



**A Qualitative Study Exploring Participant Perceptions of Familial Connectedness  
following Medically Boarded Police Officers' Experience of a Work-Related Traumatic  
Event**

**By**

**Kiara Suren Sunder**

**Submitted in partial fulfilment for the requirements for the degree of Master of Social  
Science in Clinical Psychology in the School of Applied Human Sciences, College of  
Humanities, University of KwaZulu-Natal.**

**Supervisor: Mr. Sachet Valjee (MA Clinical Psychology)**

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**DECLARATION**

I, **Kiara Suren Sunder**, hereby declare that the following study entitled: “*A Qualitative Study Exploring Participant Perceptions of Familial Connectedness following Medically Boarded Police Officers' Experience of a Work-Related Traumatic Event*” is my original work except where otherwise stated. I affirm that this dissertation has not been submitted previously for any qualification at any another university. All works of others has been referenced and acknowledged accordingly.

**Kiara Suren Sunder**

**213534236**

**Signed:** \_\_\_\_\_ **on:** \_\_\_\_\_

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

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**ABSTRACT**

Considering the nature of police work and the deleterious effects it has on police officers, limited research has been published regarding the dynamics of social support (particularly family support) with employees in high risk professions. This study focused on exploring the perceptions that participants (husbands/wives) of police officers have about the police officers' functioning in both the pre- and post-medical-boarding phases, as well as the participants' perceptions about the family's state of connectedness in the relative phases.

The study sample was comprised of eight participants who were husbands/wives of medically-boarded police officers in the Durban area. A total of eight semi-structured interviews were conducted with eight participants, comprising of seven females and one male. A qualitative methodological approach was utilized as it allowed for in-depth interviews to explore participants' perceptions of police officers' functioning and connectedness. A non-probability sampling method was employed whereby the sample was selected using purposive sampling. The sample was accessed via a private psychiatrist and permission was sought respectively from: the practitioner, police officer and the participant. The data transcripts were analyzed thematically in order to identify commonalities and variances among the responses of participants.

The Family Adjustment and Adaptation Response Model (FAAR) was used as the theoretical framework in guiding the analysis of data. Specific constructs of the model were highlighted in order to conceptualize the data. The results of this study highlighted the collective influence of the participant, police officer, family and South African Police services on the overall connectedness of families in both the pre- and post-boarding phases.

In the pre-boarding phase connectedness was deemed adequate and the main demands faced whereby police officers related to logistically managing work commitments. In the post-boarding phase there was decreased connectedness and ramifications for participants and police officers. Participants directed their capabilities towards exercising support in relation to the police officers' post-trauma reactions (psychological and emotional). A number of clear strategies for improved familial connectedness emerged from the results of this study. As such, recommendations were suggested, followed by recommendations for future research and an appraisal of the limitations of this study were provided.

**KEYWORDS:** *Work-related traumatic incident, connectedness, perceptions*

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**DEFINITION OF TERMS**

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**Participants:** In this study, a participant refers to an individual that is married to a police officer. These individuals participated in the semi-structured interviews and were the only individuals interviewed by the researcher.

**Police officers:** In this study, police officers are individuals that were in the occupation. At present, they have been medically boarded. They were not interviewed by the researcher.

**Family members:** In this study, family members are any individuals that form part of the nuclear family and reside in the home with the participant and police officer.

**Work-related traumatic event:** In this study, a work-related traumatic event refers to an event that occurred to the police officer during their term of occupation. This event caused stress/trauma to the police officer and/or the participant and family members.

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### CHAPTER ONE: INTRODUCTION AND OUTLINE OF THIS STUDY

The present study explored the perceived effects of police officers work-related trauma experiences on familial connectedness during the pre- and post-medical boarding phases from the perspective of the spouses (i.e., the participants).

#### **1.1 Background and Rationale for this Study**

Crime is a concern in South Africa. Police officers are subjected to danger and face trauma daily while they uphold the ambit of the law. In South Africa, there were 2, 204, 292 crimes reported in 2018 (Crime Statistics South Africa, 2018). Police officers are exposed to emotionally-demanding situations on a daily basis and they are expected to deal with more cases as they occur.

According to Papazoglou and Tuttle (2018, p. 2), police officers are “exposed to potentially traumatic incidents and extreme stress over the course of their career; that is 30 to 35 years on average”. Studies found that the nature (i.e., trauma type) and ‘chronicity of trauma exposure increases mental health risk in professionals’ who experience trauma-sensitive occupations (e.g., fire-fighters, taxi drivers, bank employees, correctional service officers, and police officers) (Huddleston, Stephens & Paton, 2007). However, police officers in particular, who are often exposed to recurrent incidents of severe criminal acts (such as attempted murder, assault with deadly weapons, public violence, vehicle hijacking, robbery, attending traumatic motor vehicle accident scenes, violent crimes and rescue/hostage situations) were found to be more susceptible to chronic, long-lasting psychiatric/psychological states (Lyons, Radburn, Orr & Pope, 2016). According to Hart, Nijenhuis and Steele (2005), some of the psychological and psychiatric consequences of repeated exposure to traumatic events may include, but are not restricted to, Generalized Anxiety, Mood Disorders, Substance Abuse Disorders, Complex Post Traumatic Stress Disorder and Neuropsychological states.

Furthermore, trauma outcomes have been determined to have both distal (i.e., change in personality, temperament and behavior) and proximal (i.e., changes in quality of relationships with others, stigma in community and occupational functioning) effects on areas of human functioning. Previous studies confined the focus of investigation to distal effects on human functioning following trauma exposure (Eagle, 2000). Hence, the current study addressed

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proximal effects in relation to the familial system and its functioning following work-related trauma experiences.

A recent search of literature, in relation to the above, identified an association between increased stress levels following a traumatic work incident and familial connectedness (Stephens & Sommer, 2005). The study included both male and female police officers and their spouses in New York City, USA. The study data was derived via the use of a self-report questionnaire. Results indicated that police workers displayed overt anger and spent more time away from the family due to the nature of the occupation (Stephens & Sommer, 2005). More specifically, this study identified deterioration in the relationship between the police officer and their family members.

In relation to the South African context, very few studies (e.g., Young, 2004; Van Lelyveld, 2008; Young, Koortzen & Oosthuizen, 2012) have attempted to explore the meanings of work-related events. This study explored the participant coherence of the event and the influence of police work on the overall familial connectedness in both the pre- and post-boarding phases. One of the study hypotheses was that participant perceptions of connectedness will be negatively influenced by the participants' subjective reactions following the police officers' experience of a traumatic work-related event. This hypothesis was drawn from previous studies that demonstrated the effects of complex trauma (e.g., affect dysregulation and dissociation) on an individual's ability to sustain interpersonal relationships (Herman & van der Kolk, 1996). Complex trauma is defined as 'multiple symptoms and responses' that result from overwhelming exposure to trauma whereby emotions are not processed, hence they persist and cause disruption and may fulfill the criteria for a psychological disorder (Courtois & Ford, 2013).

Complex trauma exposure has been determined to lead to outcomes that could not be conceptualized under the symptom criteria for PTSD. Hence, the development of the state termed Complex PTSD, which has been subjected to scientific investigation as a discrete disorder separate from PTSD as a trauma outcome (Herman, 1992). Some of the symptoms experienced include: shame, disgust, withdrawal and hostility (Herman, 1992).

Despite there being overall progress in terms of the increased research on police officers and the influence of work trauma on the police officer (e.g. Eltnib & Armstrong, 2014;

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Huddleston, Stephens & Paton, 2007; Jones & Kagee, 2000; Kohan & O'Connor, 2002; Kop, Euwema & Schaufeli, 1999;), knowledge about the effects of work-related events and the consequent influence on the family of the police officer is limited. Few studies have attempted to examine the dynamics of familial social support with a family member who is vulnerable to high occupational risk/stress (Hall, Dollard, Tuckey, Winefield & Thompson, 2010; Louw & Viviers, 2010; Olson & Crain, 2015; Stephens & Sommer, 2005).

As a result of the factors that have been described above, it is evident that police officers are faced with daily stressors that influence the manner in which they perceive their job and this has a consequent impact on their health (Huddleston, Stephens & Paton, 2007). Police officers are placed in an occupation that has a 'high exposure to risk and trauma'; adequate organizational support is essential (Keyes, 2012). Research found that chronic exposure to trauma without intervention may lead to development of mental health issues, aggressive behavior and suicide (Patterson, 2008). The police officer functions in the both the domestic sphere and occupational sphere, thus, it is of interest to explore the influence work-related events on the overall familial coherence and connectedness in both the pre- and post-boarding phase.

### **1.2 Aims and Objectives**

The proposed study aims to achieve three objectives:

- To describe the participants' perceptions of the effects of previous work-related traumatic events on the police officer.
- To explore participants' perceptions of the impact that this event had on the family connectedness and cohesiveness during the pre-boarding phase.
- To explore participants' perceptions of the impact that this event had on the family connectedness and cohesiveness at the post-boarding phase.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

This chapter reviewed the literature deemed to be relevant to this study. The review of literature has been organised in terms of dominant themes appearing within various literary sources related to this study.

### **2.1 Prevalence Rates: Crime Type and Area**

Crime is a prominent issue in South Africa; there were 3,550 crimes reported daily – which equated to 148 crimes committed every hour (Crime Statistics South Africa, 2016). Police officers in this country have to deal with one of the highest crime rates in the world. The types of crimes were those of a violent nature, such as: robberies, assaults and murders. Basinska and Wiciak (2012) asserted that an ‘individual’s vocation was a key factor of human functioning’ and had a significant impact on an individual’s well-being. A study found that police officers who attend these scenes experienced work overload which may lead to burnout, early PTSD symptoms and strained familial relationships (Sundaram & Kumaran, 2012).

The crime statistics for South Africa in 2016 were 2,183,001 (Crime Statistics South Africa, 2016), this included theft, assault and robberies. In KwaZulu-Natal, there were 3,530 crimes reported for 2015 (Crime Statistics South Africa, 2015). The total amount of crimes detected, as a result of police action, was 14,196, moreover, burglary at residential premises was a large 15, 687; these statistics were reported from 2015 for the KwaZulu-Natal province (Crime Statistics South Africa, 2015). The largest number of crime incidents was reported in the Durban central area with 13,735 crimes reported for 2016, followed by Phoenix which was 11,206 crimes and Pinetown with 9,455 (Crime Statistics South Africa, 2016).

According to the Constitution of the Republic of South Africa (Section 205-208), the role of police officers is to ‘maintain law and order, prevent crime and preserve the country’s internal security’. The reports above were indicative of the magnanimous amount of crime that occurred. Police officers were exposed to emotionally-demanding situations on a daily basis (e.g., death, illness, and accidents). In 2015/16, the murder rate increased in comparison to 2014/15. This means that there were nearly 34 murders recorded per 100,000 people in the

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country. In 2015/16, an act of murder was recorded on average 51.2 times a day (Africa Check, 2016).

In 2015-2016, 51,895 sexual offences were recorded; this provides an average of 142, 2 per day (Africa Check, 2016). The sexual offences rate decreased from 99% in 2014/15 to 94.3% in 2015/16. This included reported incidents of rape, sexual assault and sexual abuse.

However, this decrease was not a positive indication as further research illustrated that crime went underreported and such a decrease suggested that fewer people reported sexual offences. Statistics revealed that 42,596 rapes were reported in 2015/16 (Africa Check, 2016).

In 2015-2016, 164,958 common assaults were recorded. The assault rate increased from 298,2 in 2014-2015 to 299,9 in 2015-2016 which meant that nearly 300 common assaults were recorded per 100,000 people in the country.

On average, 451,9 people were victims of common assault every day in South Africa in 2015/16 and 148,2 common robberies were recorded daily (Africa Check, 2016). In 2015/16, the police recorded 14,602 carjacking incidents in South Africa, which was a 14.3% increase from the previous year. On average, 40 cars were hijacked per day. In terms of house robberies, an average of 686,6 houses were burgled each day (Africa Check, 2016). 710 drug-related crimes were recorded daily in 2015-2016.

Police officers find themselves in an imperative role as they provide the first line of the criminal justice system. Therefore, it is important that they have access to psychological services to maintain their well-being (Boshoff, 2015). The statistics above illustrate the high crime levels that South African police officers have to attend to on a daily basis; due to the nature and consequences of the work this has serious psychological implications on the police officer.

### 2.1 Impact on the police officer

Anshel (2000) indicated three postulates of stress in police officers: 1) extreme external stimuli was perceived as threatening and caused behavioral and psychological changes; 2) the inability to cope with short-term sudden stress led to chronic illness; and 3) ongoing sources of stress led to burnout with poor performance and dropout from the police service.

Occupational stress has been linked to 'heart disease, peptic ulcers, migraines, hypertension, anxiety, alcoholism and other mental disorders'; within the organization, this led to increased health cost, disability payment and greater absenteeism (Pienaar & Rothmann, 2006). More

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specifically, ‘increased rate of illness, medical boarding, suicide and burnout’ were reported more among police officers than in the general population (Anshel, 2000).

Based on studies conducted in South Africa, it was found that the number of police ‘deaths by suicide was 73.9 per 100, 000; in comparison 0.9 per 100, 000’ South Africans died by suicide (Perkins, 2016). Consequently, the vocation of policing has been ranked as one of the most stressful occupations in the world (Louw & Viviers, 2010).

Police officers were exposed to interpersonal violence on a daily basis; exposure to these alarming events may confront the individual with horror that usual defences are incapable of managing (Johansen, Wahl, Eilersten, Weisaeth & Hanestad, 2007). As a consequence, this influences the individual’s ability to cope, which may lead to a changed self-concept and overall a reduced quality of life.

### *2.1.2 Organizational resources*

Due to the traumatic nature of the job and the direct risk involved in the field of the policing occupation, an important aspect to consider is the appropriate training to qualify as a police officer. In terms of the training of police officers, there was a 1-year course that trainees initiated and completed. In 2016, this requirement was altered and police officers had to attend a 6-month course whereby the theoretical and practical components were divided equally (ENCA, 2016). The training comprised of tactical and academic training. The reason for this reduction in training was to enforce a higher quality of training. This may have influenced the level of preparedness that police officers had prior to their entrance in the field.

In addition to the traumatic nature of the occupation and the lack of appropriate training, police officers also had to manage criminal cases. 43, 007 cases were investigated by a total number of 1,008 detectives which highlighted the occupational demands police officers were faced with in South Africa (Pienaar & Rothmann, 2006).

In order to equip police officers with skills to cope with such demands, the South African Police Service provided resources to police officers such as social workers and psychological debriefing to assist them with the consequent trauma. Multidisciplinary teams comprised of psychologists, social workers and psychometrists who worked collectively and functioned to empower police officers in order to improve their social wellbeing and ability to cope

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(Stutterheim & Weyers, 2004). However, each practitioner remained within their scope of speciality. This team worked harmoniously to provide Employee Health and Wellness programmes (EHW) which consisted of trauma prevention programmes such as:

- Suicide prevention;
- Stress management;
- Critical Incident Stress debriefing; and
- Psycho-social therapy and counselling by professional EHW personnel.

(Boshoff, 2015).

One of the significant findings in relation to psychological consequences of such work was highlighted in Mokoka, Rataemane & Dos Santos,'s (2012) study where it was found that the police and 'military careers have the highest prevalence of disability claims'. It is evident from the above finding that police officers tend to suffer from negative well-being because of the demanding, emotional nature of their daily tasks.

### **2.2 Definition of Work Related Traumatic Event**

For this study, a 'work-related traumatic event' was defined as an event that occurred to the police officer during the term of occupation. This event 'caused stress/trauma' to the spouse and/or the participant and family members (Patterson, 1988). It is of importance to understand whether the outcome from the work-related event was severe enough to influence the overall familial connectedness. The second aspect of importance was whether the trauma severity (psychological/psychiatric state post-trauma) mediated this effect on the family connectedness in both the pre- and post-boarding phases.

Work related traumatic events included normative change such as years of service increasing or a non-normative event such as a sudden threat to one's life. All the events experienced by police officers may be external or internal, and it may be threatening to the individual and/or the family; each work-related traumatic event had a different effect of stress or trauma on the police officer. Therefore, all stressors were not equal but had diverse effects on how it impacted the family's connectedness (Patterson, 1988).

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Each work related traumatic event had a component that imposed demands on the family known as ‘strain’ (Patterson, 1988). This was defined as the need to change something to ease the felt tension. The emergence of strains occurred in on-going roles where performance did not meet expectations. Patterson (1988, p. 210) asserted that strains may be defined as a demand that is already present and it is a “condition of felt tension associated with the need to change”; strains do not have a discrete onset as it emerges insidiously. For example, a police officer who was employed by SAPS for many years and who had an expectation for a certain rank by the time he left but due to affirmative action policies may have not been promoted. In this example, the non-occurrence of the event was deemed to be more stressful than if the event were to actually occur.

Furthermore, when a family attempted to cope with the work-related traumatic event, there was an element of strain that emerged as a result of maintaining balance by adjustment or adaptation; as the family maintained balance, an individual’s physical or psychological health may be compromised (Patterson, 1988). For example, children may try to suppress anxiety when their parent was working a dangerous night shift; thus, they may have developed mechanisms that did not allow them to express their anxiety in a healthy manner.

### *2.2.1 Demands faced by family*

Patterson (1988) noted that there are four categories of demands that families have to manage:

- Needs and tasks associated with growth and developmental needs; this referred to the biological needs (food, shelter and protection) and normative paths where humans transition from infants, to interdependence, to adolescents and then adults with independence.
- The family tasks of maintenance and development; creation of a family unit and development through a family cycle. This referred to physical maintenance, allocation of resources, socialization of family members, reproduction and release of children and maintenance of morale. This has to be maintained within a context of economic strain, normative stressful life events, etc.
- The family lives are embedded in an external context, such as the community, which changed over time. This referred to changes in work environments, school changes and even changes in the government. For example, if there is a change implemented

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in the government medical aid system this will impact all police officers and their families.

- Each family member's health and possibility of illness is of concern; the severity was of importance in determining the impact of the demand.

### **2.3 Medically Boarded Police Officers vs. Psychological Incapacitation**

This referred to police officers who were obliged to leave the occupation, either through resignation or medical boarding. The latter referred to a term used to describe individuals whom are 'declared unfit for service due to physical and emotional factors' (Mokoko, Raetmane & dos Santos, 2012). A medical board included financial assistance whereby the police officer remained as a member on the medical aid from SAPS and they received a 'stipend of their monthly salary until their death' (Mokoko, Raetmane & dos Santos, 2012). However, it did hold the possibility that future employment prospects may be a challenge as a result of the 'medically boarded' label that they were legally assigned.

In contrast, psychological incapacitation referred to an employee being, 'temporarily or permanently, unable to render services to the employer due to psychological disability, stress, illness, mental limitation and trauma' (Burger, 2011). The employer should conduct a thorough investigation of the extent of illness. All possible alternatives must be explored before a decision of dismissal is made. Considerations should include: the nature of occupation, duration of absence, and the seriousness of illness (Labour Relations Act, 1995; Schedule 8). The employer was allowed to state a case and have a trade union representative present to provide assistance (Labour Relations Act, 1995; Schedule 8). Certain kinds of incapacity have recourse such as alcoholism, which may be treated with counselling and rehabilitation. Employers must have a reason for dismissal of employees. The employer was bound by their company policies and procedures when determining a fair dismissal. Employers have to distinguish that the case is not misconduct (Labour Relations Act, 1995; Schedule 8).

#### *2.3.1 Medical boarding procedure in South Africa*

Occupations that involve high 'social and ethical responsibility' such as policing, military, etc. may be at risk for 'developing stress-related conditions' (Emsley & Seedat, 2003). It is a lengthy process to be medically boarded on the grounds of psychiatric disorders; historically,

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it is 'under-recognized and under-treated worldwide' (Bender & Kennedy, 2004). 'Disability' is the alteration of an individual's ability to meet social, personal or occupational demands; although it is assessed clinically by the treating doctor, the decision on disability also undergoes an expert panel review which is appointed by insurers and the employer (South Africa Society of Psychiatrists, 2010).

Psychiatrists are guided by four principles to assess for medical boarding on psychiatric grounds. Firstly, psychiatrists 'assess activities of daily living' (communication, hygiene, sleep, etc.) and they 'assess number of activities restricted and degree of restriction'. Secondly, they assess 'social functioning' (ability to get along with others) and impairment would result in 'social withdrawal, aggressive outbursts and altercations' with others. Thirdly, they assess 'the ability to complete tasks and concentrate' which is tested in the occupational environment. Lastly, the 'individual's ability to adapt and work under stressful circumstances' (American Medical Association, 2007).

The boarding application is administrated by an agency/consultancy independent of the State. The treating practitioner has to demonstrate that the prescribed intervention strategies for a specific condition have been exhausted to redundancy with no improvement in the patient's mental health. The police officer must have 'undergone optimal treatment; doses of medication for an adequate period and psychotherapy' by a trained health professional. In this period, the compliance of the police officer is important (i.e., taking medication, attending appointments) (South African Society of Psychiatrists, 2010). Successful applicants have a greater chance of being boarded on psychiatric grounds with conditions such as psychosis or cognitive impairment, where the prognosis may be poorer. Mental health care professionals in SA adhere to rules that ensure professional honesty where the health professional should state if the 'police officer is completely indisposed for duty or they are able to engage in less strenuous duties' (HPCSA, n.d.).

### **2. 4. Organizational Issues in SAPS**

There were various issues that occurred internally within the police organization; this referred to the organizational factors that caused strain to the police officer. Therefore, work-related events, such as organizational tasks induced stress. The culture of SAPS has been

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authoritarian and bureaucratic in nature. As a result, problems such as poor adaptation, lack of responsiveness, lower job satisfaction and lack of commitment to goals occurred.

In keeping with the above, a study by Nel & Steyn (1997) found the aforementioned factors to be an issue in the South African Police Service. Furthermore, poor service delivery in the SAPS occurred due to the placement of individuals in positions for which they have no relevant experience.

Burger (2011, p. 16) asserted that there was “low morale within the police force due to serious managerial issues and corruption”, while a low paid salary attracted poorly educated individuals who lack respect for their occupation. This was indicated by an investigation by the SAPS Advisory Council, from October 2008-November 2016; it was found that the “basic deficiencies were poor discipline, weak command, and high corruption levels” (Burger, 2011, p. 18). The lack of regular inspections at police stations was also a reported issue.

Studies indicated that poor management, supervision, training and recruitment were at the basis of many problems that SAPS were faced with (Hart, Wearing & Headey, 1995; Lim, Teo & See, 2000). More specifically, administrative stressors such as job demands, paperwork and insufficient remuneration were noted as common stressors (Violanti, Mnatsakanova, Andrew, Hartley, Fekedulegn, Baughman & Burchfield, 2014). Organizational issues were faced in juxtaposition with public mistrust; a survey in South Africa indicated that 40% of the public trusted SAPS which highlighted that 60% of the respondents did not trust SAPS (Human Science Research Council, 2007).

There was the possibility that if ‘committed management initiated action against corruption and excessive use of force’ with the assistance of police officers then the overall perception of police officers would improve, hence the relationship between the community and police would improve (Burger, 2011). Given the above, the majority of police officers’ interactions were with the public, thus this interaction may assist in enhancing their overall working relationship with the public. As every organization does, the SAPS have developed a certain culture over time. This was characterized by norms and values that shaped the attitudes and behavior of police officers (Cooper, 1998). The internal norms and external pressures that police officers were faced with worked jointly to create a unique culture that exemplified authority, control, power and isolation.

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### *2.4.1 Job satisfaction and Turnover*

A study that comprised of 262 police officers indicated that after a critical incident dissatisfaction was expressed and three months was deemed an ‘insufficient’ time period given by the employer to cope with the trauma and low degree of job security (Skogstad, Skorstad, Lie, & Conradi, 2013). After 12 months, the heightened stress was associated with low job satisfaction, negative thoughts about work and poor social support. Low job satisfaction referred to the negative evaluative judgement one attributed to their occupation. A study was conducted on 828 police officers and it found that ‘work-family conflict was associated with work attitudes such as negative job satisfaction’ (Burke, 1988). This illustrated the vast influence that organizational factors may have on traumatic experiences that police officers are required to manage. Furthermore, it highlighted the severity of trauma on police officers over a prolonged period of time.

The turnover intention (i.e., the rate at which employees leave a workforce and are replaced) of the police officer was related to work-family conflict (Burke, 1994). One study found that increased work-family conflict was related to intentions to leave the job (Burke, 1994).

### *2.4.2 Shift work and burnout*

Burke (1998) conducted a study with 391 police workers, whereby 80% of the sample worked shifts. Further research indicated that shift work caused difficulties in sustaining family relationships (Grosswald, 2002). Additionally, the fatigue experienced after shift work negatively impacted the quality of family time that the police officer and family had as it ‘placed extra demands and roles on the spouse’ (Grosswald, 2002). The aspects aforementioned highlight the strenuous nature of the occupation and the consequent stress that their families may face.

