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IN-HOUSE COUNSELLING SERVICES: TO USE OR NOT TO USE? THE RELATIONSHIP BETWEEN DEMOGRAPHIC VARIABLES, PERCEIVED ORGANISATIONAL SUPPORT AND SOUTH AFRICAN POLICE OFFICERS' PERCEPTIONS.

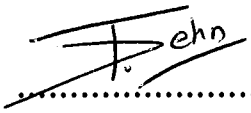
Tammy Aviva Dehn

A dissertation submitted to the Faculty of Humanities, at the University of the Witwatersrand, Johannesburg, in partial fulfilment of the degree of Master of Arts in Industrial Psychology (coursework and research).

Johannesburg, 2010

DECLARATION

I declare that this dissertation is my own unaided work and is for the submission to the University of the Witwatersrand, Johannesburg, for the degree of Master of Arts in Industrial Psychology. This work has not been previously submitted for any degree or examination at any other University.



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Tammy Aviva Dehn

Signed at ..Johannesburg.....on the....13th.....day of....July.....2010

ABSTRACT

The nature of police work in South African cities places profound demands on police officers everyday. The impacts of trauma on police officers are well known. However, the reason as to why police officers do not seek help, particularly from in-house counselling (IHC) services within the SAPS has received minimal attention in the literature. The aim of this research, is therefore to examine, and to understand police officers' perceptions of IHC services and the willingness to use them. In particular, to see what the range of perceptions is, to see if this varies by demographic variables and lastly, to see if this is related to perceptions of organisational support. In addition to this, as the context for the use of psychological services is the exposure to traumatic events, the degree of exposure and examining its relevance to the primary aim will also need to be assessed. The current study adopted a non-experimental research design, which was categorised as cross-sectional in design. A non-probability procedure was also utilised. A sample of sixty-five (65) police officers from the Midrand headquarters was obtained. The procedure involved the anonymous completion of several self-report measures which included a biographical blank with open-ended elements regarding the use of IHC services, the Use of IHC Services Checklist, Perceptions of IHC Services, Perceived Organisational Support (POS) Scale, the Impact of Event Scale-Revised (IES-R) and the Exposure to Traumatic Events Scale. Results from the correlation analysis reflected a negative correlation between Trauma Severity, Use of IHC services and POS. However a positive correlation was found between Use of IHC services and age, POS and Perceptions of IHC services as well as Use of IHC services and POS. T-tests also revealed a difference between black and white police officers, as well as male and female police officers with regards to Perceptions of IHC services. They additionally revealed a difference between black and white police officers with regards to Use of IHC services. Analysis of variance suggested that there is a difference between language groups with regards to the Use of IHC services. Additionally, when participants were given the opportunity to express themselves in the open-ended questions, they revealed that issues of confidentiality, cultural differences, SAPS Knowledge, and the advertising of IHC services affect their up-take of IHC services. The study underlines the need for additional research, including longitudinal investigation into the reasons why police officers to do utilise IHC services.

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CHAPTER 1

Introduction

Police work by its' very nature, exposes its' officers to the violence evident in society. This is evident for South African police officers where according to the annual report on the crime situation in South Africa released by the South African Police Services (SAPS) in September 2009 whereby a total of 2 098 229 (approximately 2.1 million) serious crimes were registered in South Africa for the period 1 April 2008 – 31 March 2009 (SAPS (1), 2009). Of the approximately 2.1 million cases, roughly a third, 32.7% (685 185) were contact crimes which comprise the various types of Murder, Assault, Robbery and Rape , 26.3% (552 371) were other serious crimes (for example, all other sexual offences and common assault), 25.4% (532 184) were property related crimes, 8.9% (187 382) and 6.7% (141 107) were crimes that were dependent on police action for detection and contact related crimes respectively, which encompasses crimes stemming from individual behaviour whereby individuals cause damage to another person's property for what ever reason or collective behaviour which includes lack of service delivery or xenophobic attacks (SAPS (1), 2009). Alexander (1999, as cited in Mostert & Rothmann, 2006) argues that police work is notorious for being one of society's most stressful occupations This is in part due to the evidence that police are constantly exposed to traumatic events and violence which has to be dealt with on an ongoing basis (Martinussen, Richardsen & Burke, 2007).

This may have significant consequence the police force, for example Levert, Lucas and Ortlepp (2000, p.2) note that the links between "a stressful work environment and health, both physical and psychological, are now quite established". In particular, the detrimental effects of a stressful work environment may be evidenced in the stress levels and suicide levels within the SAPS. Pienaar and Rothman (2003, June) state that the number of SAPS suicides is more than five times that of suicide rates of other police populations. In South Africa between 2000 and 2005, 506 police officers committed suicide and in addition between 1 July and 31 December 2006, 46 police officers were killed in the line of duty (Ndlovu, 2007). Ndlovu (2007) consequently stated that more needs to be done to cater for the physical and psychological wellbeing of police officers. The police therefore require appropriate interventions in

order to be adequately equipped when dealing with the proliferation of stress. In spite of the evident relevance of these interventions, the researcher found through extensive searches that the literature is surprisingly sparse on the kinds and effectiveness of these interventions in the South African police context.

There is a vast amount of research that has been conducted on police officers and the effects of stress in various parts of the world, however minimal research has been conducted on the help-seeking behaviour of police officers in general, as well as IHC services. Thus, the rationale for conducting this research is that the topic is under researched in South Africa. Various studies on police trauma and stress have been conducted in South Africa, but have unfortunately not delved into the arena of IHC services, and merely suggest that research needs to be conducted in this arena or that programmes should be recommended to raise police officers' awareness of the counselling services (Maswanganyi, 2005; Young 2004; Kassen, 2002). Therefore it is vital that treatment within in the IHC services be understood in order to improve the wellbeing of police officers, as well as providing a new realm of research that focuses on the individual police officer's wellbeing.

By building on the author's previous research findings that indicated that many police officers do not use counselling units, particularly IHC services (Dehn, 2008), the author hopes to explore reasons for and predictors of service take-up. That being said, this study is not a study where one aims at improving the process, but rather by understanding the reasons and predictors for and against service take-up this knowledge may guide future interventions.

By executing this study, the author hopes to unravel the following elements:
The primary aim is to understand police officers' perceptions of IHP services and the willingness to use them. In particular to see what the range of perceptions is, to see if this varies by demographic variables and lastly, to see if this is related to perceptions of organisational support. In addition to this, as the context for the use of psychological services is the exposure to traumatic events, the degree of exposure and examining its relevance to the primary aim will also need to be assessed.
Various theories have been compiled in order to comprehend how individuals deal with the stress of potential violence, and such a theory is Horowitz's 1976 theory

about stress response syndrome. This theory, as well as Eisenberger's 1984 theory on perceived organisational stress, shall be utilised in order to comprehend how police officers are managing stress, as well as assessing the reasons for or lack of IHC service up-take.

CHAPTER 2

LITERATURE REVIEW

2.1. Traumatic Exposure and SAPS Officers

The word trauma has evolved into a keyword which clinicians and scholars from disciplines from the around the world utilise in order to approach the experience of violence and its aftermath. The term *psychological trauma* has been utilised so often by numerous people, that it seems to have lost some of its original meaning. Trauma is frequently used to refer to both the negative events that produce the distress, as well as the distress itself (Briere & Scott, 2006). Technically, 'trauma' refers only to the event and not the reaction (Briere & Scott, 2006). Thus is should be retained for major events that are psychologically overwhelming for the individual. Trauma has specifically been defined by the American Psychiatric Association [APA] (2000, pp. 463) in the following way:

> *Direct personal experience of an event that involves actual or threatened death or serious injury, or threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat or death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior (Criterion A2).*

The *Diagnostic and Statistical Manual of Mental Disorders [DSM-IV-TR]* presents a an inventory of potentially traumatic events including sexual and physical assault, robbery, being kidnapped, being taken hostage, terrorist attacks, torture, disasters, severe automobile accidents, life threatening illnesses, witnessing death or serious injury by violent assault, accidents, war or disaster, as well as combat (APA, 2000).

There have been questions surrounding the diagnostic definition of trauma in that, in order for an event to be 'traumatic' it needs to satisfy the current definition. However Briere and Scott (2006) state that an event can be labelled as traumatic if it presents to be extremely upsetting to the individual and temporarily overwhelms the individual's

internal resources. This suggests that the term can used more loosely to describe events with similar but not so substantial consequences.

The literature based on the psychological effects of trauma on law enforcement personnel is more often than not, based on the extensive military literature. Kopel (1996) states that police officers experience the same type of trauma that their military counterparts endure, such as sadism, brutality, hostility, as well as carnage either as a participant, victim or witness. Even though police officers are not engaging in military combat, they are still exposed to the similar situations that soldiers at war have to endure (Kopel, 1996; Kopel & Friedman, 1997; Violanti, 1999).

Police officers are expected to continuously be ready for combat while remaining 'normal' and be able to be socially adaptive when away from the job context (Williams, 1987). A vital distinction between military combat and law enforcement is the difference of the intensity and frequency of the trauma they exposed to (Young, 2004). Violanti (1997) argues that police officers who experience long term exposure to trauma may, like the soldier, endure the after-effects of trauma long after the separation from war.

Police officers then return to civilian life, and take their emotional baggage with them which they endured in their work experiences (Violanti, 1997). Solomon (1992, as cited in Violanti, 1997) states that individuals who leave behind their traumatic situations, tend to generalise avoidance to stimuli resembling their previously experienced trauma in their new environment. That is to say that police officers tend to avoid any stimuli in their working environment that may have the slightest resemblance to the previously experience trauma. As a result of this, they begin to constrict their scope activity, social ties and civilian functioning (Violanti, 1997). This can be seen as detrimental to the police officer's wellbeing as the residual trauma is now carried over into the new environment of the separated police officer (Violanti, 1997).

Smit and Cilliers (1998, p.203) state the following: "Based on statistics and assuming that crimes of violence comprise homicides (murder), assaults (grievous bodily harm and common assaults), robberies (armed and otherwise) and rapes, South Africa could

be regarded as one of the most violent countries in the world". Previous research also indicated that police officers are also exposed to events such as cash in transit heists, armed robbery, mob attacks, suspect attacks, kidnapping, stolen vehicles, hi-jackings and seeing dead bodies (Dehn, 2008). In 2005, the SAPS released a statistics report for the duration of April 2004 to March 2005, which stated that there were 18 793 murders, 55 114 rapes, 24 516 attempted murders, 249 369 assaults with the intent to inflict grievous bodily harm, 5 568 of neglect and ill-treatment of children, and 126 789 robberies with aggravating circumstances took place in South Africa (Annual report on the crime situation in South Africa, 2009). These violent and traumatic conditions within which members of the SAPS work may suggest that psychological distress amongst officers could be anticipated. This is reflected by the incidence of suicide amongst the SAPS members that was mentioned earlier. However, police officers do not only face exposure to violence, but they are often victims themselves. Between 1991 and 2001, 2455 police personnel were reported killed, of which 918 were killed on duty and 1537 were killed while off duty (Bruce, 2002, as cited in Jones & Kagee, 2005).

If police officers are not able to adequately deal with the intensity and frequency of the traumatic events they encounter, they may then be vulnerable to proliferating amounts of stress which may lead to the development of various stress related disorders, for example, that of post traumatic stress disorder. The constructs of stress, PTSD and the manner in which police officers deal with stress will now be discussed in the following section.

2.2. Stress in the SAPS

According to Botha (2002), police officers today are confronted with a multitude of anthropological-existential problems. South Africa is still in a process of transformation, and police are consequently confronted on a daily basis with an unacceptable crime rate and the individual within the organisation has to cope with severe psychological problems (Botha, 2002). Even the identity of the SAPS is undergoing an intense transformation process which has implications such as the decomposition of the in-group identity (Van der Westhuizen, 2001), as well as feelings of uncertainty and insecurity (Nel & Steyn, 1997). Such negative aspects of

the profession could have detrimental effects on police, particularly increased levels of stress.

Stress is unavoidable in our modern day society. Given its invasive presence in the workplace, literally hundreds of definitions of work stress and its consequences on both individual and organisational levels have been conceptualised (Briere & Scott, 2006). Usually, the term stress is intended to convey that people are faced with demands on their behaviours' that they find difficult to meet. According to Hamilton (1986, p.13), these demands "require the injection of physiological energy, rapid processing of stimuli more infrequent and more complex than usual, and the search for responses that yield the subjectivity required level of equinamity and quiescence".

Many definitions emphasize the role of stress in that it results when the demands of various environmental conditions exceed the individual's capabilities to respond adequately in order to maintain a balanced state (Lawrence, 1984). With particular relevance to this research, such environmental conditions refer to the violence that police officers encounter in their line of work, and the consequence of exceeding their capabilities to deal with it refers to maladaptive coping behaviours such as, for example, drinking and avoiding seeking professional help. Additionally, stress has also been defined as the disruption of the equilibrium of the cognitive-emotional-environmental system by external factors (Lazarus & Folkman, 1984). Mostert and Rothmann (2006) state that stress may also be comprehended by understanding the individual's response to challenges and upsets within the environment. Stress may also be seen as a temporary adaptation process that is accompanied by mental and physical symptoms (Brill, 1984). While research on stress has burgeoned, there remains no single accepted designation of the term 'stress' (Brown & Campbell, 1993). For the purpose of clarity the convention used in the present research will be stimuli as sources of stress, stressors or exposure, and outcomes as distress or stress reactions.

In 1966, Lazarus suggested that stress should be treated as an organising concept for understanding an array of phenomena of great importance in human, as well as animal adaptation (Lazarus & Folkman, 1984). In other words, stress is not perceived as a variable but is rather perceived as a "rubric consisting of many variables and

processes" (Lazarus & Folkman, 1984, p.12). The underlying notion of Lazarus and Folkman's theory on stress is that stress is to be understood by examining the concept at multiple levels of analysis, as well as specifying antecedents, processes and outcomes which are relevant to the stress phenomena. Folkman (1984) also emphasises that stress is not the property of the environment or the person, nor is it a stimulus or a response, but it is rather a particular relationship between the person and the environment. That is to say that stress is the processes between the person and the environment.

Over the years, the term stress has evolved, and the word *stressor* was introduced in order to denote the eliciting factor. Lazarus and Cohen (1977) suggested that there are three broad types of stressors, namely, cataclysmic, personal stressors and lastly, daily hassles. Cataclysmic refers to a group of stressors which are mainly associated with natural disasters such as floods, as well as human provoked catastrophes such as war. Personal stressors include aspects such as death of a close person, divorce, loss of a job and so on. Lastly, daily hassles have been considered as background stressors – stressors that are omnipresent, present and occur frequently in the individual's life.

Many studies of police stress have focused on determining the types of stressors involved in police work and the impact which these stressors have on the officers. A study based on British police officers identified three categories of stress (Brown, Fielding & Grover 1999, as cited in Martinussen et al., 2007). The most traumatic category of stressors was exposure to death and disaster, a second factor was related to routine work such as dealing with victims and the further possibility of exposure to violence and injury (Martinussen et al., 2007). This may include notions such as gun violence whereby officers are being shot (or shot at), witnessing a fellow colleague being shot or being involved in a shoot out. The third category was vicarious stressors which entail dealing with victims of sexual crimes, and witnessing disturbing images of death (Martinussen et al., 2007). If the individual is unable to manage the impact of these stressors, then they are more than likely to be perceived as a *strain* to the individual.

Strain can be regarded as the reaction to stress, which could be either physical or psychological. Physical and psychological strain can "range from a barely perceptible

increase in pulse rate to disabling physical and emotional illness" (McLean, 1979, p.53). Strains can also be understood in terms of behavioural, psychological and physiological processes that occur under the influence of stress and disrupt normal functioning (Winnubust, 1993, as cited in Layne, 2001). Thus strain can be considered as a reaction to stress. Osipow and Spokane (1987, as cited in Layne, 2001) identified four types of strain, namely, vocational, psychological, interpersonal and physical. Vocational strain refers to the extent to which the individual has, or experiences, issues in work quality and/or output, as well as his/her attitude towards work. Psychological strain refers to extent of the psychological and/or emotional problems which is being experienced by the individual, whereas interpersonal strain encompasses the extent of the disruption (for example, withdrawal or aggressiveness) within interpersonal relationships. Lastly, physical strain includes complaints from the individual regarding physical illness and/or poor self-care habits.

It is crucial that one not only focuses on the external stimulus within a person's environment (which may elicit different responses in different people), but rather one should comprehend the subjective reaction that the individual has towards that stimulus. The subjective reaction which an individual has towards a stimulus is shaped by mediators, namely personal and social resources and coping strategies. Lazarus's (1966) model of cognitive appraisal is a theory which focuses on such mediators.

Lazarus's model of stress postulates two processes: cognitive appraisal and coping, as mediators of stress. The concept of cognitive appraisal is a central tenet in Lazarus's model. Lazarus (1966) postulates that the term *cognitive appraisal* is the interaction between the real situation and the characteristics of the individual. It is the "person's continually re-evaluated judgements about demands and constrains and ongoing transactions with the environment and his or her resources for managing them" (Coybe & Lazarus, 1980, p.150).

