

Victim Awareness and Trauma Management in Metropolitan Police Services

by Lazarus Kgalema



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Lazarus Kgalema is a former Researcher at the Centre for the Study of Violence and Reconciliation.

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1. Introduction

The South African Police Service Amendment Act No 83 of 1998 provided for the establishment of Municipal Police Services (MPS), to exist independently of the [South African Police Service](#) (SAPS), and to be funded by and accountable to local governments.¹ Municipal policing is part of government's effort to increase the numbers of police officers in South Africa's cities.² Metropolitan Police Services have been established in five of South Africa's six metropolitan municipalities – eThekweni (Durban), Johannesburg, Cape Town, Tshwane (Pretoria) and Ekurhuleni. In most cities, the core personnel of the MPS are drawn from former traffic policing agencies. The legislated functions of the MPS are crime prevention, traffic policing and enforcement of municipal by-laws. Metro Police Officers (MPO's) are highly likely to encounter situations of conflict and violence during the discharge of their duties, and they need to be skilled in how to manage these situations; however, many of them have not been trained to deal with matters unrelated to traffic.

Metro police officers are required to effectively interface with both perpetrators and victims of crime, including violent crimes like domestic abuse, assaults and sexual violence. Traumatized individuals are more likely to overcome their trauma rapidly if they receive immediate and appropriate assistance. Aid to victims should involve providing warmth, understanding and sensitivity to their trauma and needs. Failure to give proper help to victims may make them feel more hurt, angry and in some cases, may contribute to them becoming perpetrators of revenge violence. It is therefore important for police officers to offer victims appropriate treatment. Officers require training - or, at least, some orientation - on matters of victim awareness and trauma management, before assuming their duties.

Apart from working with victims traumatized by crime, MP officers themselves are inevitably going to be exposed to high levels of stress, and direct and secondary incidence of trauma. The MP officers need to know how to manage themselves in the event that they become victims of violence or suffer symptoms of trauma. This can be done, in part, by the officers being able to understand the psychological impact of their work and recognise,

identify and manage symptoms of trauma in themselves or in their colleagues.

2. The importance of victim awareness among police officials

The 1996 National Crime Prevention Strategy defines victims as persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are violations of national criminal laws or internationally recognised norms relating to human rights. In other words,, individuals or groups who may have experienced physical or emotional trauma. The South African Network of Trauma Service Providers (SANTSEP)³ training manual asserts that frontline workers in the health, police, welfare, education and justice sectors do not always respond to victims of violence with the necessary respect, care and appropriate assistance (1998: p13). According to the manual, neglect of the needs and rights of victims stems from the fact that these frontline workers may have received limited - if any – training in these issues (1998: p13). Such training seems noticeably lacking among the metro police officials who participated in this study.

The nature of police work in South African cities places profound demands on officers. In recognising that the police officers are at risk for trauma, the South African Police Service authorities instructed that persons who were involved in trauma-related incidents (like shootings) be referred to helping professionals within the service for debriefing. Bruce (2000) noted that, in 1997 for instance, the SAPS provided 5329 psychological debriefings for police members. One rough estimate was that 70% of those debriefings were for members who had attended crime scenes or vehicle accidents, had had a colleague killed or had themselves been shot at. The other 30% of the debriefings were for SAPS members who had been involved in the use of force (Bruce, 2000: 126).

Police officers all over the world respond to their occupational traumas in various ways and use different coping strategies. As Myers (1983) suggests, when conventional coping strategies fail (exercises, relaxation, psychological counselling and social support), one must find alternatives or one cannot go on living. In the case of police officers, a common choice is alcohol, and alcoholism is often a problem in police agencies (Myers, 1983: 37).

In addition to alcohol abuse, trauma-related psychological difficulties can manifest in marital problems and divorces. Suicide among police officers is frequently mentioned as a consequence of the stresses and strains of police work (Terry III, 1983: 441). Numerous studies have suggested that, partly related to occupational stress and trauma, police have a higher suicide rate than virtually all other occupation categories. The problems of suicide and alcohol abuse may also be linked. A study conducted in Chicago found that 'alcohol abuse was indicated in 12 of the 20 officer suicides' examined, with 9 of the 12 having 'a substantial quantity of alcohol in their bodies at the time' (Wagner and Brzeczek, 1983 cited in Arrigo and Garsky, pp 620)

In South Africa, statistics on suicides of South African Police Service members are exceptionally high; with these having reached rates of well over 100 per 100 000 members during the mid-1990s, a figure probably many times higher than the rates for suicides in the general population. The table below (from Nel and Burgers, 1998) shows suicide statistics in (former) South African Police:

Table 1: Suicide among SAP Police Officials

Year	Number
1991	65
1992	106
1993	134
1994	172

Some police officers might employ avoidance strategies for coping with the traumatic conditions of their work. Avoiding material that is distressing, either by refusing to acknowledge any emotional effect or by pushing it away from awareness, is an understandable response to such significant stresses, especially when threats of violence and death, and encounters with citizens who have been physically and emotionally traumatised continue to be experienced (Reiser & Geiger, 1984: p142). However, this type of coping strategy (avoidance) may ultimately be maladaptive. Aaron (2000) argues that officers who employ avoidance strategies to deal with their traumas are more likely to develop subsequent psychological or psychiatric difficulties than those who acknowledge the effect of stressors. This means that those officers who engage in the difficult process of confronting the distressing thoughts and painful feelings can expect healthier results. Thus, strategies that promote more open discussion of stressors, and willingness on the part of police personnel to acknowledge the effects of such stressors, will likely lead to a force of psychologically healthier officers who are more able to function effectively in their work and home lives (Aaron, 2000: 58).

3. Research methodology

The project employed a qualitative paradigm to research levels of victim awareness and trauma management skills among junior Metro Police officials in the five cities. Data was collected through focus group discussions with serving metro police officers. The advantage of using a focus group for data collection is that "lively dialogue activates memories, feelings and experiences" (Krueger, 1998: 37). "Given a friendly, tolerant environment, participants are less on guard against personal disclosures" (Steward and Shamdasani, 1990: 26). Focus group discussion was an appropriate method for this study, since it involved talking descriptively about trauma issues while also accessing the feelings of the police officers participating in the groups.

The data in this study was drawn only from metro police officers "on the ground". Most participants in the focus groups were black male officers. Metro police management and human resources departments were not interviewed. In addition, the study did not attempt to obtain views from victims of crime about metro police officers, nor of other victim service providers in the cities.