Furthermore, during training, police officers vicariously learnt from their superiors that the manner in which to cope with stressors was by engaging in the suppression of emotions in their job; this ineffective coping mechanism was conveyed either directly or indirectly to new police officers (Johnson, Todd and Subramanian, 2005). If they cannot cope with the stressors over a prolonged period of time, they released or displaced these built-up emotions in a safer environment, such as the home.

As a result of the constant pressures that police officers faced, there may be an inability to cope with stressors which manifest in psychological, behavioral and physical symptoms, also

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known as ‘burnout’. Maslach (1982) asserted that burnout was a syndrome that comprised of ‘emotional exhaustion, depersonalization and a reduced sense of personal accomplishment’. The occurrence of burnout increased among individuals who worked in ‘service occupations with problem-ridden populations’ such as criminals and lay-people who were at their weakest points (Maslach, 1982). Given this definition, police officers were susceptible.

### **2.5 Occupational Exposure: Violent Crime and Victimization**

The nature of police work was such that police officers had to run long distances, physically restrain suspects, personally carry injured people and engage in self-defence manoeuvres daily. Therefore, musculoskeletal injuries and high risks of physical injury was a reality for police officers. The “upper extremity was the most common site of injury”; 44, 9% of the sample of police officers reported this site of injury; 2/3 of the sample reported that strains and sprains was the most common physical complaint (Lyons, Radburn, Orr & Pope, 2016, p. 8). One of the factors that increased the risk of injury was the percentage of body fat (Lyons et al., 2016). Another study found that a body mass index (BMI) of more than 35 increased the police officers incidence of back pain (Nabeel & Baker, 2007). Conversely, a study found that the usage of body armour, such as a bulletproof vest, contributed to the backaches that police officers often experienced (Burton, Tillotson, Symonds, Burke & Mathewson, 1996). These studies have illustrated how the nature of the police work has had an influence on the individuals’ health and personal well-being.

In the 2015/2016 financial year 79 police officers were reported to have been killed in the line of duty; in the 2016/2017 financial year 57 police officers were killed; this served as a harsh reminder of the dangers police officers in South Africa faced (Villiers, 2017). Deaths of a fellow policemen and crowd events (e.g., strikes, riots) caused the greatest emotional responses from the officers. The policing occupation is filled with dangerous tasks and past studies showed that policing was highly stressful as it impacted on the mental health and overall psychological well-being of the group.

Statistics illustrated that between 1999 and 2008, 530 police officers in the United States of America were murdered in the line of duty, 41 police officers were killed during domestic dispute calls, 63 police officers were killed during routine traffic violation stops, and 12 were killed during interactions with a person acting aggressively due to mental illness (Federal Bureau of Investigation, 2010). This suggested that there were more stressors on police

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officers that directly led to a decreased life-span. It was of importance to consider the influence of how the ‘possibility of death’ was experienced on a daily basis by the family. Children that had anticipated the death of a parent in the line of duty were direct victims of trauma as they were consciously aware that life was not permanent; thus, they may experience symptoms of anticipation anxiety when the police officer leave for work (Honig & White, 1994).

### **2.6 Social Support - Family Cohesion**

Some of the studies reviewed have found significant associations between the effects of work-related events on police officers and families (Hall, Dollard, Tuckey, Winefield & Thompson, 2010); Stephens & Sommer, 2005). Chopko (2011) asserted that ‘police officers have to save and protect victims (battered woman, abused children etc.)’ and be ‘compassionate warriors’. According to Manzella and Papazoglou (2014, p.4), “police officers, as frontline professionals adopt a dual role: of a crime fighter and a social service worker”. One such factor that will be highlighted in the literature below identified how event/s confluence towards outcomes that shift the employees pre-morbid social functioning (extra familial effects of work-related distress).

Studies have shown that police officers engaged in tasks that exposed them to deception, violence, and traumatic situations; they tended to become ‘suspicious and mistrustful’ of those around them, namely their spouse and children (Boshoff, 2015; Van Dyk & Van Dyk, 2010). Consequentially, this led to overprotection in the home. Firstly, the police officer did not wish to “burden” their spouse with incidents from work; the avoidance was linked to not “hurting” the spouse and the police officer avoided the emotional experience of the trauma and the husbands/wives may have noticed this withdrawal (Honig & White, 1994). Officers brought this suspicious behavior home which resulted in resentment from the family members. They also restricted their spouse and children from going out as they feared for their safety.

However, family resilience was defined as the ‘ability of a family to respond positively to an adverse situation and emerge from the situation feeling strengthened’ and more confident than the prior state (Meadows, Megan, Beckett, Daniela, Fisher, Martin, Meredith, Osilla, 2015). It referred to the family’s capacity to create meaning that arose within the adversity

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that occurred during the police officer's work-related traumatic events. In responding positively, Regehr (2005) found that partners of police officers experienced being proud and some families collected articles of the spouses achievements, this was a coping mechanism used by families. Further, the study indicated that support from the husband/wife was imperative in the police officer's ability to cope.

In certain situations, police officers endured 'mission-induced separations which consequently induced stress due to increased care obligations' on the partner, a loss of emotional support in the family and readjustments which were required upon the police officer's return (Stack & Kelley, 1994). In addition, another study indicated that partners became overwhelmed during the separation and gave in more easily to their children's demands (Stack & Kelley, 1994). Also, some spouses became more overprotective and displaced their anxiety onto the children.

### *2.6.1 Social support for police officer*

Various studies have been conducted across multiple populations and it was found that a lack of social support for the police officer was deemed to be the strongest risk factor for the development of Post-Traumatic Stress Disorder (PTSD) symptoms (Brewin, Andrews & Valentine, 2000). PTSD stemmed from the exposure to extreme trauma that was characterized by re-experiencing the event, emotional numbing and hyperarousal symptoms for more than one month (Suliman, Kaminer, Seedat & Stein, 2005). There were increased levels of criminal violence that continued in society which highlighted the magnitude of crime with which police officers were faced. A study on veterans with PTSD indicated that they exhibited 'severe marital problems, parenting issues and violent behavior in the family', thus having an impact on family members where the wives of the veterans reported feeling lonely and confused (Davidson & Mellor, 2000). Furthermore, a study found that emergency workers employed emotional numbing whereby an individual avoided the experience of the emotional events by consciously minimizing emotions and focused solely on the cognitive aspects of the occupation (Ruscio, Weathers, King & King, 2002). When emergency workers engaged in emotional numbing this had a negative impact on the family as it was associated with 'emotional unavailability, decreased interest to seek and interact in relationships with the family' (Ruscio et al., 2002).

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### *2.6.2. PTSD and the police family*

PTSD is defined as a trauma- and stress-related disorder where individuals are exposed to “actual or threatened death, injury, violence; this exposure may be direct, witnessed, indirect or repeated exposure and the symptoms are present for a period of at least 6 months” (American Psychiatric Association, 2013, p. 274). Individuals may experience four types of symptoms: “1) intrusion symptoms (nightmares, flashbacks, and intrusive thoughts); 2) avoidant symptoms (thoughts or feelings related to the event); 3) negative alterations in mood (memory problems, negative beliefs, distorted sense of blame, detached); and 4) increased arousal symptoms (difficulty concentrating, irritability, sleep disturbance, and hypervigilance)” (American Psychiatric Association, 2013, p. 275). The relationship between social support and symptoms of PTSD was influenced by factors such as attitude toward emotional expression, source of social support and the work culture of the other police officers. Further studies maintained that there was an increased risk in the development of PTSD for individuals who were involved in a prior assault and feared that they were going to be killed, severely injured or were actually critically injured (Johansen et al., 2007). However, studies on the impact of trauma on the family of the police officer indicated that they felt the effects of the police officers’ anger and irritability and it negatively impacted them. (Calhoun, Bekham, Felham, Barefoot, Haney & Bosworth 2002; McFall et al., 1999).

Another study found that subjects who reported any previous trauma were significantly more likely to experience PTSD from the index trauma than subjects who had no previous exposure to trauma (Breslau, Chilcoat, Kessler & Davis, 1999). This indicated that adults who were police officers may have experienced trauma in their personal or professional lives prior to policing or childhood trauma and this led to them being more susceptible to the trauma of the policing occupation.

Lepore (2001) stated that an individual’s social environment had the ability to either promote or impede the willingness to speak about the traumatic work-related incident. For example, when police officers experienced criticism from family members, this was when symptoms of PTSD were likely to increase as the police officer may have felt unsupported. Supportive responses from family members provided a buffer from the development of PTSD symptoms. Robert and Levenson (2001) used physiological measures and found that when police officers experienced days with higher stress-related events, their conversations with their wives revealed higher levels of autonomic arousal at the end of the day. Lanius (2007,

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p. 7) conducted a biological study and asserted “low expression variant of the serotonin transporter gene increased the risk for PTSD and major depression”, but only under the conditions of high exposure to trauma and low social support. Therefore, police officers may be protected against these conditions through their perceived level of social support. Further, a study by Kail (2014) found that emergency workers decided how much they were willing to share with their partner and thus the relationships were affected; the decrease in communication was common whereby workers believed that by limiting personal communication, they were ‘protecting’ their spouse.

Alternatively, discussing the trauma excessively led to the development of secondary trauma in the spouses (Kail, 2014). Family members of individuals exposed to traumatic events were ‘deemed as vulnerable to secondary impacts’ of that stress (Figley, 1983). Studies have indicated that “high levels of intrusive thoughts and avoidance symptoms in individuals were associated with decreased marital satisfaction and cohesion” (Hendrix, Jurich & Schuum, 1995, p. 8). Further studies on military spouses found that high secondary trauma symptoms have been associated with an increased seeking for treatment for depressive and anxiety symptoms (Mansfield & Kaufman, 2010).

### *2.6.2.1. Complex post-traumatic stress disorder (C-PTSD)*

Herman (1992) asserted that CPTSD is a clinical syndrome that develops after prolonged exposure to trauma, specifically if there are early traumatic events in an individual’s life (e.g., abuse, neglect), and if the trauma is of an interpersonal nature. Research indicated that it overlaps with symptoms of PTSD and has symptoms such as: shame, feeling damaged, social withdrawal, and hostility which often lead to dysfunctional relationships with others (Reed, First, Elena, Gureje, Pike & Saxena, 2016). The emotional regulation and dissociation is more severe in C-PTSD when compared to PTSD; prolonged exposure also led to personality alterations (Herman, 1992).

### *2.6.3. Work-Family conflict*

Results showed that police officers displayed anger and spent more time away from the family due to the nature of the job. This anger may be exhibited in the form of verbal or physical abuse towards the family unit (Stephens & Sommer, 2005). Further studies reported that 60% of 479 partners’ experienced verbal abuse and women found psychological abuse to be more distressing than physical abuse (Johnson, Todd and Subramanian, 2005). It was important to note that the occupation of the police officer provided them with adequate skills

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in being more verbally and physically intimidating than others; the manner in which this factor is handled in the home environment may have implications. Edwards (2006) found that officers who experienced higher traumatic stress at work engaged in physical violence toward the family. Stress and strain on the family and police officer was frequently as a result of the 'deployments and separations that police officers faced' (Meadows et al., 2015). The effects that spouses experienced included higher rates of depression, anxiety disorders, sleep disorders and adjustment disorders (Meadows et. al, 2015).

Furthermore, a study indicated that police work had a negative impact on marital relationships. More specifically, partners indicated that 'work-family conflict and finances were two primary concerns and sources of distress' for the family (Karaffa & Koch, 2015). It was of importance to note that specific duties also increased work-family conflict. Farkas (1988, p. 175) found that police officers who engaged in undercover work reported frequent negative symptoms and "heightened marital distress; this may be due to the denial of the emotions they experience as a result of trauma" and the lack of support in this 'hidden' mission.

In addition to the above, increased marital conflict may lead to violence within the family; whereby marital difficulties turned into domestic violence. Research indicated that domestic violence in police families stemmed from 'high levels of violence exposure, authoritarian behavior from the job, and burnout' (Anderson & Lo, 2011). Police officers coped with stress in a manner that led to interpersonal violence; with the more hours police officers worked, the more the likelihood of domestic violence.

Mullins and McMains (2001) reported that after critical incidents, police officers may experience sleep disturbances, which resulted in less REM (Rapid Eye Movement) sleep. This led to a gradual decrease in physiological symptoms and emotional discord. The police officer may be faced with constant fatigue which may lead to irritability and anger towards self or the displacement of anger onto significant others. In some instances, police officers precipitated crises in their home life following exposure to a critical, traumatic incident. Another study indicated that with the 'erratic hours of work, the circadian rhythm (sleep-wake cycle of the body) of police officers was disrupted as being awake at times when one should be asleep impaired concentration and judgement' (Burger, 2011). This may have led to marital distress as the partner and police officer had differing sleep patterns and resultant strain on the body.

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### *2.6.4. Communication of work-related events*

Humour appears to act as a buffer against the negative effects of stress that an individual may face (Abel 1998). Research indicated that humour assists to “restructure a situation to be less-threatening” and it allowed for a reduction in physiological reactions (Dixon, 1980, p. 367). A study revealed that individuals with a high sense of humour cognitively appraised less stress (Abel, 2002). A study by Evans, Pistrang and Billings (2013) indicated that police officers perceived humour with colleagues to be a helpful technique to ease the atmosphere at work; the humour ‘acted as a bridge to create social bonds whereby police officers felt safe as a group’. The study revealed that non-judgemental, empathic responses were preferred as forms of both formal and informal social support. However, there was limited research on the feelings and experiences of partners towards the work-related incidents that police officers experienced.

Research indicated that police officers expressed concerns about discussing work-related events with their family as they were deemed to be ‘laymen’ and questioned their ability to hear and understand the work-related incident, as experienced by the police officer, without experiencing uncomfortable feelings (Evans, Pistrang & Billings, 2013). The reason for this was that relatives and other individuals started to experience concern for the police officer’s safety or they simply ‘did not wish to know’ as it did not involve them. Conversely, Skogstad and colleagues (2013) indicated that a challenge among police officers was their reluctance to access psychological support during times of need. The reason for this may be the ‘macho’ culture that narrates how police officers must ‘be strong’ and not express themselves. This characterized the stereotypical image of a police officer. This may be linked to a denial of admitting feelings that make police officers feel vulnerable or weak.

Barker and Pistrang (2002) found that many police officers indicated how knowing that support was available was comforting on its own, regardless of whether they spoke to the supporting individual or not. Prati and Pietrantonio (2010) had findings that were consistent whereby ‘perceived rather than received social support’ was of importance to the police officer and coping with the stressors.

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**2.7. Post-Traumatic Support and Debriefing**

The total amount of reported contact crimes in South Africa from April, 2014 to December, 2015 was 616,973 and in April, 2015 to December, 2016, the reported contact crimes were 623,223 (Crime Statistics South Africa, 2016). This showed the gradual increase as each year passed. There was an obligation of police management to ensure that officers were both mentally and physically equipped to manage.

Bishopp and Boots (2014) found that police officers that experienced burnout had a greater suicide risk. The well-being of police officers was affected due to the nature of their jobs, daily events of crime, and loss of lives from violent murders. These occurrences damaged the individuals' psyche and hampered their overall well-being. Police officers evaluated their lives from this perspective. Further research indicated that about 300 police officers commit suicide every year (Badge of Life, 2016).

Kopel and Friedman (1997, p. 308) conducted a study on the PTSD symptoms of South African police officers' exposed to extreme violence. This study revealed that there was a link between the experience of violent scenes and the stress response, such as nightmares, hyper-vigilance and emotional avoidance. Similarly, a study by Martin (1986) reported that 26 out of 75 police officers reported such symptoms. These studies indicated the link between violent work and the influence on personal well-being of the police officer.

A major component in the policing occupational role was the experience of critical incident stress. This refers to the 'emotional stress that police officers experienced after the exposure to incidents' (Carlier, Voerman & Gersons, 2000). Critical incident stress debriefing was imperative as an early intervention with the police officer which was aimed at reduction of the effects of trauma on police officers and their families. The fundamental premise on which debriefing was based was that 'the notion of speaking about what the individual experienced' would assist in the reduction of PTSD symptoms (Van Dyk & Van Dyk, 2010). If the initial symptoms were not attended to, police officers may develop acute stress disorders and/or full Post Traumatic Stress Disorder. These disorders impacted on the police officers' psychological well-being and the relationship with their family members and spouses (Boshoff, Strydom & Botha, 2015).

There are two types of debriefing: operational and psychological debriefing. Operational debriefing allows the officer to have an 'understanding of the event with an emphasis on risk

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assessments (i.e. suspects and threats at the scene). Conversely, psychological debriefing is aimed at providing “coping resources to the officer for the emotional impact of the scene” (Janoff, 1992, p. 14). Research has indicated that debriefing may reduce the incidence of clinical depression and stress-related fatigue (Alexander & Klein 2001). Such levels of violence are bound to act as a stressful work-related incident. Elntib and Armstrong (2014, p. 417) asserted that management “needs to implement adequate measures to ensure police officers are mentally and physically” able to conduct their duties. Priority should be given the police officer’s overall well-being. In another study, police officers were asked about the debriefing programmes that have been implemented; a consistent critique was that the content in the programmes had an ‘individual focus and neglected understanding the individual within their social environment and family context’ (Boshoff, Strydom & Botha, 2015). Therefore, more research was required on understanding police officers in their micro social systems.

Employee health and wellness programmes supplemented debriefing; in 2015, 179 960 police officers were reached with this programme; in contrast, 142 985 police officers were reached with this programme in 2016 (Crime Statistics South Africa, 2015). This illustrated a magnanimous decline in the amount of police officers reached by this programme within a period of one year (Annual Report SAPS, 2015).

### **2.8 Family Support and Counselling**

The nature of the occupation had an impact on the police officer and their family as the environments of the occupation and family intersected. Research revealed that the most frequent complaint among 479 spouses was the police officers’ inability to leave the stressors from the occupation at the workplace; often police officers treated the ‘family like citizens, the police officers ‘word’ and their idea of doing things a certain way overruled others’ (Johnson, Todd & Subramanian, 2005).

A lack of familiarity posed a challenge to the family’s understanding of work related trauma; therefore, it was imperative that police officers educated their families through the discussion of events. This included work-related events that occurred to the police officer; it may be conducted in a formal manner such as in a family counselling session and/or informally around the dinner table to ensure their family was aware of their incidents at work. This will facilitate enhanced work-family relations (Culbertson, 2012). In some instances, police

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officers had a family lineage of past police officers where familiarity was increased. The family was aware and this may lead to increased understanding and support available for the police officer in the home environment.

### *2.8.1. Stigma and mental healthcare*

A lack of familiarity is associated with stigma. Stigma experienced around mental illness has been a global concern where this has acted as a barrier to accessing care (Egbe, Brooke-Summer, Kathree, Selohilwe, Thornicroft & Petersen, 2014); the study indicated that family members and health professionals 'perpetuated stigma in their actions and attitudes to help-seeking behaviors'.

Youngcourt and Huffman (2005) found that availability of family-friendly programmes moderated the positive relationship between work-family conflict and overall stress. However, the availability of programmes of this nature was not sufficient, thus there should be a liaison officer that follows up to ensure that these programmes reached police officers. This indicated that the family may benefit from being involved in their own debriefing programmes. There was evidence that indicated that police officers 'relied on family and friends as their primary support instead of professional treatment' (Karaffa & Koch, 2015).

### *2.8.2 Preventive interventions*

It is of importance to note that with the implementation of policies, this may save the organization (i.e., SAPS) money which will lead to lower levels of turnover among police officers. An organization may also be able to lessen work-family conflict through the design and implementation of training programmes targeted at officers to assist them with functioning more effectively within their family unit. For example, programmes aimed at teaching police officers how to regulate emotions in a constructive way that enables them to deal with the emotions and prevent family violence and anger.

Within the family unit, a large part that 'determined the ability of police officers to cope within the family was communication' (Borum & Philpot, 1993). The study indicated that police officers viewed their nature of the occupation as limiting rather than increasing their communication style with their partner. Police officers compartmentalized the stressor they faced which was an adverse way in which to deal with the events. The creation of boundaries in relation to work and family life was an 'effective dichotomy that was established in police families' (Borum & Philpot, 1993). Effective coping was essential for the survival of

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relations between the police officer and the family; destructive coping included drinking and smoking which had strong links to work-family conflict and stress (Burke, 1988).

### *2.8.3 Social support for the spouse*

The partner who entered the police culture via marriage to the police officer was expected to adhere to the values and norms of the culture; the police service had an agreement to be there whether in duty or death for the husband/wife and the police officer. However, police partner victims may need assistance when the police officer's occupation becomes overwhelming and influences the quality of the relationship, as research indicated this may lead to 'violence, arguments and discord within the family system' (Johnson, Todd & Subramanian, 2005).

There were few reports in the literature that suggested that police partners do not report abuse, as they could have felt uncomfortable reporting it to a fellow police officer who may be a colleague of the abuser and the possibility of facing stigma from the police community becomes a concern. The judicial system and reporting systems are the police abusers 'area of expertise' and police spouses may shy away from this alternative (Johnson, Todd & Subramanian, 2005). Thus, for many, the option of divorce becomes a practical alternative to leave the marriage. The spouse may perceive that there is no alternative and thus end the marriage.

## **2.9. The South African Police Service**

Historically, the turbulent history of Apartheid perpetuated division along the lines of race, prior to the year 1994. The top structure in SAPS were white males (Nel & Steyn, 1997). As Apartheid battles were fought, SAPS strived to amend policies and introduce cultural diversity into the police force. However, during this period, police officers had to use 'force' in situations that demanded it (Bruce, 2002). Historically, law enforcement was called 'The South African Police Force', which was predominantly associated as an agency of the era of Apartheid. This was at some point re-conceptualized as the South African Police Services in an attempt to de-stigmatize the oppressive mandate given to the police officer of the law during that period. Brogden and Shearing (1993) asserted that globally 'police forces' remain focused on repression rather than social empowerment. Since inception, SAPS has fostered a sense of 'us and them' whereby police officers had a collective identity which studies found (Nel, 1994) that it served the function of acting as a buffer for protection among police officers but conversely made the community feel far-removed from SAPS.

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In turn, this led to stereotyping and a general disrespect from the community towards the police as there was 'no common ground or closeness between the two groups' (Nel, 1994). This identity that police officers had was evidenced by the constant discussion of problems among colleagues who were deemed to be 'just like me'; this led to a distancing of the police officer from the partner and family. Police officers socialized within the police culture as this loyalty towards other police officers served to 'counteract the attack on their ego from the public by confinement' to other members like themselves (Shernock, 1995; Tyler, 2000). Studies also indicated that families engaged in a distancing process from the police officer when they felt overwhelmed as the incidence of secondary trauma to the partner was high (Titelman, 2013).

South Africa was in a situation where there was a decline in public trust in the police. The perceptions that the public formed have stemmed from news reports and daily conversations of crime and the manner in which it was handled by SAPS; although this may be an isolated number of events, SAPS was viewed in a negative light by many. There were reports in April, 2011 of incidents of police brutality; the assault and killing of Andries Tatane by the police during a protest march in the Free State and a video of the incident was broadcasted on Prime television news (Burger, 2011).

In the same year, a woman was shot and killed in her car by a police officer outside a station in Johannesburg; the reason for the shooting was that she had crashed into a stationary police vehicle at the station. Further perceptions were created when 15 police officers beat a suspect to death in Hammarsdale, KwaZulu-Natal (ENCA, 2016). These events were examples that illustrated the level of stress, violence and police brutality in the country. This also added to the shame that police officers encountered on a daily basis. Shame is a 'self-conscious awareness that one is being viewed, or might be viewed by others in an unflattering light' and variants of shame were inadequacy, ridicule and humiliation (Trumbull, 2003).

The 'us versus them' attitude that has developed in South Africa, between police officers and the public has placed police officers into a precarious position as it has perpetuated the isolation between police officers and the public. The police officers were viewed as the 'enemy' (Burger, 2011). In a democratic country, SAPS need the public as a partner in the fight against crime as they serve as the source of information, without this assistance from the public it makes the occupation of policing more challenging. Consequently, without this the

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police have to work much harder. A study revealed that prior to age 40, much of a police officer's social life was spent within the police culture and with their colleagues (Shernock, 1995). This experience of interactions with others that are similar to themselves alienated them from interactions with other friends that may be from different professional backgrounds.

