer as available as before. The police officer's own spouse or partner might also give up on the long working hours and absence at home. The police officer's colleagues might be more balanced and maintain social connections beyond the law enforcement world. The tight social connections within the department itself begin to loosen and the police officer begins not only feeling

isolated from the non-law enforcement organisation's world, but also isolated within the only world that felt socially comfortable before.

Social isolation does not affect every law enforcement organisation in the same way. Some may never even experience it at all, but to others it deals a blow that can damage lives, relationships, careers and the profession itself. In addition, Gilmartin (2009) observes that unknowingly, police officers begin cycling around the carpet. Work becomes increasingly attractive, relationships and friends occurring on duty become highly intense, while old relationships that existed prior to becoming a police officer are dropped or are maintained only minimally. The author says that over years, police officers have misled themselves concerning this letting loose of old friendship by justifications, that only other police officers can understand them and others just want to tell them what their colleagues did to them.

However, in reality, young police officers often get together to talk about the job and to share hostility stories. These gatherings return police officers to the elevated heights of the biological under carpet issue. Police officers then realise that speaking to the school teacher next door or welder who used to be their friends is not exciting. Young heat-seeking police officers love to tell hostility stories and hear them from others. Through such dialogues, under carpet valleys are avoided, and police officers talk returns police officers to the elevated reaches of energy and alertness and draws them back into the brotherhood of biochemistry, the sharing of hostilities stories that amounts to a little more than adrenal masturbation, the author claims. Campell (2012) also says that young police officers become very comfortable only with other police officers, their social isolation from other aspects and relationships in their lives increases, and they become comfortable only within the sphere of this hyper vigilant narrow police role they all share. Social isolation develops step by step. At the beginning of their

careers, young police officers believe that the world is divided into good people and bad people. The socialisation pattern of the police academy has the police officers redesigning this dichotomy to good people as police officers and bad people as others. Young police officers have begun seeing the world just as police officers and bad people, and develop a rude behaviour when they find that veteran police officers sometimes refer to police officers from other agencies as bad people.

Following that pattern, the social isolation pattern deepens, according to Campell (2012). Hence, social isolation continues to narrow until it uniform police officers in the member's district or area swing shift, it is when the police officer sees everybody else as bad people. After a few years, the average police officer concludes that only his or her partner is a decent person and the rest are not. Eventually, the police officer realises or believes that he or she cannot be sure about the partner because at times the partner also becomes an indecent person. The author cautions that the longer people are police officers, the more unconsciously reactive they become to situations in which they do not feel completely comfortable. The author states that the physiological sensation of being in potential jeopardy is experienced in the abdominal area, triggered by a branch of the tenth cranial nerve called the vagus nerve. Campell (2012) says that when police officers experience this physiological sensation while dealing with another person, it is easy to project negative values onto the other person immediately and label him or her as a bad person. If asked police officers would probably say that they had a gut feeling that other people are no decent people. Thus, defensive physiological reaction designed to permit police officers to survive becomes a socially isolating event that threatens a police officer's personal emotional survival.

2.13 Coping, support and trauma

According to Meyer et al. (2003), the manner in which individuals handle their stressors or their coping behaviour is a significant aspect of the stress process and refers to both overt behaviours that reduce or eliminate psychological distress or stressful conditions. The authors further postulate that the mode in which an individual copes rests on the individual's understanding of the stressful situation, making sense of it and developing appropriate responses to it. However, research indicates that in most cases police officers utilise coping mechanism that escalate rather than lessen their stress. They further define effective coping as the ability that individual police officers possess to deal with their emotional responses to stressors and act to resolve the stressors and the cost of their effectiveness.

Meyer et al. (2003) further state that maladaptive coping was found in a Canadian study of police by Burke in 1994, in which police officers who coped by using alcohol and drugs, anger and withdrawal were more likely to suffer from health problems than police officers who used more adaptive coping skills. There is a need for intervention in the Namibian Police Force to prevent suicide. Such prevention should probably emphasise helping the police force members to cope with serious financial and family events and also to cope with difficulties by enhancing self-esteem, mastery and support and by offering treatment if alcohol abuse or serious distress are present.

According to Young (2004), a traumatic experience can be overwhelming for the victim, leaving him or her feeling helpless, isolated, vulnerable and even angry. However, the extent of the impact of a traumatic experience depends on the resources that the victim uses to cope with the experience. These resources can include support from family, friends and mental health professionals as well as the use of their own cognitive coping strategies. In the case of traumatic experiences, most people use emotion focused coping to deal with the traumatic

experience. In other words, they try to deal with the emotional distress caused by the traumatic incident.

Young (2004) contends that although emotion focused coping can help a person maintain an emotional balance when faced with stressors, it can also be seen as maladaptive because of the use of defence mechanisms such as denial. The term denial as used in this context refers to the conscious attempt by the traumatised person to block out the traumatic experience and to behave as if the event had not impacted on them in any way. This would imply that defence mechanism, if used excessively, could prevent the person from working through the experience in a healthy way. Denial is such a defence mechanism that if used excessively would hamper a person's healing from a traumatic experience. However, if used appropriately, this defence mechanism can be beneficial provided that the person is able to work through the traumatic experience at a later stage.

Young (2004) postulates that, although these resultant behaviours and attitudes tend to serve a survival function that protects people against a threatening environment, these behaviours may also cause them to suppress their feelings thereby creating emotional distancing. This is one way in which police officers are able to protect themselves. Using the defence mechanism of denial may be temporarily effective; if used excessively, it can give rise to further complications for the traumatised police officers such as avoidance behaviour that results in excessive absenteeism at work. The use of the defence mechanism of denial may also have an impact on police officers' interpersonal relationships. By denying or suppressing the negative or painful emotions associated with traumatic experience, police officers can become withdrawn and distance in their relationships with family members and their partners. This, combined with other pre-existing factors such as poor communication and family tension, may result in marital or relationship difficulties.

According to Pillay (2008), another strategy that police officers use to cope with difficult and exhausting situations is that of humour. Humour can symbolise a form of tension release, a way of releasing anger and can smooth a police officer's opinion of a given situation. This humour is at times used as a way of relaxing the emotional impact of what the police officer has witnessed. The author says that humour that occurs in crisis situations is referred to as black humour. He advises that for a team to be successful in responding to crisis situations, communication is optimal and vital. At times humour is an effective communication tool and can be utilised to smooth emotional attachments among police officers. The author notes that humour is a positive and healthy coping strategy in response to traumatic events. It is important to note that one should be careful when humour is used extremely or wrong because it can be an indication of distress. Humour may be helpful for police officers to use as a strategy to develop other techniques of coping with traumatic experiences. Police officers should utilise the use of support as an alternate way of coping with traumatic stress. Support in a form of therapy should be availed to police officers and they should also utilise such support systems. These support systems include commander, colleagues, family members and various mental health professionals (Pillay, 2008).

On the same note, Young (2004) also agrees with Pillay (2008) that support is an important aspect of coping with traumatic events. Young reveals that it is documented that many traumatised victims are able to cope successfully using the support from their family and friends. The researcher stated that psychological debriefing is at times not necessary to be done after exposure to a traumatic experience because support mechanisms such as friends and family members are also effective. Unfortunately, police officers have the tendency of not utilising such support and might even isolate themselves from their family and significant others. It is observed that frequently, the abruptness of a traumatic event leaves police officers in shock and feeling overwhelmed by a range of emotions and most of the time police officers

are left unsure of how to deal with this experience. As a result of attempting to make sense of the experiences and their reaction towards the event and stereotypes attached, police officers try to cope with the traumatic experiences in their own way. According to the Pillay (2008), this results in them isolating themselves from those that can be sources of support.

In addition, Meyer et al. (2003) state that coping may be influenced not only by the nature of the stressful episode, but also by the resources, both intra-individual and environmental available to the person concerned. The authors further define non-coping as failed efforts to cope, accompanied by various physical and psychological disturbances which result in higher stress. Thus, the use of effective coping strategies and a strong support system protects individuals from psychological distress by reducing or eliminating distress. Meyer et al. (2003) also state that it is important to distinguish between problem focused and emotional focused coping. They say that the problem focused coping strategies refer to actions taken during the stressful event aimed at managing, improving and changing the unpleasant experience or reducing the effects thereof. Emotion-focused coping strategies refer to what the individual was thinking during the stressful event and describe thoughts to regulate emotional responses which can arise as a result of exposure to a stressful event. Meyer et al. (2003) further state that problem focused coping strategies were negatively related to strains among police officers.

Emotion-focused coping strategies were related to every police strain except the abuse of alcohol. Police literature on stress has identified numerous coping strategies used by police officers to manage occupational and personal stress. According to Meyer et al. (2003), aloofness, alcoholism, authoritarianism, cynicism, depersonalisation, emotional detachment and suspiciousness are all factors that have been identified as either coping strategies or personality characteristics that develop in police officers over the length of their careers. Despite being used on the assumption that they will assist coping, these factors are rarely

effective in helping officers manage stressful events. Female police officers tend to make more use of passive coping strategies such as detachment and denial. Meyer et al. (2003) and Pillay (2008) observe that Patterson in his study of 2000 documented that coping was conceptualised as active coping, for example, physical exercise and passive coping, for example, the use of medication. He further stipulates that not coping with stressors in the work environment may be related to suicide ideation. Meyer et al. (2003) state that police stress is conceptualised as any condition that has adverse consequences for a police officer's wellbeing and can be linked to negative emotional outcomes such as divorce rates, suicidal behaviour and alcoholism.

Physical disorders such as hypertension, gastric and duodenal ulcers, and kidney and cardiovascular diseases also have been attributed to stress among Police personnel (Meyer et al., 2003). Stress emanating either from work or from the home can establish a vicious cycle of demands and frustrations that will at best lead to deterioration in functioning and at worst become superimposed on pre-existing psychological impairment. It is obviously best to prevent police officers from becoming stressed and to identify certain signs that act as stress indicators. Meyer et al. (2003) states that irregular working hour, poor working conditions, constant fear and trauma make police officers more susceptible to suicide. Shift work, the dangers involved in police work, poor working conditions and inadequate salaries seem to be related to job satisfaction, stress and suicide tendencies. Perceived staff shortages, inadequate resources, time pressure, lack of communication and work overload also emerged as prime stressors.

In their study, Meyer et al. (2003) found that excessive paperwork, insufficient manpower, fellow officers not doing their job, inadequate or poor quality equipment and inadequate salaries were among the stressors which occurred most frequently within the police. There are important reasons why police stress should warrant serious consideration. The police play an important role in the maintenance of society and to fulfil this duty successfully, the work force

must be effective and stress potentially undermines the efficiency of the police service. The effects of police stress may have an adverse effect on the development and maintenance of working relationships with the public. Also, on a more individual basis, it is possible that the officers under stress may pose a real threat to their own safety and that of others.

Yarmey (1990) says that there are other reasons why police officers isolate themselves from their support systems. Police officers isolate themselves because they want to protect their families from the abnormal world. Because police officers are often involved in experiences that are beyond normal human experiences, such as murder scenes, accident scenes, burned bodies and many more, police officers do not like their families to be exposed indirectly to such scenarios and unpleasant nature of their duties. Therefore, they do not talk about their experience with them. Violanti (1997) and Pillay (2008) explain that the fact that police officers after all decide to harbour this secret and carry the burden alone further adds to their sense of isolation. Furthermore, being in possession of the sketch of the dangerous nature of their work, police officers choose not to deliberate the hazardous experiences that they have had. This is because if their family learn what they are going through, they would worry excessively about them when they go out on duty.

Yarmey (1990) and Pillay (2008) state that it seems that police officers feel more comfortable and supported when talking about their traumatic experiences with their colleagues who possess or shares the same background like them. They see their colleagues as their inner circle and view civilians and the society at large as the outer layer of the circle. Police officers share similar experiences within their group and it is the only circle where they feel the cohesion. It is mentioned that support is of utmost importance in police forces and services, particularly when it comes from those who are within these same police forces or service. It is believed that

such commanders and colleagues have a better understanding of the experiences of being a police officer and therefore are better to provide support. When police forces or service commanders support their subordinates after a traumatic event, their support ends in fewer post-traumatic stress symptoms and contributed to the recovery of the person (Yarmey 1990).

Young et al. (2012) emphasise that after all, the personal meaning of traumatic experience for individuals is influenced by the social context in which they took place. Victims and the significant people in their environments may also have a different and changing assessment of both the reality of what has happened and of the extent of the victims' suffering. This in turn may lead to the allocation of blame and responsibility, and this rather than the trauma itself, often becomes the central issue.

2.14 Summary

This chapter discussed the views of other authors with regard to the effects of traumatic events on the psychosocial functioning of police officers as well as the general public. Various studies postulate that police officers in general carry out their duties and responsibilities with dedication and courage, but some stresses are too much for them to bear. In the review of literature, it was emphasised that most police officers have their breaking points after witnessing various traumatic events. It was also revealed that police officers often become deeply immersed in situations concerning injustice, public apathy, conflict roles, injuries and fatalities. Due to these situations, police officers may develop psychosocial problems. It has been advised that an agency should always consider its personnel as the most valuable resource.

Police officers deserve all the support and assistance the agency can give them to maintain their health and wellness. This was highlighted because it appears that many policing organisations struggle to understand fully how trauma and stress impact human beings, and, therefore, they

fail to train their police officers in this area. Hence, the nature of trauma in general and in the African context is also explained in depth. The African context was necessitated due to the area of study that consists of Africans who might have a different world view from that of other studies in other continents. The chapter also highlights the common reactions which victims might project after a traumatic event. Factors that might be considered as side effects of trauma such as police culture, trauma in the work place, alcohol abuse, suicide, post-traumatic stress disorder and domestic violence are also investigated as well as how these side effects might contribute or might come out as a result of witnessing traumatic events. The chapter concludes with ways of coping and rendering support to victims that endured traumatic events. The chapter also emphasises that the extent of the impact of a traumatic experience depends on the resources that the victim uses to cope with the traumatic experience. The availability of social support such as family members and colleagues is vital in one's recovery process.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

In this chapter the researcher discusses the research methodology, the type of research and the procedure that was followed when conducting the current research study. The section on the research procedure outlines the method that was used in data collection and the way in which the data were analysed. Ethical issues are important in any research study. Therefore, the researcher discussed the ethical issues that were considered in conducting this particular study.