A semi-structured questionnaire was used as the basis for discussion with two focus groups in each of the metro police departments that took part in the study (except in Johannesburg, where three focus groups were conducted).

Focus group participants were selected from those officers deployed in geographic areas deemed to be 'more unsafe' by metro police managers. The reason for the use of this criterion was because it was assumed that victim and trauma issues would be more vivid for police officers working in those parts of the city that experience more crime and violence. The following regions were selected:

- Johannesburg (JMPD): Zola, inner-city and Alexandra
- Tshwane: Inner-city and Soshanguve
- Ekurhuleni (EMPD): Boksburg and Springs
- Cape Town (CMPT): Mitchell's Plain and the inner-city
- eThekweni: KwaMashu and the inner-city

Individual officers consented to be part of the focus groups and were assured of confidentiality. Discussion was recorded on tape during focus group interviews. The tapes were then transcribed. Data was coded from the transcripts. Thematically-organised data was analysed, interpreted and conclusions drawn. Recommendations to help to manage victim and trauma issues in Metro Police agencies are made at the end of this report.

The groups generally became quite emotional when talking about trauma issues. The researcher was able to respond in an understanding way to the painful feelings that surfaced, and this may have helped to deepen the participants' trust in the researcher. Some participants used the researcher's subsequent ride-alongs to try to substantiate the points they made during the focus groups.

In addition to the focus group interviews/discussions, the researcher also used 'participant observation' by taking part in ride-alongs with Metro Police officers whilst they were on duty. This helped to take the researcher into the contexts of working conditions of the officers, and make meaning from the interview data. During ride-alongs, the researcher engaged in unstructured questions and conversations with the officers about their experiences. Information and observation gathered in this way was included into the appropriate themes to increase the weight of the data.

This study is intended to capture the feelings and perceptions of metro police officers 'on the ground' about issues of victim empowerment and trauma management. The findings of this study were presented to a national workshop for Metro Police Departments (hosted by the CSVR) on 3rd and 4th December, 2002. The workshop was mainly attended by the MPD managers and councillors, and their reactions to the findings are discussed later in the report.

4. Findings: Metro Police officers dealing with victims

In most of the cities, the officers had more experience of dealing with victims of traffic accidents than with victims of crime. This is because most of the officers were formerly traffic officers. In respect of dealing with victims of crime, metro police officers felt confused about their role and responsibilities.⁴ The following issues arose as common themes related to dealing with victims, in both traffic and criminal incidents:

4.1 Legal constraints

As the people who usually arrive first at a scene where a person is injured, officers believe that their legal duty is only to secure the scene, and to call and wait for the ambulance services. They believe that they are not allowed to touch the victims because officers who physically 'interfere' with victims risk legal action being brought against them for exacerbating the injuries sustained by the victim. An officer in Tshwane Metro expressed this fear:

I think the major frustration that we have is especially when it comes to the scene of an accident because you cannot touch the victims. I just have to place my car in a way that will block the oncoming traffic and put some cones around, to secure the scene of accident. That is frustrating as a human being, looking at the people dying in front of you. If you touch the victims, they will sue you, alleging that you broke their spines and the council would not support you in that case. You will have to get your own lawyers. So we just have to wait for the paramedics to handle the victims.

It is not easy for the officers to stand back and do nothing while victims are in pain and possibly close to death. Officers respect the legal constraints but also acknowledge the contradiction inside them, arising from their human instincts to help - they do not like watching victims in agony. A JMPD officer explained:

We have been warned that if we try to give first aid to victims without training we will be sued and the council will not support us. We were frankly told that it is the work of the ambulance services to give first aid to the victims, not us. Our work is to secure the scene and call an ambulance using our radios via our control room. But it is hurting to see people dying while folding your arms.

Wayne Minnaar, a spokesperson for the JMPD, confirmed that only officers who had been through the first aid training or who are qualified as paramedics are allowed to touch victims, and those officials who had not undergone training and those whose training period had expired can only safeguard the scene of accident and wait for the ambulance services.⁵

4.2 First aid training for metro police officers

Officers may possibly avoid the dilemmas and legal consequences described above if they have undergone first aid training. Most officers last attended first aid training some years ago. According to health service regulations, practitioners are required to regularly attend refresher courses in order to keep their skills sharpened and to remain eligible to practice first aid. Metro officers have not been attending refresher workshops. Should they attempt to practice first aid, they might not only fall foul of the health services authorities, but legal claims could be made against them. An officer from TMPD said:

The last time I can recall myself attending the first aid training course was about three years ago. The course I attended was for two days. Now I have even forgotten what the course was about. I just know that it was about first aid. Now I cannot use it anymore. I recall having used it once and our first aid kit had only bandages. I think the council should train us again.

Supporting the need for first aid training course, an Ekurhuleni officer said:

Look, ambulances arrive late and we Metro Police arrive in time at the scene of accident. I think we should perform some basic first aid procedure and our cars should be equipped with first aid kits. In this way we can save many lives and the communities will love the new metro police for saving lives. I joined the traffic policing service three years ago and I have never been to first aid training, but I think we need it; especially for traffic accidents because they happen all the time.

An officer from Cape Town complained about the lack of first aid training in relation to a crime scene:

This guy was shot, he was bleeding a lot and we stood there just looking at him. The thing is, we did not have medical background like the paramedics. It was hurting that the guy had to die just in front of us. It made us feel useless. If we had training I am sure we could have done something to stop the bleeding. Maybe the guy could still be alive now.

Many of the metro police officials we interviewed felt that they should be equipped with basic first aid skills to be able to help victims of traffic accidents and criminal violence. As the officers observe, their inactivity could be perceived as a lack of care for victims and could contribute to negative public perceptions about the Metro Police agencies. There are undoubtedly legal and training issues to be considered in respect of first aid training, but these need to be weighed against the need for the police to be seen to be assisting victims and providing an appropriately responsive and caring service to the community.

4.3 Tow-truck operators

Officers indicated that the tow truck operators often arrive before them at the scene of vehicle accidents, and that these operators may re-traumatize victims whilst engaging in their business. According to the officers, the truckers are interested in towing accident victims' cars for profit, and often show no care for accident victims. In some cases, officers allege that tow-truck operators in fact 'use' the victims' state of shock and confusion to their business advantage – for instance by making accident victims sign towing agreements while still in a state of shock, or by towing cars without permission.