2.9.1. Table indicating the number and percentage distribution of the reasons for being dissatisfied with the way the police dealt with crime by province

Reasons		Province										RSA
		WC	EC	NC	FS	KZN	NW	GP	MP	LP		
Not enough resource	Number	*	*	*	*	*	*	12	*	*	48	
	Per cent	*	*	*	*	*	*	33,5	*	*	34,8	
Lazy	Number	*	*	*	*	19	*	19	*	10	71	
	Per cent	*	*	*	*	58,9	*	53,6	*	54,8	53,1	
Corrupt	Number	*	*	*	*	13	*	19	*	*	55	
	Per cent	*	*	*	*	41,8	*	53,1	*	*	41,6	
Do not come to the area	Number	*	*	*	*	20	*	13	*	10	67	
	Per cent	*	*	*	*	63,1	*	39,1	*	55,4	50,7	
Release suspects early	Number	*	*	*	*	12	*	13	*	*	47	
	Per cent	*	*	*	*	37,9	*	37,6	*	*	35,0	
Cooperate with criminals	Number	*	*	*	*	*	*	13	*	*	40	
	Per cent	*	*	*	*	*	*	37,0	*	*	30,0	
Harsh towards victims	Number	*	*	*	*	10	*	*	*	*	35	
	Per cent	*	*	*	*	31,9	*	*	*	*	26,5	
Never recover goods	Number	*	*	*	*	16	*	*	*	*	52	
	Per cent	*	*	*	*	50,2	*	*	*	*	39,2	
Do not respond on time	Number	539	595	136	272	938	509	1253	433	447	5122	
	Per cent	70,9	87,7	90,6	84,4	83,9	87,2	68,9	78,3	82,6	78,5	
Gender and disability insensitive	Number	63	108	25	39	243	130	341	55	99	1102	
	Per cent	8,2	16,0	16,4	12,2	21,8	22,3	18,8	10,0	18,3	16,9	
Other	Number	52	11	*	17	11	15	90	22	*	233	
	Per cent	6,8	1,7	*	5,3	1,0	2,3	4,9	3,9	*	3,5	

\*Numbers below 10 000 are too small to provide accurate estimates. Sensitive cells are indicated by an asterisk

Source: (Statistics South Africa, 2015)

The table above indicated the reasons that households in South Africa were not satisfied with SAPS (Statistics South Africa, 2015). The most frequent complaint was that police officers did not respond on time; Northern Cape (96%) had the highest percentage, followed by Eastern Cape (87, 7%). More than half the households in KwaZulu-Natal (56, 6%), Limpopo (54, 8%) and Gauteng (53,1%) reported that they were dissatisfied because of 'police laziness'. Gauteng (53, 1%) and KwaZulu-Natal (41, 8%) had the highest percentages of households that attributed corruption to their dissatisfaction.

Statistics revealed that in twelve years the total number of complaints against the police increased by 146% and the number of cases opened against police officers increased by 285%

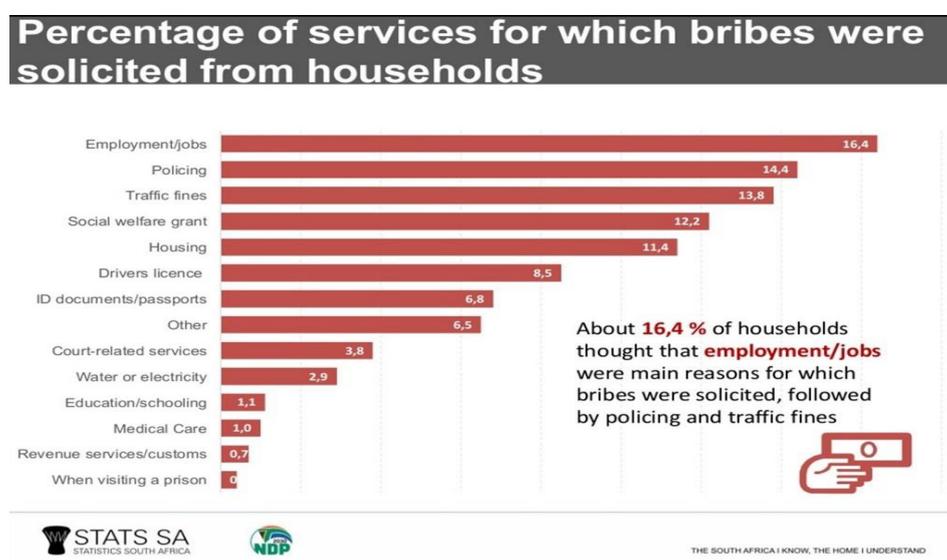
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(Burger 2011). Given the extent to the police brutality reports and public perceptions; to live post-apartheid in a democratic South Africa may pose a challenge for police officers who have the dual responsibility as individuals with families that have personal needs while still abiding by the law and upholding the values of SAPS while dealing with negative public perceptions. This influenced the police officers well-being and their family life.

Furthermore, as the country has endured political changes, there are policies that set out to implement these changes (Nel, 1994). There were policies focused on introducing racial and gender equality which had implications and consequences for many police officers. This was an indication of the manner in which police officers had to deal with macro changes as well as the micro changes within their home. Therefore, this may lead to police officers with increased frustrations and more involvement in corruption.

The graph below illustrated that among the different services, policing ranked the second highest out of 14 categories, for the acceptance of bribes in South Africa (Statistics South Africa, 2015).

### 2.9.2. Graph 1: Graph illustrating bribes from households



Source: (Statistics South Africa, 2016)

Affirmative action stipulated that certain posts and ranks needed to be filled by an individual that was from a particular race group and gender. Police officers that were not from these groups may have felt violated and disrespected. In stark contrast, those that acquired the post on this basis may feel incompetent as their perception is that they were only allocated the

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relative post because of their demographics and not skills. Research indicated a lower job satisfaction rate among police officers from minority groups (Buzawa, 1984).

According to Crime Statistics South Africa (2016) there were 356, 919 crimes that were detected as a result of police action in March 2014 to December 2015; this decreased to 355,926 detected crimes in March 2015 to December 2016. This statistic indicated the possibility that police officers were faced with a vast amount of stressors and trauma. The steady increase of crime in South Africa had implications for police officers who executed their daily jobs in this sphere; police officers were exposed to an increased amount of traumatic work related events

All of the stressors and concerns mentioned above are the realities that police officers in the country are faced with and may provide an explanation for the increase of police officers who were medically-boarded due to a gradual decline in their mental and physical health. A 'lack of patience, increased tension, loss of motivation and feelings of emotional numbness, as a result of exposure to the job', has affected the police officers ability to function as an individual within his/her family unit (Nel, 1994).

When analyzing stress models, the commonalities lie in three domains: 1) sources of stress (work-related events that police officers face; 2) mediators of stress (resources that were used to cope); and 3) outcomes of stress (changes in bodily functioning). The Family Adjustment and Adaptation Response Model (FAAR) will be used for this study.

### **2.10. Theoretical Framework: The Family Adjustment and Adaptation Response Model (FAAR)**

This theoretical model is based on family stress and coping theory. Frequent stressors were characteristic of everyday realities for families of police officers. There have been increased rates of decline in health and disorders among this population. A family is considered as adjusted when they 'balance demands with capabilities as this intersects with meaning' (Patterson, 1988). On a daily basis, families are faced with the need to balance demands and capabilities. There were some occasions when "demands outweighed a family's capabilities; consequently a crisis may occur" which often led to a major change in family functioning and created a discontinuity in the family's overall functioning (Patterson, 1988, p. 228).

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According to the literature, there are many factors that influenced the family functioning. Flexibility referred to the family's "ability to adapt" and connectedness referred to "how integrated each member in the family is" (Patterson, 1988, p. 219). Furthermore, the extended social support network that the family has will influence the manner in which the family reacts to stressors.

The manner in which a family communicated had an influence on the overall connectedness of the family (Patterson, 1988). There were factors that influenced the connectedness of the family such as the 'clarity of communication, whereby a clear and consistent style of communication should be utilized'; emotional responsiveness, whereby members in the family are able to respond emotionally to one another when something occurs. Lastly, interest and involvement refers to the 'interest and value shown to activities and interest of family members', with a balance between independence and interdependence (Patterson, 1988).

Patterson (1988) asserted that families attempt to maintain balance through the use of their capabilities to meet the present demands. The meanings families attach to what happens to them (i.e., demands) and to what they have available to deal with it (i.e., capabilities) is critical in order to achieve a balanced functioning. This ability to balance will result in family adaptation which ranges from good to bad. If the family has 'poor adaptation this may lead to family disintegration and decreased connectedness' amongst family members.

### *2.10.1 The Adjustment Phase*

This phase is a relatively stable period where the changes that are made are minor as the family tries to maintain balance. Predictable and stable family patterns are present here. However, when demands exceed the families' capabilities, there is an imbalance; then the family will "attempt to maintain balance by acquiring new coping behavior and changing the way they view a situation" (Patterson, 1988, p. 227). The concept of the family's sense of control is important; this refers to their feelings of power over the situations that happen to them and their reactions to the situations.

### *2.10.2 The Crisis Phase*

When the demands exceed the families capabilities, this is the phase when a family is deemed to be 'in crisis'. During this phase, the family is uncomfortable and placed in a vulnerable position. Most commonly, families that are in this position will reach out for some form of assistance; this assistance is generally for medical assistance. The reason for this type of

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assistance is that is the safest and least stigmatizing place to get assistance. A family in crisis has some promise as it is out of this phase that a family can mend their old ways and become an improved family; if this occurs this is known as the adaptation phase (Patterson, 1988).

### *2.10.3 The Adaptation Phase*

In this phase, family efforts are directed at the restoration of balance to the family by ‘altering or expanding their meanings to accommodate the new circumstances’, reducing the pile up of demands and developing new coping strategies. Balance is maintained between the police officer’s needs and the family’s capabilities to use their resources to satisfy those needs. It is an ongoing process to fit the individuals’ needs with the family unit’s needs. However, this “becomes complex as family members join the unit, leave the unit and unexpected life events occur” (Patterson, 1988, p. 229).

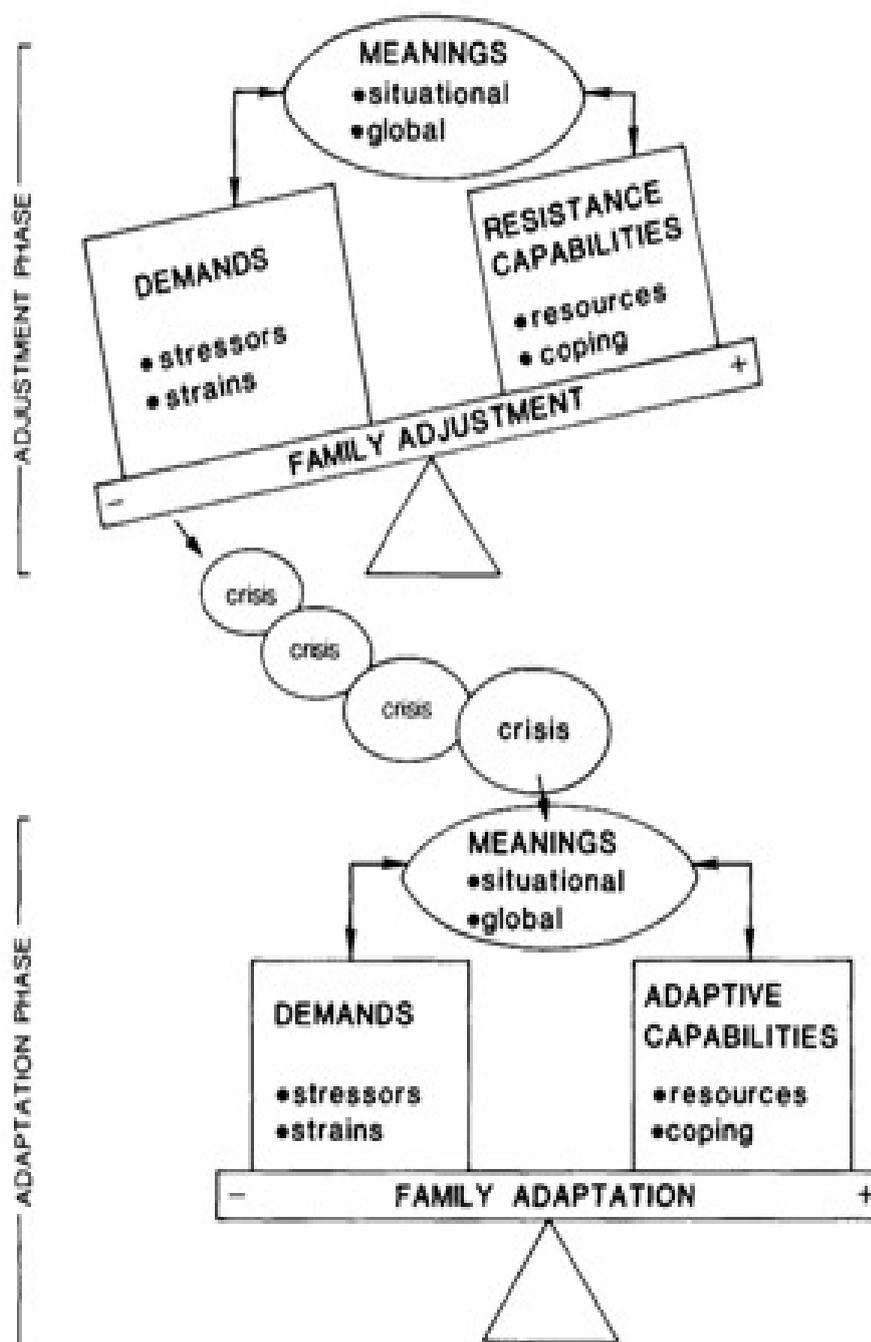
The main distinction about adaptation, in contrast to adjustment, is that it evolves over a longer period of time and has long-term consequences. It involves ‘restructured goals, roles and patterns within the family’. For example, the police officer is medically-boarded and this may result in the spouse taking on extra work to compensate for financial losses and there may be a reassignment of household chores to accommodate for the boarded police officer.

The concept of a ‘sense of coherence’ is significant; this refers to the way in which the families perceive and respond to the event based on their understanding, manageability and meaning of the event.

### *2.10.4. Meanings*

The family’s situational meaning refers to their “subjective meaning of the demand and the capabilities” that they believe they have to cope with the event (Patterson, 1988, p. 221). This is either consciously or unconsciously interpreted from a frame of prior experience.

Resources and coping behaviors are evaluated by the meanings ascribed to them. When it is seen as an imbalance, there is tension and stress that arises.

*Families Experiencing Stress*

**Figure 2. The Family Adjustment and Adaptation Response (FAAR) Model**

*Source: (Patterson, 1988). The Family Adjustment and Adaptation Model, page 209.*

### CHAPTER THREE: RESEARCH METHODOLOGY

This chapter provides an overview of the methodology employed in this research study. Firstly, the rationale for the research design will be indicated followed by a description of the sampling, data collection and analysis strategies used. This section will also include support for the validity and reliability in terms of the chosen study design. Lastly, this chapter will acknowledge the limitations regarding the selected research design and methodological approach.

#### 3.1 Research Design

Qualitative research is a ‘form of inquiry that analyzes information conveyed through language and behavior’ (Berkwitz & Inui, 1998). At a deeper level, qualitative approaches were required to understand the “structure” of a system. These techniques are essential in uncovering the extent of interdependencies and the value members in the system place on it. Berkwitz and Inui (1998) asserted that qualitative techniques ‘yield meanings, processes and values’.

This study utilized a qualitative approach as it aimed to explore participants’ perceptions which are linked to their consequent thoughts and behavior. The nature of qualitative designs allowed for the researcher to explore subjective representations of experiences with a level of richness and depth that quantitative designs lack.

This study was unique as it explored participants’ perceptions of cohesiveness and connectedness (following their husbands/wives experience of work-related trauma) within the South Africa context; it involved human interactions and rich data needs to be yielded. The nature of this design permitted the use and analysis of subjective experiences, participant perceptions, in relation to constructs such as family cohesiveness and connectedness, with the intention of exploring the systemic effects regarding police officers experience(s) of a work-related traumatic event. This research attempted to explore, in detail, the unique experiences of each participant with the aim of identifying the nature of the relationship between a specific life event (psychological distress that followed the police officers experience of a traumatic work-related incident) and the consequences this may have had on the family’s sense of connectedness and cohesiveness. In order to effectively uncover and examine this

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within a context of acknowledging subjective, individual experiences, a qualitative methodological approach was employed.

In an attempt to arrive at understandings and interpretations of how people experience their social realities, this research adopted a ‘critical, interpretive approach, informed more specifically by an interpretive paradigm’ (Neuman, 2014). A paradigm may be defined as a means of ‘basic orientation to theory and research’ (Neuman, 2014). The interpretive paradigm was a form of qualitative research; it was rooted on empathetic understanding of the everyday lived experience of individuals. This paradigm made use of field research and participant observation which required the researcher to analyze transcripts in extensive detail.

Bryman (2001) stated that within the interpretive paradigm individuals should be treated as ‘human beings’ and researchers must attempt to gain ‘access to their thoughts, experiences and perceptions by listening and observing them’. This was an empowering process for participants as they did not merely react to questions, but their answers guided the study. Therefore, it was necessary for the researcher and participant to have a relationship that was characterized by trust and confidence (Bryman, 2001).

This approach concerns how people interacted and got along with each other (Neuman, 2014). The interpretive researcher was interested in what was meaningful for a group of people; it refers to a study of meaningful social action and not solely visible behavior. It was important for the researcher to take into account the reasons and social context of the action.

Interpretive researchers asserted that social reality was what individuals perceived it to be and it existed as individuals experienced and assigned meaning to it. They were concerned about what actions meant to people who engaged in them. Individuals had their own reasons for their reactions and it was imperative to take this into consideration.

In the interpretive paradigm, the research relationship should be one that assumed ‘a non-judgemental stance toward the thoughts and words of participants’, as this enabled the researcher to gain access to true thoughts and feelings (Spradley, 1980). As the listener, the researcher became the learner and the participant assumed the role of a teacher. The main goal of this meeting was to gain knowledge.

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### 3.2 Validity and Reliability

All researchers strive for validity and reliability in the measurement of studies; it is impossible to have perfect validity and reliability. It may be defined as ideas that assist to establish truthfulness or credibility (Neuman, 2014).

Noble and Smith (2015) stated that validity referred to the ‘integrity and application of methods and the precision’ by which the results reflected the findings. There are two types of validity: internal and external. Internal validity is defined as the extent to which findings are a true reflection of reality (Brink, 1993). External validity refers to the ‘extent to which such findings were applicable across groups’. Reliability refers to the consistency within the procedure and the researcher’s ability to record and collect data accurately. There are various strategies that researchers may employ to ensure the research is valid and reliable. Firstly, researchers should account for personal biases that may influence the study. This has been mentioned in the limitations of the study.

An acknowledgement of biases in sampling and constant reflection of methods to ensure depth of data collection and analysis is imperative; the researcher has acknowledged that personal interviews and interviewer demographics may pose a challenge in biases with participants. However, there has been a conscious effort made to ensure on-going reflection is done by the researcher. Brink (1993, p. 36) suggested that in order to reduce researcher effects the researcher must be “trained rigorously to be objective”. For this study, the researcher is trained as a clinical psychologist and has been taught to be neutral and maintain a non-judgemental stance.

There was also the possibility that participants may respond less or more favourably; in order to reduce the possibility of this, it was imperative that participants were informed about the nature of the research and this was done by building a trusting relationship with the participant. This was conducted as the informed consent forms stated the reason for the research study, the data collection method and allowed for any further questions.

A pilot study was used with two participants to establish whether they understood and responded to the semi-structured interview. They did experience it as understandable and were able to respond meaningfully.

Another strategy, participant validation, was utilized whereby participants were invited to comment on the final themes and findings that emerged from the study to ensure that this

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adequately reflected the actual reality (Noble & Smith, 2015). This was conducted with participants at the end of the study at a community civic centre.

Sensitivity to participants was essential during the research process. The context of the interview was of importance; the interviews were conducted at a university. The venue was comfortable, well-lit and convenient for all participants and they were all compensated for travel costs by the researcher. Lastly, the inclusion of rich, thick verbatim descriptions of participants' accounts to justify the findings was a strategy to ensure validity and reliability. Brink (1993) asserted that 'descriptions should correlate with behavior that may extend a wide range of responses'; this was taken into account as the thematic analysis was designed in a manner that allowed the researcher to compare a wide range of responses. This was included in the thematic analysis where accounts from participants highlighted the findings that were included in the study.

### **3.3. Theoretical Framework**

The interview schedule was developed after reviewing the literature in the area of social and familial support of police officers. There were various frameworks that viewed the stressors from different aspects. The FAAR Model was a model that employed steps that were indicative of a process that occurred in families of police officers (Patterson, 1988). The history of which this model developed was through the work of early family scholars (e.g., Angell, Cavan & Ranck, 1938) who studied the effect of economic depression on families; with the intention of uncovering under what 'conditions families were adversely affected by stressful experiences' (Patterson, 1988).

A study by McCubbin and Patterson (1983) focused on families where a husband/father was missing in action or a prisoner of war; this study indicated that additional factors need to be considered. Therefore, the models that were in use were extended to have concepts that described how families achieve 'pre-crisis' adjustment and post-crisis adaptation.

This model emphasized the family and their attempts to maintain balance when faced with stressors and traumatic events; the families' capabilities and demands were examined in contrast to each other. This was one of the few models that held an integrated view on demands and direct influences on the family; this was appropriate as the study aimed to explore the influence of work-related events on the participant and the family. The model

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included the individual, family and community, and feedback loops among the three systems was imperative.

### **3.4. Data Collection**

Initially, there were three screening questions that the psychiatrist utilized to select participants; these questions were asked again as it ensured credibility and avoided poor quality interviews. The psychiatrist was not involved in further questions or interviews.

The instrument for data collection that was utilized for this study was a semi-structured interview. An interview may be defined as a 'one-on-one between the researcher and participant to gather information' on a topic, usually in person (Harrel & Bradley, 2009). The semi-structured interview was guided by an interview schedule (see Appendix 2a) but contained open-ended questions and probes; core themes to be addressed in the interview schedule were developed on the basis of a review of relevant empirical literature (Nel & Steyn, 1997; Burke, 1988; Jones & Kagee, 2000; Huddleston, Stephens & Paton, 2007; Stephens & Sommer, 2005; and Eltnib & Armstrong, 2014), and consultation with identified national and international experts in the fields of research methodology and mental health. The interview schedule included a set of key questions that were grouped thematically and both open and close ended questions were included. Semi-structured interviews afforded participants the opportunity to disclose thoughts and feelings that were personal.

This approach allowed the researcher to elicit detailed information in a conversational style. The reason for selection of semi-structured interviews was that it provided a depth of information but still maintained the trust between two individuals; it was well-suited for the exploration of perceptions and experiences. Semi-structured interviews afforded the researcher the opportunity to clarify, if the need arose, and probe for further information. Interpretive researchers utilized the semi structured interview as a platform to facilitate knowledge.

The interview schedule was anticipated to last for 40-50 minutes per participant. It was expected that some participants may not be able to speak about the traumatic incidents for that duration and may take 30-35 minutes. Initial questions in the 'demographics section' were about the participants age, highest level of education, number of years married, length

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of police officers' service in the SAPS and number of children. A general overview of the participants' view of his/her families' relationship was asked.

According to Newton (2010) the language used by the participant 'provided insight to their perceptions', which was important for this study. The interviews were conducted with English first language speakers. The interview followed a structure but the researcher listened attentively, probed for further information and encouraged the participant to talk freely. This use of questioning and conversation provided insight to the relevant research questions (Newton, 2010).

A benefit of conducting semi-structured interviews was that participants were afforded an opportunity to express their opinions in person and feel heard. If there were any sensitive issues, participants were able to express this in privacy (Harrel & Bradley, 2009). This method afforded the researcher the opportunity to evaluate the validity of the participants' answers. This was conducted by the 'observation of non-verbal indicators and it ensured that participants did not receive assistance' from other individuals in their responses (Barriball & While, 1994).

Therefore in light of the above, the study has the following aims:

- To describe the participants' perceptions of the effects of previous work-related traumatic events on the police officer.
- To explore participants' perception of the impact this event had on the family connectedness and cohesiveness in the pre-boarding phase.
- To explore participants' perception of the impact this event had on the family connectedness and cohesiveness in the post-boarding phase.

The research questions below are the main areas of focus to reach the aims:

1. How do you feel the work-related traumatic event affected the police officer?
2. How do you think the work-related traumatic event influenced the connectedness and/or cohesiveness of your family pre-boarding?
3. How do you think the work-related traumatic event influences the connectedness and/or cohesiveness of your family post-boarding?

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### *3.4.1 Research instrument: semi-structured interview*

Due to time constraints and the intended scale of this research, a sample size of eight participants was deemed appropriate. It was acknowledged that a larger sample size would have been desirable; this was noted as a limitation of the study. The intention for the research study was to explore the influence of the work-related event on the medically boarded police officer. Further, it explores the participants' perceptions of the overall familial coherence and connectedness.

This was a retrospective study this means that the “outcome of interest has already occurred at the time the study is initiated” (Salkind, 2010, p. 2). A retrospective study design allows the researcher to ‘formulate hypotheses about possible associations between an outcome and an exposure’ and to investigate the potential relationships (Salkind, 2010). In conducting a retrospective study, the researcher uses “administrative databases, medical records, or interviews with patients who are already known to have a disease” or condition (Salkin, 2010, p. 5).