3.2 Research Design and approach

In the qualitative approach the researcher's attention was more drawn to the quality of information from the participants' point of view. De Vos, Strydom, Fouché and Delport (2011) concur and further state that the qualitative approach is designed to discover what can be learned about a phenomenon of interest, particularly the phenomena where people are participants. Hence, these researchers believe that qualitative researchers are interested in investigating and responding to exploratory and descriptive questions.

The results of such questions aim at a deeper understanding of the participants' perspective. Neuman (2011) is of the opinion that the qualitative approach concentrates on the examination of feelings, opinions and attitudes of participants. Therefore, a qualitative approach is focused on the understanding of people's experiences in perspective. Similarly, the research approach comprises a qualitative, explorative and social phenomenological study. The epistemological orientation of this research falls within social constructionism, based on the principle that all knowledge is socially constructed. The human world of experience is worthy of examination

and this study will contribute to new ways of understanding the way traumatic events affect police officers in Namibia and in particular at the Wanaheda Police Station. Subsequently, in the current study, the researcher was interested in understanding the effects of traumatic events on the psychosocial functioning of police officers; therefore, a qualitative approach was chosen as the suitable approach to the study.

According to Creswell (2009), there are five strategies of enquiry that can be utilised to design qualitative research. These strategies are the case study, biography, grounded theory, ethnography and phenomenology. The strategy of enquiry that was used to design the current study was the phenomenological strategy. De Vos et al. (2011) describe phenomenology as a strategy that is concerned with the ways in which human beings gain knowledge and insight of the world around them. It is interested in how the world is experienced by human beings within particular settings and in particular periods. Babbie (2008) states that a phenomenological study aims to understand the meaning of the experiences of people about a concept or phenomenon. The researcher of this study is interested in exploring the effects of traumatic events on the psychosocial function of police officers, this study looks at the experience of police officers who go through trauma. Based on this reason the phenomenological strategy of enquiry seemed appropriate.

Furthermore, the researcher identified the qualitative methodology as the most appropriate mode of inquiry for this research. Hence, this research project is a qualitative research that utilises the phenomenology design. The researcher's aim explored the effects of trauma on the psychosocial functioning of police officers. The researcher used the non-probability sampling technique. Specifically, purposive sampling, which allowed for the in-depth exploration of the topic under investigation was used (Flick, 2002).

3.3 Population

Babbie (2008) states that a population is a group of individuals that has one or more characteristics that are the same and that are of interest to the researcher. Similarly, De Vos et al. (2007) define the research population as the total set from which the individuals or units are chosen for the study. The population is therefore the larger universe of individuals or units who have particular characteristics in common. In this study, the researcher was interested in these characteristics and drew a sample from this universe. The population of interest to the researcher included all police officers in the operational unit in Wanaheda Police Station in Windhoek, Namibia. The population consists of two hundred and ninety (290) police officers holding different ranks.

As stated earlier, this study is significant to the entire Namibian Police Force members. However, it is not possible to study the whole Namibian Police Force. Based on that, the researcher targeted the Namibian Police Force officers at Wanaheda Police Station. Still, it was impossible to study everyone at this Police Station; a sample had to be used.

3.4 Sample

This study utilised the purposive sampling as a sampling procedure. Purposive sampling is a type of non-probability sampling method that selects participants on the basis of certain type of elements (Neuman, 2011 & Padgett, 1998). Participants' selection was based on the judgement of the researcher. The researcher was the one who chose the sample that appears to be a good representative of the population. The researcher was of the opinion that police officers who are five (5) years and over in service and has been in the operation department will add value to the study. According to Neuman (2011) normally a researcher uses this method of sampling when he comes across unique cases that are informative about the topic and when such cases are needed. This may also be used to select hard- to- reach specialised populations. Purposive sampling is also utilised when a researcher wants to identify particular

type of cases for in depth exploration where the purpose is to gain a deeper understanding. Furthermore, this method is used mostly in exploratory or field research (Neuman, 2011).

The researcher paid attention to the following characteristics when the sample was selected:

- The subject should be a Namibian Police Force member who received basic police training,
- Has worked as a police officer for at least five years.

The sample in the proposed study was ten percent (10%) of the population, which was supposed to be approximately thirty (30) respondents. However, due to the repetition of similar answers, the researcher interviewed fifteen (15) respondents, and applied the principle of saturation. The researcher did not find it useful anymore to interview new respondents as there was no new information coming forth. The principle of saturation was applied. De Vos et al. (2007) define the principle of saturation as “a point in the study where the researcher begins to hear the same information repeatedly being reported and he no longer learns anything new.”

The researcher was of the opinion that interviewing police officers who have at least five years' experience in service may increase the likelihood that their experiences were unique, and thus would provide the descriptions that a qualitative researcher desires.

3.5 Research instruments

Semi-structured interviews were utilised as the main method of data gathering. This method of data collection falls under general interviewing, but in this case there were pre-formulated questions were used to guide the process. According to Babbie (2008), an interview is a goal-directed conversation and conversation with a purpose. This means that even though the interview with research participants is informal, it will still have a particular goal to be reached.

The interviews were conducted with the goal of gaining a detailed picture of the police officer's beliefs, or perceptions or accounts of the effects of the traumatic events on their psychosocial functioning (De Vos et al., 2007).

The semi-structured interview was used as a tool to gain detailed picture or description of traumatic events experienced by members of the Namibian Police Force. Also, to explore the impact of traumatic events on the psychosocial functioning of police officers and to explore how police officers cope with the effects of traumatic events. Hence, for the purpose of the current study, the researcher, aimed to gather information about the effects of traumatic events on the psychosocial functioning of police officers in response to the prepared questions. Through interviewing, the researcher was able to gain information in its original form as the researcher interacted with the research subjects. In other words, the researcher was able to get an opportunity to get to know the participants as the information regarding their thoughts and feelings unfolded (Welman, Kruger & Mitchell, 2011). The researcher was of the opinion that this method was suitable for the phenomenological paradigm as it provided the researcher an opportunity to get to understand the personal perceptions of police officers in the context of the Namibian Police Force (NAMPOL).

Moreover, the researcher interviewed the research participants individually and they were informed properly that they will be audio recorded and that field notes will be obtained. An interview guide was used to guide the researcher in asking relevant questions. Respondents were approached by the researcher with the aim of explaining the purpose of the study and also made appointments with the respondents. The respondents were well informed that the information will be recorded and that field notes will be obtained. During the interviews the respondents were given an interview guide. The guide was explained accordingly before the interview and at the end the researcher made sure that all questions were answered accordingly.

3.6 Procedures

According to Welman, Kruger and Mitchell (2011), the research procedures describe the sequences of detailed steps that were followed in the given research study. Therefore, this part of the study outlines the process that was followed in collecting data as well as analysing the data.

A permission request was submitted to the Inspector General of the Namibian Police Force. The permission letter was written to the Inspector General of the Namibian Police Force to seek permission to conduct a research study at Wanaheda Police Station. Upon receipt of the permission letter, the Wanaheda Police Station management was notified by letter of the possible dates, times, and locations for the interviews. Interviews were semi structured using an interview guide, audio recorder and field notes. Before any interview took place, the researcher reviewed the informed consent letter which was produced by the University of Namibia with the participants.

The researcher answered questions that were posed by the respondents, and obtained written consent from the participants. The written consent was an informed and voluntary consent whereby the participant signed to agree that he or she fully understand the process of this study and understand everything stipulated in it. Data collection was done through interviews while data analysis was dealt with according to Creswell (2009)'s steps of data analysis that are explained in the next section. All interviews took place in individual offices in the work place. Participants were interviewed individually and were informed accordingly on their rights and that the interviews will be recorded and that field notes will be taken for later use and were assured that they shall be kept confidential.

3.7 Data analysis

Padgett is a seminal authority in social work, qualitative research. Even though the author's book is an old source, based on that reason, it was found useful. Padgett (1998) explains that there are three basic modes of data collection in qualitative research: observation, interviewing and review of documents or archival materials which are interrelated and often occur simultaneously. This study concentrated on the interviewing mode. Data analysis comprises the examination of meanings people attach to certain words and actions. This process involves descriptions and interpretations of raw material. Throughout the process of data collection the researcher identified and listed the categories and reduced them into themes, as data analysis includes breaking up the data into manageable themes, trends and relationships. The researcher utilised qualitative content analysis to analyse the data. According to Creswell (2009), this type of analysis is the most basic type of qualitative analysis that aims to announce important aspects of response given by participants. In this study, the researcher broke down the data into underlying themes and frequencies of occurrences and noted them. Information from all interviews was considered as vital regardless of the overall frequency of occurrence.

Data analysis was dealt with according to the guideline stipulated by Creswell (2009). The author emphasises that the steps cannot be used like following a recipe because they overlaps at times. The steps are as follows:

1.) *Organise and prepare the data*

Firstly, the researcher organised and prepared the data for analysis. At this stage the researcher reduced the volume of raw information, which is the collected data, by separating meaning from the details. This was done by identifying important patterns that are the common psychosocial functioning patterns among Namibian Police Force members. Identifying common traumatic events within the Namibian Police Force, matters on how members cope

with the effects of traumatic events within the Namibian Police Force. Data was organised separately into a few workable units. The interview responses were organised separately to be compared later in the process.

2.) *Read through all the data*

Secondly, the researcher read through all data and obtained a general sense of the information and reflected on its overall meaning. By reading and re-reading the researcher gained an overall impression of the content.

3.) *Begin detailed analysis with a coding process*

Thirdly, the researcher organised the material in segments of text before bringing meaning to information. During this process, segments of meaning were identified in one or more sentences and phrases in the text. A marker was used to indicate segments of meaning. This process is referred to as open coding, according to Creswell (2009). Although themes may be observed, the process of coding has not started yet. Open coding is an inductive process whereby the codes are selected according to what the data means and therefore it is necessary to have an overview of as much of the content as possible. It is when the researcher began to identify small pieces of data that stood alone. In this phase data needs to be coded to provide meaning to the segment for easy interpretation.

4.) *Use the coding process to generate a description of the setting or people as well as categories or theme for analysis*

Fourthly, the coding process was utilised to generate a description of the Police Officers as well as categories and themes for analysis. In this step, the labelling of segments of meaning in more than a word was done. These labels or codes can be written in the margin of the transcripts (Creswell, 2009). Categories are entities comprised of grouped codes. De Vos et.

al. (2005) states that a single category is used to give meaning to codes that are combined. The researcher divides data collected into categories as data analysis involves breaking up data into manageable themes, trends and relationships; to show similarities and dissimilarities for easy identification

5.) *Advance how the description and themes will be represented in the qualitative narrative*

Fifthly, a narrative passage to convey the findings of the analysis was utilised. The researcher then looked for possible grouping of codes within and across transcripts. These codes were then listed and the texts of the various transcripts were read again to ensure that the codes make sense and that they are related to the research question (Creswell, 2009).

6.) *Making an interpretation or meaning of the data*

Finally, the grouped codes were transformed into categories or themes and the researcher made an interpretation of the data. Due to the small sampling size, the researcher analysed the data manually. The researcher produced verbatim transcripts of each interview to give the reader a true reflection of the respondents' feelings (Creswell, 2009).

The researcher utilised content analysis as a data analysis technique. Padgett (1998) emphasises that numerical findings such as frequencies and percents can enhance the qualitative report. The author further highlights that when presenting a code or category, one may want to report the number of times it appeared. Thus, the researcher also found it vital to report her findings in numbers and percentages to enhance the quality of the report.

3.8 Managing the data

The researcher ensured the safekeeping of the collected data in the following manner. At the beginning of data collection, the researcher organised the data into folders which were kept in

a lockable safe. The data were later converted into different files according to appropriate text units based on the whole story of each respondent. The recorded data were transcribed and also placed in various files. The researcher came up with an inventory to ease the work load and this helped to identify what the researcher already had. The researcher double checked on all field notes whether they were all complete and all were perfectly completed. The researcher also went through the scripts to see if there were any gaps in the data that needed to be filled and realised that there was no gap. After that, all data were properly labelled with the view of making retrieval easy. Handwritten field notes were typed to get them in order. A master copy of the data collected was placed in the safe. One was used to write as the researcher was adding information. It is worth mentioning that all information about this research is still kept in a lockable steel safe and will be destroyed as soon as the final product is marked and finalised.

3.9 Research ethics

Permission to conduct the study was obtained: In this study the gate keeper was the Inspector General of the Namibian Police Force. Therefore, a permission letter was submitted to the Inspector General of the Namibian Police Force to conduct the study. A written consent was obtained from the research participants' with regard to their participation in the study. Furthermore, permission was requested to record the interviews using a tape recorder. Consent was voluntary and informed. Participants were fully informed about the tasks that are expected of them. This was done in a clear manner using simple language, which the participants understood.

The basic elements of informed consent were done as follows:

- A brief description of the study and its procedures as they involve participants.

- Full identification of the researcher's identity, including an address and telephone number for future contacts.
- An assurance that participation is voluntary and the respondent has the right to withdraw at any time without penalty.
- An assurance of confidentiality.
- Any risk or benefits associated with participation in the study.

By agreeing to participate in the study, respondents sacrifice anonymity and usually a good deal of privacy as well. Confidentiality for the research participants is an important aspect of any type of research. The informed consent forms that the participants signed ensure anonymity of the participants should the results of this study being published. Furthermore, the individual interviews were conducted at times that were convenient for the research participants. Both the researcher and the research participants mutually agreed upon the venue to be used. The privacy of each interaction was ensured and at each interview a pseudonym was chosen for each participant in order to ensure that his or her identity in the study was anonymous and that his or her participation in the study remained confidential. The recorded interviews were transcribed and both the recorded interviews and transcripts were stored in a safe and secure place. Information gathered from respondents was only used for the purpose of this study and was not used for other purposes of personal gain.