Some officers believe that they should play a role in protecting accident victims from unscrupulous tow truck operators:

When we arrive at the scene I for one I even get aggressive. I fight with the breakdown operators on behalf of the victims. In one accident that involved one white lady, I started first by comforting the lady. I found this lady sobbing and shaking. I had to first calm her down. After crying she began to tell me the story and that time her car was already on top of a tow truck and she said she did not give permission for her car to be towed. That answer gave me full powers to say to the guy towing her car, 'No, no, no, you are not going to tow that car - in fact, pull it down because this is not how it works'. He said [that] the lady had signed papers authorizing him to pull the car. I told him that, 'You took advantage of

the situation, the lady is pissed off, she is crying and you forced her to sign; you are ripping her off.

An officer from Ekurhuleni had also had a clash with the tow truck operators:

I found them pushing and shoving each other to take the car of some one who was lying there unconscious at Vosloorus. No one among them bothered to care about the man. They were all fighting for his car. When I ordered them to leave him alone, they called their bosses from their cell phones and they too were more aggressive, arguing about who arrived first at the scene to pull the car. But I told them take all your cars away from the scene I am in charge here.

Conflict between Metro Police officers and tow-truck operators at the scenes of accidents is often motivated by officers' concerns for the needs of victims; however, these conflicts can be distracting and demotivating for the officers.

4.4 The role of communications centres

Many officers blamed communications control centres for delays in assisting victims. They argue that their communications control and that of the ambulance services are inefficient in coordinating calls, reporting accidents and relaying messages to the radios of the officers and paramedics on duty. These appeared to be particular problems with the way the Johannesburg centre operates. An officer in JMPD was angered by the Johannesburg control centre's communication with him at the scene of an accident:

I was on my normal patrol when an accident occurred not far ahead of me in Marlboro drive. One person appeared badly injured as he was bleeding. I secured the scene and began to call the control centre to call an ambulance for me. Our (Metro Police) call centre operator related the message to the ambulance call centre operator. Instead of sending an ambulance the message was relayed back to me through the two operators asking me first where is he bleeding? First of all I am not a paramedic or a doctor - how would I know where blood comes from, even when I am not allowed to touch the victims? I just replied that the blood was coming from the head. And they told me again from the control, 'Put some cloth to suppress the pressure of the blood' while they know very well that my first aid training has expired and there was no first aid kit in the car.

Another JMPD officer interjected:

I mean when they ask you to handle blood of someone without the gloves, they don't know if this person or you maybe have HI Virus. They are ignorant.

A JMPD officer took it upon herself to visit the control centre to find out from the operators the motive for their questions they direct to officers at accident scenes. She describes what she found there:

All emergency services are under one roof, on one floor. This side is control for Metro police, that side is SAPS crime prevention and that far side are

Ambulances. So I went to this one of the ambulances and asked them what is the purpose of guys asking us as officers [on the scene] the type and whereabouts of injuries? Look, I am a woman sometimes working alone with my colleague at night in Alexandra, should I say to my colleague, 'Wait here, guard me while I am going to peep where the injury is of the person who is shot'. Sometimes the person is filthy with blood - should I go and undress him? They told me that that is how they operate.

Officers in eThekweni, Cape Town, Ekurhuleni and Tshwane did not mention this issue of the control centre asking them for details about types and whereabouts of injury. However, officers in these cities also suggest that the delays in ambulances arriving at the scene in their cities could be because of the time it takes to relay messages through different call centres before reaching the paramedics on duty.

4.5 Relationships with ambulance services

In all the cities, officers spoke of delays in the arrival of ambulances at the scene of a crime or accident. They mentioned that, at times, they had to wait up to 2 hours before an ambulance arrived. An officer from Cape Town spoke about an incident last year on the Cape Flats involving a gang shooting:

When we arrived, one guy was lying down, shot and badly injured. We called ambulance, and I can tell you, it came after about an hour, and the guy was already dead.

In most cases the officers are just told that the ambulance is on its way. One officer in Ekurhuleni said:

You know in March this year I waited for about 2 hours before the ambulance come and after every 15 minutes when I call control centre asking about it, they keep on saying the ambulance is on its way. When I ask the ambulance guys they said they just got the message 15 minutes ago. I did not know who to believe. It was frustrating.

Officers from Tshwane did not only report delays with ambulances, but also alleged racism by the paramedics when handling victims. An officer explained:

We have a situation with the ambulance personnel, there is a lot of racism. There was an accident at Rosslyn early this year. There were both black and white victims. It involved a motor bike driver who was white, and a black pedestrian. The driver was not as injured as the pedestrian. The black person was critical. The first ambulance came after about 30 minutes. The paramedics were white, and they started giving first aid to the white person who had just sustained minor injuries when the bike overturned after hitting the pedestrian. After some time they began to attend to the black man. Another ambulance came with black paramedics and the white paramedics left the black man to them. They took the white man to the white hospital in Pretoria and the black paramedics took the black man to Ga-Rankuwa hospital which is in the black township. Why discriminating with victims, I can't tell.

The delays in arrival of ambulances at crime or accident scenes increase levels of frustration and disempowerment that Metro Police Officers feel when faced with victims they are ill-equipped to deal with. Although the management of ambulance services is not a Metro Police function, the performance of the other emergency services has a direct impact on the experiences of both the victims and the police officers at the scenes.

4.6 Relations with South African Police Service

Although the Metro Police and SAPS share responsibility for crime prevention, the Metro Police do not investigate criminal cases. According to the statutes regulating the two bodies, investigations remain the domain of the SAPS. Metro Police can make arrests and open a docket, but then they hand over the case to the SAPS for investigation. There appears to be some conflict between the two police agencies at this point of hand-over.

There was an accident near Soshanguve in which a person was badly injured. Remember, if a person is badly injured we require the assistance of SAPS for investigations. I went with the ambulance to the hospital to establish the particulars of the person to hand over to SAPS for investigations. I called SAPS. I waited for 30 minutes, they could not arrive. I took the information to the Police Station in Soshanguve and since then I never heard from them.