### *3.4.2 Sampling procedure*

The psychiatrist conducted a pre-screening of the police officer via a three-item measure that provided an indication of the following: 1) marital status; 2) experience of a traumatic work-related event in the past two years; and 3) number of family dependents of the police officer. A registered psychiatrist in private practice granted the researcher access to the sample of his patients. The sample comprised of eight police officers who were psychiatrically assessed regarding the possibility of applying for medical boarding on psychiatric grounds (see Appendix 1b for Gatekeeper permission form). Three police officers were medically boarded due to head injury, heart attack and diabetes, whereas the other five police officers were medically boarded on psychiatric grounds (e.g., chronic stress). Once the screening was completed, the researcher contacted potential police officers and enquired about their willingness for their spouse to participate in the study, while the researcher clearly and explicitly explained the nature and purpose of the study. The next stage involved obtaining the first phase of informed assent (police officer) to interview their spouse.

Participants in the study were selected based on the following criteria: a) participants were spouses of police officers; b) participants partners were assessed by a mental health practitioner (psychiatrist) regarding their suitability towards medical boarding;

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c) the police officers were successfully medically boarded after an 18 month period; d) they were able to speak English; and e) the police officer experienced the traumatic event in the past two years.

It was necessary for participants to fulfil the criteria as mentioned above, therefore non-probability sampling was employed. Purposive sampling was used; this refers to the 'selection of cases with a particular purpose' in mind (Neuman, 2014). It may be often used to reach a specialized population, such as medically-boarded police officers' spouses.

### **3.5 Rationale and Instrument Development**

Qualitative research from an interpretive approach was used; therefore semi-structured interviews were selected as the most effective method of data collection. As mentioned above, this type of interview imposed structure but also allowed for the free flow of conversation between the researcher and participant. This was used to understand their perceptions and worldviews, within the participants' context, and in line with the aims of the study. This data collection method was deemed the most suitable method to explore participants' perceptions of familial coherence and connectivity following medically boarded police officers' experience of a work-related traumatic event.

The theme of perceptions of the occupation was explored with the use of questions that aimed at asking about descriptions of the work, feelings about the occupation and an understanding of what the occupation entailed. The probes that were used to elicit more information were adjectives that assisted the participant to have a range of responses to choose from.

A theme of communication of the event was explored to understand how the police officer and participant interacted and spoke about work-related events; questions were centered on the participants' thoughts and attributions assigned to the traumatic events. The probes used focused on the effects on the family system, support that was provided to the police officer, and different types of communication response options were provided.

Minor changes in the family system were explored due to the work-related traumatic events experienced by the police officer. Questions examined what the participants' normal responses were to minor changes in the occupation; probes focused on if the participant felt able to adjust and if not what they had difficulties coping with. This was followed by the

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theme of adaptation which referred to larger changes that centered on the assistance and support required by the police officer; probes that were included focused on the participants' role in assisting the police officer.

The final theme focused on mental health care interventions and questions were about meetings with a practitioner, type of practitioner, number of sessions and if that process added value to the family life context. The probes focused on incidence of post-traumatic dialogues and the police officers awareness of participants' thoughts and feelings about the entire experience. Lastly, there was a question to clarify if participants felt the interview was understandable and the final question provided participants with an opportunity to offer any suggestion/opinion about SAPS. This allowed the interview to have rich data as it provided the opportunity for valuable information that may have been excluded.

On further inspection of the literature in this field, the studies that were easy to follow and had cohesive data were the studies that had incorporated a model and then based the interview schedule on certain aspects to investigate that section of the overall model (Johansen, Eilerstein, Weisaieth & Hanestad, 2007; Stack & Kelley, 1994; Dijkers, Geurt, Kompier & Taris, 2007; Johnson, Todd & Subramanian, 2005). This was an effective strategy to structure the questions as it was logical and had a theoretical basis from the onset of the study.

### *3.5.1 Context*

Interviews were conducted face to face with all participants. All interviews were conducted at the Centre for Applied Psychology in the Psychology Masters seminar room at Howard College Campus in Durban. This venue was selected in order to impose the same conditions for all participants and this provided reliability for the study. In addition, the nature of the interview was that questions were personal and a neutral environment was required. It was a central location for all participants. Interviews were conducted in the selected venue which was free from distractions and it solely encompassed the researcher and participant. Further, this venue was appropriate as it facilitated the convenience of the researcher and supervisor being accessible for debriefing in the event that the interview process caused any psychological distress. The data collection method encouraged an environment that was characterized by openness and authenticity.

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The data from the interview was audio recorded. After each interview was completed, the data was collected, entered into Microsoft Word, transcribed and each participant was assigned a participant number. Thereafter, the audio recordings were deleted. Following the transcription, coding ensued with Microsoft Excel. The data was saved onto a flash drive. This was used to ensure that only the researcher had access to the files. Once all of the data from each interview was captured, it was saved on the researcher's flash drive only (not on a computer) and was only viewable by the researcher and the research supervisor. This flash drive shall be kept safe and in the hands of either the researcher or the supervisor for five years. The flash drive will be stored in a locked steel cabinet only accessible by the study supervisor.

The audio recordings from the semi-structured interviews were transcribed verbatim in English and coded by the researcher. Many researchers include the 'non-verbal aspects in their transcription' as this adds to the meaning of the data (Lacey & Luff, 2001). The information was re-coded according to emergent themes that data may be categorized under. The transcription was analyzed in order to identify commonalities and differences among the responses of participants. This method is suited when 'specific questions are asked and time is limited' (Lacey & Luff, 2001).

### **3.6 The Instrument Development Phase**

In order to explore the perceptions of participants, the literature had several content areas that were relevant. These included: a) the participants subjective meaning of the work-related traumatic event (feelings, understanding of events, thoughts about traumatic experiences that the police officer underwent, communication style between the family), b) minor changes that were made as the family attempts to maintain balance, demands that exceed the families' capabilities which leads to an imbalance (family members reactions to change, resilience) and c) family efforts which are directed at the restoration of balance to the family by altering or expanding their meanings to accommodate the new circumstances (levels of social support, mental health care sessions, ability to share feelings with one another).

Whilst being aware of participants who may have had subjective experiences and their freedom to explore it, the structure of the interview was organized around these three themes. There was a combination of closed ended and open ended questions to allow for mixed responses. (Refer to Appendix 2a for interview guide). The order of items for the semi-

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structured interview schedule was determined by a pilot study conducted on two consenting participants who were not participants in the main study. Comments and recommendations were addressed and incorporated into the final version of the data collection instrument.

The purpose of the interview guide was to facilitate a discussion in an open-ended manner. There was structure to ensure consistency among the participants and to gain maximum understanding of participant perceptions of familial coherence and connectedness following medically boarded police officers experience of a work-related traumatic event.

### **3.7. Data Analysis Methods**

Interviews sought to reflect the personal experiences of participants and their families' ability to remain connected and coherent after the police officers' experience of work-related traumatic events. As a result of this, a thematic analysis technique was utilized. This was appropriate as the study focused on the real-life experiences of participants within a perspective of understanding.

The method of analysis utilized was thematic analysis; this is made up of five stages. According to Gale, Heath, Cameron and Rashid (2013), a thematic analysis provides structure into which a researcher may 'systematically reduce the data to analyze code by code'. Each case is an individual interviewee and the content of individuals' views is not lost with this method. A code referred to 'words that serve as a label for an emergent theme' (Gale et al., 2013). The researcher was able to move from a broad reading of the data towards a deeper understanding with the discovery of emerging themes and patterns.

Familiarization with the data was the first step; an immersion in the data was possible by listening to the audio recordings and reading the transcripts while simultaneously 'listing recurrent themes and key ideas' (Ritchie & Spencer, 1994). The researcher was able to get a grasp of the material.

As the researcher read over the data, the process of abstraction occurred and the thematic framework was identified by drawing upon 'a priori' issues and emergent themes that were raised by the participants. The main themes and concepts identified were subsequently noted. This process involved the researcher making judgements about the meaning and relevance of 'issues with implicit connections between ideas' (Ritchie & Spencer, 1994).

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Indexing was conducted, this refers to each response from the participants being ‘analyzed, inferred and meaning decided upon’ (Ritchie & Spencer, 1994). This was a mechanism that allowed the researcher to analyze the data in manageable parts. The indexing references were made on the margins on each transcript. Charting refers to the building of a picture of the data as a whole and considering the range of experiences for each theme. This was where data was taken from the original place and moved to the appropriate theme. A spread sheet was utilized to create a matrix whereby data was charted. Good charting referred to being able to ‘reduce data without changing the meaning of the data’ (Gale et al., 2013).

Mapping and interpretation was guided by each research question or theme which emerged from the data. In this section, charts were reviewed, perceptions were compared and patterns were connected with explanations. It was important to compare participants’ responses whilst maintaining the individual’s perspective according to their personal account. The framework method was appropriate, particularly for interview transcripts, where it was significant to ‘compare and contrast data by themes across cases while it situated each perspective in context’ (Gale et al., 2013).

The process included the following:

Copies of the transcribed interviews were used; the researcher used a highlighter to mark all details relevant to the topic, which was guided by specific research questions.

### **3.8. Ethical Considerations**

An assent form was for the police officer; all information on the study and aims were included in this letter. This was included as it ensured that the police officer was informed as the topics covered in the interview were centred on his/her work-related traumatic event.

Each police officer was required to complete and sign an assent form to allow their spouse to be a participant. This form was completed with a university letterhead; it stipulated the title, explanation and aims that were in simple language. Contact details of the supervisor, researcher and administrative staff were made available should additional information be required.

Police officers were asked to enter their full name and sign assent forms but at no time was this information to be published. From the police officers that were approached and those

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whom were satisfied signed the declaration which stated they understood the contents of the letter and nature of the project. This allowed the researcher to access the spouse of the police officer.

The identified participants were provided with all the details of the study and were asked to sign consent forms for participation in this study. Participants were informed about audio-recording and they assigned a consent form which granted the researcher permission to audio record them (see Appendix 1f for audio recording form).

The data generated from the interviews was conducted in the form of audio recordings and was typed *verbatim* as transcriptions. The consent form was didactic as it provided information and served as an education tool to inform participants about the purpose and nature of the research. This stipulated that the study was entirely anonymous and that all participant information will remain confidential. Furthermore, the letter stated that participation in this study was voluntary and they were free to withdraw at any time.

Confidentiality was maintained throughout the study; during the interview, the researcher did not require the participants' name; instead a study number was assigned to them in which no connection may be made between the identity of the participant and this number. All participants were provided with detailed explanations about the process of the research, how it was conducted, the time it involved and how feedback was conducted.

Research participants were asked to provide their contact number and email address for the purpose of a follow up discussion during the research data analysis phase. As part of a Member Checking process, on completion of the study the research findings/interpretations was discussed with the participants at a community civic centre and they were asked to comment and share feedback on whether the interpretations made were appropriate reflections of their experiences. Psychological debriefing was offered by the supervisor of the study who is a registered Clinical Psychologist. This service was offered free of charge to any participant who may have found the interview process to be distressing.

### **3.9 Limitations of the Methodology**

As a result of the specific inclusion criteria in this study, selection bias cannot be avoided. By the use of a non-probability purposive sampling instead of a random sampling method, selection bias was inevitable as this already prohibited some individuals from participation;

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however the selection criteria indicated was deemed the most feasible for this particular study.

The focal point of this study was on the eight participants (spouses) of medically boarded police officers that were selected for participation. As a result, the generalization of results from the study to the police officer's families in the country may not be applicable.

Furthermore, the interviews were conducted in English; individuals who did not speak English were excluded from the study which was a limitation as it excluded non-English speakers' perceptions and experiences. This study was specific to South Africa and may not be applicable to other countries.

The use of an interview as a sole data collection strategy may be identified as a limitation. An interview has the potential to set up a situation whereby the participant may feel embarrassed about a response and may wish to change answers to appear more favourably. The concern was that responses were not relevant to the question asked. This may pose a challenge to the consistency of the findings, thus strategies were discussed above to counteract this.

Lastly, the acknowledgement of the researchers' influence in the interpretation and analysis of the data must be made. This influence on the themes and findings reported cannot be denied or ignored. The researcher has been fully cognizant of a personal presence in the research. In mediation of this, ongoing supervision from an experienced professional and self-reflection was of value.

**CHAPTER FOUR: RESULTS****4.1 Introduction**

This study was conducted at Howard College at the University of KwaZulu-Natal. The focus was on the experiences (connectedness of the family following work-related traumatic events) of participants (husbands/wives) of medically boarded police officers from the South African Police Service. The study design was qualitative in nature, with one male participant and seven female participants included in the analysis of results. All interviews were conducted in English and each interview was audio recorded following written consent from each participant. The interview recording was transcribed *verbatim* and coded by the researcher.

The interviews reflected the personal experiences of participants' experiences and perceptions of the police officers occupation in the pre- and post-phases of medical boarding. The discussion that followed focused on the perception of family cohesiveness and connectedness following a work related traumatic event. An interpretive thematic analysis technique was employed to identify deeper meanings from the data.

As a result of the nature of a thematic analysis, it is an interpretation which can never be free from the 'biases of the researcher's convictions or theoretical framework' (Kaptchuk, 2003). In the analysis and discussion, the position of the researcher as a subjective individual with thoughts, opinions and inherent biases must be acknowledged.

Themes selected have been in response to the stipulated research questions which are due to their presentation as recurrent/dominant nature across the semi-structured interview. It is of importance to note the individuality of each participant's experiences and perceptions. Extensive quotes have been used to illustrate participants' points further and it encapsulated their responses which added richness to the data. This enabled the research to convey powerful comments from participants in an effective manner.

This chapter begins with the following summary of each participant which provides an overview of the sample followed by an introduction of those interviewed; P1, P2, and so on will be used when quoting various participants.

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**4.2. The Participants**Participant 1:

This participant is 56 years old. She has been married for 24 years. Participant 1 and her husband have two children; two daughters who are 20 years and 15 years respectively. Her husband worked at a police station in the Durban West area for 18 years. Participant 1 worked from home and headed up women empowerment courses. Throughout the interview she presented as tense and nervous. At times, whispered information that she was embarrassed about. Her husband has started to work again as a security supervisor. She spoke openly and wished that this research will assist other families.

Participant 2:

Participant 2 is a 50 year old female. She has been married for 16 years and has two daughters from her first marriage; they are 23 years old and 20 years old respectively. She does not have children with the police officer. She was a step-mother to two sons; they are 28 years old and 24 years old respectively. The police officer started to work as a manager at a national retail store. She was bubbly and easy to speak to. Her approach was jovial and she joked and laughed during the interview. She presented as a lively, outgoing women.

Participant 3:

This participant is a 63 year old female and married at a young age. She has been married for 47 years. Her husband worked at a police station in the Durban North region. They have two sons who are 38 years and 35 years old respectively. She is a grandmother to five children. She has always been a home executive. They were both elderly. She was very quiet, shy and was responsive only with the use of extensive probes. She presented as very introverted and timid.

Participant 4:

She was a 71 year old female. She has been married for 47 years. Participant 4 is a home executive and has three children. Her son is 49 years old, her other son is 45 years old and her daughter is 42 years old. She is a grandmother of four. Her husband was ill and had a nurse to look after him therefore she appeared slightly concerned to not be at home with him. She was quiet by nature and very respectful.

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Participant 5:

Participant 5 was a 52 year old female. She has been married for 33 years now. She started a catering business with her husband after he was medically boarded. She has three children; two sons who are 28 years old and 26 years old. She has one daughter who was 23 years old. She responded with confidence and was forthcoming regarding her opinions. On conclusion of the interview, she stated that this was a cathartic release to speak about this as she has never done so before.

Participant 6:

She was a 56 year old female that was employed at a bank; she has three children who were 35, 33 and 25 years old respectively. This participant was married for 36 years. She demonstrated thoughtfulness as her response style was characterised by a slow conversing style. After the first 15 minutes her rate and rhythm of speech adjusted appropriately to the content of the questions. After the first 15 minutes she seemed to ease into the interview. She was open about her life and her children. She was soft spoken and appeared to be introverted by nature. She appeared rather optimistic about life.

Participant 7:

This was the only male participant. He was 53 years old and unemployed. He has one child that is 21 years old. He has been married for 28 years. He appeared to be loud and extroverted in nature. He laughed a bit in the interview. His situation was unique to other participants as both he and his wife were medically boarded. As a result, he added details into his answers about his own personal experiences as they were similar to his wife. He appeared to be protective of his wife and child and was directive with his answers.

Participant 8:

Participant 8 was a 46 year old woman who has been married for 24 years and has two children aged 23 and 20 years old. She spoke openly and genuinely. She appeared to be outgoing and bold. Participant 8 was detailed in her responses and presented as a confident with substantial level of details in her responses. She asked for clarity to ensure her responses answered the questions as she appeared meticulous in her dress and mannerisms.

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### 4.3 Mental Health Interventions and Outcomes

In assessing the severity and present situation of boarded police officers this was done by the separation of categories into: a) Length of service, b) Understanding of the concept, c) Reason for medical board, d) Current employment, e) Type of practitioner, f) Intervention received, and g) Duration of therapy

#### 4.3.1 Length of service

- 4 out of the 8 police officers were in the SAPS for less than 20 years when they were medically boarded.
- 4 out of the 8 police officers were in the police for more than 25 years when they were medically boarded.

#### 4.3.2 Understanding of the concept

Two participants understood the concept of medical boarding as medical trauma and one participant viewed it as more than that where it involved psychological trauma. The following indicates the participants' limited understanding which is reflected by the following excerpt:

Participant 1 (Female): 'Anything to do with medical trauma'

#### 4.3.3 Reason for medical board

All police officers were seen by the psychiatrist in private practice; the psychiatrist was the mental health care specialist who provided the researcher access to the sample.

Although some police officers were boarded due to medical states (e.g. heart attack & diabetes), they were assessed regarding their psychological and psychiatric wellbeing. This assessment contributed to their medical board application. Three police officers were affected medically (head injury, heart attack and diabetes); two police officers had been involved in a traumatic event (shooting); two police officers had 'chronic stress' over a period of time and one police officer had an issue of management structure (corruption). This was illustrated in the following excerpt:

Participant 6 (Female): 'Yes, it was stress probably just stress, he was like rushing there to the scene and then on the way back he had that this massive heart attack'

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The above quote described the uncertainty the participant had encountered in understanding the police officer's behavior. From the eight participants, five reported that the police officer experienced a distinct traumatic event that was instrumental in their decline in mental health which formed part of their boarding application. Three participants reported a build up of stress as the reason for the medical boarding.

### *4.3.4 Current employment*

Two participants reported that the police officer had a job in a company and one participant stated that the police officer had his own business, while the rest were unemployed due to their medical board and illness. Two police officers had jobs in the security industry;

### *4.3.5 Type of practitioner*

Four participants consulted a Psychiatrist only; whilst the remaining four consulted both a Psychologist (Clinical) and Psychiatrist. Participants attended sessions with the police officer and one police officer consulted a specialist neurologist. A common finding was that participants did not attend their own sessions with a mental healthcare practitioner even though the interviews revealed that they experienced a great deal of stress and exposure to secondary trauma. This was illustrated in the following excerpt:

Participant 5 (Female): 'Ya that time I knew that he was going through this stress and I understood what he was going through, I understood what his stress was and I understood as the doctor had explained to me the situation and how he will behave and how long and how like you know the-the his moods and what will happen at each time and I had to be very, very understanding (Pause) he kept on telling me that you will have to be there he actually put me on the medication for-for depression as well'

The above quote described the distress the participant had encountered as she began understanding the nature and extent of the police officers condition. This ultimately impacted on her own psychological well-being with her being treated with psychotropic medication for a short period.

### *4.3.6 Intervention received*

The main intervention was counselling and supportive advice from a psychiatrist. Seven out of the eight participants received interventions. The use of psychiatric and psychological intervention during periods of stress was illustrated in the following excerpt:

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Participant 5 (Female): ‘Ya he did tell me that you know what Mrs, you have to be uhh patient with him, you have to let the children understand what he's going through because at a later age the children may hate the parent for that and they can see that the mother is doing everything and the father is shouting and he's not coming halfway with the helping out with things and uhh he's not there most of the time so you have to talk to the children and bring in and as a team you got to work this out. He kept on telling me that god is up there and I must look and pray and pray and that's what I do. Every morning I do that. My thing is that I look for a happy place and a quiet place and I go and I uhh pray’

### *4.3.7 Duration of therapy*

One participant stated the police officer went to sessions for two years; one participant stated that the police officer went every month and one participant stated that the police officer went throughout the time he was in the police and still did presently.

The last participant was unique in her description as she responded about the value of long-term therapy; the police officer utilized this service within SAPS for consistent debriefing and the participant reported that it led to an efficient medical boarding process. The other seven participants utilized counselling when there was a crisis situation which may highlight the importance of consistent mental health care interventions throughout relatively ‘normal’ periods in the SAPS as a buffer to stressors.

## **4.4. Perception of pre-morbidity after the event**

This theme emerged as it encapsulated the participants’ perceptions of the police officers’ functioning within the family domain and relationship domain. Furthermore, the sub-theme of adjustments and adaptations that families had to make to maintain the family system was included.

### *4.4.1 Relationship with family*

Four participants felt the police officer had good relationships with the family; two participants felt that shift work in the pre-boarding phase disturbed family time; two participants felt the police officers frustration threatened the family relationship (violence and frustration).

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Findings suggested that all eight participants, even the participants that stated they had a good relationship with the family, still commented on the negative side of the police officers' occupation and the influence this had on the family life. Among the participants that reported a good relationship, they respectively described: a family split due to the police officers temperament, extra pressure on the participant to care for the children, insufficient time to bond with the police officer and an overall lack of understanding of the police officers occupation. Despite the fact that they stated it was a good relationship all participants had an aspect of the police officers work that they battled with. One participant experienced the full impact of the police officers' work as she described in the following excerpt:

Participant 2 (Female): 'Oh absolutely, I remember when they said mum he's got to go, in fact there were actually scared of him, they were actually worried at one point that the violence that he had inside of him was going to come out and he was going to take it out on them. I was concerned you know it was very hard for me and I actually had to sit down with him and tell him that you know what, the kids are scared of you- and as a result we actually had a break for a year- I have to tell him that you know what my children need space from you and it destroyed me to say to him, umm.. I can't be having you in this house'.

The above quote described the impact the frustrations had on the family members. This participant described the break that their family endured to the police officers level of violence.

### *4.4.2 Relationship with police officer*

Findings suggested that all participants felt that their relationship had been strained; three participants acknowledged that the trauma influenced the quality of their relationship; three participants stated that the police officer lashed out (screamed, aggravated); two participants felt that being patient with the police officer was difficult. Two participants described what occurred when they tried to go about her daily activities. This was illustrated in the following excerpt below:

Participant 5 (Female): 'Like sometimes he even pushes the trolley onto me. But if he pushes it on me or if he does that like if I'm a little slow with my card or with my taking out the cash he comes there like wanting to know why I'm taking long,

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everybody around is looking and at the till point it's even worse because you got few people at the till point who are close by'.

Participant 3 (Female): 'No like uhh when uhh when you know they go haywire and you have to distance yourself, yes I had to distance myself'.

The above describes the behavior of the police officer in both public and private spaces and the participants' manner of dealing with this behavior. Participant three described a coping mechanism whereby she distanced herself from the police officer. Another participant indicated a strained relationship with the police officer. This was illustrated in the following excerpt:

Participant 5 (Female): 'Sometimes I don't know if you need to put this on the record (laughs) but sometimes if you say you know what this man is giving me so much of problems I'm having so much problems why do I have to go to bed (pause) you know you think about it, right. You say why I have to go to bed with him'.

The above describes the participants' lack of willingness to sexually engage with the police officer.

### *4.4.3 Adaptation for police officer*

This referred to the long-term changes that participants and their families made to assist the police officer to cope; it was the secondary changes that the family made to acquire a new mindset, or introduced a different way of thinking and transitioned to accept the differences.

All participants had to make adaptations for the police officer; five participants felt that the occupation put pressure on them in a way that did not allow them the time for themselves; two participants reported that financial adaptations had to be made when the police officer was boarded and one participant did not feel safe when the police officer worked shifts but had to deal with it. This was illustrated in the following excerpt:

Participant 7 (Male): 'I used to get cross but I shouldn't show it to her because I never expected her to bring work home but she needed somebody, umm ,you know too-to to actually speak to in order to ease her stress levels so I listened but I had enough stress for the 20 years when I was there! I didn't wanna listen but I had to support her'.

The quote above describes an adaptation the participant made which was different to others as he had been through the medical boarding process at SAPS and his wife was going through

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the same process. The participant described how his own stress was difficult to cope with. This following excerpt describes trauma and personal issues that may emerge:

Participant 8 (Female): ‘Hypothetically if he attended a scene where he umm a young 16 year old girl was raped he would come home and be so hectic with our daughter (pause) you know he would say things like now you're not going to the party and going with your friends and he would sort of want to keep her cooped up and there would be this issue and tug of war between them where she was like oh god dad you need to let me go and he would be resisting so he became overprotective’.

The above quote describes the fear that police officers had when dealing with criminals/crime. The quotes also highlights the consequent restrictions police officers imposed on family members.