In Lazarus's model, there are three types of cognitive appraisal, namely primary, secondary and reappraisal (Lazarus, 1966; Lazarus & Folkman, 1984). *Primary appraisal* encompasses the judgement that individuals make regarding the personal significance that the threat has to their well-being. *Secondary appraisal* is the process

that allows the individual to evaluate his/her coping resources, constrains and options in order to ameliorate or minimise the amount of likely stress. Lastly, *reappraisal* is the evaluation of whether or not the coping methods employed have been successful. For instance, if the police officers perceive the evaluation of a stressor as threatening, then this will consequently result in the "emotional arousal of anxiety and anger, and the associated activation of the autonomic nervous system" (Mostert & Rothmann, 2006, pp. 481). If this appraisal is perceived as persistent and severe, then the consequence of the physical and psychological strain may cause adverse behavioural consequences (Spielberger et al., 2003, as cited in Mostert & Rothmann, 2006). This suggests that the way in which police officers respond to stress may be predetermined by the way in which they perceive the stressor , that is, whether they perceive it to be persistent and severe or not. Consequently, police officers may therefore employ various coping strategies in order to manage the proliferating levels of stress. Horowitz's 1976 theory about stress response syndrome illustrates the manner in which individuals (particularly police officers for the purpose of this study) cope with the physical and psychological strain (Horowitz, 1985). Horowitz's stress response syndrome theory shall be elaborated on in the following section.

2.2.1. Coping with stress in the SAPS

Lazarus and Folkman (1984, p.141) define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person". When individuals utilise a successful coping strategy, such as problem-solving, goals are then achieved, professional efficiency is augmented and a sense of existential significance is cultivated (Wiese, Rothmann & Storm, 2003). Conversely, poor coping strategies, such as passive coping, usually result in burnout and in some cases (Schaufeli & Enzmann, 1998, as cited in Wiese et. al, 2003), withdrawal coping strategies are developed (Maslach & Jackson, 1982; Maslach, Scaufeli & Leiter, 2001, as cited in Wiese, et al., 2003). There is a richer tradition of coping which notes that the active/passive dimension is not in and of itself a good or bad issue. There are times when one or the other is more appropriate and often people cycle through them (Briere & Scott, 2006). However, it is seldom too good to be completely passive, so in this context, it is acceptable.

In the realm of police stress literature, effective coping has been defined as "(a) the efficacy with which the individuals deal with their emotional responses to stressors and act to resolve the stressors, and (b) the cost of their effectiveness to the individuals" (Evans, Coman, Stanley & Burrows, 1993, p.838). Additional research conducted found that poor coping skills emerge to be a significant predictor of elevated levels of stress experienced in the line of police duty (Anshel, 2000; Beehr, Johnson, & Nieva, 1995, as cited in Pienaar, Rothmann & van de Vijver, 2007).

For the purpose of this research Horowitz's Impact of Event Scale Revised (IES-R), and its underlying theory shall be utilised in order to fully assess the symptoms of PTSD in the SAPS. The IES-R was established in 1976 based on clinical studies of psychological responses towards stressful events (Horowitz & Sundin, 2002). This theory of stress-response syndrome facilitates the understanding of how an individual proceeds through trauma, as well as the manner in which an individual deals with that stress (Horowitz & Sundin, 2002). Horowitz (1986, p.241) describes stress-response syndromes as "composites of signs and symptoms that occur after serious life events or threatening life circumstances". Some of these signs and symptoms tend to occur in unity, in coherent, empirically demonstrated clusters (Horowitz, Wilner & Alvarez, 1979; Zilberg, Weis & Horowitz, 1982, as cited in Horowitz, 1986). Horowitz and Sundin (2002) explains that these clusters usually manifest into two predominant states of mind that may succeed each other; two such responses are the *intrusive* state, and the *avoidance* (or *denial*) state.

The *intrusion* state is characterised by "reliving, repeating, and remembering the trauma as characterised by intrusive-repetitive thoughts, sleep disturbances including nightmares", while *avoidance* attempts to "prevent the re-emergence of traumatic reminiscences characterised by inattention, emotional numbing and constriction of the thought process" which collectively function in the reduction of anxiety which is associated with intrusive imagery (Kopel & Friedman, 1997, p.308). It has also been postulated that some of the most vital denial experiences may include "patterns as staring blankly into space, even avoiding the faces of others who can provide emotional support" (Horowitz, 1986, p.242). Horowitz (1986) states that numbness is not merely the absence of emotions, but it is rather a sense of being 'benumbed'. This entails the individual's perception of being surrounded by some sort of insulation

layer which separates them from any kind of interaction of emotions with themselves and with other support systems (such as family, friends and work peers) (Horowitz, 1986). This emotional blunting may modify the patterns of interaction with these support systems which may be detrimental to the individual in that their support system decreases just when they need it the most (Horowitz, 1986).

Horowitz (1986) also warns about abnormal denial which is perceived extreme avoidance. This is when the individual does not cope at all with the stressors and may consequently resort to extreme measures such as excessive drugs, or thrill seeking. However, in contrast, the intrusive phases are characterised by *hypervigilance*; this includes excessive alertness to threatening stimuli which is often evident by the individual's continuous scanning of the surrounding environment for threatening cues (Horowitz, 1986). This *hypervigilance* may prompt "startle reactions to relatively innocuous stimuli, especially if loud noises or shocking visual stimuli were part of the traumatic event" (Horowitz, 1986, pp. 243). The individual may thus clench a single muscle or even assume a protective stance. Consequently, the individual's readiness to interpret a new stimulus as a repetition of previous traumatic life events may consequently lead to hallucinations (Horowitz, 1986). If a police officer does not adequately respond to a serious life event, and allows for the proliferation of the intrusion and denial state, it may be detrimental to his/her overall wellbeing in that the symptoms of PTSD may augment and perhaps lead to the psychiatric diagnosis of PTSD.

It is however also important to note that there are individual differences present when coping with stress. Lawrence (1984) notes, that people differ in the manner in which they perceive, and respond to the same demands in different ways. It is additionally noted that the study of stress, and coping, therefore, "must consider that sequence of events which takes place between an individual and the environment, and must account for each individual's differential perception of the environmental demands" (Lawrence, 1984, p.248). Individual differences related to optimism, internal locus of control, good self-esteem, resilience and hardiness, are in turn, all linked to coping (Major, Richards, Cooper, Cozzarelli & Zubek, 1998). Individual differences and coping dispositions both play a major role in situational coping and the degree of fit between these two concepts is how individuals deal with the constraints of the

relationship (Major et al., 1998). Additionally, personality variables also account for a preference for active, task-engaged coping or a tendency to respond too poorly to work stressors. For instance, Type A personalities tend to employ different coping mechanisms than Type B personalities – for example type A individuals tend to deny that they are upset by stress, and frequently project their own feelings of tension and anxiety onto others (Havlovic & Keenan, 1995). The converse, Type B behaviour patterns have been associated with the relative absence of Type A behaviours in individuals who exhibit a dissimilar coping style which is characterised by a lack of time urgency, impatience, as well as hostile responses (Rosenman, 1990 as cited in Havlovic & Keenan, 1995). Kirmeyer & Diamond (1985, as cited in Havlovic & Keenan, 1995) found that police officers possessing Type A behaviour patterns utilise coping methods that were more active and narrowly focused whilst encountering stressful events. Gender has also, in a number of coping studies, been found to present differences in the manner in which men and women manage stress (Havlovic & Keenan, 1998). For instance, research conducted by He, Zhao & Archbold (2002) in New England , found that female police officers were more likely to utilise the following coping strategies: relying on their religious affiliations (female 61.9% versus male 35.3%), praying for guidance and strength (female 59.1% versus male 28.5%), talking with your spouse, relative or a friend about the problem (female 48% versus male 44.2%), and lastly, making a plan of action and following it (female 44% versus male 44.2%). Research conducted by He et. al (2002) also found that the major difference between male and female police officers in terms of constructive coping strategies is that male police officers rely far less on spiritual guidance and on consulting their spouse or other family members and/or friends. It can thus be noted that one needs to be sensitive to the individual differences of individuals when attempting to understand their coping patterns and preferences.

2.2.2. Occupational Stress

Occupational stress transpires when the occupational demands of the individual exceed their adaptive resources (Lazarus & Folkman, 1984). Mostert and Rothmann (2006, pp. 481) additionally define occupational stress as "the mind-body arousal resulting from the physical and/or psychological demands associated with the job". He et al. (2002) assert that occupational stress is a result of the negative exposure that police officers endure in their work environment. Such negative exposure includes a

lack of peer support and trust, family and social pressures, as well as the coping mechanisms utilised by police officers. It is evident that these notions of occupational stress extend the general theories outlined in the previous chapter to the organisational domain. For example, Mostert and Rothmann (2006) emphasize the strain or the response whereas He et al. (2002) emphasize the stressors and Lazarus and Folkman (1984) emphasize the interaction of the stressor with individual resources.

Research has categorised the stressors declared by police officers into two broad types. *Inherent police stressors* are concerned with the aspects of the very nature of police work, including violence and crime (Alexander, 1999; Kop, Euwema & Schaufeli, 1999 as cited by Wiese et al., 2003). By contrast *organisational stressors* refer to the stress resulting from certain features of the police organisation itself, and these include stressors like management style, staff shortages, inadequate resources, lack of communication, work overload and lack of social support (Kop et. al, 1999 as cited by Wiese et al., 2003).

Occupational factors may have an enormous impact on the manner in which police officers deal with violent situations in that the police culture dictates the way in which police officers should be perceived by the community and their colleagues (Lennings, 1997). For example, further research in Australia demonstrated that police may be socialized into ignoring or downplaying the emotion provoked by violence (Lennings, 1997). The police have been socialized into possessing a 'macho' image. Such 'macho' culture inhibits the expression of emotion. The consequences for those who choose to exhibit their emotions and who do not conform to the social 'macho' norm, are more than often the recipients of discrimination not only from management in terms of promotion, but also from peers and colleagues (Lennings, 1997). Consequently, they become ostracized within their organisation.

The police officer may therefore attempt to cope with the conflict between the organisation's demand that he/she be emotionless and the inevitability of having emotional responses by relying on 'mediation coping' (Bonifacio, 1991). The types of 'mediation coping' utilised by the police are cynicism, secrecy and deviance (Bonifacio, 1991). These are attempts to prevent the experiences of stress by aiming to control the impact that it may have. However, rather than effectively mediating the

conflict between the department's demands and notion that the police officer be emotionless, these coping strategies may serve to exacerbate the conflict at hand since they are creating an even larger conflict between the officer and his/her organisation (Violanti, 1981). When 'mediation coping' is not successful in preventing stress, the officer thus feels the impact of stress and therefore turns to a 'management style of coping' (Violanti, 1981). This new approach to coping includes substance abuse, such as the use of alcohol in order to relieve the effects of stress.

2.2.3. Effects of police work

There are many negative effects of police work on police officers. Police work can impact negatively on the psychological wellbeing of a police officer, as well as impacting on various organisational characteristics. Gershon, Lin and Li (2002) state that the effects of the police working environment may result in high rates of job dissatisfaction, low morale, poor productivity, high absenteeism, high turnover and illness. However, for the purpose of this study, only the psychological effects shall be discussed.

2.2.3.1. Traumatic Stress

Research conducted in South Africa showed that traumatic events that yielded the highest correlation with emotional intensity comprised of violent injury whilst on duty, pursuing an armed suspect, and lastly, responding to a scene where the death of child has occurred (Peltzer, 2001). Peltzer states that such events are highly related to stress and emotional reactions by the police. Police officers who are exposed to these stressors are at risk to develop symptoms of PTSD and its associated disorders such as acute stress syndrome (ASD) and adjustment disorders. ASD, like PTSD, begins with exposure to an extremely traumatic, or horrifying event (Peterson, Prout & Schwarz, 1991). Unlike PTSD, ASD develops sooner and abates quicker, and if left untreated it is likely it will develop into PTSD (Peterson et al., 1991). ACD may be diagnosed in people who have (1) lived through or witnessed a traumatic event, to which they (2) consequently responded with intense fear, horror or helplessness, and thus are (3) currently experiencing three or more of the following dissociative symptoms: psychic numbing, being dazed or less aware of surroundings, derealisation, depersonalisation and/or dissociative amnesia (American Psychiatric Association, 2000). Adjustment disorders is a diagnostic category for maladaptive reactions to identifiable life events

or circumstances (Peterson et al., 1991). The difference between the diagnosis of PTSD and that of the adjustment disorders is that a diagnosis of PTSD can only be given if the person exhibits characteristics of PTSD, and these include "reexperiencing the trauma, avoidance of stimuli associated with the trauma, or psychic numbing, and increased arousal (not present before the trauma)" (Peterson et al, 1991, p.116), whereas a diagnosis of adjustment disorder can be given when a person is simply not functioning well, he/she are somewhat anxious or does not concentrate or work as well as he/she usually does. It is however not as severe as a reaction as is found in ASD or PTSD

The stressful and often traumatic situations that police officers encounter make then vulnerable to the development of PTSD (Peltzer, 2001). PTSD is the best known trauma-specific diagnosis in DSM-IV-TR (Briere & Scott, 2006). The symptoms are divided into three clusters, namely, "reexperiencing of the traumatic event, avoidance of trauma-relevant stimuli and numbing of general responsiveness, and persistent hyperarousal" (Briere & Scott, 2006, p.56). It can develop after any traumatic event, but people exposed to trauma do not necessarily develop the disorder (Stephens, Long & Miller, 1997). The stressor that produces this syndrome is usually experienced with intense fear, terror and helplessness (American Psychiatric Association, 1994). PTSD broadly includes the following characteristics: (a) exposure to a traumatic situation; (b) a re-experiencing of the traumatic event; (c) the avoidance of certain stimuli associated with the traumatic event; and (d) symptoms of increased arousal (American Psychiatric Association, 2000). It is not surprising that this debilitating psychological reaction is highly prevalent among police officers as a result of their high exposure to extreme stressors (Jones & Kagee, 2005). Strachan (1993, as cited in Kopel & Friedman, 1997) states that in 1993, 700 members of the SAPS were declared as medically unfit and were forced to retire as a result of stress-related psychological disorders. However, not all police officers are equally likely to develop PTSD, which makes it an extremely complex disorder. There are various mitigating factors that can shield police officers against the development of PTSD, including social support from their family, community and organisation (Marais & Stuart, 2005). However, research by Crank and Caldero (1991) postulate that it is the police organisation which prevents the police officers from employing relevant coping strategies and thus

the organisation has been perceived as the overwhelming source of stress amongst police officers.

It can thus be comprehended that there is not one single manner in which police officers can shield themselves against PTSD, and that there are various means in which they can cope with the demands of the environment. Therefore, the idea of linear progression in coping is not common in the literature. More typically, coping is either seen as stressor-based or flexible with the individual alternating between different styles of coping (Lazarus & Folkman, 1984). In this case, it may be argued that some of the mechanisms which may resolve the crisis are not available due to the organisational culture. Even though debriefing teams and psychologists are made available to police officers, Lennings (1997) infers that police officers are reluctant to unburden fully in such situations as they fear the lack of confidentiality.
Numerous studies of PTSD on police officers have concluded that the 'macho' image and police culture has resulted in the use of denial or psychic distancing as mechanism in order to cope with proliferating levels of traumatic stress (Gersons, 1987; Manolis & Hyatt-Williams, 1993; Williams, 1987, as cited in Kopel & Friedman, 1997). Police officers have often been found exaggerating their abilities in that they believe due to their physical strength and ruggedness, they are invulnerable and able to handle any danger that arises (Williams, 1987). This is ironic because these behaviours can protect the police officers physically in a dangerous situation, however it can emotionally distance them, thus increasing their chances of manifesting symptoms of PTSD. Additionally, Moran and Britton (1994) state that within time, police officers' coping abilities diminish with increased exposure to pain, death or suffering and police officers consequently become psychologically debilitated. It can thus be noted that the importance of counselling is a pivotal process for police officers to manage any stress that they encounter in order to avoid any psychologically issues.

2.2.3.2. Suicide

Suicide ideation is a constituent of suicidal behaviour, and can be defined as "the domain of thoughts and ideas about death, suicide, and serious self-injurious behaviour (Pienaar et al., 2007, p.247). It includes thoughts related to the planning, conduct and the outcome of suicidal behaviour, and predominantly relates to the

thoughts regarding the responses of other people. As previously mentioned, the suicide rates amongst police officers are alarmingly high - between 2000 and 2005, 506 police officers committed suicide (Ndlovu, 2007). In June 2003, Pienaar and Rothmann conducted research on suicide ideation amongst a sample of 1794 police officers in South Africa. They found that those police officers who did not employ approach coping strategies and religious affiliation, and tended to avoid any stressful situations were found to be more inclined to think about suicide. One could hence assume that the importance of relevant coping strategies, for instance, seeking professional help, is a key aspect in ameliorating the impact of trauma. Consequently, such high numbers of suicide ideation could thus warrant prompt action from those wishing to minimise the impact of the traumatic incidents found within the police environment.