Moreover, going through the literature review and the findings of this study, it is evident that police officers could be classified as a vulnerable population; therefore all data gathered during this research were not handed over to any third party because it might have created certain role conflicts. The strict need for confidentiality at this juncture also placed a strong responsibility of the researcher to carefully guard the information. Reflecting back at the literature review that reveals that police officers are most of the time in denial with what they are going through, the possibility of police officers breaking down or willing to be counselled might have occurred

during the data collection period. The researcher of this study is employed as a social worker of the Namibian Police Force, therefore, the researcher dealt with the here and now situation and also arranged for appointments for counselling sessions or any other required treatments.

3.10 Summary

This chapter presented the methodology utilised from the beginning of the study. The research approach included a qualitative, explorative and social phenomenological study. The epistemological orientation of this research felt within social constructionism, based on the principle that all knowledge is socially constructed. The human world of experience is worthy of examination and this study will contribute to the new ways of understanding the way traumatic events affect police officers in Namibia and in particular Wanaheda Police station. The researcher utilised non-probability sampling technique. The researcher specifically utilised purposive sampling, which allowed in-depth exploration of the topic under investigation.

The population which refers to police officers working at Wanaheda Police station amounts to two hundred and ninety (290) police officers of different ranks at Wanaheda Police station. The sample consisted of fifteen (15) participants. Consequently, during interviews the researcher was not learning anything new. Information kept on repeating itself, therefore, only fifteen respondents were interviewed. The semi-structured interview was used as a tool to gain detailed picture or description of traumatic events experienced by members of the Namibian Police Force. The study outlines the process that was followed in collecting data as well as analysing the data. Data analysis was dealt with according to the guideline stipulated by Creswell (2009).

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents the results from the analysis of the data. The results presented inform directly to the stated aim and purpose of this research project: to explore the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police station in Windhoek, Namibia. These findings were collaborating with the literature as stipulated in chapter two. The analysis and interpretation included facts collected from the study, which will be presented to the reader in words. The researcher classified the categories and subcategories under each objective to ensure that all objectives of the study are addressed and answered accordingly. When classifying the categories and sub-categories, the researcher looked at words, the context, the inner consistency, occurrence of comments, richness of remarks, specificity of comments, and what was not said and finding the big idea.

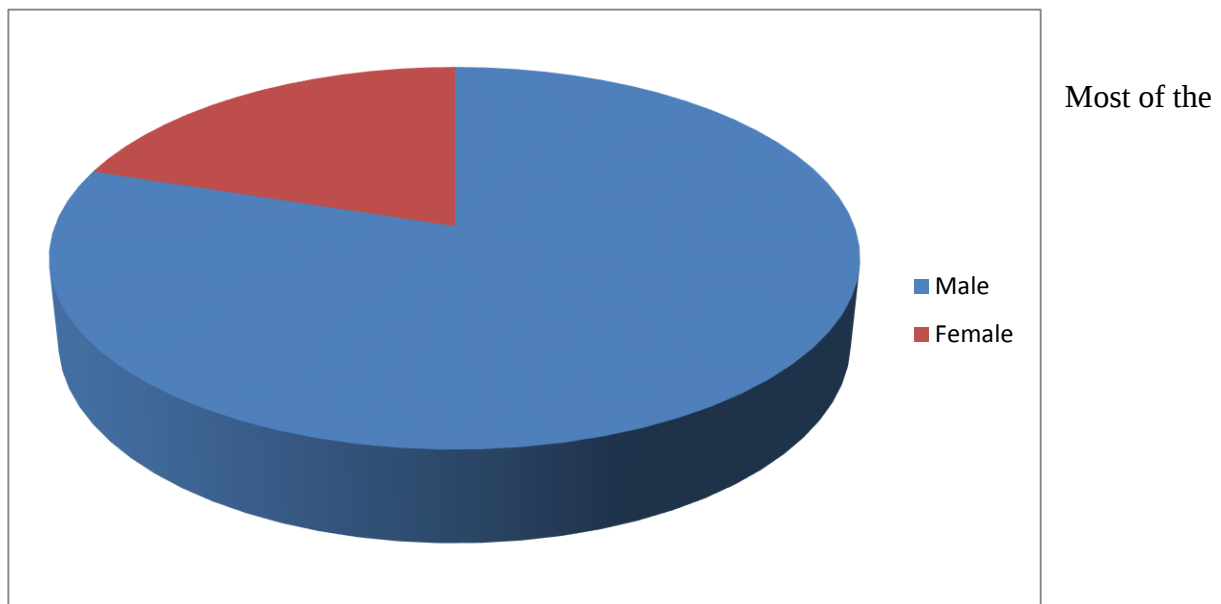
The researcher also indicated what the participants said on each objective. Names that are used for the participants are not their real names. Henceforward, the main purpose of this chapter is to explain the fundamental findings of the study.

In addition, this chapter presents the findings of the analyses and discusses the results as obtained from the respondents in their various capacities. As already highlighted in chapter three, the researcher utilised numerical findings to enhance the quality of this research study. It was highlighted that Padgett (1998) emphasises that numerical findings can enhance the qualitative report. The author further observes that when giving a code or category, a researcher may be willing to report the number of occurrences of the said code or certain code. A total of

fifteen (15) police officers at Wanaheda Police Station were interviewed. The study results show that there were more males than females, representing an eighty percent (80%) and twenty (20%) ratio of the sample respectively. The majority of the study participants had between eleven (11) and fifteen (15) years of service in the police force with thirteen percent (13 %) over thirty two (32) years of service. Figure 2 below, demonstrates the socio-demographic characteristics of the study participants.

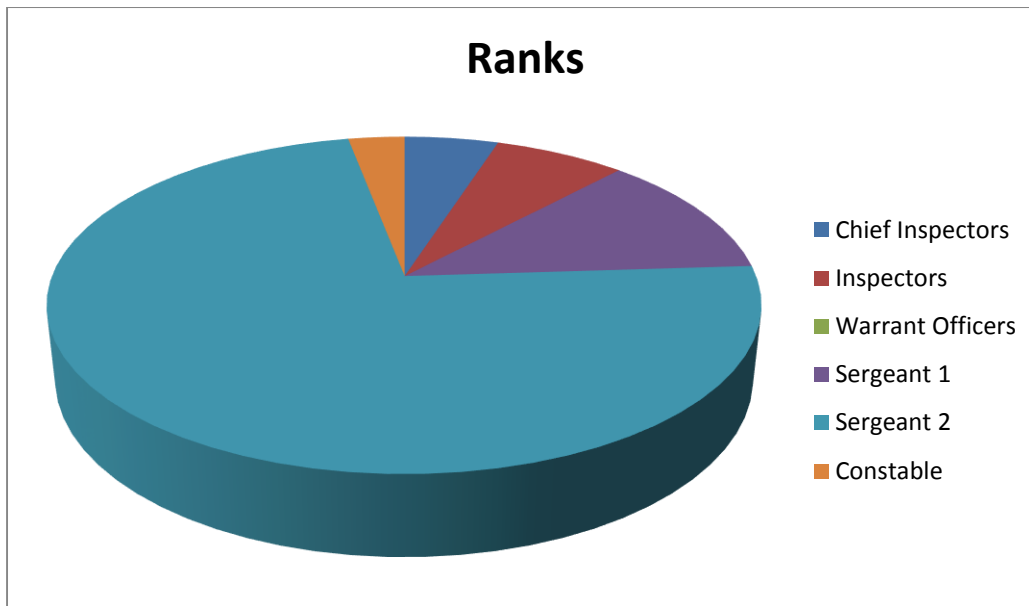
4.2 Socio-demographic characteristics of study participants

Figure 2: Sex of participants



participants are long serving police officers who have sound knowledge of policing. The participants ranged from Chief Inspectors, which is the highest rank at Wanaheda Police station to Sergeants class two (2). A total of about seventy three percent (73%) were Sergeants class two (2) in ranks, and indicated that most of them held the said rank for more than five (5) years. Hence, Figure three below demonstrates the rank structure of respondents at Wanaheda Police Station, Windhoek Namibia

Figure 3: Rank structure of respondents



Some participants had the following to say:

Max said: *“Gush do not even ask how long I am holding this rank it has been over five (5) years that I am working so hard, but nothing is coming forth.... the commanders will tell you how hard working you are and that they can lean on me any time, but when promotion comes your name is nowhere..... but we have to continue it is our work”.*

Similarly, Masha said: *“I have been a Sergeant class two for very long my dear...others with whom I started are very far, they are Inspectors and up... but what can I do I need the job, at least I have bread and butter for my family every day on the table”.*

Only the top ranked officers are in their ranks for a shortest period. They have such ranks for about three (3) years and are the top ranks at the station.

4.3 Description of traumatic events experienced by members of the Namibian Police Force

Below is a presentation as well as discussion of the results obtained in response to the first objective of the study. The transcripts of the participants formed the database from which the

analysis was done. Most participants indicated that they dealt with all traumatic crimes during their entire police career, ranging from domestic violence, rape, murder, motor vehicle accidents, suicide, robbery, assault with intent to do grievous bodily harm, common assault, housebreakings, theft and all other petty cases. Most common traumatic cases at Wanaheda Police station seemed to be murder, suicides and assault with intent to do grievous bodily harm. The majority of the participants dealt with these cases for more than five years (5), while twenty six percent (26%) of the participants dealt with such cases for over sixteen (16) to twenty (20) years.

The themes that emerged as a result of the analysis were along the following broad areas: traumatic events, witnessing traumatic scene, most traumatic events, choices of cases and transformation. The categories and sub-categories are presented in Table 2 below.

Table 2. Categories of the description of traumatic events experienced by members of the Namibian Police Force

Main categories and sub- categories	
Categories	Sub-categories
Traumatic events	Effect on mind Feelings (bad, stressful, fearful, wondering etc.) Disturbance Abnormal circumstances Concentration
Witnessing the traumatic scene	Types of crime scenes Horrible scenes Beginning of police work

	Autopsy of dead bodies No choice Sense of security and trust
Most traumatic events	Children involved Human remains Rape
Choice of cases	No fear Duties and responsibilities
Transformation	Conditioning Underlying fear of the unknown

○ *Traumatic events*

The researcher wanted to know if the participants had the understanding of what traumatic events were and these are some of the answers that came out. The participants described traumatic events as events that they witness on a daily basis that affect their mind and make them feel bad, sad, frightened, and wonder and often have after effects of the event. It is also described as matters disturbing a human being due to the abnormal circumstances attached to the event. Traumatic events were also described as stressful events that make a person not to concentrate either at work or at any other settings such as home, church and in the society. In their words, some participants described traumatic events as follow:

Joseph indicated that “*traumatic events in the Namibian Police Force are many and vary in merits.*” He explained that “*a traumatic event is a scenario that a police officer witnesses while conducting his duties that may be abnormal and might later or immediately affect him or her because he or she will not be able to concentrate fully as he or she is thinking of the incident*

or the scenario may be stressful to the police officer....the incident might leave a person with feelings of sadness, wondering, and many other mixed feelings”.

Mary said that *“traumatic events are matters that disturb you mentally as a human being due to abnormal circumstances and has after effects”*. She further gave an example of a woman who was chopped in pieces by her husband and police officers had to work on the case, collecting all cut- off limbs as the husband placed them at different spots *“gush it was horrible”* she claimed.

Similar to what Joseph and Mary said, Frank indicated that *“a traumatic event is a horrible scene that stresses those who saw it and makes you lose touch with yourself”*.

Some participants said that it is events that can cause blood pressure to rise. Only one participant did not have any clue of what traumatic events might be. However, after the explanation, he could also use the same definition like others. Interestingly, the participants’ understanding of what traumatic events meant were not far from how Motsi and Masango (2012) define it. A traumatic event is an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one’s safety or to the stability of one’s world (Motsi & Masango, 2012).

- *Witnessing the traumatic scene*

All the participants said that they witnessed severe murder cases, assault with intend to do grievous bodily harm (Assault GBH) and motor vehicle accidents during their entire police career. All participants revealed that at the beginning of their police career, they could not

handle observing a post-mortem on a dead body. However, thirty three only few participants said that they can still not stand it but have no choice. The participants accentuated that an autopsy on dead bodies causes fear to allow their loved ones undergo the process, because it seems inhuman and insensitive to cut up a dead body. Hence some participants highlighted the following:

Fossy said: *“mom... I dealt with a lot of traumatising cases such as murder, motor vehicle accidents, train accidents; mommy so many up to severe rape. At times I even wonder if I still have normal human feelings”*.

Jack said that he dealt with a lot of cases ranging from suicides, murder, assaults with intend to do grievous bodily harm and motor vehicle accidents and these are the cases that he experienced as traumatic in his police career. *“Hey, some of them were really scary”* he said.

Masha indicated that traumatic events she experienced are mostly murder cases. She said: *“at the beginning I used to be afraid if I had to work on a murder case, but I am now used to it, it is like my daily bread”[laugh]*.

Jacky indicated that she worked with murder cases, assault with intend to do bodily harm, robbery, motor vehicle accidents and suicides. *“These cases are sometimes horrible than what you expected,”* she said. She further said that *“You never know what to expect especially if you come at a murder, motor vehicle accident and suicides scene of crime”*.

- *Most traumatic events*

Some of the participants said they cannot stand a scene where children are involved. However, Volkan (2000) and Freyd (2002) postulate that these might be symptoms of Post-Traumatic

Stress Disorder. Most police officers at Wanaheda Police Station witnessed rape incidents. These were regarded as the most traumatic events they witnessed in their entire police career. Motor vehicle accidents and murder cases were also regarded as traumatic events as well. Witnessing the death of a colleague was one incident singled out by most participants as most traumatising.