### *4.4.4 Frequency of social activities with police officer*

The findings suggested that four participants did not go out often, while four participants stated they went out often. Some participants provided reasons such as: the police officer was ill after the boarding, new work demands, and the lack of spontaneity in the relationship. One participant had a different experience whereby she felt they went out more frequently after the medical boarding as this provided them with time together.

### *4.4.5 Type of activities with police officer*

Six participants engaged in outdoor activities with the police officer; one participant only went out when they were on holidays and one participant engaged in indoor activities. The participants that did not go out mentioned the activities they used to do with the police officer. Popular outdoor activities reported were: cycling, walking on the beach and swimming. Participant five only went out with the police officer if it was a holiday; this was illustrated in the following excerpt:

Participant 5 (Female): ‘We-we-we used to go out a lot, at that time we used to go out on holidays but mostly with family because sometimes-because it was too much at home with him so what I did was I involved the family, the brothers and the sisters, sometimes it was little bit okay to handle with him then I brought in my family members because I felt at certain stages he was okay and sometimes I can't go through so much of it, could be that the others could see and they will understand my situation-seeing it from the outside’.

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Similarly, participant three stated that they visited relatives as their activity together which illustrated that more than one participant engaged in this.

Seven out of the eight participants preferred outdoor activities as they described moments where the police officers expressed anger and frustration.

### *4.4.6 Differences prior to the traumatic event*

One participant expressed a positive difference where they spent more time together after the traumatic event. Seven participants viewed the difference as negative where they spent less time together, and had to have more patience with the police officer. The excerpt below illustrated this:

Participant 6 (Female): ‘He gets bored, very bored. He can’t sit still, he wants to do things because his mind like he doesn’t want to like think about it, he just like wants to do stuff that keeps him busy’.

The quote above describes a state of restlessness in the police officer as the participant observed his/her behavior after traumatic events. This ultimately impacted their time together. All participants described a change in the police officers’ behavior after work-related traumatic events. This was illustrated in the following excerpt:

Participant 1 (Female): ‘Yeah everything stops, its mentally taken an effect on him in the sense that he wasn’t the same person, he changed a lot umm from being in the police force umm to something traumatising as that and then staying at home and not being able to do the job’.

The above quote described the toll the occupation took on the police officer and the participants’ acknowledgement of the effect it had on their overall functioning. Other participants described differences in the police officers patience levels, frustration threshold and time spent together.

### *4.4.7 Adjustments*

Findings indicated that all participants had to make minor changes to adjust to the situation by the use of available resources to cope. Three participants had to adjust with their children as they had to be more sensitive to the police officer; two participants had financial adjustments to make; two participants found it exhausting to have the police officer at home

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with less time for their personal stress and one participant had to ensure their child was not around when they discussed events because of the trauma.

In the transcribed interviews, it was evident that each participant experienced unique situations that required different adjustments. It was commonly found that adjustments had to be made by the participant and the children; this meant three to five individuals had to adjust for one individual which made it difficult. This was illustrated in the following excerpts:

Participant 5 (Female): ‘Yes we all used to be on edge, like no no wait daddy’s coming! He’s coming in a mood, he’s not coming in a mood, he is okay today, it was like that all the time’.

Participant 8 (Female): ‘It put a lot of pressure on us as a family there were times when we had try to understand him a bit more. The children had to be more sensitive to his needs and mood swings’.

Participant five described this as being ‘on edge’; the family experienced the shifts in the police officers emotions and behavior. This ultimately impacted on their feelings and mood states. Participant eight described this as being ‘sensitive’ as the family members understood that they need to be aware of how they reacted to the police officer.

### **4.5. Vocational Role Pre- & Post-Boarding**

This theme emerged during the transcription of interviews; it seemed to be a common finding that participants perceived the police officer to be coping with the occupation, however there were adverse effects on the police officers. Participants had different understandings and encountered challenges which varied. An overall perceived lack of support from SAPS during the occupation and throughout the medical boarding was reported by participants. Each participant was asked to provide understandings of the police officers occupation; participants expressed themselves but it was difficult for some participants to articulate the meaning to what had occurred. This may indicate that participants had been through the trauma but had not had time to derive meaning from the events.

#### *4.5.1 Description of police officers work*

Four participants described the police officers’ occupation to consist of shift work and administration duties; three participants described it as traumatic; one participant described it

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as the management and tracking of criminals. When participants described the police officers' occupation, four out of eight participants included an element of praise. This is illustrated in the following excerpts:

Participant 2 (Female): ..'He was very involved in the community precinct and was like the police pro of community precinct, he is very good with people very good with words, and he comes across as a very charismatic person'.

Participant 3 (Female): 'Oh he was very active when he was in the police, very active'.

Participant 4 (Female): 'He was fine. He used to work very good. Excellent!'

Participant 5 (Female): 'He had a very important job (pause) because he was controlling the-actually running the station, so that was a very very important job so I umm think he was very intelligent- he's very very intelligent'.

The above quotes and all included the use of words such as 'Pro', 'active' 'excellent' 'important' and intelligent', which describe the external and internal validation, sense of loyalty, pride, responsibility and commitment participants experienced as they understood the police officers' role, qualities and risk of the occupation.

### 4.5.2 Challenges

Three participants viewed shift work as a challenge as they had less time with the police officer; two participants felt they were never supported and had to take care of the domestic sphere alone; two participants deemed promotions to be an issue that affected the police officers' self-esteem and one participant battled financially. Although one participant reported a financial challenge, it emerged in five other participants' responses that a financial challenge was present. This was illustrated in the following excerpt:

Participant 3 (Female): 'Yah sometimes he used to phone home and say he has no transport then the kids used to take like their friends-because my children didn't have their own transport at that time, so they used to take their friends to go and bring him, you know like the civilians'.

Participant 4 (Female): 'he did not earn a lot of money.. That is why I had to work so hard to put food on my table cause I had two boys'.

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The quotes above described the anxieties that the participants faced when they had to provide for their family. This impacted their well-being and indicated the utilization of alternate resources in order to cope.

Participant seven reported that his wife did not receive any promotions despite her efforts and participant eight stated that her spouse remained in his rank for 16 years without a promotion. A lack of mobility in the rank system resulted in less money, stagnancy in a position, and a lower self-esteem when individuals that were less qualified than the police officer were promoted instead.

### *4.5.3 Perception of capability*

Five participants perceived the police officer as capable; two participants perceived the family as a tool to assist the police officer in coping and one participant thought that the police officer chose this occupation therefore he must deal with it. This was illustrated in the following excerpt:

Participant 5 (Female): ..'He couldn't put that responsibility on someone else. How will it look (pause) if the commander can't do the job and he wants the ones below to umm do it?

Participant 2 (Female): 'You've made your bed you got to lay in it, to a degree but I do feel sorry for him'.

The above describes varied levels of understanding amongst participants. However, the majority of participants indicated that the police officer was able to cope. The participants above offered responses that were different to the others. Participant five was concerned about the police officer's reputation where he might be judged by junior members if he was seen to not be coping.

### *4.5.4 Prominent feelings*

Four participants were concerned about risk and safety; three participants felt sorry for the police officer and one participant felt anger at the police officers' career choice.

This was expressed as: fear of his safety [P1], not knowing if he will come back home [P2], blood on his clothes and fear it was his blood [P3], frustrated after head injury - fear he will lash out [P4], the children must not become violent like father-feared this [P5], and fear that my spouse will end up in the cells because of her unethical superiors [P7]. The above

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describes feelings of fear that participants encountered when they discussed the occupational risks.

Fear was expressed among six out of eight participants. The quote describes different sources of fear that have been experienced for prolonged periods of time. This was illustrated in the following excerpt:

Participant 2 (Female): 'I used to get worried thinking that he might turn on me and mistake me for being the one he was looking for these dreams, I'm serious I really thought he would turn on me and if he does I'm not strong enough to push him off me and what happens if he wants to strangle me that's why hence the reason for learning the alpha Delta Charlie chart'.

This quote describes the participant's concern that the police officer would act out trauma related and her inability to fight him off due to her physical strength; she feared her life was at risk.

### *4.5.5 Understanding of scope of practice*

Four participants were appreciative that the police officer had survived all the events; two participants understood that the police officer had to do the work for money; one participant sympathized with the police officer and one participant felt the police officer had a calling to be in this occupation. The findings suggested that participants tried to understand the events the police officer was going through but were prevented from doing it for several reasons: he went on special operations and I was not allowed to know anything [P2], he used alcohol to cope with it [P3], he used to go to the borders and I did not see him [P4] and even though he is at home it is like he is at work [P6].

This describes the lack of clarity that participants encountered as they attempted to understand. One participant made an extra effort to enhance her understanding which stood out in comparison to others.

Participant 5 (Female): 'Because I-I couldn't understand what it was that he was going through. I had to go and do a little bit of reading to understand what was going through his mind, but still that is different. Each person's brain works differently because that is different it works on research. The person the research was on could be completely different to my husband and what he was thinking and experiencing'.

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This indicates that the participant was aware that her understanding was limited therefore she conducted an activity such as reading up about the police officer's condition and work.

### *4.5.6 Subjective appraisals/reflections - Making meaning of trauma outcomes*

Six participants felt that the occupation had taken a toll on the police officer and their family in a negative manner; one participant felt sad seeing the police officer consult multiple practitioners and one participant felt sad that the police officer was not there to experience milestones.

Participants reported that the police officers' occupation had implications with regard to what they saw which led to their creation of meanings. This was illustrated in the excerpt:

Participant 2 (Female): 'When I say nightmares I'm not talking about just tossing and turning and groaning I'm talking about somebody who's trying to peel blood of the skin in their sleep and screaming and sweating In their sleep and crying... and saying "I can't get the smell out of my head I can't get the smell out of my head".'

Other participants reported that: I am unable to spend much time with him [P3], we went from practitioner to practitioner and it was sad [P4], he worked shifts and we hardly spent time [P5], he spoke more about his job so I just listened [P6] and he aspired to do it so I supported him [P8].

The quotes above indicate the participants awareness of the toll the occupation took on the family as this emerged as a main finding.

### *4.5.7 Organizational Psychological Support*

Five participants felt there was a lack of support from SAPS for the police officer; one participant felt they had adequate support and one participant stated that the police officer utilized private care. Overall, the lack of support provided by SAPS was described in the participants' responses and many of them offered suggestions to be implemented to assist the SAPS.

Participants encountered a lack of support from SAPS. This was illustrated in the excerpt:

Participant 7 (Male): 'They had come to my house and put a note on the door and it said do not duck we saw you through the window umm we will arrest you. My wife was not a suspect in the matter, she was not there when it happened and when I came home after visiting hours I saw the note on the gate and I saw that there was a phone

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number, and it was more frustrating. I phoned this number and gave this guy a piece of my mind and I said go to the hospital and you see where she is’.

The above quote described how participants experienced subsequent stressors in conjunction with occupational stressors as employees of SAPS. This occurred during the police officers’ medical boarding process.

### 4.6. Post-Trauma Support

It seemed common that participants assisted in whichever ways they could post-trauma. There were some challenges whereby participants discussed work-related events and gave the police officer advice but still battled to communicate due to the nature of the work and the mental state of the police officer.

#### 4.6.1 Discussion of post-trauma dialogue

Six participants stated that the police officer spoke to them about anything that occurred; one participant had less communication; and one participant could not communicate as the police officer was described as volatile. The quote below describes how the police officer used jokes and humour to lessen the severity of the trauma. This was illustrated in the excerpt:

Participant 1 (Female): ‘It would just be discussed very briefly and it’s a big joke you know with them it’s always something that they see all the time, but with us at home discussing something like that especially, with one incident we had and he said to us he doesn’t know how long the body was laying there and that they just discovered it and it was in a terrible state and yeah so, he wouldn’t go further than that’.

Participant 3 (Female): ‘Sometimes they say that the person pointed a gun at him and (pause) It-I-It scared me (pause) I asked him what did you do, you know the circumstances. He tells me it’s one of those things’.

The quote above describes the efforts made by the participant to discuss the trauma, however she encountered the nonchalance of the police officer and communication was hindered.

#### 4.6.2 Type of spousal support

Four participants gave advice which indicated that they were present and calmed the police officer down; two participants reminded the police officer about the complexity of the

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occupation and appraised them. One participant felt she could never tell the police officer the truth and internalization used to build up.

Findings suggested that participants provided some advice to diffuse the situation and then moved the focus away from the police officer which allowed him/her to feel proud of what they were doing, responses offered were: You are dedicated and this is the new South Africa [P1], other policemen go through this too [P5], you do work that not many others can handle [P6], it is not your fault it is management [P7] and the work is stressful as it is the nature of it [P8].

### *4.6.3 Communication difficulties*

Three participants felt that they could not communicate when the police officer viewed the event as too gruesome to share; two participants felt that they were either busy or frustrated and could not talk; two participants feared the police officer and tried to communicate; one participant felt that they never had time to communicate. The findings suggested that the lack of communication was due to the participant.

Reasons for the inability to communicate was provided by participants: I did not ask for reasons as he had a gun and I just listened [P1], he believed it will scare me [P3], I could not tell him how his job influenced our relationship [P4], I had my own problems [P5], I had my own frustrations [P7] and I could not give him enough time [P8].

The above quotes describe participants concerns and worries which related to their own personal shortcomings which influenced their ability to communicate in the relationship.

### *4.6.4 Police officers reaction*

Five participants felt the police officer reacted in a negative manner to communication about traumatic events; one participant stated that the police officer tried to communicate from the borders; one participant reported that the police officer was open in his communication and one participant stated that the police officer stopped telling her about events as time passed.

Overall, participants reported that police officer reactions were negative which consisted of withdrawn behavior, frustration, intolerance, lashing out and aggression. Although the participant attempted to communicate with the police officer to assist them to cope better; the reactions from the police officer were strong enough to evoke stress in the participants' lives. This was illustrated in the excerpt:

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Participant 5 (Female): 'I think because he-because-he's giving his-he doesn't understand that he's giving the problem to us. Ya so I'm the one who gets stressed and he sits and gets all that frustrated energy and he gets like all (pause) and he's finished'.

Participant 7 (Male): 'Yah it was hard, I would just nod my head, I had nothing to say, she's frustrated, ranting and raving about the issues'.

### *4.6.5 Perception of organizational dynamics*

Four participants stated that administrative concerns (promotions, unethical behavior, and management) were problematic; one participant expressed how there are no channels for police officers to offload in SAPS; one participant stated the crime is severe; and one participant never knew when the police officer was happy due to his occupation.

The main finding was that the workload took such a toll on the police officer due to the nature of the occupation and sacrifices to become a police officer. This was illustrated in the following excerpt:

Participant 2 (Female):...'how many families have ended up in divorces and so many of our police friends have ended up as alcoholics and they were not born alcoholics they turned to drinking, for comfort drinking, they couldn't talk, they couldn't offload. For some reason there was nowhere at work there was no proper channels to do it so what do you do you find a channel to release all that stuff going on inside of you!'

Participant 8 (Female):.I have realized that you can be there, you can love someone but they need uhh professional help, they need things to change within their organizations. You know we can get them through a day and a week and a month but when you in a career for 28 some odd years it becomes a huge challenge to overcome all those emotions that are going through you by yourself'.

Other participants expressed opinions about SAPS were: during the boarding process they did not pay my husband [P3], they were not promoted at all [P4], we as families bear the brunt of crime[P5] and people in charge do not know the rules [P7].

## **4.8. Participants Perceptions of Spouses Psychosocial Functioning**

This theme emerged as it explored the perceptions that participants had about the police officers current daily functioning, vocational recourse (thoughts and ideas) and their

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understanding of support; this knowledge influenced their ability to cope. The political influence was included as some police officers were in SAPS during the Apartheid era; the history of the country was the backdrop against the experiences of participants and their families which should not be ignored.

### *4.8.1 Police officers' functioning*

Three participants stated that the police officer had medical impairments; two participants stated that the police officer was difficult to manage at home and one participant stated that the police officer coped efficiently. The quotes below have a commonality among participants' descriptions of police officers, it included definite element of illness with both physical and psychological symptoms. This was expressed as: he was in and out of hospital [P4], he fidgets excessively and does not drive as he gets drowsy [P5], she still experiences migraines from the work stress [P7] and he has developed a peptic ulcer [P8].

Participants explained that the police officer developed the condition or symptom during the period when they were in the SAPS and it persisted after the medical board. Some participants described symptoms that seemed to have developed into chronic issues which are illustrated in the excerpts below:

Participant 1 (Female): 'No he's very serious now; it's very difficult to ask him things. It's very difficult for him to know how we feel as a family unit, the three of us at home and very difficult for him to go out'.

Participant 2 (Female): '..'he had another breakdown and for no reason, ya he had a bit of a problem in a partnership with somebody that went pear-shaped. But it was worse because he's not able to cope, as most of us do, with the things because of the desensitizing and trauma all the time on your brain his reaction is to just crash and burn so he crashed and burnt and went in to Saint Joseph and he spent 3 weeks there'.

The findings above indicate that the participants understood that the police officers had changed as individuals where their personality was altered or their ability to withstand pressures of life had deteriorated; this highlighted the long-term effects of work-related traumatic events and the impact it may have on family members and the police officer over an extended period of time.

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### *4.8.2 Perceptions of vocational recourse*

One participant stated that SAPS should have a vocational recourse systems and one participant felt the police officer should have selected a different career that made use of his tertiary qualification. Other participants did not express this requirement as they had been through the stress and preferred to have the police officer completely out of the system. This statement describes the participants' disdain and indicated that the family experienced this and found a solution for other police officers.

### *4.8.3 Understanding of support*

Seven participants understood support to be that of a familial task that involved love and care from all members; one participant viewed it as getting the children away from the police officers and leaving him/her alone.

Participants described times of support and included their children as vessels to channel the support to the police officer. The participant below expressed how the children provided her with support to endure the police officers behavior. This is illustrated in the following excerpts:

Participant 3 (Female): 'Had to deal with it uhh as it came (pause) just listened, because my children were you know coming in between to stop him'.

Participant 8 (Female): 'Uhh we tried to do more sort of bonding uhh get together, spend more time together with each other more you know support one another in that way, spend time and talk more you know there was a time when we would all switch off our phones even for like an hour and sit down and eat and not take calls and not do anything else with anyone else for at least an hour.. so we could just spend good quality time as a family but umm it's been difficult to maintain that because with the children's needs changing as well, the demands on all of us have been hectic'.

Participant 2 (Female): 'and they learn how to support him through because their they saw me support him and I learnt that you know what 'hey you don't just walk away' when things are hard you know, you support and carry on and you focus on the future and you get through these tough times so there have been a lot of negative but have also been a hell of a lot of positives that came out of '.

The quotes above illustrated how family members engaged in support by modelling the participants' behavior and learning from one another how to support the police officer. She

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also took a personal message away which may have enhanced her resilience. It is evident that depending on an individual's situation, social support may take on various descriptions based on the understanding one has.

### *4.8.4 Post-trauma family dialogues*

Six participants stated that their families engaged in this form of discussion; one participant did not engage in it and one participant stated that they engage in discussion as a couple in the absence of their child.

Participants reported that they each engaged in dialogues post-trauma but expressed it as: we all sit and discuss it and the kids have become interested in Criminology[P2], we agree it was best that he left [P4], reassured him that he helped other families[P6] and we reminded him that the system was bad [P8].

The quotes above have a commonality where participants brought up positive thoughts and memories that allowed the police officer to reflect and be at peace with their medical boarding.

One participant reported that her son became withdrawn and quiet after the discussions; this may be due to his personality and sensitivity to the events that he heard his parent go through. This illustrated the aftermath that trauma may have on families of police officers.

### *4.8.5 Political influence*

Due to the turbulent period known as the Apartheid era, which divided individuals on the basis of race and led to socio-economic differences that had implications in post-Apartheid South Africa, it was necessary to include this theme that emerged during the interviews.

Four participants reported issues with promotions due to the political backing of the country; one participant stated that the police officer was offered a job as a form of tokenism.

Two participants were in the 60-75 age group which placed the majority of their experiences in the context of the Apartheid era therefore their responses were centralized around economic differences and the language they used were suggestive of the era. The terms used was 'Manyala' [P4] to describe a vehicle and 'police force'[P1], [P2], [P3], [P4], [P5], [P6], [P7] and [P8]. This was illustrated in the excerpt below:

Participant 8 (Female):...'we come from, the disadvantaged background we come from I should say, contributes to us choosing a career that just pays (pause) and it's not

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necessarily what you maybe skilled for or even emotionally uhhuhh able to handle or to cope with you just sort of go with the flow and that was more or less his sentiment’.

The quote above highlighted the plight of all participants where they expressed that the country had laws and policies in place that prevented individuals from pursuit of a career that they wished to do.

### **4.9. Participants’ Perception of their own Functioning**

The research sought to explore participants’ experiences and perceptions of the police officers occupation; the findings suggested that there was evidently an influence on the participants personal functioning. It suggested that the occupation of the police officer had a negative impact on them. Therefore, participants sought support from various family members and friends as there were consequent health impairments they experienced due to prolonged exposure to stress with their spouse.

#### *4.9.1 Support Structure*

Two participants relied on their extended family for support; one participant viewed herself as strong enough alone and one participant felt he never had the police officers support. The other participants did not comment on this and felt that life was rushed and that they dealt with daily issues by themselves. Participant five and six both stated that they relied on their extended family for love and support.

In contrast, participant two was the only individual to express that she was strong enough to assist the police officer without any support structure. This was illustrated in the excerpt:

Participant 2 (Female): ..’ I’m just a very strong person and as a matter of fact I braced life how it is and there’s no roses hiding in my life and I guess for me and for him which is probably good thinking there because I was able to look at him very philosophically and say okay that is absolutely hideous’.

#### *4.9.2 Health impairments*

The findings suggested that the exposure to prolonged stress related to the police officers occupation and had an impact on the participants’ health. It is a significant theme that emerged as the participants seemed to handle the stress yet it started to manifest in their

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bodies. All the conditions that participants reported were stress-related manifestations. This was illustrated in the excerpt below:

Participant 5 (Female): ‘It used to be all over here (uses hands) (pause) and the pimples. I used to-I couldn't take it-I used to, tell my sister no it must be something I'm eating, you know but it was the stress from him’.

Participant 4 (Female): ‘and I got arthritis now, you know working in the cold aircon’.

The quotes describe impairments that the participants developed over a period of time; they did not understand the stress that contributed to the illness. Participant five believed it ‘must have been something she ate’ and participant six believed it was due to ‘the cold aircon’.

### *4.9.3 Stressors*

The findings indicated that two participants had ill family members to care for and could not due to financial reasons and personal stress from the police officers occupation in juxtaposition with the ill family member. All participants had experienced stress around an attempt to balance their care for family members and the police officer. This was seen as an achievement as this balance seemed to be unobtainable and was illustrated in the excerpt below:

Participant 8 (Female): ‘..well but it has been very hectic having the two children, being newlyweds with him away and you know a bit of an upsetting juggling sort of family life and thankfully with my career and me being an executive at work you know we managed to get through those years and most certainly a policeman's life is very hectic’.

The quote above suggested feelings of being overwhelmed and that the domestic burdens of the household and children were the participant’s sole responsibility. The following excerpt illustrates the extent:

Participant 4 (Female): ‘So I had to go for an operation. And my mother-in-law also had cancer , so we had to put her in a home because I had a home loan to pay off, I had no doctors and I had two boys and I had to educate them’.

The narrative above suggested that participants had to manage their health issues, family members’ issues, financial difficulties and the domestic duties. In addition, participant five

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reported her stressors as being a caregiver for her sister who had leukaemia, household duties and financial stress. The thread of commonality was that the stressors ranged across various domains which illustrated how participants had to be concerned about multiple stressors at once.

### **4.10. Conclusion**

Chapter four reported on the main themes and patterns that emerged as the main findings of this study. Firstly, this chapter aimed to describe participants perceptions of work-related events on the police officer. Thus the section on participants perceptions of police officers functioning reported the findings according to common themes and sub-themes, namely: police officers functioning, understanding of support, perception of vocational recourse, post trauma family dialogue and political influence

Secondly, this chapter aimed to explore the impact of the work-related events on connectedness in the pre-boarding phase. The following sections expanded on participants perceptions according to themes and sub-themes, namely: vocational role pre-boarding, description of officers work, challenges, perception of capability, prominent feelings, understanding scope of practice, subjective reflections and organizational psychological support.

Lastly, this chapter aimed to explore the impact of work-related events in the post-boarding phase. The following sections expanded on participants perceptions according to themes and sub-themes, namely: perception of pre-morbidity after event, relationship with family, relationship with officer, adaptation for officer, frequency of social activities with officer, type of activity with officer, differences prior to traumatic event and adjustments.

Overall, this chapter provided a description of participants common perceptions of the impact of work-related events on police officers and the overall connectedness experienced in both phases. An integrated discussion of these findings will be presented in the next chapter.