In eThekweni Metro, an incident in Kwa Mashu involved a Metro Police officer being robbed of his service pistol. The matter was reported to SAPS for investigation with a suspect named. When no visible action was taken by the SAPS, the Metro Police in the area arrested the suspect, and found the pistol at his home. This reportedly took place in August 2001; and the pistol and the suspect were handed over to the SAPS at Kwa Mashu for further investigation. Apparently the suspect was released (presumably on bail) and the pistol reportedly cannot be found after being handed to the SAPS. The metro police officer who was responsible for following up the case with SAPS stated:

I can tell you I am now tired to follow up the firearm story with SAPS, let alone the case itself. I told them we needed the firearm for work, since we have limited firearms in our area. I went as far as to their superintendent and he told me that the pistol was missing and he will make internal investigations. Up to now the firearm is still missing and there is no information about the process of investigations. They are not even greeting us, because of that incident. That is why I am saying our relationship is bad. They say we think we know too much.

A Tshwane officer believes that corruption among SAPS members contributes to distrust between SAPS and Metro Police officers:

The problem with community not trusting SAPS is that everyday they watch SAPS members socializing with well known criminals, having braais in daylight in the townships. Members of community who are victimized by the same criminals would not go to SAPS to report a case against their [the police's] friends. They know that the docket will be reported missing and the person let free. They come to us because they know Metro Police do not owe criminals some braai favours.

An Ekurhuleni officer reported that they found a woman crying, alleging that she had been abducted and raped. They took her to the local SAPS police station to report her ordeal:

It was about 9 pm when we arrive at the police station. We left her with them to assist her with opening up the docket. They told us that since we are also officers why can't we continue to help her. They know that we are not familiar with their documentation and that we cannot do investigations. We came back for unrelated matter at about 3.00 am, guess what, we found that woman still sitting there. When we asked, they said they did not have a car to take her home. We then drove to her home in Vosloorus and the woman was very cold. The woman told us on the way that she was told that since she was brought in by the Metro police they must come take her home. That is not how to help victims. They did not call us to take her home."

Poor relations between Metro Police agencies and SAPS contribute to victims of crime having negative experiences and perceptions of the police. When SAPS fail to deliver on expectations held by the Metro Police officers, this contributes to officers' feelings of frustration and inadequacy in respect of victims.

4.7 Resource constraints

In all the cities, mention was made of limited resources hampering the officers' efforts to do their work efficiently. Resources commonly referred to were service pistols, motor vehicles and bikes, armoured vests and uniforms. The main concerns expressed by the officers related to the dangerous work environment and their need to feel safe in order to deliver good services to victims. An officer from Ethekewini Metro shared an incident in which he had used his personal pistol for official purposes:

Since I don't have a service pistol and I'm working in dangerous areas, I am always carrying my personal pistol for personal protection. In March I was patrolling in the inner city [Durban], when a black guy pointed a woman with a fire arm, snatched her handbag and ran away. Members of public looked at me, since I'm wearing a police uniform, I had to do something. I ran behind that guy and the guy was shooting back while running away. I had to take out my personal firearm, while I knew that I could not shoot with my personal pistol, because I would get into trouble with the law.

Officers working in Zola and Emdeni in Johannesburg Metro said that teams of two officers patrol on the night shift, in an un-armoured vehicle with no bulletproof vests. One of them stated:

One night, while patrolling near Zola clinic, we heard a man crying as if he was in danger. When we approached, the guys fired shots at us and we had to run away for our lives. We could not help the guy. We are not sure if they wanted to rob us of our service pistol by pretending someone was in danger. But if we had an armoured (bullet proofed) car and vests, we could have pressed forward and shot back.

Officers working in Alexandra (Johannesburg) reported problems with the radio system

fitted in the patrol cars, claiming that in some parts of Alexandra, the radios lose the signal altogether. Communication with the control centre therefore becomes completely impossible. The officers took the researcher to those areas to demonstrate the problem. An officer remarked:

This is low quality two way radio. I think the council gave a contract to someone who is just interested with making money and not matching it with quality. The radios that we used before becoming Metro police were very efficient, they could catch a signal at more than 100 km; now with these ones, I cannot respond quickly to an accident. My superiors will think that I do not want to work if I cannot respond because of lack of signals.

Inadequate resources (or the poor management of available resources) can disempower officers from providing good services to victims, and contribute, once again, to their feelings of frustration and inadequacy.

4.8 Delivery of traumatic messages

During this study it became clear that most Metro Police officers (in all the cities) were not trained to deliver traumatic messages to the relatives of people involved in serious traffic accidents and crime incidents. Most of the officers who took part in this study did not recall being trained to deliver such reports. One JMPD officer commented, "I think that is the work of the superintendents and SAPS. As officers we do not do that". A Tshwane officer believed that "going to tell someone that your husband is dead at the accident is the duty of chaplains because they will pray for them, I can't do it". Responding to the researcher's questioning about whether or not he felt equipped to deliver traumatic messages to victims' families, a Thekwini Metro officer replied with a question: "what will I do when they start crying?"

4.9 Moral disengagement as a common officer response

Rapid appearance at scenes of traffic accidents or criminal incidents to secure the scene, take particulars of the victims, and hand over management of the scene to emergency services and SAPS, is seen by many officers as an end in itself; the sum total of the Metro Police Officer's duties. This 'rapid retreat' approach facilitates what psychologists call moral disengagement, rather than engagement with the victims' needs for support. Officers tend to believe that once they have secured the scene, an ambulance has taken the victim to the hospital, and the SAPS have taken over the docket, the officer has 'done their bit'. It was not their concern what happened to the victim from there onward. As an officer in Thekwini said: "I do not think following up the victims is our work".

However, despite the lack of actual follow-up by Metro Police Officers, an officer in Tshwane acknowledged that "some [victims] take time to leave my mind". This would be a reason why moral disengagement with the victims is functional – perhaps the burden of concern for victims could become unbearable if the officers engaged meaningfully with the many victims they encounter.

This dis-engagement is not only a characteristic of the police officers' engagement with victims, but perhaps also of how they engage with themselves. In the next section, we

examine the issues associated with high levels of exposure to violence.

5. Findings: Trauma Management in Metro Police Agencies

This section deals with issues that cause trauma to metro police officers, their personal coping strategies and the professional services available for dealing with officer trauma in the metro police departments.

5.1 Traumatic stressors

Trauma is an emotional experience of shock and fear that one encounters after having met a traumatic event or stressor. Usually a person feels overwhelmed and completely out of control. Traumatic stressors refer to those events that will shock and overwhelm a person who experiences them. These events are distressing to remember, and traumatized persons would wish to push them out of their conscious mind as a temporary relief. The working conditions of metro police officers expose them to direct traumatic situations and vicarious or secondarily traumatic situations. (Vicarious traumatization occurs when people who are working with victims, or whose jobs expose them to repeated evidence of trauma, begin to experience the symptoms of trauma themselves). Types of traumatic stressors experienced by metro police officers in this study are discussed below.