2.2.3.3. Substance Abuse

Substance abuse can be described as "the unhealthy and excessive use of any material apart from food or therapeutic dose of medications which, when taken into the body, has the ability to modify its' functions, or adversely affect the mind and the body" (Al-Kandari, Yacoub & Omu, 2001, p.78). It is a wide conception that alcohol eases pain, alleviates fear and provides relief for anxiety, and perhaps even pain (Olivier & Venter, 2003). It is thus not startling that police officers use (and even misuse) alcohol in order to cope with the stressful challenges that they face on a daily basis.

Lennings (1997) suggests that the use of alcohol (even excessively) suggests that police officers attempt to control the emotional reaction that they have towards an event by either displacement or avoidance. Bonifacio (1991, p.165) claims that police officers use alcohol to cope with the proliferation of stress as alcohol "alleviates painful anxiety and depression because it is a quick effective, legal, and approved by his peers as a sign of strength rather than weakness". Alcohol is also perceived as a substance that depresses the central nervous system which is used to calm any nerves (Bonifacio, 1991). The consumption of alcohol allows the police officer to relieve him/herself from being aware of any distressing events (Dehn, 2008). Consequently, this denial can be seen as a symptom of PTSD.

2.3 Perceived Organisational Support

While the constructs of exposure to violence is important, this work also acknowledges that organisational factors (and the purpose for this study, perceived organisational support) may play a role in how police officers manage their stress. A study of American police officers indicated that organisational factors such as poor management, working conditions and lack of social support are more frequently recognized as negative stressors as opposed to potential violence or exposure to human misery (Storch & Panzerella, 1996). This means, in addition to experiencing job-related stressors, there is a presence of abusive treatment in the workplace and a general lack of social support.

It is thus vital to comprehend the impact that perceived organisational support has on the ability of police officers to deal with traumatic incidents. To feel supported and recognised is an important factor in alleviating the feelings of vulnerability and acts as a sort of "trauma membrane" (Lindy & Titchener, 1983). The trauma membrane can be perceived as the social support that surrounds the trauma victim. Without this surrounding social support, an individual's coping resources become depleted, and the effects of the traumatic effects are able to permeate the individual, and may consequently produce detrimental effects. This lack of support allows the traumatic memories to continue preying on the individual's mind, and may be expressed as anger, withdrawal, or otherwise disrupted and disrupting behaviour (McFarlane & Van der Kolk, 1996). A study conducted by Solomon and Hom (1986) found that the more support that police officers acquired from fellow colleagues, supervisors and administration, the less post-shooting trauma occurred. Therefore, it is vital that notions of perceived organisational support be understood in order to unearth ways in alleviating the detrimental effects of trauma.

Perceived organisational support (POS) refers to the employees' perceptions regarding the extent to which the organisation values their contribution and is genuinely concerned about their wellbeing (Eisenberger, Huntington, Hutchinson & Sowa, 1986). POS has been found to have pertinent consequences regarding the employee performance and wellbeing. POS is thus assumed to be a global belief that employees form with regards to their valuation by the organisation (Eisenberger, Jones, Aselage & Sucharski, 2005).

According to the organisational support theory, the development of an individual's POS is encouraged by an employee's affinity to assign their organisation humanlike characteristics (Eisenberger et al.,1986). As suggested by Levinson (1965, as cited in Rhoades & Eisenberger, 2002, p.698), this personification of the organisation is sustained by "the organisation's legal, moral, and financial responsibility for the actions of its agents" and is additionally supported by "organizational policies, norms and culture that provide continuity and prescribe role behaviours", and lastly by "the power the organisation's agents exert over individual employees". That is to say, the manner in which an organization attends and treats its employees with regards to the above, will ultimately decide whether the employees views their favourable or unfavourable treatment as an indication of the way in which the organisation regards them (Rhoades & Eisenberger, 2002).

The theory of organisational support proposes that in order to determine the organisation's willingness to reward increased work effort and to meet socioemotional needs, employees need to develop universal beliefs concerning the extent to which the organisation values their contribution, and is concerned about their wellbeing (Eisenberger et al, 1986; Shore & Shore, 1995 as cited in Rhoades & Eisenberger, 2002). Therefore, POS is valued as the assurance that aid will be readily available from the organisation when it is required in order to carry out one's job effectively, and thus be able to deal with stressful situations (Rhoades & Eisenberger, 2002). This social exchange stance maintains that on the basis of norm reciprocity, employees trade their effort and dedication to their organisations, in turn for tangible incentives such as pay and fringe benefits, as well as socioemotional benefits such as esteem, approval and caring (Blau, 1964; Eisenberger et al., 1986 as cited in Shanock & Eisenberger, 2006). It has also been proposed that POS is influenced by "various aspects of an employee's treatment by the organisation, and would, in turn, influence the employee's interpretation of organisational motives underlying that treatment" (Eisenberger et al., 1986, p.501). Eisenberger et al., (2005) postulate that it is vital that the favourable treatments that are provided to the organisation's employees, be perceived as voluntary if they wish to influence the employees' feelings of support. There are three forms of favourable treatment that enhance POS, namely, fairness, supervisor support and human resource practices (such as organisational rewards)

(Eisenberger et al., 2005). However for the purpose of this research, only supervisor support shall be discussed.

According to the organisational support theory, employees generate an overall perception of organisational support by integrating the favourable treatment received from the various organisational supervisors and divisions (Eisenberger et al., 2005). The theory assumes that treatment received from the organisational supervisors contributes towards POS to the extent that the representatives' actions are considered to be sanctioned and promoted by the organisation, as apposed to it being idiosyncratic motives of the representative (Eisenberger et al., 2005). This means that the employees believes that the organisation is genuinely concerned for their wellbeing, and is not behaving in such a manner for personal organisational inclinations. Additionally, since supervisors act as representatives of the organisation, the subordinates tend to attribute the supportiveness of the supervisor to the organisation rather than solely to the supervisor's personal motives (Shanock & Eisenberger, 2006). Consequently, subordinates' POS can be seen as being influenced by perceptions of the supervisor's support. Research on a sample of 527 New Zealand police indicated that talking about a traumatic event with friends and supervisors had the strongest negative association with symptoms of traumatisation (Stephens et al., 1997). This indicated that the support of both friends and superior officers appear to be helpful in ameliorating the effects of traumatic events. Additionally, research conducted on 97 SAPS members indicated that perceived social support accounted for nearly 43% of the variance explained in PTSD scores, indicating that this variable is a significant predictor of PTSD (Jones & Kagee, 2005). It can thus be deduced that should a police officer perceive there to be adequate social support, he/she will not feel reluctant to step forward to ask for help in dealing with traumatic events. It may therefore be supposed that should police officers possess these perceptions, the likelihood of them utilising IHC services would increase as a result from the social support from their supervisors and colleagues.

In addition to its relation to traumatic stress, POS is also related to other important organisational outcomes including organisational commitment, strains and withdrawal behaviour (Rhoades & Eisenberger, 2002). Additionally, a considerable amount of evidence indicates that employees who possess high levels of POS experience their

jobs more favourably, for instance, demonstrating increased job satisfaction, positive mood and reduced stress, and are additionally more invested in their work organisation (Eder & Eisenberger, 2008). In this end, one can ascertain that should an employee possess a positive regard for his/her organisation, in this case, POS, one may therefore assume that the employee will have increased organisational commitment.

Organisational commitment can be defined as the process whereby an employee identifies with the organisations and its goals, is willing to exercise effort on behalf of the organisation, wishes to maintain a membership within the organisation, as well as the extent to which the employee is loyal and dedicated to the organisation (Cartwright & Cooper, 2002). However, if the employee perceives the organisation to be lacking in support, then the employee's faith in the organisation to help him/her in times of distress, will ultimately diminish, therefore resulting in reduced organisational commitment. A study in Australia found that low levels of POS are detrimental to both the organisation and the individual employee (Currie & Dollery, 2006). This may result in emotional exhaustion, depersonalisation, and decreased trust towards the organisation. Additional research on the Local Criminal Record Centre (LCRC) of the SAPS indicated that members perceive commitment from the SAPS when they possess adequate resources to deal with stress (Rothmann & Jorgensen, 2007). The members indicated that when they perceived the organisation meeting their resource needs, valued them and looked after them, they are more committed to the organisation. Consequently, the findings indicated that individual commitment to the organisation moderates the effects of stressful work relations on psychological ill health (Rothmann & Jorgensen, 2007). It can thus be said that a police officer is more than likely to seek support from the organisation of he/she possesses high levels of POS, particularly in the realm of commitment.

POS is also expected to reduce aversive psychological and psychosomatic reactions (i.e. strains) towards stressors by specifying the availability of material aid and emotional support required when needed to face high demands at work (George et al., 1993; Robblee, 1998, as cited in Rhoades & Eisenberger, 2002). It has been postulated that POS could also decrease employees' levels of stress at both a high and low exposure to stressors (Viswesvaran, Sanchez & Fisher, 1999, as cited in Rhoades

& Eisenberger, 2002). This indicates that POS has a substantial effect on the way in which individuals can manage stress within the workplace and can additionally be viewed as a support system for the individual.

However, individuals possessing low levels of POS may demonstrate the presence of withdrawal behaviours. Withdrawal behaviour refers to the employees' reduced participation within the organisation (Rhoades & Eisenberger, 2002). These include behaviours such as turnover intention, tardiness, absenteeism, voluntary turnover and engaging in non-work-related conversations. Thus in order for employees to maintain adequate levels of POS, organisations need to continually be aware of the emotional standing of their employees.

A study conducted by Carlan and Nored (2008) on 1114 police officers in the state of Alabama found that police departments promoting counselling, benefit from police officer stress reduction. The study also found that police officers working in supportive counselling environments have significantly less stress, reduced need for counselling and showed a greater willingness to use counselling. The organisational working environment is imperative to the formation and maintenance of police stress (Carlan & Nored, 2008). It can therefore be said that if a police officer perceives the organisation to be lacking in social support, he/she may feel reluctant to use any counselling facilities as he/she may rather seek external help where he/she believes that other individuals may be more concerned about his/her wellbeing than the actual organisation. Conversely, if they believe the organisation is providing social support, then the police officers may feel less reluctant to step forward and ask for help as they genuinely believe the organisation cares for their wellbeing. Perceived organisational support is imperative in a police officer's stressful environment, as it is this support that will ultimately facilitate the police officer's handling of any stress experienced.

2.4. Counselling Services at the SAPS

Workplace counselling can be defined as the provision of brief psychological therapy for the employees within the organisation which is paid for by the employer (McLeod & Henderson, 2003). The South African Police Service (SAPS) established a Division Personnel Services in 1999 (Crime Information Analysis Centre, 2009). The division consists of three components: namely Employee Assistance Services, Personnel

Provisioning and Maintenance, and lastly, Service Terminations and Behaviour Management. The Personnel Provisioning and Maintenance is concerned with the recruitment, selection, appointment and transfers of police officers within the SAPS, while Service Terminations and Behaviour Management manages medical absenteeism, service terminations and behaviour management in the SAPS. In 2003, The Employee Assistance Services (EAS) was incorporated into the Division Personnel Services, and its main component is to render social, psychological and spiritual services to all members of the SAPS and to manage the EAPs, HIV/AIDS programmes, disability programmes and sport in the SAPS. The EAS consists of the following components: Social Work Services, Spiritual Services, HIV/AIDS Management, Disability Management and Music, Sport and Recreation (as of 2009/07/01) and Employee Assistance Programmes (Nothnagel, 2009)*

In 1999, the psychological services trained some 500 persons in informal debriefing to provide 24/7 debriefing to all SAPS members (Personnel Services Achievements, 2009). They focused their services on individual employees and their social problems. The EAS that was developed in 2003 also operates on a 24/7 access emergency facility where employees can call the support centre's toll-free number or go to a centre where counsellors will assist them. The difference between the on-site counselling services and the EAS is that the psychological services are found on-site and specifically deal with police officers' individual problems. Conversely, the EASs assist employees by referring them to places or institutions where they can receive professional help for their specific problems (PSC, 2007).

Previously before these services were developed, in September 1998, the SAPS psychological services launched a R4 million suicide prevention project (Masuku, 2000). The project focused on training counsellors and expanding the SAPS stress management services. Research indicated that the SAPS counselling service is most utilised by police officers in provinces such as the Western Cape, Mpumalanga, Free State and the North West, while conversely, in the Northern Cape, Kwazulu-Natal, Gauteng, Eastern Cape and Northern Province, services are under utilised (Masuku, 2000). The total number of sessions conducted by SAPS psychological services in

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1998 and 1999, were 5778 and 9674 respectively (National Assembly Parliamentary Question No. 522, March 2000, as cited in Masuku, 2000). Yet, they do not account for the reasons as to why some provinces reported under utilisation. Although the project was initiated in 1998, one cannot be certain whether or not under utilisation still continues as there has been no access to other studies. However, studies conducted last year suggest that under utilisation continues (Dehn, 2008).

Under utilisation could also be due to the frequently changing names under which the counselling services exist. The SAPS psychological services have existed since the 1980's, and was previously known as the Institute for Behavioural Services (Nothnagel, 2009). It then changed to Industrial Psychology and Psychological Support Services in 1995. However it then continued to change again to Psychological Services in 1997, then Employee Assistance Services (EAS) in 2001, and now in 2009, it has changed again to Employee Health and Wellness. Could all these changes have a negative impact on service up-take? In a previous study, SAPS personnel stated that they were not aware about the in-house counselling services (IHC) (Dehn, 2008). Perhaps these services need to be remarketed in order to adequately inform the police officers of their services.

Another major concern within the SAPS counselling services is the massive shortage of professional psychologists. At present, in Gauteng, there are only two psychologists employed in the EAS, one being a Counselling Psychologist and the other being an Industrial Psychologist (Nothnagel, 2009). Additionally, both of these psychologists are in managerial positions so this means that almost no counselling or therapy is available to the SAPS personnel. This has a huge impact on the SAPS personnel attitudes and/or attendance to any other possible services provided by IHC services (Nothnagel, 2009). However, funds are made available to SAPS members to attend to private psychologists, if needed (Nothnagel, 2009). Nothnagel (2009) also mentioned that many of the SAPS personnel will attend to private psychologists due to the shortage of in-house psychologists, which additionally do not have sufficient time for long-term, individual assistance, but these in-house psychologists do assist with Multiple Stressor Programme for groups.

In 2009, the ratio of police officers in South Africa to psychologists is 1:500, however, in Gauteng, the two psychologists represent a ratio of 1: 18 500 police officers (Nothnagel, 2009). Such a lack of professionally trained psychologists poses a major problem for the SAPS in that police officers are not able to fully rely on the SAPS for individual assistance, and therefore impact on the counselling up-take in the other IHC services provided by the SAPS.

2.5. Lack of Counselling Up-Take and Theory

Evidence indicates that support is available, but is not necessarily used. In the EAP realm, research indicates that one of the major reasons that police officers are reluctant to use the counselling services is because of confidentiality (Emmot, 1994; Barren, 2005). Emmot (1994) explains that police are reluctant to use the counselling services as there is occasional conflict with police managers who ask for details of particular cases. In addition to this, police officers are wary of their colleagues, and are concerned about confidentiality in group settings (Faull, 2008). People are worried about possible discrimination or social issues. Recent research by Larcombe (2006, as cited in Larcombe, 2007) which investigated British police officers' experience of counselling provision, ascertained that an array of misconceptions, misunderstandings and negative stereotypes of counselling still exist. Other several reasons may also account for the supposed resistance to help-seeking, especially to mental health assistance.

Berg, Hem, Lau and Ekeberg (2006) postulate that one such reason may be that police officers are trained and expected to be problem solvers and be able to control their emotions, work situations, as well as other people's problems whilst on the job. The 'professional' attitude may therefore apply to all the police officers' life domains, that is if the police officers are to endure personal problems, they do not seek help but rather attempt to solve them on their own (Berg et al., 2006). It may thus be difficult for the police officers to shift their mind set to one where they feel comfortable divulging their own personal problems. A police officer's natural inclination would thus be to use an internal coping strategy rather than to seek social support.

It has also been claimed that the police organisation itself possesses an innate culture wherein they do not want police officers to admit that they have problems (Berg et al.,

2006). This implies that police officers are within an occupation that produces high risk factors for health and wellbeing while simultaneously culturally discourages any help-seeking behaviour (Ganster & Duffy, 2005 as cited in Berg et al., 2006). It has also suggested that police officers have a tendency to distance themselves from other service personnel available as they feel as though non-police will not be able to understand their problems and thus may not be able to help them adequately (Bonifacio, 1991; Dehn, 2008). This consequently may reinforce mistrust and negative attitudes regarding seeking help from outside the police force.