**CHAPTER FIVE: A DISCUSSION AND INTEGRATION OF FINDINGS**

This chapter integrates the findings of the study using a family system model. The six concepts of the FAAR model (demands, capabilities, resources, adjustment, adaptation, and meanings) provide a broad canvas for the exploration of families that face trauma and how this influenced the construct of connectedness in the face of present and impending demands. This was viewed systemically at the individual, family and community level. Further, the literature from other studies related to trauma and connectedness of families was utilized to understand the findings from this study.

**5.1 Pre-Work-Related Trauma**

In terms of the FAAR model, a demand deals with a ‘threat that calls for a change in a family system’ (Patterson, 1988). An individual’s perception of the capabilities they are able to direct at the demand was an important determinant in managing the demand.

*5.1.1. Biological Demands prior to work-related trauma*

Research indicated that each system in the body may experience chronic stress; when chronic stress is released it ‘suppresses the body’s immune system and ultimately manifests as illness’ (Salleh, 2008). The majority (n=6) of the participants perceived the trauma outcomes to be solely physical symptoms which required a medical focus of treatment, whereas the psychological symptoms were overlooked and not included in the participants’ understandings of what constituted a medical boarding. Helman (1988) asserted that the ‘social and cultural worlds provided categories where bodily and psychological experiences are perceived and interpreted’; thus, families may demonstrate a preference toward considering negative trauma outcomes as taking the form of physical symptoms, thereby effectively dismissing or denying the possibility of acute/chronic psychological consequences. Participants in the study described medication use, doctor’s appointments and physical symptoms. Only a few (n=2) alluded to the psychological symptoms as a result of work-related trauma. The majority of the participants were unable to fully understand the complete spectrum of trauma outcomes. Participants undervalued the effects of the work-related trauma in terms of psychological states. Thus, this may be occur as physical symptoms were deemed to be more tangible and require injury related support, whereas with psychological symptoms, the distress may have been chronic and difficult for the participant to identify. The resultant effect was that participants found it difficult to direct their support

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in the absence of physical/observable injury. The demands may have been assimilated as 'absent' (informed by participants' historical reaction to previous exposure to work-related trauma). Participants' assumptions regarding resilience may have had the unfortunate effect of perpetuating a denial of state (psychological outcomes) with demands being overlooked, especially as they were not physical in nature. By way of contrast, only two participants who understood psychological symptoms attempted to direct their capabilities at meeting demands, however, due to the lack of a comprehensive understanding of the demand were still unable to provide appropriate support. Thus, the 'appraisal and overall understanding' of the demand will be important when directing capabilities to meet the demand (Patterson, 1988).

### *5.1.2. Perception of work-related trauma on relationship*

Despite not being able to provide adequate support, participants reported a positive relationship with the police officer in the pre-boarding phase. Half of the participants (n=4) offered praise to the police officer with an element of admiration; affectively they viewed the police officer as brave. In keeping with the findings of Regehr (2005), this study found that husbands/wives appraised the police officer as a 'hero' which had an overall positive impact on the relationship. Participants that offered praise acknowledged the risk involved, the passion and overall feelings of pride. Further, Patterson (1988) described meanings as the individual/family's 'conscious or unconscious interpretations of the demands' that they have faced. Overall, in this study, participants who perceived police officers' occupation in a supportive manner tended to provide support more freely allowing for greater connectedness and this harnessed a better quality of marital relationship. The participants who did not include this often understood the police officer from a less empathic stance. Thus, the acknowledgement and interpretation of the demand provided the participant with an empathic stance to understand the police officer which allowed for good communication and connectedness pre-boarding.

### *5.1.3. Perception of Occupational support (Post work-related trauma)*

Both formal and informal support systems were made available to police officers' during the period of occupation; however, participants' perceptions were informed by the lack of information as the majority (n=5) of the participants deemed SAPS as providing little to no support despite the debriefing programmes that were available. However, the common thread present was the concern of a 'tainted reputation' for the police officer if he/she utilized

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psychological services. This was further coupled with a lack of knowledge around mental illness which influenced the perceptions formed by participants about appropriate help-seeking behavior whilst in the SAPS.

### *5.1.4 Pre-morbid psychological functioning and support*

All police officers had an average of 15 years of service, in this period they were confronted with varying levels of trauma due to recurrent occupational danger such as responding to lethal and non-lethal acts of crime, violence and law enforcement. Participants in this study were tense, experienced vegetative shifts and felt helpless at times during the course of the police officers' occupation. Similar to this, findings from a study indicated that wives of veterans with PTSD experienced loneliness, isolation and a lack of control over their lives (Davidson & Mellor, 2000). Although this finding was similar, the difference was that participants in this study were able to appraise that the family was in a state of crisis, based on this, participants were able to assert control over the situation and attempted to meet demands with their available resources. Participants did not allow for the lack of control to define their situation; this may be deemed as meeting the demand with family resources such as 'harnessing cohesion and adaptability despite circumstances' (Patterson, 1988). In certain instances, the participants' assertion of control in the crisis situation led to effects of distress for the participant after the system had stabilized. Although half the participants (n=4) coped better than the others; all participants (n=8) had integrated the meaning of assuming responsibilities (previously undertaken by the police officer) of the family, this represents a state of self-efficacy in an attempt to retain connectedness within the system.

Police officers dealt with many traumatic incidents and had to cope with balancing both the occupational sphere and domestic sphere as they all had families. All participants (n=8) in this study articulated a period (pre-morbid) characterized by stability within the family system. This served as a potential protective factor which eventually took on the form of a resource to assist with the demands experienced post-trauma. This was in contrast to findings from a study (Ruscio, et al., 2002) with emergency workers that found that they became 'closed off' after work related traumatic incidents which led to consequent negative feelings of family members towards their relationships. All participants (n=8) acknowledged the demands faced but reconstructed the meanings to allow for the development of resilience to face ongoing demands, this was done by renegotiating roles, allowing the police officer space and relying on extended social support. Thus, in the pre-boarding phase their 'capability-

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demand ratio was balanced' and deemed to be resilient when faced with the everyday demands (Patterson, 1988). Despite ongoing demands half the participants (n=4) perceived the connectedness in the family to be adequate. It is important to note that despite the magnitude of exposure to trauma the effect of recurrent exposure to trauma eventually led to a catastrophic reaction, i.e. illness and a process of being medically boarded.

### **5.2) Communication of work-related traumatic event (family)**

Studies have indicated that post-trauma emergency workers either engaged in 'too much communication with the family or withdrew' and did not discuss the trauma at all (Kail, 2014). In this study, majority of the participants (n=5) reported that police officers reacted with degrees of social withdrawal, ranging from little to no communication to social isolation and disengagement from their role within the family system. The FAAR model highlighted that some coping behaviors maintained balance but it does so 'at a price to individual family member's physical or psychological development' (Patterson, 1988). The findings of this study indicated that participants reflected feelings of isolation regarding their reaction to the traumatic event and this was mediated by tension between new demands and affording support to the police officer and family regarding their reaction to the event.

As a consequence this maladaptive pattern became 'cyclical in the form of strains and led to a pileup of demands' (Patterson, 1988). A consistent finding of this study, as a consequence of the above, was that police officers experienced negative outcomes (occupational, psychological and physical distress). This may explain why all police officers reached a point where they were no longer able to perform occupational duties as their physical and psychological resources were depleted and their overall functioning was compromised. Further it may explain why the majority of the participants perceived the police officer to be coping (without due regard for their mental state) in the pre-boarding phase. The adverse effect of non-disclosure, regarding the traumatic experience, was that the family had difficulty valuing the nature and extent of distress experienced by the police officer, thus affirming their sense of naiveté regarding incapacitation and medical boarding.

An important distinction is the unique nature of emergency workers versus police officers. The latter enforce law which may bring them into contact with serious criminals (threat to self, etc.) whereas emergency workers generally deal with assisting laymen (threat of survival

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of other) where the population group is not as far removed from the normal individuals making it more acceptable to communicate about events post-trauma. Thus, this highlights the differential exposure to trauma and the varied impact it has had on individuals from different occupations, particular emergency workers (firefighters, paramedics) and police officials (Brough, 2004; Basinka & Wiciak, 2003). Another major difference is the group the individual works with, which as a population of vulnerable people such as the managed threat to others survival (emergency worker) versus threat to self and society (police officer) which may carry the burden of care beyond just the incident. An example of this is when a police officer has to pursue dangerous, highly-armed suspects; the locus of exposure becomes quite complex whereby the police officer is faced with the task of protecting self, community and society whilst at the same time carrying out their duties within the ambit of the law. Studies indicate, that in terms of the nature of the job and the attention to detail, which characterizes police officers work, makes it different to the ‘general scanning that emergency workers engage in’ (Langan-Fox & Cooper, 2011).

### 5.3 Pre-Boarding

#### 5.3.1 Pre-work related trauma

Participants (n=5) in this study reported the unpredictability and lack of proper administration of shift work to be a demand. Shift work has become a norm in this profession as a result of limited personnel inducted into the services (financial/budget constraints) and higher levels of crime.

5.3.1.1. Table indicating total amount of individual and household crime incidences from 2013/14-2017/18

<b>Years</b>	<b>Total amount of individual and household crime incidences</b>
2013/14	2 114 871
2014/15	1 877 271
2015/16	1 699 734
2016/17	1 468 279
2017/18	1 545 701

Source: (Statistics South Africa, 2018)

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In light of the statistics above, participants recalled major life events (birth of child, milestones etc.) that the police officer missed due to shift work. The present findings are consistent with those of other researchers who identified shift work as ‘instrumental in causing difficulties with sustenance of family relationships’ (Grosswald, 2002). The FAAR model highlighted the demand of family tasks of maintenance and development (allocation of resource, reproduction and release of children, maintenance of order and maintaining morale). In relation to this, families may have experienced extant demands which have longstanding consequences regarding the police officers’ future role within the domestic subsystem. Patterson’s model highlights that family member’s “move through developmental stages and during this period demands may present” (Patterson, 1988, p. 213). If demands are not met with capabilities, this could lead to psychosocial difficulties depending on each family member’s level of development. Capabilities that were identified among participants of this study included the following: exercising patience in relation to the police officers’ health, affording the police officer the time and space to disengage from the system, and limiting the need to communicate, only when necessary. Prior to boarding, during the occupation, shift work limited the police officers’ involvement in family activities, child rearing, and time together as a couple. Further, it may have fostered a sense of dependence on the participant as they were deemed the ‘available parent’ due to the police officer being absent; these issues all contributed to the decreased level of familial connectedness prior to boarding (Dirkzwager, Bramensen, Ader & van der Ploeg, 2005). Meaning was altered (adaptation phase) whereby potential tension regarding roles/responsibilities of participants were juxtaposed against the need for the family to obtain a source of income to ensure continuity. One of the negative consequences of this level of adaptation was that participants assumed the role of the primary parent within the system. Research by Herzog, Everton and Whitworth (2011) identified that in such situations, ‘family members may become vulnerable to mental health problems (i.e. parent-child relational problems, Mood Disorders, Anxiety Disorders).’

### *5.3.2 Post work-related trauma*

Given the above, families seldom face one demand at a time. Participants met demands with capabilities; however, half of the participants (n=4) reportedly could not always involve the children due to their age, traumatogenic nature of the stressor and level of emotional maturity. However, internal modes of communication and observations of atypical behavior provided a means for children to acknowledge awareness of distress within the family

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context. Data from this study indicated that despite the absence of verbal communication regarding the police officers' work-related trauma event, children within the family system perceived the experience of distress via non-verbal cues expressed by the police officers' occupation. This may highlight the connectedness of the family as a unit whereby all members were attuned to each others' emotional states. Similarly, a study highlighting relational attunement by Robert and Levenson (2001) used physiological measures and found that police officers and their wives/husbands 'conversations at the end of the day showed greater autonomic arousal'. Thus, children are affected by negative affect, tension, and irritability in the home. However, participants reported that the family engaged in avoidance of each other. As a consequence, such avoidance had the undesirable effect of isolating family members from each other, negatively impacting on connectedness in the home.

### **5.4 Community**

#### *5.4.1. Work Environment Expectations*

In this study, the majority of the participants expressed that the police officer coped adequately; despite post work-related traumatic events they described which led up to a state of permanent boarding. Some participants (n=2), whose police officers occupied higher ranking positions within the SAPS, maintained a façade of resiliency (post-trauma) for fear of being judged as 'incapacitated by their subordinates. This is in keeping with studies (i.e., Skogstad et al., 2013; Edwards, 2006) that indicated that police officers did not access psychological support due to the 'macho stereotype of 'invincibility' (psychological) in relation to trauma outcomes, suggesting avoidance of emotional state as the most acceptable response (Edwards, 2006). This indicated an avoidance of trauma-related outcomes (particularly psychological or emotional distress/illness). Participants' perceptions of police officers' coping, was influenced by the police officers' avoidance of accessing services and the overall appraisal of reputation (due to rank) being significant. As mentioned above, if police officers were aware of participant's perceptions about concerns around the police officer's reputation, their help-seeking behavior (accessibility, extent, and frequency) may be impacted.

Participants' attempts at harnessing a state of connectedness with police officers appeared to be futile. As mentioned above, participants had a limited understanding of the police officers nature of occupation and the police officer deflected any discussion around events. Thus, the

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overall understanding and communication between participant and police officer was limited. Participants directed efforts at harnessing connectedness by being more flexible by assuming responsibility for extra domestic concerns, (parenting, cooking and cleaning) and by relying on external support structures. However, the police officers' frustrations from the occupation outweighed any issue. Despite the participants' efforts, the police officers were perceived to not acknowledge the participants' efforts. Research (i.e., Ruscio, 2002) found that numbing related to traumatic stress reactions is associated with 'negative feelings from family members toward the relationship'. Participants and their families developed a unique sensitivity to the police officers' moods. Thus, the disinterest and emotional unavailability diminished the police officers ability and willingness to engage in interactions with their family. In juxtaposition, an element of fear was present, whereby participants were fearful of: the police officer's temperament if they probed more, the police officer's reaction if they raised concerns and the police officer's reaction if participant disclosed his/her personal issues. Research (i.e., Regehr, 2005) in a sample of emergency workers indicated that 'arousal symptoms were present long after traumatic events' where the individual becomes emotional and there are sudden changes in temperament. As a result, this fostered a sense of disconnectedness between the police officer and the participant. Whilst numbing served the purpose of protecting the police officer after traumatic events, it isolated family members (Ruscio, 2002).

In order to mediate this process, at an individual level, participants should receive ongoing mental health care intervention to ensure they are not affected with secondary trauma symptoms.

This should extend to an organizational level whereby police officers should attend mandatory debriefing to ensure consistent assistance to avoid sudden outbursts. Research (Regehr, Goldberg & Hughes, 2002) indicates that 'emotional management is taught in many professions as a means to improve performance'. Further, an element of the effect of trauma on the participant should be 'integrated into the debriefing which allows the police officer to develop an awareness' of the extent of the trauma (Regehr et al., 2002).

### **5.5) Adjustments**

Adjustments refer to a relatively stable period where only minor changes are made as the family attempts to meet demands with existing capabilities (Patterson, 1988). Often, in order

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to cope with both the nature of the occupation and the familial responsibilities participants reported that police officers engaged in humor as a deflective technique to avoid communicating about the psychological impact of work-related trauma. In professions that involved exposure to high risk situations that have potential traumatic outcomes, 'deflection and dissociation have been identified as marker of unresolved trauma' (Hart, Nijenhuis & Steele, 2005).

Similarly, Abel (1988, p. 370) found that police officers relied on "informal coping mechanisms such as humour and peer support". It was disconcerting to participants who managed multiple demands and attempted to assist the police officer with their already limited resources to then be met with humour. Gallows humour is placed in the 'grey area between positive and negative humour' and refers to making fun of terrifying situations and disastrous events (Craun & Bourke, 2014). Research (i.e., Coughlin, 2002) found that the use of 'gallows humour in law enforcement settings was universal'; the study found that 97% of police officers engaged in this humour. Scott (2007) indicated that gallows humour was 'only found within certain groups'; for example, information about work-related traumatic events was censored with the participant and the family as they have a decreased understanding about the type of events. This suggests that 'group cohesion is formed between police officers who experienced similar events' and those who do not experience this (i.e., family) are separated by the nature of their ability to understand the nature of their humour (Rowe & Regehr, 2010). The relationship between experiencing trauma and subsequent attempts to avoid it, during the event or shortly after, is deemed as 'peritraumatic dissociation; this refers to feeling an altered sense of time, 'out-of-body experiences', derealisation, depersonalization, feeling disconnected from one's body', it occurs in the context of intense traumatic distress (Kumpula, Orcutt, Bardeen, & Varkovitzky, 2011). This is a form of experiential avoidance which is defined as the 'unwillingness to remain in contact with emotional experiences' and steps taken to alter the frequency of experiencing this (Kumpula et al., 2011). Thus, police officers engaged in humour to indicate they were 'coping' and in the process decreased the frequency of communication about the traumatic events. Thus, this process appears to be adaptive as it protects the police officer directly after the event from feelings of fear and helplessness and fosters group cohesion amongst police officers; however, the long-term consequences are maladaptive.

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The use of humour may be maladaptive in the management of work-related traumatic events. The presence of peritraumatic disassociation was identified as a 'significant risk factor for the development of posttraumatic stress symptomatology' (Breh & Seidler, 2007). Furthermore, the use of gallows humour may lead to 'vicarious trauma where police officers experience a set of symptoms as they are exposed to trauma via interactions'; increased secondary trauma symptoms are associated with decreased job satisfaction and greater general distrust of the world (Craun & Bourke, 2014). Thus, hearing and exchange of traumatic incidents may also be maladaptive. Thus, it interferes with the processing of emotions which is necessary for the 'extinction of fear responses' after traumatic events and limits the awareness of threatening events (Foa & Meadows, 1997).

Participants had to attend to their own domestic, occupational and personal demands hence they did not focus on this demand and may have perceived the humour in the pre-boarding phase to be 'normal'. Thus, their demands outweighed their ability to direct their resources to cope efficiently. In reality, the use of humour allowed for deflection of any in depth discussion and thus served to keep communication limited.

In relation to the above, it should be noted that this relational and communication gap does not allow the participant or police officer an opportunity to process or integrate the trauma, thus decreasing the connectedness of the family with a consequent negative impact on the police officer's functioning. This highlights the need for short-term interventions that allow for processing of trauma experienced at work as the concern is that the police officer becomes disengaged/closed-off after each incident. This raises a concern about current programs at the SAPS being optional, given the abovementioned findings issue it may be argued that debriefing programs should be implemented after each work-related traumatic incident. Further, this service should be obligatory where police officers are obliged to attend and attendance becomes mandatory for both police officers and their families, thus allowing for continued psychological assistance and a decrease in the pileup of demands.

As mentioned, earlier police officers often experienced many critical work-related traumatic events which included direct threats to their life and witnessing trauma. Participants in this study experienced a sense of hyper vigilance and increased levels of anxiety. In the instance of traumatic work related events, all participants (n=8) recalled events encountered by the police officer and the consequent impact it had on them. They witnessed symptoms of post-

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traumatic stress and experienced the impact of it as they were fearful, felt tense during the police officers trauma call-outs and felt anger toward the SAPS. Similarly, studies in a sample of veterans found that families reported 'incidences of irritability and anger control following traumatic events' (Calhoun et al., 2002; McFall et al., 1999). There is a difference between experiencing symptoms of PTSD following a single traumatic event vs. symptoms as a result of exposure or being a victim of continuous or recurrent trauma. The latter resulted in symptom 'profiles that indicate Complex Post Traumatic Stress Disorder' (Finkelhor, 1990). C-PTSD is characterised by 'dissociation, affective dysregulation (agitation, low frustration tolerance, irritability, and hostility), somatic complaints, etc.' (Herman, 1996). Participants considered their needs as secondary in relation to the police officer as the consequences appeared more debilitating. It is of importance to note that participants (n=4) who obtained tertiary qualifications appear to access more resources to inform their awareness of the effects of work-related trauma. Thus, these participants appeared to be more empathic towards the police officer.

### **5.6) Adaptations**

Participants understood vocational choice (SAPS officer) as being 'motivated by a sense of loyalty regarding the safety and security' of the community and society at large, which was also supported by the findings of Bonifacio (1991). However, specific occupational strains (lack of promotions, periods of illness) presented as obstacles to maintaining motivation. What was identified in the data was that family members adopted the role of re-motivating the police officer (in the form of affirmation and praise regarding their competence and beneficence as protectors of society) in order to reduce these strains.

Majority of the participants (n=7) perceived the police officer to be coping adequately in the pre-boarding phase as evidenced by the following: stability regarding their relationships with family members, being able to report to work as required and completing job-specific tasks. Similarly, a study (Regehr, Goldberg, Glancy & Knott, 2002) found that officers who had 'high levels of family support took less leave after a traumatic incident'. A sense of resilience was promoted by the police officers' relationship with the family due to the nature of support provided, thus this study supports the findings of the above mentioned study (Regehr et al., 2002). Majority of the families engaged in post-traumatic dialogues after work-related traumatic events and they conveyed a sense of understanding by altering routines, being

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present and listening to the police officer. Johnson, Todd and Subramanian (2005) found that police officers learnt ineffective coping skills, such as 'suppression of emotions, from superiors' and over time this leads to a build-up of emotions that is expressed in the home environment.

Further, a study by Honig and White (1994) found that police officers restricted communication to avoid burdening the family and engaged in social withdrawal after traumatic incidents. Participants perceived the lack of leave, long service and pre-boarding functioning of the police officer to be positive signs of coping. They reflected externalized sense of wellness as opposed to internal emotional destabilization as a consequence of work-related trauma. Participant's perception of the police officer's coping ability was based on what they observed rather than on how they were feeling (emotionally and psychologically). Thus, they assumed that the resources within the family system served as a factor that mediated adaptation and coping demonstrated adequate levels of adaptation following the work-related traumatic event. Regehr and colleagues (2002) described this as a form of emotional numbing which created the perception that individuals were coping and it was factor that contributed to negative family relationships (Regehr, Goldberg & Hughes, 2002), it also led to further isolation among family members.

### **5.7) Post-boarding**

#### *5.7.1) Individual*

In describing participant's understanding of what encompassed a medical boarding, half of the participants (n=4) generally had a poor understanding. Some participants (n=3) understood the boarding to be purely medical and they deemed their superficiality in perception as instrumental in the decreased use of engaging in healthcare intervention. Similarly, a study by Thornicroft, Brohan, Kassam & Holmes (2008) found that a lack of knowledge was a key 'barrier in accessing services and promoted stigma'. A significant finding (between the period of time of the work-related traumatic event and boarding) was that participants observed the police officers reaction along a continuum of perceived adaptation and resilience to incapacitating mental illness, which was attributable to their limited understanding of the mental health effects of trauma on an individual (immediate, medium and long term consequences). The demand (i.e. incapacitating mental illness - post-

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trauma) was suppressed as a ‘denial of state’ mediated by social stigma and perceived resilience.

These findings underscore the need to exercise care and diligence in informing the police officer and the participant about diagnosis, treatment options, meaning of boarding and the level of support required. This should be conducted in an empowering manner as the medical and psychological education from the practitioner would assist to clear any misperceptions.

#### *5.7.2) Family*

Comparisons were reflected by participants (pre- and post-boarding) regarding the police officers’ mental state. This was evidenced with regard to differences in relational style, i.e. feeling calm and managing their frustration tolerance (pre-boarding) versus expressing negative emotions (e.g., anger) and social isolation (post-boarding). Participants’ explanations regarding this shift were threefold: 1) the shift in emotional state may have occurred as a result of changes in psychiatric state with limited treatment options due to treatment failure; 2) police officers demonstrated such reactions as a result of helplessness and hopelessness regarding their vocational status; 3) police officers loss of sense of autonomy and independence as a result of illness. Similar findings (Burke, 1993) indicated that ‘negative affective states of police officers lead to more reports of familial conflict’. Patterson (1988) asserted that the seriousness and ‘chronicity of the illness would influence the intensity of the demand and how much it upsets the family’s homeostatic state of balance’. Participants experienced these feelings due to the permanent nature of the medical boarding which had the underlying notion that the police officer is ‘not fit’ on legal documentation to fulfil his occupational role. Thus, coming to terms with the finality of the medical boarding in juxtaposition with the affective shifts in the police officer may present as a challenge. This is a key issue that requires knowledge of illness, understanding of medical boarding and a degree of acceptance in order for the family to maintain connectedness and face the demand together.

Studies on emergency workers and veterans found that ‘acts of aggression were frequently used to resolve conflicts’ within the family system where frequent parenting problems and violent behavior in the family were experienced (Davidson & Mellor, 2000; Njuho & Davids, 2012). In contrast to the findings, this study found that there were no incidences of physical abuse, instead emotional lashing out was engaged in by police officers. Majority of the participants preferred engaging in outdoor social activities instead of indoor social activities

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with police officers; this indicated that they were more fearful about how the police officer would behave with them and preferred to have time in public away from the domestic sphere; this may indicate a distancing process. Patterson's model (1988) indicates that a personal resource is a sense of mastery which relates to the belief one has of their 'level of control over their life circumstances'. A part of the participants' perception was informed by the medical boarding (psychiatric) that they came to understand as conditions of states beyond the control of the police officers.