Sam stated that the most traumatic event he witnessed was that of the toddler whose head was hit on the floor by another inmate in the police holding cells and when a man cut his wife's throat and stabbed her several times on her private parts. These victims died. *"I could not stand a post-mortem before, but I am now used to it because there is no way you can investigate cases where people died without going for a post-mortems,"* stated Sam.

Masha indicated that the most traumatic event that she witnessed was when her own child was hit by a motor vehicle in front of her house. The incident left her numb and gave her sleepless nights. She said that she could not eat for days. She could not look in front of her house, especially when she had to go to work and coming back from work passing the spot where the child was hit and died. When she imagined her child having to go through a post-mortem, it was also another trauma she had to endure. She said that beside her child's death, she does not like attending post-mortems and looking at a person cut for investigations. *"Immediately when a child is involved in a motor vehicle accident or any crime, then I think of my own children,"* she claimed.

Hans said that the most traumatic event in his police career was the first time he had to go for a post-mortem. He said that it took him time to start eating meat products again and to sleep in a dark room. He stated that he got used to post mortem as he attended them often.

Jacky noted that *“the most traumatic event that I witnessed which I still feel was too horrible for me was when a father murdered his own son by hanging him. The father then tried to commit suicide, but failed. This case left me with lots of questions and I am still wondering whether there was no other solution to the problem he was experiencing and why he should kill the child in such a cruel manner”*.

Peter said that the most traumatic event that is still fresh in his mind is the one of his colleagues who drowned in the Goreagab dam (a dam in Windhoek) while he was attempting to rescue someone. He said that, that incident is still playing in his mind as if it happened yesterday. *“I asked myself a lot of questions at that time and until now. Maybe it could have happened to me. Now I always ask myself if I should rescue others if trouble comes”*. He further said, *“To be honest, I do not like matters involving dead bodies like motor vehicle accidents, murder and suicides and when children are involved. I just do them because I have no choice, it is my work and I have to do it”*.

Moreover, all the traumatic events experienced by police officers at Wanaheda Police Station correlate with those stipulated by most authors such as Van Wijk (2002) and others. Young (2004) states that when a traumatic episode happens, it may challenge these assumptions, thereby creating a sense of uncertainty for the person. It is when an individual starts to question their sense of security and trust in others and the world.

The participants further narrated that murder cases, (especially those where human limbs are cut off), and shooting incidents, where the cases they found most traumatic. However, the participants revealed that despite these cases there are other petty cases such as theft, housebreaking with intend to steal, common assault, *crimen injuria* (crime whereby the suspect uses derogatory language towards the complainant) that they deal with on a daily basis and are less traumatic.

- Choice of cases

All participants indicated that there is no case they fear to work with because it is their duty and responsibility to attend scenes of all kinds. They highlighted that when they started handling these cases, they did not like to witness murder scenes because of how the scene of the crime may appear and because of the fear, whether they would be able to collect all evidence at the scene to present to the court of law. They always had that in mind and hope for justice to take its course. They could not handle dead bodies and the smell they produce. They indicated that at the beginning of their police career, they had sleepless nights and could not eat after they witnessed scenes where human remains were scattered, or where a big open wound was inflicted on a human being.

Most participants highlighted that at times they also fear that the victim might be known to them, especially if they are summoned to the areas where they are residing or areas where their colleagues, relatives and friends live. Most participants emphasized that they also fear to witness scenes of crime where their colleagues are victims. They highlighted that they get a message that it could be them or it could also happen to them. These outcomes also correlate with what Van Praag et al. (2005) stipulate when they describe some elements of a traumatised

person. The authors stated that the usual coping abilities that the person possessed became dysfunctional.

In contrast, Max highlighted that he has no fear for any case because as a Police Officer, it is his job description to do anything as long as he is maintaining law and order and protecting lives. He indicated that when one joins the Namibian Police Force, at the beginning one struggles to adjust to the working environment and its demands but as time goes on one easily adjusts. He further indicated that when he is called to a scene which is in the direction of his residence, he panics because he always thinks that it might be at his place or it might be someone he knows. He also emphasised that he does not want to be involved where a colleague is a victim. He gave an example of an incident where he saw his colleague drowning.

Similarly, Joseph indicated that he does not choose himself what type of cases he wants to work on. He indicated that there is no platform created to make such choices. He highlighted that it is his duty and responsibility to deal with all types of crimes. He indicated that when he joined the operations units of the Namibian Police Force, he was too sensitive to issues that he witnessed because they were unusual to him, especially cases involving blood, but as he worked more with such cases, he realised that it was normal to handle such matters.

Alpheus also said that there is no case he feared to work with. He further stated that he is responsible for protecting life and investigating all criminal offences reported to him. Alpheus highlighted that at the beginning it was not easy for him to deal with matters such as murder, suicides, and witnessing a post-mortem, but as time passed by he became conditioned to the circumstances of his job.

Also, Hans said that he does not fear to work on any case. He remarked that it was something of the past and it is their responsibilities to deal with criminal cases of all nature. He mentioned that at the beginning of his career, he was scared of dead bodies, big wounds and conducting a post-mortem, but now he is used to his working conditions. He highlighted that he is an expert in the line of his duties. He further indicated that car crashes, especially serious ones, were not good to witness because he does not know what to expect at the scene and when a person reach the scene he sees things that he never saw in his life. He indicated that scenes or cases where a person who is known of him is involved are at times troublesome.

Similarly, the respondents concur with Cross and Ashley (2004) in their study, they emphasise that when police officers respond to such intense crime scenes, they may show stress responses and symptoms resulting from such incidents and can be cognitive, physical, behavioural or emotional at times the combination of these symptoms emerges. The authors further warn that if police officers do not develop venues for coping with stress appropriately physical, mental, and environmental exhaustion can result. Miller (1999) also says that when police officers are dealing with traumatic events symptoms such as numbed responsiveness, impaired memory alternating with instructive, disturbing images of the incident, irritability, hyper vigilance, impaired concentration, sleep disturbance, anxiety, depression, phobic avoidance, social withdrawal and substance abuse may be experienced by the police officers. However, the participants highlighted that the more one witness these types of scenes the more one become used or conditioned to them. That is how the police work changed them as police officers.

○ *Transformation*

The participants emphasised that when they initially joined the police force they were not working with all the gruesome cases that they now encounter on a daily basis. They could feel

pity for a person who was injured. However, as time went on and the more they worked with all these cases, they became conditioned to the cases and their sympathetic feelings faded. They knew that it is abnormal, but because they reached the stage where they did not feel anything anymore; they feel that they were transformed by the experiences they underwent.

Masha said: *“To be honest, I can say that the police changed me in the sense that I was a very soft person when I joined the Namibian Police Force, but as time went I just became hard towards issues. You know, even my family members used to mention that I used to like crying, but I am no more crying...” I could not view a dead body, but since I am working with dead bodies almost every week I feel comfortable doing it now...”*

Similarly, Frank said: *“I really believe that the police changed me. Even if someone tells me so I will not disagree... I take every little thing very seriously and I am always careful and on a look out because I do not want to become a victim of crime as a police officer”.*

Sharing the same sentiment, Jan had this to say: *“I think I can say the police work changed me in a way, discipline is the key. However, I went through so many cases and learned that life is not easy and that a person must be very careful every day with what you do and what you say. But the most important thing is that I am no more scared of issues like dead bodies and wounds as I am now used to them”.*

4.3 Exploration of the impact of traumatic events on the psychosocial functioning of the Police Officer

In answering the second objective of this study, the following categories and sub-categories were highlighted: psychosocial functioning, summons, reaction after attending, impact on mind, social functioning, availability of services and traumatic events.

Table 3. Categories of the exploration of the impact of traumatic events on the psychosocial functioning of the police officer

Main categories and sub- categories	
Categories	Sub-categories
Psychosocial functioning	Mind Society Behaviour
Summons	Questions Success Conditioned (no feelings) Comfort zone to focusing zone
Reaction after attending	Sympathy Blame Trauma after blame Frustration Frustration
Impact in mind	Fast thinking Fast acting Feeling bad

	Absent minded Lack of concentration Reminders
Social functioning	Extra careful Over protective Fearful Dreams Lack of trust
Availability of Services	Absent Self help Soothing Unresolved trauma
Traumatic events	Post mortems Minor events Major

○ *Psychosocial functioning*

The researcher was keen to find out if participants understood the term psychosocial functioning and this is what the participants alluded below. Almost half of participants stressed that they understood their psychosocial functioning as the way their mind makes them function in the society. Others defined psychosocial functioning as the way how their psycho function and the way they behave socially. They indicated that what your mind tells you is how you will function in the society.

Hans said: *“I understand psychosocial functioning as the way I am acting either normal or abnormal in the society”.*

With similar understanding, Jacky said that *“the way the mind is functioning determines how you will behave. If you are drunk for example, you will not be able to function properly in the society. If you are sober your mind will coordinate.”*

Jack also gave a similar understanding by saying that *“what I am doing in the society depends on what my psycho is telling me and I will function that way either positive or negative”.*

Also, Fossy said that even though she is not sure, she believed that psychosocial functioning might be the way your mind functions either better or wrongly within the society.

On the same level of understanding, Frank defined psychosocial functioning, saying *“My psycho is in my mind and I living in a society. How my mind tells me to behave in certain settings is the psychosocial functioning”.*

Just as other participants indicated their understanding, Jan indicated that *“a person is behaving according to what his or her mind is telling him or her and he stated that if a person behave positively than his or her psychosocial functioning could be classified as positive and if he or she behaves wrongly then his or her psychosocial functioning would be classified as negative”.*

○ Summons

Only a few of the respondents admitted that when they are summoned to attend a scene of a crime that might be horrible according to the first information of crime, they start asking

themselves questions such as who is involved, what happened and how the scene and the victim appeared.

Max indicated that it is very important to ask yourself what you are going to do immediately when you receive the first information of crime. *“You need to prepare yourself, either mentally or physically. There are some scenes where you might be required to use minimum force to be able to do your job properly so you should also ask yourself if you are ready to face what was reported as you were summoned.”*

Also, Joseph alluded: *“Immediately when I am summoned to a scene of crime, depending on what type of scene it is. I immediately think like a police officer is supposed to think. We are thought to ask ourselves the seven (7) Whiskeys whenever doing police work. It is when you can do your work completely”*. The seven whiskeys are who, whom, which, when, where, what and how

Corresponding with other participants, Sam had the following to say: *“When summoned to attend a scene of crime I start asking myself a lot of questions immediately. Not because I am scared but because I need to prepare myself psychologically also. I will ask myself what happened, how it happened and whether I will be able to apprehend the suspect. At times you feel as if you were relaxed and when you are called, it is like you need to be immediately vigilant and act accordingly”*.

Most respondents felt that they are conditioned to the situation and do not get any feeling when summoned to a scene of crime. This has been highlighted by Biere (2002) that an individual's view point about the consequences of traumatic exposure rest on the individual's beliefs and includes the person's world view.

In the same way, Alpheus responded by saying: *“I am now used to be summoned to different scenes of crime and do not think I have any reaction I observed. When I am summoned I feel normal and do what is expected from me”*.

On the contrary, Mary said the following: *“I am now used to work or attend scenes of crime with different natures. When summoned one does not feel anything anymore. We are ever ready to act”*.

Equally, Frans’ response was: *“I am used to the routine so I cannot describe how I feel. There might be feelings but because I am used to it I seem to be feeling normal whenever summoned to attend a scene”*.

The respondents said that most of the time all they think about is the success from the scene of crime. They should do a proper scene of crime analysis; collect proper evidence to present it in the court of law, and to apprehend the suspect if there is any or if the suspect is alive. This correlates with what Stewart (2011) states that most of the time police officers do not know what to expect at the scene.

Masha said that whenever she is called to attend a scene of crime than she only think of the success of the case after the investigation. She further stated that searching for the suspect and doing the impossible for the suspect to be found guilty is all that is running in a person’s mind.

Similar to what Masha and others said, Jack said that when he is summoned to attend a scene of crime, it at times appears as if he is pulled out of his comfort zone to be vigilant and more alert. All he thinks about is the success of the case.

On the same note, Jan said that he feels challenged when summoned to attend to a scene of crime. He thinks of the success of the coming case. He feels that he is moving from the relaxed mood to a more focused one.

Young (2004) confirms that it is apparent that police officers' belief that they are strong, in control and capable of dealing with any danger. Conversely, these assumptions guide their actions as police officers. Biere (2002) says that people's assumptions are challenged when an experience or event that is in conflict with these assumptions occurs. A very few percent of the respondents highlighted that the call to attend the scene of the crime makes them feel as if they are moved from their comfort zone where they felt relaxed to a focusing zone which is most of the time stressful.

- Reaction after attending the scene

Respondents highlighted that after the scene is visited and the outcome is positive, they feel that they did complete investigations and they feel good about it and regard it as a success. If the suspect is not apprehended and is still at large, it gives them a feeling that they must look out; they do not rest until they arrest the perpetrator especially during the first week.

Max pointed out that as police officers, they are expected to do the impossible, especially by the society and their superiors. *“At times you attend the scene of crime and you do your utmost best, but will later be blamed for the things you just missed. People forget that we are also human beings like them, we can omit some things at the scene. Yes... at times after attending you feel a bit at ease, but if such matters come like being blamed for omitting something, then you feel that guilt, shy feeling in you. You at times blame yourself for forgetting, but then it is at times too late or, in some instances you might go back and rectify”.*

On the other hand, Joseph said that if everything went well, such as the suspect being apprehended, then he feels relief. However, preparing a docket again for court proceedings can also put some pressure on a person as one may feel that the docket is ready for court, but it might come back with comments that a lot of things are outstanding.

On another note, Masha stressed that she is a human being and will still remain a human being. She said that if a victim is injured, it is not normal for a police officer to say that he or she does not feel anything. She said she feels sympathetic when victims get injured. She also added that she feels restless when the suspect is at large: *“When you have accomplished your mission, you feel very good. But if a suspect is still at large are in the vocabulary of your investigation, then you do not rest.”* Meaning if she did not yet arrest the suspect than she is not at peace.