The research conducted on British police (as mentioned earlier) revealed that police officers remarked that the cultural fit of the overall image of counselling with that of the perceived organisational culture was an issue for them (Larcombe, 2007). Locke (2004, p.12, as cited in Larcombe, 2007) clarifies that the macho organisational culture is entrenched in the assumption that a tough job entails tough people to do it that that being 'tough' connotes that "you do not suffer from emotional stuff as only wimps have that problem". It has also been indicated that the quality of police communication within the organisation is relatively poor. Evans, Cornan and Stanley (1992, as cited in Stephens et al., 1997) explain that there is a general tendency for police officers to show minimal caring or respect for each other's feelings, and thus the sharing of emotional experiences in a characteristic of support that is not often found in police culture. Other research conducted by Carlan and Nored (2008) on 1114 police officers in the state of Alabama found that police officers were reluctant to use counselling services and/or to share fears and anxieties with fellow colleagues. This suggests that they feared the stigma associated with the need for stress counselling. The police officers also reported that they feared being labelled as weak or unfit if they seek out psychological interventions, while others indicated their concern of confidentiality being breached (Dowling, Genet, Moynihan, 2005; Church & Robertson, 1999 as cited in Carlan & Nored, 2008). The study also found that department counselling opportunity had a major influence on police stress and the stigma associated with counselling. Carlan and Nored (2008) found that those officers who worked in departments where counselling opportunities were made available, reported diminished levels of stress and the need for counselling in comparison to those officers working in departments not offering counselling. This previous research indicates that stigma and confidentiality are one of the reasons as to why police

officers are reluctant to use counselling units. Additionally, it may be suggested that departments which provided counselling units may help to ameliorate the effects of stress.

Additionally, various demographics have been found to effect service take-up. Such demographics include language, race, length of service, age, rank and gender (Dehn, 2008; Faull, 2008; He et al., 2002). For the purpose of this study, only language, gender, age, rank, race, and length of service will be focused upon when analysing trends for service up take and perception of IHC services. The reason for only using these demographics is that work conducted by researcher in a previous study found that these demographics were some of the most prevalent reasons as to why police officers were reluctant to seek help.

In a workshop on assessing diversity in the police environment, Faull (2008) found that language was a central issue in the police officers' working lives. Some individuals were reluctant to speak in another language for fear of being ridiculed for their language errors, while previous research indicated that police officers were reluctant to use counselling services as the facilitators did not communicate in the police officers' first language (Dehn, 2008). Age has also been seen as a factor which may impact on a police officer's reluctance to utilise counselling services. Research on ambulance personnel revealed that higher age was significantly related to seeking help, which may therefore reflect a higher level of mistrust and concern about anonymity among the younger employees or the lack of trust about these services to new employees (Sterud, Hem, Ekebery & Lau, 2008). However, research conducted on 3272 police officers in Norway revealed that help-seeking was largely unaffected by age (Berg et al., 2006). In this end, the general trend is that age is positively related to help-seeking, but there are a few exceptions.

Previous research conducted on male police officers from the Midrand headquarters also indicates that police officers rely on religious affiliations in order to deal with stress, and feel as though that that is where they will gain their strength to deal with stress (Dehn, 2008). As previously indicated, research revealed that there is a difference between male and female police officers when using constructive coping strategies (He et al., 2002). Far fewer male officers relied on spiritual guidance,

family or friends, than females. Such research may help therefore explain why female police officers are far more willing to utilise counselling services than their male counterparts. Thus, gender difference in help-seeking behaviour is a grave concern (Cheung, Leung & Tsui, 2009). Research has indicated that men are less likely than women to seek help for an array of psychological and medical attention (Commonwealth Fund, 1998; Tudiver & Talbot as cited in Cheung et al., 2009). An additional study of why men do not seek help is attributed to some personal barriers related to a man's traditional social role characteristics (Tudiver & Talbert, as cited in Cheung, et.al, 2009). These include a sense of immunity and immortality, difficulty in relinquishing control, and lastly, a belief that seeking help is unacceptable and that men are not interested in prevention.

Research conducted on a sample of 3272 police officers in Norway postulate that the presence of a masculine stereotype may influence male police officers to be more reluctant in seeking help, and found that more women than men sought help from professionals than their counterparts (Berg et al., 2006). Additionally, it may be assumed that the masculine stereotype does not make way for help-seeking behaviour, even if the help is essential and could be available (Moller-Leimkuhler, 2002, as cited in Berg et al., 2006). It has been said that men generally report a better subjective health and fewer somatic, emotional and depressive symptoms than their female counterparts (Berg. Et. al, 2006). This notion can be viewed in two ways: either the lack of help-seeking behaviour represents a higher quality of life and health in men, or conversely, it may characterize male police officers' health illiteracy in that they have the inability to gain access to, understand and utilise information in a way in which that promotes optimal health (Moller-Leimkuhler, 2002; Jorm, Krten, Rodgers, Pollitt, Jacomb, Christensen & Jiao, 1997 as cited in Berg et al., 2006). This evidence may suggest that men may be more reluctant to seek help than their female counterparts due to their willingness to protect their masculine identity, and/or perhaps maintaining a stance of 'ignorance is bliss'. However, research to examine the differences in the impact of stress among male and female police officers is minimal (He et al., 2002).

Few empirical studies have investigated help-seeking behaviour in the police services (Bonifacio, 1991; Berg et al., 2006; Carlan & Nored, 2008; Dehn, 2008). More

research needs to be done in order to assist those men and women who put their lives on the line for society each and every day.

2.6. Conclusion

This literature review has defined concepts such as traumatic exposure, stress, coping, occupational stress as well as POS within the context of police officers, and more particularly in the context of the SAPS. In doing so, the literature aids one in further understanding that the personal meaning that individuals associate with traumatic experiences is influenced by the social context in which they occur as well as perceived social support, and in this case, POS. The police organisation has the potential to act as protective *trauma membrane* for police officers and so, may alleviate the detrimental effects of exposure to trauma. In understanding the police officer's point of view with regards to IHC services, stress, trauma and POS, one may finally understand the underlying factors as to why the police officer may or may not utilise the support services provided by the SAPS.

CHAPTER 3

METHOD

3.1. Aim

The primary aim of the research presented here is to understand police officers' perceptions of in-house counselling services (IHC) and the willingness to use them. In particular the study aims to identify the range of perceptions to see if this varies by demographic variables and importantly, to examine if this is related to perceptions of organisational support. The context of the study, namely police officers on active duty, suggests that the counselling services will have an important role in managing the traumatic stressors which are a significant component of the job. To this end, the degree of traumatic exposure is also examined with a view to understanding its relevance to the primary aim.

The study will build on previous research (Dehn, 2008) which has suggested that take-up in this population is low, with a view to exploring some of the reasons for the lack of take-up.

3.2. Research Design

This study is considered to be a survey with both open and closed elements. It is primarily quantitative and describes the relationship between demographics and perceptions of IHC services, the relationship between support and police officers' perceptions of IHC services, and lastly, the relationship between traumatic events on POS and police officers perceptions of IHC services. The study is also cross sectional, non-experimental in nature which is important for not enabling a clear causal link between perceptions and other factors.

3.3. Population Sample

Non-probability sampling will be utilised to select the participants. Non-probability samples consist of people that the researcher finds it convenient to collect data (Whitely, 2002). The reason as to why only police officers with at least one year's working experience in the SAPS is due to the notion that officers with at least one year's working experience would have had sufficient experience of the job and as such have a reasonable opportunity to desire or require exposure to IHC services.

The participants comprise of 65 police officers, 55 male and 10 female, between the ages of 24-53 from the Midrand headquarters, as well as various departments within the Gauteng flying Squad. This study includes both males and females as the researcher hopes to distinguish whether there was a difference in scores regarding the perceptions of IHC services, POS, IES-R as well as whether there is a difference in the manner in which males and females dealt with or managed stress.

3.4. Research Questions

The following research questions are explored in the study:

1) How do demographics impact on police officers' perceptions and the use of in-house counselling (IHC) services?
2) What is the relationship between perceived organisational support (POS) and police officers' perceptions of IHC services?
3) What is the relationship between traumatic events, symptoms of PTSD and organisational support with police officers' perceptions of IHC services?

3.5. Procedure

In order to conduct this research, permission from the University of the Witwatersrand research committee had to be obtained. Once it was obtained the relevant Superintendent at the Provincial Department in Parktown was contacted in order to obtain permission to conduct the research at the Midrand headquarters (Appendix 1). Once the permission was obtained (Appendix 2), information letters informing participants about the study and inviting participants were given to the SAPS (Appendix 3), who then distributed the information letters to all the permanent officers within the Gauteng province, within the jurisdiction of Senior Superintendent Naicker. The information sheet explained the purpose of the research and how it was executed. It also invited all employees to participate in the study. It clarified that participation was voluntary, confidential and anonymous. The relevant Senior Superintendents of the Midrand headquarters was also contacted in order to arrange a time, day and place as to where the police officers could complete the questionnaires in order to avoid any complications of lost questionnaires and/or confidentiality. The questionnaires took about 30-40 minutes to complete. The researcher was present at all the arranged days in order to explain to the participants the purpose of the study, and to answer any questions that arose. Once the questionnaire had been completed,

the questionnaires were placed in an envelope provided and deposited in the sealed box provided in a designated area stipulated by the researcher. Participants were not required to provide any identifying information thus ensuring anonymity. Furthermore, because demographic information was requested, which may in some instances be identifying, only the researcher had access to this information. The completed questionnaires were collected from the sealed box at the end of the session. This was to ensure that no one had access to the completed questionnaires, and thus ensuring confidentiality. Only grouped data was reported, further ensuring confidentiality.

3.6. Instruments

Demographics (Appendix 4): The following demographics constituted parts of the biographical questionnaire as a questionnaire item: gender, age, length of service, language, rank, race and religion. The demographic questionnaire also contained various open ended questions in order to create a content analysis regarding the manners in which police officers manage and/or deal with stress, as well as focusing on the reasons as to why they would/would not/are using IHC services.

Perceptions of IHC services (Appendix 5): These perceptions were concerned with the personal perceptions that police officers have towards the services of the SAPS's IHC services. The measurement of police officers' perceptions of the IHC services was employed by a self developed questionnaire. With regards to the self developed questionnaire, a pilot study was conducted. The pilot study assisted in the initial development of the scale and provided a level of certainty that the scale would be appropriate for the larger study. The pilot study was administered to 11 permanent police officers who have had at least one years working experience so that they have had some exposure to violence. Questions (Appendix 6) such as "Did you have any difficulty in understanding the instructions?" and "Do you feel as though the questions are appropriate with regards to the topic?" were asked in order to assess the face validity of the scale. The pilot study yielded a reliability estimate of 0.78. The scoring range of the scale is 0 to 50. Items 5, 8 and 9 were reversed as a high score on these items would yield a negative perception of IHC services, whereas high scores on items 1, 2,3,4,6 and 7 would yield a positive perception of IHC services. No changes were made as a consequence of the pilot study. The only addition was the definition of IHC services.

Use of IHC Services (Appendix 7): This scale was concerned with the personal perceptions that police officers have towards the potential up-take of IHC services provided by the SAPS. The measurement of police officers' potential uptake of the IHC services was employed by a self developed questionnaire. Participants were presented with two possible options to the statements, *Yes* which is given a score of 1, and *No* which is given a score of 0. The range of this scale is from 0 to 7, where high scores indicated a positive regard for IHC services and the potential up-take of them and low scores indicated minimal or no potential up-take of the IHC services prpvided by the SAPS.

Perceived Organisational Support (POS) (Appendix 8): POS is concerned with the extent to which an individual believes the organisation is valuing his/her contribution and is concerned about their wellbeing (Eisenberger et al., 1986). Respondents indicated the extent of their agreement with each point on a 7-point Likert scale (1=*strongly agree*, 7=*strongly disagree*) to indicate the extent of their agreement with each item. However for the purpose of this study, the 17 item revised scale was used, with a score ranging from 0 to 119. The 17 items are high loading items from the original POS with factor loadings ranging from 0.60 to 0.84 (Eisenberger et al., 1986). Additionally, the following items are reversed in the 17 item scale: 3, 6, 7, 10, 13 and 14 (Eisenberger et al., 1986).Unfortunately, no norms for the ranges of the scores have been established (Eisenberger, 2009*). Eisenberger et al. (1986) state that in order to control for agreement control bias, some of the items were positively worded and some were negatively worded. The items in the scale address issues such as the organisation's satisfaction with the employee's performance, replacing the employee with a lower paid, new employee, appreciation of the employee's extra effort, consideration of the employee's goals and opinions, consideration of the employee's well-being and lastly organisations responses to the employee's possible complaints (Eisenberger et al., 1986).

The revised scale was selected based on its applicability to the study, particularly those items referring to a police officer's perceived perceptions of the SAPS towards his/her wellbeing. The shortened version of the scale is acceptable due to the high

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factor loadings, and additionally, the authors have utilised the shortened version of the POS to satisfy their own studies' evaluations, and thus produced acceptable reliability estimates of 0.97 and 0.83 respectively (Eisenberger et al., 1986; Eder & Eisenberger, 2008). Additionally, prior research has consistently indicated the presence of a high internal reliability and unidimesionality of the POS (Eisenberger et al., 1986; Eisenberger, Fasolo, & Davis-LaMastro, 1990; Shore & Tetrick, 1991).

Exposure to Traumatic Events (Appendix 9): This questionnaire was concerned with the events that police officers have been exposed to in the line of duty, and/or their colleagues and/or their family members have been exposed to (Greyling, 2009[1]). This questionnaire has been developed for the purpose of an unpublished PHD research, and however posses no psychometric threats. For the purpose of this study, some of the trauma items were adjusted in order to relate to the study. The questionnaire also had various open ended questions on order to assess how the individual experienced the trauma within the last year. The scale produces various data which indicates the whether the traumatic exposure was direct or indirect, the relationship of the subject to the individual directly exposed, the relationship of the individual exposed to the trauma to the most salient individual, the degree of threat to life or integrity, degree of crime severity, the expectation of events and lastly, the overall severity of the crime. Details of the anchors for the overall severity are as follows: A simple rating of 1 to 5 was given to each of the events, where 1 indicated a minor event unlikely to be of relevance, 2 indicated a minor to medium severity event which had some slight relevance to the participant, 3 indicated a medium severity event which involved crimes that involved close family and friends, a score of 4 indicated a high severity event and was allocated to those events where weapons were used or individuals were physically assaulted and a score of 5 indicated an extreme event highly likely to result in a PTSD diagnosis (Greyling, 2009[1])

[1] Personal communication to Mr Mike Greyling: University of the Witwatersrand, Private Bag 3, Wits 2050. Tel: (011) 717-4534. Email: Michael.Greyling@wits.ac.za

Symptoms of PTSD (Appendix 10): PTSD is a common anxiety disorder that develops after exposure to a terrifying event in which grave physical harm occurred or was threatened (Horowitz, 1986). The IES-R is a revised version of the Impact of Event Scale (IES), which now contains seven additional questions and a scoring range of 0 to 88 (Horowitz & Sundin, 2002). High scores that exceed 24 are strongly associated with a PTSD diagnosis. The cut-off scores can be illustrated and understood by referring to Table 1.

Table 1: Score (IES-R) consequence

24 or more	PTSD is a clinical concern. Those with scores this high who do not have full PTSD will have partial PTSD or at least some of the symptoms.
33 and above	This represents the best cut-off for a probable diagnosis of PTSD.
37 or more	**This is high enough to suppress your immune system's functioning** (even 10 years after an impact event). On the original IES, a comparable score would be approximately 39.

(As cited by Asukai & Katoo, 2002; Creamer, Bell & Falilla 2002; Kawamura, Yashikaru & Nozamu, 2001, in Reed, 2007)

The IES-R consists of three subscales: intrusion, avoidance and hyper-arousal scales (Weiss & Marmar, 1997). Respondents are asked to rate each item in the IES-R on a scale of 0 (not at all), 1 (a little bit), 2 (moderately), 3 (quite a bit) and 4 (extremely) according to the past seven days (Weiss & Marmar, 1997). The six new items of the hyperarousal subscale tap symptoms such as anger and irritability, heightened startled response, difficulty in concentrating and hypervigilance; and one new intrusion item that taps the dissociative-like re-experiencing when experiencing true-flashback. The internal consistency of the three subscales are found to be high, with intrusion alpha's ranging from 0.87 to 0.92, avoidance alpha's ranging from 0.84 to 0.86, and hyper-arousal alpha's ranging from 0.79 to 0.90 (Horowitz & Sundin, 2002). Good predictive, content and constructive validity have been associated with the IES-R whereby correlation scores of 0.71 to 0.79 were found (Horowitz & Sundin, 2002).

3.7. Data Analysis

There were two types of data: quantitative as well as qualitative. Quantitative data was captured and analysed using the SAS System.

3.7.1. Statistical Procedures

In order to assess the direct relationships – correlations, t-tests and Anova's were used. The relationship between the independent variables (language, religion, gender and POS) and the dependent variables (Perceptions of IHC services) were assessed by means of statistical correlations. Within the trauma scale, severity was also correlated with Use of IHC services, Perceptions of IHC services, IES-R and POS. Following initial correlations, T-tests were conducted to assess the outcomes of the various scales (Use of IHC services, Perceptions of IHC services, IES-R and POS) for two groups (men and women; black and what police officers). Following initial correlation calculations, a one-way ANOVA was conducted in order to assess whether there was a difference between the language groups with regards to the various scales (Use of IHC services, Perceptions of IHC services, IES-R and POS) A brief outline of the various steps taken in the analysis is presented as follows.

3.7.2. Descriptive statistics

Descriptive statistics were utilised in order to indicate the frequencies, percentages, means and standard deviations. These statistical procedures are useful in describing various biographical characteristics. They were also used when describing the scales, the frequencies of various items on the scales, as well as indicating differences between various test groups.