Participants were required to have a great deal of patience to deal with the medically boarded police officer as all participants viewed this as a requirement for the relationship to function efficiently. Despite efforts to appear patient, participants found it difficult to maintain such demands and at times engaged in avoidant strategies to cope. It should also be noted that a main difference between emergency workers and police officers is that the latter arrests individuals and investigates criminals, which may increase the anticipated risks for the police officer and family due to the nature of interaction with criminals. The presence of a sense of mastery is critical for active effective efforts at managing demands, however the pileup of demands that participants faced have led to a 'chronic strain which leads to failure at mastery' (Patterson, 1988). Thus, participants have faced chronic strain with the police officer.

The multiple demands of the occupation had direct and indirect consequences on the family. Participants reflected the persistence of chronic medical health problems (post-boarding), with further symptoms of emotional distress and fatigue. In relation to their demands, they recalled how they prioritized the police officer and neglected their own issues. In the same vein, studies found that long-term contact with trauma in 'veterans led to partners developing emotional problems, physical illness etc.' (Ben, Solomon & Dekel, 2000). In this study, much of the abovementioned was attributable to ignoring the self in favor of providing support to the police officer and at the same time managing family demands. This is a state of crisis where capabilities may need to be directed at the new demand (imminent health issues) and pre-existing demands (police officers ongoing demands) (Patterson, 1988). When participants neglected their health this led to concerns about their family unit operating efficiently as both parents were deemed to be disengaged which led to a period of decreased connectedness post-boarding.

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*5.7.3 Community*

In relation to family-to-community fit, the ‘denial’ of potential mental health problems was deemed as a protective mechanism as an acknowledgement had the potential to invite social stigma.

In keeping with findings of Egbe and colleagues (2014), majority of the participants in the study were reportedly more focused on ‘medical avenues of treatment’ instead of also consulting psychological and social avenues. The study also found that ‘healthcare workers and families perpetuated stigma’ (Egbe et al., 2014). Explanatory models of health and illness acknowledge the individual’s point of view as ‘complementary to health professional’s assessment’ which relates to the manner in which individuals think or speak about illness (Helman, 2004). Participants in this study tended to accept medical knowledge wholly and perceived this to be sufficient as this was a known process of healing. Participants affectively described the police officers behavior as ‘crazy’, ‘hectic’, and ‘haywire’. It is to be noted that the social background of a country has the ability to shape beliefs and influence behaviors (Lepore, 2001). Historically, medical illness was deemed as acceptable due to it being measurable (e.g., thermometers, blood tests etc.), however the stigma of mental illness has been pervasive and managed within a covert ‘hush hush’ manner due to the lack of knowledge and non-measurable aspects. The biomedical model separates the functioning between the body and the mind; a key feature of the model is to identify symptoms, in relation to physiological states. Although its ability to cure illness is acknowledged, this model has been criticized for being ‘reductionist as it fails to include the personal and social context of sickness’ and the meaning of the sickness (Kleinman, 1980). On the other hand, the hermeneutic approach suggests that becoming ill is a process and is ‘mediated by language and beliefs about illness’ (Kleinman, 1980). Thus, the role of the family is important as their acceptance and cooperation is required for the individual to receive assistance. Thus the participant’s manner in which they discuss illness and the present beliefs in a system have the ability to shape the experience the family has.

A community resource that has been viewed as the primary mediator between stress and health breakdown is social support (Caplan, 1974; Cassel, 1976). During the police officers medical boarding, all participants indicated that their health had been impacted; this indicates the secondary impact the boarding had on family members. Minority of participants (n=2)

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perceived social support as available from extended family members. A subjective appraisal of how supported one feels may be deemed significant on the effects of mental and physical health (Patterson, 1988). Similarly, a study (Prati & Pietrantonio, 2010) found that 'perceived rather than received social support' was important in terms of coping with stressors. Thus, the presence of social support and actively receiving it allowed participants to feel better when dealing with demands. Participants tended to cope better when they had more social support. In situations where the participant did not receive social support, the demands may have been appraised as overwhelming as there were no buffers for the participant. Kleinman (1980) asserted three structural domains of health care: 1) professional, 2) folk and 3) popular. The latter refers to family, social network and community and most healthcare takes place within the 'popular sector where it is the most immediate determinant' of healthcare. As a consequence, the participant may have felt ill-equipped to meet demands with capabilities due to feeling alone. It is to be noted that the acknowledgement that the police officers occupation had an impact on the participant is critical in accessing social support.

### *5.7.4 Adjustment*

The adjustment phase denotes a 'relatively stable period during which only minor changes' are made as the family attempts to meet demands with existing capabilities (resistance capabilities) (Patterson, 1988). Roles, rules, and interactions within the family are fairly predictable and members generally know what to expect from each other (Patterson, 1988). It must be noted that this stability in the adjustment phase does not preclude the possibility of disturbing patterns of family interaction. Thus, the family undergoes minor changes but the family also resists major changes. Half of the participants (n=4) expressed that children were fearful, they left the police officer to relax etc. These may be deemed as adjustments that were directed to allow the family to cope; this study found that all participants described a distancing process that occurred naturally from the family toward the police officer when they felt overwhelmed. This was important as the FAAR model asserted that when a new demand emerges that is deemed to be beyond their existing repertoire of abilities, the family may ignore or resist dealing with the demand. Similarly, Titelman (2013) found that husbands/wives distanced themselves from emergency workers due to 'increased arguments and poor communication'. In this study, participants made adjustments that allowed for them to maintain balance for a short time period, however their health reportedly declined and it was not a sustainable method of coping. The model highlighted that 'daily hassles are better predictors of negative psychological outcomes' than major life events (Patterson, 1988).

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Participants who engaged in this process were afforded the opportunity to alleviate direct conflict (anger, fighting and confrontation) and it lessened the impact of the issue as it provided the participant and police officer with additional time to process the issue without any direct conflict. Overall, participants were faced with filling both parental roles and were unable to maintain the quality of their marital relationship thus influencing the level of connectedness in the family post-boarding.

### *5.7.5 Adaptation*

During the adaptation phase, family efforts are directed at ‘restoring balance to their system by altering or expanding their definitions’ and meanings to take into account their changed circumstances (Patterson, 1988). In the post-boarding phase, police officers spent less quality time with the family and had changed substantially. Participants in this study expressed less quality time with the police officer and one participant highlighted a lack of intimacy, other participants were concerned that they spent less time together as a couple due to the extent of the police officers deterioration. Thus, participants altered their meaning of intimacy to take into account the police officer’s current state of functioning and decreased ability to engage intimately. In keeping with this a study (Tran, Dunckel & Teng, 2015) found that amongst a sample of war veterans, ‘erectile dysfunction and decreased libido were commonly experienced post-trauma’. Patterson’s model (1988) asserted that individual survival needs are demands that a family need to meet with their available resources; however, sometimes the increased demand from one sphere may lead to neglect in another sphere. In some of the participants there was a lack of intimacy between the police officer and participant which led to decreased connectedness, from an intimacy level, which extended into a supportive level. In situations where participants were able to maintain intimacy, they were able to feel connected. It must be noted that the disconnectedness extended to intimacy and highlights the permeating nature of the trauma on the participant and police officer. Thus, this was an adaptation that participants had to make in order to face a demand, it would have been a change that was implemented over time and became a lived reality.

### **5.8. Political/Ideological Influences**

Apartheid was a turbulent period in South Africa of institutionalized racial segregation (Nel & Steyn, 1997). It is important to note a commonality in some of the participants’ responses was the use of the word ‘police force’ when they answered questions; this is a term that was used during the oppressive system of the apartheid era which has negative connotations. The

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narrative of 'force' suggests encountering protection of society as a political matter as opposed to protecting the human rights of members of society. The latter was not the mandate of apartheid, hence 'force' rather than 'service'. Brogden and Shearing (1993) asserted that the term 'police force' fostered a sense of repression rather than social empowerment. Language provides meaning for individuals which highlighted the meaning that people assigned to the occupation of policing 25 years after the Apartheid era ceased (Lepore, 2008). It is important to note that participants who were older used the term frequently as this era was a part of their reality for much longer, this may explain participants' negative perceptions around the occupation in the context of South Africa.

All of the levels mentioned above are not static as transactions may occur between the levels with an overlap of some of the experiences. It is evident that there is a concrete difference of the police officers functioning in the pre-boarding phase and the post-boarding phase. Further, there were many instances where the level of connectedness in the family unit changed according to the demands faced, capabilities available to meet the demand and as a result the meanings that were co-created to form the lived reality of participants and their families.

### **5.9. Conclusion**

The chapter aimed to provide an integrated discussion of the main findings in the current study. The discussion focused on exploring participants perceptions of family connectedness following work-related traumatic events in both the pre and post boarding phases. Further, it focused on participants perceptions of the impact of work-related events on the police officer. This was conducted by placing them into the context of Patterson's Family Adjustment and Adaptation Response Model. When exploring participants perceptions in the pre and post-boarding phases, the following issues were discussed, namely: how biological symptoms were recognized due to their tangibility, how stigma may influence health-seeking behavior, how the lack of communication may be misinterpreted as coping, how shift work influenced the level of connectedness and how participants level of understanding influenced their behavior in assisting the police officer. Lastly, the Apartheid era was a political influence that had an impact on participants and police officers and was included in the discussion.

The following chapter will be providing a detailed conclusion, limitations of the study and recommendations.

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## CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

**6.1. Conclusions**

The primary theoretical framework that was used in order to understand the connectedness of the family (pre- and post-boarding phases) was the FAAR model. In terms of the FAAR model, participants faced *demands* (stressors) and met demands with *capabilities* (resources and coping behaviors) in order to be in a state of balance and to avoid a *crisis*. This was a process that inevitably involved the participant and family members making *adjustments* or *adaptations* as they faced demands. This means that the participant appraised a demand (severity, nature, duration) and engaged in a process whereby they decided how to direct capabilities (changes, role shifts) which was guided by adjustments (short-term changes) to meet demands or adaptations (longer-term changes) to cope. Thus, the participant will exhibit optimal levels of coping and connectedness with the family.

Offered now is a synthesis of participants' perceptions on police officers functioning and familial connectedness through the lens of the FAAR model which is constructed temporally in terms of pre-boarding and post boarding. Participants' perceptions in the pre and post boarding phase differed whereby there was a contrast in overall functioning and connectedness in the post boarding phase. In the pre-boarding phase, connectedness was deemed adequate and the main demands faced were by police officers related to logistically managing work commitments (shift work etc.). In contrast, the post-boarding phase had decreased connectedness and ramifications for participants and police officers. All participants altered their appraisal of distress or conflict by directing their capabilities towards exercising patience and support in relation to the police officers' post-trauma reactions (psychological and emotional).

*6.1.1. Pre-boarding phase*

Participants' perceptions were informed by multiple levels of influences. This was illustrated by three main categories: 1) positive view of occupation- participants perceptions of the police officers occupation included an element of admiration and this served as an avenue for more support, 2) assimilated meanings - participants had to constantly assimilate meanings when faced with new demands which had a negative impact on the participant (long-term) and 3) non-disclosure of events- participants and police officers engaged in minimal communication which led to a lack of appraisal of events.

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This phase was experienced as slightly more positive due to an element of admiration and pride present in participants' perceptions which led to an enhanced appraisal of demands which allowed for greater support to be provided to the police officer. However, the consistent experience of work-related traumatic events proved to have an impact on participants. As previous research indicated, participants experienced isolation and helplessness during the period that the police officer was away on duty. However, in this study participants were able to assimilate meaning into their lives and this served as a coping mechanism. Overall, participants were able to engage in this and were deemed as resilient. Thus, the capability-demand ratio was balanced when faced with the daily demands. However, this coping behavior had long-term consequences for the participants (in terms of health functioning, domestic burden, and lack of perceived support).

In keeping with research, police officers disengaged after work-related traumatic events, participants were unable to appraise the nature and extent of the demand on the police officer or the family due to the non-disclosure. This fed into a cyclical maladaptive pattern that persisted in the same manner that work-related events did. The locus of exposure became quite complex whereby the police officer was faced with the task of protecting the self, community and society whilst at the same time carrying out their duties within the ambit of the law. In juxtaposition, the nature of shift work was deemed a demand that interfered with the sustenance of family tasks and led to police officers being absent; it was perceived to have limited the police officers involvement in the family, child rearing and marital relationship. Participants altered meanings to adapt and take on the role of the primary parent which led to situations, where family members had an increased vulnerability to mental health problems (i.e. parent-child relational problems, mood disorders, anxiety disorders). Despite the non-disclosure of events to children they were aware due to relational-attunement and an awareness of the negative affect in the home environment. The lack of communication was linked to the poor comprehension of demands that left participants and their families in a state of disconnect.

### *6.1.2. Post-boarding phase*

Participants' perceptions were informed by multiple levels of influences: individual (resilience, coping mechanisms, appraisal of demands), familial (time spent together, discussion of events, extended family support) and societal (stigma, SAPS support). This was illustrated by four main categories: 1) the use of humour- police officers engaged in humour

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when confronted with work-related traumatic events which served as denial/defense mechanism that led to psychological disengagement (post-trauma outcome). 2) social stigma about mental illness- participants had concerns regarding the integrity of police officers reputation (post-trauma); 3) limited use of debriefing programs- police officers only accessed mental health assistance in crisis (during boarding process and post-boarding) and 4) primary focus on bio-medical symptoms- an overall lack of appraisal for psychological symptoms was present due to the overt nature of bio-medical symptoms. Participants' awareness of mental health states of the police officers' post-trauma was limited. This was further influenced by the absence of overt presentations of distress. Thus, this had an effect on the participants' role in facilitating mental health care referral/intervention.

The consequent result was that police officers deflected the trauma from work-related events over a longer period and delayed in receiving consistent mental health care intervention; this placed the family in a state of crisis and decreased connectedness. Thus, working in a high-risk profession increased ones risk towards complex trauma outcomes – characterized by affect dysregulation, dissociation and somatization. Research has demonstrated that trauma outcomes can be delayed, depending on the mode and locus of exposure. Debriefing programs were available but were optional, however, given the prolonged exposure to trauma police officers required ongoing debriefing; research indicated that to avoid emotional outbursts emotional management of police officers was imperative. Further, police officers maintained a façade of resiliency (post-trauma) for fear of being judged as 'incapacitated' by their subordinates. The spill-over of unmanaged emotions persisted into the domestic sphere and led to participants who attended to the crises but then felt destabilized afterward as the police officers were compromised; research indicated that this type of adaptation made participants susceptible to the development of mental health issues (depression, anxiety). Thus, this process has the ability to result in secondary trauma symptoms for the participant and it is important for them to develop coping strategies to enhance their own functioning.

A theme that emerged was the bio-medical paradigm of treatment which was focused on biological symptoms and participants undervalued the effects of the work-related trauma in terms of psychological states. A key feature of the model was to identify symptoms, in relation to physiological states. This was evidenced by a lack of: knowledge of the illness, a holistic understanding of boarding, and a degree of acceptance. As indicated by research, emotional numbing was characterized by emotional unavailability and diminished interest.

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Thus, both participants and police officers may experience this due to prolonged direct and indirect exposure to trauma. Thus, being a spouse to a police officer increased one's susceptibility to developing secondary trauma symptoms (hyper vigilance, increased anxiety) which is further complicated when there was a lack of knowledge about holistically treating and understanding illness coupled with a lack of mental healthcare intervention, both for the self and police officer.

In addition, the overt nature of the police officers' distress took precedence as the participants placed their needs as secondary which often led to long-term unresolved issues that surfaced when faced with crisis. This linked to research about long-term contact with trauma and the development of emotional problems and physical illness. This study found that participants made adjustments to cope with immediate demands but it was not a sustainable method of coping. Thus, adaptations were made, participants experienced a gradual decrease in connectedness (quality of relationship, decreased intimacy and decreased communication). In relation to this, participants altered their meanings to acknowledge the police officers functioning. Further, a lack of perceived social support for participants was deemed to be an issue; this linked to research that indicated perceived social support rather than received social support was an important appraisal in coping with demands. Many of the adjustments, adaptations and meanings participants engaged in were closely linked to emotional problems faced. Thus, the use of mental healthcare interventions was significant.

For those that did not seek intervention, the situation was complicated by the nature of the trauma on the family, including the effect that it had on the marital relationship and functioning of each family member. Majority of the participants engaged in post-trauma dialogues however the police officer's lack of leave, long service and pre-boarding functioning were all deemed as positive signs of 'coping'. This 'denial' phase was influenced by expectations of resilience and responsibilities (police officer) or delayed psychological reactions post-trauma; this linked to research that indicated police officers engaged in withdrawal to not burden the family after traumatic events. Given the above, participants deemed the boarding as 'sudden' and unexpected. This was further complicated by the short-term adjustments that were made to cope with immediate demands that led to a permanent crisis (medical boarding). Thus, the nature of a crisis was sudden and did not afford the participant time to fully understand the situation; hence the participant had reduced capabilities to meet the demand with the police officer. For example, the participants'

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comparative appraisal of the police officers pre-morbid functioning and post-trauma functioning led to participants concerns about the permanence of a medical boarding and the consequent financial ramifications.

The situation was exacerbated by a disempowering organizational environment within the SAPS, with minimal emphasis being placed on receiving support, valuing the psychological consequences of working in a high-risk position and a culture that overvalued resilience and undervalued psychological vulnerabilities. This was demonstrated by the link between organizational factors and deterioration in the police officers functional abilities and social responsibilities (i.e. family). The lack of holistic obligatory intervention from SAPS (limited direction of capabilities at an organizational level) led to a gradual decrease in police officers functioning (more demands, less resources) and an overall decrease in connectedness of their families (decreased ability of family to cope). Thus, participants faced double burdens with demands (emotional impact and occupational issues) in the both the pre boarding and crisis phase which inevitably led to decreased well-being for the participant. Thus, the task of coping for the police officer and family members in the post-boarding phase presents as challenging.

### **6.2. Recommendations**

In light of the above conclusions, it is recommended that the following is implemented:

#### *6.2.1. Recommendations for mental healthcare practitioners*

Participants, police officers and their families experienced trauma in a direct or indirect manner. A study (Sansone, Matheson, Gaither & Logan, 2008) on military workers and the effects of trauma found that family members were concerned about the 'stigma in seeking help for the military worker'. Further, studies found that family members experienced 'social estrangement' which is similar to what the individual experiences and how needs were met differently when family members were informed and guided by practitioners (Dixon, 2001). Mental health practitioners such as psychiatrists, psychologists and social workers, have a role to play when confronted with families in this context. Thus, collaborative treatment and management for the police officer proved to be beneficial as the consultation times were limited and majority of the police officers time was in the presence of his/her family. Due to partial government subsidized medical aid many medically boarded police officers and family members' utilized private care during the boarding process.

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A finding in this study was that participants experienced a lack of knowledge regarding: 1) post-trauma functioning and outcomes; and 2) medical boarding both at a process and an outcome level. Thus, practitioners that facilitated the medical boarding process should have involved the police officers husband/wife in sessions; this served a dual purpose as it will allow the practitioner to gain collateral and to convey psycho educative information to the husband/wife. Psycho education should extend to the family and be a core component of the police officers treatment as it will provide the participant with information about their first-hand experience. Therefore, a holistic understanding of the husband/wife and family should be gained. The study has found that the medical boarding had an impact on the participants.

Majority of participants did not access mental health interventions prior to boarding. Similar to this, a study on veterans (Gray, Elhai & Freuh, 2004) found that individuals were more 'hopeful and attended treatment regularly' when they received ongoing psycho education. This can be achieved by focusing on prevention which should be aimed at early detection of mental health issues in both the police officer and participant. As a result, it is recommended that if the husband/wife's presentation was sufficient to warrant individual clinical attention that the practitioner referred him/her to an appropriate practitioner. Further, SAPS should be capacitated with psychological counselors (at the primary level of health care). If further assessment/intervention was required beyond the scope of practice of the psychological counseling, then referral can be made to psychologists (secondary & tertiary level of health care). In the same vein a study (Fisher, 2008) found that the use of psycho education with PTSD patients and their families led to 'symptom reduction and a better understanding of PTSD symptoms'. Thus, the involvement of police officers families was significant in ensuring early intervention, social support and symptom reduction as the information provided a platform for the family to enhance their understanding and it was hoped that this may lead to early intervention from the family system for the police officer.

### *6.2.2. Recommendations for SAPS (police officer)*

All police officers were previously in the SAPS for a substantial occupational period; therefore SAPS should be able to play a larger role in the prevention and early intervention with work-related trauma. It was recommended that police officers were informed adequately in orientation about the available debriefing services which included information on the extent of debriefing. A theme that emerged in this study was the lack of knowledge on accessible services and a consequent perceived lack of organizational support. Further,

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psychologists in the SAPS should provide detailed information to police officers and their families on the services that were available to them; the psycho educative session should include symptoms of PTSD and other trauma related disorders that would alert families to possible signs of decline in police officers functioning.

Another theme that emerged in this study was that healthcare was accessed in crisis without consistent intervention. Foy, Eriksson and Trice (2001) also highlighted the lack of standardization across interventions that contributed to the 'inconsistencies in efficacy of psychological debriefing'. From an administrative stance, the SAPS should make debriefing programmes obligatory where police officers are obliged to attend, thus resources (time, practitioners) should be allocated to ensure this process runs smoothly. This should occur after each traumatic-work related event to prevent an accumulation of unprocessed trauma. Thus, this will allow for short-term interventions that provided an outlet for processing of trauma in increments; this may assist as a concern was that police officers become disengaged/closed off after each incident. A successful debriefing programme would provide police officers with the opportunity to network with other police officers.

### *6.2.2.1. Recommendations for SAPS (family)*

A significant finding of the present study was the limited use of mental health care interventions due to the perceived stigma and concerns of the police officers reputation being tainted. This highlighted the need to target awareness programmes at this level, with police families, to ensure that families were firstly aware of the police officers' symptoms and secondly that they possessed knowledge on how to access services. Research (Ajala, 2013) on quality of work life and employees' wellbeing found that a 'high level of organisational support reduced the risk of lower quality of life and promoted the wellbeing' of employees. Research (Larkin, 2007) on carer support groups indicated that a benefit was that members were able to express feelings, meet others with similar problems, share experiences and were able to develop their self-identities as the carer. Similarly, employee assistance programmes, which were already implemented in SAPS, may be capitalized upon where family programs are offered which provide the police families an opportunity to engage in informal networking to increase communication among families that experience similar phenomena. This may be effective for police officers and families that are presently in the occupation as it decreased the likelihood of poor access to services and hopefully the overall incidence of medical boarding. Further, restorative interventions were problem-solving services provided

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to employees and families, promoting family wellness in relation to the impact of employment (Williams, 2016). Thus, SAPS mental health practitioners should assist police officers to cope with non-occupation related challenges.

### **6.3. Limitations of this study**

The present study provided an understanding of the connectedness in participants' families in both pre- and post-boarding phases and has explored participants' perceptions around police officers functioning after work-related traumatic events. The limitations refer to how the particular research design employed by the researcher may have influenced the interpretation of the findings. However, despite the contributions of the present study, the following limitations should be noted:

#### *6.3.1. Data population*

One of the main limitations was the sample size as a larger sample should be used for future studies to ensure the sample is representative of the province and country. Further research should consider a more demographically representative sample comprising medically boarded police officers personnel and their husbands/wives from several provinces in South Africa, as well as an equal number in terms of gender.

#### *6.3.2. Generalisability of Findings*

The study was limited to the unique environment of the private psychiatrist, management of patient and overall process of boarding. Generalisability of the findings to other contexts was likely to be limited by its few participants (n=8). In hind-sight, future studies should draw their samples from a variety of psychiatrists. Furthermore, this research focused only on participants (husbands/wives) perceptions of connectedness of police officers, and as such the views expressed may not be the same as individuals in other emergency occupations. Although it was not intended, majority of the participants in the study were female (n=7). It would have been interesting to note whether the perceptions of connectedness and functioning would have been different with more male participants.

#### *6.3.3. Tape recording and Transcription*

Silverman (2000) asserted that when interviews are tape recorded and transcribed, the 'reliability of the interpretation of the transcripts may be weakened due to the possibility

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trivial but important pauses and overlaps' may have not been regarded as important. In this study the researcher recorded and transcribed interviews.

### *6.3.4. Retrospective Study Design*

The use of a retrospective study design is “subject to threats to the validity which limits the generalizability of the results” (Toftagen, 2012, p. 181). The single-group design limits the researchers ability to determine cause and effect (Trochim, 2005). Thus, caution was exercised during this study.

### **6.4. Recommendations for future research**

This research uncovered certain areas in relation to familial connectedness following work-related traumatic events which may benefit from further exploration. These include:

- Medically boarded VS Non-Boarded.

This research contained participants who were spouses of medically boarded police officers. Despite being boarded and being removed from the occupation, the participants in this study still experienced difficulties related to familial connectedness and relationship quality. As such, it would be interesting to explore the perceptions of spouses of police officers that are not medically boarded and perhaps compare their overall familial connectedness with those that are medically boarded and evaluate which areas in both populations need targeting in order to enhance familial connectedness of police families in South Africa.