Moreover, Hans said that immediately after the attending to the scene of the crime, one feels relieved, but still alert to look out at the outstanding matters, such as arrests, obtaining statements and so on.

Most respondents admitted that they feel bad and sympathetic at times, but have to get over it. They feel that the victims’ families are looking up to them to succeed in their endeavour or what they are doing and try to work very hard to apprehend the suspects in cases of murder, rape, robbery, assault with intent to do bodily harm and motor vehicle accidents.

Alpheus, said: *“After a successful job at the scene one feels relieved and joyful for the success one has achieved. Or if the scene is not that traumatising you just lift your eyes up and say thank you Lord”.*

On the other hand, Sam indicated that *“as a human being, one feels at times bad about what is happening to another person, but as police officers we just need to help our victims as well as our perpetrators. If things were inhuman at the scene you tend to have empathy with the victim or the victim’s family”*.

Similarly, Peter emphasised that *“reactions after attending a major scene of crime and a minor scene of crime differ. If it is a major scene, like car crash, obviously, even if you did your part you will feel pity for the victims. If it is a minor you will feel pity, but not that much”*.

A little number of the respondents emphasised that even though they feel relieved after attending a scene of crime, they have to endure the next step of being blamed by the society as well as their superiors. This at times causes frustrations. The respondents highlighted that those blames also traumatise them. The respondents further said that whenever they do their work they do it wholeheartedly and want to bring success out of it; consequently the society and some of the supervisors might only concentrate on the mistakes the police officer has made, which is very sad they claimed.

The respondents still emphasised that the blame the community places on them is also making them negative and frustrated. Correspondingly, Kelly (2005) claims that police officers often become deeply immersed in situations concerning injustice, public apathy, conflict roles, injuries and fatalities. Due to these situations, police officers may develop psychosocial problems. On the same note, Miller (2012) also highlights that police work involves a great deal of trauma, which is one of the biggest reasons people involve themselves in anti-social behaviour.

Sharing the same feelings like Max, Jacky and others, Mary indicated that reaction after attending the scene of crime depends on the circumstances one found at the scene and what you get thereafter. Immediately after the scene you need to report to the bosses and as soon as you are criticised you feel bad. One always wants to do the best. If family members or the society are not happy you feel guilty; so there is always a mixture of feelings after the scene of crime.

Moreover, Frans noted that *“as a human being you will always feel bad if something is happening to someone even if you do not know the person. Seeing a person trapped in a burning motor vehicle is definitely abnormal and you will feel bad that there is nothing you can do and all people at the scene are looking at this police officer to perform some magic”*.

Jacky said that *“at times you feel that you are done with your scene of crime, but when the bosses start pointing fingers at you, one feel differently. I do not know whether you feel stupid or you feel ashamed, because when leaving the scene of crime one makes sure that he or she collected all evidence, but when you are told of the gaps in your case you feel that you made stupid mistakes that you could tackle but unfortunately the bosses picked it up. At times one wonders whether it is a lack of concentration or what”*.

- Impact in mind

The researcher wanted to find out from the participants if they are of the opinion that traumatic events have an impact on their mind or not. Hence, a very high number of respondents postulated that they believe that witnessing traumatic events has an impact on how their mind functions. Firstly, they stated that a police officer's mind needs to think fast on what to do next and have to act speedily most of the time. Secondly, one feels sympathy for what has happened

which also makes them feel bad and cannot concentrate on something else many times. Thirdly, one keeps on thinking about the incident until it fades on its own. At times they are absent-minded whereby they lack concentration and would pause without thinking about something. However, at the initial stage these made them worried, but they reached a point where they feel that it is normal for the mind to be acting like that. Some participants in their own words indicated the following:

Mary said: *“I have to believe that whatever we are doing is affecting our minds as police officers. The problem is we are not aware that it is a problem... you see this issue such as murder and motor vehicle accidents, we are working with almost every day, they are not normal, it’s just because we worked too long with such cases but uuuhm...I believe if psychiatrist analyse us they will find a lot of things. After all, you feel sympathetic if not empathetic to the victims of crime but yaaa...that is it...”*

Similarly, Jacky had this to say: *“There is no way I can deny that my job does not have an impact on my mind. With the entire work load I have, I think these are the things that makes me forget too much. Sometimes I fail to understand why I was quiet, thinking nothing, is this normal..?”*

Sharing the same sentiment, Deon said: *“I believe police work is just like alcohol and drugs; you become addicted to it and later do not see any problem or effects it causes to you. You know when the society look at you they see a brave police officer; little do they know that you are not mentally healthy. You cannot be a police officer and your mind work slow, then you will never accomplish your tasks...in whatever you do you should be very fast not just fast.*

Also, Jack pointed out: *“My mind keeps on working and I think my dreams are more based on things I witness on a daily basis.....mmmh you know when you sit quiet you just think and rethink of what happened and some scenarios just hurt you every time you think of them, then you get emotional even though you do not show it to anybody....but really I believe these things have a serious impact on our brains”*.

On the other hand, an average percent of the sample felt that the traumatic events have no impact on their mind's functioning. They stated that after witnessing a traumatic event they do not think about it again. On a contrary, Cross and Ashley (2004) state that police officers face traumatic events daily, some unexpected and sudden. Other events are far well beyond the bounds of normal experience; they can have profound physical, emotional, and psychological impacts even for the best trained and experienced police officer.

Frans argued: *“Can it really be true that just witnessing cruel case can make you mad?.....I am actually not in agreement that these cases has an impact on my mind, because I do not think anything abnormal or I did not realise that there is something wrong with my brain, but I have worked very long with such cases”*.

Similar to Frans and others, Peter highlighted that *“may be at the beginning of my police work I could say I was affected, but now my belief that I am of sober sense and my mind is used to such things. I never use to sit and think about what I did for the day because every day has its own worries. If I have to think about what is happening everyday than my mind will be congested with so many matters and I will go crazy yes...”*

Also, Jan said: “ *I believe that if my mind was affected I could not function properly and I am one of the best police officers in my unit so I do not agree that witnessing traumatic events can have an impact on a person’s mind unless if the researcher do proper research and convince me. I never use to think of a case after I dealt with it, I kept it behind my back*”.

The researcher is curious to understand whether this might also be due to the police subculture which Malmin (2012) points out in the literature review. In the literature, it was pointed out that the police’s common, but dangerous subculture poses one of the most significant risks to the health and wellness of its personnel. This subculture leads police officers to feel that they need to act as if they can handle anything; it emphasises individual strength and independence, which encourages personnel to maintain a disguise of invincibility.

According to Yarmey (1990), police officers generally do not encourage each other to talk about their problems. They may cry at the funerals of their fallen warriors, but they usually avoid talking about their deepest wounds or fears. Police officers represent the “good guys” yet many police officers seem to forget or ignore their own humanity.

Chabalala (2005) emphasises that it should be understood that not all police officers that have experienced traumatic events are diagnosed with Post -Traumatic Stress Disorder (PTSD). This does not mean that they are not affected by the traumatic experience, but rather because of the narrow conceptual definition of PTSD, the impact of the trauma is not diagnosed as a disorder. An on-going exposure to traumatic events may cause residual trauma symptoms and not only Post -Traumatic Stress Disorder. These symptoms can still have an impact long after the police officer has been removed from the traumatic environment. As a result of long term exposure

to traumatic incidences, police officers may also develop symptoms of post traumatic stress disorder even though they do not meet the full diagnostic criteria for PTSD.

On the other hand, the respondents said that there is no way they can forget about the case unless the case is finalised in court. They further acknowledged that they just remind themselves about the case every time if they have to prepare to give evidence in court. It is when they go through the photo plans or the sketch plans. Others are disturbed every time they see the photo plan. Almost all respondents answered like Peter by saying the following:

Peter said: *“There is no way that I can forget about the incident that I have witnesses because all events I witnessed still have to be presented in court most of the time, so I have to go back to the statements I obtained and photo plans to refresh my mind and also to prepare for court. The respondent further highlighted that “it is also expected from me to know every little detail about the case I handled when witnessing in court. That is why every memory remains fresh in mind and I really also do not want to forget because I will feel very much embarrassed in court if I forget any detail and might cause me to lose my case”.*

- Social functioning

The researcher again was curious to get the participants’ opinion on the effects traumatic events have on their social functioning. It was interesting to note that 60% (sixty percent) of the respondents agreed that traumatic events have an impact, on how they function socially. The respondents stated that because of these events they are extra careful when talking or doing things in the society. They are over- protective, especially if it comes to family members. They always have that fear that what they are witnessing on a daily basis might happen to their loved

ones or to themselves. For example, they would not let their teenagers to be out of the house until late because they are scared that they might be raped or might end up being involved in motor vehicle accidents. They put extra locks to their houses because they want to make it difficult for the thieves to break into their houses. In Carlson and Ruzek (2010) study, they found that due to trauma people tend to be extra careful. The experiences that police officers at Wanaheda Police Station had were similar to the ones cited by Mushumbusi (2012) when he said that the nature of police work tends to be suspicious, conservative, vigilant and alienated. Most of the participants similarly gave answers similar to the following participants’:

Fossy declared: *“Police work might really have changed me even the way I handle myself in the society. As a mother, I cannot let my children play around on the streets merely because I witnessed even children of their age being raped or kidnapped. One always has that fear that what you are witnessing can also happen to your loved ones. When you talk with friends or so you become so extra careful of what you say because you do not want to say things that can link you to anything criminal”*.

Similarly, Frank said: *‘I find it hard to trust any person around me, not even my closest friend, whenever I am with them I observe them and at times they are suspicious but then one do not get anything. When my friends, for example, tell me something I will scrutinize its roots and its truth before my belief. You know you get cases were best friends, even rob each other of money or valuable belongings’*.

Also, Jan said: *“I fully agree that police work can affect your social life because wherever you are, even in your own house you make sure that everybody is protected. You will install bars with many locks. At times you become extra strict with your children not because you want to*

but because of things you see on a daily basis". The participant further observed: "Your friends also become limited because you do not really learn new things from them; you are closer to colleagues than friends as you can learn new techniques of doing your job".

They also emphasised that they do not want any autopsy to be done on their deceased family members and friends because of the traumatic process they have to undertake. Twenty percent (20%) of the respondents also highlighted that their dreams most of the times are based on the traumatic events they are witnessing, such as dreaming about one's daughter being raped or being killed by one's wife or being involved in a horrific motor vehicle accident. Most of the participants agreed with Masha and had the following to say:

Masha said: "You know even if I have death in the family I become extra careful with who has to go to the mortuary and who not...I also become so sensitive knowing that my loved one is dead and had to go through a post mortem....shooo the way how they cut dead bodies my dear is just weakening my knees".

Twenty percent (20%) of the respondents said that there is a possibility that they cannot describe their feelings. They further explained that they worked for very long with cases of this magnitude and reached the peak where they feel that what happens is normal and could happen to any person.

- Availability of Services

Since there is a directorate within the Namibian Police Force called the Gender and Welfare Directorate according to Kanguatjivi (2012), the researcher was curious to hear how active the directorate is with regard to traumatised police officers. On a contrary, all the respondents affirmed that the Namibian Police Force does not have any service in place that caters for those police officers who witnessed traumatic events. They said that they heard that there are social workers in the Namibian Police Force, but are not sure if they are dealing with such matters. Most participants agreed with the following participants:

Joseph said: *“I understand that we have the Gender and Welfare Directorate where we have social workers and pastors, but I am not sure of their scope and whether they are helping members in such cases, but I never heard what they are actually doing maybe I need to go to their officers and find out”*.

Correspondingly, Sam said: *“We just hear about social workers in the force but do not see them; I think such people should be at station level if they want to help. If they sit at the head office, whom are they helping as those at the head office are just working with papers and computers, they must be stationed at the actual numbers so that their services can be visible”*.

Frank also had this to say: *“Mmmh...I do not think the Namibian Police Force is having such services. I served for more than fifteen (15) years in the force but never came across such services and I belief that if the force can bring such services in the force they could help us. Truly, sometimes if you look at your colleagues than you can point out that some have problems? I do not know, maybe they are also looking at me with such an eye, but really we need services like that”*.

Yarmey (1990) emphasises that police officers' mental functioning cannot be compromised; if this happens, police officers might lose touch with their sense and resilience. In addition, Yarmey (1990) and Pillay (2008) agree that the police forces or services offer limited resources to help police officers to deal with trauma and also dismiss the need for such assistance. The authors contend that an agency always should consider its personnel as its most valuable resource. As such, police officers deserve all the support and assistance the agency can give them to maintain their health and wellness.

However, many police forces and services struggle to understand fully how trauma and stress impact human beings, and, therefore, they fail to train their police officers in this area. Greater attention must be paid to the various causes and impacts of occupational stress and mental anguish among police officers, as well as how these relate to the Police subculture. Once the Police Chiefs understand and acknowledge this subculture and its repercussions, they can implement strategies to change it, thereby improving the health and vitality of their workforce.

The respondents further postulated that each Police Officer deals with his or her problem in his or her own way that satisfies them. Seventy three percent (73%) of the respondents indicated that when times are hard, they would go for a little alcoholic just to soothe their feelings.

Max said: *"Oh yaa.....if times become too difficult to handle issues a little alcohol to soothe one's feeling will do"*.

Correspondingly, Frans said: *"It is not always where issues are going smoothly at times you can realise that you are under pressure and feel that even if you go home and sleep you cannot*

really sleep so one need to dilute your blood with a bit of wine just to calm your nerves and to help you to sleep. You do not need to be drunk, but just a few to calm your blood pressure”.

On the same note, Frank said: *“You know, what I do not drink alcohol because I want to be drunk I just drink to put myself at a level of normality because sometimes you know you work so hard you know and need some medication to release your anxiety and all stresses of the day or just to sit with friends around, you know, and cool off the day’s sweat”.*

Correspondingly, Malmin (2012) says that the taking of alcohol is due to unresolved trauma and pain which can lead to depression, anxiety, aggression and reliance on self-destructive coping mechanisms. Mushumbusi (2012) also agrees that some research hypotheses have been advanced that alcohol provides stimulation for police officers during the periods of time that they are off duty. In other words, the job of police officers is highly stimulating; police officers may choose to consume alcohol when they are off duty.