3.7.3. Reliability

Cronbach alpha reliability coefficients were established for all the relevant scales of the different measures in the study: the Use of IHC services, Perceptions of IHC services, the IES-R and the POS scale. It measured the internal consistency of the scales, which is a useful way to provide information about the soundness of these measuring instruments (Huck, 2004).

3.7.4. Correlation

Correlations between all the relevant measures were established in order to assess possible associative links between the various factors. Huck (2004) defines correlation (*r*) as the degree of association between two variables. Thus coefficient is an index that ranges from -1 to +1 which reflects the direction, as well as the strength between two variables (Huck, 2004). Kerlinger (1964) states that while a correlation of .10 may be discarded, an *r* of 0.30 stands to provide crucial leads for the theory and possible future investigations. Having identified significant correlations, it was decided that further steps of calculating the analysis of variance (ANOVA) for indicated variables.

3.7.5. ANOVA (one-way)

Huck (2004) defines ANOVA as a statistical method that is used to make single inferential statements regarding the differences in the study's population means. A one-way ANOVA was used to assess whether there was a difference between the language groups with regards to the various scales (Use of IHC services, Perceptions of IHC services, IES-R and POS). A one-way ANOVA is an analysis whereby the groups are defined on solely one independent variable (Howell, 1999).

3.7.6. T-test

Kerlinger (1964) states that a t-test assesses whether group means are of a greater statistical significance than that attributable to random variation. In other words, the significance of the regression coefficient or slope is tested. Two independent sample t-tests were conducted between the group means of men and women, as well as black and white police officers in order to assess whether they influence outcomes.

3.7.7. Qualitative Data

Qualitative data was produced in the form of a content analysis. It consisted of open ended questions which allowed participants some more freedom to identify issues not necessarily covered in the forced choice responses. It therefore allowed some more depth in understanding the responses.

The demographic questionnaire as well as the Perceptions of IHC services questionnaire had elements of open ended questions. Open ended questions also encourage police officers to freely express their opinions which they might not have if

they were in the presence of their colleagues. The data was then coded into four different categories, namely, confidentiality, cultural differences, alternative processes and lastly, SAPS knowledge.

3.8. Ethical considerations

Even though participants were required to fill in their demographics, this was for assessing the independent variables in the study. Therefore, in order to maintain anonymity, the researcher was the only person who had access to their demographic questionnaires. Once the research had been completed, and the report had been finalised, the subject information sheet as well as the questionnaires were destroyed. However there were additional concerns present in this study. Since the participants had been reflecting on past traumatic events, this may have caused some remote psychological discomfort. In order to alleviate such discomfort, the participants have been referred to a free counselling unit which will be available to them with the South African Depression and Anxiety Group call centre (Appendix 11). A card with the contact details, as well as additional brochures on stress and trauma were also distributed with the questionnaires (Appendix 12).

3.9. Conclusion

In conclusion, this chapter provided an outline of the methods utilised in this study, including the details of data collection, analysis and ethical considerations. The following chapter shall therefore present the subsequent results.

CHAPTER 4

RESULTS

4.1. Introduction

The results of the study are presented in this chapter. Firstly, the composition of the sample is presented illustrated by appropriate descriptive statistics. The properties of the test instruments are examined with a view to determine the appropriate statistical procedures. The frequency of the use of IHC services, the perceptions of IHC, POS, Trauma and IES-R is presented. Mean and standard deviation scores are then presented. Pearson correlation analysis relating to the hypothesis set out in the current study will be presented in order to examine the relationship between the key variables. A one way factorial analysis of variance (ANOVA) as well as t-tests are conducted. The section then concludes with a content analysis section which illustrates the police officers reasons for or lack of service up-take.

4.2. Composition of the sample

Subjects for the study were 65 police officers from the Midrand headquarters and various departments of the Gauteng Flying Squad. The police officers in this study have at least one year experience in police work, and were currently assigned to patrol duty. Police officers were asked to participate by the researcher and the commander in charge of the Midrand headquarters. Participation was voluntary, and subjects were assured of confidentiality in their responses. The range of subjects in terms of several demographic variables verifies this: 55 were male and 10 were female; average years of experience ranged was 15.1 years (*S.D.* = 7.82, min = 2, max = 31); average age of the police officer was 37.6 years (*S.D.* = 6.55, min = 24, max = 53). Forty four (69.84%) police officers were black and 19 (30.16%) of the police officers were white. the most common religion amongst the police officers was Christian (95%), whilst the remaining 5% was attributed to Islam, Roman Catholic and Atheism. In order to gain a richer understanding of the sample, tables illustrating home language and rank are also presented.

Table 2: Language and Rank

Variables	Categories	Frequency	Percentage
Language	English/Afrikaans	22	34.38
	Nguni (Zulu/Xhosa)	16	25.00
	Sotho/Tswana	21	32.81
	Tsonga	5	7.81
Rank	Captain	4	6.25
	Inspector	33	51.56
	Sergeants	9	14.06
	Constable	18	28.13

4.3. Reliability and moments of the various scales

In Table 3, the mean, standard deviation, variance, skewness and kurtosis of the different measures in the current research are presented. The skewness and kurtosis are measures that a relevant to the normality of the observed measure and are required to fall between 1 and -1 in order to be interpreted as sufficiently close to normality (Hopkinds & Weeks, 1990).

Table 3: Moments of the scales (N=65)

Variables	Skewness	Kurtosis
IES-R	0.238	-1.177
POS	-0.115	-0.078
Perception of IHC services	-0.540	0.368
Use of IHC services	0.973	-0.372

In terms of the current research, the variable with a problematic kurtosis is the IES-R, with a kurtosis lower than -1 (-1.177). Nonetheless, the skewness level of 0.238 is acceptable. Hopkinds and Weeks (1990) note that if the degree to which kurtosis and skewness falls outside the range of between -1 and +1 is minimal, then they are within acceptable levels. In this end, it can be argued that the scales that have been utilised in this study meet the assumptions of normality especially as the sample size will likely provide justification via the central limit theorem (Huck, 2004), despite some problems discussed above.

Table 4: Reliability estimates and number of items in the various scales

Variables	Alpha α	No. of items
IES-R	0.95	22
POS	0.79	17
Perceptions of IHC services	0.75	10
Use of IHC services	0.89	7

Table 4 indicates the different Cronbach alphas and number of items recorded in the scales.

4.4. Descriptive Statistics

4.4.1. Mean, Standard Deviation Scores and Frequencies for the Use of IHC services scale

The following table (table 5) represents the mean and standard deviation scores for the Use of IHC services in the sample.

Table 5: Use of IHC services means and standard deviations

Scale	MEAN	SD
Use	4.84	2.48

Table 5 indicates, on average, that participants have the intention of using IHC services on the future if certain conditions were met. The mean of the sample in the current research is 4.84, with 0 being the minimum value and 7 being the maximum value. A mean of 4.84 yields that the participants in this sample have the intention to utilise the IHC services. By referring to Table 6, one can ascertain the positive regard that police officers have of IHC services, and the potential up-take of them. Table 6 portrays the frequencies of the participants' answers regarding to the statements regarding the up-take of IHC services, that is the proportion of respondents who indicated that they would use the services. It is however important to note that only 18 police officers (27.69%) have utilised the IHC services, whilst 34 police officers (52.31%) have not utilised the IHC services. Additionally, the remaining 13 police officers (20%) did not know what IHC services were.

Table 6: Potential use reported on the Use of IHC services for SAPS members

	YES	NO
I will make use of the IHC in the future.	75.4%	37.8%
I would make use of the IHC if I experienced a severe traumatic event.	73.8%	21.3%
I would make use of the IHC if someone close to me experienced a severe traumatic event.	64.0%	36.1%
I would make use of the IHC if I was experiencing marital or relationship difficulties	64.0%	36.1%
I would make use of the IHC to help with the stress of my job.	70.0%	32.8%
I would make use of the IHC if I was struggling with alcohol/drug use, gambling or similar concern.	63.1%	32.8%
I would make use of the IHC to better understand myself.	60.1%	39.3%

* N = 61

4.4.2. Mean, Standard Deviation Scores and Frequencies for the Perceptions of IHC services scale

The following table (Table 7) represents the mean and standard deviation scores for the Perceptions of IHC services.

Table 7: Perceptions of IHC services means and standard deviations

Scale	MEAN	SD
Perceptions	33.8	6.04

Table 7 indicates, on average, that participants have a relatively positive perceptions of IHC services. The midpoint in the current research is 32.5, with 15 being the minimum value and 44 being the maximum value. A midpoint of 32.5 yields that the sample holds relatively positive perceptions of the IHC services as the maximum score that one could attain on this scale is 50. Of the sample, 37 (56.92%) police officers scored just above the midpoint of 32.5. This reflects the high prevalence of positivity amongst the sample.

Table 8: Perceptions of IHC services in order of frequency for SAPS Members

Perceptions	Percentage
** I am worried about what my colleagues will think of me if I use the in-house counselling service. (R)	26%
* My coping abilities improved through contact with the in-house counselling service.	40%
* It does not bother me if I cannot communicate with the in-house counselling service in my home language.	44%
** I would rather speak to my colleagues than to an in-house counselling service because they will better understand what I am going through. (R)	50%
** My experience with the in-house counselling service was treated confidentially.	52%
** I would rather go see an external psychologist. (R)	55%
* I feel as though I am understood by the in-house counselling services.	57%
* In-house counselling services are helpful in addressing my problems.	64%
* If needed, I would contact the in-house counselling service again.	78%
* I would recommend the in-house counselling services to other work colleagues.	81%

* Range: Reported symptoms ranging from agree to strongly agree.

**Range: Reported symptoms ranging from disagree to strongly disagree.

(R) Indicates reversed item

Table 8 describes the perceptions that police officers have of IHC services. The proportion reported indicates those who scored agree or strongly agree in the 5 point range from strongly disagree to strongly agree. For reverse scored items those who scored disagree or strongly disagree were reported . Seven of the ten items of the Perceptions of IHC services were reported by more than 50% of the sample, indicating that these items were fairly pervasively endorsed across the sample. Of these ten items, the item "My experience with the in-house counselling service was treated confidentially" was scored by 52% of the sample. Nonetheless, 78% and 81% of the sample stated that "If needed, I would contact the in-house counselling service again; I would recommend the in-house counselling services to other work colleagues". The qualitative questions that were included in this scale shall be presented in the qualitative section.

4.4.3. Mean, Standard Deviation Scores and Frequencies for the POS

The following table (Table 9) represents the mean and standard deviation scores for the POS in the sample.

Table 9: POS means and standard deviations

Scale	MEAN	SD
POS	42.24	12.34

Table 9 indicates, on average, participants have a relatively positive regard towards the SAPS. The mean of the sample in the current research is 42.24, with 8 being the minimum value and 69 being the maximum value. A mean of 42.24 yields that the participants in this sample regard the SAPS as providing support to them to some extent. The midpoint of this sample is 38.5 and the data indicates that 39 police officers (64.62%) scored above the midpoint indicating the large positivity amongst the sample.

Table 10: Perceptions reported on the POS in order of frequency for SAPS Members

Perception	Percentage
*The SAPS values my contribution to its well-being.	55.4%
* Help is available from the SAPS when I have a problem.	56.9%
** The SAPS cares about my opinions.	58.5%
** The SAPS is willing to help me when I need a special favour.	60.0%
** The SAPS shows little concern for me. (R)	60.0%
**Even if I did the best job possible, the SAPS would fail to notice. (R)	63.1%
** If given the opportunity, the SAPS would take advantage of me. (R)	66.2%
** The SAPS disregards my best interests when it makes decisions that affect me. (R)	67.7%
. *The SAPS fails to appreciate any extra effort from me. (R)	67.7%

* Range: Reported symptoms ranging from slightly agree to strongly agree.

**Range: Reported symptoms ranging from strongly disagree to slightly disagree.

(R) Indicates reversed item

Table 10 indicates the perceptions that police officers have regarding the POS of the SAPS. The range of the scale is based on a 7-point Linkert scale ranging from

strongly disagree, moderately disagree, slightly disagree, no opinion, slightly agree, moderately agree to strongly agree. The combined ranges that were included were slightly agree to strongly agree, as well as strongly disagree to slightly disagree. Nine of the 17 items of the POS were reported by a number larger than 50% of the sample group, indicating that these items were fairly pervasive across the sample. It is interesting to note that even though the mean of the sample yielded a relatively positive regard to the SAPS, items such as "The SAPS fails to appreciate any extra effort from me; Even if I did the best job possible, the SAPS would fail to notice; The SAPS is willing to help me when I need a special favour; The SAPS cares about my opinions" were reported by a large percent of the sample.

4.4.4. Mean, Standard Deviation Scores and Frequencies for the IES-R

The following table (Table 11) represents the mean and standard deviation scores for the IES-R in the sample.

Table 11: IES-R means and standard deviations

Scale	MEAN	SD
Intrusion	10.55	8.17
Avoidance	11.12	8.07
Hyper-arousal	7.13	6.73
Total IES-R	28.8	21.31

Table 11 indicates that, on average, participants are experiencing symptoms of PTSD. The mean is 28.8 for the sample in the current research, with 0 being the minimum value and 73 being the maximum value. A mean of 28.8 yields a very high average score which indicates that many of the officers show symptoms of PTSD. A score of 33 represents the cut-off point for probable diagnosis of PTSD, while a score over 37 suggests a score high enough to suppress the immune systems functioning. Of the sample, only one police officer scored over 33 whilst 26 (38.46%) police officers scored above 37.

Table 12: Symptoms reported on the IES-R in order of frequency for SAPS Members

IES-R Symptom	Percentage
I tried to remove it from my memory	50%
Pictures about it popped into my mind	50%
I tried not to think about it	50%
I avoided letting myself get upset when I thought about it or was reminded about it	51%

*Range: Reported symptoms ranging from moderately to severe

Four of the 22 items of the IES-R were reported by a number larger than 50% of the sample group, indicating that these symptoms were fairly pervasive across the sample. These included three items of the Avoidance subscale (5, 11, 17) and one item of the Intrusion scale (9).

4.4.5. Frequencies for the Trauma Questionnaire and Event Severity Scale

The following table (table 13) indicates the types of traumatic events that police officers and/or their colleagues have been exposed to.

Table 13: Traumatic events reported on the Traumatic Events questionnaire in order of percentages for SAPS members

Traumatic Event	Happened to Me	Happened to a close work colleague and/family member
Someone close to me died suddenly and unexpectedly	49.2%	18.0%
Someone threatened to kill me	49.2%	13.8%
I witnessed a violent crime	52.0%	12.3%
Pursued a hi-jacking	53.8%	24.6%
Pursued armed robbers	57.9%	21.5%
I witnessed a motor vehicle accident	66.2%	12.3%
I saw dead bodies.	84.6%	17.0%

Seven of the 15 items on the Trauma questionnaire was reported by more than 50% of the sample. The item with the highest frequency is "I saw dead bodies" which was reported by 55 participants (84.61%). These items reflect the nature of police work.

4.4.5.1. Event Severity Scale frequencies

In order to further comprehend the extent to which police officers experience trauma, the open-ended trauma questions were coded to produce quantitative results. These will be illustrated in the scales that follow (Table 14.1 to Table 14.4). Although an individual could have experienced multiple events which are potential traumatic they were asked to described in more detail the event which was considered most traumatic. The result pertaining to this event are summarised below. However, only 12 non-respondents were excluded from the below analyses

Table 14.1: Relationship of subject to the individual directly exposed

	Percentage
Self	30.2%
Partner / immediate family members	16.9%
Relatives / friends	39.6%
Acquaintances	1.8%
Strangers	11.4%

* N=53

Table 14.2: Degree of threat to life or integrity

	Percentage
None	20.7%
Minor	11.4%
Severe	13.2%
Death	54.7%

* N=53

Table 14.3: Degree of Crime Severity

	Percentage
No contact	35.8%
Direct contact	3.7%
Presence of weapons	13.2%
Weapons used	47.3%

* N=53

Table 14.4: Severity Rating

	Percentage
Minor event	7.5%
Minor to medium event	17.0%
Medium event	17.0%
High event	51.0%
Extreme event	7.5%

* N=53

Tables 14.1 to 14.4 reflected the types of events that participants were exposed to, the relationship that the participant had to the individual directly exposed, as well as the degree of crime and threat to life. The results reflected that a large proportion of the events resulted in death, and that in many of the events, weapons were used. It is however, interesting to note that in spite of the very high proportions of police officers with direct exposure, they appear to have found secondary events more distressing. These secondary events include the following: a colleague died on duty, a friend was shot on duty, a friend was attacked and a colleague died in a car accident. Primary exposure included those events such as: shot on duty, robbed, involved in a shoot out and hi-jacked with their son in the car.

4.5. Correlations

Below, in table 15, are the correlations between the various variables within the study.