5.1.1 Direct involvement in acts of violence

Metro Police Officers often find themselves in situations of conflict with suspects, and these situations can make them fear for their lives. Many officers said that every time they leave for work, their families are not sure if they will come home (alive) again. Many of them said that the change from traffic policing to metro policing had increased the risks to which they are exposed. An officer in JMPD told how his colleague had saved his life:

It was last month at the township of Alexandra, when I stopped a male suspect with an illegal firearm. That guy pulled his gun and pointed at me and demanded that I surrender my gun to him. I felt cold over my body. From nowhere, my colleague came from behind the guy and ordered him to put his gun down. After he had put his gun down my colleague handcuffed him. After that I just wanted to be alone; and my thinking was blocked by the fear that I nearly would not have seen my family again should that guy shoot me, because his firearm was loaded.

A Cape Town officer recounted the experience of exchanging shots with gangsters on the Cape Flats:

We were called to intervene as gangsters were shooting each other. Upon arrival, one guy was lying down from a gunshot. The gangsters started shooting at us and we shot back. Though no one was shot, it was a scary experience as one could have died easily. I don't want to remember it anymore.

The officer above indicates that he does not want to remember the incident as the memory of it distresses him. This demonstrates a traumatic stressor – remembrance of this event feels overwhelming to the conscious memory, and the best relief is not to remember it.

Pushing the traumatic event out of conscious memory is a temporary defense. Later, the event is likely to resurface in unconscious memory, causing psychological disturbances in various forms including Post Traumatic Stress Disorder (PTSD). Early tracking and management of these traumatic stressors in the officers will help prevent delayed psychological reactions.

5.1.2 Repeated exposure to serious vehicle accidents

Repeated exposure to severely injured or deceased victims of traffic accidents and criminal violence exposes officers to vicarious traumatization. Vicarious traumatization is particularly dangerous because it may take a long time to manifest. Most officers we spoke to about this gave examples such as that they are no longer concerned by seeing limbs separated from bodies. They tended to agree that at the beginning of their careers, such experiences were too much to bear, but that they become 'hardened' or 'immune' to them. An officer in Ekurhuleni who spent 25 years working as a traffic officer, and is now a Metro Police Officer, said that:

At the beginning I used not to sleep, thinking about what I saw at work during the day. After some months, I told myself that I must just regard my work like a bricklayer. From then onwards, I never got worried again. I mean, someone has to do this work.

An officer who worked for 7 years in traffic policing, also from Ekurhuleni, reported that she could not cope after what she had seen late last year:

I was driving from Boksburg heading to Vosloorus following a big truck that was driving behind a van full of school kids. The van had no canopy and the children were in the back. All of a sudden the back of the van opened and the children fell in front of the big truck. The truck did not stop but ran over the children, smashing them to the ground like mince meat. Remember I am a mother and my children were of the same age. After that accident I could not come to work, I could not do anything. I spent days after having lost taste for life. Every time I think of it tears were rolling from my eyes. I could vividly see the images of the children smashed beyond recognition. Even now I did not get over the experience. At times I still cry.

A JMPD officer spoke of a traumatic experience which was still haunting him:

Early at about April this year I was on my normal patrol in the city. Towards Bez Valley one BMW overtook me and ahead of me, it hit something at the curve and began rolling. It ended up hitting the tree on the side of the road and caught fire. There were three Indian male passengers in the car. Before the fire brigade comes, the car had already burnt to the ashes with the passengers inside. It all happened in front of my eyes. I could not sleep for some time thinking about the human beings burning to ashes. I have seen accidents before, but I cannot forget about this one. It was worse.

These officers' reactions to these incidents were normal reactions to traumatic events. They describe clear symptoms of Post Traumatic Stress Disorder and stress reactions, which

include nightmares, flashbacks, insomnia, intrusive thoughts, disturbing memories and numbness. Most of the officers who participated in this study reported having experienced one or more of these symptoms at some stage in their careers.

This data, combined with findings from other related research and facilitation work conducted by the CSVR, suggests that Metro Police officers, particularly those who were formerly traffic officers, are likely to have been exposed to trauma and to be suffering from some form of untreated post-trauma syndrome. This presents some major challenges for the Personnel Management function within police agencies in the cities.

5.1.3 Dealing with members of public at the scene of accidents

In the focus groups, officers stated that they feel pressured and stressed by members of public at the scene of accidents or crime incidents. They see their work as being to secure the scene of accident/crime, and not to actively get involved in helping victims (for legal reasons outlined in 3 above). As a result, they report that members of the public (onlookers) refer to them as 'useless' and 'uncaring' about human life. An officer in Tshwane Metro related the following experience:

Some people like to take matters into their own hands ... grab him [the victim] and take him to the hospital. As an officer, I know that he might hurt the victim's spinal cord because he is not trained to handle injured people. I had to restrain him. He confronted me and wanted to fight with me, and other onlookers wanted to help him. I was in a stressful situation. Ambulance took time to come, and you can imagine I was in that pressure of members of public, for some time, alone.

Another officer, also from Tshwane, recounted an incident of vigilatism:

There was a man lying down unconscious after having been beaten up by a group of people in the village. He had been suspected for involvement in criminal activity. Others who believed in his innocence, called us and the ambulance to take him to hospital. The other group prevented us and the ambulance from taking him. We were under pressure from both sides until we called SAPS for reinforcement, because the mob could have harmed us. It was a scary situation.

Officers from other metros confirmed the pressure experienced when having to deal with impatient members of public at accident and crime scenes. They feel that onlookers regard them as people who do not care whether the victims are in agony or dying. An officer from Thekwini told of an incident in which "at one stage someone ordered me to hurl the victim in my car and take him to hospital before he dies".

There is, of course, merit in the views of both the officers and the members of public. Officers are correct to prevent any physical interference with victims by persons not qualified to intervene, as this may worsen their injuries or even cause death. But it is not easy for the individual officers who have to act against the popular urge to help: "it is quite stressful to oppose many people. Being one, at times one feels like one is mad and they are right".