The author further says that alcohol consumption may be referred to as a vacuum activity because it spreads out to fill the time and space when police officers are not stimulated by other activities. Like most people, situations in which police officers are likely to consume alcohol include: festivities and celebrations which are a common response to promotions, retirements, holidays, and completion of additional training or certifications.

However, the respondents said that it was when they started dealing with these cases where they started drinking excessively, but now they do not drink anymore to soothe their feelings, they drink to relax or to enjoy themselves. Young (2004) also argues that the unique subculture of the police profession makes alcohol usage or consumption appear as an accepted practice to promote camaraderie and social interaction among police officers. The author is of the opinion that what starts as an occasional socialising activity later can become a dangerous addiction as

it just camouflages the stressful episodes. Cross and Ashley (2004) postulates that overwhelming evidence suggests that the two factors are linked, particularly in the high stressing environment.

Fifty three percent (53%) of the respondents also indicated that they never felt suicidal due to police work while forty six percent (46%) of the population said that there was a time in their lives where they felt that they could kill somebody and felt that it would not be a big deal to serve imprisonment. Based on the feelings of suicidal ideations, the respondents had the following to say:

Hans said: *“Oh my goodness suicide is the last thing I will ever think of because of the pressure I get from work. Well..... They say a person must never say never but so far no I never thought of committing suicide. Mmmm....Did you ever see how horrible those people look like when they hang themselves?... Oh no I do not want to look like that on my last day on this world”*.

Similarly, Jack said: *“I think going to the extent of thinking of committing suicide is very dangerous, fine, I never thought of it, but will pray that I never even think a bit about it. Eish! You know, if people who are committing suicide could only know how they are hurting others they would never do it. If the moment they just start thinking about telling someone I belief they will never do it....mmmmm it is a very bad idea. I even hate it if I am called to a suicide scene of crime”*.

Masha also said the following: *“I never thought of committing suicide, but I always get feelings of killing people who angers me extremely sometimes at work or at home. If I get angry I always feel I could eliminate the person responsible for my anger”*.

None of the respondents admitted that they ever thought of suicide. According to Meyer et al. (2003), police officers are skillful at pretending everything is well with them and what appear to be minor stresses can really be the tip of the iceberg. This assertion can be used to explain why police officers said they did not think of suicide.

- Traumatic events

All respondents indicated that they are experiencing minor traumatic events on a daily basis. They specified minor traumatic events as assault with intent to do grievous bodily harm, whereby a perpetrator used an object to inflict a wound on the victim or serious injuries and witnessing of baby dumping cases, to mention a few. Hence, covering what most of the respondents shared Mary in her interview shared the following:

Mary noted: *“On a daily basis, we are attending to cases of all nature, but cases such as Assault with intend to do bodily harm (GBH) and cases such as baby dumping are witnessed almost every day if you look into. It looks as if they cannot disturb a person, but looking or talking to an emotional person every day looking at open wounds every day and picking up babies either alive or dead every day is stressful and traumatising. Even cases such as common assault whereby a person has just been assaulted with an open hand we might regard them as minor, but they are leading to big issues at the end and they are also emotional because the reason why the person opens a case is because he is angry and humiliated”.*

While major cases are experienced almost weekly, such as murder, suicides, motor vehicle accident, arson, drowning and so forth, the respondents indicated that these are the cases that leave them with lots of questions. Almost rounding up what other participants emphasised in major cases, Peter said: *“People are killing each other left and right on a weekly basis if they are not killed they kill themselves or killed in an accident. Family members burning each other*

in the house. Og.... it is horrible, especially our jurisdiction of Wanaheda because of all the informal resettlements that are under our jurisdiction. Sometimes I use to wonder if it is not a small hell. Things happening, here are terrorising hey..... Pedestrians are just walking as they went on the streets as if they own the streets and these drunkards or careless drivers just bump them every time. We really get such cases on a weekly basis. A month cannot pass without working with a dead body”.

Almost all respondents stressed that the most traumatic aspect of their work is to conduct the post-mortem on dead bodies. They said that it is not easy standing there looking at how the body is cut for examination. These at times also affect their appetite because many at times after the examination, they stay for a while without eating, especially meat products. When they experience a death in the family, they immediately get flashbacks of what will be happening in the mortuary. Even when they have to view the corpse they always have those thoughts of what happened to the loved one within the walls of the mortuary. The following is what some mentioned about how they feel about the post-mortem.

Masha said: *“Since I started investigating cases of murder I really pretended to be strong when standing in the mortuary but I do not like it, it is unfortunate part of my work and I have to give the court a satisfactory evidence to proof my case. I wish I could have a choice to decide that my family do not go through that process. You know it was tough at the beginning because looking at the human flesh is just like a goat being slaughtered. I use to like the inners of a goat but since I started going for post mortems I eat them but with a lot of thoughts. It really disturbs a person’s appetite, I believe I will overcome it because I see most of my colleagues are used to it and can even eat while busy with the autopsy”.*

On the other hand, few felt the other way round. Jan said: “*Ay man we are just doing it, that body is dead and cannot do anything we do our job. Yes at the beginning, it will disturb you; you might not even eat meat, but later it’s like fish and chips*”.

4.5 Exploration of how police officers cope with the effects of traumatic events

Table 4. Categories of the exploration of how police officers cope with the effects of traumatic events

Main categories and sub -categories	
Categories	Sub-categories
Coping	Own way Telling the story Sense of humour Prayer
Commander involvement	One’s reputation Remain silent Observations of others Unaware of self
Domestic violence	No job stresses
Short term effects	Trauma symptoms
Long term effects	Post-traumatic stress disorder

- Coping

The researcher's curiosity was drawn to hear from the participants how they cope with all the trauma they endure through their police career. However, Miller (1999) highlights that most police officers deal with the routine and exceptional stresses by using a variety of situational adaptive coping and defence mechanisms, such as repression, displacement, isolation of feelings, humour often seemingly cruel or insensitive humour and generally toughing it out.

However, the respondents noted that it is very sad that there are no programs or services for them where they can express their fears and stresses after a traumatic event. Yarmey (1990) and Pillay (2008) also mention the absence of post-traumatic programs for police officers. The participants also emphasised that as a result of the difficult and often dangerous duties that police work involves, the occupational stress that police officers face is cumulatively draining and consuming. Sometimes, police forces and services offer only limited resources to help police officers deal with this trauma.

- Long and short term effects

A high number of the respondents reported that at the initial stage of their police career they would experience issues such as flashbacks and nightmares or one has an abnormal fear but then one needs to deal with it on his or her own. These are also common reactions that Chabalala (2005) mentions. Moreover, Malmin (2012) notes that unresolved trauma and pain can lead to depression, anxiety, aggression and reliance on self-destructive coping mechanism such as drinking or substance abuse. The respondents said that as time passed police officers got conditioned to handling traumatic events.

Most of the respondents indicated that they always have to tell the event to their colleagues upon their return from the scene of crime. They all indicated that telling and re-telling the event helps them in a way not to take the issue seriously. They also shared that at times they would find a sense of humour in what happened which also helps them to come to terms with the phenomenon and this makes them feel that the matter is not as harsh as they thought. The respondents shared various issues on the above matter, but what drew the researcher's attention is when the following participants said the following which correlate with what other authors postulated:

Sam said: *"After witnessing traumatic events at a time you will remember it for long or maybe go to the extent of dreaming it. Sometimes you just focus your mind on it not because you want, but you think too much about it. This happens until it disappears on its own because what can you do, you still have to go on to the next case and prepare it according to the expectations and you have to show your capabilities. But as time goes you get used to see this issue on a weekly basis or daily basis and sometimes you become so tired that you do not get a chance to think"*.

Similarly, Joseph had this to say: *"At the beginning of my job I could not sleep with a light off. I could imagine things coming to me in the dark, but as I worked more on these cases I realised that I was maybe still a child but now I can handle situations on my own"*.

On another note, Jack said: *"After attending to a gruesome event we just used to go to the office and tell the colleagues what happened. Sometimes our colleagues will bring it out in a kind of a joke and one laugh about it, but one can feel that you feel really, really relieved a bit after"*

telling and re-telling your colleagues about the event and the more you laugh about it the more it becomes lighter for you who witnessed it”.

Paradoxically, Malmin (2012) notes that the type of humour can be described as awkward as it serve as a vehicle for unhelpfulness which can persist. The author further emphasises that the costs of avoiding, ignoring, or burying the emotional aftermath of traumatic events can lead to serious short and long term consequences. Pillay (2008) observes that humour can be seen as providing some form of tension release, a release for aggression and can facilitate reinterpretation of a given situation. It can be a way of softening the emotional impact of what the police officer has seen or experienced. The author further states that humour that occurs in crisis situation is referred to as black humour. Humour can act as an effective communication tool and can also serve to facilitate emotional bonding among personnel.

A very low percentage of the population indicated that they pray whenever they are faced with terror. They indicated that they ask for strength from God to overcome the situation as they believe prayer helps them. The research revealed that it seemed that only few utilised their spiritual dimension to cope with the situations they are facing. However, Covey (2004) explains that for one to cope with a situation, one should make sure that one's spiritual, psychological, intellectual, financial, social and physical dimensions are well taken care of.

Respondents also indicated that there might be times that they might be behaving otherwise whilst they are not aware that they are behaving in a suspicious way. They could share how they observe their colleagues after the traumatic event but could not share in-depth their personal experience.

- Commanders'/superiors' involvement

The researcher's curiosity was drawn to know the extent to which the superiors or commanders are involved after participants witnessed traumatic events. However, all the respondents said they never talked to their commanders about their experiences. The respondents expressed that it will not be easy since their commanders would not listen to them. The commanders expect the police officers to be strong. The respondents also noted that if you share such feelings with your Commanders, it might either count on your reputation or you might be transferred to the Charge Office to work shifts or to do administrative duties. Hence this will be equal to demotions, the respondents emphasised. Just as all respondents felt about the matter, Deon had this to say: *"Your promotion will also be hampered as you will be regarded as not good or fit to command others"*. Deon went on: *"Never, never will I tell my commander that I am not feeling well because of a case I dealt with....I cannot do that to myself ... my commander will see me as weak or might even send me to work with petty cases... what a demotion oh no my dear. I cannot even tell my colleague that I felt bad about a case I worked with I just tell it as if I am joking, but inside only me know how I use to feel like. You will end up being called a moffie if you keep on complaining"*.

Just as Meyer et al. (2003) postulates, police officers are at times reluctant to tell their commanders that they have problems because they fear their careers will be destroyed. They make mistakes of trying to solve problems quickly by themselves, which might likely lead to suicides.

- Domestic violence

Meyer et al. (2003) asserts that most police officers are involved in Domestic Violence and tend to get away with it. However, during this study, only thirteen percent (13%) of the respondents highlighted that they came in conflict with the law one time in their lives with regard to domestic violence. They do not really talk about their work issues with their loved ones. Their fights are never based on their work; it is only household issues. Just as Meyer et al. (2003), states, there are still few studies to date that give credence to the serious psychological effects police officers face due to their attempt to live in one world and working in another world of crime, criminals and underfunded, understaffed and imperfect court systems.

4.6 Limitations of this study

Little has been done in the Namibian Police Force on this kind of study. Consequently, there was no pre-existing information retrievable regarding the effects of traumatic events on the psychosocial function of the Namibian Police Force members. For this reason, there was no information and relevant experience to build on in conducting the study and formulating the implications of the findings. Developing a clear picture of the effects of traumatic events on police officers seems to be a difficult task. The reluctance of police officers to fully disclose information about the impact traumatic events have on them could be a possible source of bias. The reasons for non-disclosure are many and varied. The scope of the study had to be of necessity limited in terms of sample size and geographical area covered due to constraints of time and resources. The researcher found little new information on the topic, therefore most sources used in this study might be found old but were found relevant to the study.

On the other hand, while this qualitative approach provided a wealth of data, the results of the study cannot be generalised beyond the context of this study as the study reflects the experiences of only fifteen (15) police officers. This is a small sample of police officers, which is a representative of police officers at Wananheda Police Station in Windhoek only, and not the Namibian Police Force at large. The ability to generalise from the results of this study is therefore reduced. In the context of these limitations, further research, involving large and representative samples drawn from the general population would be needed in order to assess the generalisability of the present findings.

The influence of the researcher or the researcher effect is another area that needs to be taken into account when analysing the results of this study. The research participants know the researcher who is also a social worker and a detective in the Namibian Police Force. As a result, the researcher could have had a subtle influence on the results obtained; for example, participants may have felt that their skills were being analysed, rather than viewing the research as being an evaluation tool that can be used to help them. Therefore, they would seek to impress by providing what they perceive as best possible answers. This is elaborated under social desirability and researcher reflexivity. The coding in qualitative content analysis is an inductive process whereby codes are selected according to the meaning of the data to the researcher. This implies that certain subjectivity of the researcher when data was analysed as the development of the codes was left to the researcher's discretion.

In qualitative research, it is important for researchers to reflect on their potential influence on the process of conducting research. Focusing on the relationship between the researcher and participant, by uncovering how the researcher and participants perceived their role in the research process, and how comfortable they felt with disclosing information, the feminist

principles provide a valuable tool for enhancing validity. Even though this particular study was not conceptualised along the feminist paradigm, these issues are important to explore. Key issues emerging from this particular study included the tension experienced by the researcher in identifying his role in the relationship. Roles were at times in conflict; for example, whilst the researcher might claim to be a neutral observer, she was simultaneously a member of the social group which is the Namibian Police Force as a detective and a social worker, which she shared with the interviewees, and at the same time she was a researcher involved in collecting data for this study. However, the researcher is not familiar with the study site.