Table 15. Correlational matrix (N=65)

Variable	Mean	SD	1	2	3	4	5	6	7
1. Age	37.60	6.55							
2. RankΨ	4.64	0.97	-0.65**						
3. Length of Service	15.12	7.82	0.87**	-0.86**					
4. Use of IHC services	4.84	2.45	0.33*	0.03	0.08				
5. Perception of IHC	33.80	0.56	-0.06	0.15	-0.12	0.30*			
6. IES – R	28.80	21.32	0.24	-0.03	0.20	-0.05	-0.03		
7. POS	42.24	12.34	0.02	0.10	0.07	0.31*	0.40*	-0.03	
8. Severity	2.71	1.38	0.12	-0.24	0.17	-0.40*	-0.08	0.02	-0.30*

**p<0.0001; *p<0.05

Note: Ψ - Rank is inversely scored

It is interesting to note that none of the control variables (age, rank and length of service) are significantly correlated with the perceptions of IHC services. However age is significantly related to use of IHC services (r =0.33). Additionally the correlation between perceptions of IHC and the use of IHC is 0.30 which reflects a positive, weak to moderate relationship. A large perception score means a high level of usage. The correlation between POS and Perceptions of IHC services is positive and significant (r = 0.40). A significant, positive correlation was found between POS and Use of IHC services (This reflects a moderate relationship, r = 0.31). Additionally, a significant correlation was found between severity and use of IHC services (r = -0.40). Lastly, the correlation between severity and POS is negative and significant (-0.30).

4.6. T-tests

T-tests were also conducted in order to assess whether there was a difference between male and female police officers regarding their scores on the use of IHC services, the perceptions of IHC services, POS and the IES-R (see Table 16). Firstly, equality of variance was assessed and no significant differences were found for any of the variables, thus no evidence was found to undermine this assumption. However, of all the t-tests, only perceptions of IHC services showed a significant difference between the male and female participants. This further indicated that on average, females had a higher perception of IHC services compared to that of their male counterparts.

Similarly, t-tests were also conducted in order to assess whether there was a difference between black and white officers (see Table 17). Firstly, equality of variance was assessed and no significant differences were found for any of the variables, thus no evidence was found to undermine this assumption. However, only two of the scales showed a significant difference between the black and white participants. The first scale was the use IHC services. It further indicated that on average, black police officers had a larger intention of using IHC services than that of their white counterparts. The second scale was the perceptions of IHC services. It further indicated that on average, more black participants had positive perceptions of IHC services than that of their white counterparts.

Table 16: T-test for Gender

Variable	Gender	N	Mean	t Value	Pr > |t|
USE	Male	52	4.6536	1.15	0.2566
	Female	9	5.6665		
Perception	Male	55	3.3386	-2.30	0.0249
	Female	10	3.7678		
POS	Male	54	3.5009	0.22	0.8251
	Female	10	3.4353		
IES-R	Male	55	1.2799	-0.61	0.5408
	Female	10	1.4864		

Table 17: T-test for Race

Variable	Race	N	Mean	t Value	Pr > |t|
USE	Black	40	5.2997	-2.52	0.0144
	White	19	3.6316		
Perception	Black	44	3.3451	2.34	0.0223
	White	19	2.8671		
POS	Black	43	3.6044	1.70	0.0934
	White	19	3.2136		
IES-R	Black	44	1.4253	0.99	0.3262
	White	19	1.1627		

4.7. ANOVA (One-way)

A one-way ANOVA was conducted in order to assess whether there was a difference between the language groups for the following scales: Use of IHC services, Perceptions of IHC services, IES-R and the POS. However, the only scale that showed a significant difference between the language groups was the use of IHC services which revealed a significant *p* value ($F_{3,56} = 2.91$, $p = 0.0425$). Table 18 reveals the in general, English/Afrikaans language groups scored higher than the indigenous African language groups with a sign difference for English/Afrikaans versus Nguni. Similarly, an ANOVA was conducted with Trauma Severity and the same scales as the previous ANOVA, however no results were reported as significant, that is $p>\alpha$ in all the results.

Table 18: Use of IHC Services ANOVA for Language

Variable	Language Group	Mean Difference
Use of IHC Services	Eng/Afrik – Tsonga	0.1883
	Eng/Afrik – Sotho/Tswana	0.1958
	Eng/Afrik - Nguni	0.3216*
	Tsonga – Eng/Afrik	-0.1883
	Tsonga – Sotho/Tswana	0.0075
	Tsonga - Nguni	0.1333

* $p<0.05$

4.8. Content Analysis

This section presents reoccurring themes regarding the reasons that police officers utilise or do not utilise the IHC services. It also presents extracts as to the how police officers believe the services could be improved upon.

4.8.1. Confidentiality

The content analysis revealed a pattern of participants reporting that the reason why they do not utilise IHC services is due to the lack of apparent confidentiality. Just over half of the respondents (52%) endorsed that they do not believe that their experiences with the IHC services were treated confidentially. It can further be illustrated that 31 of those 34 responses were male and three were female. Additionally, 24 were black

and ten were white. When participants were given the opportunity to explain their perceptions on the open-ended questions, the respondents passed comments such as "They break the relationship of trust between us, and information leaks out to my supervisor" and "At the end of the day, everybody knows about your problem. Other people at your station will know too", with regards to IHC services provided by the SAPS. This raises a real concern as respondents are afraid that information will be leaked out to their supervisors. It is also interesting to note that the majority of the sample that raised issues regarding their issues of confidentiality were primarily male and black.

4.8.2. Cultural Differences

Another recurring theme that was extracted from the open-ended questions was that police officers felt that in-house counsellors should be from the same cultural background or upbringing as them. Some of the participants reported that "IHC services should be of the same race and upbringing as you. This will ensure a better understanding" and "Counsellors should speak the same language as me and be the same race as me so that they can understand where my problems are coming from". This raises a concern in that officers may not be seeking help due to issues of race and language. This notion was reinforced when 44% of the respondents (of which 24 were male, five were female, 20 were black and nine were white) endorsed that it bothers them when they cannot communicate with the IHC services in their home language. It is therefore evident that some of the police officers in this research would prefer to speak to someone who speaks the same language, has the same race, as well as have the same cultural upbringing as they do.

4.8.3. SAPS Knowledge

An additional recurring theme is that police officers would prefer to utilise IHC services as apposed to external counselling services. The reason is that many of the participants felt that IHC counsellors would be able to understand where the police officers are coming from as they are exposed to the same environment as the police officers. Some of the police officers reported that they "would rather use IHC services as I think the IHC services understand better because he/she knows the stress we are working under and for them it will be easy to address the situation" and that "IHC services are better because they have knowledge of our background in the working

environment (SAPS)". This suggests that IHC services would take precedence over other external services due to the presence of SAPS environmental knowledge. However, it is also interesting to note that 50% of the respondents would rather talk to their work colleagues than to IHC services as they believe their colleagues would better understand what they are going through.

4.8.4. Alternative processes

Many of the police officers stated that counselling services should be improved upon. They suggested various ways in which to increase exposure to IHC services as many of them had not yet interacted with any IHC services. Some of the police officers stated that "They should keep on attending to their people regularly even if their people do not have, for example, stress related problems" and "The in-house counselling services should visit members randomly, not to wait until there is a problem. They must have an open door policy". Many of the respondents also suggested that workshops should be conducted, and circulars as well as booklets should be distributed.

CHAPTER 5

DISCUSSION

5.1. Introduction

In this chapter, the findings of the study that were reported in chapter 4 are discussed. Although the analysis yielded a large number of findings, only the main findings related to the research questions of the study will be presented, as explication of additional data is limited by the scope of this research report.

The first section will comment on the prevalence of PTSD symptoms on the sample of police officers. Results in the current research indicate that participants have considerable experiences of the symptoms of PTSD, or are at a high level for developing these symptoms.

The second section discusses the first research question which pertains to how demographics impact on police officer's perceptions and the use of IHC services. It will discuss the relationships between the demographic variables and the IHC services by means of correlations, t-test and Anova as per the nature of the variables in question.

The third section discussed the second research question pertaining to the relationship between POS and Perceptions of IHC services. It will discuss the correlations between these variables, as well as the gender differences in these correlations.

The next section shall deal with third research question which pertains to the relationship between traumatic events and symptoms of PTSD on POS and police officers' perceptions of IHC services. It will discuss the correlational relationship between the above mentioned variables.

The last section then discusses the content analysis of the various open-ended questions in order to further understand the reasons for and lack of service up-take.

5.2. Prevalence of PTSD symptoms

It is important to discuss the prevalence of PTSD symptoms within the sample so that one will ascertain a better understanding of the setting of the results and the importance of understanding these results with regards to stress.

Categorising the IES-R by the recommended cut-offs suggest that the subjects in general either experienced high levels of PTSD symptoms or are at risk to developing the PTSD symptoms. A score of 33 represents the cut-off point for probable diagnosis of PTSD, while a score over 37 suggests a score high enough to suppress the immune systems functioning. Twenty six (38.46%) police officers scored above 37. It is alarming that such a large number of police officers in this current research are experiencing such high levels of PTSD symptoms and are at risk of suppressed immune systems.

Many of the participants reported that the manner in which they cope with stress is drinking alcohol. Bonifacio (1991) explains that a large proportion of police officers who drink alcohol do so in order to ward off distress. Bonifacio (1991, p.165) further describes alcohol as "an anaesthetic to kill emotional pain", meaning that "just as it serves as anaesthesia for physical pain, it is relied on to alleviate emotional pain when psychological defences have failed to prevent the onset of that pain". As indicated in the literature, this style of coping is maladaptive and usually exacerbates the problem of PTSD symptoms. As such, police officers should ideally employ more effective coping strategies such as counselling services that are provided by the SAPS. The results indicate however, that only 18 (27.69%) police officers in the current research have utilised the various IHC services, whilst a substantial proportion of them (20%) admitted they did not even know what counselling services are or how they could be of aid to them.

Counselling is vital as it will equip police officers with the adequate coping strategies to deal with the proliferating PTSD symptoms. In this end, IHC services would see its function as impacting on PTSD and a lack of up-take is thus a serious concern.

5.3. Central Research Findings

This section of the research will discuss the research questions that were set out in the current study. Each of the research questions are broken down into their relevant discussions and statistical analyses.

5.3.1 Research Question One: How do demographics impact on the Perceptions and Use of IHC services?

The findings in the current study were that there was an insignificant correlation between rank and length of service with regards to Perceptions of IHC services and the use of IHC services. However, a positive correlation was found with regards to age and use of IHC services. This suggests that as the police officers get older, the more likely they will use IHC services. Additionally, the results indicated that females differ significantly from males with regards to perceptions of IHC services. More particularly, female police officers are more inclined to perceive the IHC services positively than that of their male counterparts (as indicated by the difference in mean scores, females = 3.77 and males 3.34).

Research has reflected that age can be an important factor in a person's willingness to seek help (Blond, Newman & Orn, 1997). However, as previously stated, results have been found, whereby research conducted on 3272 police officers in Norway revealed that help-seeking was largely unaffected by age (Berg et al., 2006). Additional research on ambulance personnel revealed that higher age was significantly related to seeking help, which may therefore reflect a higher level of mistrust and concern about anonymity among the younger employees or the lack of trust about these services to new employees (Sterud et al., 2008). Current research findings are consistent with this information regarding the ambulance personnel. These results support at least one of the views that age influences whether a person will seek help or not. A possible explanation for this occurrence could be inferred by Blond et al. (1997), whereby they state that adolescents are often predominantly resistant to seeking help, whereas resistance to help-seeking among the elders, may not relate to their age as much as to the fear of losing their independence, as well as of being publicly exposed. This may explain why people responded at given ages although it does not directly address it.

It can thus be inferred, with reference to the current research, that as age increases, the use of IHC services may increase as perhaps the younger the police officers are, the more they may fear that they will be exposed and therefore mistrust the services. In this end, it may be possible that the older the police officers get, the more experience they have with the use of IHC services which may lead them to perceiving the IHC services as being helpful, and consequently being able to trust them even more over time. More research needs to be conducted in this area in order or further clarify these results.

Research has also shown that gender is a key explanatory factor in predicting sources and coping strategies among police officers (Pendegrass & Ostrove, 1984; Brown & Campbell, 1990, as cited in He et al., 2002). A study conducted by He et al., (2002) revealed that female police officers are more inclined to utilise constructive coping strategies than that of their male counterparts. These findings resemble those of Tamres, Janicki and Helgoson (2002) which revealed that women are more likely to utilise strategies that involved verbal expressions to other or seeking emotional support. Thus, the findings in this current study may be in accordance with the presented research. Even though the difference in mean scores between the male and female police officers in this study is not considerably large, it still suggests that females are more inclined to perceive IHC services positively than that of their male counterparts, and this is due to the individual coping strategies that females in general utilise. These findings can also be equated to research conducted by Kgalema (2002) on a sample of South African metropolitan officers which found that many of the male officers revealed that the traditional patriarchal philosophies are seen as a major form of defence for them against trauma and stress. As males, they have been socialised into believing that men are required to be strong, and that they need to draw on this sense of strength to fulfil their duty to defend and protect the vulnerable women and children in their communities (Kgalema, 2002). Therefore, the reluctance of male police officer to perceive the IHC services positively can be attributed to these philosophies in that men are required to be strong, and to deal with their issues internally, whilst females are permitted to express their emotions. This can be summed up by the statement of one of the male officers in Kgalema's (2002) study "We grew up knowing that men cry from inside like a sheep, while women cry out loudly like a goat".

In addition to the above findings, a significant difference in both the intent to use and perceptions of IHC services was found with regards to race. The t-test results yielded that black police officers are more inclined to use the IHC services than their white counterparts (as indicated by the difference in mean scores, black = 5.30 and white = 3.63). Additionally, the t-test results yielded, with regards to the current research, that black police officers are more inclined to view the IHC services positively than their white counterparts (as indicated by the difference in mean scores, black = 3.35 and white = 2.87).

These findings can be equated to the research conducted by Pienaar and Rothmann (2003, June) which found that black police officers are more inclined to seek emotional support than that of their white, and Indian counterparts. The black police officers in this sample are more inclined to utilise the services, and are additionally more inclined to view the IHC services substantially more positively than their white counterparts. These findings are consistent with previous research conducted by Dehn (2008) on a sample of South African police officers whereby many of the police officers stated that their cultural upbringings (that is the customs they adhered to and their cultural beliefs) had influenced their decisions to utilise counselling services. Many participants within this study also revealed the importance of counsellors being the same race as them so that the counsellors may be able to understand where they are coming from. This may imply that those black officers which scored positively with regards to perceptions and intent to utilise IHC services may have had more of an opportunity to interact with IHCs of the same race which in turn, could have influenced their perceptions of the IHC services as being able to adequately support them.

In addition to the above results, an ANOVA test also yielded significant results for the language groups and the use of IHC services, but not for the perceptions of IHC services. It is interesting to note that English/Afrikaans language groups scored higher than the indigenous African language groups, even though the black participants scored higher on intent to utilise IHC services as well as perceptions of IHC services. This suggests that the type of language will influence whether a police officer will potentially utilise the IHC services or not. Perhaps the police officers would not utilise the IHC services if the IHC services speak in a language other than that of the police

officer's home language, particularly for the English/Afrikaans language groups. Many participants within this study also revealed the importance of counsellors speaking the same language. This may imply that should services be more readily available to those English/Afrikaans speaking participants, then the more willingly these police officers may utilise the IHC services.

5.3.2. Research Question Two: What is the relationship between POS and Perceptions of IHC services?

The findings in the current study were that there was a significant, positive correlation between POS and Perceptions of IHC services ($r = 0.40$). This suggests that the police officers are more inclined to view the IHC services positively if they perceive the SAPS to be supportive. The positive correlation between POS and Perceptions of IHC services can be equated to the research conducted by Carlan and Nored (2008) on 1114 police officers in Alabama which indicated that officers working in supportive cultures, particularly supportive counselling climates, had significantly less stress, a reduced need for counselling, also reported less stress, but indicated an awareness of their need for counselling. Additional research conducted by Pienaar and Rothmann (2003a) on a sample of South African police officers revealed that those officers who do not feel supported by the top management of the SAPS are reluctant to utilise counselling services. Therefore it can be said that police officers in this current study perceive the IHC services positively as a result of support from top management in the SAPS. This is in line with the underlying constructs of the theory of POS. . The theory suggests employees generate an overall perception of organisational support by integrating the favourable treatment received from the various organisational supervisors and divisions (Eisenberger, et al., 2005). The theory also suggests that POS has a substantial effect on the manner in which an individual will manage stress in that if POS is attained, then organisational support can be perceived as a vital support system to the individual which reinforces to the individual that the organisation genuinely cares about his/her well-being (Eisenberger et al., 1986). It can therefore be said that, in accordance with Rhoades and Eisenberger (2002), the police officers in this study perceive the IHC services positively as they have perceived the SAPS as providing aid when it is required. In this end, increased levels of POS may result in increased positive opinions about the IHC services provided by the SAPS.

5.3.3. Research Question Three: What is the relationship between traumatic events and symptoms of PTSD on POS and Perceptions of IHC services?

Firstly, the findings in the current study were that there was an insignificant correlation between symptoms of PTSD and POS, as well as Perceptions of IHC services. However, a weak negative correlation was found between the severity of the experienced event and POS. This suggests that officers who experienced more severe traumatic events were less inclined to have a positive view of the support provided by their organisation. However, it is interesting to note that the presence of a significant, negative correlation between the severity of the experienced event and the future use of IHC services. While this correlation is weak, it has important theoretical implications. It suggests that people who are most in need are the least likely to utilise the services. The negative correlation may also have practical implications regarding the effectiveness of the IHC services.