5.1.4 Inability to actively help victims

Whilst attempting to appear and act professional at victim scenes, officers are emotionally affected. Looking at a victim suffering pain or lying unconscious is not easy or without emotional consequences. From a professional perspective, officers are generally required to secure the scene and wait passively for an ambulance. However, at a personal level, the officer might wish to actively do something to help the victims. This internal contradiction acts as an additional stressor to the officers placed in these situations. An officer in Tshwane explained:

It is quite difficult, watching helplessly people excruciating with pain in front of you, while the ambulance is not coming for an hour and some minutes. At times it feels like you can take them to the hospital yourself or allow the motorists to do so. But if this person dies, people will blame you and you will also blame yourself.

An Ekurhuleni officer suggested: "... you see, if officers can do first aid, at least we will feel better, public will see you have done something, and the victim will feel better".

The inability to actively help victims can contribute to officers feeling helpless and worthless.

5.1.5 Vulnerability of officers on-duty and off-duty

Most officers reported not feeling safe either on- or off-duty. Some of the issues around personal safety are linked to the resources provided to Metro Police officers by their municipality, such as firearms or bulletproof clothing (see 4.7 above).

In most cities, officers have to surrender their service pistol after work, to make firearms available for the next shift. Officers are therefore unarmed when off-duty in their communities. This policy is generally not supported by the officers we interviewed, who feel that they also need to be able to protect themselves while off-duty. An officer in JMPD describes his feeling of vulnerability:

I stay in the squatter camp with these people. I must arrest them during the day and at night I must go home next to them without a firearm. My salary cannot afford me a house in town. These people are with their guns 24 hours and myself only when I am at work. They may kill me without defense if they like. Every time I go home I feel unsafe. This is stressful.

An officer in Cape Town told of a threatening situation he had experienced:

I have come across a lot of things on my way home after handing over my fire arm. I arrested and handed over one suspect to the SAPS for drinking and driving. One night I met him at a pub in Wynberg. I had already forgotten about him. He said, 'Do you still remember me? I am still attending a court case because of you'. This man had a fire arm on his belt. I was so scared that I left soon. He was aware that I did not have my gun with me. I thought he was going to shoot me.

As suggested by this officer's experience, feeling vulnerable or under threat, or believing that something traumatic could happen, or nearly happened to one may also be experienced as traumatic. The imagination of an event may also induce traumatic reactions.

5.1.6 Insensitive attitudes of supervisory and management personnel

In most cities, the relationship between junior staff and supervisory/management staff was described as adversarial or conflictual.

At worst, the conflicts manifest in threats of violence or actual incidents of violence between members:

One day a superintendent will die in this office. I am counting. The one who ordered me to come to work and made me sign a written warning, even when I was away from work on reasonable grounds. I mean, I got shot and I had to use my medical aid to attend psychological services, which advised me to be away from work for some days. This sup [superintendent] calls me and [tells me] I must be back at work and sign a warning of misconduct for being away. I told him and he said that I am lying, that I am well and I don't want to work.⁶

The above quote illustrates the needs for supervisory/management personnel to be trained to recognize and deal with symptoms of trauma among their employees. In another city, a similar tale was told:

One day I was on my way home after duty ... there was a man running away from police chase. As an officer, I stopped my personal car and helped the police with the chase. I managed to block the suspect and arrested him, but he shot me in my left hand. The next day I did not go to work, I went to the doctor, but reported the incident to my sup [superintendent]. When I come back to work after a week, the sup said I should fill in a leave form to have my official leave days deducted because I got involved in an incident while off-duty and that the issue was for SAPS [not for me to get involved in]. Even now I am still very angry with him. He even blocked my application to a different unit.

An officer from Tshwane metro attributed the perceived aggression of the officers on the streets towards members of public to the way that they were dealt with (aggressively) by their superiors:

If I get confronted in the morning before I start work about something unreasonable, my whole day is spoiled. I will also be impatient and easily provoked into aggression, because I will also be looking to vent my frustration onto those I have power over.

Authoritarian styles of management may also increase strain and pressure on officers. Officers are not able to trust their superiors, and the organization is not seen as a place where difficult issues can be resolved in a constructive way.

This type of treatment by the management to junior officers may lead to what it known as

secondary traumatization. Secondary traumatization is described as the way in which police officers (in this case MPD Management) who are supposed to help victims may re-victimize the victim (the junior officer) by blaming the victim, being insensitive and abusing of their rights.⁷

5.2 Coping mechanisms

Usually a victim has no, or minimal control over what happened during the traumatic event. Victims feel completely helpless. Trauma management requires the restoration of a sense of emotional, physical and practical power and control over oneself and one's environment. Trauma can represent a break with the past and with a sense of continuity with the future – "a disorder of hope." Higson-Smith and Killian (2000) argue that an important part of trauma management is reestablishing the circle of interrelatedness between the traumatized individual, their family, their personal past, their collective history (including spiritual/religious belief systems/ structures), their community and the broader society.

Despite the pressures and difficult working conditions, members of the city police agencies still manage to provide some level of service to the members of public. This indicates that there are some coping mechanisms that they are using for their survival. This section will discuss those that emerged during the study.

5.2.1 Individual resilience and cultural practices

Officers rely on their own emotional strength and resilience to cope with their work conditions. Some officers mentioned that growing up in difficult conditions trained them to be resilient. Some argued that they have grown up in townships, where life was not easy, and that difficult conditions may have helped them to develop a sense of internal strength. One officer from JMPD described:

Growing up in Zola was not an easy thing. This experience made me not to be a crying baby. We grew up beaten by older boys, robbing us [of] money when our parents send us to the shops, until we learned how to defend ourselves. That is why working either in Soweto or Alexandra is not an issue for me. After all, I grew up under the same conditions. Who should work in these areas if we all are scared? I mean, our parents stay there.

It is this internal strength (resilience) that is used to defend one's self against external pressures and stress.

Some male officers mentioned that traditional patriarchal philosophies are a major form of defense against stress and trauma. As males, they were socialised to believe that men must be strong, and they draw on this sense of strength to fulfill their duty to defend and protect vulnerable women and children in their communities. This proposition was made clearly by a male officer from Tshwane:

I grew up knowing that as boy I must be strong and stand for my self and later for my wife and children. In the whole neighbourhood that is what we all knew as boys. I grew up in the rural areas of Limpopo province as a herd-boy. Girls will remain at home and we will spend most [of] our lives in field looking after

a herd of cattle. The whole day, older boys will make us fight against each other and we must not cry. If you cry, older boys ridicule you that you behave like girls; as men don't cry. We grew up knowing that men cry from inside like a sheep, while women cry out loudly like a goat. So when people treat me badly in the metro, I will take it internally like a man.