- A qualitative exploration of the impact of work-related traumatic events on the children of emergency workers.

This research specifically focused on police officers (medically boarded) and their spouses perceptions of work-related events on connectedness. However, it would also be beneficial to explore some of the barriers to connectedness that other family members, such as children, experience within other populations such as fire-fighters, paramedics etc (emergency workers). A qualitative study would be beneficial as it would be necessary to explore the personal experiences of family members regarding their personal experiences of barriers faced with the emergency worker and work-related events.

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**6.5. Researcher Reflexivity**

In qualitative research, it is important for researchers to reflect on their potential influence on the process of conducting research. The present study proved to be an extremely rewarding process for the researcher due to her personal interest in the phenomenon of work-related trauma on husbands/wives of police officers in SAPS. The topic was selected due to the researcher's personal experience with a loved one regarding his work/family challenges. Essentially, the researcher wished to understand the impact of trauma on the family and the consequent impact it had on other areas of their lives.

During the research process, the researcher experienced shock at the finer details reported and had to come to terms with how pervasive the work-related traumatic events were on the participants. The researcher was perceived as being supportive by the participants, who disclosed personal information related to the quality of their marital relationship. Further, participants expressed that the process proved to be cathartic and provided them with a platform to engage in self-reflection on their journey thus far.

As the results have indicated there are several recommendations to develop further to assist police officers and their husbands/wives to maintain their connectedness despite work-related traumatic events in both the pre and post boarding phases.

To conclude, the researcher would like to end with a quote by Blue Line Brave:

*'A true police officer fights not because he hates what's in front of him...*

*But because he loves who stands behind him'.*

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## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

## APPENDICES

## Appendix 1 (a): Ethical Approval



28 June 2017

Ms Kiara Sunder (213534236)  
School of Applied Human Sciences – Psychology  
Howard College Campus

Dear Ms Sunder,

**Protocol reference number: HSS/0731/017M**

**Project title:** A qualitative study exploring spousal perceptions of familial coherence and connectivity following medically boarded police officers experience of a work-related traumatic event

**Approval Notification – Expedited Application**

In response to your application received on 07 June 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)

/ms

Supervisor: Mr Sachet Valjee  
Cc Academic Leader Research: Dr Jean Steyn  
Cc School Administrator: Ms Ayanda Ntuli

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**Humanities & Social Sciences Research Ethics Committee**

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: [ximbap@ukzn.ac.za](mailto:ximbap@ukzn.ac.za) / [snvmanm@ukzn.ac.za](mailto:snvmanm@ukzn.ac.za) / [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)1910 - 2010  
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**Appendix 1 (b): Gatekeeper Permission Request**

**Dr Suntheren Pillay**  
Specialist Psychiatrist  
Musgrave  
Durban

Dear Doctor Suntheren Pillay

**RE: Permission to access police officers for research study**

To whom it may concern

I am a Masters' student in the Clinical Psychology program at the University of KwaZulu- Natal (Howard College). I am required to do a research dissertation as a part of my training. My research topic is a qualitative study exploring spousal perceptions of familial coherence and connectivity following the police officer's experience of a work-related traumatic event.

The access to medically boarded police officers will be gained from your private practice. However, I will not be interviewing the police officers as my primary sample will be spouses' of police officers.

This is a qualitative, explorative cross-sectional study and will involve the use of semi-structured questions in the form of a personal interview to obtain the information needed from participants that are eligible and those who consent to participate.

All the information collected from the participants will be done with duly informed consent from the participants; they may refuse participation and/ or withdraw participation at any point of the study.

Therefore, I am requesting your permission to be allowed to have access to eight police officers from your private practice to participate in the research. Participants will be assigned numbers instead of using their names in order to maintain their confidentiality. My supervisor and I will be the only individuals with access to the information that is yielded from the research.

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

In the event of any problems or concerns/ questions, you may contact:

1. Project Supervisor (Mr. S. Valjee) Tel: 031 260 7613.
2. HSSREC Research Office: University of KwaZulu-Natal, Westville Campus, Tel: 031 260 8350

Yours sincerely,

**Kiara Sunder**

0836561666- [ks.kiaz25@gmail.com](mailto:ks.kiaz25@gmail.com)

If you are willing to be involved would you please sign the form below that acknowledges that you have read the explanatory statement, understand the nature of the study being conducted and you give permission for the research to be conducted on eight police officers from your private practice.

I [Name: DR SUNDHAREN PILLAY] as [Role/ Title: SPECIALIST PSYCHIATRIST] of [Site: PRIVATE PRACTICE] having been fully informed as to the nature of the research to be conducted give my permission for the study to be conducted. I reserve the right to withdraw this permission at any time.

Signature: \_\_\_\_\_

Date: 25/5/2017

Researchers' Signature: \_\_\_\_\_

Date: 25/05/17

(Kiara Suren Sunder)

Supervisors' Signature: \_\_\_\_\_

Date: 01-06-2017

(Sachet Valjee)

Administrators' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Melodious Sazise Ndlovu)

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Appendix 1 (c): Letter of Introduction: Information Sheet****Invitation to participate in:**

*A Qualitative Study Exploring Spousal Perceptions of familial coherence and connectivity following medically boarded police officers experience of a work-related traumatic event*

The study will aim to:

- To describe the participants' perceptions of the effects of previous work-related traumatic events on the police officer
- To explore participants perception of the impact this event had on the family connectedness and cohesiveness during the pre-boarding phase
- To explore participants perception of the impact this event had on the family connectedness and cohesiveness at the post-boarding phase

It is hoped that the results of this study could assist with possible family interventions that will provide greater support to the police officer for increased connectedness with the family and to assist the family unit to deal with work-related traumatic events. Gaining knowledge in this area could lead to a greater understanding of the influence of work-related events on the family life of police officers.

Participation in the study will involve a 50 minute interview and will be on a voluntary basis. Information pertaining to the study will be provided and participants will provide consent. Any personally identifiable details will not be released or used in the research and anonymity will be maintained by using code numbers in place of names in order to protect participant's identities. If you wish to participate please contact [ks.kiaz25@gmail.com](mailto:ks.kiaz25@gmail.com) as soon as possible. In the event of any problems or concerns/ questions, you may contact:

1. Project Supervisor (Mr. S. Valjee) Tel: 031 260 7613.
2. HSSREC Research Office: University of KwaZulu-Natal, Westville Campus Tel: 031 260 8350

Your participation would be greatly appreciated.

Kind regards

Kiara Suren Sunder

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Appendix 1 (d): Consent Form - Police Officer**

Date: \_\_\_\_\_ 2017

To whom it may concern

I am a Masters' student in the Clinical Psychology program at the University of KwaZulu-Natal (Howard College). I am required to do a research dissertation as a part of my training. My research topic is a qualitative study exploring spousal perceptions of familial coherence and connectivity following the medically boarded police officer's experience of a work-related traumatic event.

This is a qualitative, explorative cross-sectional study and will involve the use of semi-structured questions in the form of a personal interview to obtain the information needed from participants that are eligible and those who consent to participate. All the information collected from the participants will be done with duly informed consent from the participants; they can refuse participation and/ or withdraw participation at any point of the study.

Therefore, I am requesting your permission to be allowed to have your spouse participate in the research. Participants will be assigned numbers instead of using their names in order to maintain their confidentiality. My supervisor and I will be the only individuals with access to the information that is yielded from the research.

In the event of any problems or concerns/ questions, you may contact:

1. Project Supervisor (Mr. S. Valjee) Tel: 031 260 7613.
2. HSSREC Research Office: University of KwaZulu-Natal, Westville Campus , Tel: 031 260 8350

Yours sincerely,

**Kiara Suren Sunder (0836561666- [ks.kiaz25@gmail.com](mailto:ks.kiaz25@gmail.com))**

If you are willing to be involved would you please sign the form below that acknowledges that you have read the explanatory statement, understand the nature of the study being conducted and you give permission for the research to be conducted with your spouse.

I [Name: \_\_\_\_\_] as [Role/ Title: \_\_\_\_\_] of [Site: \_\_\_\_\_] having been fully informed as to the nature of the research to be conducted give my permission for the study to be conducted. I reserve the right to withdraw this permission at any time.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Researchers' Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisors' Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Appendix 1 (e): Informed Consent for Participants**

This research project is about the participant perceptions of familial coherence and connectivity following the police officers experience of a work-related traumatic event within a South African context. The study seeks to understand how these perceptions influence the family connectedness and cohesion of medically boarded police officers and their spouses.

Research participants are the spouses of police officers in the Durban area. Participants will be asked to participate in a semi-structured interview which will entail reflection on their perceptions and importance of the work-related traumatic events. The duration of the interview will be approximately fifty minutes.

Research participants will be asked to provide their contact number and email address for the purpose of a follow up discussion during the research data analysis phase. As part of a Member Checking process, the research findings/interpretations will be discussed with the participants and they will be asked to comment and share feedback on whether the interpretations made are an appropriate reflection of their experiences.

Participation in this study is voluntary. Participants are free to withdraw at any time. The interview will be audio recorded. Once transcribed, all audio recordings will be deleted. To ensure confidentiality and anonymity, only the researcher will have access to participants' personal details. Participants will then be assigned a number, which will be used as a reference by the researcher and research supervisor only. The interview data will only be read by the researcher and the research supervisor.

If there are any areas of concern or questions regarding the studies aim, purpose or role as a participant, the researcher will provide this information. A copy of the final report will be made available to all participants on request.

The research project is supervised by Mr. Sachet Valjee and will be carried out by Ms. Kiara Suren Suren Sunder. In the event of any problems or concerns/ questions, you may contact:

1. Project Supervisor (Mr. S. Valjee) Tel: 031 260 7613. 2. HSSREC Research Office: University of KwaZulu-Natal, Westville Campus Tel: 031 260 8350

By signing this consent form, you agree to participate in the research study explained and indicate that you fully understand the study, its aims and purpose as well as your role as a participant. I \_\_\_\_\_ am participating freely and understand that I can withdraw at any point should I choose to no longer continue and that this decision will not affect me negatively. I hereby consent / do not consent for participation in this interview. I understand that this research project will not benefit or harm me personally, and I understand that my participation will remain private and confidential.

Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Appendix 1 (f) Informed consent to audio record interview**

The interviews will be conducted individually with each participant. For the purpose of the research, the interviews need to be audio-recorded to yield accurate data. The audio recordings will solely be used for the transcription of data. The researcher and supervisor will be the only individuals with granted access to the recordings. Once transcribed, all the audio recordings will be permanently deleted. In the event of any problems or concerns/ questions, you may contact:

1. Project Supervisor (Mr. S. Valjee) Tel: 031 260 7613.
2. HSSREC Research Office: University of KwaZulu-Natal, Westville Campus Tel: 031 260 8350

By signing this consent form, you agree to be audio recorded during the semi-structured interview in the research study explained and indicate that you fully understand your role as a participant.

I \_\_\_\_\_ am participating freely and understand that I can withdraw at any point should I choose to no longer continue and that this decision will not affect me negatively. I hereby consent / do not consent to have this interview audio recorded. I understand that this research project will not benefit or harm me personally, and I understand that my participation will remain private and confidential.

Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

## Appendix 2 (a) Semi-Structured Interview Guide

## a) Interview Questions

## ➤ Screening Questions

**Are you currently a medically boarded police officer from South Africa?**

YES

NO

**Have you experienced a work-related traumatic event over the past two years?**

YES

NO

**Do you have familial dependents? (Children)**

YES

NO

*(Please note that the following questions are the structured questions for the interview and that unstructured questions and probes may be used where applicable in each individual interview. Examples of probing questions have been supplied herewith)*

**General Questioning**

1. Could you please tell me about yourself?

*\*Probe: Current age, Highest level of education, Currently employment status, Years married*

2. How long was your spouse in the South African Police Services?

*\*Probe: Length of service*

3. How would you describe your relationship with your family?

*\*Probe: Are you and your spouse close/not?*

*\*Probe: What type of activities do you do with your spouse?*

*\*Probe: How often do you and your spouse go out?*

*\*Probe: How many children do you have? What are their ages?*

**Core Theme: Perceptions of the work (This will assess the Meaning Phase- The spouses' subjective meaning of the demand (work-related traumatic event)**

4. Provide a description of the work that the police officer engaged in?

*\*Probe: Stressful, fulfilling, detracts from police officer's mental health,*

5. Describe the way you feel about the work-related trauma the police officer faced?

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

*\*Probe: Did you feel upset, helpless, angry, and confident that he/she can deal with it, worried about it*

6. How do you understand the work-related traumatic event that your spouse went through?

*\*Probe: What do you say to him/her to comfort them?*

*\*Probe: Do you feel that you understand what he/she is going through?*

7. What thoughts do you have and how do you react to the experiences described to you by your spouse?

*\*Probe: How did you think about the work related event?*

*\*Probe: What did you say to your spouse?*

8. How do you and your spouse communicate regarding the nature and effects of the traumatic event?

*\*Probe: Dismissive responses from spouse; avoidance and/or denial of effect; empathy; distress, feeling over protective, eliciting nurturance*

9. What qualities do you attribute to the work-related traumatic events?

*\*Probe: What did you derive from it? Is it harsh, unnecessary, and unfair?*

*\*Probe: What effect did it have on the family?*

**Core Themes: Adjustment in the Family** (This will assess the Adjustment phase- Changes that are made are minor as the family tries to maintain balance, when demands exceed the families' capabilities there is an imbalance)

10) When there was a minor change related to your spouses' job, what did your family do to accommodate this?

*\*Probe: What did you say to him/her?*

*\*Probe: What behavior did your family engage in?*

*\*Probe: Did you feel that your family was able to?*

*\*Probe: If not, what did your family battle to adjust to?*

**Core Themes: Beliefs of Adaptation** (This will assess the Adaptation Phase- Family efforts are directed at the restoration of balance to the family by altering or expanding their meanings to accommodate the new circumstances)

11. How did you assist your spouse to cope with the work-related traumatic event?

*\*Probe: What did you do when faced with the situation?*

*\*Probe: What advice did you provide your spouse with?*

12. a) Did you speak to your spouse about the work-related traumatic event?

b) Have you been to a mental health care practitioner for this? (Psychologist, psychiatrist, social worker)

c) What are your thoughts around you or your families' role in relation to providing support to your spouse following the traumatic event?

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

*\*Probe: Did your psychologist help you understand the importance of social support from the family to the police officer?*

*\*Probe: Does your family ever sit and speak about the situation?*

*\*Probe: Do you help the police officer to get through difficult times during these work-related traumatic events? How?*

*\*Probe: Have you told your spouse how you feel about the events that he experiences?*

**General Questioning**

1. Did you find this interview and its questions understandable?
  - 1.1. If you responded no, please specify where you encountered a problem.

Is there anything else you wish to add or clarify?

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Appendix 2 (b) Tabulated Overview of the Sample**

<b>Participant</b>	<b>Gender</b>	<b>Current Age</b>	<b>Highest level of education</b>	<b>Current employment</b>	<b>No of children</b>	<b>Number of years married</b>
<b>1</b>	<b>Female</b>	<b>56 years</b>	<b>National Diploma</b>	<b>Women empowerment facilitator</b>	<b>2</b>	<b>24 years</b>
<b>2</b>	<b>Female</b>	<b>50 years</b>	<b>Diploma</b>	<b>Manager at National Retail store</b>	<b>2</b>	<b>16 years</b>
<b>3</b>	<b>Female</b>	<b>63 years</b>	<b>Grade 10</b>	<b>Unemployed</b>	<b>2</b>	<b>47 years</b>
<b>4</b>	<b>Female</b>	<b>71 years</b>	<b>Grade 7</b>	<b>Unemployed</b>	<b>2</b>	<b>47 years</b>
<b>5</b>	<b>Female</b>	<b>52 years</b>	<b>Grade 11</b>	<b>Business</b>	<b>3</b>	<b>33 years</b>
<b>6</b>	<b>Female</b>	<b>56 years</b>	<b>Grade 11</b>	<b>Banker</b>	<b>3</b>	<b>36 years</b>
<b>7</b>	<b>Male</b>	<b>53 years</b>	<b>Diploma</b>	<b>Medically boarded</b>	<b>1</b>	<b>28 years</b>
<b>8</b>	<b>Female</b>	<b>46 years</b>	<b>Diploma</b>	<b>Retail manager</b>	<b>2</b>	<b>24 years</b>

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Appendix 2 (c) Example of a transcript (P1)**

**Interviewer:** Alright so could you please tell me umm a bit about yourself?

**Participant:** Umm I'm ....., I have my own home based business called Sewing Basics and, umm I run my business from home, umm basically err in the sewing industry, I've umm just studied two courses now and have passed that, umm I am now going to umm try and open up my own training school with regards to uplifting women whom come from disadvantage backgrounds and stuff like that ya...

**Interviewer:** And your age?

**Participant:** I am 56 years old.

**Interviewer:** Okay, highest level of education?

**Participant:** Right now umm I've just done thee umm Trainers and Assessors course so I'm a qualified assessor.

**Interviewer:** Okay, Alright and umm how many years have you been married for?

**Participant:** Married for 25 years...

**Interviewer:** Alright so can you tell me a little bit more about how long umm after your husband has seen a psychologist did the boarding occur, the medical boarding?

**Participant:** How long did it take?

**Interviewer:** Yes

**Participant:** (pause) Umm it took two years to get all the documentation umm approved and all the processes with regards to umm seeing the psychologist and ya , two years.

**Interviewer:** Okay, and how many umm kids do you have?

**Participant:** I've got 2

**Interviewer:** And umm in terms of your understanding, what is your understanding of being medically boarded off?

**Participant:** (pause) My understanding of Medically Board is umm (pause) obviously umm either umm Medically Boarded would be most probably umm anything to do with medical

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

trauma in that sense, during the umm during your work umm other than that, that's medical boarded right?

**Interviewer:** Yes alright, and is the Police Officer working at the moment?

**Participant:** Yes he is.

**Interviewer:** Okay, and what is he working as?

**Participant:** He's working as an Admin umm staff in umm one of the companies in the Durban area

**Interviewer:** Okay, Alright, umm Okay so, how long was your spouse in the South African Police Service for?

**Participant:** (pause) Oh my Gosh, He was in the police service for 10 years.

**Interviewer:** Umm and how would you describe your relationship would your family?

**Participant:** My relationship with my family is very good umm that's my job as a mum and a wife, to take care of my family; yeah I have a very good relationship with my family.

**Interviewer:** How would you say your relationship is with your spouse?

**Participant:** My relationship with my spouse is fine, it's umm just that I feel that umm there's a lot to take as far as umm that is concerned with ummm coming from the background of being medically boarded and umm he doesn't, well I feel that umm (pause), yeah its fine, there isn't any issues, it's just that umm as a wife you've got to be very patient.

**Interviewer:** And when you say you have to be patient, umm, could you give me an example of maybe of times where you have to do that?

**Participant:** Patient in the sense of ummm (pause) I think its umm taken a lot umm on as far as being , coming from the police force then being medically boarded and trying to get back on to his feet again umm and especially as far as work situations is concerned umm knowing that you have to work even harder now umm because the kids are grown now and you've got to pay for all the bills umm University fees, the money still isn't enough what comes from the pension, so umm there is a lot of pressure in that sense and umm that's where my patience comes in, because the stress levels can be a bit umm hectic in that sense but yeah its umm very well handled

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Interviewer:** And with your spouse, what type of activities do you do together?

**Participant:** Yeah umm we go out for a walks to the beach front, umm we do our runs around the block umm a lot of fun things yeah, mostly at the beach front. Basically exercising, walking at the beach front.

**Interviewer:** And do you go out together for family dinners?

**Participant:** Family dinners yes, go out to family get together, have family over umm we do all of those things, just going out and having fun.

**Interviewer:** How often would you say you and your spouse go out alone together?

**Participant:** (pause) not very often at the moment, because he just started work and umm time factor, he works Monday to Saturday.

**Interviewer:** Would you say you'll went out more before he was medically boarded?

**Participant:** yes.

**Interviewer:** Okay, so how frequently was it then, when he was just working normally in SAPS?

**Participant:** (pause) Every week , every weekend , we used to have our holidays , go for holidays two weeks in a row , so umm yeah , the holiday and family time was much more then.

**Interviewer:** What are the ages of your children?

**Participant:** Kid 1 is 20 years old; kid 2 is 13 years old.

**Interviewer:** Could you please provide me with a description of the work you feel your spouse was involved in? Anything in your own words.

**Participant:** Umm (pause) he worked, gosh you got me here now, umm he did work in the office, he did some admin work for I think a year and which he needed to get out of umm in the sense of long run duties like band duties and stuff like that there, he worked shifts, the shifts were fine umm I actually liked when he worked on shifts 7 to 7.

**Interviewer:** Did you like the fact that he finished off and that he was home after that?

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Participant:** Yes, Yes, and I was working at that time so we used to see each other sometimes not, then he used to be at home taking care of everything and me coming home and things like that but yeah he had shift work and then he studied as well so he's got all his umm police degrees and things like that.

**Interviewer:** So how would you describe in terms of adjectives in terms of how you understand what his work entailed?

**Participant:** I think he managed well with it, because umm in the sense of time and he was very well balanced, there was times when it was for the worst especially at night but he dealt with it. He managed well in that sense at that point in time.

**Interviewer:** In police work you know ,there are these work related events that happen anything from normal stresses in management to experiencing a very traumatic situation that your husband would have faced , so can you please tell me a little bit more about the way you felt when he came home and told you about it , a particular incident ? , how you would feel when you would talk about it with him.

**Participant:** I suppose most of the time he wouldn't and umm unless it was umm house robberies and things like that umm shooting incidents stuff like that talk about it , it happened around the Reservoir Hills area and umm if he dealt with a deceased body then not really want to talk about it because umm for certain reasons I don't know but I know there was an incident when he dealt with a deceased body like he would tell me "don't come near me , I need to go straight in the bath" , because he would walk straight into the house and he would go straight to the bath and not play with the kids , like normally he would do that.

**Interviewer:** And how did that make you feel?

**Participant:** I was fine with it because, he was fine, he managed it very well. I think I felt worried about his safety. I think he had a whole group of people who backed him up , so his colleagues were there so I know they had a good back system.

**Interviewer:** So that provided some sort of comfort?

**Participant:** Yeah so you know he's okay and then he would keep in touch with me if he was working nightshift , phone me see how I am , if I had an incident or anything at home, he would come straight home , he would come visit during the day as well if he was in the area.

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

**Interviewer:** With his work now, do you feel it's the same or are there any differences?

**Participant:** Umm yes in the sense of his work now because umm coming from police background to where he is now its not being able to perform in the sense of getting to his full potential umm from his experience knowing that certain work experiences and umm his given his entire life I suppose to the police force and now that he is in a different situation where he's sitting behind a desk and doing computer work and umm not being able to be out there in the sense of helping the community.

**Interviewer:** And the events that he faces there, does he come home and speak about it now, like the new job, are there incidents that comes home and tells?

**Participant:** Yeah, he comes home and tells me he's very stressed out

**Interviewer:** In the new job?

**Participant:** Yeah, In the sense that he doesn't like it, he's not happy with it, but he's forced to do it because we need the money umm we need to pay the bills at the end of the day umm if you look at the way things are everything is gone more expensive, so you need the extra money the extra cash.

**Interviewer:** Even if he's not really enjoying it?

**Participant:** Yeah, he has to work

**Appendix 3 (a): Tabulated overview of themes that emerged from the interviews**

## PARTICIPANT PERCEPTIONS OF FAMILIAL CONNECTEDNESS

<u>DEMOGRAPHS</u>	<u>MENTAL HEALTH INTERVENTION AND OUTCOMES</u>	<u>PERCEPTION OF FAMILY FUNCTIONALITY</u>	<u>VOCATIONAL ROLE PRE &amp; POST BOARDING</u>	<u>SPOUSAL POST-TRAUMA SUPPORT</u>	<u>SPOUSAL PERCEPTIONS OF VICTIMS PSYCHOSOCIAL FUNCTIONING</u>	<u>PARTICIPANTS PERCEPTIONS OF THEIR OWN FUNCTIONING</u>
Age	Length of service	Relationship with family	Description of police officers work	Discussion of post-trauma dialogue	Police officers functioning	Support structure
Level of education	Understanding of concept	Relationship with police officer	Challenges	Type of spousal support	Perceptions of Vocational recourse	Health impairments
Employment	Reason for medical board	Adaptation for police officer	Perception of Capability	Communication difficulties	Understanding of support	Stressors
Number of years married	Current employment	Frequency of social outings with police officer	Prominent Feelings	Police Officers Reaction	Post-trauma family dialogues	
Number of children	Type of practitioner	Type of activities with police officer	Understanding of scope of practice	Perception of org dynamics	Political influence	
	Intervention received	Differences prior to traumatic event	Subjective appraisals/reflections			
	Duration of therapy	Adjustments	Organizational Psychological Support			