In this end, these results may imply that the people who are most in need of the IHC services are the least likely to use them for perhaps two such reasons: the effectiveness of the IHC services are questionable and the more severe the experienced event was, the less POS they experienced which may influence them in believing the IHC services are not able to help them deal with their stress. Currie and Dollery (2006) note that support which originates within the work environment has been found to reduce negative outcomes such as stress. This in turn may aid in explaining the relationship between the severity of the experienced event and perceptions of IHC services as should there be adequate support, this may reduce the impact of the traumatic event which may result in the officer viewing the SAPS as a helpful source in alleviating the stress of the traumatic event.

5.3.4. Police Officer's Perceptions of IHC services

This section deals with the content analysis that was assessed in this current study. The first issued that should be discussed is confidentiality. One of the major reasons as to why some of the police officers in this current research as reluctant to utilise the IHC services provided by the SAPS is due to confidentiality. Pienaar and Rothmann (2003, June) concur with Jacobs (1998, pp. 4 as cited in Pienaar and Rothmann, 2003, June) that:

> *"the biggest problem in the SAPS is the perception of a lack of confidentiality of psychological and social work services that prevent personnel from utilising these services. These services should constitute a primary social support source in the policing organisation".*

Additionally, Marks (1995) states that police officer's are only likely to share their feelings with people they feel comfortable with and trust. Marks (1995) additionally remarks that in the police services, going for counselling is seen as a sign of weakness and has historically been regarded as a public issue, rather than that of a confidential issue. According to Williams (1987, as cited in Kopel and Friedman, 1997), shame is involved in seeking help, and consequently feel as though they are losing their minds. The findings in this study can also be equated to research conducted by Kgalema (2002) on a sample of South African metropolitan officers whereby many of the officers mentioned that the only people that they entrust with their personal issues at work are their colleague-friends as they are unable to trust their seniors with their personal and confidential issues.

It can therefore be said that the police officers in this study may be reluctant to utilise the IHC services provided by the SAPS due to issues of confidentiality. They are afraid that their personal problems will be discussed with other police officers, or even their supervisors. Thus they therefore do not utilise the services or even seek help externally. This can be detrimental to the well-being of the police officers as their problems remain untreated as they try even harder to suppress the pain as they feel as though they have nobody to console in. Conversely confidentiality may then perhaps be the reason as to why a positive correlation was found between intent to use and perceptions of IHC services. It suggests that perhaps the more the police officers

believe the IHC services to be maintaining confidentiality, the more it may influence anticipated usage It may therefore be said that the more the police officers intend to utilise the services, the more they may perceive the IHC services as helpful and consequently, the more positively they see the SAPS as providing adequate support to them.

The second issue to be discussed is that of cultural differences in terms of language and cultural upbringings. Many of the police officers in this study revealed that they would prefer to use IHC services should they speak the same language, race and cultural upbringing. One may believe that police officers would prefer to speak in their home language as they would be able to better express themselves. Additionally, speaking in ones home language does not allow for the misinterpretation of explanations, and the meanings do not get lost in translation. Additionally, police officers may prefer to speak to counsellors with the same cultural upbringing so that the counsellors can understand where the police officers are coming from with regards to how they manage stress. Research conducted by Kgalema (2002) revealed that some of the officers mentioned that growing up in difficult conditions moulded them into becoming resilient individuals. Additionally, some of the officers argued that having grown up in townships, where their lives were not easy, and that difficult conditions may have aided them in developing a sense of internal strength. In this end, with regards to this current research, it is important for IHC services to have an understanding of the upbringings that police officers had so as to be able to understand where they are coming from. Additionally, as previously mentioned, being able to understand the traditional patriarchal philosophies of the specific male police officers may also aid in understanding how to approach the officers and allow the officer to be able to relate to the counsellor.

The third issue to be discussed is that of SAPS knowledge. Many of the police officers said that they would rather utilise IHC services rather than external services as the IHC services are immersed in the SAPS culture and consequently know what the police officers are going through on a daily basis. This raises an issue of concern as, even if IHC services, who are trained professionals which possess the relevant knowledge regarding the SAPS work environment, respondents would rather speak to their unpsychologically trained colleagues as they believe their colleagues are more

equipped to help as they apparently have an enhanced understanding of their circumstances. This is a perturbing notion. Larcombe (2007) notes that police officers may feel that the only people that are capable of understanding the strain of stress of police work may be their fellow colleagues. This may be extended to other personnel working within the same environment as the police officers. In conjunction to what was indicated by one of the respondents, police officers would be more inclined to use IHC services and have positive perceptions of IHC services if the services were provided by those personnel who had knowledge of the police work and the types of environment they are exposed to. Research conducted by Barron (1997) on a sample of police officers in England, found that full time, IHC services may be preferable to external counselling services as IHC services are not viewed as an 'outsider' and are consequently accepted by this otherwise closed society of police officers. Barron (1997) reiterates that an additional major advantage with IHC services is that the knowledge of the intimate dynamics found within the police organisation, police policy, the hands-on experience (or previously obtained), as well as the visibility of the psychologist may assist in the attaining the trust of the police officers. In this end, IHC services provide a realm wherein the conditions of the police officers can be understood, which may therefore potentially influence them to utilise the IHC services.

The last notion to be discussed is that of possible suggestions put forward by the police officers in this current study with regards to the promotion of IHC services. Many of the police officers stated that they have not utilised the IHC services, or even know what counselling services are. Larcombe (2007) states that research in England, on a sample of police officers yielded that many of the police officers reported a lack of understanding as to what counsellors do and what counselling is. Some of the police officers in this study suggested that workshops should be conducted, and pamphlets and booklets should be administered in order to educate them regarding the IHC services, what they have to offer and the importance of these services. Additionally, many of the police officers felt that counselling should be an ongoing process so that they are constantly equipped with the relevant coping strategies, and can avoid developing PTSD symptoms. One therefore gets the impression that should services be ongoing, and officers were educated about the workings of IHC services, the various types and how they can help, the police officers may then be more willing to use them. This may then perhaps alleviate the reluctance to utilise IHC services.

Carlan and Nored (2008) also suggest that police departments should consider requiring mandatory and periodic counselling for all police officers, a procedural tactic that camouflages the need for counselling while simultaneously treating the source of the officers stress.

CHAPTER 6

LIMITATIONS AND CONCLUSION OF THE CURRENT STUDY

6.1. Introduction

It is important to consider the potential weaknesses in the current study when evaluating what conclusions can be drawn. The current research acknowledges a few limitations that should be noted to help with the interpretation of the results, and adding to the scant literature on the perceptions of counselling services in the police force as well as reasons for and lack of service up-take. This chapter aims to provide the limitations of the current research with particular reference to the research design, measures used and the sample. In addition to this, implications for the research findings and recommendations for future research will be discussed.

6.2. Research Design

The current research employed a quantitative research design (which included open-ended questions), categorised as a cross-sectional and correlational design. As a result of the use of a correlational design, no causal inferences could be derived (Rosenthal & Rosnow, 1991). Several statistically significant relationships were found amongst variables, which indicated that they contribute to the scant empirical research of the use and/or lack of up-take of IHC services, however causality cannot be inferred. Experimental studies which attempt to address some of the concerns raised by the officers may provide stronger support for causal efficacy by the identified relationships.

The response rate in the current study was also relatively low, which indicates that the sample may not be representative of the total population of police officers in South Africa. In this end, future research undertakings on the use and perceptions of IHC services in this area should work on improving the response rate.

6.3. Measures used in the study

Questionnaires in the current research were predominantly self-report ratings, therefore any problems which are associated with self-report bias need to be taken into account, since responses may not have been completely accurate (Rosenthal & Rosnow, 1991). Additionally, appropriate norms groups in the current research, which would have assisted the interpretation of the measures, were not available.

The use and perceptions scales were developed for this study as the content was specific to the particular structures of the SAPS. As such, only limited validity and reliability analyses were possible in the context of this research report. Although the IES-R has been widely used inside South Africa, in a number of different contexts, there is less evidence for the cross-cultural validity of the POS measure. Furthermore, cross cultural issues also deserve some scrutiny by employing future research within this realm.

6.4. Sample

The sample that was utilised in this study was small, particularly with regards to the female police officers. Thus the issue of representativeness of the current sample of police officers to the population of police officers in South Africa becomes an issue. Consequently, the extent to which the findings in the current research are generalisable to police officers in South Africa also, unfortunately, become compromised. However, the sample size was adequate to indicate the general trends and found significant relationships in an explorative manner.

In addition to this, the participants were from the Gauteng province, particularly from the Midrand headquarters. Thus the sample is primarily focused on police officers from one province and one sector. This therefore presents a limited scope and depth of analyses and findings. Thus future research needs to comprise of a representative sample of police officers from across the country's provinces.

6.5. Implications of the current research

Despite the limitations of the current research, the findings of the research have made valuable contributions to the field of organisational research, trauma, symptoms of PTSD, POS and understanding the reasons for and/or lack of counselling up-take. These contributions are particularly relevant to the South African context of scant literature and empirical research within these areas. Hence, the findings of this current research have both theoretical and practical implications which are applicable to the context of the use of IHC services within the SAPS.

The theoretical implications are as follows:

- The current research indicates that POS is positively related to the perception of the IHC, which supports the notion that the perception of the organisation's support in general increases the effectives of IHC services.
- With reference to occupational psychology, the current study indicates that work environmental conditions impact on experiences of stress and traumatic events.
- Finally, the qualitative components illustrate the importance of fully comprehending the reasons as to why police officers may or may not utilise IHC services.

The practical and organisational implications are as follows:

- Organisations need to implement strategies so as to ameliorate the effects of stress and symptoms of PTSD.
- With reference to organisational psychology and education, the current findings suggest that the IHC services need to be able to maintain confidentiality with the clients.
- Other assessment measures, which need to be utilised are in-depth analyses as to why language, race and cultural upbringing it pivotal in understanding up-take of IHC services.
- More importantly, organisations need to continually increase the organisational support towards their employees.

6.6. Recommendations for Future Research

Future research should utilise more in-depth, qualitative measures so as to fully comprehend the reasons as to why police officers may or may not utilise IHC services, particularly with reference to gender, race, cultural backgrounds and language preferences. Validation studies should also be conducted on the measures utilised in this research so as to assess the appropriateness of the measures used on the sample of police officers.

Research findings have indicated that there was a significant difference between language groups and the use of IHC services, as well as black and white police officers and perceptions of IHC services. These findings have important implications for future research as they appear to be deciding factors as to why police officers would utilise the services or not.

Future research should also assess, in more depth, and more specifically, the various types of counselling services that police officers would prefer to utilise and their reasons as to why they would or would not utilise these services. This should be conducted as the SAPS provides many types of IHC services to members of the SAPS, and is therefore important to assess all these realms. Once this had been conducted, perhaps police stress management programmes should then be tailored to fit the specific needs of the individual. Additionally, continued assessments of police officers physical and psychological stress to assess whether the programmes are aiding the police officers or not, should take place. They could then potentially adjust them if proved to be unhelpful.

Due to the scarcity of literature and empirical studies on perceptions of IHC services, as well as the utilisation thereof, future research should ideally employ triangulation studies which will assess statistical significance of the correlational relationships, as well as to explore contextual organisational and environmental conditions which were not examined within the current study. Additionally, this research should attempt to employ a representative sample with reference to gender, race, police departments, as well as provinces.

6.7. Conclusion

The study aimed at understanding police officers' perceptions of IHC services and their willingness to use them. In particular, it aimed at identifying the range of perceptions and to see if it varied by demographics. More importantly, this examination was conducted in order to assess if this was related to perceptions of organisational support. The degree of traumatic exposure was also examined with a view to understanding its relevance to the primary aim. Findings with respect to gender, race, language, POS, use of IHC services as well as perceptions of IHC services amongst police officers in this study have some important implications for intervention and support within the SAPS.

The current study found that the police officers experienced high levels of PTSD symptoms, where alarmingly, 38.46% of the sample scored about 37 cut-off point. These results suggest that the symptoms of PTSD are prevalent in the current sample.

With reference to the central findings of the current research, question found that, with the exception of age, there was an insignificant correlation between rank and length of service with regards to Perceptions of IHC services and the Use of IHC services. A significant difference was found with regards to gender and Perceptions of IHC services. It was also found that female view IHC services more positively than their male counterparts. A significant difference was also found with regards to race, Use of IHC services as well as Perceptions of IHC services. That is, black police officers were more inclined to utilise the IHC services and were more inclined to perceive the IHC services positively. Additionally significant results were found for the language groups and the use of IHC services, but not for the perceptions of IHC services. Question two found a positive correlation between POS and Perceptions of IHC services. Question three found that, with the exception of traumatic events, there was an insignificant correlation between symptoms of PTSD and POS

The results also discussed the content analysis of the current research which revealed that the police officers were reluctant to utilise IHC services, due to confidentiality, cultural differences and SAPS knowledge. Since a large number of the sample had not utilised any IHC services provided by the SAPS, they suggested ways in which the

services could be broadened upon and able to extend to more police officers than it already is.

The current research indicates that these police officers have been exposed to many high severity traumatic events, and many of them may be experiencing symptoms of PTSD. Even though these specific variables did not explain reasons for or lack of service up-take, more research needs to be done with regards to race, gender, cultural differences, and language in order to improve the IHC facilities.

Researchers such as Gulle and Tredoux (1998) suggest that further research is necessary to gain insight into police stress, therefore allowing for the development of effective intervention and stress management programmes. If one does not fully comprehend the source of the problem, then one will not be able to facilitate effective intervention programmes. It is therefore vital that research continues within this arena, as these police officers are the ones who put their lives in the line of danger, everyday in order to protect our society. If society does not undertake this task to help these men and women, then how will one be able to reduce to effect of stress, and stop the proliferating amounts of police suicide?

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Appendix 1: Permission letter to the Provincial Department in Parktown

Psychology
School of Human & Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559

Senior Super Naicker
16 Empire Road
Braamfontein
2001
(Date)

Dear Senior Super Naicker,

PERMISSION TO CONDUCT RESEARCH

My name is Tammy Dehn and I am currently completing my masters degree in Industrial Psychology at the University of the Witwatersrand. During my year, I have to complete a research report on a research topic of my choice. I have decided to conduct my research on the reasons for and predictors of take up regarding the services of in-house counselling units.

I would therefore like to obtain permission from the Parktown Provincial Department to invite 100-150 police officers, from the age of 19 with at least 1 years working experience in the SAPS, to fill in a short (30-40 minute) questionnaire. Police officers will be asked to volunteer and in no way be forced to participate. I hope to do the research during the months of July and August 2009. All of the information that the participants will be sharing with me shall be regarded as highly confidential. Although I will write what I find in a research report, results will be reported as a group and no individual will be identified. Once the report has been completed, I will communicate a summary of the results back to the Parktown Provincial Department, and the relevant police stations, via an executive summary. I would like to assure you that the study will strive to minimize any disruption to station activities. Police

officers will also have access to specialist counselling services free of charge should they wish to use them. This service will be available via telephone to South African Depression and Anxiety Group.

It would be highly appreciated if you could provide me with the permission to conduct the above mentioned research. By agreeing to participate, you will be helping us understand police officers' perceptions of the in-house psychologists and stress in the hope of improving ways to manage it in the future.

If there are any problems or queries pertaining to this letter, please feel free to contact me or my supervisor.

Yours sincerely,



Tammy Dehn

Tammy Dehn
P O Box 95286
Grant Park
2051
Tel: 082 610 9000
Email: tammydehn@gmail.com

Mike Greyling
University of the Witwatersrand
Private Bag 3
Wits 2050
Tel: (011) 717 – 4534
Email: Michael.Greyling@wits.ac.za

Appendix 2: Permission from the SAPS to conduct the research

SUID-AFRIKAANSE POLISIEDIENS  SOUTH AFRICAN POLICE SERVICE

Private Bag Braamfontein x 57

Verwysing Reference	**3/34/2 (7)**
Navrae Enquiries	**S/Supt PS Naicker** **SAC D. Mathule**
Telefoon Telephone	**011-274-7566** **011 274 7806**
Faksnommer Fax number	**011-274-7965**

THE PROVINCIAL COMMISSIONER
GAUTENG PROVINCE
PARKTOWN
2193

27 May 2009

A. The Unit Commander
Midrand 10111
South African Police Service
GAUTENG

B. Ms. T. Dehn
P.O Box 95286
Grant Park of Witwatersrand
2051

AN IN-HOUSE PSYCHOLOGIST TO USE OR NOT TO USE? THE RELATIONSHIP BETWEEN DEMOGRAPHIC VARIABLES, PERCEIVED ORGANISATIONAL SUPPORT AND SAPS OFFICERS' PERCEPTIONS

A+B 1. Ms. Dehn is currently studying Masters Degree in Industrial Psychology at the University of the Witwatersrand in GAUTENG.

2. The topic of the study is an In-house psychologist: to use or not to use? The relationship between demographic variables, perceived organizational support and South African Police Service.

3. The Unit Commander should identify one member to co-ordinate the research

4. Authorization to conduct research was approved by Commissioner G.H Bester on 12 June 2009.

5. Attached copy of approved research for your information.

B. 1. Your application is approved.

2. Any changes to the research must be communicated to this office prior to the execution being conducted.

3. In the event of the research not being finalized within the set period, an application for an extension must be submitted to this office.