While gender-role socialisation may be perceived by some of the officers as a useful psychological device, the approach described above may, in fact, be extremely unhelpful in dealing with the trauma encountered in the course of working as a Metro Police Officer. It may be a temporary defense system against a traumatic event, which will certainly lead to a delayed response to the traumatic event, such as delayed onset of Post Traumatic Stress Disorder.

5.2.2 Support from family and friends

Many of the officers interviewed said that they draw strength from relationships with family members and friends, both inside and outside their workplaces. Many said that the only people they entrust with their personal issues at work are colleague-friends, because they cannot trust their seniors with their confidential issues. Outside work, some officers share their painful experiences with their families. A JMPD officer pointed out:

Sometime last year in April the level of my depression shot high because I could not bear the pressure of stress from seeing terrible accidents and my sups refusing me sick-leave. My wife used to support me [but then she] decided to divorce me. She said she was tired of living with a depressed person everyday. I nearly committed suicide you know. I had nobody to talk to about my problem. One day I decided to drive into the tree with my patrol car. My colleague who was in the car realized that when I was not responding to his conversation. He started probing me with questions I pulled at the side of the road, told him everything, cried a lot when thinking that I could have killed him too. I mean, I forgot that he was black. I told him everything and I felt like I was talking to my brother.

An officer in Tshwane metro said his mother is his key source of support:

I am not married yet. But every time I feel too depressed, I catch a taxi to Soshanguve to talk to my mother. My mother is the only person I can trust with my secrets. And after speaking with her I feel better. At times she just listen without judging me, even if I am wrong.

A female officer in Ekurhuleni expressed guilt at shouting at her children when work issues get to her. She is a single parent with three children. She said one day her middle daughter told her that she shouts at them even if they did not do anything wrong. She said she felt guilt after having done some soul searching and found that this was true.

Most male officers said they share stories with their spouses. Some reported that, as fathers, they have lost humor at home and they fail to play with their children. An officer from Thekwini said "one day my son was running to meet me, attempting to make me happy, and I shouted him and he was visibly disappointed".

The stress experienced by officers has consequences for their families and communities, and the burden of emotional care for traumatized officers is probably borne more by those outside the Metro Police agencies than it is by those in the departments who should be managing it.

5.2.3 Alcohol and substance abuse

Some officers admitted that they use liquor to suppress distress from their painful experiences and feelings. They suggest that they feel better when they get drunk, because they can be happy and stop worrying about their problems. One officer from Ekurhuleni said: "the only problem is that when the alcohol finishes in your body, tomorrow, your problems remain, so you should go drink again".

One problem with using substances like alcohol as defense against distressing thoughts is that officers may become addicts. Some participants in our focus groups reported they were beginning to lose control of their drinking behaviour.

5.2.4 Limited in-house counselling services

We were involved in shooting but no one told us we should go for counseling. I used my medical aid for private consultation.

Many officers stated that they had never heard about any trauma counseling services within their police departments or municipalities. Some believed that those services did not exist in their metros.⁸ The absence (or perceived absence) of support services in the police departments exacerbates stress for officers.

Some officers in the JMPD said although they were aware about the services of in-house social workers, they did not feel they could trust them with confidential issues.

I went to see those ladies called social workers at the insistence of one of my friends, when I had a problem with my wife. Within hours the whole Metro police knew that I fought with my wife. I was so embarrassed that I asked to be transferred to a far unit. Nobody is using their services because they gossip about peoples' stories with all the people in the metro.

One of the fundamental requirements in counselling services is the ability to observe confidentiality. Counselling space must be safe. Breaking of confidentiality can further traumatize people like the officer above, who felt embarrassed and applied for a transfer.

6. Safe space provided by the study

Many officers took advantage of the safe space provided by this study to talk about their painful feelings and distressing memories. In all the focus groups conducted, the researcher emphasised confidentiality and anonymity by asking the officers not to mention their names at the beginning. He emphasised that what was important was not their names but the information they were willing to share. As the researcher is a psychologist by training, he realised that the focus group process could slide into a sort of 'group therapy' process. Realising that it was difficult to play double roles of a researcher and a psychologist

simultaneously, the researcher enlisted the services of a counselling psychologist from the Trauma Clinic of the CSVr when going to conduct the focus groups in Tshwane Metro. In those focus groups, the research and therapeutic roles were no longer blurred: Busisiwe Kwindi, the psychologist, concentrated on therapeutic issues, while the researcher concentrated on gleaning data for the research. This was more effective for the research, and apparently useful for the Tshwane focus group participants too. At the end of one focus group discussion in Tshwane, an officer said:

Thank you very much Lazarus (the researcher) and Busi (the psychologist) for allowing us to talk about our problems. I mean, just talking to you about our concerns, without anything structurally changing, I already feel better; as if things changed, while they are still the same.

7. National workshop for metro police departments

The CSVr hosted a national workshop for city agencies concerned with public safety in December 2002, at in which the findings of this study were presented. The workshop was attended by representatives of Metro Police Departments as well as councillors from the cities. There were mixed reactions to the findings of the study.

Many representatives supported the findings of the study (that victim awareness is inadequate and trauma management needs improvement in the metro police agencies). Themba Mvelase, operations director in Ekurhuleni Metro Police Department stated that:

I agree with the results of the research, most of the officers on the ground do need some counseling after being involved in traumatic situations.

In the same vein, Kamala Mahomed, who is involved in Crime Prevention: Strategy Development at Tshwane Metro Police Department said:

I think the officers do need counselling measures to deal with their traumatic experiences. If they don't get these services and their trauma is left unattended, officers may suffer from PTSD and in other instances, may be abusive to their partners and families. I strongly feel that they need some intervention.

Pieter Groenewald, Interim Coordinator for Social Crime Prevention in the Cape Town City Police said:

Officers do need some counselling because their work involves dangerous encounters. As Cape Town we do encourage them to go through the EAP (Employment Assistance Programme).

However, the Chief of the Durban Metro Police Service, Eugene Nzama, had a different view on the findings:

Police work is not for *sissies*,⁹ it is like being in the force. Officers have to be strong, because their work is dangerous. If they would require debriefing after a traumatic event, production will stop because the whole unit will need to go for

counselling.