Another area of concern, which may have had an impact on the results, is the social desirability effect. Neuman (2011) defines social desirability as the need to obtain approval by responding in a culturally appropriate and acceptable manner. In social research it is not unknown for respondents always try to give answers that make them seem well adjusted, open minded and democratic. This suggests that participants may give answers that presented them in a positive light without revealing their own shortcomings in the way they are affected by traumatic events that they are witnessing on a daily or weekly basis.

Another limitation is the failure of this study to question the impact that cultural diversity has on police officers' duties. Participants were not asked about this aspect during the interview. This is particularly important as it has implications in terms of looking at each police officer's worldview from various cultural backgrounds.

Neuman (2011) states that when interviews are tape recorded and transcribed, the reliability of the interpretation of the transcripts may have been weakened due to the possibility that

apparently trivial but important pauses and overlaps may have not been recorded or regarded as important. In this study, the researcher herself recorded and transcribed the interviews to avoid such errors.

Participants' perception of the researcher as a professional might have influenced the information disclosed during the interviews. Neuman (2011) suggests that research participants, irrespective of their professional status, operate at the public level of disclosure, reflecting social norms or expectations, and may see the researcher as a moral audience. In order to avoid this, the researcher made conscious efforts not to let his professional role interfere with the process, and was willing to receive and analyse the information obtained as objectively as possible. This was done in order to encourage participants to disclose their personal feelings without feeling that they were judged.

4.7 Summary

The researcher learned that the ability to deal with crime requires dedicated police officials that are able to perform optimally and who are free from personal problems that have a potential to affect their work performance in a negative way. In addition, the researcher is of the opinion that every warning sign of stress must be taken seriously. It is better to make a mistake on the side of caution than ignoring a problem that could result in the death or malfunctioning of a police officer. The research has revealed that the Namibian Police Force members at Wanaheda Police Station are not immune to what is happening to other police officers in other countries and continents. They also face similar traumatic events that other police officers are facing and such traumatic events also affect their psychosocial functioning in one way or another.

The study revealed that the Namibian Police Force does not intervene or have a platform to help police officers who witnessed traumatic events immediately. Hence, police officers in Namibia use their own coping mechanisms to overcome their challenges. The Namibian Police Force should take into account the recommendations of this study in order to have healthy psychosocial functioning police officers. The researcher is of the opinion that despite the traumas the police officers underwent, it is not too late to start with various interventions and other remedies. The study also revealed that not only the traumatic events in the field, impact police officers' psychosocial functioning. Issues such as preparing a docket for court also affect their psychosocial functioning.

CHAPTER FIVE

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1. An outline of the research objectives of the study

The overall objective of this study was to investigate the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia as indicated in chapter one. During the study the following objectives were addressed in order to accomplish this study:

- a) **To describe traumatic events experienced by police officers at Wanaheda Police Station, Windhoek.**

Police officers at Wanaheda Police Station described traumatic events in their own words as indicated in chapter four. The examples of traumatic events were also outlined and exactly the same as those stipulated in other studies. The study revealed that almost all cases that police officers at Wanaheda Police Station are handling are traumatic in nature. It also came out that most of these cases are witnessed on a daily basis. Examples of traumatic events witnessed by police officers at Wanaheda Police Station are: murder, including shooting, motor vehicle accidents, suicides, rape, assault with intent to do grievous bodily harm and baby dumping.

b) To explore the impact of traumatic events on the psychosocial functioning of police officers.

The study revealed that police officers at Wanaheda Police Station's psychosocial function is seriously affected by traumatic events. Sadly, there are still police officers who are in denial of this statement, which is also listed as a symptom of the effects of traumatic events on police officers. Police officers are not open to share their experiences. The study revealed that police officers constantly face pressures of danger and insecurity while executing their duties. Lack of wellness among police officers increases sick leave usage, insubordination, suicide, lawsuits, psychological distress such as Post Traumatic Stress Disorder, anxiety, depressive disorders, and citizens' complaints.

c) To explore how police officers cope with the effects of traumatic events.

It is evident that the extent of the impact of traumatic experiences depends on the resources that the victim uses to cope. Some authors revealed that police officers' mental health should be optimal and if it is compromised the likelihood for police officers not being able to utilise their common sense and resilience as expected when affecting their duty is very high. Moreover, the study revealed that police officers at Wanaheda Police Station are not equipped with positive coping mechanism. Each police officer does it according to his or her way, which at times the coping mechanism utilised, escalates the problem. The study revealed that when they are faced with such trauma, police officers use alcohol, withdraw or isolate themselves, use black humour to show that they are strong, tell and re-tell their stories to their colleagues. Only 13 % of the respondents use their spiritual dimension as a coping mechanism. The study also revealed that there are no platforms created for police officers who are witnessing traumatic events on a daily basis. It is left with them to cope on their own. It is stipulated that

the Gender and Welfare Directorate is responsible for equipping police officers with such knowledge, however, police officers at Wanaheda Police Station are having limited to no knowledge about the responsibilities of helping professionals under the said Directorate. Sever effects, reduce the police officers' ability to perform their duties properly. The study highlighted that police officers witness and know things that most people will never see, which makes them different from civilians or non-law enforcement organizations.

The recommendations that are explained in this chapter are seen as guidelines on how interventions to tackle the effects of traumatic events on the psychosocial functioning of police officers can be improved. Noting with concern as stated in the literature review that police officers are projecting a trend of being or living in denial and often pretend to be bold; and not affected by what is happening to them, is a sign of being conditioned to traumatic events. This conditioning has a high negative impact on police officers and they are not aware of it. Traumatic events results in serious functional and emotional damage. Moreover, aloofness, alcoholism, authoritarianism, cynicism, depersonalisation, emotional detachment, and suspiciousness are factors that have been identified as coping strategies or personality characteristics that develop in police officers at Wanaheda Police Station correlating with research conducted in other parts of the world.

Traumatic impact can be prevalent and destructive to a person's live, families, communities and nation at large. When society's trauma is not healed, people are likely to continue to repeat their traumatic experience in some way or another. In light of the results and discussions presented in chapter four, the following recommendations are made.

5.2 Recommendations

5.2.1 Recommendations to the Namibian Police Force Management

It is vital that commanders and administrators understand the responses to trauma and stress; the link between traumatic events and other social issues such as suicide, domestic violence and alcohol abuse; and the strategies for intervention and treatment needed to help their police officers survive the rigor of their chosen profession. The researcher is of the opinion that each Police Station or Region dealing with such cases needs mental health workers, especially social workers, chaplains and medics in order to render debriefing and diffusion sessions regularly or as soon as they witness a scene of crime of any nature.

The Namibian Police Force need to give police officers all support and assistance they deserve to maintain their health and wellness. In addition, to the knowledge of the researcher, social work is scarce in the Republic of Namibia while social issues are escalating. Hence, it will be beneficial to the Namibian Police Force if they could identify potential police officers who can study social work at the University of Namibia. This will also address the issue of lack of manpower of social workers in the Namibian Police Force. The researcher is also of the opinion that police officers who already have policing background might be best suitable to attend to their colleagues as mental health workers as they would understand their situations better. It is said that police officers see and know things that most people will never see and this makes them different from civilians or non-law enforcement organisations.

Helping professionals who design and apply interventions must have extremely high cultural competence. Part of their task is to pinpoint the strengths and vulnerabilities to trauma of each police officer, family and community they serve. Besides social work, the researcher is of the opinion that the Namibian Police Force needs a bigger network or team and should also identify

experienced police officers to study psychology, theology and nursing. These police officers who become helping professionals should come back to the Namibian Police Force as mental health workers. Policing is something that takes time to understand if one is not exposed to it. Police officers with policing background can be used to gain more trust and original understanding of the clients' problems.

University training does not include all specialised fields; therefore, it is important and crucial that an advanced training be conducted to all mental health workers in the Namibian Police Force to deal with issues such as diffusion and crisis interventions as well as employee wellness programs advanced training. Police officers should be encouraged more to involve themselves in recreation activities. It is noted that the police annual sports champions are a good example of such activities but should be highly encouraged at stations, border posts, out-posts up to national level. Police officers should not only exercise for the sake of annual championship, but should also be encouraged to exercise continuously to keep their bodies fit and as a treatment to stressors. The Namibian Police Force management with the leadership of the Gender and Welfare Directorate has the responsibility for coordinating and organising personnel towards the Force's goals. In other studies, it was revealed that strong organisational leadership as well as daily feedback and the provision of mental health workers for support during a traumatic event has proven to assist police officers in developing strong *esprit de corps* and minimise the effects of observing the trauma. The same strong leadership is also needed after the incident to reinforce the police officers' belief that while they may have witnessed something traumatic, their job was necessary, meaningful, and courageous. By not receiving training and debriefings reassuring the feeling of unity, the first responder could be a lack of departmental support, hope and a sense of control, all of which are necessary to recover from

the critical situation. This could be detrimental to not only the police officers on the ground, but to the successful operation of the Namibian Police Force as well.

The researcher is also cautious that in the long run, if the Namibian Police Force is not providing the necessary services, the Force could face civil liability for ignoring or disciplining employees exhibiting stress related problems. Also, continuous feedback to management is of utmost importance. The Namibian Police Force cannot predict what impact a traumatic event can have on its employees. It is imperative for the Force to properly prepare their personnel by initiating training from stress identification and management and establishing comprehensive policies for required debriefing after traumatic events. Proactive approach within the Namibian Police Force, in particular the Wanaheda Police Station, may lower the use of sick time, increase morale within the agency and help maintain the physical and emotional well-being of the employees. This in turn will ensure the success of the Namibian Police Force as well as the community at large. Research has revealed that police officers are likely to experience psychological/emotional distress and dissociation when exposed to traumatic incidents.

They are also at risk of chronic anxious arousal following exposure to traumatic events. Hence, this type of information needs to be made available to police recruits at the basic training levels. The information can then be reinforced in advanced training courses. In addition, the researcher is of the opinion that all Police training courses such as (basic Police training and criminal investigation courses, etc.) be re-looked at on the grounds of its effectiveness and the emotional education of trainees. It is evident that Police training provides little information or no information on how to deal with effects of demands on their work, home and social life. Therefore, police officers constantly face pressures of danger and insecurity while executing their duties. As a result the impact become emotionally and physically draining.

In order to ensure that all police officers attend to debriefing sessions it would be necessary for the Namibian Police Force to come up with quarterly employee performance management template and include the clause of compulsory debriefing on it. This tool will enable helping professionals to monitor and evaluate police officers wellness. It will also be vital that the Namibian Police Force construct their rehabilitation unit with multidisciplinary professionals such as (medical doctors, psychiatrists, and psychologists etc.) in order to deal with members who witness traumatic events immediately and holistically. It is optimal to come up with binding Policies that will challenge police officers to make efforts to at least attend one debriefing session per semester with the Namibian Police Force Gender and Welfare Directorate helping professionals or private once.

5.2.2 Recommendations to the Gender and Welfare Directorate of the Namibian Police Force (Helping Professionals)

It is vital for this Directorate to help stations as well as regions to start forming up support groups among police officers dealing with traumatic events. Decentralisation to grassroots level (up to station level) is vital as it is where police officers need such services as soon as possible. Problems can be identified immediately and the necessary assistance given promptly. The Gender and Welfare Directorate should create opportunities for Mental Health Professionals and partner with the Namibian Police Force management to reduce the incidences of trauma and effects thereof among law enforcement personnel, provided they are presented in such a way as to overcome police officers' barriers of mistrust. Mental Health Workers must get to know the police officers and a better working relationship can be established to improve trust. Hence continuous interaction with police officers is vital, by so doing their moral and well-being will be improved.

The subculture that is currently possessed by police officers needs to be challenged in order to prevent it from being passed on to the next generation. This can be done through various interventions of social work. It is vital to prepare police officers for traumatic events, whenever possible, because it will help and protect individuals from the effects of stress during traumatic incidents. The researcher is of the opinion that proactive training in both stress management and potential critical events not only reduces uncertainty, but increases feelings of self-control needed to help police officers to overcome the overwhelming feelings of self-control, also needed to help police officers to overcome the overwhelming feelings they experience during the traumatic events. Police officers do not know how to deal with emotional pain. Lack of wellness among police officers, can drive increase in sick leave usage, insubordination, suicide, lawsuits and citizen complaints. It is evident that the extent of the impact of traumatic experiences depends on the resources that the victim uses to cope with the experiences of traumatic events, such as family support, friends, mental helping professionals and use of own cognitive coping strategies. Therefore, there is great need to motivate police officers to seek help before their personal problems reach a chronic stage that reduces the police officer's ability to perform their duties well.

The Namibian Police Force should do all it can to retain valued police officers, restore police officers' productivity and to enable them to lead a meaningful and happy life while in their work place. It is important to realise that mental health of police officers is the responsibility of all, commanders, mental helping professionals, police organisations, and community at large. The importance of policing cannot be underestimated and society will not be able to heal itself without healing the police.

It is important to give attention to knowledge about complex traumatic stress disorders including those that do not meet the full diagnosis of the Diagnostic and Statistical Manual of mental disorders criteria for Post-traumatic Stress Disorder, so that social workers develop the proficiency to assess them, plan for their treatment, and provide evidence-based trauma treatments as well as other auspicious practices. It is evident that police officers utilise coping mechanism that escalate rather than lessening their stress in most cases; therefore, police officers should also be informed that defence mechanisms if used excessively, could prevent the person from working through the experience in a healthy way. Communication and social support should be encouraged because it helps to work out the effects of traumatic events on police officers.

Moreover, appropriate development of coping strategies for stress, recognition of the dangers of ignoring signs and symptoms of trauma should be encouraged. Finding it difficult to cope with traumatic experiences has a high possibility of police officers developing psychological distress such as Post traumatic stress Disorder, anxiety and depressive disorders as a result of police work. At times police officers forget or ignore their own humanity. In addition, the occupational mind-set infuses Police Organisations from top to bottom; there is need to re-examine this issue. It is therefore vital for mental health professionals in the police to come up with feasible intervention strategies for the prevention thereof.