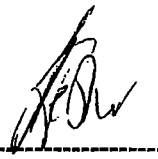
4. In the event of the research being abandoned this information must be communicated to this office.

5. This office reiterates that a copy of the finalized research report is to be made available to the Provincial Head: Management Services, PHO before it is submitted for examination purposes and/or release to any form of media communication or presented to any academic forum, panel/ conference or other forum.

6. A copy of the South African Police Service National Instruction 1/2006 and declaration certificate are to be signed.

7. A preliminary meeting will be arranged by Strategic Management prior to the commencement of the research.

8. An acknowledgement of this letter is to be made to this office on or before 19 June 2009.



----------: DEPUTY PROVINCIAL COMMISSIONER
F/PROVINCIAL COMMISSIONER: GAUTENG
G.H. BESTER

dulcie mathule/ research letter/ ms. t. dehn/ microsoft word

INFORMATION NOTE

Ref: 3/34/2 (7) 27 May 2009

The Provincial Commissioner
SA Police Services
GAUTENG

AN IN-HOUSE PSYCHOLOGIST TO USE OR NOT TO USE? THE RELATIONSHIP BETWEEN DEMOGRAPHIC VARIABLES, PERCEIVED ORGANISATIONAL SUPPORT AND SAPS OFFICERS' PERCEPTIONS.

1. Ms. Dehn is currently studying Masters Degree in Industrial Psychology at the University of the Witwatersrand in GAUTENG.

2. The topic of the study is an In-house psychologist: to use or not to use? The relationship between demographic variables, perceived organizational support and South African Police Service.

3. The aim and objective of the research is to build on her previous research findings that indicated that many police officers do not use counseling units, particularly in-house psychologists (IHP) services for the researcher to understand the police officers perception if IHP services and the willingness to use them. In particular to see what the range of perception is, to see if this variables by demographics variables and lastly, to see if this is related to perceptions of organizational support. In addition to this, as the context for the use of psychological services is the exposure to traumatic events, the degree of exposure and examining its relevance to the primary aim will also need to be assessed.

4. The researcher questions read thus:-

   - how do demographics impact on police officers' perception of in-house psychologists (IHP) services?
   - what is the relationship between perceived organizational support and police officers' perceptions of IHP services?
   - Is there an interaction of the demographics and perceived organizational support on polices officers' perception of IHP services?
   - what is the moderating effect of exposure to traumatic events and symptoms of PTYSD on perceived organizational support and police officers' perceptions of IHP services?

5. The study is aiming to use a sample size of 100 to 150 male and female police officers from the age of 19, with at least one (1) year experience from various stations across Gauteng. The reason for the age and time is so that the police officers' would perhaps have had some exposure to violence and have had the opportunity to access in-house psychologists. Only full time officers will be included in the study.

6. The research will use a quantitative and qualitative design, where the data will be captured in the form of open ended questions.

7. Application from Ms Tammy Dehn
7.1 Research Proposal

8. National Instruction of 1/2006 will apply to the research proposal.

COMMENTS

RECOMMENDATION / ~~NOT RECOMMENDED~~

See conditions — par 3, 4, 5 + 6



.....: DIRECTOR
F/PROVINCIAL HEAD: MANAGEMENT SERVICES: GAUTENG
W.A VENTER

DATE: 2009-06-08

APPROVED / ~~NOT APPROVED~~



.....: DEPUTY PROV. COMM
F/PROVINCIAL COMMISSIONER: GAUTENG
G.H BESTER

DATE: 09 JUN 2009

Information Note Compiled by SAC. D. Mathule
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Appendix 3: Police Officer' Perceptions Study Participant Information Sheet

School of Human & Community Development

Psychology

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559

Good morning/afternoon,

I am Tammy Dehn from the University of the Witwatersrand, and I am conducting a study on police officers' perceptions regarding the services of in-house psychologists. Police officers need to be over the age of 19 with at least one years working experience in the SAPS. This research is being conducted for my Masters degree in Industrial Psychology. I would like to invite you to take part in my study by filling in a few questionnaires which will be held at *(Time, Venue, Place).*

The questionnaire will take 30-40 minutes to complete. If you agree to participate, I will ask you to fill out the questionnaires and place the completed questionnaires in a sealed box provided. You must place the completed questionnaires in the sealed box which can be found on the table, by the exit door. I will be the only authorised person to collect the box at the end of the session and no one else will have access to the completed questionnaires. Although there is a space to write down your age, race, gender, language, length of service and ranking, no one except me will see this. I will write the results in a report. However, results will be reported as a group and no one will know which response is yours.

Participating in this study will take you away from your normal daily activities. It may also get you to think about traumatic events that you have experienced in the past. You do not have to participate if you do not want to and you are free to withdraw from the study without giving reasons. You are also free to not answer questions you do not wish to. However, handing in of the questionnaire will be considered to be

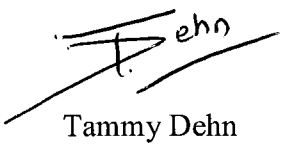
your informed consent, after which you will be unable to withdraw from the study. The study will also offer referrals to specialist counselling services free of charge should you wish to make use of these. The services are available seven days a week, and at anytime of the day between 8am - 8pm. You can find these details on a card that has been attached to this letter.

By participating in this study, you will be helping me to understand your perceptions of in-house psychologists and how you deal with stress in the hope of improving the mental wellbeing of police officers, not only in your station, but also in various stations across South Africa.

I will report the results in a meeting at the station. Should you wish to participate in the study, please will you come to *(time, venue, place)* and please complete the questionnaires and place it in the provided box.

If you have any queries, please do not hesitate to contact me or my supervisor.

Yours sincerely,



Tammy Dehn

Tammy Dehn	Mike Greyling
P O Box 95286	University of the Witwatersrand
Grant Park	Private Bag 3
2051	Wits 2050
Tel: 082 610 9000	Tel: (011) 717 – 4534
Email: tammydehn@gmail.com	Email: Michael.Greyling@wits.ac.za

Appendix 4: Biographical Questionnaire

Good day,

I would firstly like to thank you for consenting to take part in my study. The questionnaires should take about 30-40 minutes to complete. If you have difficulty answering any of these questions, please feel free to ask me. Once you have completed the questionnaires, please will you place it in the envelope provided, and place it in the sealed box situated on the table by the exit door.

Biographical Questionnaire

Please place an 'x' in the appropriate boxes

1) Gender: Male ☐ Female ☐

2) Home Language: English ☐ Afrikaans ☐ Zulu ☐ Xhosa ☐ Sotho ☐
Other (specify): _____

3) Age (specify): _____

4) Race: Black ☐ White ☐ Indian ☐ Other (specify): _____

5) Rank: Senior Superintendent ☐ Superintendent ☐ Captain ☐
Inspector ☐ Sergeant ☐ Constable ☐

6) Religion: Christian ☐ Muslim ☐ Jewish ☐ Other (specify):

7) Length of Service (specify): _____

Appendix 5: Perceptions of In-House Counselling Services Scale

Listed below and on the next page are statements that represent possible opinions that YOU may have about the in-house counseling services situated at your station. Please indicate the degree of your agreement or disagreement with each statement by filling in a **'x'** in the blocks below that best represents your point of view about the in-house psychologists. Please choose from the following answers:

1) In-house counselling services are helpful in addressing my problems.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

2) I feel as though I am understood by the in-house counselling services.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

3) I would recommend the in-house counselling services to other work colleagues.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

4) If needed, I would contact the in-house counselling service again.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

Why?_____

_____

_____

5) I would rather speak to my colleagues than to an in-house counselling service because they will better understand what I am going through

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

6) My coping abilities improved through contact with the in-house counselling service.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

7) My experience with the in-house counselling service was treated confidentially.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

8) I would rather go see an external psychologist.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

Why?_____

_____

9) I am worried about what my colleagues will think of me if I use the in-house counselling service.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

10) It does not bother me if I cannot communicate with the in-house counselling service in my home language.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

_____

11) What should in-house counselling services do differently?

_____

_____

_____

12) Please write any other comments you would like to express. Your contribution is very valuable.

_____

_____

_____

_____

_____

Appendix 6: Pilot Study

Good morning/afternoon,

I am Tammy Dehn from the University of the Witwatersrand, and I am conducting a study on police officers' perceptions regarding in-house counselling services. This research is being conducted for my Masters degree in Industrial Psychology.

I would be grateful if you could assist me in filling out the following questionnaire, as I am trying to produce a scale that will be understandable and fair to any of the police officers that I present this questionnaire to.

The results will purely be used in order to create an applicable scale, and your answers will in no way be discussed with any other individual. This is solely for statistical analyses. Your are assisting me in testing the research procedure I have compiled. Please take note of any aspects of the questionnaire you find difficult to understand and any tasks that you find difficult to perform.

Please will you also answer the questions in as much detail as possible.

Yours sincerely,
Tammy Dehn

1) Did you have any difficulty in understanding the instructions? If yes – which ones?

_____

_____

2) Do you feel as though the questions are appropriate with regards to the topic? If no – which ones do you feel were not appropriate?

_____

_____

3) Are there any questions you would remove from the questionnaire? Which one/s?

_____

_____

4) What would you change about the questionnaire? What would you improve?

_____

_____

5) Do you feel as though the questions and statements were easy to understand? If no – which ones were not easy to understand?

_____

_____

6) If I did not inform you what the questionnaire is about, would you be able to tell that it is a questionnaire that assesses your perceptions of in-house counselling services? Why/Why not?

_____

_____

Please fill in the time that it took you to complete the questionnaire:_____

Appendix 7: Use of In-House Counselling Services Scale

The following statements assess when you personally would use an in-house counsellor (IHC). An IHC is a service provided by the SAPS which allows for one-on-one sessions with for example a professional psychologist and/or counsellor, a pastor or a social worker. Please place an 'x' in the most appropriate box

	YES	NO
I will make use of the IHC in the future.		
I would make use of the IHC if I experienced a severe traumatic event.		
I would make use of the IHC if someone close to me experienced a severe traumatic event.		
I would make use of the IHC if I was experiencing marital or relationship difficulties		
I would make use of the IHC to help with the stress of my job.		
I would make use of the IHC if I was struggling with alcohol/drug use, gambling or similar concern.		
I would make use of the IHC to better understand myself.		

Please answer the following questions in as much detail as possible.

1) Have you ever used in-house counselling services before? Why/Why not?

_____

_____

_____

2) Have you experienced or do you believe that there consequences for those who use in-house counselling services? Explain.

_____

_____

_____

3) How do you personally deal with stress?

_____

_____

_____

4) Would you rather use an in-house counsellor who has the same cultural upbringing as you? Why?

_____

_____

_____

5) What do you <u>not</u> like about in-house counselling services?

_____

_____

_____

6) What do you think of other police officers who use in-house counselling services?

_____

_____

_____

Appendix 8: Perceived Organizational Support Scale

Listed below and on the next several pages are statements that represent possible opinions that YOU may have about working at the SAPS. Please indicate the degree of your agreement or disagreement with each statement by filling in a **'x'** in the blocks below that best represents your point of view about the SAPS. Please choose from the following answers:

1) The SAPS values my contribution to its well-being.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

2) If the SAPS could hire someone to replace me at a lower salary it would do so.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

3) The SAPS fails to appreciate any extra effort from me.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

4) The SAPS strongly considers my goals and values.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

5) The SAPS would understand a long absence due to my illness.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

6) The SAPS would ignore any complaint from me.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

7) The SAPS disregards my best interests when it makes decisions that affect me.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

8) Help is available from the SAPS when I have a problem.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

9) The SAPS really cares about my well-being.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

10) Even if I did the best job possible, the SAPS would fail to notice.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

11) The SAPS is willing to help me when I need a special favour.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

12) The SAPS cares about my general satisfaction at work.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

13) If given the opportunity, the SAPS would take advantage of me.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

14) The SAPS shows very little concern for me.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

15) The SAPS cares about my opinions.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

16) The SAPS takes pride in my accomplishments at work.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

17) The SAPS tries to make my job as interesting as possible.

Strongly Disagree	Moderately Disagree	Slightly Disagree	No opinion	Slightly Agree	Moderately Agree	Strongly Agree

Appendix 9: Traumatic Events Scale and Questionnaire

There are many kinds of traumatic events. These include physical assault, motor vehicle accidents, physical injury and exposure to crime. You may have been, part of one of these events, been witness to such an event or it may have occurred to a close work colleague (close work colleague with whom you are in regular contact). Please indicate below whether you have personally or indirectly been exposed to any one of the following events **DURING THE PREVIOUS YEAR.** Tick all of the events that occurred and if you have been exposed to an event which is not listed there please do not hesitate to add below.

Traumatic Event	**Happened to Me**	**Happened to a close work colleague and/or family member**
I was a victim of crime.		
I was physically assaulted.		
Pursued a cash in transit heist		
I was physically injured.		
I saw dead bodies.		
I was involved in a motor vehicle accident.		
Pursued a hi-jacking.		
Someone threatened to kill me.		
I Witnessed a motor vehicle accident.		
I witnessed a violent crime.		
Witnessed my colleague being shot		
I witnessed grotesque injuries.		
Someone close to me died suddenly and unexpectedly.		
Pursued armed robbers.		
Other		

If you ticked any of the boxes above consider them for a minute and choose the experience you felt was the most distressing, and answer the questions on the following page.

What was the Nature of the Trauma?

Here please describe what happened. You must specify whether the trauma was direct (experienced by you) or indirect. If the event was indirect please describe your relationship to the victim (e.g. Work colleague, friend etc)

_____

_____

_____

_____

_____

How did you experience the trauma?

Briefly describe how you felt (your emotional response) to the traumatic event at the time and soon after it happened. If the trauma was indirect, describe how you felt when you first heard about it.

_____

_____

_____

_____

_____

Have you received any counselling to help you deal with the traumatic event?

If your answer is yes please specify the nature of the counselling (e.g. private therapist, trauma centre, lifeline, in-house counsellor, church counsellor etc.) and how many sessions you attended.

_____

_____

_____

How long ago did it occur? (E.g. 3 Months and 2 Days)

Months_____ Days _____.

Appendix 10: Impact of Event Scale (Revised)

Below is a list of difficulties people sometimes have after stressful life events. Please read each statement, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to the experience you described above, how much were you distressed or bothered by these difficulties?

Please will you circle your response.

	Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
Any reminder brought back feelings about it.	0	1	2	3	4
I had trouble staying asleep.	0	1	2	3	4
Other things kept making me think about it.	0	1	2	3	4
I felt irritable and angry.	0	1	2	3	4
I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
I thought about it when I didn't mean to.	0	1	2	3	4
I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
I stayed away from reminders about it.	0	1	2	3	4
Pictures about it popped into my mind.	0	1	2	3	4
I was jumpy and easily startled.	0	1	2	3	4
I tried not to think about it.	0	1	2	3	4
I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
My feelings about it were kind of numb.	0	1	2	3	4

	Not at all	A little Bit	Moderately	Quite a bit	Extremely
I found myself acting or feeling as though I was back at that time.	0	2	3	4	5
I had trouble falling asleep.	0	1	2	3	4
I had waves of strong feelings about it.	0	1	2	3	4
I tried to remove it from my memory.	0	1	2	3	4
I had trouble concentrating.	0	1	2	3	4
Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
I had dreams about it.	0	1	2	3	4
I felt watchful or on-guard.	0	1	2	3	4
I tried not to talk about it.	0	1	2	3	4

Appendix 11: Permission letter from SADAG

THE SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP
NPO 013-085 Reg. No. 2000/025903/08
P O Box 652548 Benmore 2010
Tel: +27 11 262 6396
Fax: +27 11 262 6350
zane1@hargray.com
www.sadag.co.za

May 2009

To Whom It May Concern,

The South African Depression and Anxiety group has been in existence for 13 years. We are South African's largest mental health organization, and an NGO, which is committed to improving the mental health and well being of South Africans. Operating nationwide, we look after the needs of patients with Depression, Panic Disorder, Bipolar Disorder, Social Phobia, Schizophrenia, Anxiety, OCD and Post Traumatic Stress Disorder.

This letter serves to confirm that The South African Depression and Anxiety Group is granting permission for Tammy Dehn, a student at the WITS University, to use one of our toll-free Helplines (number 0800 205 026) as a referral in her Research on: In-house psychologists: to use or not to use? The relationship between demographic variables, perceived organizational support and South African police officers' perceptions. The Helpline is available 7 days a week, 365 days of the year from 8am – 8pm.

The South African and Depression and Anxiety Group is also aware that the Helpline number will be given to Research Participants who need further assistance and referral due to their nature of business. We also agree to supply Tammy with the relevant brochures and handouts pertaining to their problems and queries.

If you have any further queries, please feel free to contact me.

Kindest Regards,

Cassey Amoore
Counselling Services Manager and Press Liaison
Tel.: +27 11 262 6396
Fax.: +27 11 262 6350
Cell: +27 82 835 7650
E-mail: office@anxiety.org.za

The SA Depression and Anxiety Group is sponsored by:
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Appendix 12: Counselling Services