Councillor Nomaphelo Maqanda of the city of Johannesburg Metro concurred with our research findings but suggested that they were biased towards the junior officers:

I think the study and the findings are important, but researchers should, in future studies, be inclusive of other stakeholders' views, such as ambulance services and human resources and functional management in MPD. I know for a fact that there are EAPs in JMPD.

(As was mentioned in the methodology section above, this research did not attempt to test the views of the officers against other people's views. Officer perceptions about issues of victim awareness and trauma management were investigated merely to gauge their knowledge and experience with regard to these issues).

8. Conclusions

The process and the findings of this study have provided a window into victim awareness and trauma management issues in South Africa's metro police services. The research found that officers work under difficult circumstances and feel that they are not adequately trained or resourced. The study found that many officers are not aware of victims' needs and that even those who have a little awareness lack real skills to handle victims. In their efforts to help, officers without these skills can unintentionally inflict further trauma on victims. The study also found some problems related to co-ordination and co-operation between the various agencies which deal with victims (such as SAPS and ambulance services). Furthermore, officers are found to be exposed to direct and various forms of indirect trauma in their work. Officers feel that they are not supported sufficiently by their senior management in dealing with these issues. As a result, officers resort to informal and personal coping mechanisms for their psychological survival. Some of these coping strategies may be dysfunctional for the individual officer, the metro police organisation, and the public at large.

9. Recommendations

This study recommends that Metro Police organisations need to begin a substantial engagement with the issues of victim empowerment, in accordance with the government's National Victim Empowerment Programme. That programme "aims to co-ordinate and develop the current work with victims by linking and training the frontline workers of the police, welfare, health, justice and civil society".¹⁰ Metro Police officers need to be recognised as important frontline workers who deal with victims.

Metro police officials should be trained in victim awareness, support and empowerment. Issues to be dealt with in such training should include: treating victims and their families with respect, increasing awareness of the impact of victimisation, providing victim-friendly procedures, provision of remedial interventions for victims and offering support to victims to prevent repeat or multiple victimisation and to reduce the possibility of retributive violence.

Metro police officers should also be trained in conflict management so as to be able to intervene constructively during conflict situations.

Anger management and stress management training is also recommended for metro officers. This would enable them to help themselves, their peers, and members of public.

Metro police officers should be trained in referral and provided with information resources so that they can refer victims and their colleagues who experience psychosocial difficulties to appropriate service providers.

At the senior levels of metro police organisations, metro police supervisors and managers should be trained to recognise trauma symptoms among staff, and to take appropriate steps to assist them.

The study also recommends that the in-house professional personnel in metro police agencies, such as psychologists, EAP practitioners, social workers and chaplains, adhere to the ethics of their profession (such as confidentiality) in order to gain respect and trust for their professional service among officers.

Notes:

¹ <http://www.polity.org.za/legislation/1998/act83.pdf>

² SABC3 Live 22 June 2001

³ This is a trauma network formed in 1998 by the following NGOs working in this field: Centre for the Study of Violence and reconciliation, Trauma Clinic, [KwaZulu-Natal programme for Survivors of Violence](#), National Peace Accord Trust and [The Trauma Centre for the Survivors of Violence and Torture](#).

⁴ This was not the case with eThekweni Metro as much as it was in other city police departments. Durban has had a City Police department for many years, and so many officers there had had some experience in dealing with crime victims and working with the SAPS in providing services to victims.

⁵ Conversation with the author

⁶ The researcher did not take these threats lightly. He immediately advised the interviewee that he [researcher] is obliged by law to break the research confidentiality agreement if the life of any person is threatened. The researcher, who is a clinical psychologist by training, explored the threats with the officer, and found that they were not motivated by strong feelings which might compel the officer to involuntarily carry them out. In fact, the opportunity to discuss his feelings in the course of this research provided an opportunity for the officer to vent and minimize the frustrations which had been bottled up inside him.

⁷ This definition of secondary traumatization is drawn from Victim Empowerment Programme of the National Crime Prevention Strategy in South Africa, 1996.

⁸ Those that thought the services did not exist in their metros were from Ekurhuleni and eThekweni. Those in Tshwane knew that there are some social workers and chaplains at the headquarters at Centurion. They said that they had not been formally told about the services but had just heard rumours of their existence.

⁹ Means that policing is not a soft job for weaklings.

References

Aaron, J. D. (2000). Stress and coping

in police officers. *Police Quarterly Vol. 3 No. 4. 438 – 450.*

Arrigo, B.A. and Garsky, K. (1997). Police Suicide: A glimpse behind the badge. In Dunham and Alpert. *Critical Issues in Policing: contemporary readings (Third Edition)*. Illinois: Waveland Press.

Bruce, D. (2000). *The Management of the Use of Force in the South African Police Service*. Unpublished Master's Thesis for the University of Witwatersrand.

Friedman, P. 1968. Suicide among police; a study of ninety-three suicides among New York policemen 1934 – 1940. In *Essays in self-destruction*, Edited by E. Schneidman. New York: science House.

Heiman, M. F. (1975). Police suicide. *J. police Sci. & Ad. 3:267 – 273.*

Krueger, A. K. (1998). *Developing questions for Focus Groups*. SAGE Publishers, California.

Myers, D. G. (1983). (2ed). *Exploring Psychology*. New York, Worth Publishers.

National Crime Prevention Strategy of South Africa, 1996

Nel, J. A. (1989). *A Contextual approach to post-shooting trauma in the South African Police Services*. Unpublished M. A. Dissertation. Pretoria: University of South Africa.

Nel, J. A. and Burgers, T. J. (1998). Stress and Trauma in the work Environment: The South African police Service. *Unisa Psychologia*. Vol 2 16- 30.

Reiser, M., & Geiger, S. P. (1984). Police officer as victim. *Professional Psychology: Research and practice*, 15, 315-323.

Steward, D. W. and Shamdasani, P. N. (1990). *Focus Groups: Theory and Practice*. SAGE Publishers, California.

The South African Police Service Amendment Act – Act no.83 of 1998
<http://www.polity.org.za/legislation/1998/act83.pdf>.

The South African Network of Trauma Service Providers (SANTSEP) Training Manual, 1998. Themba Lesizwe.

Terry III, W. C. (1983) (ed). Police Stress. In Klockars, C. B. Thinking about Police. New York: McGraw-Hill.