Also, for helping professionals to do a quality intervention with traumatised people, proper self-care is an imperative part of providing excellent care and of supporting personal and professional resources and capacities over time.

Henceforth, trauma informed organisation's programs and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate; such services and programs can be supportive and avoid

re- traumatisation. Therefore, helping professionals should put more emphasis on reconstruction, control and empowerment, strength based service systems and encourages joint problem solving.

Helping professionals should enforce awareness of persistent danger orientation and the impact of potential trauma triggers for police officers, thus striving to avoid re-traumatisation. Helping professionals should take into account the importance of building physical and emotional safety for clients and providers in all aspects of its work. Helping professionals' leadership should promote trauma informed staff training, consultation, and supervision as an important aspect of the ways to incorporate an awareness of the trauma's impact on police officers in all aspects of the program's activities. Helping professionals should also prepare interventions to identify and address traumatic events that often generate secondary difficulties and life changes.

Lastly, traumatic events produces disturbing evidence of police officers daily lives and helping professionals should recognise how protective and primitive factors can reduce the adverse impact of trauma and work on the outcomes thereof.

5.2.3 Recommendations to police officers at operational levels

Police officers under stress may pose a real threat to their own safety and that of others. Police officers need to be trained on the positive alternatives they can choose from if they are faced with traumatic events. Therefore, debriefing sessions are very important in a police officer's career and life. Police officers should know that counselling is a voluntary service and if they do not avail themselves of such services, the likelihood for them to carry their work as well as private disturbances for life is higher. Police officers are encouraged to use their social support to vent out their underlying fears or issues that are troubling them. Police officers should learn how to live a balanced life of work and home and how to stay away or reframe from stressors that might add to the traumatic events that they witness and have no choice to witness them.

Police officers should learn to know themselves and to explore services that can help them to understand themselves. Police officers on the ground should also be their colleagues' support system, by identifying those who seem to be in denial and to assist them through the mental workers. Police officers should learn to recognise their feelings and act positively on their feelings. On the other hand, Police officers should utilise the use of support as an alternative way of coping with traumatic events. Support in the form of therapy should be availed to police officers and they should also utilise such support systems. These support systems include commanders, colleagues, family, and various mental health professionals. It should be emphasised that support is an important aspect of coping with traumatic events, and it is important to distinguish between problem focused and emotional focused coping.

5.3 Challenges

The researcher of this study was also faced with some challenges during the study. Future researchers are advised to always double check the suitability of the interview room. The researcher was offered to do interviews in police officers' individual offices. There was too much disturbance since the police officers had to carry on with their duties during the interviews. The researcher had to relocate to another venue, but this came with the cost of transportation. Respondents were transported to another suburb for interviews where the researcher felt more comfortable and free from distraction.

However, due to the tight schedule of these police officers, the data collection period was lengthened. Making appointments with this group was also not an easy task as they could not predict what they would be doing in the following hour or next day. In future, requesting the authorities to release the respondents during the period of data collection would be ideal as the

researcher would have them on time and would also require lesser time. Also, a focused group as an interviewing method would assist in speeding up the data collection process and the researcher will be able to observe the collective feeling of respondents. The researcher also observed that police officers are sceptical to open up to a person unknown to them. Hence, the researcher is of the opinion that this might be due to the sensitive nature of police work. Based on that, the researcher is of the opinion that building rapport when conducting sensitive studies is important. The researcher is a Commissioned Officer in the Namibian Police Force and is known by some respondents. The possibilities that the researcher had a subtle influence on the results that would be obtained exist. Moreover, the researcher's limited experience in research may be a barrier because best methodologies of the study might be omitted. Research is a costly endeavour that also placed a demand on the researcher.

5.4 Future researchers

Future researchers who may wish to fill up the gap of this study for the benefit of the Namibian Police Force or other Police Forces or Services may do so. The study indicates that members of the Namibian Police Force are not aware of the helping professions within the organisation and others doubt to utilise the services due to the fear of being seen as weak. Therefore, the researcher is of the opinion that future researchers must find out why it happens this way. Also, to find out best interventions that are suitable for the organisation.

The researcher is of the opinion that culture might also contribute to the way police officers react to traumatic events. However, this matter is not discussed in this study and would be of interest to the future researchers. Studies like this one are very sensitive in nature and would need the researcher to build rapport with the respondents before the actual data collection. Participants' observations as an information collection method would also add value on this study. Future researchers may also study a bigger population in order to compare what various

parts of the Police system are saying about the phenomenon, and to make it easy to generalise the study and its findings.

5.5 Conclusions

This study aimed at exploring the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station in Windhoek, Namibia. The study revealed that police officers at Wanaheda Police Station in Windhoek, Namibia, are also affected by traumatic events that they are witnessing on a daily basis. They witness traumatic scenes of murder, suicides, post-mortem of dead bodies, horrific car accidents, rape, assault with intent to do grievous bodily harm and many others. However, because all these scenes are of an abnormal nature, it at times has a negative impact on the police officers psychosocial functioning.

At the beginning of their police career they claimed that they had sleepless nights due to traumatic events they witness on a daily basis. Hence, some of the respondents' belief that traumatic events have a negative impact on their minds and in the way they function in the society.

They experienced appetite disorders due to the blood and open wounds they are dealing with almost on a daily basis. The respondents revealed that they become extra vigilant, they become over protective over their family for the fear that they may be injured in a traumatic way, they do not trust easily. It came out that police officers also at times develop fear when summoned to attend a traumatic scene of crime. This is because they do not know what to expect. However, others deny experiencing the same feeling. Some authors in the literature review postulate that the subculture of police officers, guides most police officers and it is one of the reasons why they fail to recognise their feelings and seek professional help. They have fear of being seen as weak and might not be promoted. The study discovered that when police officers witnessed a

traumatic scene, they find it stressful and at times causes them not to concentrate at work and in other settings. The research revealed that police work is not the same like any other professions. This profession needs optimal mental health. Police officers are expected by the society and their superiors to act correctly at all times when executing their duty. On the other hand, symptoms that are projected by police officers at Wanaheda Police Station are similar to those that other authors emphasize that they might lead them to suffer any Post Traumatic Stress Disorder and other psychological disorders. Police officers indicated that because at the beginning of their job as police officers, they were not given a platform to choose what type of cases, they want to work with, they find themselves used or conditioned and able to deal with all kinds of cases. As time goes they became used to handle cases of all traumatic nature and view it as normal. They feel that police work also changed them greatly. They believe that they can handle situations that normal human beings cannot handle.

Besides the traumatic events, the court also has its own requirements that also contribute to the trauma of police officers. The process of preparing a case docket is also draining and re-traumatising especially when police officers have to prepare the photo plan for court.

The study outlined that police officers at Wanaheda Police station has no platform where they can be treated for trauma. They revealed that helping professional within the Namibian Police Force are in existence, but they are not sure of their functions within the force. It is against this background why police officers use their own mechanism to cope or deal with their trauma. It unfolded that some would use alcohol to soothe their feelings, others will tell their experience of their colleagues until they feel better, others will make a joke out of it which is often known as black humour, and others will isolate themselves and suffer in person. Sadly, police officers do not share work issues with their families and friends and often find them boring. They enjoy being with their colleagues talking about all the traumatic events they are witnessing. Most of the time, their coping mechanism is negative and only escalating their trauma.

Therefore, helping professionals in the Namibian Police Force should make extra effort to reach out to victims of traumatic events and come up with tangible interventions. Awareness campaigns and educating police officers on mental health will ease the effects of trauma. Encouragement to use support systems will take time, but will on a long run ease the helpers work load as well as the clients coping. Clients do not know how to deal with trauma and need to be empowered with adequate skills. All role players who deal with the police officers' psychosocial functioning either directly or indirectly should contribute to tackle the problem. This is with the view of assisting police officers who are witnessing traumatic events on a daily, weekly or monthly basis. The role players include the Namibian Police Force Management, the Gender and Welfare Directorate and the police officers at the operational level. The researcher also experienced some challenges during the data collection period and had to change venues. This was a lesson that one should be sure of his or her interview venues before the actual work starts. Transportation and financial implications came unexpectedly.

There are various gaps in this study and the researcher is of the opinion that future researchers may fill in the gap on the way culture plays a role in this phenomenon. A similar study can be done, but with a bigger sample size in various regions.

Appendix A**UNIVERSITY OF NAMIBIA (UNAM)**

Private Bag 13301, Pionierspark, Windhoek, Namibia ; 340 Mandume Ndemufayo Avenue



26 May 2013

Dear Sir or Madam

The Master of Arts (Social Work) student is participating in a research exercise that requires her to conduct interviews with Namibian Police Force Officers at Wanaheda Police Station in Windhoek, Namibia. These student-led interviews involve the completion of a short personal history, and in-person interview that should take approximately 1 hour.

Your participation in this project is completely voluntary. You are free to decide not to participate or to withdraw at any time, for whatever reason. Your answers will be kept strictly confidential.

For more information about this project, to request a copy of the project results, (anticipated date of publication: November 2013), or if you feel that you have been mistreated in the interview process, please contact the responsible faculty member at:

Prof. John Matthews, MSc, Ph.D.

Associate Professor & Head of Programme

University of Namibia

Division of Social Work & Community Development

Private Bag 13301, 340 Mandume Ndemufayo Ave.

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Thanking you for your support of Unam's Social Work student

Kind Regards

Prof. John Matthews

Appendix B

UNIVERSITY OF NAMIBIA (UNAM)

Private Bag 13301, Pioneerspark, Windhoek, Namibia ; 340 Mandume Ndemufayo Avenue



November 2013

Informed and Voluntary Consent Letter

Title of Study:

"An exploration of the effects of traumatic events on the psychosocial functioning of police officers at Wanaheda Police Station Windhoek, Namibia".

Principal Investigator: Professor John D. Matthews

Purpose of the Study:

The purpose of this study is "To explore the effects of traumatic events on the psychosocial functioning of police officers in Wanheda Police Station Windhoek, Namibia".

Procedures

As a research participant, you will be asked to participate in an individual interview to be conducted at a location that is convenient to you. The interview will be recorded using an audio recording device, and notes will be taken during the interview. It is anticipated that this interview will take approximately 1 hour to complete.

Risks and Benefits

The potential risks of participating in this study are some level of discomfort at answering personal questions. The potential benefits to participation could be that your view on any area that you recommend to be improved will be published and this may influence the way mental health workers in the Namibian Police Force as well as others handle the police psychosocial matters.

Confidentiality/ Anonymity

The information you will give in this research shall be used for the research purpose only and your name will not be published to ensure that the information given remains confidential and anonymous. All audio recordings will be deleted or destroyed in March 2014 at the conclusion of the research project.

Voluntary Participation

Participation in this study is strictly voluntary and you may refuse to participate in this research at any time. In the event that you have any questions about your right as a study participant or you wish to complain about an issue ,please do not hesitate to contact the principal investigator at the University of Namibia, Professor J.D Matthews on his work telephone number +264(0) 612063713.

Printed Name: Signature:_____ -

Phone number:_____

Date:_____

Student:_____

Researcher:_____

Appendix C

SEMI STRUCTURED INTERVIEW GUIDE

An exploration of the effects of traumatic events on the psychosocial functioning of the police officers in Wanaheda Police station Windhoek, Namibia.

Data Collection Instrument**DEMOGRAPHIC****1. Identifying information****1.1 Years employed as a police officer?**

5-10	
11-15	
16-20	

1.2 What is your current rank?

Chief Inspector	
Inspector	
Warrant Officer (1)	
Warrant Officer (2)	
Sergeant (1)	
Sergeant (2)	
Constable	

1.3 How many years have you been holding the current rank?

1-5	
6-10	
11-15	

1.4 Types of criminal cases you dealt with during your police career?

Domestic violence	
Rape	
Murder	
Motor Vehicle Accidents	
Suicide	
Assault with intent to do grievous bodily harm (GBH)/Common assault	
Any other crime(specify)	

1.5 How long have you been working with the above mentioned cases?

5-10	
11-15	
16-20	

SEMI STRUCTURED INTERVIEW GUIDE

1 This part of the semi structured interview is designed to pay attention to the objectives of the study.

1.3 To describe traumatic events experienced by members of the Namibian Police force

1.3.1 How do you describe a traumatic event in your own words?

1.3.2 Which traumatic events did you experience throughout your police career?

1.3.3 What was the most traumatic event you have witnessed?

1.3.4 Which events in your job would you describe as a less traumatic event on a daily basis?

1.3.5 What type of case do you not want to deal with due to fear of witnessing such a scene of a crime?

1.3.6 Did you ever share your experiences with any one?

1.4 To explore the impact of traumatic events on the psychosocial functioning of police officers

1.4.1 How do you feel when summoned to attend a scene of a crime?

- 1.4.2 How do you react immediately after attending the scene of a crime?
- 1.4.3 Does witnessing a traumatic event have any impact on how your mind is functioning?
- 1.4.4 Does witnessing a traumatic event have any impact on how you function socially?
- 1.4.5 What services do you use after witnessing a traumatic event?
- 1.4.6 How often do you experience major or minor traumatic events?
- 1.4.7 Do you experience any other abnormality after witnessing a traumatic event?
- 1.4.8 Did you ever experience Domestic violence as a perpetrator or victim?
- 1.4.9 How does police work contribute to domestic violence?

1.5 To explore how police officers cope with the effects of traumatic events

- 1.5.1 How do you cope after witnessing a traumatic event?
 - 1.5.2 What services are in place within the Namibian Police Force that will help you deal with traumatic experiences?
 - 1.5.3 Can you describe the short term effects of traumatic experience for you?
 - 1.5.4 Can you describe the long term effects of traumatic experiences for you?
 - 1.5.5 How do you narrate the traumatic event to your fellows?
 - 1.5.6 Describe how discussions help you to overcome the experience?
- 1.6 Do you think there is something you wish to add to our discussion?

Thank you for your time we came to the end of the questioner.

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